128th MAINE LEGISLATURE

FIRST REGULAR SESSION-2017

Legislative Document **No. 1279**

S.P. 431 In Senate, April 4, 2017

An Act To Ensure Patient Protections in the Health Insurance Laws

Reference to the Committee on Insurance and Financial Services suggested and ordered printed.

HEATHER J.R. PRIEST
Secretary of the Senate

Presented by Senator JACKSON of Aroostook.
Cosponsored by Senators: BREEN of Cumberland, CHIPMAN of Cumberland, GRATWICK of Penobscot, LIBBY of Androscoggin, Representatives: GATTINE of Westbrook, MARTIN of Eagle Lake, MASTRACCIO of Sanford.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 24-A MRSA §2742-B, sub-§1, as amended by PL 2007, c. 514, §§1 to 3, is repealed.

Sec. 2. 24-A MRSA §2742-B, sub-§2, as amended by PL 2007, c. 514, §4, is further amended to read:

2. Offer of coverage. ~~Notwithstanding section 2703, subsection 3, an~~ An individual or group health insurance policy that offers dependent coverage for a ~~dependent~~ child must offer such coverage, at the option of the policyholder, until the ~~dependent~~ child is ~~25~~ 26 years of age. ~~An insurer may require, as a condition of eligibility for coverage in accordance with this section, that a person seeking coverage for a dependent child provide written documentation on an annual basis that the dependent child meets the requirements in subsection 1.~~

Sec. 3. 24-A MRSA §2850, sub-§2, as amended by PL 2011, c. 364, §18, is further amended to read:

2. Limitation. An individual, group or blanket contract issued by an insurer may not impose a preexisting condition exclusion ~~except as provided in this subsection. A preexisting condition exclusion may not exceed 12 months from the date of enrollment, including the waiting period, if any. For purposes of this subsection, "waiting period" includes any period between the time a substantially complete application for an individual or small group health plan is filed and the time the coverage takes effect. A preexisting condition exclusion may not be more restrictive than as follows~~.

~~A. In a group contract, a preexisting condition exclusion may relate only to conditions for which medical advice, diagnosis, care or treatment was recommended or received during the 6-month period ending on the earlier of the date of enrollment in the contract and the date of enrollment in a prior contract covering the same group if there has not been a gap in coverage of greater than 90 days between contracts. An exclusion may not be imposed relating to pregnancy as a preexisting condition.~~

~~B. In an individual contract not subject to paragraph C, or in a blanket policy, a preexisting condition exclusion may relate only to conditions manifesting in symptoms that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received during the 12 months immediately preceding the date of application or to a pregnancy existing on the effective date of coverage.~~

~~C. An individual policy issued on or after January 1, 1998 to a federally eligible individual as defined in section 2848 may not contain a preexisting condition exclusion.~~

~~D. A routine preventive screening or test yielding only negative results may not be considered to be diagnosis, care or treatment for the purposes of this subsection.~~

~~E. Genetic information may not be used as the basis for imposing a preexisting condition exclusion in the absence of a diagnosis of the condition relating to that~~

~~information. For the purposes of this paragraph, "genetic information" has the same meaning as set forth in the Code of Federal Regulations.~~

~~F. Except for individual health plans in effect on March 23, 2010 that have grandfathered status under the federal Affordable Care Act, a carrier as defined in section 4301-A, subsection 3 offering a health plan as defined in section 4301-A, subsection 7 may not apply a preexisting condition exclusion to any enrollee under 19 years of age. A preexisting condition exclusion may not be imposed on any enrollee after January 1, 2014 to the extent prohibited by the federal Affordable Care Act.~~

Sec. 4. 24-A MRSA §4318, as amended by PL 2011, c. 364, §33, is repealed.

Sec. 5. 24-A MRSA §4320, as enacted by PL 2011, c. 364, §34, is amended to read:

§4320. No lifetime or annual limits on health plans

~~Notwithstanding the requirements of section 4318, a~~ A carrier offering ~~a~~ an individual or group health plan ~~subject to the federal Affordable Care Act~~ may not:

1. Establish lifetime limits. Establish lifetime limits on the dollar value of benefits for any participant or beneficiary; or

2. Establish annual limits. Establish annual limits on the dollar value of essential benefits~~, except that, prior to January 1, 2014, health plans may include restricted annual limits on essential benefits consistent with the requirements of the federal Affordable Care Act and may establish annual limits consistent with waivers granted by the Secretary of the United States Department of Health and Human Services~~.

SUMMARY

This bill allows children 26 years of age and younger to remain on their parents' health insurance policy. It clarifies that carriers offering individual or group health plans may not establish lifetime or annual limits on the dollar value of benefits. It clarifies that individual, group and blanket health plans may not impose a preexisting condition exclusion on any enrollee.