

SENATE No. 00411

The Commonwealth of Massachusetts

PRESENTED BY:

Harriette L. Chandler

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act to establish standards for long term care insurance.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Harriette L. Chandler</i>	<i>First Worcester</i>
<i>Cory Atkins</i>	<i>14th Middlesex</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>

SENATE No. 00411

By Ms. Chandler, petition (accompanied by bill, Senate, No. 411) of Moore, Atkins and Chandler for legislation to establish standards for long term care insurance [Joint Committee on Financial Services].

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE
□ SENATE
□ , NO. 2554 OF 2009-2010.]

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act to establish standards for long term care insurance.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 118E of the General Laws is hereby amended by striking out
2 section 33, as appearing in the 2008 Official Edition, and inserting in place thereof the following
3 section:-

4 Section 33. No claim for costs of a nursing facility and other long-term care services may
5 be made by the division under sections 31 or 32 if the individual receiving medical assistance
6 was permanently institutionalized, had notified the division that he had no intention to return
7 home and on the date of admission to the nursing facility or other medical institution, had long-
8 term care insurance that, when purchased, met the requirements of 211 C.M.R. 65.00.

9 SECTION 2. The General Laws are hereby amended by inserting after chapter 176R the
10 following chapter:-

11 CHAPTER 176S LONG TERM CARE INSURANCE

12 Section 1. The purpose of this chapter is to promote the public interest and the
13 availability of long-term care insurance policies, to protect applicants for long-term care
14 insurance from unfair or deceptive sales or enrollment practices, to encourage applicants' choice
15 of long term services in the least restrictive setting appropriate to their needs, to establish
16 standards for long-term care insurance, to facilitate public understanding and comparison of
17 long-term care insurance policies, and to promote flexibility and innovation in the development
18 of long-term care insurance coverage.

19 Section 2. This chapter shall apply to policies delivered, or issued for delivery, in the
20 commonwealth on or after January 1, 2012. This chapter is not intended to supersede the
21 obligations of entities subject to this chapter to comply with applicable insurance laws insofar as
22 they do not conflict with this chapter, except that laws and regulations designed and intended to
23 apply to Medicare supplement insurance policies governed by Chapter 176K shall not apply to
24 long-term care insurance.

25 Section 3. As used in this chapter, the following words shall, unless the context requires
26 otherwise, have the following meanings:-

27 "Applicant", in the case of an individual long-term care insurance policy, the person who
28 seeks to contract for benefits; or in the case of a group long-term care insurance policy, the
29 proposed certificate holder.

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

32 “Commissioner”, the commissioner of insurance.

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

35 (1) one or more employers or labor organizations, or to a trust or to the trustees of a fund
36 established by 1 or more employers or labor organizations, or a combination thereof, for
37 employees or former employees, or a combination thereof, or for members or former members,
38 or a combination thereof, of the labor organizations; or

39 (2) any professional, trade or occupational association for its members or former or
40 retired members, or combination thereof, if the association:

41 (i) is composed of individuals all of whom are, or were, actively engaged in the same
42 profession, trade or occupation; and

43 (ii) has been maintained in good faith for purposes other than obtaining insurance; or

44 (3) an association, or a trust, or the trustees of a fund established, created or maintained
45 for the benefit of members of one or more associations; but, before advertising, marketing or
46 offering the policy within the commonwealth, the association, or the insurer of the association,
47 shall file evidence with the commissioner that the association has at the outset a minimum of 100
48 persons and has been organized and maintained in good faith for purposes other than that of
49 obtaining insurance; has been in active existence for at least 1 year; and have a constitution and
50 bylaws that provide that:

51 (i) the association holds regular meetings not less than annually to further purposes of
52 the members;

53 (ii) except for credit unions, the association collects dues or solicits contributions from
54 members; and

55 (iii) the members have voting privileges and representation on the governing board and
56 committees.

57 Thirty days after the filing, the association shall be considered to have satisfied the
58 organizational requirements, unless the commissioner makes a finding that the association does
59 not satisfy those organizational requirements.

60 (4) A group other than those described in paragraphs (1), (2) and (3) subject to a finding
61 by the commissioner that:

62 (i) the issuance of the group policy is not contrary to the best interest of the public;

63 (ii) the issuance of the group policy would result in economies of acquisition or
64 administration; and

65 (iii) the benefits are reasonable in relation to the premiums charged.

66 “Long-term care insurance”, any insurance policy or rider: (1) advertised, marketed,
67 offered or designed to provide coverage for not less than 12 consecutive months for each covered
68 person on an expense incurred, indemnity, prepaid or other basis; (2) for one or more necessary
69 or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or
70 personal care services including home and community care services; and (3) provided in a setting
71 other than an acute care unit of a hospital. The term includes group and individual annuities and

72 life insurance policies or riders that provide directly, or supplement, long-term care insurance.
73 The term also includes a policy or rider that provides for payment of benefits based upon
74 cognitive impairment or the loss of functional capacity. The term shall also include qualified
75 long-term care insurance contracts. Long-term care insurance shall not include any insurance
76 policy that is offered primarily to provide basic Medicare supplement coverage, basic hospital
77 expense coverage, basic medical-surgical expense coverage, hospital confinement indemnity
78 coverage, major medical expense coverage, disability income or related asset-protection
79 coverage, accident only coverage, specified disease or specified accident coverage, or limited
80 benefit health coverage. With regard to life insurance, this term shall not include life insurance
81 policies that accelerate the death benefit specifically for 1 or more of the qualifying events of
82 terminal illness, medical conditions requiring extraordinary medical intervention or permanent
83 institutional confinement, and that provide the option of a lump-sum payment for those benefits
84 and where neither the benefits nor the eligibility for the benefits is conditioned upon the receipt
85 of long-term care. Notwithstanding any other provision of this chapter, any product advertised,
86 marketed or offered as long-term care insurance shall be subject to this chapter.

87 “Policy”, any policy, contract, subscriber agreement, rider or endorsement delivered or
88 issued for delivery within the commonwealth by an insurer authorized to issue policies upon the
89 lives of persons in the commonwealth or to provide accident and health insurance under chapter
90 175; a fraternal benefit society authorized under chapter 176; a nonprofit hospital service
91 corporation authorized under chapter 176A, a nonprofit medical service corporation authorized
92 under chapter 176B or a health maintenance organization authorized under chapter 176G.

93 (1) “Qualified long-term care insurance contract” or “federally tax-qualified long-term
94 care insurance contract” an individual or group insurance contract that meets the requirements of
95 Section 7702B(b) of the Internal Revenue Code of 1986, as amended, as follows:-

96 (a) The only insurance protection provided under the contract is coverage of qualified
97 long-term care services. A contract shall not fail to satisfy the requirements of this subparagraph
98 by reason of payments being made on a per diem or other periodic basis without regard to the
99 expenses incurred during the period to which the payments relate;

100 (b) The contract does not pay or reimburse expenses incurred for services or items to
101 the extent that the expenses are reimbursable under Title XVIII of the Social Security Act, as
102 amended, or would be so reimbursable but for the application of a deductible or coinsurance
103 amount. The requirements of this subparagraph do not apply to expenses that are reimbursable
104 under Title XVIII of the Social Security Act only as a secondary payor. A contract shall not fail
105 to satisfy the requirements of this subparagraph by reason of payments being made on a per diem
106 or other periodic basis without regard to the expenses incurred during the period to which the
107 payments relate;

108 (c) The contract is guaranteed renewable, within the meaning of section
109 7702B(b)(1)(C) of the Internal Revenue Code of 1986, as amended;

110 (d) The contract does not provide for a cash surrender value or other money that can
111 be paid, assigned, pledged as collateral for a loan, or borrowed except as provided in paragraph
112 (e);

113 (e) All refunds of premiums, and all policyholder dividends or similar amounts, under
114 the contract are to be applied as a reduction in future premiums or to increase future benefits,

115 except that a refund on the event of death of the insured or a complete surrender or cancellation
116 of the contract cannot exceed the aggregate premiums paid under the contract; and

117 (f) The contract meets the consumer protection provisions set forth in Section
118 7702B(g) of the Internal Revenue Code of 1986, as amended.

119 (2) “Qualified long-term care insurance contract” or “federally tax-qualified long term
120 care insurance contract” also means the portion of a life insurance contract that provides long-
121 term care insurance coverage by rider or as part of the contract and that satisfies the requirements
122 of Sections 7702B(b) and (e) of the Internal Revenue Code of 1986, as amended and as set forth
123 in (1) (a)-(f)..

124 Section 4. No group long-term care insurance policy may be offered to a resident of the
125 commonwealth under a group policy issued in another state to a group described in clause (4) of
126 the definition of Group long-term care insurance of section 3, unless the commonwealth or
127 another state having statutory and regulatory long-term care insurance requirements substantially
128 similar to those adopted in the commonwealth has made a determination that the requirements
129 set forth in said clause (4) have been met.

130 Section 5. (a) A long-term care insurance policy shall not:

131 (1) be cancelled, non-renewed or otherwise terminated on the grounds of the age or the
132 deterioration of the mental or physical health of the insured individual or certificate holder;

133 (2) contain a provision establishing a new waiting period in the event existing coverage is
134 converted to, or replaced by, a new or other form within the same company, except with respect
135 to an increase in benefits voluntarily selected by the insured individual or group policyholder; or

136 (3) provide coverage for skilled nursing care only or provide significantly more coverage
137 for skilled care in a facility than coverage for lower levels of care.

138 (b) (1) A long-term care insurance policy or certificate, other than a policy or
139 certificate thereunder issued to a group as defined in clause (1) of the definition of Group long-
140 term care of section 3, shall not use a definition of “preexisting condition” that is more restrictive
141 than the following: Preexisting condition means a condition for which medical advice or
142 treatment was recommended by, or received from a provider of health care services, within 6
143 months preceding the effective date of coverage of an insured person.

144 (2) A long-term care insurance policy or certificate other than a policy or certificate
145 thereunder issued to a group as defined in clause (1) of the definition of Group long-term care of
146 section 3 shall not exclude coverage for a loss or confinement that is the result of a preexisting
147 condition unless the loss or confinement begins within 6 months following the effective date of
148 coverage of an insured person.

149 (3) Notwithstanding this subsection (c), an insurer may use an application form designed
150 to elicit the complete health history of an applicant, and, on the basis of the answers on that
151 application, underwrite in accordance with that insurer’s established underwriting standards.
152 Unless otherwise provided in the policy or certificate, a preexisting condition, regardless of
153 whether it is disclosed on the application need not be covered until the waiting period described
154 in subsection (b) (2) expires. No long-term care insurance policy or certificate may exclude or
155 use waivers or riders of any kind to exclude, limit or reduce coverage or benefits for specifically
156 named or described preexisting diseases or physical conditions beyond the waiting period
157 described in subsection (2).

158 (c) A long-term care insurance policy shall not be delivered or issued for delivery in
159 this state if the policy:

160 (1) conditions eligibility for any benefits on a prior hospitalization requirement;

161 (2) conditions eligibility for benefits provided in an institutional care setting on the
162 receipt of a higher level of institutional care; or

163 (3) conditions eligibility for any benefits other than waiver of premium, post-
164 confinement, post-acute care or recuperative benefits on a prior institutionalization requirement.

165 (d) The commissioner may adopt regulations establishing loss ratio standards for long-
166 term care insurance policies provided that a specific reference to long-term care insurance
167 policies is contained in the regulation.

168 (e) Long-term care insurance applicants shall have the right to return the policy or
169 certificate within 30 days of its delivery and to have the premium refunded if, after examination
170 of the policy or certificate, the applicant is not satisfied for any reason. Long-term care insurance
171 policies and certificates shall have a notice prominently printed on the first page or attached
172 thereto stating in substance that the applicant shall have the right to return the policy or
173 certificate within 30 days of its delivery and to have the premium refunded if, after examination
174 of the policy or certificate, other than a certificate issued pursuant to a policy issued to a group
175 defined in clause (1) of the definition of Group long-term care of section 3, the applicant is not
176 satisfied for any reason. This subsection shall also apply to denials of applications and any
177 refund must be made within 30 days of the return or denial.

178 (f) (1) An outline of coverage shall be delivered to a prospective applicant for long-
179 term care insurance through means that prominently direct the attention of the recipient to the
180 document and its purpose. In the case of producer solicitations, an insurance producer shall
181 deliver the outline of coverage prior to the presentation of an application or enrollment form. In
182 the case of direct response solicitations, the outline of coverage shall be presented in conjunction
183 with any application or enrollment form. In the case of a policy issued to a group defined in
184 clause (1) of the definition of Group long-term care of section 3, an outline of coverage shall not
185 be required to be delivered, provided that the information described in clauses (i) to (vi),
186 inclusive, of paragraph (2) is contained in other materials relating to enrollment. Upon
187 request, these other materials shall be made available to the commissioner.

188 (2) The commissioner shall prescribe a standard format, including style, arrangement and
189 overall appearance, and the content of an outline of coverage. The outline of coverage shall
190 include:-

191 (i) a description of the principal benefits and coverage provided in the policy or
192 certificate;

193 (ii) a statement of the principal exclusions, reductions and limitations contained in the
194 policy or certificate;

195 (iii) a statement of the terms under which the policy or certificate, or both, may be
196 continued in force or discontinued, including any reservation in the policy of a right to change
197 premium; continuation or conversion provisions of group coverage shall be specifically
198 described;

199 (iv) a statement that the outline of coverage is a summary only, not a contract of
200 insurance, and that the policy or group master policy contains governing contractual provisions;

201 (v) a description of the terms under which the policy or certificate may be returned and
202 premium refunded;

203 (vi) a brief description of the relationship of cost of care and benefits; and

204 (vii) a statement that discloses to the policyholder or certificate holder whether the
205 policy is intended to be a federally tax-qualified long-term care insurance contract under
206 7702B(b) of the Internal Revenue Code of 1986, as amended.

207 (g) A certificate issued pursuant to a group long-term care insurance policy that is
208 delivered or issued for delivery in this state shall include:-

209 (1) a description of the principal benefits and coverage provided in the policy;

210 (2) a statement of the principal exclusions, reductions and limitations contained in the
211 policy; and

212 (3) a statement that the group master policy determines governing contractual provisions
213 and that the policy is available for viewing in the offices of the policyholder and will be copied
214 for the certificate holder upon request at no cost.

215 (h) If an application for a long-term care insurance contract or certificate is approved,
216 the issuer shall deliver the contract or certificate of insurance to the applicant no later than 30
217 days after the date of approval.

218 (i) At the time of policy delivery, a policy summary shall be delivered for an
219 individual life insurance policy that provides long-term care benefits within the policy or by
220 rider. In the case of direct response solicitations, the insurer shall deliver the policy summary
221 upon the applicant's request, but regardless of request shall make delivery no later than at the
222 time of policy delivery. In addition to complying with all applicable requirements, the summary
223 shall also include:-

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

226 (2) an illustration of the amount of benefits, the length of benefit, and the guaranteed
227 lifetime benefits if any, for each covered person;

228 (3) any exclusions, reductions and limitations on benefits of long-term care including
229 elimination or probationary periods and any preexisting condition limitations;

230 (4) a statement indicating whether any long term care inflation protection option required
231 by law is available under this policy;

232 (5) if applicable to the policy type, the summary shall also include:-

233 (i) a disclosure of the effects of exercising other rights under the policy;

234 (ii) a disclosure of guarantees related to long-term care costs of insurance charges; and

235 (iii) current and projected maximum lifetime benefits; and

236 (6) the policy summary listed above may be incorporated into a basic illustration or into
237 the life insurance policy summary which is required to be delivered in accordance with
238 applicable regulation.

239 (j) Any time a long-term care benefit, funded through a life insurance vehicle by the
240 acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided
241 to the policyholder. The report shall include:-

242 (1) any long-term care benefits paid out during the month;

243 (2) an explanation of any changes in the policy including death benefits or cash values,
244 due to long-term care benefits being paid out; and

245 (3) the amount of long-term care benefits existing or remaining.

246 (k) If a claim under a long-term care insurance contract is denied, the issuer shall,
247 within 60 days of the date of a written request by the policyholder or certificate holder, or a
248 representative thereof:-

249 (1) provide a written explanation of the reasons for the denial; and

250 (2) make available all information directly related to the denial.

251 (l) Any policy or rider advertised, marketed or offered as long-term care or nursing
252 home insurance shall comply with the provisions of this chapter.

253 Section6. (a) For a policy or certificate that has been in force for less than 6 months an
254 insurer may rescind a long-term care insurance policy or certificate or deny an otherwise valid

255 long-term care insurance claim upon a showing of misrepresentation that is material to the
256 acceptance for coverage.

257 (b) For a policy or certificate that has been in force for at least 6 months but less than
258 2 years an insurer may rescind a long-term care insurance policy or certificate or deny an
259 otherwise valid long-term care insurance claim upon a showing of misrepresentation that is both
260 material to the acceptance for coverage and which pertains to the condition for which benefits
261 are sought.

262 (c) After a policy or certificate has been in force for 2 years it is not contestable upon
263 the grounds of misrepresentation alone; the policy or certificate may be contested only upon a
264 showing that the insured knowingly and intentionally misrepresented relevant facts relating to
265 the insured's health.

266 (d). A long term care insurance policy or certificate may be field issued if the
267 compensation to the field issuer is not based on the number of policies or certificates issued. For
268 purposes of this subsection the term "field issued" means a policy or certificate issued by a
269 producer or a third-party administrator pursuant to the underwriting authority granted to the
270 producer or third party administrator by an insurer and using the insurer's underwriting
271 guidelines.

272 (e) If an insurer has paid benefits under the long-term care insurance policy or
273 certificate, the insurer may not recover the benefit payments if the policy or certificate is
274 rescinded.

275 (f) In the event of the death of the insured, this section shall not apply to the remaining
276 death benefit of a life insurance policy that accelerates benefits for long-term care. In this

277 situation, the remaining death benefits under these policies shall be governed by section 132 of
278 chapter 175. In all other situations, this section shall apply to life insurance policies that
279 accelerate benefits for long-term care.

280 Section 7. (a) Except as provided in subsection (b), a long-term care insurance policy shall
281 not be delivered or issued for delivery in this state unless the policyholder or certificate holder
282 has been offered the option of purchasing a policy or certificate that includes a non-forfeiture
283 benefit. The offer of a non-forfeiture benefit may be in the form of a rider that is attached to the
284 policy. In the event the policyholder or certificate holder declines the non-forfeiture benefit, the
285 insurer shall provide a contingent benefit upon lapse that shall be available for a specified period
286 of time following a substantial increase in premium rates.

287 (b) When a group long-term care insurance policy is issued, the offer required in
288 subsection (a) shall be made to the group policyholder. However, if the policy is issued as group
289 long-term care insurance to a group defined in clause (4) the definition of Group long-term care
290 of section 3, other than to a continuing care retirement community or other similar entity, the
291 offering shall be made to each proposed certificate holder.

292 Section 8. (a) (1) An individual may not sell, solicit or negotiate long-term care
293 insurance unless the individual is licensed as an insurance producer for accident and sickness or
294 life and has completed a one-time training course. The training shall meet the requirements set
295 forth in section 9(b).

296 (2) An individual already licensed and selling, soliciting or negotiating long-term care
297 insurance on the effective date of this Act may not continue to sell, solicit, or negotiate long term

298 care insurance unless the individual has completed a one-time training course as set forth in
299 section 9(b), on or before July 2, 2012.

300 (3) In addition to the one-time training course required in paragraphs (1) and (2), an
301 individual who sells, solicits or negotiates long-term care insurance shall complete ongoing
302 training as set forth in section 9(b).

303 (4) The training requirements of section 9(b) may be approved as continuing education
304 courses under section 177E of chapter 175.

305 (b) (1) The one-time training required by this Section shall be no less than 8 hours and
306 the ongoing training required by this Section shall be no less than 4 hours every 24 months and
307 said hours under this section shall be included as part of the required continuing education hours
308 as set forth in clause B of section 177E of chapter 175.

309 (2) The training required under section 9(b)(1) shall consist of topics related to long-term
310 care insurance, long term care services and, Massachusetts minimum long term care coverage
311 requirements for certain asset and liability exemptions under the Massachusetts MassHealth
312 Program, including:-

313 (A) State and federal regulations and requirements and the relationship between asset
314 and liability exemptions under the Massachusetts MassHealth Program and other public and
315 private coverage of long-term care services, including MassHealth;

316 (B) Available long-term services and providers;

317 (C) Changes or improvements in long-term care services or providers;

318 (D) Alternatives to the purchase of private long-term care insurance;

319 (E) The effect of inflation on benefits and the importance of inflation protection; and

320 (F) Consumer suitability standards and guidelines.

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

324 (c) (1) Insurers subject to this chapter shall obtain verification that a producer receives
325 training required by section 9(a) before a producer is permitted to sell, solicit or negotiate the
326 insurer's long-term care insurance products, maintain records subject to the state's record
327 retention requirements, and make that verification available to the commissioner upon request.

328 (2) Insurers subject to this chapter shall maintain records with respect to the training of its
329 producers concerning the distribution of its policies intended to satisfy Massachusetts' minimum
330 long term care coverage requirements for certain asset and liability exemptions under the
331 Massachusetts MassHealth Program that will allow the division of insurance to provide
332 assurance to the Department of Medical Assistance that producers have received the training
333 contained in section 9 (b)(2)(A) as required by section 9(a) and that producers have demonstrated
334 an understanding of the policies and their relationship to public and private coverage of long-
335 term care, including MassHealth, in the commonwealth. These records shall be maintained in
336 accordance with the state's record retention requirements and shall be made available to the
337 commissioner upon request.

338 (D) The satisfaction of these training requirements in any state shall be deemed to
339 satisfy the training requirements in this state.

340 Section 9. (a) The commissioner shall, in accordance with chapter 30A, promulgate rules
341 and regulations which, at a minimum, are consistent with those set forth in the 2009 National
342 Association of Insurance Commissioners Long-Term Care Model Regulation including standards
343 for:-

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

346 (2) policy definitions and provisions, terms of renewability; initial and subsequent
347 conditions of eligibility; benefit triggers; home health and community care benefits; non-
348 duplication of coverage provisions; coverage of dependents; preexisting conditions; termination
349 of insurance; continuation or conversion; limitations; exceptions; reductions; elimination and
350 probationary periods; requirements for replacement; and unintentional lapse protection;

351 (3) the promotion of premium adequacy, protections for the policyholder or certificate
352 holder in the event of a substantial rate increase and disclosure;

353 (4) the offer of inflation and nonforfeiture coverage including rules for a contingent
354 benefit upon lapse;

355 (5) marketing practices, suitability and producer professional education;

356 (6) filing requirements, reporting practices and requirements, reserve standards,
357 independent review of benefit determinations, and penalties.

358 (b) The division of insurance shall update, on a biennial basis, the consumer guide for
359 long term insurance. The division shall maintain a list of insurance companies selling long term

360 care insurance in the Commonwealth and their Massachusetts rate increase history for the last 10
361 years on their website.

362 Section 10. In addition to the penalties provided in chapters 175 and 176D, any insurer
363 and any insurance producer found to have violated any requirement of this chapter or any rules
364 or regulations promulgated hereunder, relating to the regulation of long-term care insurance or
365 the marketing of such insurance, shall be subject to a fine of up to 3 times the amount of any
366 commissions paid for each policy involved in the violation or up to \$10,000, whichever is
367 greater.

368 SECTION 5. The commissioner shall conduct an investigation as to the best methods to
369 stabilize rates and prevent exceptional rate increases with input from the Life Insurance
370 Association of Massachusetts, the Massachusetts Association of Health Underwriters, the
371 National Association of Insurance and Financial Advisers, the National Academy of Elder Law
372 Attorneys, Massachusetts Chapter, the American Academy of Actuaries, and AARP. The
373 commissioner shall also seek information on the experience of other states relative to rate
374 stabilization.

375 The commissioner shall report to the general court the results of his investigation and his
376 recommendations, if any, together with drafts of legislation necessary to carry his
377 recommendations into effect, by filing the same with the clerks of the senate and the house of
378 representatives who shall forward the same to the senate president and the speaker of the house
379 of representatives on or before January 1, 2013