

Department of Legislative Services
Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1063 (Delegate Reznik)
Health and Government Operations

Insurance - Medicare Supplement Policy Plans - Open Enrollment Period
Following Birthday

This bill requires a carrier that sells Medicare supplement policy plans to provide an enrolled individual the opportunity to switch to a different Medicare supplement policy plan with equal or lesser benefits within 30 days following the individual's birthday. A carrier is prohibited from denying or conditioning a new plan, discriminating in the pricing of the plan, or denying, reducing, or conditioning coverage because of the health status, claims experience, receipt of health care, or medical condition of the individual. A carrier must notify an insured of their right to switch plans at least 30 days, but no more than 60 days, before the insured's birthday.

Fiscal Summary

State Effect: Minimal increase in special fund revenues for the Maryland Insurance Administration (MIA) in FY 2022 from the \$125 rate and form filing fee. Review of forms can likely be handled within existing budgeted resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: For individuals age 65 and older, federal law provides a one-time-only open enrollment period during the first six months after enrollment in Medicare Part B. During this period, individuals can buy any Medicare supplement policy sold in the State.

Maryland law requires carriers to extend a similar, limited open enrollment period to individuals younger than age 65 who are eligible for Medicare due to a disability.

During this open enrollment period, carriers may not deny or condition the issuance or effectiveness of a Medicare supplement; discriminate in the pricing of a policy plan; or deny, reduce, or condition coverage or apply an increase premium rating under such a plan because of the health status, claims experience, receipt of health care, or medical condition of the applicant.

Generally, if an individual seeks to enroll in a Medicare supplement policy plan (or change plans) after this open enrollment period, guaranteed issue requirements do not apply. Thus, an individual may be subject to medical underwriting and/or charged higher premiums based on health status.

Additional Information

Prior Introductions: SB 659 of 2020 received a hearing in the Senate Finance Committee, but no further action was taken. Its cross file, HB 653, received a hearing in the House Health and Government Operations Committee, but no further action was taken. HB 1129 of 2019, a similar bill, received a hearing in the House Health and Government Operations Committee but was withdrawn.

Designated Cross File: SB 682 (Senator Kramer) - Finance.

Information Source(s): Department of Budget and Management; Maryland Insurance Administration; Department of Legislative Services

Fiscal Note History: First Reader - March 2, 2021
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