

# SENATE . . . . . No. 02359

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## The Commonwealth of Massachusetts

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SENATE, July 19, 2012

The committee on Ways and Means, to whom was referred the Senate Bill to establish standards for long term care insurance (Senate, No. 411) (the committee on Health Care Financing having recommended that the bill be amended by substituting a new draft numbered 2134)

Reports, recommending that the Health Care Financing recommended new draft (Senate, No, 2134) be amended by substituting a new draft with the same title (Senate, No. 2359)

For the committee,

STEPHEN M. BREWER.



13           Section 1. As used in this chapter, the following words shall have the following  
14 meanings unless the context requires otherwise:

15           “Applicant”, in the case of an individual long-term care insurance policy, the person who  
16 seeks to contract for benefits and, in the case of a group long-term care insurance policy, the  
17 proposed certificate holder.

18           “Certificate”, a certificate issued under a group long-term care insurance policy, which  
19 policy has been delivered or issued for delivery within the commonwealth.

20           “Commissioner”, the commissioner of insurance.

21           “Group long-term care insurance”, a long-term care insurance policy that is delivered or  
22 issued for delivery within the commonwealth and issued to:

23           (1) an employer or labor organization or to a trust or to the trustees of a fund established  
24 by an employer or labor organization, or a combination thereof, for employees or former  
25 employees, or a combination thereof of an employer, or for members or former members, or a  
26 combination thereof, of a labor organization;

27           (2) a professional, trade or occupational association for its members or former or retired  
28 members, or a combination thereof, if the association: (i) is comprised of individuals all of whom  
29 are, or were, actively engaged in the same profession, trade or occupation; and (ii) has been  
30 maintained in good faith for purposes other than obtaining insurance;

31           (3) an association, or a trust or the trustees of a fund established, created or maintained  
32 for the benefit of members of any such associations; provided, however, that before advertising,  
33 marketing or offering the policy, the association, or the insurer of the association, shall file

34 evidence with the commissioner that the association: (i) has, at the outset, at least 100 persons;  
35 (ii) has been organized and maintained in good faith for purposes other than that of obtaining  
36 insurance; (iii) has been in active existence for at least 1 year; and (iv) has a constitution and by-  
37 laws that provide that: (A) the association holds regular meetings not less than annually to  
38 further purposes of the members; (B) except for credit unions, the association collects dues or  
39 solicits contributions from members; and (C) the members have voting privileges and  
40 representation on the governing board and committees; provided further, that 30 days after the  
41 filing, the association shall be considered to have satisfied the organizational requirements,  
42 unless the commissioner makes a finding that the association does not satisfy those  
43 organizational requirements; or

44 (4) a group other than those described in clauses (1) to (3), inclusive, subject to a finding  
45 by the commissioner that: (i) the issuance of the group policy is not contrary to the best interests  
46 of the public; (ii) the issuance of the group policy would result in economies of acquisition or  
47 administration; and (iii) the benefits are reasonable in relation to the premiums charged.

48 “Long-term care insurance”, an insurance policy or rider: (i) advertised, marketed,  
49 offered or designed to provide coverage for not less than 12 consecutive months for each covered  
50 person on an expense incurred, indemnity, prepaid or other basis; (ii) for necessary or medically-  
51 necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care  
52 services, including home and community care services; and (iii) provided in a setting other than  
53 an acute care unit of a hospital; provided, however, that “long-term care insurance” shall include  
54 group and individual annuities and life insurance policies or riders that provide directly, or  
55 supplement, long-term care insurance; provided further, that “long-term care insurance” shall  
56 also include a policy or rider that provides for payment of benefits based upon cognitive

57 impairment or the loss of functional capacity; provided further, that “long-term care insurance”  
58 shall also include qualified long-term care insurance policies; provided further, that “long-term  
59 care insurance” shall not include an insurance policy offered primarily to provide basic Medicare  
60 supplement coverage, basic hospital expense coverage, basic medical-surgical expense coverage,  
61 hospital confinement indemnity coverage, major medical expense coverage, disability income or  
62 related asset-protection coverage, accident only coverage, specified disease or specified accident  
63 coverage or limited benefit health coverage; provided further, that with regard to life insurance,  
64 “long-term care insurance” shall not include life insurance policies that accelerate the death  
65 benefit specifically for any of the qualifying events of terminal illness, medical conditions  
66 requiring extraordinary medical intervention or permanent institutional confinement and that  
67 provide the option of a lump-sum payment for those benefits and where neither the benefits nor  
68 the eligibility for the benefits is conditioned upon the receipt of long-term care; and provided  
69 further, that notwithstanding any other provision of this chapter, any other product advertised,  
70 marketed or offered as long-term care insurance shall be subject to this chapter.

71 “Policy”, a policy, contract, subscriber agreement, rider or endorsement delivered or  
72 issued for delivery in the commonwealth by: (i) an insurer authorized to issue policies upon the  
73 lives of persons in the commonwealth or to provide accident and health insurance under chapter  
74 175; (ii) a fraternal benefit society authorized under chapter 176; (iii) a nonprofit hospital service  
75 corporation authorized under chapter 176A; (iv) a nonprofit medical service corporation  
76 authorized under chapter 176B; or (v) a health maintenance organization authorized under  
77 chapter 176G.

78 “Qualified long-term care insurance contract” or “federally tax-qualified long-term care  
79 insurance contract”, an individual or group insurance contract that meets the requirements of

80 section 7702B(b) of the Internal Revenue Code of 1986, as amended, as follows: (i) the only  
81 insurance protection provided under the contract is coverage of qualified long-term care services;  
82 provided, however, that a contract shall not fail to satisfy the requirements of this clause by  
83 reason of payments being made on a per diem or other periodic basis without regard to the  
84 expenses incurred during the period to which the payments relate; (ii) the contract does not pay  
85 or reimburse expenses incurred for services or items to the extent that the expenses are  
86 reimbursable under Title XVIII of the Social Security Act or would be so reimbursable but for  
87 the application of a deductible or coinsurance amount; provided, however, that the requirements  
88 of this clause shall not apply to expenses that are reimbursable under Title XVIII of the Social  
89 Security Act only as a secondary payor; and provided further, that a contract shall not fail to  
90 satisfy the requirements of this clause by reason of payments being made on a per diem or other  
91 periodic basis without regard to the expenses incurred during the period to which the payments  
92 relate; (iii) the contract is guaranteed renewable within the meaning of section 7702B(b)(1)(C) of  
93 the Internal Revenue Code of 1986, as amended; (iv) the contract does not provide for a cash  
94 surrender value or other money that can be paid, assigned, pledged as collateral for a loan or  
95 borrowed except as provided in clause (v); (v) all refunds of premiums and all policyholder  
96 dividends or similar amounts under the contract are to be applied as a reduction in future  
97 premiums or to increase future benefits, except that a refund on the event of death of the insured  
98 or a complete surrender or cancellation of the contract cannot exceed the aggregate premiums  
99 paid under the contract; and (vi) the contract meets the consumer protection provisions set forth  
100 in said section 7702B(g) of the Internal Revenue Code of 1986, as amended; and provided  
101 further, that “Qualified long-term care insurance contract” or “federally tax-qualified long-term  
102 care insurance contract” shall also include the portion of a life insurance contract that provides

103 long-term care insurance coverage by rider or as part of the contract and that satisfies the  
104 requirements of said section 7702B(b) and section 7702B(e) of the Internal Revenue Code of  
105 1986, as amended, and as set forth in clauses (i) to (vi), inclusive.

106         Section 2. No group long-term care insurance policy shall be offered to a resident of the  
107 commonwealth under a group policy issued in another state to a group described in clause (4) of  
108 the definition of group long-term care insurance unless the commonwealth or another state  
109 having statutory and regulatory long-term care insurance requirements substantially similar to  
110 those adopted in the commonwealth has made a determination that the requirements of said  
111 clause (4) have been met.

112         Section 3. (a) A long-term care insurance policy shall not: (i) be cancelled, nonrenewed  
113 or otherwise terminated on the grounds of the age or the deterioration of the mental or physical  
114 health of the insured individual or certificate holder; (ii) contain a provision establishing a new  
115 waiting period in the event existing coverage is converted to, or replaced by, a new or other form  
116 within the same company, except with respect to an increase in benefits voluntarily selected by  
117 the insured individual or group policyholder; or (iii) provide coverage for skilled nursing care  
118 only or provide significantly more coverage for skilled nursing care in a facility than coverage  
119 for lower levels of care.

120         (b)     (1) For the purposes of this section, “preexisting condition” shall mean a  
121 condition for which medical advice treatment was recommended by, or received from a provider  
122 of health care services, within 6 months preceding the effective date of coverage of an insured  
123 person. No long-term care insurance policy or certificate, other than a policy or certificate  
124 thereunder issued to a group under clause (1) of the definition of group long-term care insurance,

125 shall use a definition of preexisting condition that is more restrictive than the definition provided  
126 in this subsection.

127           (2) A long-term care insurance policy or certificate other than a policy or  
128 certificate thereunder issued to a group as defined in clause (1) of the definition of group long-  
129 term care insurance shall not exclude coverage for a loss or confinement that is the result of a  
130 preexisting condition unless the loss or confinement begins within 6 months after the effective  
131 date of coverage of an insured person.

132           (3) Notwithstanding subsection (c), an insurer may use an application form  
133 designed to elicit the complete health history of an applicant and, on the basis of the answers on  
134 that application, underwrite in accordance with that insurer's established underwriting standards.  
135 Unless otherwise provided in the policy or certificate, a preexisting condition, regardless of  
136 whether it is disclosed on the application need not be covered until the waiting period described  
137 in paragraph (2) expires. No long-term care insurance policy or certificate shall exclude or use  
138 waivers or riders of any kind to exclude, limit or reduce coverage or benefits for specifically  
139 named or described preexisting diseases or physical conditions beyond the waiting period  
140 described in said paragraph (2).

141           (c) A long-term care insurance policy shall not be delivered or issued for delivery in the  
142 commonwealth if the policy: (i) conditions eligibility for any benefits on a prior hospitalization  
143 requirement; (ii) conditions eligibility for benefits provided in an institutional care setting on the  
144 receipt of a higher level of institutional care; or (iii) conditions eligibility for any benefits other  
145 than waiver of premium, post-confinement, post-acute care or recuperative benefits on a prior  
146 institutionalization requirement.



147 (d) The commissioner may adopt regulations establishing loss ratio standards for long-  
148 term care insurance policies; provided, however, that a specific reference to long-term care  
149 insurance policies shall be contained in the regulation.

150 (e) Long-term care insurance applicants may return the policy or certificate within 30  
151 days of its delivery and have the premium refunded if, after examination of the policy or  
152 certificate, the applicant is not satisfied for any reason. Long-term care insurance policies and  
153 certificates shall have a notice prominently printed on the first page or attached to the first page  
154 stating in substance that the applicant shall have the right to return the policy or certificate within  
155 30 days of its delivery and to have the premium refunded if, after examination of the policy or  
156 certificate, other than a certificate issued pursuant to a policy issued to a group defined in clause  
157 (1) of the definition of group long-term care insurance, the applicant is not satisfied for any  
158 reason. This subsection shall also apply to denials of applications. A refund under this  
159 subsection shall be made within 30 days after the return or denial.

160 (f) (1) An outline of coverage shall be delivered to a prospective applicant for long-  
161 term care insurance through means that prominently direct the attention of the recipient to the  
162 document and its purpose. In the case of producer solicitations, an insurance producer shall  
163 deliver the outline of coverage prior to the presentation of an application or enrollment form. In  
164 the case of direct response solicitations, the outline of coverage shall be presented in conjunction  
165 with any application or enrollment form. In the case of a policy issued to a group defined in  
166 clause (1) of the definition of group long-term care insurance, an outline of coverage shall not be  
167 required to be delivered if the information described in clauses (i) to (vi), inclusive, of paragraph  
168 (2) is contained in other materials relating to enrollment. Upon request, the other materials shall  
169 be made available to the commissioner.

170                   (2) The commissioner shall prescribe a standard format, including style,  
171 arrangement and overall appearance, and the content of an outline of coverage. The outline of  
172 coverage shall include: (i) a description of the principal benefits and coverage provided in the  
173 policy or certificate; (ii) a statement of the principal exclusions, reductions and limitations  
174 contained in the policy or certificate; (iii) a statement of the terms under which the policy or  
175 certificate, or both, may be continued in force or discontinued, including any reservation in the  
176 policy of a right to change premium; provided, however, that continuation or conversion  
177 provisions of group coverage shall be specifically described; (iv) a statement that the outline of  
178 coverage is a summary only, not a contract of insurance, and that the policy or group master  
179 policy contains governing contractual provisions; (v) a description of the terms under which the  
180 policy or certificate may be returned and premium refunded; (vi) a brief description of the  
181 relationship of cost of care and benefits; and (vii) a statement that discloses to the policyholder or  
182 certificate holder whether the policy is intended to be a federally tax-qualified long-term care  
183 insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended.

184                   (g) A certificate issued under a group long-term care insurance policy that is delivered or  
185 issued for delivery in the commonwealth shall include: (i) a description of the principal benefits  
186 and coverage provided in the policy; (ii) a statement of the principal exclusions, reductions and  
187 limitations contained in the policy; and (iii) a statement that the group master policy determines  
188 governing contractual provisions; and (iv) a statement that the policy is available for viewing in  
189 the offices of the policyholder and will be copied for the certificate holder upon request at no  
190 cost.

191 (h) If an application for a long-term care insurance policy or certificate is approved, the  
192 issuer shall deliver the policy or certificate of insurance to the applicant not later than 30 days  
193 after the date of approval.

194 (i) (1) At the time of policy delivery, a policy summary shall be delivered for an  
195 individual life insurance policy that provides long-term care benefits within the policy or by  
196 rider. In the case of direct response solicitations, the insurer shall deliver the policy summary  
197 upon the applicant's request, but notwithstanding any such request, the insurer shall make  
198 delivery of the policy summary not later than at the time of delivery of the policy. In addition to  
199 complying with all applicable requirements, the summary shall include:

200 (i) an explanation of how the long-term care benefit interacts with other  
201 components of the policy, including deductions from death benefits;

202 (ii) an illustration of the amount of benefits, the length of benefits and the  
203 guaranteed lifetime benefits if any, for each covered person;

204 (iii) any exclusions, reductions and limitations on benefits of long-term  
205 care insurance, including elimination or probationary periods and any preexisting condition  
206 limitations;

207 (iv) a statement indicating whether a long-term care inflation protection  
208 option required by law is available under the policy; and

209 (v) if applicable to the policy type, the summary shall also include: (A) a  
210 disclosure of the effects of exercising other rights under the policy; (B) a disclosure of

211 guarantees related to long-term care costs of insurance charges; and (C) current and projected  
212 maximum lifetime benefit.

213 (2) The policy summary under this subsection may be incorporated into a basic  
214 illustration or into the life insurance policy summary which is required to be delivered under  
215 applicable regulations.

216 (j) Any time a long-term care benefit, funded through a life insurance vehicle by the  
217 acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided  
218 to the policyholder. The report shall include: (i) any long-term care benefits paid out during the  
219 month; (ii) an explanation of any changes in the policy, including death benefits or cash values,  
220 due to long-term care benefits being paid out; and (iii) the amount of long-term care benefits  
221 existing or remaining.

222 (k) If a claim under a long-term care insurance policy or certificate is denied, the issuer,  
223 within 60 days after the date of a written request by the policyholder or certificate holder, or a  
224 representative thereof, shall: (i) provide a written explanation of the reasons for the denial; and  
225 (ii) make available all information directly related to the denial.

226 (l) Any policy or rider advertised, marketed or offered as long-term care insurance or  
227 nursing home insurance shall comply with this chapter.

228 Section 4. (a) For a policy or certificate that has been in force for less than 6 months, an  
229 insurer may rescind a long-term care insurance policy or certificate or deny an otherwise valid  
230 long-term care insurance claim upon a showing of misrepresentation that is material to the  
231 acceptance for coverage.

232 (b) For a policy or certificate that has been in force for at least 6 months but less than 2  
233 years an insurer may rescind a long-term care insurance policy or certificate or deny an  
234 otherwise valid long-term care insurance claim upon a showing of misrepresentation that is both  
235 material to the acceptance for coverage and which pertains to the condition for which benefits  
236 are sought.

237 (c) After a policy or certificate has been in force for 2 years it shall not be contestable  
238 upon the grounds of misrepresentation alone but may be contested only upon a showing that the  
239 insured knowingly and intentionally misrepresented relevant facts relating to the insured's  
240 health.

241 (d) A long-term care insurance policy or certificate may be field issued if the  
242 compensation to the field issuer is not based on the number of policies or certificates issued. For  
243 the purposes of this subsection, the term "field issued" shall mean a policy or certificate issued  
244 by a producer or a third-party administrator under the underwriting authority granted to the  
245 producer or third party administrator by an insurer and using the insurer's underwriting  
246 guidelines.

247 (e) If an insurer has paid benefits under a long-term care insurance policy or certificate,  
248 the insurer shall not be entitled to recover the benefit payments if the policy or certificate is  
249 rescinded.

250 (f) In the event of the death of the insured, this section shall not apply to the remaining  
251 death benefit of a life insurance policy that accelerates benefits for long-term care. In that event,  
252 the remaining death benefits under any such policy shall be governed by section 132 of chapter

253 175. In any other event, this section shall apply to life insurance policies that accelerate benefits  
254 for long-term care.

255           Section 5. (a) Except as provided in subsection (b), a long-term care insurance policy  
256 shall not be delivered or issued for delivery in the commonwealth unless the policyholder or  
257 certificate holder has been offered the option of purchasing a policy or certificate that includes a  
258 nonforfeiture benefit. The offer of a nonforfeiture benefit may be in the form of a rider that is  
259 attached to the policy. In the event the policyholder or certificate holder declines the  
260 nonforfeiture benefit, the insurer shall provide a contingent benefit upon lapse that shall be  
261 available for a specified period of time following a substantial increase in premium rates.

262           (b) When a group long-term care insurance policy is issued, the offer required in  
263 subsection (a) shall be made to the group policyholder. If the policy is issued as group long-term  
264 care insurance to a group defined in clause (4) the definition of group long-term care insurance,  
265 other than to a continuing care retirement community or other similar entity, the offer shall be  
266 made to each proposed certificate holder.

267           Section 6. (a)(1) An individual shall not sell, solicit or negotiate long-term care  
268 insurance in the commonwealth unless the individual is licensed as an insurance producer for  
269 accident and sickness or life and has completed a 1-time training course. The training shall meet  
270 the requirements set forth in subsection (b).

271 (2) In addition to the 1-time training course required in paragraph (1) an individual who sells,  
272 solicits or negotiates long-term care insurance shall complete ongoing training as set forth in  
273 subsection (b).

274 (b) (1) The 1-time training required by this section shall be not less than 8 hours and  
275 the ongoing training required by this section shall be not less than 4 hours every 24 months;  
276 provided, however, that the training hours under this section shall be included as part of the  
277 required continuing education hours as set forth in subsection B of section 177E of chapter 175.

278 (2) The training shall consist of topics related to long-term care insurance, long-  
279 term care services and the commonwealth's minimum long-term care coverage requirements for  
280 certain asset and liability exemptions under the MassHealth program, including: (i) state and  
281 federal regulations and requirements and the relationship between asset and liability exemptions  
282 under the MassHealth program and other public and private coverage of long-term care services,  
283 including MassHealth; (ii) available long-term services and providers; (iii) changes or  
284 improvements in long-term care services or providers; (iv) alternatives to the purchase of private  
285 long-term care insurance; (v) the effect of inflation on benefits and the importance of inflation  
286 protection; and (vi) consumer suitability standards and guidelines.

287 (3) The training required by this section shall not include training that is insurer or  
288 company product specific or that includes any sales or marketing information, materials or  
289 training other than those required by state or federal law.

290 (c) (1) Insurers subject to this chapter shall obtain verification that a producer  
291 receives training required by this section before the producer shall be authorized to sell, solicit or  
292 negotiate the insurer's long-term care insurance products and shall maintain records subject to  
293 the laws relative to record retention requirements and make that verification available to the  
294 commissioner upon request.

295 (2) Insurers subject to this chapter shall maintain records with respect to the  
296 training of its producers concerning the distribution of its policies intended to satisfy the  
297 commonwealth's minimum long-term care coverage requirements for certain asset and liability  
298 exemptions under the MassHealth program that will allow the division of insurance to provide  
299 assurance to the department of medical assistance that producers have received the training  
300 required by this section and that producers have demonstrated an understanding of the policies  
301 and their relationship to public and private coverage of long-term care, including MassHealth, in  
302 the commonwealth. The records shall be maintained in accordance with the laws relative to  
303 record retention requirements and shall be made available to the commissioner upon request.

304 (d) The satisfaction of comparable training requirements in any state shall be deemed to  
305 satisfy the training requirements under this section.

306 Section 7. (a) The commissioner shall promulgate rules and regulations, under chapter  
307 30A, which, at a minimum, shall be consistent with the standards set forth in the 2009 National  
308 Association of Insurance Commissioners Long-Term Care Model Regulation, including  
309 standards for:

310 (i) full and fair disclosure, setting forth the manner, content and required  
311 disclosures for the sale of long-term care insurance policies and certificates;

312 (ii) policy definitions and provisions, terms of renewability, initial and subsequent  
313 conditions of eligibility, benefit triggers, home health and community care benefits,  
314 nonduplication of coverage provisions, coverage of dependents, preexisting conditions,  
315 termination of insurance, continuation or conversion, limitations, exceptions, reductions,



316 elimination and probationary periods, requirements for replacement and unintentional lapse  
317 protection;

318 (iii) the promotion of premium adequacy and protections for the policyholder or  
319 certificate holder in the event of a substantial rate increase and disclosure;

320 (iv) the offer of inflation and nonforfeiture coverage, including rules for a  
321 contingent benefit upon lapse;

322 (v) marketing practices and suitability and producer professional education; and

323 (vi) filing requirements, reporting practices and requirements, reserve standards,  
324 independent review of benefit determinations and penalties.

325 (b) The division of insurance shall update, on a biennial basis, the consumer guide for  
326 long-term insurance. The division shall maintain a list of insurance companies selling long-term  
327 care insurance in the commonwealth and their Massachusetts rate increase history for the  
328 preceding 10 years on its website.

329 (c) The commissioner shall, in the commissioner's discretion, and may on motion of the  
330 attorney general, initiate a hearing on any long-term care insurance rate increase before its  
331 effective date after at least 10 days' notice.

332 Section 8. In addition to the penalties provided in chapters 175 and 176D, any insurer or  
333 insurance producer found to have violated any requirement of this chapter or any rules or  
334 regulations promulgated under this chapter relating to the regulation of long-term care insurance  
335 or the marketing of such insurance, shall be subject to a fine of up to 3 times the amount of any

336 commissions paid for each policy involved in the violation or up to \$10,000, whichever is  
337 greater.

338           Section 9. Nothing in this chapter shall supersede the obligations of entities subject to  
339 this chapter to comply with applicable insurance laws insofar as those laws do not conflict with  
340 this chapter, except that laws and regulations intended to apply to Medicare supplement  
341 insurance policies governed by chapter 176K of the General Laws shall not apply to long-term  
342 care insurance.

343           SECTION 3. The commissioner of insurance shall conduct an investigation to identify  
344 the best methods to stabilize rates and prevent exceptional rate increases and may undertake such  
345 methods including, but not limited to, those identified in the 2009 division of insurance survey of  
346 long-term care insurance, with input from a working group consisting of the attorney general, the  
347 Life Insurance Association of Massachusetts, the Massachusetts Association of Health  
348 Underwriters, the National Association of Insurance and Financial Advisers, the Massachusetts  
349 chapter of the National Academy of Elder Law Attorneys, the American Academy of Actuaries  
350 and the American Association of Retired Persons. The commissioner shall also seek  
351 information on the experience of other states relative to rate stabilization.

352           The commissioner shall report to the general court any rate stabilization methods  
353 implemented under this section and recommendations for additional long-term care insurance  
354 rate stabilization practices, if any, together with drafts of legislation necessary to carry those  
355 recommendations into effect, by filing the report and drafts with the clerks of the senate and the  
356 house of representatives who shall forward them to the president of the senate, the speaker of the

357 house of representatives, the minority leader of the senate and the minority leader of the house of  
358 representatives not later than January 1, 2013.

359           SECTION 4. An individual who is licensed and selling, soliciting or negotiating long-  
360 term care insurance on the effective date of chapter 176S of the General Laws shall not continue  
361 to sell, solicit or negotiate long-term care insurance unless the individual has completed a 1-time  
362 training course as required in section 6 of said chapter 176S not later than July 1, 2014 and shall  
363 thereafter complete ongoing training as set forth in said section 6 of said chapter 176S.

364           SECTION 5. Chapter 176S of the General Laws shall apply to policies delivered or  
365 issued for delivery in the commonwealth on or after January 1, 2013.