# MAINE STATE LEGISLATURE

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## State Of Maine 121st Legislature

## Second Regular Session and Second Special Session

#### **Bill Summaries**

## Joint Standing Committee on Insurance and Financial Services

### May 2004

#### Members:

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 Second Regular Session and Second Special 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, 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/billsumm.htm).

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:

	Chapter # of Constitutional Resolution passed by both Houses
	ly accepts ONTP report; the other indefinitely postpones the bill
	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	Bill Indefinitely PostponedOught Not To Pass report accepted
OTP-ND	Committee report Ought To Pass In New Draft
P&S XXX	
PASSED	Joint Order passed in both bodies
PUBLIC XXX	Chapter # of enacted Public Law
RESOLVE XXX	Chapter # of finally passed Resolve
UNSIGNED	Chapter # of enacted Public LawChapter # of finally passed ResolveBill held by Governor
VETO SUSTAINED	Legislature failed to override Governor's Veto

Please note that the effective date for all non-emergency legislation enacted in the Second Regular Session (unless otherwise specified in a particular law) is April 30, 2004; and non-emergency legislation enacted in the Second Special Session is July 30, 2004. Four bills (LD's 1572, 1629, 1636 and 1637) that were considered at the First Special Session in August 2003 are also included in these summaries.

#### Joint Standing Committee on Insurance and Financial Services

LD 1181

# An Act To Provide Fair Hearings in Health Insurance Rate Proceedings

**ONTP** 

Sponsor(s)	Committee Report	Amendments Adopted
TREAT	ONTP	
KANE		

LD 1181, which was carried over from the First Regular Session, proposed to require that the Bureau of Insurance hold a hearing before approving any proposed change in individual and group health insurance rates that exceed the Consumer Price Index by 100%. The bill also would require that the hearing be held before an impartial administrative hearing officer who is not employed by the Bureau of Insurance and that actuarial staff at the Bureau of Insurance prepare a report for use in the hearing.

LD 1181 also proposed to change the standard of review from whether the rates are excessive to whether the rates are unreasonable relative to the benefits and coverage offered.

## LD 1190 An Act To Create the Comprehensive Health Insurance Risk Pool Association ONTP

Sponsor(s) Committee Report Amendments Adopted

LAFOUNTAIN ONTP MAJ

OTP-AM MIN

LD 1190, which was carried over from the First Regular Session, proposed to create the Comprehensive Health Insurance Risk Pool Association to provide coverage for high-risk individuals. The bill would fund the high-risk pool through an assessment on all health insurers. The bill proposed to require the State to submit an application to the Federal Government for federal assistance to create a high-risk pool.

LD 1190 would also remove the guaranteed issuance requirement for individual health plans effective October 1, 2004.

Committee Amendment "A" (S-384) is the minority report of the committee. The proposed amendment retains the Comprehensive Health Insurance Risk Pool Association to provide coverage for high-risk individuals and spread the cost of that coverage among all health insurance carriers doing business in the State. The amendment proposed to partially fund the high-risk pool by requiring health insurance carriers to pay an assessment based on the number of persons covered by that carrier. An individual insured through the high-risk pool may be charged a premium up to 150% of the average premium rates charged by carriers for similar health insurance plans.

The amendment would repeal the guaranteed issuance requirement in the individual health insurance market. The amendment also proposed to broaden the community rating laws to allow carriers to vary premiums on the basis of age within a maximum rate differential on a ratio of 4 to 1 and on the basis of health status and tobacco use within