

CHAPTER 289**(Senate Bill 191)**

AN ACT concerning

Medicare Supplement Plan A Policies – Individuals With a Disability – Rates

FOR the purpose of requiring a carrier, under certain circumstances, to make available a Medicare supplement policy plan A to an individual who is eligible for Medicare due to a disability; prohibiting a carrier from charging individuals who, regardless of age, are eligible for Medicare due to a disability a higher rate for a ~~particular type of~~ Medicare supplement policy plan A policy than the rate charged by the carrier to certain individuals who are eligible for Medicare due to age; requiring the Maryland Insurance Administration to conduct a certain study and report its findings to certain committees of the General Assembly on or before a certain date; prohibiting a carrier from taking certain actions relating to a Medicare supplement policy plan A for certain reasons if an individual applies for the policy plan within a certain time period; providing for the application of this Act; providing for a delayed effective date; providing for the termination of this Act; and generally relating to Medicare supplement plan A policies under health insurance.

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15–909(b)

Annotated Code of Maryland

(2002 Replacement Volume and 2004 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.