

Article - Insurance

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§14–502. IN EFFECT

- (a) There is a Maryland Health Insurance Plan.
- (b) The Plan is an independent unit of the State government.
- (c) The purpose of the Plan is to decrease uncompensated care costs by:
 - (1) providing access to affordable, comprehensive health benefits for medically uninsurable residents of the State by July 1, 2003; and
 - (2) providing access to affordable, comprehensive health benefits for bridge eligible individuals, as needed, on:
 - (i) a retroactive basis beginning no earlier than January 1, 2014; and
 - (ii) a prospective basis.
- (d) It is the intent of the General Assembly that the Plan operate as a nonprofit entity and that Fund revenue, to the extent consistent with good business practices, be used to:
 - (1) subsidize health insurance coverage for medically uninsurable individuals and bridge eligible individuals; and
 - (2) fund the State Reinsurance Program authorized under § 31–117 of this article.
- (e)
 - (1) The operations of the Plan are subject to the provisions of this subtitle whether the operations are performed directly by the Plan itself or through an entity contracted with the Plan.
 - (2) The Plan shall ensure that any entity contracted with the Plan complies with the provisions of this subtitle when performing services that are subject to this subtitle on behalf of the Plan.
- (f)
 - (1)
 - (i) A medically uninsurable individual enrolled in the Plan as of December 31, 2013, who thereafter terminates enrollment may not reenroll in the Plan unless enrolling as a bridge eligible individual.
 - (ii) Enrollment in the Plan shall be closed to any bridge eligible individual who has not applied for enrollment in the Plan as of March 31, 2014.
 - (iii) On the effective date of enrollment in a qualified health plan

through the Maryland Health Benefit Exchange, the enrollment of a bridge eligible individual in the plan terminates.

(2) Subject to paragraph (3) of this subsection, the Board, in consultation with the Maryland Health Benefit Exchange, shall determine the appropriate date on which the Plan shall decline to reenroll Plan members beyond the term of the members' existing Plan coverage.

(3) The date on which the Plan no longer will provide coverage to all Plan members shall be no earlier than January 1, 2014, and no later than January 1, 2020.

(g) Beginning October 1, 2013, and annually thereafter until the Plan no longer provides coverage to members, the Board shall provide notice to Plan members that, effective January 1, 2014, the member:

(1) may not be denied health insurance because of a preexisting health condition; and

(2) may be eligible to:

(i) enroll in the Maryland Medical Assistance Program;

(ii) purchase a health benefit plan offered in the Maryland Health Benefit Exchange or in the insurance market outside the Maryland Health Benefit Exchange; and

(iii) receive federal premium and cost-sharing assistance for the purchase of a health benefit plan in the Maryland Health Benefit Exchange.

14-502. // EFFECTIVE JUNE 30, 2015 PER CHAPTER 1 OF 2014 //

(a) There is a Maryland Health Insurance Plan.

(b) The Plan is an independent unit of the State government.

(c) The purpose of the Plan is to decrease uncompensated care costs by providing access to affordable, comprehensive health benefits for medically uninsurable residents of the State by July 1, 2003.

(d) It is the intent of the General Assembly that the Plan operate as a nonprofit entity and that Fund revenue, to the extent consistent with good business practices, be used to:

(1) subsidize health insurance coverage for medically uninsurable individuals; and

(2) fund the State Reinsurance Program authorized under § 31-117 of this article.

(e) (1) The operations of the Plan are subject to the provisions of this subtitle whether the operations are performed directly by the Plan itself or through an entity contracted with the Plan.

(2) The Plan shall ensure that any entity contracted with the Plan complies with the provisions of this subtitle when performing services that are subject to this subtitle on behalf of the Plan.

(f) (1) (i) Enrollment in the Plan shall be closed to any individual who is not enrolled in the Plan as of December 31, 2013.

(ii) A member enrolled in the Plan as of December 31, 2013, who thereafter terminates enrollment may not reenroll in the Plan.

(2) Subject to paragraph (3) of this subsection, the Board, in consultation with the Maryland Health Benefit Exchange, shall determine the appropriate date on which the Plan shall decline to reenroll Plan members beyond the term of the members' existing Plan coverage.

(3) The date on which the Plan no longer will provide coverage to all Plan members shall be no earlier than January 1, 2014, and no later than January 1, 2020.

(g) Beginning October 1, 2013, and annually thereafter until the Plan no longer provides coverage to members, the Board shall provide notice to Plan members that, effective January 1, 2014, the member:

(1) may not be denied health insurance because of a preexisting health condition; and

(2) may be eligible to:

(i) enroll in the Maryland Medical Assistance Program;

(ii) purchase a health benefit plan offered in the Maryland Health Benefit Exchange or in the insurance market outside the Maryland Health Benefit Exchange; and

(iii) receive federal premium and cost-sharing assistance for the purchase of a health benefit plan in the Maryland Health Benefit Exchange.

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