

SENATE BILL 98

C3

0lr0044

(PRE-FILED)

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

Requested: September 9, 2019

Introduced and read first time: January 8, 2020

Assigned to: Finance

Committee Report: Favorable

Senate action: Adopted

Read second time: February 29, 2020

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Technical Correction and Required Conformity With**
3 **Federal Law**

4 FOR the purpose of requiring a certain carrier to provide an open enrollment period for
5 certain individuals who gain access to certain health plans as a result of a permanent
6 move and who had certain types of coverage as described in certain federal
7 regulations during a certain period of time; and generally relating to health
8 insurance and required conformity with federal law.

9 BY repealing and reenacting, without amendments,
10 Article – Insurance
11 Section 15–1208.2(d)(1)
12 Annotated Code of Maryland
13 (2017 Replacement Volume and 2019 Supplement)

14 BY repealing and reenacting, with amendments,
15 Article – Insurance
16 Section 15–1208.2(d)(4)(x)
17 Annotated Code of Maryland
18 (2017 Replacement Volume and 2019 Supplement)

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



Article – Insurance

15–1208.2.

(d) (1) A carrier shall provide an open enrollment period for each individual who experiences a triggering event described in paragraph (4) of this subsection.

(4) A triggering event occurs when:

(x) an eligible employee or dependent gains access to new qualified health plans as a result of a permanent move and either:

1. had minimum essential coverage as described in 26 C.F.R. § 1.5000a–1(b) for 1 or more days during the 60 days before the date of the permanent move;

2. lived in a foreign country or in a United States territory for 1 or more days during the 60 days before the date of the permanent move; [or]

3. lived in a service area where no qualified health plan was available through the Exchange:

A. for 1 or more days during the 60 days before the date of the permanent move; or

B. during the eligible employee’s or dependent’s most recent preceding open enrollment period or special enrollment period;

4. HAD COVERAGE FOR PRENATAL CARE OR SERVICES AS DESCRIBED IN 45 C.F.R. § 155.420(D)(1)(III) FOR 1 OR MORE DAYS DURING THE 60 DAYS BEFORE THE DATE OF THE PERMANENT MOVE; OR

5. HAD MEDICALLY NEEDY COVERAGE AS DESCRIBED IN 45 C.F.R. § 155.420(D)(1)(IV) FOR 1 OR MORE DAYS DURING THE 60 DAYS BEFORE THE DATE OF THE PERMANENT MOVE.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2020.