

Chapter 140

(Senate Bill 134)

AN ACT concerning

Medicare Supplement Policies – Issuance – Requirements

FOR the purpose of requiring a carrier that issues Medicare supplement policies to issue a Medicare supplement policy to an individual who meets certain criteria during certain special enrollment periods; and generally relating to Medicare supplement policies.

BY repealing and reenacting, with amendments,
 Article – Insurance
 Section 15–909(b)
 Annotated Code of Maryland
 (2017 Replacement Volume and 2025 Supplement)

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

Article – Insurance

15–909.

(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 individual who is at least 65 years old first enrolls for benefits under Medicare Part B, a carrier:

(i) may not deny or condition the issuance or effectiveness of the Medicare supplement policy or certificate or discriminate in the pricing of the Medicare supplement policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of the applicant; or

(ii) may not deny, reduce, or condition coverage or apply an 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.

(2) Notwithstanding paragraph (1)(ii) or ~~[(6)(iii)2]~~ **(8)(III)2** of this subsection, a carrier may include in a Medicare supplement policy a provision that complies with subsection (d) of this section.

(3) A CARRIER THAT ISSUES MEDICARE SUPPLEMENT POLICIES IN THE STATE SHALL ISSUE ANY MEDICARE SUPPLEMENT POLICY THE CARRIER SELLS TO AN INDIVIDUAL ELIGIBLE FOR MEDICARE IF THE INDIVIDUAL:

(I) WAS ENROLLED IN MEDICARE PART B WHILE ENROLLED IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM;

(II) WAS NOT DISENROLLED OR TERMINATED FROM THE MARYLAND MEDICAL ASSISTANCE PROGRAM UNTIL AT LEAST 6 MONTHS FOLLOWING THE EFFECTIVE DATE OF ENROLLMENT IN MEDICARE PART B;

(III) APPLIES FOR THE MEDICARE SUPPLEMENT POLICY DURING THE 63-DAY PERIOD FOLLOWING THE LATER OF NOTICE OF TERMINATION OR DISENROLLMENT OR THE DATE OF TERMINATION FROM THE MARYLAND MEDICAL ASSISTANCE PROGRAM; AND

(IV) SUBMITS EVIDENCE OF THE DATE OF TERMINATION OR DISENROLLMENT FROM THE MARYLAND MEDICAL ASSISTANCE PROGRAM WITH THE APPLICATION FOR A MEDICARE SUPPLEMENT POLICY.

(4) A CARRIER THAT ISSUES MEDICARE SUPPLEMENT POLICIES IN THE STATE SHALL ISSUE ANY MEDICARE SUPPLEMENT POLICY CURRENTLY OPEN TO NEW ENROLLEES TO AN INDIVIDUAL ELIGIBLE FOR MEDICARE IF THE INDIVIDUAL:

(I) BECAME ELIGIBLE FOR MEDICARE BEFORE JANUARY 1, 2020;

(II) QUALIFIES UNDER ANY FEDERAL SPECIAL ENROLLMENT PERIOD GUARANTEED ISSUE RIGHT, INCLUDING FOR PLANS ISSUED ON OR AFTER JANUARY 1, 2020;

(III) APPLIES FOR THE MEDICARE SUPPLEMENT POLICY DURING THE 63-DAY PERIOD FOLLOWING THE QUALIFYING EVENT FOR THE FEDERAL SPECIAL ENROLLMENT PERIOD GUARANTEED ISSUE RIGHT; AND

(IV) SUBMITS EVIDENCE OF THE DATE OF THE QUALIFYING EVENT FOR THE FEDERAL SPECIAL ENROLLMENT PERIOD GUARANTEED ISSUE RIGHT WITH THE APPLICATION FOR A MEDICARE SUPPLEMENT POLICY.

[(3)] (5) (i) A carrier shall make available Medicare supplement policy plans A and D to an individual who is under the age of 65 years but is eligible for

Medicare due to a disability, if an application for a Medicare supplement policy or certificate is submitted:

1. during the 6-month period following the applicant's enrollment in Part B of Medicare; or

2. if the applicant is notified by Medicare of the applicant's retroactive enrollment in Medicare, during the 6-month period following notification of enrollment in Medicare.

(ii) For a Medicare supplement policy plan A or D required to be made available under subparagraph (i) of this paragraph, a carrier:

1. may not deny or condition the issuance or effectiveness of a Medicare supplement policy plan A or D 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 A or D 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 age of 65 years, but are 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.

[(4) (6)] 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 plans A and D that are required to be offered under paragraph **[(3)(i) (5)(I)]** of this subsection.

[(5) (7)] **[(Nothing in paragraph (3) PARAGRAPH (5) of this subsection may NOT 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.]**

[(6) (8)] (i) This paragraph applies only on and after July 1, 2023.

(ii) During the 30 days following the birthday of an individual enrolled in a Medicare supplement policy, a carrier shall make available to the individual different Medicare supplement policies with benefits that are equal to or less than the benefits of the individual's existing coverage.

(iii) 1. For purposes of this paragraph, a Medicare supplement policy has equal or lesser benefits unless:

A. it contains one or more significant benefits not included in the Medicare supplement policy being replaced; or

B. it contains the same significant benefits included in the Medicare supplement policy being replaced but it reduces the cost-sharing responsibilities of the enrollee for the benefits.

2. The Commissioner shall adopt regulations establishing a matrix for identifying which Medicare supplement policies have equal or lesser benefits.

(iv) For a Medicare supplement policy required to be made available under subparagraph (ii) of this paragraph, a carrier may not:

1. deny or condition the issuance or effectiveness of a Medicare supplement policy, or discriminate in the pricing of the policy, because of the health status, claims experience, or medical condition of the individual or the receipt of health care by the individual; or

2. deny, reduce, or condition coverage to the individual for a Medicare supplement policy because of the health status, claims experience, or medical condition of the individual or the use of medical care by the individual.

(v) A carrier that offers Medicare supplement policies shall notify an insured of the insured's rights under this paragraph at least 30 days, but not more than 60 days, before the insured's birthday.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2026.

Approved by the Governor, April 14, 2026.