

SENATE BILL 47

C3

9lr0076

(PRE-FILED)

By: **Chair, Finance Committee (By Request – Departmental – Maryland Insurance Administration)**

Requested: October 15, 2018

Introduced and read first time: January 9, 2019

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Technical Correction and Required Conformity With**
3 **Federal Law**

4 FOR the purpose of repealing an obsolete provision of law relating to certification of
5 creditable coverage; requiring a certain carrier to provide an open enrollment period
6 for certain individuals who lose access to health care services through certain
7 coverage provided to a pregnant woman's unborn child; requiring a certain carrier to
8 provide an open enrollment period for certain individuals who lived in a service area
9 where a certain qualified health plan was not available during a certain period of
10 time; and generally relating to health insurance and required conformity with
11 federal law.

12 BY repealing and reenacting, with amendments,
13 Article – Insurance
14 Section 15–1202 and 15–1208.2(d)(4)(ii) and (x)
15 Annotated Code of Maryland
16 (2017 Replacement Volume and 2018 Supplement)

17 BY repealing and reenacting, without amendments,
18 Article – Insurance
19 Section 15–1208.2(d)(1)
20 Annotated Code of Maryland
21 (2017 Replacement Volume and 2018 Supplement)

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

24 **Article – Insurance**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 15–1202.

2 (a) This subtitle applies only to a health benefit plan that:

3 (1) covers eligible employees of small employers in the State; and

4 (2) is issued or renewed on or after July 1, 1994, if:

5 (i) any part of the premium or benefits is paid by or on behalf of the
6 small employer;

7 (ii) any eligible employee or dependent is reimbursed, through wage
8 adjustments or otherwise, by or on behalf of the small employer for any part of the
9 premium;

10 (iii) the health benefit plan is treated by the employer or any eligible
11 employee or dependent as part of a plan or program under the United States Internal
12 Revenue Code, 26 U.S.C. § 106, § 125, or § 162; or

13 (iv) the small employer allows eligible employees to pay for the
14 health benefit plan through payroll deductions.

15 [(b) A carrier is subject to the requirements of § 15–1403 of this title in connection
16 with health benefit plans issued under this subtitle.]

17 [(c)] (B) This subtitle applies to any health benefit plan offered by an
18 association, a professional employer organization, or any other entity, including a plan
19 issued under the laws of another state, if the health benefit plan covers eligible employees
20 of one or more small employers and meets the requirements of subsection (a) of this section.

21 15–1208.2.

22 (d) (1) A carrier shall provide an open enrollment period for each individual
23 who experiences a triggering event described in paragraph (4) of this subsection.

24 (4) A triggering event occurs when:

25 (ii) an eligible employee or a dependent loses:

26 1. pregnancy–related coverage described under §
27 1902(a)(10)(A)(i)(IV) and (a)(10)(A)(ii)(IX) of the Social Security Act, which is considered to
28 occur on the last day the eligible employee or dependent would have pregnancy–related
29 coverage; **OR**

30 2. **ACCESS TO HEALTH CARE SERVICES THROUGH**
31 **COVERAGE PROVIDED TO A PREGNANT WOMAN’S UNBORN CHILD, BASED ON THE**

1 **DEFINITION OF A CHILD IN 42 C.F.R. § 457.10, WHICH IS CONSIDERED TO OCCUR ON**
2 **THE LAST DAY THE ELIGIBLE EMPLOYEE OR DEPENDENT WOULD HAVE ACCESS TO**
3 **HEALTH CARE SERVICES THROUGH THE UNBORN CHILD COVERAGE;**

4 (x) an eligible employee or dependent gains access to new qualified
5 health plans as a result of a permanent move and either:

6 1. had minimum essential coverage as described in 26 C.F.R.
7 § 1.5000a-1(b) for 1 or more days during the 60 days before the date of the permanent move;
8 [or]

9 2. lived in a foreign country or in a United States territory
10 for 1 or more days during the 60 days before the date of the permanent move; **OR**

11 **3. LIVED IN A SERVICE AREA WHERE NO QUALIFIED**
12 **HEALTH PLAN WAS AVAILABLE THROUGH THE EXCHANGE:**

13 **A. FOR 1 OR MORE DAYS DURING THE 60 DAYS BEFORE**
14 **THE DATE OF THE PERMANENT MOVE; OR**

15 **B. DURING THE ELIGIBLE EMPLOYEE'S OR DEPENDENT'S**
16 **MOST RECENT PRECEDING OPEN ENROLLMENT PERIOD OR SPECIAL ENROLLMENT**
17 **PERIOD.**

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
19 October 1, 2019.