

# State Of Maine 121st Legislature

### First Regular Session

### **Bill Summaries**

# Joint Standing Committee on Insurance and Financial Services

### July 2003

<u>Members</u>: Sen. Lloyd P. LaFountain III, Chair Sen. Neria R. Douglass Sen. Arthur F. Mayo III

Rep. Christopher P. O'Neil, Chair Rep. Marilyn E. Canavan Rep. Joseph C. Perry Rep. Bonita J. Breault Rep. Anne C. Perry Rep. Kevin J. Glynn Rep. Florence T. Young Rep. Lois A. Snowe-Mello Rep. Michael A. Vaughan Rep. Richard G. Woodbury

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### Maine State Legislature



### Office Of Policy And Legal Analysis Office Of Fiscal And Program Review

121st Maine Legislature First Regular Session

#### Summary Of Legislation Before The Joint Standing Committees

Enclosed please find a summary of all bills, resolves, joint study orders, joint resolutions and Constitutional resolutions that were considered by the joint standing and joint 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 arranged alphabetically by committee name 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, <u>History and Final Disposition of Legislative Documents</u>, 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 PURSUANT TO HP 1212	Bills carried over to the 2 <sup>nd</sup> Regular Session
CON RES XXX	
CONF CMTE UNABLE TO AGREE	Committee of Conference unable to agree; bill died
DIED BETWEEN BODIES	House & Senate disagree; bill died
DIED IN CONCURRENCEOne	e 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
	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	
ONTP	Bill Indefinitely Postponed 
OTP-ND	Committee report (hight To Pass In New Draft
P&S XXX	Chapter # of enacted Private & Special Law Joint Order passed in both bodies
PASSED	Joint Order passed in both bodies
PUBLIC XXX	Chapter # of enacted Public Law
RESOLVE XXX	Chapter # of finally passed Resolve
UNSIGNED	Bill held by Governor
	Legislature failed to override Governor's Veto

Please note that the effective date for all non-emergency legislation enacted in the First Regular Session (unless otherwise specified in a particular law) is September 13, 2003.

#### David C. Elliott, Director Offices located in Room 215 of the Cross Office Building

### Joint Standing Committee on Insurance and Financial Services

it permits the Superintendent of Insurance to adopt rules that set a minimum amount of interest payable to health care providers, pursuant to the statute requiring health insurers to pay interest if an undisputed claim is not paid within 30 days of submission, before a payment must be issued.

#### **Enacted Law Summary**

Public Law 2003, chapter 218 requires health carriers to give providers 60 days' notice of substantive amendments to provider agreements unless the parties waive the notice requirement by mutual agreement. The law limits the ability of health insurers to retrospectively deny previously paid claims to those denials made within 18 months from the date of payment with certain exceptions. Beginning in 2005, the law requires that providers with 10 or more full-time-equivalent employees file claims electronically in order to claim interest, pursuant to the statute requiring health insurers to pay interest if an undisputed claim is not paid within 30 days of submission. Finally, it permits the Superintendent of Insurance to adopt rules that set a minimum amount of interest payable to health care providers before a payment must be issued.

# LD 902An Act To Create Equality in Medicare Supplement InsurancePUBLIC 157Policies

Sponsor(s)	Committee Report	Amendments Adopted
DAMON	OTP-AM	S-56

LD 902 proposed to provide guaranteed issuance for Medicare supplement insurance policies to persons entitled to Medicare benefits due to disability.

**Committee Amendment ''A'' (S-56)** replaced the bill. The amendment proposed to clarify that guaranteed issuance of Medicare supplement policies extends to persons who have maintained coverage supplementing benefits under Medicare beginning with their open enrollment period. It also provides that the coverage supplementing benefits under Medicare includes coverage under a Medicare supplement policy as well as coverage under an individual policy or group health plan. The amendment retains the provision in the original bill providing guaranteed issuance for Medicare supplement insurance policies to persons entitled to Medicare benefits due to disability.

#### Enacted Law Summary

Public Law 2003, chapter 157 provides guaranteed issuance for Medicare supplement insurance policies to persons entitled to Medicare benefits due to disability. The law also clarifies that guaranteed issuance extends to persons who have maintained coverage supplementing benefits under Medicare beginning with their open enrollment period, whether the coverage is under a Medicare supplement policy or an individual or group health plan.