

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

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 13, 2019

CHAPTER _____

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~~ a certain program, which is
8 considered to occur on a certain date; requiring a certain carrier to provide an open
9 enrollment period for certain individuals who lived in a service area where a certain
10 qualified health plan was not available during a certain period of time; altering the
11 definition of "full-time employee" for the purposes of certain provisions of law
12 governing the Maryland Health Benefit Exchange; and generally relating to health
13 insurance and required conformity with federal law.

14 BY repealing and reenacting, with amendments,
15 Article – Insurance
16 Section 15–1202 ~~and~~, 15–1208.2(d)(4)(ii) and (x), and 31–101(e–1)
17 Annotated Code of Maryland
18 (2017 Replacement Volume and 2018 Supplement)

19 BY repealing and reenacting, without amendments,
20 Article – Insurance
21 Section 15–1208.2(d)(1)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 Annotated Code of Maryland
2 (2017 Replacement Volume and 2018 Supplement)

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

5 **Article – Insurance**

6 15–1202.

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

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

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

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

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

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

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

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

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

26 15–1208.2.

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

29 (4) A triggering event occurs when:

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

1 1. pregnancy-related coverage described under §
2 1902(a)(10)(A)(i)(IV) and (a)(10)(A)(ii)(IX) of the Social Security Act, which is considered to
3 occur on the last day the eligible employee or dependent would have pregnancy-related
4 coverage; OR

5 2. ~~ACCESS TO HEALTH CARE SERVICES THROUGH~~
6 ~~COVERAGE PROVIDED TO A PREGNANT WOMAN'S UNBORN CHILD, BASED ON THE~~
7 ~~DEFINITION OF A CHILD IN 42 C.F.R. § 457.10, WHICH IS CONSIDERED TO OCCUR ON~~
8 ~~THE LAST DAY THE ELIGIBLE EMPLOYEE OR DEPENDENT WOULD HAVE ACCESS TO~~
9 ~~HEALTH CARE SERVICES THROUGH THE UNBORN CHILD COVERAGE~~ A PROGRAM
10 PROVIDING PRENATAL CARE OR SERVICES, WHICH IS CONSIDERED TO OCCUR ON
11 THE LAST DAY THE ELIGIBLE EMPLOYEE OR DEPENDENT WOULD HAVE ACCESS TO
12 HEALTH CARE SERVICES;

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

15 1. had minimum essential coverage as described in 26 C.F.R.
16 § 1.5000a-1(b) for 1 or more days during the 60 days before the date of the permanent move;
17 [or]

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

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

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

24 **B. DURING THE ELIGIBLE EMPLOYEE'S OR DEPENDENT'S**
25 **MOST RECENT PRECEDING OPEN ENROLLMENT PERIOD OR SPECIAL ENROLLMENT**
26 **PERIOD.**

27 31-101.

28 (e-1) (1) "Full-time employee" means, WITH RESPECT TO A CALENDAR
29 MONTH, an employee OF A SMALL EMPLOYER who works, on average, at least 30 hours
30 per week.

31 (2) "Full-time employee" does not include a seasonal employee [unless the
32 employee works for the employer on more than 120 days during the taxable year] AS
33 DEFINED IN FEDERAL LAW.

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

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.