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EMERGENCY BILL (PRE-FILED)

9lr0040

By: Chair, Finance Committee (By Request - Departmental - Insurance Administration, Maryland)

Requested: September 30, 2008

Introduced and read first time: January 14, 2009

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

Medicare Supplement Plan A Policies - Individuals with a Disability - Rates

- 3 FOR the purpose of requiring a carrier, under certain circumstances, to make 4 available a Medicare supplement policy plan A to an individual who is eligible 5 for Medicare due to a disability; prohibiting a carrier from charging individuals 6 who, regardless of age, are eligible for Medicare due to a disability a higher rate 7 for a Medicare supplement policy plan A than the rate charged by the carrier to 8 certain individuals who are eligible for Medicare due to age; prohibiting a carrier from taking certain actions relating to a Medicare supplement policy 9 plan A for certain reasons if an individual applies for the policy plan within a 10 certain time period; making this Act an emergency measure; and generally 11 12 relating to Medicare supplement plan A policies under health insurance.
- 13 BY repealing and reenacting, with amendments,
- 14 Article Insurance
- 15 Section 15–909(b)
- 16 Annotated Code of Maryland
- 17 (2006 Replacement Volume and 2008 Supplement)
- 18 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 19 MARYLAND, That the Laws of Maryland read as follows:
- 20 Article Insurance
- 21 15–909.
- 22 (b) (1) If an application for a Medicare supplement policy or certificate is submitted during the 6-month period beginning with the first month in which an

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- individual who is at least 65 years old first enrolls for benefits under Medicare Part B,
 a carrier:
- 3 (i) may not deny or condition the issuance or effectiveness of 4 the Medicare supplement policy or certificate or discriminate in the pricing of the 5 Medicare supplement policy or certificate because of the health status, claims 6 experience, receipt of health care, or medical condition of the applicant; or
- 7 (ii) may not deny, reduce, or condition coverage or apply an 8 increased premium rating to an applicant for a Medicare supplement policy because of the health status, claims experience, or medical condition of the applicant or the use of medical care by the applicant.
- 11 (2) Notwithstanding paragraph (1)(ii) of this subsection, a carrier may 12 include in a Medicare supplement policy a provision that complies with subsection (d) 13 of this section.
- 14 (3) (i) A carrier shall make available [both a Medicare supplement 15 policy plan C and a Medicare supplement policy plan I] **MEDICARE SUPPLEMENT** 16 **POLICY PLANS A, C, AND I** to an individual who is under the age of 65 years but is 17 eligible for Medicare due to a disability, if an application for a Medicare supplement 18 policy or certificate is submitted:
- 19 1. during the 6-month period following the applicant's enrollment in Part B of Medicare; or
- 2. for an individual terminated from the Maryland 22 Health Insurance Plan as a result of enrollment in Part B of Medicare, during the 23 6-month period after the individual's termination.
- 24 (ii) For a Medicare supplement policy plan [C or a Medicare 25 supplement policy plan I] **A, C, OR I** required to be made available under 26 subparagraph (i) of this paragraph, a carrier:
 - 1. may not deny or condition the issuance or effectiveness of a Medicare supplement policy plan [C or a Medicare supplement policy plan I] **A, C, OR I** because of the health status, claims experience, receipt of health care, or medical condition of the applicant; or
- 2. may not deny, reduce, or condition coverage to the applicant for a Medicare supplement policy plan [C or a Medicare supplement policy plan I] **A, C, OR I** because of the health status, claims experience, or medical condition of the applicant or the use of medical care by the applicant.
 - (III) FOR A MEDICARE SUPPLEMENT POLICY PLAN A REQUIRED TO BE MADE AVAILABLE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, A CARRIER MAY NOT CHARGE INDIVIDUALS WHO ARE UNDER THE

- 1 AGE OF 65 YEARS, BUT ARE ELIGIBLE FOR MEDICARE DUE TO A DISABILITY, A
- 2 RATE HIGHER THAN THE AVERAGE OF THE PREMIUMS PAID BY ALL
- 3 POLICYHOLDERS AGE 65 AND OLDER IN THE STATE WHO ARE COVERED UNDER
- 4 THAT PLAN A POLICY FORM.

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- (4) A carrier may elect to offer Medicare supplement policy plans to individuals who are under the age of 65 years, but eligible for Medicare due to a disability, in addition to the Medicare supplement policy [plan C and the Medicare supplement policy plan I] PLANS A, C, AND I that are required to be offered under paragraph (3)(i) of this subsection.
- (5) Nothing in paragraph (3) of this subsection may be construed to require a carrier to offer a Medicare supplement policy plan to individuals who are under the age of 65 years, but are eligible for Medicare due to a disability, if the plan is not offered to individuals who are eligible for Medicare due to age.
- SECTION 2. AND BE IT FURTHER ENACTED, That a carrier that did not make available a Medicare supplement policy plan A to an individual who is under the age of 65 years but was eligible for Medicare due to a disability, or charged an individual who is under the age of 65 years but was eligible for Medicare due to a disability, a rate higher than the average of the premiums paid by all policyholders age 65 and older in the State who are covered under that plan A policy form between July 1, 2008, and the effective date of this Act may not deny or condition the issuance or effectiveness of a Medicare supplement policy plan A because of health status, claims experience, or medical condition of an individual who is under the age of 65 years but is eligible for Medicare due to a disability and is currently enrolled with that same carrier in a Medicare supplement policy plan C offered in the State, provided that the individual applies for a Medicare supplement policy plan A with that same carrier no later than 63 days after the policy plan C renewal date.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a yea and nay vote supported by three–fifths of all the members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted.