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SENATE BILL NO. 760

Offered January 14, 2015

Prefiled December 23, 2014

A *BILL to amend the Code of Virginia by adding in Chapter 36 of Title 38.2 a section numbered 38.2-3610, relating to Medicare supplement policies for individuals under age 65.*

Patrons—Edwards; Delegate: Rasoul

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 36 of Title 38.2 a section numbered 38.2-3610 as follows:

§ 38.2-3610. Medicare supplement policies for persons eligible by reason of disability.

A. An insurer issuing Medicare supplement policies in the Commonwealth shall offer the opportunity of enrolling in a Medicare supplement policy, without conditioning the issuance or effectiveness of the policy on, and without discriminating in the price of the policy based on, the medical condition or health status or receipt of health care by the individual. An individual who is enrolled in a Medicare supplement policy shall have the option to switch to another such policy at any time. Medicare supplement policies shall be issued on a guaranteed renewable basis under which the insurer shall be required to continue coverage as long as premiums are paid on the policy. Medicare supplement policies shall be offered to any individual who resides in the Commonwealth, is enrolled in Medicare Part B, and is under 65 years of age and eligible for Medicare by reason of disability or end-stage renal disease:

1. Upon the request of the individual during the six-month period beginning with the first month in which the individual is eligible for Medicare by reason of a disability or end-stage renal disease. For those persons who are retroactively enrolled in Medicare Part B due to a retroactive eligibility decision made by the Social Security Administration, the application must be submitted within a six-month period beginning with the month in which the person receives notification of the retroactive eligibility decision; or

2. Upon the request of the individual during the 63-day period following termination of coverage under a group health plan.

B. The six-month period to enroll in a Medicare supplement policy for an individual who is under 65 years of age and is eligible for Medicare by reason of disability or end-stage renal disease and otherwise eligible under subsection A and first enrolled in Medicare Part B before October 1, 2015, shall begin on October 1, 2015.

C. A Medicare supplement policy issued to an individual under subsection A may not exclude benefits based on a preexisting condition if the individual has a continuous period of creditable coverage of at least six months as of the effective date of coverage.

D. An insurer shall make all standardized Medicare supplement plans available to individuals described in subsection A. This action shall be taken without regard to medical condition, claims experience, or health status.

E. An insurer may develop premium rates specific to the class of individuals described in subsection A only to the extent permitted by § 38.2-3447.

F. For purposes of this section, "group health plan" means the same as that term is defined in § 38.2-3431.

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