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By: **Chairman, Environmental Matters Committee (Departmental - Health and Mental Hygiene)**

Introduced and read first time: February 4, 1998

Assigned to: Environmental Matters

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 24, 1998

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CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health - Assistance Programs - AIDS Insurance Assistance Program**

3 FOR the purpose of extending the termination date of the AIDS Insurance Assistance  
4 Program; altering the number of recipients that may be enrolled in the Program  
5 at any one time; providing that the Program may pay premiums only for certain  
6 Medicare supplemental coverage for certain individuals under certain  
7 circumstances; and generally relating to the AIDS Insurance Assistance  
8 Program.

9 BY repealing and reenacting, without amendments,  
10 Article - Health - General  
11 Section 15-201, 15-204, and 15-205  
12 Annotated Code of Maryland  
13 (1994 Replacement Volume and 1997 Supplement)

14 BY repealing and reenacting, with amendments,  
15 Article - Health - General  
16 Section 15-202 and 15-203  
17 Annotated Code of Maryland  
18 (1994 Replacement Volume and 1997 Supplement)

19 BY repealing and reenacting, with amendments,  
20 Chapter 188 of the Acts of the General Assembly of 1990, as amended by  
21 Chapter 44 of the Acts of the General Assembly of 1992 and Chapter 147 of the  
22 Acts of the General Assembly of 1994

1 Section 2

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

4 **Article - Health - General**

5 15-201.

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

7 (b) "Applicant" means an individual who applies for assistance from the  
8 Program.

9 (c) (1) Except as provided in paragraph (2) of this subsection, "family"  
10 means:

11 (i) The applicant or recipient;

12 (ii) The applicant's or recipient's spouse if the spouse lives with the  
13 applicant or recipient; and

14 (iii) The applicant's or recipient's children under the age of 18 years  
15 if the children live with the applicant or recipient.

16 (2) If the applicant is a child under the age of 18 years, "family" means:

17 (i) The minor applicant's or recipient's parents; and

18 (ii) At the option of the minor applicant's or recipient's parents, the  
19 minor applicant's or recipient's siblings.

20 (d) "Program" means the Maryland AIDS Insurance Assistance Program.

21 (e) "Recipient" means an individual receiving assistance from the Program.

22 15-202.

23 (a) The Department of Health and Mental Hygiene shall administer a  
24 Maryland AIDS Insurance Assistance Program for HIV positive individuals.

25 (b) There shall be no more than [300] 450 recipients enrolled in the Program  
26 at any ~~+~~ ONE time.

27 (c) Except as provided in subsection (d) of this section, an individual is eligible  
28 for the Program if:

29 (1) Cash assets owned by the individual's family, including savings  
30 accounts, checking accounts, and stocks and bonds, do not exceed \$10,000;

1           (2)     The individual's family income, earned and unearned, does not  
2 exceed 300 percent of the federal poverty level;

3           (3)     (i)     The individual is eligible for and has applied for continuation of  
4 benefits under one of the following authorities:

5                           1.     The Consolidated Omnibus Budget Reconciliation Act of  
6 1985, P.L. 99-272, and any subsequent modifications to that Act;

7                           2.     The Federal Employees Health Benefits Amendment Act  
8 of 1988, P.L. 100-654, and any subsequent modifications to that Act; or

9                           3.     The Insurance Article; or

10                   (ii)    The individual is receiving health benefits:

11                           1.     Under a policy issued by an authorized insurer or  
12 nonprofit health service plan;

13                           2.     As an enrollee of an authorized health maintenance  
14 organization; or

15                           3.     From an employer under a health benefits plan that meets  
16 the conditions of the Employee Retirement Income Security Act of 1974, 29 U.S.C. §  
17 1001 et seq., and any subsequent modifications to that Act;

18           (4)     The individual is not eligible for health insurance through another  
19 family member;

20           (5)     A physician certifies that the individual is:

21                   (i)     HIV positive; and

22                   (ii)    Due to this illness, the individual is either too ill to continue  
23 working in the individual's current position, or there is a substantial likelihood that  
24 within 3 months the individual will be unable to work;

25           (6)     The individual is a resident of the State; and

26           (7)     The Department determines that it is cost effective to enroll the  
27 individual in the Program.

28   (d)     Notwithstanding the provisions of subsection (c)(1) and (2) of this section,  
29 an individual is eligible for the Program if:

30           (1)     Cash assets owned by the individual's family, including savings  
31 accounts, checking accounts, stocks, and bonds, that exceed \$10,000 are paid to the  
32 Department to be used for the payment of health insurance on behalf of the  
33 individual;

1 (2) The individual's family income, earned and unearned, that exceeds  
2 300 percent of the federal poverty level is paid to the Department to be used for the  
3 payment of health insurance on behalf of the individual; and

4 (3) The individual meets the eligibility requirements of subsection (c)(3),  
5 (4), (5), (6), and (7) of this section.

6 15-203.

7 (a) The Department shall adopt regulations for the payment of health  
8 insurance premiums to insurance carriers or employers under the Program.

9 (b) The Program shall comply with the applicable provisions of all federal and  
10 State laws that relate to the continuation of health benefits.

11 (C) IF A RECIPIENT IS A MEDICARE BENEFICIARY, THE PROGRAM MAY PAY  
12 PREMIUMS ONLY FOR SUPPLEMENTAL MEDICARE COVERAGE UNLESS THE  
13 DEPARTMENT FINDS THAT IT IS MORE COST-EFFECTIVE FOR THE PROGRAM TO PAY  
14 PREMIUMS FOR OTHER HEALTH INSURANCE COVERAGE AVAILABLE TO THE  
15 RECIPIENT.

16 15-204.

17 The Department shall adopt regulations that authorize the denial, restriction,  
18 or termination of benefits for recipients who commit acts of abuse or fraud against the  
19 Program.

20 15-205.

21 (a) The Department shall, subject to § 2-1246 of the State Government  
22 Article, provide the Governor and the General Assembly with an annual report  
23 summarizing the Program expenditures, numbers of recipients, Program  
24 effectiveness, the estimated savings to the Medical Assistance Program, additional  
25 costs incurred by private insurance companies, and the loss of federal funding.

26 (b) The Department may periodically survey recipients to gather information  
27 for the annual report.

28 **Chapter 188 of the Acts of 1990, as amended by Chapter 44 of the Acts of 1992,**  
29 **and Chapter 147 of the Acts of 1994**

30 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
31 July 1, 1990. It shall remain effective for a period of [6] 12 years and, at the end of  
32 June 30, [1998] 2002, with no further action required by the General Assembly, this  
33 Act shall be abrogated and of no further force and effect.

34 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take  
35 effect July 1, 1998.

