

HOUSE No. 4348

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, July 30, 2012.

The committee on Ways and Means, to whom was referred the Senate Bill to establish standards for long-term care insurance (Senate, No. 2359), reports recommending that the same ought to pass with an amendment striking all after the enacting clause and inserting in place thereof the text contained in House document numbered 4348.

For the committee,

BRIAN S. DEMPSEY.

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The Commonwealth of Massachusetts

—————
In the Year Two Thousand Twelve
—————

By striking out all after the enacting clause and inserting in place thereof the following:—

1 SECTION 1. Chapter 118E of the General Laws is hereby amended by striking out section 33, as
2 appearing in the 2010 Official Edition, and inserting in place thereof the following section:-

3
4 Section 33. No claim for costs of a nursing facility or other long-term care services shall be made
5 by the division under section 31 or 32 if the individual receiving medical assistance was
6 permanently institutionalized, had notified the division that the individual had no intention to
7 return home and, on the date of admission to the nursing facility or other medical institution, had
8 long-term care insurance that, when purchased, met the requirements of 211 C.M.R. 65.00.

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

12
13 CHAPTER 176S
14
15 LONG-TERM CARE INSURANCE

16

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

19

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

23

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

26

27 “Commissioner”, the commissioner of insurance.

28

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

31

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

36

37 (2) a professional, trade or occupational association for its members or former or retired
38 members, or a combination thereof, if the association: (i) is comprised of individuals all of whom

39 are, or were, actively engaged in the same profession, trade or occupation; and (ii) has been
40 maintained in good faith for purposes other than obtaining insurance;

41
42 (3) an association, or a trust or the trustees of a fund established, created or maintained for the
43 benefit of members of one or more associations; provided, however, that before advertising,
44 marketing or offering the policy within the commonwealth, the association, or the insurer of the
45 association, shall file evidence with the commissioner that the association: (i) has, at the outset,
46 at least 100 persons; (ii) has been organized and maintained in good faith for purposes other than
47 that of obtaining insurance; (iii) has been in active existence for at least 1 year; and (iv) has a
48 constitution and by-laws that provide that: (A) the association holds regular meetings not less
49 than annually to further purposes of the members; (B) except for credit unions, the association
50 collects dues or solicits contributions from members; and (C) the members have voting
51 privileges and representation on the governing board and committees; provided further, that 30
52 days after the filing, the association shall be considered to have satisfied the organizational
53 requirements, unless the commissioner makes a finding that the association does not satisfy those
54 organizational requirements; or

55
56 (4) a group other than those described in clauses (1) to (3), inclusive, subject to a finding by the
57 commissioner that: (i) the issuance of the group policy is not contrary to the best interests of the
58 public; (ii) the issuance of the group policy would result in economies of acquisition or
59 administration; and (iii) the benefits are reasonable in relation to the premiums charged.

60
61 “Long-term care insurance”, an insurance policy or rider: (i) advertised, marketed, offered or

62 designed to provide coverage for not less than 12 consecutive months for each covered person on
63 an expense incurred, indemnity, prepaid or other basis; (ii) for necessary or medically-necessary
64 diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services,
65 including home and community care services; and (iii) provided in a setting other than an acute
66 care unit of a hospital; provided, however, that “long-term care insurance” shall include group
67 and individual annuities and life insurance policies or riders that provide directly, or supplement,
68 long-term care insurance; provided further, that “long-term care insurance” shall also include a
69 policy or rider that provides for payment of benefits based upon cognitive impairment or the loss
70 of functional capacity; provided further, that “long-term care insurance” shall also include
71 qualified long-term care insurance policies; provided further, that “long-term care insurance”
72 shall not include an insurance policy offered primarily to provide basic Medicare supplement
73 coverage, basic hospital expense coverage, basic medical-surgical expense coverage, hospital
74 confinement indemnity coverage, major medical expense coverage, disability income or related
75 asset-protection coverage, accident only coverage, specified disease or specified accident
76 coverage or limited benefit health coverage; provided further, that with regard to life insurance,
77 “long-term care insurance” shall not include life insurance policies that accelerate the death
78 benefit specifically for any of the qualifying events of terminal illness, medical conditions
79 requiring extraordinary medical intervention or permanent institutional confinement and that
80 provide the option of a lump-sum payment for those benefits and where neither the benefits nor
81 the eligibility for the benefits is conditioned upon the receipt of long-term care; and provided
82 further, that notwithstanding any other provision of this chapter, any other product advertised,
83 marketed or offered as long-term care insurance shall be subject to this chapter.

84

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

92
93 “Qualified long-term care insurance contract” or “federally tax-qualified long-term care
94 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: (i) the only
96 insurance protection provided under the contract is coverage of qualified long-term care services;
97 provided, however, that a contract shall not fail to satisfy the requirements of this clause by
98 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; (ii) the contract does not pay
100 or reimburse expenses incurred for services or items to the extent that the expenses are
101 reimbursable under Title XVIII of the Social Security Act or would be so reimbursable but for
102 the application of a deductible or coinsurance amount; provided, however, that the requirements
103 of this clause shall not apply to expenses that are reimbursable under Title XVIII of the Social
104 Security Act only as a secondary payor; and provided further, that a contract shall not fail to
105 satisfy the requirements of this clause by reason of payments being made on a per diem or other
106 periodic basis without regard to the expenses incurred during the period to which the payments
107 relate; (iii) the contract is guaranteed renewable within the meaning of section 7702B(b)(1)(C) of

108 the Internal Revenue Code of 1986, as amended; (iv) the contract does not provide for a cash
109 surrender value or other money that can be paid, assigned, pledged as collateral for a loan or
110 borrowed except as provided in clause (v); (v) all refunds of premiums and all policyholder
111 dividends or similar amounts under the contract are to be applied as a reduction in future
112 premiums or to increase future benefits, except that a refund on the event of death of the insured
113 or a complete surrender or cancellation of the contract cannot exceed the aggregate premiums
114 paid under the contract; and (vi) the contract meets the consumer protection provisions set forth
115 in said section 7702B(g) of the Internal Revenue Code of 1986, as amended; and provided
116 further, that “Qualified long-term care insurance contract” or “federally tax-qualified long-term
117 care insurance contract” shall also include the portion of a life insurance contract that provides
118 long-term care insurance coverage by rider or as part of the contract and that satisfies the
119 requirements of said section 7702B(b) and section 7702B(e) of the Internal Revenue Code of
120 1986, as amended, and as set forth in clauses (i) to (vi), inclusive.

121
122 Section 2. No group long-term care insurance policy shall be offered to a resident of the
123 commonwealth under a group policy issued in another state to a group described in clause (4) of
124 the definition of group long-term care insurance unless the commonwealth or another state
125 having statutory and regulatory long-term care insurance requirements substantially similar to
126 those adopted in the commonwealth has made a determination that the requirements of said
127 clause (4) have been met.

128
129 Section 3. (a) A long-term care insurance policy shall not: (i) be cancelled, nonrenewed or
130 otherwise terminated on the grounds of the age or the deterioration of the mental or physical

131 health of the insured individual or certificate holder; (ii) contain a provision establishing a new
132 waiting period in the event existing coverage is converted to, or replaced by, a new or other form
133 within the same company, except with respect to an increase in benefits voluntarily selected by
134 the insured individual or group policyholder; or (iii) provide coverage for skilled nursing care
135 only or provide significantly more coverage for skilled nursing care in a facility than coverage
136 for lower levels of care.

137

138 (b) (1) For the purposes of this section, “preexisting condition” shall mean a condition for which
139 medical advice treatment was recommended by, or received from a provider of health care
140 services, within 6 months preceding the effective date of coverage of an insured person. No long-
141 term care insurance policy or certificate, other than a policy or certificate thereunder issued to a
142 group under clause (1) of the definition of group long-term care insurance, shall use a definition
143 of preexisting condition that is more restrictive than the definition provided in this subsection.

144

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

150

151 (3) Notwithstanding subsection (c), an insurer may use an application form designed to elicit the
152 complete health history of an applicant and, on the basis of the answers on that application,
153 underwrite in accordance with that insurer’s established underwriting standards. Unless

154 otherwise provided in the policy or certificate, a preexisting condition, regardless of whether it is
155 disclosed on the application need not be covered until the waiting period described in paragraph
156 (2) expires. No long-term care insurance policy or certificate shall exclude or use waivers or
157 riders of any kind to exclude, limit or reduce coverage or benefits for specifically named or
158 described preexisting diseases or physical conditions beyond the waiting period described in said
159 paragraph (2).

160

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

167

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

171

172 (e) Long-term care insurance applicants may return the policy or certificate within 30 days of its
173 delivery and have the premium refunded if, after examination of the policy or certificate, the
174 applicant is not satisfied for any reason. Long-term care insurance policies and certificates shall
175 have a notice prominently printed on the first page or attached to the first page stating in
176 substance that the applicant shall have the right to return the policy or certificate within 30 days

177 of its delivery and to have the premium refunded if, after examination of the policy or certificate,
178 other than a certificate issued pursuant to a policy issued to a group defined in clause (1) of the
179 definition of group long-term care insurance, the applicant is not satisfied for any reason. This
180 subsection shall also apply to denials of applications. A refund under this subsection shall be
181 made within 30 days after the return or denial.

182

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

193

194 (2) The commissioner shall prescribe a standard format, including style, arrangement and overall
195 appearance, and the content of an outline of coverage. The outline of coverage shall include: (i) a
196 description of the principal benefits and coverage provided in the policy or certificate; (ii) a
197 statement of the principal exclusions, reductions and limitations contained in the policy or
198 certificate; (iii) a statement of the terms under which the policy or certificate, or both, may be
199 continued in force or discontinued, including any reservation in the policy of a right to change

200 premium; provided, however, that continuation or conversion provisions of group coverage shall
201 be specifically described; (iv) a statement that the outline of coverage is a summary only, not a
202 contract of insurance, and that the policy or group master policy contains governing contractual
203 provisions; (v) a description of the terms under which the policy or certificate may be returned
204 and premium refunded; (vi) a brief description of the relationship of cost of care and benefits;
205 and (vii) a statement that discloses to the policyholder or certificate holder whether the policy is
206 intended to be a federally tax-qualified long-term care insurance contract under section 7702B(b)
207 of the Internal Revenue Code of 1986, as amended.

208

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

216

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

220

221 (i) (1) At the time of policy delivery, a policy summary shall be delivered for an individual life
222 insurance policy that provides long-term care benefits within the policy or by rider. In the case of

223 direct response solicitations, the insurer shall deliver the policy summary upon the applicant's
224 request, but notwithstanding any such request, the insurer shall make delivery of the policy
225 summary not later than at the time of delivery of the policy. In addition to complying with all
226 applicable requirements, the summary shall include:

227

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

230

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

233

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

236

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

239

240 (v) if applicable to the policy type, the summary shall also include: (A) a disclosure of the effects
241 of exercising other rights under the policy; (B) a disclosure of guarantees related to long-term
242 care costs of insurance charges; and (C) current and projected maximum lifetime benefit.

243

244 (2) The policy summary under this subsection may be incorporated into a basic illustration or
245 into the life insurance policy summary which is required to be delivered under applicable

246 regulations.

247

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

254

255 (k) If a claim under a long-term care insurance policy or certificate is denied, the issuer, within
256 60 days after the date of a written request by the policyholder or certificate holder, or a
257 representative thereof, shall: (i) provide a written explanation of the reasons for the denial; and
258 (ii) make available all information directly related to the denial.

259

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

262

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

267

268 (b) For a policy or certificate that has been in force for at least 6 months but less than 2 years an

269 insurer may rescind a long-term care insurance policy or certificate or deny an otherwise valid
270 long-term care insurance claim upon a showing of misrepresentation that is both material to the
271 acceptance for coverage and which pertains to the condition for which benefits are sought.

272

273 (c) After a policy or certificate has been in force for 2 years it shall not be contestable upon the
274 grounds of misrepresentation.

275

276 (d) A long-term care insurance policy or certificate may be field issued if the compensation to
277 the field issuer is not based on the number of policies or certificates issued. For the purposes of
278 this subsection, the term “field issued” shall mean a policy or certificate issued by a producer or
279 a third-party administrator under the underwriting authority granted to the producer or third party
280 administrator by an insurer and using the insurer’s underwriting guidelines.

281

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

285

286 (f) In the event of the death of the insured, this section shall not apply to the remaining death
287 benefit of a life insurance policy that accelerates benefits for long-term care. In that event, the
288 remaining death benefits under any such policy shall be governed by section 132 of chapter 175.

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

291

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

299

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

305

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

310

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

314

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

319

320 (2) The training shall consist of topics related to long-term care insurance, long-term care
321 services and the commonwealth's minimum long-term care coverage requirements for certain
322 asset and liability exemptions under the MassHealth program, including: (i) state and federal
323 regulations and requirements and the relationship between asset and liability exemptions under
324 the MassHealth program and other public and private coverage of long-term care services,
325 including MassHealth; (ii) available long-term services and providers; (iii) changes or
326 improvements in long-term care services or providers; (iv) alternatives to the purchase of private
327 long-term care insurance; (v) the effect of inflation on benefits and the importance of inflation
328 protection; and (vi) consumer suitability standards and guidelines.

329

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

333

334 (c) (1) Insurers subject to this chapter shall obtain verification that a producer receives training
335 required by this section before the producer shall be authorized to sell, solicit or negotiate the
336 insurer's long-term care insurance products and shall maintain records subject to the laws
337 relative to record retention requirements and make that verification available to the

338 commissioner upon request.

339

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

349

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

352

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

357

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

360

361 (ii) policy definitions and provisions, terms of renewability, initial and subsequent conditions of
362 eligibility, benefit triggers, home health and community care benefits, nonduplication of
363 coverage provisions, coverage of dependents, preexisting conditions, termination of insurance,
364 continuation or conversion, limitations, exceptions, reductions, elimination and probationary
365 periods, requirements for replacement and unintentional lapse protection;

366

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

369

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

372

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

374

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

377

378 (b) The division of insurance shall update, on a biennial basis, the consumer guide for long-term
379 insurance. The division shall maintain a list of insurance companies selling long-term care
380 insurance in the commonwealth and their Massachusetts rate increase history for the preceding
381 10 years on its website.

382

383 (c) The commissioner may, on motion of the attorney general, initiate a hearing on any long-term

384 care insurance rate increase before its effective date after at least 10 days' notice.

385

386 Section 8. In addition to the penalties provided in chapters 175 and 176D, any insurer or
387 insurance producer found to have violated any requirement of this chapter or any rules or
388 regulations promulgated under this chapter relating to the regulation of long-term care insurance
389 or the marketing of such insurance, shall be subject to a fine of up to 3 times the amount of any
390 commissions paid for each policy involved in the violation or up to \$10,000, whichever is
391 greater.

392

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

398

399 SECTION 3. The commissioner of insurance shall conduct an investigation to identify the best
400 methods to stabilize rates and prevent exceptional rate increases and may undertake such
401 methods including, but not limited to, those identified in the 2009 division of insurance survey of
402 long-term care insurance, with input from a working group consisting of the attorney general, the
403 Life Insurance Association of Massachusetts, the Massachusetts Association of Health
404 Underwriters, the National Association of Insurance and Financial Advisers, the Massachusetts
405 chapter of the National Academy of Elder Law Attorneys, the American Academy of Actuaries
406 and the American Association of Retired Persons. The commissioner shall also seek information

407 on the experience of other states relative to rate stabilization.

408

409 The commissioner shall report to the general court any rate stabilization methods implemented
410 under this section and recommendations for additional long-term care insurance rate stabilization
411 practices, if any, together with drafts of legislation necessary to carry those recommendations
412 into effect, by filing the report and drafts with the clerks of the senate and the house of
413 representatives who shall forward them to the president of the senate, the speaker of the house of
414 representatives, the minority leader of the senate and the minority leader of the house of
415 representatives not later than January 1, 2013.

416

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

422

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