

Chapter 47

**(House Bill 1521)**

AN ACT concerning

**Maryland Children’s Health Program – Eligibility and Administration**

FOR the purpose of altering the eligibility requirements for the Maryland Children’s Health Program; repealing the requirement that the Program be administered in a certain manner based on the family income of the eligible individuals; and generally relating to the Maryland Children’s Health Program.

BY repealing and reenacting, with amendments,

Article – Health – General

Section 15–301, 15–302(a), 15–303(a)(1) and (b)(1), and 15–304(a) and (b)(2)

Annotated Code of Maryland

(2023 Replacement Volume)

BY repealing

Article – Health – General

Section 15–301.1

Annotated Code of Maryland

(2023 Replacement Volume)

BY repealing

Article – Insurance

Section 15–1213(d) and 15–1406(e)

Annotated Code of Maryland

(2017 Replacement Volume and 2023 Supplement)

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15–1213(e)

Annotated Code of Maryland

(2017 Replacement Volume and 2023 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
That the Laws of Maryland read as follows:

**Article – Health – General**

15–301.

(a) There is a Maryland Children’s Health Program.

(b) The Maryland Children’s Health Program shall provide, subject to the

limitations of the State budget and any other requirements imposed by the State and as permitted by federal law or waiver, comprehensive medical care and other health care services to an individual who [has]:

**(1) DOES NOT QUALIFY FOR COVERAGE UNDER § 15-103(A)(2) OF THIS TITLE; AND**

**(2) HAS** a family income at or below 300 percent of the federal poverty guidelines and who is under the age of 19 years.

[(c) The Maryland Children’s Health Program shall be administered:

(1) Except as provided in item (3) of this subsection, for individuals whose family income is at or below 200 percent of the federal poverty guidelines, through the Program under Subtitle 1 of this title requiring individuals to enroll in managed care organizations;

(2) For eligible individuals whose family income is above 200 percent, but at or below 300 percent of the federal poverty guidelines, through the MCHP premium plan under § 15-301.1 of this subtitle; or

(3) In fiscal year 2004 only, for eligible individuals whose family income is above 185 percent, but at or below 300 percent of the federal poverty guidelines, through the MCHP premium plan under § 15-301.1 of this subtitle.]

[(d)] **(C)** (1) The Department shall provide eligible individuals and health care providers with an accurate directory or other listing of all available providers:

(i) In written form, made available upon request; and

(ii) On an Internet database.

(2) The Department shall update the Internet database at least every 30 days.

(3) The written directory shall include a conspicuous reference to the Internet database.

[15-301.1.

(a) (1) In this section the following words have the meanings indicated.

(2) “Eligible individual” means an individual who qualifies to participate in the Maryland Children’s Health Program under § 15-301(b) of this subtitle.

(3) “Family contribution” means the portion of the premium cost paid for an eligible individual to enroll and participate in the Maryland Children’s Health Program.

(4) “MCHP premium plan” means the plan established under this section to provide access to health insurance coverage to eligible individuals through managed care organizations under the Maryland Children’s Health Program.

(b) Except as provided in subsection (c) of this section, this section applies only to individuals whose family income is above 200 percent, but at or below 300 percent of the federal poverty guidelines.

(c) (1) As a requirement of enrollment and participation in the MCHP premium plan, the parent or guardian of an eligible individual shall agree to pay the following annual family contribution:

(i) In fiscal year 2004 only, for an eligible individual whose family income is above 185 percent, but at or below 200 percent of the federal poverty guidelines, an amount equal to 2 percent of the annual income of a family of two at 185 percent of the federal poverty guidelines;

(ii) For an eligible individual whose family income is above 200 percent, but at or below 250 percent of the federal poverty guidelines, an amount equal to 2 percent of the annual income of a family of two at 200 percent of the federal poverty guidelines; and

(iii) For an eligible individual whose family income is above 250 percent, but at or below 300 percent of the federal poverty guidelines, an amount equal to 2 percent of the annual income of a family of two at 250 percent of the federal poverty guidelines.

(2) The family contribution amounts required under paragraph (1) of this subsection apply on a per family basis regardless of the number of eligible individuals each family has enrolled in the MCHP premium plan.

(d) The Department shall adopt regulations necessary to implement this section.]

15–302.

(a) (1) The Department shall monitor applications to determine whether employers and employees have voluntarily terminated coverage under an employer sponsored health benefit plan that included dependent coverage in order to participate in the Maryland Children’s Health Program established under [§§ 15–301 and 15–301.1] **§ 15–301** of this subtitle.

(2) The Department, in particular, shall review applications of individuals who qualified for Program benefits under the Maryland Children’s Health Program

established under [§§ 15–301 and 15–301.1] **§ 15–301** of this subtitle.

15–303.

(a) (1) The Department shall be responsible for enrolling program recipients in managed care organizations under the Maryland Children’s Health Program established under [§§ 15–301 and 15–301.1] **§ 15–301** of this subtitle.

(b) (1) To the extent allowed under federal law and regulations, the Secretary shall implement expedited eligibility for any individual who applies through the local health department for the Maryland Children’s Health Program under [§§ 15–301 and 15–301.1] **§ 15–301** of this subtitle, including any individual with associated food stamp, cash assistance, or medical assistance cases.

15–304.

(a) (1) For purposes of increasing the number of eligible individuals who enroll in the Maryland Children’s Health Program established under [§§ 15–301 and 15–301.1] **§ 15–301** of this subtitle, the Department shall develop and implement a school–based outreach program.

(2) As appropriate to carry out its responsibilities under paragraph (1) of this subsection, the Department may enter into contracts with county boards of education to provide information at public schools on the Maryland Children’s Health Program established under [§§ 15–301 and 15–301.1] **§ 15–301** of this subtitle.

(b) (2) In addition to the school–based outreach program established under subsection (a) of this section, the Department, in consultation with the Maryland Medicaid Advisory Committee established under § 15–103(b) of this title, shall develop mechanisms for outreach for the program with a special emphasis on identifying children who may be eligible for program benefits under the Maryland Children’s Health Program established under [§§ 15–301 and 15–301.1] **§ 15–301** of this subtitle.

### Article – Insurance

15–1213.

[(d) (1) A benefit offered in addition to the Standard Plan to lower the cost–sharing arrangement in the Standard Plan in accordance with § 15–301.1 of the Health – General Article is subject to:

- (i) guaranteed issuance;
- (ii) guaranteed renewal; and

(iii) adjusted community rating.

(2) A carrier that offers a benefit under this subsection shall be required to guarantee issuance and guarantee renewal of the additional benefit only to employers who are participating in the MCHP private option plan established under § 15–301.1 of the Health – General Article.]

[(e)] (D) Beginning January 1, 2014, this section applies only to grandfathered health plans as defined in § 1251 of the Affordable Care Act.

15–1406.

[(e)] A carrier shall allow an employee or dependent who is eligible, but not enrolled, for coverage under the terms of a group health benefit plan to enroll for coverage under the terms of the plan if the employee or dependent requests enrollment within 30 days after the employee or dependent is determined to be eligible for coverage under the MCHP private option plan in accordance with § 15–301.1 of the Health – General Article.]

SECTION 2. AND BE IT FURTHER ENACTED, That this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a ye and nay vote supported by three–fifths of all the members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted.

**Approved by the Governor, April 9, 2024.**