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## **SENATE BILL No. 1050**

February 21, 2006, Introduced by Senators CHERRY, HAMMERSTROM, JACOBS, SCHAUER, OLSHOVE, SCOTT, GEORGE and STAMAS and referred to the Committee on Health Policy.

A bill to amend 1956 PA 218, entitled
"The insurance code of 1956,"
by amending section 3901 (MCL 500.3901), as added by 1992 PA 84,
and by adding section 3902; and to repeal acts and parts of acts.

## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 3901. As used in this chapter:
  - (a) "Acute condition" means that the individual is medically unstable, requiring frequent monitoring by medical professionals in order to maintain his or her health status.
    - (b) "Applicant" means:
    - (i) For an individual long-term care insurance policy, the person who seeks to contract for long-term care benefits.
    - (ii) For a group long-term care insurance certificate, the proposed certificate holder.

- 1 (c) "Group long-term care insurance" means a long-term care
- 2 insurance certificate that is delivered or issued for delivery in
- 3 this state and issued to any of the following:
- 4 (i) One or more employers or labor organizations, or to a trust
- 5 or the trustees of a fund established by 1 or more employers or
- 6 labor organizations for employees or former employees or members or
- 7 former members of the labor organization.
- 8 (ii) A professional, trade, or occupational association for its
- 9 members or former or retired members if the association is composed
- 10 of individuals who were all actively engaged in the same
- 11 profession, trade, or occupation and the association has been
- 12 maintained in good faith for purposes other than obtaining
- insurance unless waived by the commissioner.
- 14 (iii) Subject to section 3903(2), an association or to a trust
- 15 or to the trustees of a fund established, created, or maintained
- 16 for the benefit of members of 1 or more associations.
- 17 (iv) A group other than that described in -subparagraphs
- 18 SUBPARAGRAPH (i), (ii), or (iii) if the commissioner determines all of
- 19 the following:
- 20 (A) The issuance of the group certificate is not contrary to
- 21 the best interests of the public.
- 22 (B) The issuance of the group certificate would result in
- 23 economies of acquisition or administration.
- 24 (C) The benefits are reasonable in relation to the premiums
- 25 charged.
- 26 (d) "Guaranteed renewable" means the insured has the right to
- 27 continue the long-term care insurance in force by the timely

- 1 payment of premiums and the insurer does not have a unilateral
- 2 right to make any change in any provision of the policy or rider
- 3 while the insurance is in force and cannot decline to renew, except
- 4 that rates may be revised by the insurer on a class basis.
- 5 (e) "Home care services" means 1 or more of the following
- 6 medically prescribed services or assessment team recommended
- 7 services for the long-term care and treatment of an insured that
- 8 are to be provided in a noninstitutional setting according to a
- 9 written diagnosis and plan of care or individual assessment and
- 10 plan of care:
- 11 (i) Nursing services under the direction of a registered nurse,
- 12 including the service of a home health aide.
- 13 (ii) Physical therapy.
- 14 (iii) Speech therapy.
- 15 (iv) Respiratory therapy.
- 16 (v) Occupational therapy.
- 17 (vi) Nutritional services provided by a registered dietitian.
- 18 (vii) Personal care services, homemaker services, adult day
- 19 care, and similar nonmedical services.
- 20 (viii) Medical social services.
- 21 (ix) Other similar medical services and health-related support
- 22 services.
- 23 (f) "Home health or care agency" means a person certified by
- 24 medicare whose business is to provide to individuals in their
- 25 places of residence other than in a hospital, nursing home, or
- 26 county medical care facility, 1 or more of the following services:
- 27 nursing services, therapeutic services, social work services,

- 1 homemaker services, home health aide services, or other related
- 2 services.
- 3 (g) "Intermediate care facility" means a facility, or distinct
- 4 part of a facility, certified by the department of -public
- 5 COMMUNITY health to provide intermediate care, custodial care, or
- 6 basic care that is less than skilled nursing care but more than
- 7 room and board.
- 8 (h) "Long-term care insurance" means an individual or group
- 9 insurance policy, certificate, or rider advertised, marketed,
- 10 offered, or designed to provide coverage for at least 12
- 11 consecutive months for each covered person on an expense-incurred,
- 12 indemnity, prepaid, or other basis for 1 or more necessary or
- 13 medically necessary diagnostic, preventive, therapeutic,
- 14 rehabilitative, maintenance, personal, or custodial care services
- 15 provided in a setting, -other than- INCLUDING AN ASSISTED LIVING
- 16 FACILITY OPERATING LEGALLY IN THIS STATE, BUT NOT INCLUDING an
- 17 acute care unit of a hospital. Long-term care insurance includes
- 18 individual or group annuities and life insurance policies or riders
- 19 that provide directly or supplement long-term care insurance. Long-
- 20 term care insurance does not include a life insurance policy that
- 21 accelerates the death benefit specifically for 1 or more of the
- 22 qualifying events of terminal illness or medical conditions
- 23 requiring extraordinary medical intervention or permanent
- 24 institutional confinement and that provide the option of a lump-sum
- 25 payment for those benefits and in which neither the benefits nor
- 26 the eligibility for the benefits is conditioned upon the receipt of
- 27 long-term care. Long-term care insurance does not include an

- 1 insurance policy offered primarily to provide coverage for
- 2 rehabilitative and convalescent care and is not offered,
- 3 advertised, or marketed as a long-term care policy, or offered
- 4 primarily to provide basic medicare supplemental coverage, hospital
- 5 confinement indemnity coverage, basic hospital expense coverage,
- 6 basic medical-surgical expense coverage, major medical expense
- 7 coverage, disability income protection coverage, catastrophic
- 8 coverage, comprehensive coverage, accident only coverage, specific
- 9 disease or specified accident coverage, or limited benefit health
- 10 coverage.
- 11 (i) "Medicare" means title XVIII of the social security act,
- 12 chapter 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2, 1395c
- 13 to 1395i, 1395i-2 to 1395i-4, 1395j to 1395t, 1395u to 1395w-2,
- 14 1395w-4 to 1395zz, and 1395bbb to 1395ccc 42 USC 1395 TO 1395GGG.
- 15 (J) "NONPROFIT HEALTH CARE CORPORATION" MEANS A NONPROFIT
- 16 HEALTH CARE CORPORATION OPERATING PURSUANT TO THE NONPROFIT HEALTH
- 17 CARE CORPORATION REFORM ACT, 1980 PA 350, MCL 550.1101 TO 550.1704.
- 18 (K) -(j) "Preexisting condition" means a condition for which
- 19 medical advice or treatment was recommended by, or received from, a
- 20 provider of health care services within the 6 months immediately
- 21 before the effective date of coverage of an insured person.
- 22 (l)  $\frac{(k)}{(k)}$  "Policy" means an insurance policy or certificate,
- 23 rider, or endorsement delivered or issued for delivery in this
- 24 state by an insurer OR SUBSIDIARY OF A NONPROFIT HEALTH CARE
- 25 CORPORATION.
- **26** (M) -(l)— "Skilled nursing facility" means a facility, or a
- 27 distinct part of a facility, certified by the department of -public

- 1 COMMUNITY health to provide skilled nursing care.
- 2 SEC. 3902. A NONPROFIT HEALTH CARE CORPORATION SHALL ONLY
- 3 OFFER LONG-TERM CARE COVERAGE THROUGH A SUBSIDIARY OF THE HEALTH
- 4 CARE CORPORATION AND AS PROVIDED IN THIS CHAPTER. IF A HEALTH CARE
- 5 CORPORATION SUBSIDIARY OFFERS LONG-TERM CARE COVERAGE IN THIS
- 6 STATE, THE SALE OF THAT COVERAGE IS NOT EXEMPT FROM TAXATION BY
- 7 THIS STATE OR ANY POLITICAL SUBDIVISION OF THIS STATE.
- 8 Enacting section 1. Sections 420 to 430 of the nonprofit
- 9 health care corporation reform act, 1980 PA 350, MCL 550.1420 to
- 10 550.1430, are repealed.