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By: **Delegates Hubbard, Cardin, Costa, Goldwater, Gordon, Morhaim,  
Murray, Nathan-Pulliam, and V. Turner**

Introduced and read first time: February 9, 2006

Assigned to: Health and Government Operations

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A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Disabled Individuals - Eligibility for the Maryland**  
3 **Health Insurance Plan**

4 FOR the purpose of requiring that certain disabled individuals who meet certain  
5 requirements be eligible for the Maryland Health Insurance Plan; requiring that  
6 certain disabled individuals eligible for the Plan be charged a certain monthly  
7 premium equal to or less than a certain amount; authorizing certain disabled  
8 individuals eligible for the Plan to be charged certain deductibles and  
9 coinsurance equal to or less than a certain amount; requiring that an individual  
10 enrolled in the Plan under certain eligibility guidelines be automatically  
11 disenrolled from the Plan under certain circumstances; requiring the Maryland  
12 Insurance Commissioner, in cooperation with the Board for the Plan, to adopt  
13 certain regulations; and generally relating to health insurance coverage for  
14 disabled individuals.

15 BY adding to  
16 Article - Insurance  
17 Section 14-508.1  
18 Annotated Code of Maryland  
19 (2002 Replacement Volume and 2005 Supplement)

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

22 **Article - Insurance**

23 14-508.1.

24 (A) NOTWITHSTANDING THE PROVISIONS OF THIS SUBTITLE, AN INDIVIDUAL  
25 SHALL BE ELIGIBLE FOR THE PLAN IF THE INDIVIDUAL:

26 (1) DOES NOT HAVE ACCESS TO HEALTH INSURANCE COVERAGE;

1 (2) HAS BEEN APPROVED TO RECEIVE FEDERAL SOCIAL SECURITY  
2 DISABILITY INCOME BENEFITS;

3 (3) IS AWAITING ELIGIBILITY FOR THE MEDICARE PROGRAM; AND

4 (4) MEETS ANY OTHER APPLICABLE ELIGIBILITY CRITERIA FOR THE  
5 PLAN.

6 (B) AN INDIVIDUAL WHO IS ELIGIBLE FOR THE PLAN UNDER SUBSECTION (A)  
7 OF THIS SECTION:

8 (1) SHALL BE CHARGED A MONTHLY PREMIUM THAT IS EQUAL TO OR  
9 LESS THAN THE MONTHLY PREMIUM FOR MEDICARE PART B AS SET BY THE  
10 FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES; AND

11 (2) MAY BE ASSESSED ANNUAL DEDUCTIBLES AND COINSURANCE  
12 EQUAL TO BUT NOT EXCEEDING THE DEDUCTIBLES AND COINSURANCE REQUIRED  
13 UNDER THE MEDICARE PROGRAM AS SET BY THE FEDERAL CENTERS FOR MEDICARE  
14 AND MEDICAID SERVICES.

15 (C) AN INDIVIDUAL ENROLLED IN THE PLAN UNDER THE PROVISIONS OF THIS  
16 SECTION SHALL BE AUTOMATICALLY DISENROLLED FROM THE PLAN UPON THE  
17 INDIVIDUAL'S ENROLLMENT IN THE MEDICARE PROGRAM.

18 (D) THE COMMISSIONER, IN COOPERATION WITH THE BOARD, SHALL ADOPT  
19 REGULATIONS TO IMPLEMENT THIS SECTION.

20 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
21 July 1, 2006.