

HOUSE BILL 493

C3
HB 1061/06 – HGO

8lr2671

By: **Delegate Hubbard**

Introduced and read first time: January 30, 2008

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Disabled Individuals – Eligibility for the Maryland Health**
3 **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
6 that certain disabled individuals eligible for the Plan be charged a certain
7 monthly premium equal to or less than a certain amount; authorizing certain
8 disabled 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 (2006 Replacement Volume and 2007 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**
25 **INDIVIDUAL SHALL BE ELIGIBLE FOR THE PLAN IF THE INDIVIDUAL:**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

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

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

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

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

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

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

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

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

21 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
22 July 1, 2008.