

SENATE BILL 229

C3

EMERGENCY BILL

2lr0089

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

Introduced and read first time: January 20, 2012

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Individual and Group Coverage – Application of Federal**
3 **Affordable Care Act**

4 FOR the purpose of providing that certain provisions of the federal Affordable Care
5 Act regarding preventive services apply to certain health insurance coverage
6 issued or delivered in the State by authorized insurers, nonprofit health service
7 plans, and health maintenance organizations; repealing a certain provision of
8 law applying certain provisions of the federal Affordable Care Act regarding
9 bona fide wellness programs to certain health insurance coverage; making this
10 Act an emergency measure; and generally relating to health insurance.

11 BY repealing and reenacting, with amendments,
12 Article – Insurance
13 Section 15–137.1
14 Annotated Code of Maryland
15 (2011 Replacement Volume)

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

18 **Article – Insurance**

19 15–137.1.

20 (a) Notwithstanding any other provisions of law, the following provisions of
21 Title I, Subtitles A and C of the Affordable Care Act apply to individual health
22 insurance coverage and health insurance coverage offered in the small group and large
23 group markets, as those terms are defined in the federal Public Health Service Act,
24 issued or delivered in the State by an authorized insurer, nonprofit health service
25 plan, or health maintenance organization:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 (1) coverage of children up to the age of 26 years;
- 2 (2) preexisting condition exclusions;
- 3 (3) policy rescissions;
- 4 (4) [bona fide wellness programs] **PREVENTIVE SERVICES**;
- 5 (5) lifetime limits;
- 6 (6) annual limits for essential benefits;
- 7 (7) waiting periods;
- 8 (8) designation of primary care providers;
- 9 (9) access to obstetrical and gynecological services;
- 10 (10) emergency services;
- 11 (11) summary of benefits and coverage explanation;
- 12 (12) minimum loss ratio requirements and premium rebates; and
- 13 (13) disclosure of information.

14 (b) The provisions of subsection (a) of this section do not apply to coverage for
15 excepted benefits, as defined in 45 C.F.R. § 146.145(c).

16 (c) The Commissioner may enforce this section under any applicable
17 provisions of this article.

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act is an emergency
19 measure, is necessary for the immediate preservation of the public health or safety,
20 has been passed by a yea and nay vote supported by three-fifths of all the members
21 elected to each of the two Houses of the General Assembly, and shall take effect from
22 the date it is enacted.