

Chapter 842

(House Bill 728)

AN ACT concerning

**Health Insurance – Qualified Resident Enrollment Program
(Access to Care Act)**

FOR the purpose of requiring the Maryland Health Benefit Exchange to establish and implement the Qualified Resident Enrollment Program to facilitate the enrollment of qualified residents in qualified plans; providing that the operation and administration of the Program may include functions delegated by the Maryland Exchange to a third party; providing that the implementation of the Program is contingent on approval of a certain waiver application amendment; and generally relating to the Qualified Resident Enrollment Program.

BY repealing and reenacting, without amendments,
Article – Insurance
Section 31–101(a) and 31–108(a)
Annotated Code of Maryland
(2017 Replacement Volume and 2023 Supplement)

BY adding to
Article – Insurance
Section 31–101(u–1), 31–123, and 31–124
Annotated Code of Maryland
(2017 Replacement Volume and 2023 Supplement)

BY repealing and reenacting, with amendments,
Article – Insurance
Section 31–107, 31–108(b)(1), and 31–115(b)(7)
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 – Insurance

31–101.

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

(U–1) “QUALIFIED RESIDENT” MEANS AN INDIVIDUAL, INCLUDING A MINOR, REGARDLESS OF IMMIGRATION STATUS, WHO AT THE TIME OF ENROLLMENT:

(1) IS SEEKING TO ENROLL IN A QUALIFIED PLAN OFFERED TO INDIVIDUALS THROUGH THE EXCHANGE;

(2) RESIDES IN THE STATE;

(3) IS NOT INCARCERATED, OTHER THAN INCARCERATION PENDING DISPOSITION OF CHARGES; AND

(4) IS NOT ELIGIBLE FOR THE FEDERAL PREMIUM TAX CREDIT, THE MARYLAND MEDICAL ASSISTANCE PROGRAM, MEDICARE, THE MARYLAND CHILDREN'S HEALTH PLAN, OR EMPLOYER-SPONSORED MINIMUM ESSENTIAL COVERAGE.

31-107.

(a) There is a Maryland Health Benefit Exchange Fund.

(b) (1) The purpose of the Fund is to:

(i) provide funding for the operation and administration of the Exchange in carrying out the purposes of the Exchange under this subtitle;

(ii) provide funding for the establishment and operation of the State Reinsurance Program authorized under this subtitle;

(iii) provide funding for the Medical Assistance Program and the Senior Prescription Drug Assistance Program;

(iv) provide funding for the establishment and operation of Health Equity Resource Communities under Title 20, Subtitle 14 of the Health – General Article; and

(v) provide funding for the establishment and operation of the State-Based Young Adult Health Insurance Subsidies Pilot Program authorized under this subtitle.

(2) The operation and administration of the Exchange, the State Reinsurance Program, [and] the State-Based Young Adult Health Insurance Subsidies Pilot Program, **AND THE QUALIFIED RESIDENT ENROLLMENT PROGRAM** may include functions delegated by the Exchange to a third party under law or by contract.

(c) The Exchange shall administer the Fund.

(d) (1) The Fund is a special, nonlapsing fund that is not subject to § 7–302 of the State Finance and Procurement Article.

(2) The State Treasurer shall hold the Fund separately, and the Comptroller shall account for the Fund.

(e) The Fund consists of:

(1) any user fees or other assessments collected by the Exchange;

(2) all revenue deposited into the Fund that is received from the distribution of the premium tax under § 6–103.2 of this article;

(3) income from investments made on behalf of the Fund;

(4) interest on deposits or investments of money in the Fund;

(5) money collected by the Board as a result of legal or other actions taken by the Board on behalf of the Exchange or the Fund;

(6) money donated to the Fund;

(7) money awarded to the Fund through grants;

(8) any pass-through funds received from the federal government under a waiver approved under § 1332 of the Affordable Care Act;

(9) any funds designated by the federal government to provide reinsurance to carriers that offer individual health benefit plans in the State;

(10) any funds designated by the State to provide reinsurance to carriers that offer individual health benefit plans in the State;

(11) any funds designated by the State to provide State-based health insurance subsidies to young adults in the State;

(12) any federal funds received in accordance with § 31–121 of this subtitle for the administration of small business tax credits; and

(13) any other money from any other source accepted for the benefit of the Fund.

(f) (1) The Fund may be used only:

(i) 1. for the operation and administration of the Exchange in carrying out the purposes authorized under this subtitle;

2. for the establishment and operation of the State Reinsurance Program; and

3. for appropriations to the Health Equity Resource Community Reserve Fund under § 20–1407 of the Health – General Article;

(ii) in fiscal years 2021 and 2022, for the Medical Assistance Program within the Medical Care Programs Administration of the Maryland Department of Health;

(iii) in fiscal year 2022, for the Senior Prescription Drug Assistance Program established under Title 15, Subtitle 10 of the Health – General Article; and

(iv) for the establishment and operation of the State–Based Young Adult Health Insurance Subsidies Pilot Program.

(2) In each of fiscal years 2023 through 2025, the Governor shall:

(i) transfer \$15,000,000 to the Health Equity Resource Community Reserve Fund; and

(ii) include the funds transferred in accordance with item (i) of this paragraph in the annual budget bill as an appropriation to the Health Equity Resource Community Reserve Fund under § 20–1407 of the Health – General Article.

(g) (1) The Board shall maintain separate accounts within the Fund for Exchange operations, for the State Reinsurance Program, and for the State–Based Young Adult Health Insurance Subsidies Pilot Program.

(2) Accounts within the Fund shall contain the money that is intended to support the purpose for which each account is designated.

(3) Funds received from the distribution of the premium tax under § 6–103.2 of this article shall be placed in the account for Exchange operations and may be used only for the purpose of funding the operation and administration of the Exchange.

(4) The following funds may be used only for the purposes of funding the State Reinsurance Program:

(i) any pass–through funds received from the federal government under a waiver approved under § 1332 of the Affordable Care Act to provide reinsurance to carriers that offer individual health benefit plans in the State;

(ii) any funds designated by the federal government to provide reinsurance to carriers that offer individual health benefit plans in the State;

(iii) any funds designated by the State to provide reinsurance to carriers that offer individual health benefit plans in the State; and

(iv) except as provided in subsection (f) of this section, funds received from the distribution of the assessment under § 6–102.1 of this article.

(h) (1) Expenditures from the Fund for the purposes authorized by this subtitle may be made only:

(i) with an appropriation from the Fund approved by the General Assembly in the State budget; or

(ii) by the budget amendment procedure provided for in Title 7, Subtitle 2 of the State Finance and Procurement Article.

(2) Notwithstanding § 7–304 of the State Finance and Procurement Article, if the amount of the distribution from the premium tax under § 6–103.2 of this article exceeds in any State fiscal year the actual expenditures incurred for the operation and administration of the Exchange, funds in the Exchange operations account from the premium tax that remain unspent at the end of the State fiscal year shall revert to the General Fund of the State.

(3) If operating expenses of the Exchange may be charged to either State or non–State fund sources, the non–State funds shall be charged before State funds are charged.

(i) (1) The State Treasurer shall invest the money of the Fund in the same manner as other State money may be invested.

(2) Any investment earnings of the Fund shall be credited to the Fund.

(3) Except as provided in subsection (h)(2) of this section, no part of the Fund may revert or be credited to the General Fund or any special fund of the State.

(j) A debt or an obligation of the Fund is not a debt of the State or a pledge of credit of the State.

31–108.

(a) On or before January 1, 2014, the functions and operations of the Exchange shall include at a minimum all functions required by § 1311(d)(4) of the Affordable Care Act.

(b) In compliance with § 1311(d)(4) of the Affordable Care Act, the Exchange shall:

(1) make qualified plans available to qualified individuals, **QUALIFIED RESIDENTS**, and qualified employers;

31-115.

(b) To be certified as a qualified health plan, a health benefit plan shall:

(7) be in the interest of qualified individuals, **QUALIFIED RESIDENTS**, and qualified employers, as determined by the Exchange;

31-123.

(A) ON OR BEFORE JULY 1, 2025, THE EXCHANGE, IN CONSULTATION WITH THE COMMISSIONER AND AS APPROVED BY THE BOARD, SHALL SUBMIT A STATE INNOVATION WAIVER APPLICATION AMENDMENT UNDER § 1332 OF THE AFFORDABLE CARE ACT TO ESTABLISH A QUALIFIED RESIDENT ENROLLMENT PROGRAM AND, IF AVAILABLE, SEEK FEDERAL PASS-THROUGH FUNDING RESULTING FROM THE IMPLEMENTATION OF A QUALIFIED RESIDENT ENROLLMENT PROGRAM.

(B) ON OR BEFORE DECEMBER 31, 2025, THE COMMISSIONER MAY WAIVE ANY NOTIFICATION OR OTHER REQUIREMENTS THAT APPLY TO A CARRIER UNDER THIS ARTICLE IN CALENDAR YEAR 2025 DUE TO THE IMPLEMENTATION OF A WAIVER APPROVED UNDER § 1332 OF THE AFFORDABLE CARE ACT.

31-124.

(A) THE EXCHANGE, IN CONSULTATION WITH THE COMMISSIONER AND AS APPROVED BY THE BOARD, SHALL ESTABLISH AND IMPLEMENT A QUALIFIED RESIDENT ENROLLMENT PROGRAM:

(1) TO FACILITATE THE ENROLLMENT OF QUALIFIED RESIDENTS IN QUALIFIED PLANS;

(2) THAT, AS NECESSARY, MEETS THE REQUIREMENTS OF A WAIVER APPROVED UNDER § 1332 OF THE AFFORDABLE CARE ACT; AND

(3) THAT IS CONSISTENT WITH FEDERAL AND STATE LAW.

(B) THE QUALIFIED RESIDENT ENROLLMENT PROGRAM SHALL ~~BE DESIGNED TO MAKE INDIVIDUAL MARKET INSURANCE COVERAGE OFFERED THROUGH THE EXCHANGE AVAILABLE TO QUALIFIED RESIDENTS~~ ALLOW QUALIFIED RESIDENTS TO PURCHASE QUALIFIED PLANS ON THE INDIVIDUAL EXCHANGE.

(C) (1) THE IMPLEMENTATION OF THE QUALIFIED RESIDENT ENROLLMENT PROGRAM SHALL BE CONTINGENT ON APPROVAL FROM THE U.S. SECRETARY OF HEALTH AND HUMAN SERVICES AND THE U.S. SECRETARY OF THE TREASURY OF A STATE INNOVATION WAIVER APPLICATION AMENDMENT UNDER § 1332 OF THE AFFORDABLE CARE ACT.

(2) WITHIN 6 MONTHS BEFORE A FISCAL YEAR IN WHICH THE EXCHANGE IMPLEMENTS THE QUALIFIED RESIDENT ENROLLMENT PROGRAM, THE EXCHANGE SHALL SUBMIT A REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON ITS PLAN TO IMPLEMENT THE PROGRAM, INCLUDING:

(I) THE AMOUNT AND SOURCE OF THE FUNDING FOR THE PROGRAM;

(II) THE PARAMETERS OF THE PROGRAM;

(III) THE NUMBER OF INDIVIDUALS ANTICIPATED TO ~~BE ASSISTED THROUGH~~ PARTICIPATE IN THE PROGRAM; ~~AND~~

(IV) THE AMOUNT OF PREMIUMS ANTICIPATED TO BE PAID BY PARTICIPANTS UNDER THE PROGRAM; AND

~~(IV)~~ (V) ~~IF THE EXCHANGE IS AUTHORIZED TO PROVIDE SUBSIDIES~~ GENERAL ASSEMBLY AUTHORIZES FUNDING TO SUBSIDIZE PREMIUMS UNDER THE PROGRAM, THE PARAMETERS OF THE SUBSIDIES.

(D) ON OR BEFORE JANUARY 1, 2026, THE EXCHANGE SHALL ADOPT REGULATIONS TO CARRY OUT THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2024.

Approved by the Governor, May 16, 2024.