

HB1057/946087/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 1057

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Delegate Mizeur” and substitute “Delegates Mizeur, Hammen, Benson, Bromwell, Costa, Elliott, Hubbard, Kach, Kipke, Kullen, McDonough, Montgomery, Morhaim, Nathan-Pulliam, Oaks, Pena-Melnyk, Pendergrass, Riley, Tarrant, V. Turner, and Weldon”; in line 2, strike “Equity in”; in the same line, after “Coverage” insert “Expansion Act”; in line 3, strike “health”; in lines 5 and 6, strike “on request to certain adult members and certain child members of the household” and substitute “, at the request of certain persons, to certain domestic partners and child dependents of domestic partners”; in lines 6 and 7, strike “, subscriber, employee, or member”; in line 7, strike “and” and substitute a comma; in the same line, after “plans” insert “, and health maintenance organizations”; and in line 8, after “proof;” insert “altering a certain requirement that a certain health insurance carrier notify certain parents of certain information; requiring the Maryland Insurance Commissioner to establish and publish a certain notice; requiring certain health insurance policies and contracts to provide for certain coverage for certain dependents under certain circumstances; requiring the Maryland Health Care Commission, in consultation with certain other State agencies, to study the rate at which certain young adults are uninsured and recommend ways to increase their health care coverage; requiring the Commission to report on its study and recommendations to certain legislative committees on or before a certain date; defining certain terms;”; in line 10, after “to” insert “health insurance”; in the same line, strike “for household members under health insurance”; in line 18, after “15-403.2” insert “and 15-418”; after line 20, insert:

“BY repealing and reenacting, with amendments,

Article – Insurance

Section 15-416

(Over)

Annotated Code of Maryland
(2006 Replacement Volume and 2006 Supplement)".

AMENDMENT NO. 2

On page 2, in line 3, strike “§ 15-403.2” and substitute “§§ 15-403.2 AND 15-418”; strike in their entirety lines 7 through 22, inclusive, and substitute:

“(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “CHILD DEPENDENT OF THE DOMESTIC PARTNER” MEANS AN INDIVIDUAL WHO:

(I) IS:

1. THE NATURAL CHILD, STEPCHILD, ADOPTED CHILD, OR GRANDCHILD OF THE DOMESTIC PARTNER OF AN INSURED;

2. A CHILD PLACED WITH THE DOMESTIC PARTNER OF AN INSURED FOR LEGAL ADOPTION; OR

3. A CHILD WHO IS UNDER TESTAMENTARY OR COURT APPOINTED GUARDIANSHIP, OTHER THAN TEMPORARY GUARDIANSHIP OF LESS THAN 12 MONTHS’ DURATION, OF THE DOMESTIC PARTNER OF AN INSURED;

(II) IS A DEPENDENT, AS THAT TERM IS USED IN 26 U.S.C. §§ 104, 105, AND 106, AND ANY REGULATIONS ADOPTED UNDER THOSE SECTIONS, OF THE DOMESTIC PARTNER OF AN INSURED;

(III) RESIDES WITH THE INSURED;

(IV) IS UNMARRIED; AND

(V) IS UNDER THE AGE OF 25 YEARS.

(3) "DOMESTIC PARTNER" MEANS AN INDIVIDUAL IN A RELATIONSHIP BETWEEN TWO INDIVIDUALS WHO:

(I) ARE AT LEAST 18 YEARS OLD;

(II) ARE NOT RELATED TO EACH OTHER BY BLOOD OR MARRIAGE WITHIN FOUR DEGREES OF CONSANGUINITY UNDER CIVIL LAW RULE;

(III) ARE NOT MARRIED OR IN A CIVIL UNION OR DOMESTIC PARTNERSHIP WITH ANOTHER INDIVIDUAL;

(IV) AGREE TO BE IN A RELATIONSHIP OF MUTUAL INTERDEPENDENCE IN WHICH EACH INDIVIDUAL CONTRIBUTES TO SOME EXTENT TO THE OTHER INDIVIDUAL'S MAINTENANCE AND SUPPORT; AND

(V) SHARE A COMMON RESIDENCE.

(B) THIS SECTION APPLIES TO EACH INDIVIDUAL OR GROUP POLICY OR CONTRACT THAT:

(1) ALLOWS FAMILY COVERAGE; AND

(2) IS ISSUED BY:

(I) AN INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT PROVIDES INPATIENT HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; OR

(II) A HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES INPATIENT HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.”;

and in line 23, strike “(B)” and substitute “(C)”.

On page 3, strike beginning with “, ON” in line 1 down through the colon in line 2 and substitute “TO A DOMESTIC PARTNER OF AN INSURED OR A CHILD DEPENDENT OF THE DOMESTIC PARTNER OF AN INSURED AT THE REQUEST OF:

(1) AN INSURED UNDER AN INDIVIDUAL POLICY OR CONTRACT THAT IS SUBJECT TO THIS SECTION; OR

(2) THE GROUP POLICY HOLDER OF A GROUP POLICY OR CONTRACT THAT IS SUBJECT TO THIS SECTION.

(D) AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION MAY REQUIRE A GROUP POLICY HOLDER THAT REQUESTS COVERAGE FOR A DOMESTIC PARTNER OR CHILD DEPENDENT OF THE DOMESTIC PARTNER OF AN INSURED UNDER SUBSECTION (C)(2) OF THIS SECTION TO PROVIDE PROOF OF THE ELIGIBILITY OF THE DOMESTIC PARTNER OR CHILD DEPENDENT OF THE DOMESTIC PARTNER FOR COVERAGE UNDER THIS SECTION.

15-416.

(a) This section applies to insurers, nonprofit health service plans, and health maintenance organizations that deliver or issue for delivery in the State individual, group, or blanket health insurance policies and contracts.

(b) At least 60 days before a child [age 19 and older] who is covered under a parent's individual, group, or blanket health insurance policy or contract [as a full-time student attains the limiting age specified in the policy or contract for a full-time student] **URNS 18 YEARS OF AGE**, an entity subject to this section shall:

(1) notify the parent of [the impending loss of the child's coverage] **CRITERIA UNDER WHICH A CHILD MAY REMAIN ELIGIBLE FOR COVERAGE AS A DEPENDENT UNDER THE POLICY OR CONTRACT**; and

(2) provide information regarding:

(i) any other policies that may be available to the child from the entity; and

(ii) the availability of additional information from the Administration regarding individual policies in the State.

(c) **THE COMMISSIONER SHALL ESTABLISH AND PUBLISH BY BULLETIN THE NOTICE TO BE GIVEN UNDER THIS SECTION.**

15-418.

(A) (1) **IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**

(Over)

(2) "CARRIER" MEANS:

(I) AN INSURER;

(II) A NONPROFIT HEALTH SERVICE PLAN; OR

(III) A HEALTH MAINTENANCE ORGANIZATION.

(3) "CHILD DEPENDENT" MEANS AN INDIVIDUAL WHO:

(I) IS:

1. THE NATURAL CHILD, STEPCHILD, ADOPTED CHILD, OR GRANDCHILD OF THE INSURED;

2. A CHILD PLACED WITH THE INSURED FOR LEGAL ADOPTION; OR

3. A CHILD WHO IS ENTITLED TO DEPENDENT COVERAGE UNDER § 15-403.1 OF THIS ARTICLE;

(II) IS A DEPENDENT OF THE INSURED AS THAT TERM IS USED IN 26 U.S.C. §§ 104, 105, AND 106, AND ANY REGULATIONS ADOPTED UNDER THOSE SECTIONS;

(III) IS UNMARRIED; AND

(IV) IS UNDER THE AGE OF 25 YEARS.

(B) (1) THIS SECTION APPLIES TO:

(I) EACH POLICY OF INDIVIDUAL OR GROUP HEALTH INSURANCE THAT IS ISSUED IN THE STATE;

(II) EACH CONTRACT THAT IS ISSUED IN THE STATE BY A NONPROFIT HEALTH SERVICE PLAN; AND

(III) EACH CONTRACT THAT IS ISSUED IN THE STATE BY A HEALTH MAINTENANCE ORGANIZATION.

(2) NOTWITHSTANDING PARAGRAPH (1) OF THIS SUBSECTION, THIS SECTION DOES NOT APPLY TO:

(I) A CONTRACT COVERING ONE OR MORE, OR ANY COMBINATION OF THE FOLLOWING:

1. COVERAGE ONLY FOR LOSS CAUSED BY AN ACCIDENT;

2. DISABILITY COVERAGE;

3. CREDIT-ONLY INSURANCE; OR

4. LONG-TERM CARE COVERAGE; OR

(II) THE FOLLOWING BENEFITS IF THEY ARE PROVIDED UNDER A SEPARATE CONTRACT:

1. DENTAL COVERAGE;

(Over)

- 2. VISION COVERAGE;**
- 3. MEDICARE SUPPLEMENT INSURANCE;**
- 4. COVERAGE LIMITED TO BENEFITS FOR A SPECIFIED DISEASE OR DISEASES; AND**
- 5. TRAVEL ACCIDENT OR SICKNESS COVERAGE.**

(C) EACH POLICY OR CONTRACT SUBJECT TO THIS SECTION THAT PROVIDES COVERAGE FOR DEPENDENTS SHALL:

- (1) INCLUDE COVERAGE FOR A CHILD DEPENDENT;**
- (2) PROVIDE THE SAME HEALTH INSURANCE BENEFITS TO A CHILD DEPENDENT THAT ARE AVAILABLE TO ANY OTHER COVERED DEPENDENT; AND**
- (3) PROVIDE HEALTH INSURANCE BENEFITS TO A CHILD DEPENDENT AT THE SAME RATE OR PREMIUM APPLICABLE TO ANY OTHER COVERED DEPENDENT.**

(D) THIS SECTION DOES NOT LIMIT OR ALTER ANY RIGHT TO DEPENDENT COVERAGE OR TO THE CONTINUATION OF COVERAGE THAT IS OTHERWISE PROVIDED FOR IN THIS ARTICLE.”.

AMENDMENT NO. 3

On page 3, strike in their entirety lines 3 through 22, inclusive, and substitute:

“SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Care Commission, in consultation with the Department of Health and Mental Hygiene and the Maryland Insurance Administration, shall study the high rate of uninsurance among young adults ages 19 to 29 in the State and recommend ways to increase health care coverage.

(b) The study shall:

(1) include a review of current health care coverage options available in the State and options available in other states; and

(2) examine in particular:

(i) ways to provide health care coverage to young adults transitioning from foster care; and

(ii) the feasibility and desirability of a Medicaid or Maryland Children’s Health Program buy-in.

(c) On or before November 1, 2007, the Commission shall report on its study and recommendations, in accordance with § 2-1246 of the State Government Article, to the Senate Finance Committee and the House Health and Government Operations Committee.”;

in lines 23 and 26, strike “2.” and “3.”, respectively, and substitute “3.” and “4.”, respectively.