

SENATE BILL 53

Unofficial Copy  
C3

2000 Regular Session  
(01r0095)

*ENROLLED BILL*  
*-- Finance/Economic Matters --*

Introduced by **Chairman, Finance Committee (Departmental - Insurance Administration, Maryland)**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this  
\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_ M.

\_\_\_\_\_  
President.

CHAPTER 32

1 AN ACT concerning

2 **Maryland Health Insurance Portability and Accountability Act - Market**  
3 **Reforms**

4 FOR the purpose of establishing certain market reforms consistent with the  
5 provisions of the federal Health Insurance Portability and Accountability Act;  
6 repealing the provision allowing a certain health benefit plan that does not use  
7 a preexisting condition provision to impose a certain waiting period or surcharge  
8 on enrollees; requiring certain carriers to provide a special enrollment period;  
9 allowing certain employees and dependents to enroll for coverage during a  
10 special enrollment period under certain conditions; altering when a certain  
11 carrier may cancel or refuse to renew a certain health benefit plan; requiring  
12 certain notice to be sent when a certain carrier elects not to renew a certain  
13 health benefit plan; defining certain terms; altering certain terms; making  
14 stylistic changes; and generally relating to the Maryland Health Insurance  
15 Portability and Accountability Act.

16 BY repealing and reenacting, with amendments,

1 Article - Insurance  
2 Section 15-1201, 15-1208, 15-1212, 15-1301(h), 15-1401(p), and 15-1406  
3 Annotated Code of Maryland  
4 (1997 Volume and 1999 Supplement)

5 BY adding to  
6 Article - Insurance  
7 Section 15-1208.1 and 15-1406.1  
8 Annotated Code of Maryland  
9 (1997 Volume and 1999 Supplement)

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

12 **Article - Insurance**

13 15-1201.

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

15 (b) "Board" means the Board of Directors of the Pool established under §  
16 15-1216 of this subtitle.

17 (c) "Carrier" means a person that:

18 (1) offers health benefit plans in the State covering eligible employees of  
19 small employers; and

20 (2) is:

21 (i) an authorized insurer that provides health insurance in the  
22 State;

23 (ii) a nonprofit health service plan that is licensed to operate in the  
24 State;

25 (iii) a health maintenance organization that is licensed to operate in  
26 the State; or

27 (iv) any other person or organization that provides health benefit  
28 plans subject to State insurance regulation.

29 (d) "Commission" means the Maryland Health Care Commission established  
30 under Title 19, Subtitle 1 of the Health - General Article.

31 (e) (1) "Eligible employee" means:

32 (i) an individual who:



1 (v) Civilian Health and Medical Program of the Uniformed Services  
2 (CHAMPUS) supplement policies;

3 (vi) long-term care insurance;

4 (vii) disability income insurance;

5 (viii) coverage issued as a supplement to liability insurance;

6 (ix) workers' compensation or similar insurance;

7 (x) disease-specific insurance;

8 (xi) automobile medical payment insurance;

9 (xii) dental insurance; or

10 (xiii) vision insurance.

11 (G) "HEALTH STATUS-RELATED FACTOR" MEANS A FACTOR RELATED TO:

12 (1) HEALTH STATUS;

13 (2) MEDICAL CONDITION;

14 (3) CLAIMS EXPERIENCE;

15 (4) RECEIPT OF HEALTH CARE;

16 (5) MEDICAL HISTORY;

17 (6) GENETIC INFORMATION;

18 (7) EVIDENCE OF INSURABILITY INCLUDING CONDITIONS ARISING OUT  
19 OF ACTS OF DOMESTIC VIOLENCE; OR

20 (8) DISABILITY.

21 [(g)] (H) "Late enrollee" means:

22 (1) an eligible employee or dependent who requests enrollment in a  
23 health benefit plan after the initial enrollment period provided under the health  
24 benefit plan; or

25 (2) a self-employed individual described in § 15-1203(c) or (d) of this  
26 subtitle or dependent who requests enrollment in a health benefit plan after an  
27 annual open enrollment period for self-employed individuals established by the  
28 carrier in accordance with regulations adopted by the Commissioner.

29 [(h)] (I) "Pool" means the Maryland Small Employer Health Reinsurance Pool  
30 established under this subtitle.

1        [(i)]     (J)        "Preexisting condition" means:

2                    (1)        a condition existing during a specified period immediately preceding  
3 the effective date of coverage, that would have caused an ordinarily prudent person to  
4 seek medical advice, diagnosis, care, or treatment; or

5                    (2)        a condition for which medical advice, diagnosis, care, or treatment  
6 was recommended or received during a specified period immediately preceding the  
7 effective date of coverage.

8        [(j)]     (K)        "Preexisting condition provision" means a provision in a health  
9 benefit plan that denies, excludes, or limits benefits for an enrollee for expenses or  
10 services related to a preexisting condition.

11       [(k)]     (L)        "Reinsuring carrier" means a carrier that participates in the Pool.

12       [(l)]     (M)        "Risk-assuming carrier" means a carrier that does not participate in  
13 the Pool.

14       [(m)]     (N)        "Small employer" means:

15                    (1)        an employer described in § 15-1203 of this subtitle; or

16                    (2)        an entity that leases employees from a professional employer  
17 organization, coemployer, or other organization engaged in employee leasing and that  
18 otherwise meets the description of § 15-1203 of this subtitle.

19        (O)        "SPECIAL ENROLLMENT PERIOD" MEANS A PERIOD DURING WHICH A  
20 GROUP HEALTH PLAN SHALL PERMIT CERTAIN INDIVIDUALS WHO ARE ELIGIBLE  
21 FOR COVERAGE, BUT NOT ENROLLED, TO ENROLL FOR COVERAGE UNDER THE  
22 TERMS OF THE GROUP HEALTH BENEFIT PLAN.

23       [(n)]     (P)        "Standard Plan" means the Comprehensive Standard Health Benefit  
24 Plan adopted by the Commission in accordance with § 15-1207 of this subtitle and  
25 Title 19, Subtitle 1 of the Health - General Article.

26 15-1208.

27        (a)        (1)        A carrier may not limit coverage under a health benefit plan for a  
28 preexisting condition.

29                    (2)        An exclusion of coverage for preexisting conditions may not be  
30 applied to health care services furnished for pregnancy or newborns.

31        (b)        (1)        This subsection does not apply to a late enrollee if:

32                                (i)        the individual requests enrollment within 30 days after  
33 becoming an eligible employee;

34                                (ii)       a court has ordered coverage to be provided for a spouse or  
35 minor child under a covered employee's health benefit plan; or

1 (iii) a request for enrollment is made within 30 days after the  
2 eligible employee's marriage or the birth or adoption of a child.

3 (2) Notwithstanding subsection (a) of this section, a late enrollee may be  
4 subject to a 12-month preexisting condition provision or a waiting period until the  
5 next open enrollment period not to exceed a 12-month period.

6 (c) [A health benefit plan that does not use a preexisting condition provision  
7 may impose on enrollees:

8 (1) a waiting period not to exceed 90 days; or

9 (2) for 1 year, a surcharge not to exceed 1.5 times the community rate  
10 established in accordance with § 15-1205 of this subtitle.

11 (d)] For a period not to exceed 6 months after the date an individual becomes  
12 an eligible employee, a health benefit plan may require deductibles and cost-sharing  
13 for benefits for a preexisting condition of the eligible employee in amounts not  
14 exceeding 1.5 times the amount of the standard deductibles and cost-sharing of other  
15 eligible employees if:

16 (1) the employee was not previously covered by a public or private plan  
17 of health insurance or another health benefit arrangement; and

18 (2) the employee was not previously employed by that employer.

19 15-1208.1.

20 (A) A CARRIER SHALL PROVIDE THE SPECIAL ENROLLMENT PERIODS  
21 DESCRIBED IN THIS SECTION IN EACH SMALL EMPLOYER HEALTH BENEFIT PLAN.

22 (B) IF THE SMALL EMPLOYER ELECTS ~~UNDER § 15-1210(A)(III)~~ 15-1210(A)(1)(III)  
23 OF THIS SUBTITLE TO OFFER COVERAGE TO ALL OF ITS EMPLOYEES WHO ARE  
24 COVERED UNDER ANOTHER PUBLIC OR PRIVATE PLAN OF HEALTH INSURANCE OR  
25 ANOTHER HEALTH BENEFIT ARRANGEMENT, A CARRIER SHALL ALLOW AN  
26 EMPLOYEE OR DEPENDENT WHO IS ELIGIBLE, BUT NOT ENROLLED, FOR COVERAGE  
27 UNDER THE TERMS OF THE EMPLOYER'S HEALTH BENEFIT PLAN TO ENROLL FOR  
28 COVERAGE UNDER THE TERMS OF THE PLAN IF:

29 (1) THE EMPLOYEE OR DEPENDENT WAS COVERED UNDER AN  
30 EMPLOYER-SPONSORED PLAN OR GROUP HEALTH BENEFIT PLAN AT THE TIME  
31 COVERAGE WAS PREVIOUSLY OFFERED TO THE EMPLOYEE OR DEPENDENT;

32 (2) THE EMPLOYEE STATES IN WRITING, AT THE TIME COVERAGE WAS  
33 PREVIOUSLY OFFERED, THAT COVERAGE UNDER AN EMPLOYER-SPONSORED PLAN  
34 OR GROUP HEALTH BENEFIT PLAN WAS THE REASON FOR DECLINING ENROLLMENT,  
35 BUT ONLY IF THE PLAN SPONSOR OR CARRIER REQUIRES THE STATEMENT AND  
36 PROVIDES THE EMPLOYEE WITH NOTICE OF THE REQUIREMENT;

1 (3) THE EMPLOYEE'S OR DEPENDENT'S COVERAGE DESCRIBED IN ITEM  
2 (1) OF THIS SUBSECTION:

3 (I) WAS UNDER A COBRA CONTINUATION PROVISION, AND THE  
4 COVERAGE UNDER THAT PROVISION WAS EXHAUSTED; OR

5 (II) WAS NOT UNDER A COBRA CONTINUATION PROVISION, AND  
6 EITHER THE COVERAGE WAS TERMINATED AS A RESULT OF LOSS OF ELIGIBILITY  
7 FOR THE COVERAGE, INCLUDING LOSS OF ELIGIBILITY AS A RESULT OF LEGAL  
8 SEPARATION, DIVORCE, DEATH, TERMINATION OF EMPLOYMENT, OR REDUCTION IN  
9 THE NUMBER OF HOURS OF EMPLOYMENT, OR EMPLOYER CONTRIBUTIONS  
10 TOWARDS THE COVERAGE WERE TERMINATED; AND

11 (4) UNDER THE TERMS OF THE PLAN, THE EMPLOYEE REQUESTS  
12 ENROLLMENT NOT LATER THAN 30 DAYS AFTER:

13 (I) THE DATE OF EXHAUSTION OF COVERAGE DESCRIBED IN ITEM  
14 (3)(I) OF THIS SUBSECTION; OR

15 (II) TERMINATION OF COVERAGE OR TERMINATION OF EMPLOYER  
16 CONTRIBUTIONS DESCRIBED IN ITEM (3)(II) OF THIS SUBSECTION.

17 (C) ALL SMALL EMPLOYER HEALTH BENEFIT PLANS SHALL PROVIDE A  
18 SPECIAL ENROLLMENT PERIOD DURING WHICH THE FOLLOWING ~~PERSONS~~  
19 INDIVIDUALS MAY BE ENROLLED UNDER THE HEALTH BENEFIT PLAN:

20 (1) ~~A PERSON~~ AN INDIVIDUAL WHO BECOMES A DEPENDENT OF THE  
21 ELIGIBLE EMPLOYEE THROUGH MARRIAGE, BIRTH, ADOPTION, OR PLACEMENT FOR  
22 ADOPTION;

23 (2) AN ELIGIBLE EMPLOYEE WHO ACQUIRES A NEW DEPENDENT  
24 THROUGH MARRIAGE, BIRTH, ADOPTION, OR PLACEMENT FOR ADOPTION; AND

25 (3) THE SPOUSE OF AN ELIGIBLE EMPLOYEE AT THE BIRTH OR  
26 ADOPTION OF A CHILD, PROVIDED THE SPOUSE IS OTHERWISE ELIGIBLE FOR  
27 COVERAGE.

28 (D) AN ELIGIBLE EMPLOYEE MAY NOT ENROLL A DEPENDENT DURING A  
29 SPECIAL ENROLLMENT PERIOD UNLESS THE ELIGIBLE EMPLOYEE:

30 (1) IS ENROLLED UNDER THE HEALTH BENEFIT PLAN; OR

31 (2) APPLIES FOR COVERAGE FOR THE ELIGIBLE EMPLOYEE DURING THE  
32 SAME SPECIAL ENROLLMENT PERIOD.

33 ~~(D)~~ (E) THE SPECIAL ENROLLMENT PERIOD UNDER SUBSECTION (C) OF THIS  
34 SECTION SHALL BE A PERIOD OF NOT LESS THAN 31 DAYS AND SHALL BEGIN ON THE  
35 LATER OF:

36 (1) THE DATE DEPENDENT COVERAGE IS MADE AVAILABLE; OR

1 (2) THE DATE OF THE MARRIAGE, BIRTH, ADOPTION, OR PLACEMENT  
2 FOR ADOPTION, WHICHEVER IS APPLICABLE.

3 ~~(E)~~ (F) IF AN ELIGIBLE EMPLOYEE ENROLLS ANY OF THE ~~PERSONS~~  
4 INDIVIDUALS DESCRIBED IN SUBSECTION (C) OF THIS SECTION DURING THE FIRST 31  
5 DAYS OF THE SPECIAL ENROLLMENT PERIOD, THE COVERAGE SHALL BECOME  
6 EFFECTIVE AS FOLLOWS:

7 (1) IN THE CASE OF MARRIAGE, NOT LATER THAN THE FIRST DAY OF  
8 THE FIRST MONTH BEGINNING AFTER THE DATE THE COMPLETED REQUEST FOR  
9 ENROLLMENT IS RECEIVED;

10 (2) IN THE CASE OF A DEPENDENT'S BIRTH, AS OF THE DATE OF THE  
11 DEPENDENT'S BIRTH; AND

12 (3) IN THE CASE OF A DEPENDENT'S ADOPTION OR PLACEMENT FOR  
13 ADOPTION, THE DATE OF ADOPTION OR PLACEMENT FOR ADOPTION, WHICHEVER  
14 OCCURS FIRST.

15 15-1212.

16 (a) (1) Except as provided in subsections (b) [and], (c), AND (D) of this  
17 section, a carrier shall renew a health benefit plan at the option of the small  
18 employer.

19 (2) On renewal, a carrier may not exclude eligible employees or  
20 dependents from a health benefit plan.

21 (3) (i) A carrier shall mail a notice of renewal to the small employer at  
22 least 45 days before the expiration of a health benefit plan.

23 (ii) The notice of renewal shall include the dates of the renewal  
24 period, the health benefit plan rates, and the terms of coverage under the health  
25 benefit plan.

26 (4) Policies or certificates for hospital or medical benefits issued through  
27 a professional employer organization, coemployer, or other organization under this  
28 subtitle may, with the consent of the carrier, have a common renewal date.

29 (b) A carrier may cancel or refuse to renew a health benefit plan only:

30 (1) for nonpayment of premiums;

31 (2) for fraud or INTENTIONAL misrepresentation of MATERIAL FACT BY  
32 the small employer [or covered individuals or their representatives];

33 (3) for noncompliance with [reasonable provisions of the health benefit  
34 plan as approved by the Commissioner] A MATERIAL PLAN PROVISION RELATING TO  
35 EMPLOYER CONTRIBUTIONS OR GROUP PARTICIPATION RULES;

1 (4) [for repeated misuse, as defined by the Commissioner, of a provider  
2 network provision;

3 (5)] when the carrier elects not to renew:

4 (i) all of its health benefit plans that are issued to small employers  
5 in the State; or

6 (ii) the particular health benefit plan for all small employers in the  
7 State; OR

8 (5) IN THE CASE OF A HEALTH MAINTENANCE ORGANIZATION, WHERE  
9 THERE IS NO LONGER ANY ENROLLEE WHO LIVES, RESIDES, OR WORKS IN THE  
10 HEALTH MAINTENANCE ORGANIZATION'S APPROVED SERVICE AREA.

11 [(6) if the Commissioner finds that continuation of coverage would:

12 (i) not be in the best interests of policyholders or certificate  
13 holders; or

14 (ii) impair the carrier's ability to meet its contractual obligations;  
15 or

16 (7) for reasons stated in § 19-725(b) of the Health - General Article, if  
17 the carrier is a health maintenance organization.]

18 (c) When a carrier elects not to renew all health benefit plans in the State, the  
19 carrier:

20 (1) shall give notice of its decision to the affected small employers and  
21 the insurance regulatory authority of each state in which an eligible employee or  
22 dependent resides at least 180 days before the effective date of nonrenewal;

23 (2) shall give notice to the Commissioner at least 30 working days before  
24 giving the notice specified in item (1) of this subsection; and

25 (3) may not write new business for small employers in the State for a  
26 period of 5 years beginning on the date of notice to the Commissioner.

27 (D) WHEN A CARRIER ELECTS NOT TO RENEW A PARTICULAR HEALTH  
28 BENEFIT PLAN FOR ALL SMALL EMPLOYERS IN THE STATE, THE CARRIER SHALL:

29 (1) PROVIDE NOTICE OF THE NONRENEWAL AT LEAST 90 DAYS BEFORE  
30 THE DATE OF THE NONRENEWAL TO:

31 (I) EACH AFFECTED:

32 1. SMALL EMPLOYER; AND

33 2. ENROLLED EMPLOYEE; AND

1 (II) THE COMMISSIONER;

2 (2) OFFER TO EACH AFFECTED SMALL EMPLOYER THE OPTION TO  
3 PURCHASE ALL OTHER HEALTH BENEFIT PLANS CURRENTLY OFFERED BY THE  
4 CARRIER IN THE SMALL GROUP MARKET; AND

5 (3) ACT UNIFORMLY WITHOUT REGARD TO THE CLAIMS EXPERIENCE OF  
6 ANY AFFECTED SMALL EMPLOYER, OR ANY HEALTH STATUS-RELATED FACTOR OF  
7 ANY AFFECTED INDIVIDUAL.

8 [(d)] (E) Within 7 days after cancellation or nonrenewal of a health benefit  
9 plan, the carrier shall send to each enrolled employee written notice of its action and  
10 the conversion rights available to each enrolled employee under § 15-412 of this  
11 article.

12 15-1301.

13 (h) "Eligible individual" means an individual:

14 (1) (i) for whom, as of the date on which the individual seeks coverage  
15 under this subtitle, the aggregate of the periods of creditable coverage is 18 or more  
16 months; and

17 (ii) whose most recent prior creditable coverage was under an  
18 employer sponsored plan, governmental plan, church plan, or health benefit plan  
19 offered in connection with any of these plans;

20 (2) who is not eligible for coverage under:

21 (i) an employer sponsored plan;

22 (ii) Part A or Part B of Title XVIII of the Social Security Act; OR

23 (iii) a State plan under Title XIX of the Social Security Act; [or

24 (iv) a health benefit plan;]

25 (3) WHO DOES NOT HAVE COVERAGE UNDER A HEALTH BENEFIT PLAN;

26 [(3)] (4) who has not had the most recent prior creditable coverage  
27 described in paragraph (1)(ii) of this subsection terminated for nonpayment of  
28 premiums or fraud by the individual; and

29 [(4)] (5) who, if the individual has been offered the option of  
30 continuation coverage under a State or federal continuation provision:

31 (i) has elected that coverage; and

32 (ii) has exhausted that coverage.

1 15-1401.

2 (p) "Special enrollment period" means a period during which a group health  
3 plan shall permit [an employee] CERTAIN INDIVIDUALS who [is] ARE eligible for  
4 coverage, but not enrolled, to enroll for coverage under the terms of the group health  
5 benefit plan.

6 15-1406.

7 (a) A carrier may not establish rules for eligibility of an individual to enroll  
8 under a group health [benefits] BENEFIT plan based on any health status-related  
9 factor.

10 (b) Subsection (a) of this section does not:

11 (1) require a carrier to provide particular benefits other than those  
12 provided under the terms of the particular health benefit plan; or

13 (2) prevent a carrier from establishing limitations or restrictions on the  
14 amount, level, extent, or nature of the benefits or coverage for similarly situated  
15 individuals enrolled in the health benefit plan.

16 (c) Rules for eligibility to enroll under a plan includes rules defining any  
17 applicable waiting periods for enrollment.

18 (d) A carrier shall allow an employee or dependent who is eligible, but not  
19 enrolled, for coverage under the terms of a group health [benefits] BENEFIT plan to  
20 enroll for coverage under the terms of the plan if:

21 (1) the employee or dependent was covered under an  
22 employer-sponsored plan or group health [benefits] BENEFIT plan at the time  
23 coverage was previously offered to the employee or dependent;

24 (2) the employee states in writing, at the time coverage was previously  
25 offered, that coverage under an employer-sponsored plan or group health [benefits]  
26 BENEFIT plan was the reason for declining enrollment, but only if the plan sponsor or  
27 issuer requires the statement and provides the employee with notice of the  
28 requirement; and

29 (3) the employee's or dependent's coverage described in item (1) of this  
30 subsection:

31 (i) was under a COBRA continuation provision, and the coverage  
32 under that provision was exhausted; or

33 (ii) was not under a COBRA continuation provision, and either the  
34 coverage was terminated as a result of loss of eligibility for the coverage, including  
35 loss of eligibility as a result of legal separation, divorce, death, termination of  
36 employment, or reduction in the number of hours of employment, or employer  
37 contributions towards the coverage were terminated[.]; AND

1 (4) UNDER THE TERMS OF THE PLAN, THE EMPLOYEE REQUESTS  
2 ENROLLMENT NOT LATER THAN 30 DAYS AFTER:

3 (I) THE DATE OF EXHAUSTION OF COVERAGE DESCRIBED IN ITEM  
4 (3)(I) OF THIS SUBSECTION; OR

5 (II) TERMINATION OF COVERAGE OR TERMINATION OF EMPLOYER  
6 CONTRIBUTIONS DESCRIBED IN ITEM (3)(II) OF THIS SUBSECTION.

7 15-1406.1.

8 (A) IN THIS SECTION, "~~INDIVIDUAL~~" "ELIGIBLE EMPLOYEE" MEANS:

9 (1) A PARTICIPANT UNDER THE GROUP HEALTH BENEFIT PLAN; OR

10 (2) ~~A PERSON~~ AN INDIVIDUAL WHO:

11 (I) HAS MET ANY WAITING PERIOD APPLICABLE TO BECOMING A  
12 PARTICIPANT UNDER THE GROUP HEALTH BENEFIT PLAN;

13 (II) IS ELIGIBLE TO BE ENROLLED UNDER THE PLAN; AND

14 (III) IS NOT A PARTICIPANT IN THE GROUP HEALTH BENEFIT PLAN  
15 BECAUSE OF FAILURE TO ENROLL DURING A PREVIOUS ENROLLMENT PERIOD.

16 (B) THIS SECTION APPLIES IF A GROUP HEALTH BENEFIT PLAN MAKES  
17 COVERAGE AVAILABLE TO DEPENDENTS OF AN ~~INDIVIDUAL~~ ELIGIBLE EMPLOYEE.

18 (C) A GROUP HEALTH BENEFIT PLAN SUBJECT TO THIS SECTION SHALL  
19 PROVIDE A SPECIAL ENROLLMENT PERIOD DURING WHICH THE FOLLOWING  
20 ~~PERSONS~~ INDIVIDUALS MAY BE ENROLLED UNDER THE GROUP HEALTH BENEFIT  
21 PLAN:

22 (1) ~~A PERSON~~ AN INDIVIDUAL WHO BECOMES A DEPENDENT OF ~~THE~~  
23 ~~INDIVIDUAL~~ AN ELIGIBLE EMPLOYEE THROUGH MARRIAGE, BIRTH, ADOPTION, OR  
24 PLACEMENT FOR ADOPTION;

25 (2) AN ~~INDIVIDUAL~~ ELIGIBLE EMPLOYEE WHO ACQUIRES A NEW  
26 DEPENDENT THROUGH MARRIAGE, BIRTH, ADOPTION, OR PLACEMENT FOR  
27 ADOPTION; AND

28 (3) THE SPOUSE OF AN ~~INDIVIDUAL~~ ELIGIBLE EMPLOYEE AT THE BIRTH  
29 OR ADOPTION OF A CHILD, PROVIDED THE SPOUSE IS OTHERWISE ELIGIBLE FOR  
30 COVERAGE.

31 (D) AN ELIGIBLE EMPLOYEE MAY NOT ENROLL A DEPENDENT DURING A  
32 SPECIAL ENROLLMENT PERIOD UNLESS THE ELIGIBLE EMPLOYEE:

33 (1) IS ENROLLED UNDER THE HEALTH BENEFIT PLAN; OR

1           (2)    APPLIES FOR COVERAGE FOR THE ELIGIBLE EMPLOYEE DURING THE  
2 SAME SPECIAL ENROLLMENT PERIOD.

3    ~~(D)~~    (E)    THE SPECIAL ENROLLMENT PERIOD UNDER SUBSECTION (C) OF THIS  
4 SECTION SHALL BE A PERIOD OF NOT LESS THAN 31 DAYS AND SHALL BEGIN ON THE  
5 LATER OF:

6           (1)    THE DATE DEPENDENT COVERAGE IS MADE AVAILABLE; OR

7           (2)    THE DATE OF THE MARRIAGE, BIRTH, ADOPTION, OR PLACEMENT  
8 FOR ADOPTION, WHICHEVER IS APPLICABLE.

9    ~~(E)~~    (F)    IF AN INDIVIDUAL ELIGIBLE EMPLOYEE ENROLLS ANY OF THE  
10 PERSONS INDIVIDUALS DESCRIBED IN SUBSECTION (C) OF THIS SECTION DURING  
11 THE FIRST 31 DAYS OF THE SPECIAL ENROLLMENT PERIOD, THE COVERAGE SHALL  
12 BECOME EFFECTIVE AS FOLLOWS:

13           (1)    IN THE CASE OF MARRIAGE, NOT LATER THAN THE FIRST DAY OF  
14 THE FIRST MONTH BEGINNING AFTER THE DATE THE COMPLETED REQUEST FOR  
15 ENROLLMENT IS RECEIVED;

16           (2)    IN THE CASE OF A DEPENDENT'S BIRTH, AS OF THE DATE OF THE  
17 DEPENDENT'S BIRTH; AND

18           (3)    IN THE CASE OF A DEPENDENT'S ADOPTION OR PLACEMENT FOR  
19 ADOPTION, THE DATE OF ADOPTION OR PLACEMENT FOR ADOPTION, WHICHEVER  
20 OCCURS FIRST.

21    SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
22 July 1, 2000.