

Department of Legislative Services
Maryland General Assembly
2019 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 127

(Delegate Kelly, *et al.*)

Health and Government Operations

Finance

Health Insurance - Health Benefit Plans - Special Enrollment Period for
Pregnancy

This bill requires small employer and individual health benefit plans to provide a special enrollment period during which an individual who becomes pregnant, as confirmed by a health care practitioner, may enroll in a health benefit plan. The special enrollment period must be open for 90 days and begin on the date a health care practitioner confirms the pregnancy. Coverage must become effective on the first day of the month in which the woman receives confirmation of pregnancy. By January 1, 2022, the Maryland Health Benefit Exchange (MHBE) must report to specified committees of the General Assembly on the use of the special enrollment period. **The bill takes effect July 1, 2019, and applies to all health benefit plans issued, delivered, or renewed in the State on or after January 1, 2020.**

Fiscal Summary

State Effect: Minimal increase in special fund revenues in FY 2020 from the \$125 rate and form filing fee; the Maryland Insurance Administration's review of filings can likely be handled with existing resources. MHBE special fund expenditures increase by \$40,000 in FY 2020 only; these costs can be absorbed within the existing MHBE mandated appropriation. No impact on the State Employee and Retiree Health and Welfare Benefits Program.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary: A small employer health benefit plan must provide a special enrollment period for an eligible employee who becomes pregnant and an eligible employee's spouse or dependent who becomes pregnant, provided the spouse or dependent is otherwise eligible for coverage. A carrier participating in the Individual Exchange must provide a special enrollment period for an individual who purchases coverage through the Individual Exchange if the individual or a dependent becomes pregnant. Other carriers must provide a special enrollment period for an individual who purchases coverage outside the Individual Exchange if the individual or a dependent becomes pregnant.

Current Law: The federal Patient Protection and Affordable Care Act requires nongrandfathered health plans to cover 10 essential health benefits, which include maternity coverage; however, pregnancy itself does not make a woman eligible to enroll.

Small Employer Health Benefit Plans

All small employer health benefit plans must provide a special enrollment period during which the following individuals may enroll: (1) an individual who becomes a dependent of the eligible employee through marriage, birth, adoption, placement for adoption, or placement for foster care; (2) an eligible employee who acquires a new dependent through marriage, birth, adoption, placement for adoption, or placement for foster care, or through a child support order or other court order; (3) the spouse of an eligible employee at the birth or adoption of a child, placement of a child for foster care, or through a child support order or other court order, if the spouse is otherwise eligible; and (4) at the option of the Small Business Health Options Exchange, an enrollee who is the eligible employee or the spouse of the eligible employee if the enrollee loses a dependent or is no longer considered to be a dependent due to divorce or legal separation, or the employee or the employee's dependent dies. Coverage typically must become effective on the date on which the event occurs. A small employer health benefit plan must also allow an individual who experiences certain triggering events, including loss of pregnancy-related coverage, to enroll in or change from one health benefit plan offered by the small employer to another.

Individual Health Benefit Plans

Carriers must provide special enrollment periods for qualified individuals to enroll or change health benefit plans according to federal regulations. Triggering events include, among others, when an individual or a dependent (1) loses minimum essential coverage, pregnancy-related coverage, or medically needy coverage; (2) gains or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order; (3) loses a dependent or is no longer considered a dependent through divorce or legal separation or if the enrollee or a

dependent dies; and (4) gains citizenship or lawfully present status. The effective date of coverage is generally the first of the month following the date of the triggering event.

Medicaid Coverage of Pregnant Women

Medicaid covers individuals, including pregnant women, with incomes up to 138% of federal poverty guidelines (FPG). Pregnant women with incomes between 138% and 264% FPG may also qualify for Medicaid based on their pregnancy under the “SOBRA” category.

Background: According to the U.S. Centers for Disease Control and Prevention, for women of reproductive age, lack of health insurance, either sustained or temporary, can be a barrier to receiving regular health care, including preventive services, or might limit opportunities to identify, manage, or treat health conditions that put women at risk for poor maternal and infant outcomes during pregnancy.

In 2015, New York became the first state to make pregnancy a “qualifying life event,” allowing enrollment in a health benefit plan in the state’s exchange at any time during pregnancy. In 2018, Connecticut enacted legislation that permits a pregnant woman to enroll in coverage within 30 days of the pregnancy being certified by a health care practitioner.

State Expenditures: MHBE special fund expenditures increase by \$40,000 in fiscal 2020 only for information technology system modifications to allow for a special enrollment period for pregnancy. This analysis assumes that these expenditures can be absorbed within the existing \$35 million annual appropriation for MHBE as the mandated appropriation has not been fully spent in recent years.

Additional Information

Prior Introductions: Similar legislation has been introduced in recent legislative sessions. HB 1038 of 2018 received a hearing in the House Health and Government Operations Committee but was withdrawn. HB 1643 of 2017 was assigned to the House Rules Committee, but no further action was taken on the bill. SB 662 of 2016 received a hearing in the Senate Finance Committee, but no further action was taken on the bill.

Cross File: SB 36 (Senator Lam) - Finance.

Information Source(s): U.S. Centers for Disease Control and Prevention; Department of Budget and Management; Maryland Department of Health; Maryland Health Benefit Exchange; Maryland Insurance Administration; Department of Legislative Services

Fiscal Note History:
md/ljm

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