

MAINE STATE LEGISLATURE

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*State Of Maine
120th Legislature*

First Regular Session

Bill Summaries

*Joint Standing Committee
on
Banking and Insurance*

August 2001

Members:

Sen. Lloyd P. LaFountain III, Chair

Sen. I. Joel Abromson

Sen. Neria R. Douglass

Rep. Christopher P. O'Neil, Chair

Rep. Benjamin F. Dudley

Rep. Nancy B. Sullivan

Rep. Marilyn E. Canavan

Rep. Lisa T. Marrache

Rep. William J. Smith

Rep. Arthur F. Mayo III

Rep. Kevin J. Glynn

Rep. Florence T. Young

Rep. John M. Michael

Staff:

Colleen McCarthy Reid, Legislative Analyst

Office of Policy and Legal Analysis

13 State House Station

Augusta, ME 04333

(207) 287-1670



Maine State Legislature
OFFICE OF POLICY AND LEGAL ANALYSIS

13 State House Station, Augusta, Maine 04333-0013
 Telephone: (207) 287-1670
 Fax: (207) 287-1275

120th Legislature
First Regular Session

Summary Of Legislation Before The Joint Standing Committees
August 2001

Enclosed please find a summary of all bills, resolves, joint study orders, joint resolutions and Constitutional resolutions that were considered by the joint standing select committees of the Maine Legislature this past session. The document is a compilation of bill summaries which describe each bill and relevant amendments, as well as the final action taken. Also included are statistical summaries of bill activity this session for the Legislature and each of its joint standing committees.

The document is organized for convenient reference to information on bills considered by the committees. It is organized by committees and within committees by bill (LD) number. The committee report(s), prime sponsor for each bill and the lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are listed by paper number. Two indices, a subject index and a numerical index by LD number are provided for easy reference to bills. They are located at the back of the document. A separate publication, History and Final Disposition of Legislative Documents, may also be helpful in providing information on the disposition of bills. These bill summaries also are available at the Law and Legislative Reference Library and on the Internet (www.state.me.us/legis/opla).

Final action on each bill is noted to the right of the bill title. The abbreviations used for various categories of final action are as follows:

CARRIED OVER..... *Bill Carried Over to Second Regular Session*
CON RES XXX..... *Chapter # of Constitutional Resolution passed by both Houses*
CONF CMTE UNABLE TO AGREE..... *Committee of Conference unable to agree; bill died*
DIED BETWEEN BODIES..... *House & Senate disagree; bill died*
DIED IN CONCURRENCE..... *One body accepts ONTP report; the other indefinitely postpones the bill*
DIED ON ADJOURNMENT..... *Action incomplete when session ended; bill died*
EMERGENCY..... *Enacted law takes effect sooner than 90 days*
FAILED EMERGENCY ENACTMENT/FINAL PASSAGE..... *Emergency bill failed to get 2/3 vote*
FAILED ENACTMENT/FINAL PASSAGE..... *Bill failed to get majority vote*
FAILED MANDATE ENACTMENT..... *Bill imposing local mandate failed to get 2/3 vote*
NOT PROPERLY BEFORE THE BODY..... *Ruled out of order by the presiding officers; bill died*
INDEF PP..... *Bill Indefinitely Postponed*
ONTP..... *Ought Not To Pass report accepted*
OTP ND..... *Committee report Ought To Pass In New Draft*
OTP ND/NT..... *Committee report Ought To Pass In New Draft/New Title*
P&S XXX..... *Chapter # of enacted Private & Special Law*
PUBLIC XXX..... *Chapter # of enacted Public Law*
RESOLVE XXX..... *Chapter # of finally passed Resolve*
UNSIGNED..... *Bill held by Governor*
VETO SUSTAINED..... *Legislature failed to override Governor's Veto*

Please note the effective date for all non-emergency legislation enacted in the First Regular Session (unless otherwise specified in a particular law) is **September 21, 2001**.

David E. Boulter, Director
 Offices Located in the State House, Rooms 101/107/135

Joint Standing Committee on Banking and Insurance

Committee Amendment "A" (H-588) was the majority report of the committee and replaced the bill. The amendment proposed to clarify that the "hold harmless" provisions of managed care provider agreements do not prohibit participating providers from seeking reimbursement from an enrollee when the enrollee has not adhered to the terms of the health plan. The amendment required that participating providers notify enrollees of the availability of the Bureau of Insurance's Consumer Health Care Division for assistance in determining whether a health maintenance organization has properly denied coverage before seeking reimbursement. It also would preclude a provider from seeking reimbursement from a subscriber or enrollee if a determination is made that the health maintenance organization is liable for the coverage. The amendment also provided that the failure of a provider or health maintenance organization to process or issue a referral may not be considered the enrollee's failure to abide by the terms of the health plan.

The amendment proposed to remove the provisions in the bill relating to "most favored nation" and "all products" clauses in managed care provider agreements. The amendment also added a fiscal note to the bill.

Committee Amendment "A" was adopted in the House, but was not adopted in the Senate.

Committee Amendment "B" (H-589) was the minority report of the committee and replaced the bill. Like the majority report, the amendment proposed to clarify that the "hold harmless" provisions of managed care provider agreements do not prohibit participating providers from seeking reimbursement from an enrollee when the enrollee has not adhered to the terms of the health plan and also provided that the failure of a provider or health maintenance organization to process or issue a referral may not be considered the enrollee's failure to abide by the terms of the health plan. The amendment proposed to require that participating providers notify enrollees of the availability of the Bureau of Insurance's Consumer Health Care Division for assistance in determining whether a participating provider is properly exercising the provider's rights, but did not require that a determination be made that the coverage has properly been denied before permitting a provider to seek reimbursement.

The amendment proposed to remove the provisions in the bill relating to "most favored nation" and "all products" clauses in managed care provider agreements. The amendment also added a fiscal note to the bill.

Committee Amendment "B" was adopted in the Senate, but was not adopted in the House.

LD 428

An Act to Modify the Bureau of Insurance Complaint Ratios and to Increase the Amount of Penalties Assessed Against Violators of the Maine Insurance Code

PUBLIC 165

<u>Sponsor(s)</u> O'NEIL LAFOUNTAIN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-199
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LD 428 was submitted on behalf of the Department of Professional and Financial Regulation. Part A of the bill proposed to eliminate the requirement that the Bureau of Insurance consider only defined "substantiated" complaints in calculating and publicizing complaint ratios that compare insurers by the number of written complaints received by the Bureau of Insurance proportionate to insurer market share by lines of business. It also provided that rules adopted by the Bureau related to complaint ratios are routine technical, rather than major substantive rules. Part A also proposed to clarify that only a written complaint submitted on a form approved by the Superintendent of Insurance would be counted as a complaint.

Joint Standing Committee on Banking and Insurance

Part B of the bill proposed to increase the amount of penalties the Superintendent of Insurance may assess against corporations or other entities for violations of the insurance laws or rules from \$2,000 per violation to \$10,000 per violation.

Committee Amendment "A" (H-199) proposed to clarify the definition of a "consumer complaint" for the purposes of calculating complaint ratios. It defined a "consumer complaint" as a written complaint that results in the need for the bureau to conduct further investigation or to communicate in writing with a regulated entity for a response or resolution to the complaint.

The amendment also added a fiscal note to the bill.

Enacted law summary

Public Law 2001, chapter 165 eliminates the requirement that the Bureau of Insurance consider only defined "substantiated" complaints in calculating and publicizing complaint ratios that compare insurers by the number of written complaints received by the Bureau of Insurance proportionate to insurer market share by lines of business. Instead, the law clarifies that a "consumer complaint" is a written complaint that results in the need for the Bureau of Insurance to conduct further investigation or communicate in writing with a regulated entity for a response or resolution to the complaint. It also provides that future rules adopted by the Bureau related to complaint ratios are routine technical, rather than major substantive rules.

Public Law 2001, chapter 165 also increases the amount of penalties the Superintendent of Insurance may assess against corporations or other entities for violations of the insurance laws or rules from \$2,000 per violation to \$10,000 per violation.

LD 429

An Act to Change the Name of the Bureau of Banking in Order to Accurately Reflect the Scope and Variety of Entities Regulated by the Bureau

PUBLIC 44

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
O'NEIL DOUGLASS	OTP-AM	H-50

LD 429 proposed to change the name of the Bureau of Banking to the Bureau of Financial Institutions and the name of the Superintendent of Banking to the Superintendent of Financial Institutions.

Committee Amendment "A" (H-50) proposed to add a provision clarifying that any official action taken by the Superintendent of Banking remains in force after the law takes effect as if it were issued by the Superintendent of Financial Institutions. The amendment also added an effective date of January 1, 2002 to the bill and a fiscal note.

Enacted law summary

Public Law 2001, chapter 44 changes the name of the Bureau of Banking to the Bureau of Financial Institutions and the name of the Superintendent of Banking to the Superintendent of Financial Institutions.