

STATE OF MAINE  
124<sup>TH</sup> LEGISLATURE  
SECOND REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed during the Second Regular Session of the 124<sup>th</sup> Maine Legislature coming from the

**JOINT STANDING COMMITTEE ON INSURANCE AND  
FINANCIAL SERVICES**

April 2010

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

**LD 20      An Act To Require Insurance Companies To Cover the Cost of  
Prosthetics Containing Microprocessors**

**PUBLIC 603**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRYANT M BRYANT B	OTP-AM MAJ ONTP MIN	H-748

LD 20 was carried over from the First Regular session of the 124th Legislature pursuant to joint order, H.P. 1053. The bill requires health insurance policies, contracts and certificates to provide coverage for prosthetics. The provisions of this bill apply to all policies, contracts and certificates issued or renewed on or after January 1, 2010.

**Committee Amendment "A" (H-748)**

This amendment is the majority report of the committee and replaces the bill. Under current law, health insurance carriers are required to provide coverage for prosthetic devices, but coverage is not required for those devices containing a microprocessor. The amendment removes the exclusion for prosthetic devices that include a microprocessor. The amendment applies to insurance policies, contracts and certificates issued or renewed on or after January 1, 2011.

**Enacted Law Summary**

Under current law, health insurance carriers are required to provide coverage for prosthetic devices, but coverage is not required for those devices containing a microprocessor. Public Law 2009, chapter 603 removes the exclusion for prosthetic devices that include a microprocessor. The law applies to insurance policies, contracts and certificates issued or renewed on or after January 1, 2011.

**LD 257      An Act To Establish the Health Technology Clinical Committee**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PRIEST BOWMAN	ONTP	

LD 257 was carried over from the First Regular Session of the 124th Legislature pursuant to joint order, H.P. 1053. The bill requires the Maine Quality Forum to establish a health technology assessment program to make determinations as to which health technologies and health care services will be included as covered benefits in publicly funded health care plans. The bill establishes the Health Technology Clinical Committee, a five-member committee of health care providers, to conduct the assessments and make the coverage determinations based on reviews of scientific evidence.

**LD 425      An Act To Require Private Insurance Coverage for Certain Services for  
Children with Disabilities**

**PUBLIC 634**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CONNOR BRANNIGAN	OTP-AM MAJ ONTP MIN	H-663

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LD 425 was carried over from the First Regular Session of the 124th Legislature pursuant to joint order, H.P. 1053. The bill requires individual and group health insurance policies and health maintenance organization contracts to provide coverage for children's early intervention services after a referral from a primary care provider for children from birth to three years of age if the child has an identified developmental disability or delay as described in the federal Individuals with Disabilities Education Act, Part C. The bill limits coverage to \$3,200 per year per child up to a maximum of \$9,600 by the child's third birthday. The bill applies to all policies, contracts and certificates issued or renewed on or after January 1, 2010.

### **Committee Amendment "A" (H-663)**

This amendment changes the application clause of the bill so it will apply to all individual and group health insurance policies, contracts and certificates issued or renewed on or after January 1, 2011. This amendment also reallocates the statutory provisions contained in the bill.

### **Enacted Law Summary**

Public Law 2009, chapter 634 requires individual and group health insurance policies and health maintenance organization contracts to provide coverage for children's early intervention services after a referral from a primary care provider for children from birth to three years of age if the child has an identified developmental disability or delay as described in the federal Individuals with Disabilities Education Act, Part C. The law limits coverage to \$3,200 per year per child up to a maximum of \$9,600 by the child's third birthday. The law applies to all policies, contracts and certificates issued or renewed on or after January 1, 2011.

### **LD 1059      **Resolve, To Enhance Health Care for Direct Care Workers****

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SULLIVAN	ONTP	

LD 1059 was carried over from the First Regular Session of the 124th Legislature pursuant to joint order, H.P. 1053. The resolve requires the Department of Professional and Financial Regulation, Bureau of Insurance to establish a demonstration project named the Direct Care Workforce Health Coverage Working Group to help long-term care service providers unable to afford high-quality health insurance for their direct care workers to receive higher levels of reimbursement for MaineCare services they provide.

### **LD 1198      **An Act To Reform Insurance Coverage To Include Diagnosis and Treatment for Autism Spectrum Disorders****

**PUBLIC 635**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BOWMAN	OTP-AM	S-430

LD 1198 was carried over from the First Regular Session of the 124th Legislature pursuant to joint order, H.P. 1053. The bill requires group health insurance policies, contracts and certificates covering fewer than 50 members to provide coverage for the diagnosis and treatment of autism spectrum disorders for persons 21 years of age and under. Initially, coverage is subject to a maximum annual benefit of \$36,000 per year; beginning January 1, 2011, the maximum benefit must be adjusted annually for inflation using the medical care component of the United States Department of Labor Consumer Price Index. The provisions of this bill apply to group policies, contracts and

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certificates issued or renewed on or after January 1, 2010.

### **Committee Amendment "A" (S-430)**

This amendment changes the title of the bill and requires individual health insurance policies and contracts as well as group policies, contracts and certificates for health insurance to provide coverage for the diagnosis and treatment of autism spectrum disorders; however, the amendment provides coverage for persons five years of age and under rather than 21 years of age and under. To be eligible for coverage for the treatment of autism spectrum disorders, applied behavior analysis services must be provided by a person professionally certified as a behavior analyst or under the supervision of a professionally certified behavior analyst. Coverage for applied behavior therapy is subject to a maximum annual benefit of \$36,000 per year. The amendment clarifies that the annual cap on benefits applies to the extent allowed under federal law for group health plans. The amendment also clarifies that coverage for prescription drugs for the treatment of autism spectrum disorders must be determined in the same manner as coverage for prescription drugs for the treatment of other illnesses. The provisions of this amendment apply to individual and group policies, contracts and certificates issued or renewed on or after January 1, 2011.

The amendment also requires the Department of Professional and Financial Regulation, Bureau of Insurance to submit a report related to the experience of carriers with the mandate requiring coverage for diagnosis and treatment of autism spectrum disorders, particularly applied behavior analysis services. The report must be submitted by February 1, 2015. The joint standing committee of the Legislature having jurisdiction over insurance and financial services matters is authorized to report out a bill to the First Regular Session of the 127th Legislature.

### **Enacted Law Summary**

Public Law 2009, chapter 635 requires individual and group health insurance policies and contracts to provide coverage for the diagnosis and treatment of autism spectrum disorders for persons five years of age and under. To be eligible for coverage for the treatment of autism spectrum disorders, applied behavior analysis services must be provided by a person professionally certified as a behavior analyst or under the supervision of a professionally certified behavior analyst. Coverage for applied behavior therapy is subject to a maximum annual benefit of \$36,000 per year. The law clarifies that the annual cap on benefits for applied behavior therapy applies to the extent allowed under federal law for group health plans. The law provides that coverage for prescription drugs for the treatment of autism spectrum disorders must be determined in the same manner as coverage for prescription drugs for the treatment of other illnesses. The provisions apply to individual and group policies, contracts and certificates issued or renewed on or after January 1, 2011.

Public Law 2009, chapter 635 also requires the Department of Professional and Financial Regulation, Bureau of Insurance to submit a report to the Legislature by February 1, 2015 related to the experience of health insurance carriers with the mandate requiring coverage for diagnosis and treatment of autism spectrum disorders, particularly applied behavior analysis services.

### **LD 1365    An Act To Establish a Single-payer Health Care System**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PRIEST BOWMAN	ONTP	

LD 1365 was carried over from the First Regular Session of the 124th Legislature pursuant to joint order, H.P. 1053. The bill establishes a universal access health care system that offers a choice of coverage through organized delivery systems or through a managed care system operated by the Maine Health Care Agency and channels all health care dollars through a dedicated trust fund.

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### 1. Part A of the bill does the following.

It establishes the Maine Health Care Plan to provide security through high-quality, affordable health care for the people of the State. The plan becomes effective when two other New England states enact substantially similar legislation. All residents and nonresidents who maintain significant contact with the State are eligible for covered health care services through the Maine Health Care Plan. The plan is funded by the Maine Health Care Trust Fund, a dedicated fund receiving payments from payroll taxes and payments from the General Fund or any other sources. The Maine Health Care Plan provides a range of benefits, including hospital services, health care services from participating providers, laboratory and imaging procedures, home health services, rehabilitative services, prescription drugs and devices, mental health services, substance abuse treatment services, dental services, vision appliances, medical supplies and equipment and hospice care. Health care services under the Maine Health Care Plan are provided by participating providers in organized delivery systems and through the open plan, which is available to all providers. The plan is supplemental to other health care programs that may be available to plan members, such as MaineCare, Medicare, the Dirigo Health Program, the federal Civilian Health and Medical Program of the Uniformed Services, the federal Indian Health Care Improvement Act and workers' compensation. It establishes the Maine Health Care Agency to administer and oversee the Maine Health Care Plan, to act under the direction of the Maine Health Care Council and to administer and oversee the Maine Health Care Trust Fund. The Maine Health Care Council is the decision-making and directing council for the agency and is composed of three full-time appointees.

Part A directs the Maine Health Care Agency to establish programs to ensure quality, affordability, efficiency of care and health planning. The agency health planning program includes the establishment of global budgets for health care expenditures for the State and for institutions and hospitals. The health planning program also encompasses the certificate of need responsibilities of the agency pursuant to the Maine Revised Statutes, Title 22, chapter 103-A and the health planning responsibilities pursuant to Title 2, chapter 5. The agency is also required to contract with a 3rd-party administrator for claims processing and data collection services.

Part A also requires the State Controller to advance \$400,000 to the Maine Health Care Trust Fund on the effective date of the Part, July 1, 2010. This amount must be repaid by the Maine Health Care Agency by June 30, 2012.

2. Part B of the bill establishes the Maine Health Care Plan Transition Advisory Committee. Composed of 20 members, appointed and subject to confirmation, the committee is charged with holding public hearings, soliciting public comments and advising the Maine Health Care Council on the transition from the current health care system to the Maine Health Care Plan. Members of the committee serve without compensation but may be reimbursed for their expenses. The committee is directed to report to the Governor and to the Legislature every six months beginning July 1, 2010. The committee completes its work when the Maine Health Care Plan becomes effective.

3. Part C of the bill establishes the salaries of the members of the Maine Health Care Council and the executive director of the Maine Health Care Agency.

4. Part D of the bill prohibits the sale on the commercial market of health insurance policies and contracts that duplicate the coverage provided by the Maine Health Care Plan. It allows the sale of health insurance policies and contracts that do not duplicate and are supplemental to the coverage of the Maine Health Care Plan.

5. Part E of the bill directs the Maine Health Care Agency to ensure employment retraining for administrative workers employed by insurers and providers who are displaced by the transition to the Maine Health Care Plan. It directs the Maine Health Care Agency to study the delivery and financing of long-term care services to plan members. Consultation is required with the Maine Health Care Plan Transition Advisory Committee, representatives of consumers and potential consumers of long-term care services and representatives of providers of long-term care services, employers, employees and the public. A report by the agency to the Legislature is due January 1, 2012.

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The Maine Health Care Agency is directed to study the provision of health care services under the MaineCare and Medicare programs, waivers, coordination of benefit delivery and compensation, reorganization of State Government necessary to accomplish the objectives of the Maine Health Care Agency and legislation needed to carry out the purposes of the bill. The agency is directed to apply for all waivers required to coordinate the benefits of the Maine Health Care Plan and the MaineCare and Medicare programs. A report by the agency is due to the Legislature by March 1, 2011.

6. Part F of the bill clarifies that, throughout the Maine Revised Statutes, the words "payer" and "payor" may be used interchangeably and have the same meaning.

7. Part G of the bill establishes a 7.5% payroll tax on wages and earnings, including self-employed earnings, and dedicates that tax revenue to the Maine Health Care Trust Fund.

### **LD 1498     An Act To Adopt a Drug Benefit Equity Law**

**PUBLIC 519**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS P	OTP-AM	S-374

The purpose of this bill is to bar health insurance carriers from favoring certain types of pharmacies, such as mail order pharmacies, over other types of pharmacies, such as independent retail pharmacies. The bill prohibits a carrier from refusing to contract with a pharmacy provider that meets the terms and conditions established by the health plan. The bill requires that coinsurance, copayment and deductible factors be applied uniformly regardless of the type of pharmacy the health plan enrollee chooses. The bill also prohibits a carrier from limiting the quantity of drugs that an enrollee may obtain at one time unless the limit is applied uniformly to all pharmacy providers within the health plan's network.

#### **Committee Amendment "A" (S-374)**

This amendment replaces the bill. The amendment prohibits a carrier from refusing to contract with a pharmacy provider that meets the terms and conditions established by the carrier. The amendment clarifies that a carrier may offer enrollees incentives to encourage the use of certain preferred pharmacy providers as long as the carrier makes the same terms applicable to preferred pharmacy providers available to all pharmacy providers. The amendment also requires a carrier to pay all clean electronic claims within 21 days after the claim is received by the carrier.

#### **Enacted Law Summary**

Public Law 2009, chapter 519 prohibits a carrier from refusing to contract with a pharmacy provider that meets the terms and conditions established by the carrier. The law clarifies that a carrier may offer enrollees incentives to encourage the use of certain preferred pharmacy providers as long as the carrier makes the same terms applicable to preferred pharmacy providers available to all pharmacy providers. The law also requires a carrier to pay all clean electronic claims within 21 days after the claim is received by the carrier.

# Joint Standing Committee on Insurance and Financial Services

## LD 1510 An Act To Maintain Compliance of Maine's Insurance Laws with National Standards

PUBLIC 511

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT	OTP-AM	H-628 S-382 BOWMAN

LD 1510 makes changes to conform Maine's insurance laws to new national standards adopted by the National Association of Insurance Commissioners.

Part A of the bill increases the time period from two to five years for the disqualification of the lead partner conducting an outside audit of an insurance company and authorizes the Superintendent of Insurance to waive the standard for unusual circumstances. Part A also clarifies the superintendent's authority related to the declaration and distribution of dividends, including extraordinary dividends, by insurance company holding systems.

Part B of the bill requires all health insurers to submit a qualified actuarial opinion as part of their annual statement to the Department of Professional and Financial Regulation, Bureau of Insurance.

Part C of the bill establishes a separate licensing category for multiple peril crop insurance adjusters.

### Committee Amendment "A" (H-628)

This amendment makes the following changes to the bill.

1. It amends the bill in Part A to correct the mathematical formula for the extraordinary dividend threshold and to clarify the applicable time period.
2. It amends the bill in Part B to clarify the extent to which the life insurance actuarial opinion requirements are extended to health insurers.
3. It adds Part D to the bill to correct a cross-reference in the rulemaking provision of the continuity of coverage law.
4. It adds Part E to the bill to establish a risk-based capital trend test to enhance the solvency regulation of health organizations. It also clarifies the application of certain provisions to health organizations.

### Senate Amendment "A" To Committee Amendment "A" (S-382)

This amendment makes clarifying changes to Committee Amendment "A."

### Enacted Law Summary

Public Law 2009, chapter 511 makes changes to conform Maine's insurance laws to new national standards adopted by the National Association of Insurance Commissioners.

Part A of the law increases the time period from two to five years for the disqualification of the lead partner conducting an outside audit of an insurance company and authorizes the Superintendent of Insurance to waive the standard for unusual circumstances. Part A also clarifies the superintendent's authority related to the declaration and distribution of dividends, including extraordinary dividends, by insurance company holding systems.

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Part B requires all health insurers to submit a qualified actuarial opinion as part of their annual statement to the Department of Professional and Financial Regulation, Bureau of Insurance.

Part C establishes a separate licensing category for multiple peril crop insurance adjusters.

Part D corrects a cross-reference in the rulemaking provision of the continuity of coverage law.

Part E establishes a risk-based capital trend test to enhance the solvency regulation of health organizations and clarifies the application of certain provisions to health organizations.

### **LD 1523     An Act To Make Corrections to the Life Settlement Laws**

**PUBLIC 597**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PRIEST	OTP   MAJ ONTP   MIN	S-462   CRAVEN

LD 1523 clarifies the definition of "stranger-originated life insurance" in the laws governing life settlements by removing an extraneous reference to settlement transactions and adds standards clarifying which types of life insurance coverage are subject to the consumer notification requirement.

#### **Senate Amendment "A" (S-462)**

This amendment removes the provisions regarding which types of life insurance coverage are subject to the consumer notification requirement.

#### **Enacted Law Summary**

Public Law 2009, chapter 597 clarifies the definition of "stranger-originated life insurance" in the laws governing life settlements by removing an extraneous reference to settlement transactions.

### **LD 1618     An Act To Amend the Loan Originator Registration Laws**

**PUBLIC 497**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LEGG BOWMAN	OTP	

LD 1611 delays for five months the date of the transition for mortgage companies from the existing state registration system to a new national system to avoid overlapping and duplicative requirements.

#### **Enacted Law Summary**

Public Law 2009, chapter 497 delays the effective date for compliance with a new national system for registration of mortgage loan originators from July 31, 2010 to January 1, 2011. Under current State law, mortgage loan originators are required to register with the Bureau of Consumer Credit Protection. As of January 1, 2011, mortgage loan originators will be required to register under the national system.

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**LD 1619    An Act To Facilitate Uniformity Regarding Exemption from  
Registration of Certain Securities Offerings**

**PUBLIC 500**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PRIEST BOWMAN	OTP	

The Maine Uniform Securities Act provides exemptions from registration for certain securities offerings, provided notice is filed with Maine's Department of Professional and Financial Regulation, Office of Securities on Form D as promulgated by the federal Securities and Exchange Commission. Effective March 2009, the Securities and Exchange Commission required that Form D be filed with the Securities and Exchange Commission electronically. The State of Maine is not yet able to receive Form D filings electronically, and issuers are interested in filing hard copies of what is filed electronically with the Securities and Exchange Commission. LD 1619 amends the Maine Uniform Securities Act by removing the requirement that the Appendix to Form D be prepared and filed with the office and by providing that execution of the consent to service of process in a form acceptable to the Securities and Exchange Commission is deemed to be in compliance with the requirements of Maine law, thereby providing an opportunity for issuers to file hard copies of what is filed with the Securities and Exchange Commission.

**Enacted Law Summary**

The Maine Uniform Securities Act provides exemptions from registration for certain securities offerings, provided notice is filed with Maine's Department of Professional and Financial Regulation, Office of Securities on Form D as promulgated by the federal Securities and Exchange Commission. Effective March 2009, the Securities and Exchange Commission required that Form D be filed with the Securities and Exchange Commission electronically. The State of Maine is not yet able to receive Form D filings electronically, and issuers are interested in filing hard copies of what is filed electronically with the Securities and Exchange Commission. Public Law 2009, chapter 500 amends the Maine Uniform Securities Act by removing the requirement that the Appendix to Form D be prepared and filed with the office and by providing that execution of the consent to service of process in a form acceptable to the Securities and Exchange Commission is deemed to be in compliance with the requirements of Maine law, thereby providing an opportunity for issuers to file hard copies of what is electronically filed with the Securities and Exchange Commission.

**LD 1620    An Act To Protect Health Care Consumers from Catastrophic Debt**

**PUBLIC 588**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY BARTLETT	OTP-AM MAJ ONTP MIN	H-664

This bill prohibits health plans covering Maine residents from including provisions that terminate payment of further claims after a defined maximum specified aggregate amount of health care claims has been paid on an annual, lifetime or other basis on behalf of an individual, family or group.

**Committee Amendment "A" (H-664)**

This amendment replaces the bill. The amendment prohibits individual or group health plans covering Maine residents from including provisions that terminate payment of further claims after a defined maximum specified aggregate dollar amount of health care claims has been paid on an annual, lifetime or other basis on behalf of an individual, family or group. The amendment adds exceptions to the prohibition on limits for several specific types of

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health plans and requires a health plan issued after the effective date of the provision to include a disclosure of a permitted limit. The amendment applies the provisions to health plans issued or renewed on or after January 1, 2011.

### **Enacted Law Summary**

Public Law 2009, chapter 588 prohibits individual or group health plans covering Maine residents from including provisions that terminate payment of further claims after a defined maximum specified aggregate dollar amount of health care claims has been paid on an annual, lifetime or other basis on behalf of an individual, family or group. The law provides exceptions to the prohibition on limits for several specific types of health plans and requires a health plan issued after the effective date of the law that contains a permissible limit on aggregate benefits to specifically disclose that limit to policyholders. The law applies to health plans issued or renewed on or after January 1, 2011.

### **LD 1621     An Act To Increase Consumer Choice Regarding Service Contracts**

**LEAVE TO  
WITHDRAW**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
THIBODEAU SHERMAN	LTW	

This bill regulates the sale of service contracts to consumers and establishes standards for service contract providers. The bill exempts service contracts regulated under the bill from all other provisions of the Maine Insurance Code. The bill also exempts warranties, maintenance agreements, service contracts sold to persons other than consumers and warranties, maintenance agreements and service contracts offered by public utilities from all provisions of the Maine Insurance Code, including those proposed in the bill.

### **LD 1649     Resolve, To Increase the Financial Stability of Low-income Families in Maine**

**RESOLVE 156**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIMPSON	OTP-AM	S-365

This resolve directs the Commissioner of Professional and Financial Regulation to establish, within existing budgeted resources, the Bank on ME working group, composed of municipal officials and representatives of state and federal financial institutions, community organizations and state agencies to develop and implement collaborative voluntary initiatives that increase the financial stability of low-income families in the State by increasing awareness of and access to basic financial services. The commissioner is required to submit a report to the joint standing committee of the Legislature having jurisdiction over banking and financial matters by November 3, 2010 on the progress of the Bank on ME working group and on any changes to existing law that are necessary to implement the initiatives supported by the working group.

### **Committee Amendment "A" (S-365)**

This amendment directs the Superintendent of Financial Institutions within the Department of Professional and Financial Regulation rather than the Commissioner of Professional and Financial Regulation to establish the Bank of ME working group. The amendment also makes other clarifying changes to the resolve.

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## Enacted Law Summary

Resolve 2009, chapter 156 directs the Superintendent of Financial Institutions to establish, within existing budgeted resources, the Bank on ME working group, composed of municipal officials and representatives of state and federal financial institutions, community organizations and state agencies to develop and implement collaborative voluntary initiatives that increase the financial stability of low-income families in the State by increasing awareness of and access to basic financial services. The superintendent is required to submit a report to the joint standing committee of the Legislature having jurisdiction over banking and financial matters by November 3, 2010 on the progress of the Bank on ME working group and on any changes to existing law that are necessary to implement the initiatives supported by the working group.

**LD 1653     An Act To Improve Health Insurance Security**

**LEAVE TO  
WITHDRAW**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SCHNEIDER	LTW	

LD 1653 allows a person who worked for the State for five years or more as of January 1, 2011 and who terminates state employment on or after that date to continue coverage under the group health plan for state employees. The bill requires the person to enroll in continued coverage under the group health plan within 30 days of the date the person leaves state employment and to pay the full premium cost for coverage.

**LD 1673     An Act To Allow a Maine-chartered Financial Institution To Conduct a Savings Promotion Raffle**

**PUBLIC 599**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SULLIVAN	OTP-AM   A B OTP-AM   C	S-418

This bill amends the laws governing raffles to allow any Maine-chartered financial institution, a bank or credit union, to conduct a savings promotion raffle. The sole consideration required for a chance of winning the designated prizes in the raffle is the deposit of at least a specified amount of money into a savings account or other savings program offered by the Maine-chartered financial institution.

**Committee Amendment "A" (S-417)**

This amendment is the majority report of the committee and replaces the bill. The amendment amends the definition of "game of chance" and "raffle" to exclude a savings promotion raffle conducted by a state-chartered financial institution or credit union. The amendment defines "savings promotion raffle" as a promotion in which the sole consideration for winning is the deposit of a certain amount of money in a savings account or other savings program. The amendment requires that the savings account or other savings program provide interest at comparable rates to the account holder and allow an account holder access to the savings. The amendment limits a financial institution or credit union to two savings promotion raffles per year and caps the total amount of designated prizes per promotion at \$1,000.

The amendment also requires the Department of Professional and Financial Regulation, Bureau of Financial Institutions to adopt rules to further define "savings promotion raffle" no later than February 1, 2011 and makes

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those rules subject to legislative review before final adoption. In addition, the Superintendent of Financial Institutions shall include information on the activities of financial institutions and credit unions related to savings promotion raffles and recommend whether federally chartered financial institutions and credit unions should be authorized to conduct a savings promotion raffle in the annual report to the Legislature submitted on or before January 15, 2012.

Committee Amendment "A" was not adopted.

### **Committee Amendment "B" (S-418)**

This amendment is the minority report of the committee and replaces the bill. The amendment authorizes both state-chartered and federally chartered financial institutions and credit unions to conduct savings promotion raffles. The amendment amends the definition of "game of chance" and "raffle" to exclude a savings promotion raffle conducted by a state-chartered or federally chartered financial institution or credit union. The amendment defines "savings promotion raffle" as a promotion in which the sole consideration for winning is the deposit of a certain amount of money in a savings account or other savings program. The amendment requires that the savings account or other savings program provide interest at comparable rates to the account holder and allow an account holder access to the savings. The amendment limits a financial institution or credit union to two savings promotion raffles per year and caps the total amount of designated prizes per promotion at \$1,000.

### **Enacted Law Summary**

Public Law 2009, chapter 599 authorizes state-chartered and federally chartered financial institutions and credit unions to conduct savings promotion raffles by amending the definitions of "game of chance" and "raffle" to exclude a savings promotion raffle. The law defines "savings promotion raffle" as a promotion in which the sole consideration for winning is the deposit of a certain amount of money in a savings account or other savings program. The law requires that the savings account or other savings program provide interest at comparable rates to the account holder and allow an account holder access to the savings. The law also limits a financial institution or credit union to two savings promotion raffles per year and caps the total amount of designated prizes per promotion at \$1,000.

## **LD 1676     An Act To Protect Maine Citizens' Credit**

**PUBLIC 526**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BARTLETT	OTP-AM   MAJ ONTP   MIN	S-392

LD 1676 amends the Fair Credit Reporting Act to provide that, as long as minimum payments are made to the provider of necessary medical treatment, information regarding a debt owed for necessary medical treatment provided to a consumer whose income is under 400% of the federal poverty level, or to a person to whom that consumer has a legal obligation to provide support, may not be furnished to a credit reporting agency by a debt collector or by the medical entity that provided the necessary medical treatment.

### **Committee Amendment "A" (S-392)**

This amendment replaces the bill. It exempts from the definition of "consumer credit transaction" under the Maine Consumer Credit Code, an agreement to accept payments on debts for health care services without interest over time and requires that a health care provider disclose to a consumer any available payment arrangements, which, if offered, must enable the consumer to rehabilitate defaulted loans by meeting certain payment requirements.

### **Enacted Law Summary**

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Public Law 2009, chapter 526 exempts an agreement to accept payments on debts for health care services without interest over time from the definition of "consumer credit transaction" under the Maine Consumer Credit Code. The law also requires that a health care provider disclose to a consumer any available payment arrangements, which, if offered, must enable the consumer to rehabilitate defaulted loans by meeting certain payment requirements.

## LD 1707 An Act To Clarify the Application of Certain Statutory Requirements to Foreclosures

**PUBLIC 476  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT	OTP-AM	H-604

This bill clarifies that the changes in the notice period for cure of defaults of mortgages made in Public Law 2009, chapter 402 apply to all residential mortgages. The bill applies the clarification retroactively to the date Public Law 2009, chapter 402 took effect.

### Committee Amendment "A" (H-604)

This amendment replaces the bill. Part A of the amendment repeals the law allowing certain mortgages an exemption from the requirements for a notice to cure default of a mortgage. Part A clarifies that this change applies to any mortgage for which a notice to cure default has not been issued before the effective date of the bill.

Part B of the amendment makes several changes to clarify Public Law 2009, chapter 402. It recognizes that a mortgage need not be recorded to be foreclosed in conformance with Maine case law. It clarifies that the notice to cure default must include an itemization of the charges necessary to cure the default. It clarifies that the requirements for notice of foreclosure to tenants apply only to residential tenants, not commercial tenants. It clarifies that a residential tenant may not be evicted upon foreclosure except through the forcible entry and detainer process. It clarifies that the failure to provide a notice to residential tenants does not become a title defect. It extends the time for the copy of the foreclosure complaint or clerk's certificate to be filed with the registry of deeds in which the mortgage is recorded from 10 days to 60 days and the copy to be submitted to the municipal tax assessor from three days to 10 days after filing in the registry of deeds. The changes in Part B are retroactive to June 15, 2009.

### Enacted Law Summary

Public Law 2009, chapter 476, Part A repeals the statutory provision allowing certain mortgages an exemption from the requirements for a notice to cure default of a mortgage. The law clarifies that this change applies to any mortgage for which a notice to cure default has not been issued before the effective date of the law.

Part B of Public Law 2009, chapter 476 makes several changes to clarify Public Law 2009, chapter 402. It recognizes that a mortgage need not be recorded to be foreclosed in conformance with Maine case law. It clarifies that the notice to cure default must include an itemization of the charges necessary to cure the default. It clarifies that the requirements for notice of foreclosure to tenants apply only to residential tenants, not commercial tenants. It clarifies that a residential tenant may not be evicted upon foreclosure except through the forcible entry and detainer process. It clarifies that the failure to provide a notice to residential tenants does not become a title defect. It extends the time for the copy of the foreclosure complaint or clerk's certificate to be filed with the registry of deeds in which the mortgage is recorded from 10 days to 60 days and the copy to be submitted to the municipal tax assessor from three days to 10 days after filing in the registry of deeds. The changes in Part B are retroactive to June 15, 2009.

Public Law 2009, chapter 476 was enacted as an emergency measure effective March 8, 2010.

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**LD 1708 An Act To Expand the Opportunity for Persons To Acquire Health Care Coverage under the State's "Mini-COBRA" Program**

**PUBLIC 574**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAZUREK DAMON	OTP-AM	H-747

This bill modifies Maine's so-called mini-COBRA law to make persons permanently laid off from their employment eligible to maintain, at their expense, coverage under their former employer's group health plan. Currently, the law limits eligibility to persons who are temporarily laid off or who have a condition that makes them eligible for workers' compensation.

**Committee Amendment "A" (H-747)**

Current law limits eligibility for Maine's so-called mini-COBRA law to persons who are temporarily laid off or who have a condition that makes them eligible for workers' compensation. The bill modifies Maine's so-called mini-COBRA law to make persons permanently laid off from their employment eligible to maintain, at their expense, coverage under their former employer's group health plan. The amendment conditions the eligibility for those permanently laid off on the availability of a subsidy pursuant to federal law.

**Enacted Law Summary**

Current law limits eligibility for Maine's so-called mini-COBRA law to persons who are temporarily laid off or who have a condition that makes them eligible for workers' compensation. Public Law 2009, chapter 574 modifies Maine's so-called mini-COBRA law to make persons permanently laid off from their employment eligible to maintain, at their expense, coverage under their former employer's group health plan as long as a subsidy is made available pursuant to federal law for those permanently laid off employees.

**LD 1709 An Act To Enhance Public Awareness of Lyme Disease**

**PUBLIC 494  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LEGG BOWMAN	OTP-AM	H-632

Part A of LD 1709 requires health insurance companies to provide coverage for long-term antibiotic therapy for patients with Lyme disease in all individual and group health insurance policies. The health insurance provisions apply to all policies issued or renewed on or after January 1, 2011.

Part B of LD 1709 provides protection from a licensing disciplinary action for physicians that prescribe, administer or dispense long-term antibiotic therapy to patients with Lyme disease.

**Committee Amendment "A" (H-632)**

This amendment replaces the bill. The amendment does the following.

1. It establishes the month of May as Lyme Disease Awareness Month. It also directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention to make appropriate information available to the public to improve education and awareness about the prevention, diagnosis and treatment of Lyme disease.

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2. It clarifies the annual reporting requirements on Lyme disease and other tick-borne illnesses to include information on diagnosis as well as treatment. It also requires the Maine Center for Disease Control and Prevention to maintain a publicly accessible website to provide public awareness and education on Lyme disease and other tick-borne illnesses, including links to resources made available and recommended by the United States Department of Health and Human Services.
3. It requires health insurers to report claims data related to Lyme disease diagnosis as well as treatment.
4. It adds an emergency preamble and emergency clause.

### **Enacted Law Summary**

Public Law 2009, chapter 494 establishes the month of May as Lyme Disease Awareness Month and directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention to make appropriate information available to the public to improve education and awareness about the prevention, diagnosis and treatment of Lyme disease.

The law clarifies the annual reporting requirements on Lyme disease and other tick-borne illnesses to include information on diagnosis as well as treatment. The law requires the Maine Center for Disease Control and Prevention to maintain a publicly accessible website to provide public awareness and education on Lyme disease and other tick-borne illnesses, including links to resources made available and recommended by the United States Department of Health and Human Services.

The law also requires health insurers to report claims data related to Lyme disease diagnosis. Under current law, health insurers are required to report claims data related to treatment for Lyme disease.

Public Law 2009, chapter 494 was enacted as an emergency measure effective February 24, 2010.

**LD 1768    Resolve, Regarding Legislative Review of Chapter 285: Adjustment of Non-bank Mortgage Lender Fees To Fund Investigative and Legal Compliance Personnel, a Major Substantive Rule of the Department of Professional and Financial Regulation**

**RESOLVE 177  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-710

LD 1768 provides for legislative review of Chapter 285: Adjustment of Non-bank Mortgage Lender Fees To Fund Investigative and Legal Compliance Personnel, a major substantive rule of the Department of Professional and Financial Regulation.

### **Committee Amendment "A" (H-710)**

This amendment incorporates a fiscal note.

### **Enacted Law Summary**

Resolve 2009, chapter 177 authorizes final adoption of Chapter 285: Adjustment of Non-bank Mortgage Lender Fees To Fund Investigative and Legal Compliance Personnel, a major substantive rule of the Department of Professional and Financial Regulation.

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Resolve 2009, chapter 177 was finally passed as an emergency measure effective March 26, 2010.

### LD 1769 An Act To Extend Access to Federal Health Insurance Premium Assistance

P & S 39  
EMERGENCY

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT BOWMAN	OTP-AM	H-722

The American Recovery and Reinvestment Act of 2009 provided help to people who lost their jobs from September 1, 2008 to December 31, 2009 by paying 65% of their so-called COBRA health insurance coverage for a period of nine months from the time they were terminated. Public Law 2009, chapter 244, Part J provided a second election period for certain workers who had declined coverage referred to as Mini-COBRA coverage before the federal subsidies were available. The United States Congress recently passed an extension of the COBRA coverage provisions, extending the job termination date for eligibility for the subsidies from December 31, 2009 to February 28, 2010 and the COBRA 65% assistance from nine months to 15 months. This bill extends the coverage period consistent with federal law for those workers who enrolled in Mini-COBRA during the second election period.

#### Committee Amendment "A" (H-722)

This amendment clarifies the applicability of the notice requirement and recognizes the recent extension of the program enacted by Congress until March 31, 2010.

#### Enacted Law Summary

Private and Special Law 2009, chapter 39 recognizes the extensions enacted by Congress for those unemployed workers eligible for a federal subsidy for their Mini-COBRA health insurance coverage. The federal law extended the job termination eligibility date from December 31, 2009 to March 31, 2010 and the coverage period for the federal subsidy from nine months to 15 months. Private and Special Law 2009, chapter 39 requires health insurers to provide notice of the extensions enacted by Congress to certain workers whose employment terminated between September 1, 2008 and March 31, 2010 and who elected to continue Mini-COBRA coverage and to any employees whose employment terminates after March 31, 2010 who are eligible for premium assistance.

Private and Special Law 2009, chapter 39 was enacted as an emergency measure effective March 26, 2010.

### LD 1773 An Act To Improve Dental Insurance Coverage for Maine Children

PUBLIC 578

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ALFOND	OTP-AM	S-431

LD 1773 requires health insurance policies, contracts and certificates that provide dental plans to provide coverage of dependent children from birth if the policyholder elects to participate in the dependent coverage plan. The provisions of this bill apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed on or after January 1, 2011.

#### Committee Amendment "A" (S-431)

This amendment replaces the bill. The amendment requires dental insurance policies, contracts and certificates that

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provide coverage of dependent children to allow the opportunity to enroll a dependent child in dental insurance coverage during the first 30 days of the child's life and during any open or annual enrollment period. The provisions of this amendment apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed on or after January 1, 2011.

### **Enacted Law Summary**

Public Law 2009, chapter 578 requires dental insurance policies, contracts and certificates that provide coverage of dependent children to allow the opportunity to enroll a dependent child in dental insurance coverage during the first 30 days of the child's life and during any open or annual enrollment period. The provisions of the law apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed on or after January 1, 2011.

### **LD 1779     An Act To Prohibit Surcharges on the Use of Debit Cards**

**PUBLIC 618**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT	OTP   MAJ ONTP   MIN	

Maine law currently prohibits sellers from imposing a surcharge on the use of credit cards. LD 1779 extends this prohibition to the use of debit cards.

### **Senate Amendment "A" (S-448)**

This amendment repeals the prohibition on surcharges on the use of debit cards on February 15, 2011. It requires the Superintendent of Financial Institutions and the Superintendent of Consumer Credit Protection within the Department of Professional and Financial Regulation to examine the federal and state laws, regulations and rules governing fees and charges relating to debit and credit cards and submit a report containing their findings, including any recommendations regarding courses of action to achieve optimum transparency and consumer protection, to the joint standing committee of the Legislature having jurisdiction over financial services matters no later than February 15, 2011. The joint standing committee of the Legislature having jurisdiction over financial services matters is authorized to report out a bill on the subject matter of this report to the First Regular Session of the 125th Legislature. Senate Amendment "A" was not adopted.

### **Enacted Law Summary**

Maine law currently prohibits sellers from imposing a surcharge on the use of credit cards. Public Law 2009, chapter 618 extends this prohibition to the use of debit cards.

### **LD 1819     An Act To Implement the Recommendations of the Advisory Council on Health Systems Development Relating to Payment Reform**

**PUBLIC 609**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM   MAJ OTP-AM   MIN	S-485

LD 1819 is submitted by the Joint Standing Committee on Insurance and Financial Services and implements the recommendations made by the Advisory Council on Health Systems Development related to payment reform. The bill requires the Advisory Council on Health Systems Development to review and evaluate payment reform models

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and requires the council to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters no later than January 15, 2011. The bill also clarifies the intent of the Hospital and Health Care Provider Cooperation Act to apply to mergers of covered entities, which are defined as hospitals or health care providers.

### **Committee Amendment "A" (S-485)**

This amendment is the majority report of the committee. The amendment removes from the bill language limiting the scope of the Advisory Council on Health Systems Development's consultation with the Attorney General and the Department of Professional and Financial Regulation, Bureau of Insurance for technical expertise. The amendment removes from the bill language authorizing a legislative committee to introduce a bill to the 125th Legislature. The amendment requires the Advisory Council on Health Systems Development to submit a preliminary report outlining suggested legislation no later than December 1, 2010. The amendment also removes from the bill the provisions that make changes to the Hospital and Health Care Provider Cooperation Act.

### **Committee Amendment "B" (S-486)**

This amendment is the minority report of the committee. The amendment adds two provisions to the bill to amend the process under the Hospital and Health Care Provider Cooperation Act. The amendment extends the time period for the Department of Health and Human Services to make a final decision on an application for a certificate of public advantage from 90 days to 120 days and adds a requirement that the department must hold a hearing on an application at the request of the Attorney General.

The amendment removes from the bill language limiting the scope of the Advisory Council on Health Systems Development's consultation with the Attorney General and the Department of Professional and Financial Regulation, Bureau of Insurance for technical expertise. The amendment removes from the bill language authorizing a legislative committee to introduce a bill to the 125th Legislature. The amendment requires the Advisory Council on Health Systems Development to submit a preliminary report outlining suggested legislation no later than December 1, 2010.

Committee Amendment "B" was not adopted.

### **Enacted Law Summary**

Public Law 2009, chapter 609 requires the Advisory Council on Health Systems Development to review and evaluate payment reform models and requires the council to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters no later than January 15, 2011. The law requires the Advisory Council on Health Systems Development to submit a preliminary report outlining suggested legislation no later than December 1, 2010.

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*Banking and Credit Unions*

Enacted

LD 1649	Resolve, To Increase the Financial Stability of Low-income Families in Maine	RESOLVE 156
LD 1673	An Act To Allow a Maine-chartered Financial Institution To Conduct a Savings Promotion Raffle	PUBLIC 599

*Consumer Credit*

Enacted

LD 1676	An Act To Protect Maine Citizens' Credit	PUBLIC 526
LD 1779	An Act To Prohibit Surcharges on the Use of Debit Cards	PUBLIC 618

*Insurance, Health*

Enacted

LD 20	An Act To Require Insurance Companies To Cover the Cost of Prosthetics Containing Microprocessors	PUBLIC 603
LD 425	An Act To Require Private Insurance Coverage for Certain Services for Children with Disabilities	PUBLIC 634
LD 1198	An Act To Reform Insurance Coverage To Include Diagnosis and Treatment for Autism Spectrum Disorders	PUBLIC 635
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LD 1620	An Act To Protect Health Care Consumers from Catastrophic Debt	PUBLIC 588
LD 1708	An Act To Expand the Opportunity for Persons To Acquire Health Care Coverage under the State's "Mini-COBRA" Program	PUBLIC 574
LD 1709	An Act To Enhance Public Awareness of Lyme Disease	PUBLIC 494 EMERGENCY
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LD 1773	An Act To Improve Dental Insurance Coverage for Maine Children	PUBLIC 578

LD 1819	An Act To Implement the Recommendations of the Advisory Council on Health Systems Development Relating to Payment Reform	PUBLIC 609
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Not Enacted

LD 257	An Act To Establish the Health Technology Clinical Committee	ONTP
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LD 1059	Resolve, To Enhance Health Care for Direct Care Workers	ONTP
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LD 1365	An Act To Establish a Single-payer Health Care System	ONTP
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LD 1653	An Act To Improve Health Insurance Security	LEAVE TO WITHDRAW
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*Insurance, Regulation and Practices*

Enacted

LD 1510	An Act To Maintain Compliance of Maine's Insurance Laws with National Standards	PUBLIC 511
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LD 1523	An Act To Make Corrections to the Life Settlement Laws	PUBLIC 597
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Not Enacted

LD 1621	An Act To Increase Consumer Choice Regarding Service Contracts	LEAVE TO WITHDRAW
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*Mortgage Lending*

Enacted

LD 1618	An Act To Amend the Loan Originator Registration Laws	PUBLIC 497
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LD 1707	An Act To Clarify the Application of Certain Statutory Requirements to Foreclosures	PUBLIC 476 EMERGENCY
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LD 1768	Resolve, Regarding Legislative Review of Chapter 285: Adjustment of Non-bank Mortgage Lender Fees To Fund Investigative and Legal Compliance Personnel, a Major Substantive Rule of the Department of Professional and Financial Regulation	RESOLVE 177 EMERGENCY
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*Securities*

Enacted

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