

## Chapter 108

**(Senate Bill 47)**

AN ACT concerning

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

FOR the purpose of repealing an obsolete provision of law relating to certification of creditable coverage; requiring a certain carrier to provide an open enrollment period for certain individuals who lose access to health care services through ~~certain coverage provided to a pregnant woman's unborn child~~ a certain program, which is considered to occur on a certain date; requiring a certain carrier to provide an open enrollment period for certain individuals who lived in a service area where a certain qualified health plan was not available during a certain period of time; altering the definition of "full-time employee" for the purposes of certain provisions of law governing the Maryland Health Benefit Exchange; and generally relating to health insurance and required conformity with federal law.

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15–1202 ~~and~~, 15–1208.2(d)(4)(ii) and (x), and 31–101(e–1)

Annotated Code of Maryland

(2017 Replacement Volume and 2018 Supplement)

BY repealing and reenacting, without amendments,

Article – Insurance

Section 15–1208.2(d)(1)

Annotated Code of Maryland

(2017 Replacement Volume and 2018 Supplement)

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

**Article – Insurance**

15–1202.

(a) This subtitle applies only to a health benefit plan that:

(1) covers eligible employees of small employers in the State; and

(2) is issued or renewed on or after July 1, 1994, if:

(i) any part of the premium or benefits is paid by or on behalf of the small employer;

(ii) any eligible employee or dependent is reimbursed, through wage adjustments or otherwise, by or on behalf of the small employer for any part of the premium;

(iii) the health benefit plan is treated by the employer or any eligible employee or dependent as part of a plan or program under the United States Internal Revenue Code, 26 U.S.C. § 106, § 125, or § 162; or

(iv) the small employer allows eligible employees to pay for the health benefit plan through payroll deductions.

[(b) A carrier is subject to the requirements of § 15–1403 of this title in connection with health benefit plans issued under this subtitle.]

[(c)] (B) This subtitle applies to any health benefit plan offered by an association, a professional employer organization, or any other entity, including a plan issued under the laws of another state, if the health benefit plan covers eligible employees of one or more small employers and meets the requirements of subsection (a) of this section.

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:

(ii) an eligible employee or a dependent loses:

1. pregnancy–related coverage described under § 1902(a)(10)(A)(i)(IV) and (a)(10)(A)(ii)(IX) of the Social Security Act, which is considered to occur on the last day the eligible employee or dependent would have pregnancy–related coverage; **OR**

2. ~~ACCESS TO HEALTH CARE SERVICES THROUGH COVERAGE PROVIDED TO A PREGNANT WOMAN’S UNBORN CHILD, BASED ON THE DEFINITION OF A CHILD IN 42 C.F.R. § 457.10, WHICH IS CONSIDERED TO OCCUR ON THE LAST DAY THE ELIGIBLE EMPLOYEE OR DEPENDENT WOULD HAVE ACCESS TO HEALTH CARE SERVICES THROUGH THE UNBORN CHILD COVERAGE~~ A PROGRAM PROVIDING PRENATAL CARE OR SERVICES, WHICH IS CONSIDERED TO OCCUR ON THE LAST DAY THE ELIGIBLE EMPLOYEE OR DEPENDENT WOULD HAVE ACCESS TO HEALTH CARE SERVICES;

(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; [or]

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.**

31-101.

(e-1) (1) “Full-time employee” means, WITH RESPECT TO A CALENDAR MONTH, an employee OF A SMALL EMPLOYER who works, on average, at least 30 hours per week.

(2) “Full-time employee” does not include a seasonal employee [unless the employee works for the employer on more than 120 days during the taxable year] AS DEFINED IN FEDERAL LAW.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2019.

**Approved by the Governor, April 18, 2019.**