

**INSURANCE AND FINANCIAL SERVICES COMMITTEE
123rd LEGISLATURE, FIRST REGULAR SESSION**

REPORTS DUE TO THE INSURANCE AND FINANCIAL SERVICES COMMITTEE

One Time Reports to the Committee:

<u>MRSA Title/Section</u>	<u>Description</u>	<u>Due Date</u>	<u>From</u>
Resolve 2005, c. 213	Report of data collected on employer-based health coverage	February 1, 2007 to IFS and HHS Committees	Department of Labor
P.L. 2003, c. 469, Part E, sec. 21	Report on decisions by the superintendent of insurance to allow health carriers to offer health plans under Title 24-A, section 4303, sub-§1, par. A.	January 1, 2007	Superintendent of Insurance
24-A §6971, sub-§4	Evaluation of the impact of Dirigo Health in Maine in comparison to states with high-risks pools.	January 1, 2008	Dirigo Health Board of Directors
24-A §6908	Report on the benefit package, including the estimated premium and applicable coinsurance, deductibles, copayments and out-of-pocket maximums.	Within 30 days of determining the benefit package to be offered through Dirigo Health Insurance	Dirigo Health Board of Directors
24-A §6912	Report on the amount of the subsidies, the funding required for the subsidies and the estimated number of Dirigo Health enrollees eligible for subsidies.	Within 30 days after any subsidies are established.	Dirigo Health Board

Reports Due Annually:

5 § 285, sub-§ 13	Progress report on establishing and offering a contract on a pilot basis under the State Employee Health Insurance Program.	Annually beginning January 15, 2006	Department of Administrative and Financial Services
24 §2320-A	Amount of claims paid in the State for services required by this section for screening mammograms.	Annually	Superintendent of Insurance
24-A §2745-A, 24-A §2837-A	Data compiled by the Superintendent on the amount of claims paid in Maine for mammogram services required under 24-A§ 2745-A.	Annually	Superintendent of Insurance

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<u>MRSA Title/Section</u>	<u>Description</u>	<u>Due Date</u>	<u>From</u>
24-A §3703, 24-A §3706	Business done by MEMIC during the previous year with a statement of the resources and liabilities of the fund and any other information considered appropriate by the board. At a minimum, the report must contain a summary of the latest annual statement required to be filed with the superintendent in accordance with statutory accounting principles.	Annually to the Governor and Insurance and Financial Services Committee	Board of Directors of the Maine Employers' Mutual Insurance Company
24-A §6908	Audit of Dirigo Health.	Annually to the State Controller, Superintendent of Insurance, AFA Committee, IFS Committee, HHS Committee	State Auditor
24-A §6953, sub-§9	Annual report.	Annually to the AFA, IFS and HHS Committees	Maine Quality Forum
24 §2340-A, 24-A §2678-A	Non-profit services organizations' activities for the past year with respect to preferred provider arrangements, their plans to develop arrangements in the future, the effects of the preferred provider arrangements on insurance costs and services and subscriber and employer satisfaction with the arrangement.	Annually by January 1	Each nonprofit services organization; Superintendent of Insurance
24-A §4321	Report describing the activities carried out by the Consumer Health Care Advisory Division in the year for which the report is prepared, analyzing the data available to the division and evaluating the problems experienced by consumers.	Annually by January 1 to the Commissioner of Professional and Financial Regulation, the Consumer Health Care Division Advisory Council and the Insurance and Financial Services Committee	Consumer Health Care Division

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<u>MRSA Title/Section</u>	<u>Description</u>	<u>Due Date</u>	<u>From</u>
24-A §4346, sub-§16	Report on the carriers participating in the plan, health benefit plans offered and their premium rates, total number of enrollees, and the administrative and operating expenses of the plan.	Annually by February 1, beginning in 2003	Board of Directors of the Maine Consumer Choice Health Plan
39-A §153	Report on audits of the Workers Compensation board, including the timeliness of payments and claims handling practices of insurers, self-insurers, and third-party administrators and determining whether claims are being unreasonably contested.	Annually by February 15 to the Governor, Insurance and Financial Services and Labor Committees	Executive Director of the Workers Compensation Board
39-A §358-A	Report on the status of the workers' compensation system.	Annually by February 15 to the Governor, Insurance and Financial Services and Labor Committees	Workers' Compensation Board in consultation with the Bureau of Labor Standards and the Superintendent of Insurance
24-A § 6913, sub-§8, par. B	Report on the total cost to the State's health care providers of bad debt and charity care.	Annually by March 1, beginning March 1, 2004 to the Superintendent of Insurance, the AFA, IFS and HHS Committees	Dirigo Health Board of Directors
24-A § 2325-B	Annual report detailing the program's operations for the previous calendar year.	Annually on or before March 31 to the IFS Committee and Superintendent of Insurance	Governing Committee of the Mandatory Property and Casualty Insurance Market Assistance Program

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<u>MRSA Title/Section</u>	<u>Description</u>	<u>Due Date</u>	<u>From</u>
22 §3192	Report on the Community Health Access Program.	Annually before March 15 to Insurance and Financial Services and Health and Human Services Committees	Department of Human Services
22 §3162, sub-§3, par. N	Report on the impact of the Maine Small Business Health Coverage Plan on the overall small group market.	Annually beginning April 1, 2004 to the Insurance and Financial Services and Health and Human Services Committees	Board of Directors of the Maine Small Business Health Coverage Plan
24-A §2395	Residual Market Pool's most recent audited financial statements; total claims payments made by the pool in the preceding 12 months; most recent actuarial report; changes to the operations of the pool; summary of the number of open claims and aggregate reserves for each policy year; any other information required to be maintained by the pool.	Beginning in 1996, annual report by June 1 to the Governor, the superintendent, President of the Senate, Speaker of the House and Insurance and Financial Services Committee	Maine Workers' Compensation Residual Market Pool
24-A §6908	Report on the impact of Dirigo Health on the small group and individual health insurance market; membership in Dirigo Health, administrative expenses of Dirigo Health, effect on premiums, the extent of coverage, the number of policies issued or renewed and premiums earned and claims incurred.	Beginning September 1, 2004 and annually thereafter	Dirigo Health Board of Directors
24-A §6913, sub-§8, par. C	Report on efforts undertaken by carriers and providers to recover savings offset payments, through a reduction or stabilization of bad debt and charity care costs as a result of the operation of Dirigo Health and any increased enrollment due to an expansion of Maine Care eligibility.	October 1, 2005 and annually thereafter to the Superintendent of Insurance and the AFA, IFS and HHS Committees	Dirigo Health Board of Directors

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39-A §403	Status of any workers compensation health benefits pilot projects approved by the Superintendent of Insurance.	Annually by November 1 to Insurance and Financial Services and Labor Committees	Superintendent of Insurance
<u>MRSA Title/Section</u>	<u>Description</u>	<u>Due Date</u>	<u>From</u>
24-A §4452	Amount of assessment made against each account, the name of the insolvent insurer to which the assessments are attributable, the amount of funds borrowed by the association and the repayment date of any loan.	Annually by December 31	Maine Insurance Guarantee Association
24-A §4619	Report of the Maine Life and Health Insurance Guaranty Association's activities including the amount of assessments made against each account, name of insolvent insurer to which assessments are attributable and the amount of funds borrowed and the repayment date of loans.	Annually by December 31	Maine Life and Health Insurance Guaranty Association
24-A §2328	The Superintendent's analysis of another state's report on a rating organization, including any deficiencies noted about the rating organization by the other state's report and what actions have been taken to correct those deficiencies.	Whenever Superintendent conducts an analysis of another state's report of a rating organization	Superintendent of Insurance

Reports Due Quarterly:

<u>MRSA Title/Section</u>	<u>Description</u>	<u>Due Date</u>	<u>From</u>
24-A §6913	Report on the total enrollment in Dirigo Health, including the number of employers participating in the plan.	Quarterly	Dirigo Health Board

Reports Due Biennially:

<u>MRSA Title/Section</u>	<u>Description</u>	<u>Due Date</u>	<u>From</u>
5 MRSA § 286-M, sub-§ 12	Report on the Retired County and Municipal Law Enforcement Officers and Municipal Firefighters Health Insurance Program	Second Regular Session of the 124 th Legislature and biennially thereafter	Division of State Employee Health Insurance

Reports of Interest to The Insurance And Financial Services Committee

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<u>MRSA Title/Section</u>	<u>Description</u>	<u>Due Date</u>	<u>From</u>
24-A § 2483	Annual report	Not specified	Interstate Insurance Product Regulation Compact

Laws that Authorize the Insurance and Financial Services Committee to Report Out Legislation

<u>MRSA Title/Section</u>	<u>Description</u>	<u>Date</u>
P.L. 2003, c. 469, Part F, sec. 3	Legislation to remove the repeal date of 24-A §4303, sub-§1, par. A.	First Regular Session of the 123 rd Legislature

Repeals of Interest to the Insurance and Financial Services Committee

<u>MRSA Title/Section</u>	<u>Description</u>	<u>Repeal Date</u>
24-A § 2735-A, sub-§ 1-A and 3	Repeals the notice of rate filings or rate increase on existing policies renewed or new business for calendar year 2006 provision.	January 1, 2007
2 § 102, sub-§3	Repeals the capital investment fund.	July 1, 2007
24-A § 2839-A, sub-§§ 1-A and 3	Repeals the notice of rate increase on existing policies renewed or new business for calendar year 2006 provision.	January 1, 2007
24-A §4303, sub-§1, par. A	Repeals provision allowing a health carrier to include financial provisions in a health plan designed to offer adequate access to providers.	July 1, 2007
22 §3169	Repeals Maine Small Business Health Coverage Plan.	December 31, 2008

Major Substantive Rulemaking of Interest to the Insurance and Financial Services Committee

<u>MRSA Title/Section</u>	<u>Agency Given Rulemaking Authority</u>	<u>Rule Description</u>	<u>Committee of Jurisdiction</u>
9-B § 418	Professional and Financial Regulation	Financial institutions acting as agents.	Insurance and Financial Services
24-A §2220	Professional and Financial Regulation	The use of genetic information collected in connection with insurance transactions.	Insurance and Financial Services
24-A §2164-D	Professional and Financial Regulation	Enforcement of unfair insurance claims practices.	Insurance and Financial Services

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24-A §4346, sub-§5	Maine Consumer Choice Health Plan Board of Directors	Establishment of a risk adjustment mechanism or risk pools.	Insurance and Financial Services
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<u>MRSA Title/Section</u>	<u>Description</u>	<u>Due Date</u>	<u>From</u>
24-A § 6913, sub-§ 10	Dirigo Health Board	Determination of a definition of paid claims	Insurance and Financial Services

GOVERNMENT EVALUATION REVIEWS BY THE INSURANCE AND FINANCIAL SERVICES COMMITTEE DUE THIS BIENNIUM
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<u>Statutory Cite</u>	<u>Agency</u>	<u>Year of Review</u>
3 § 951	Department of Professional and Financial Regulation (In conjunction with the BRED Committee)	2008