

Birthday Rule Report

Locations: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

Issues:

Priorities: High, Medium, Low, None

Positions: Support, Monitor, Oppose, None

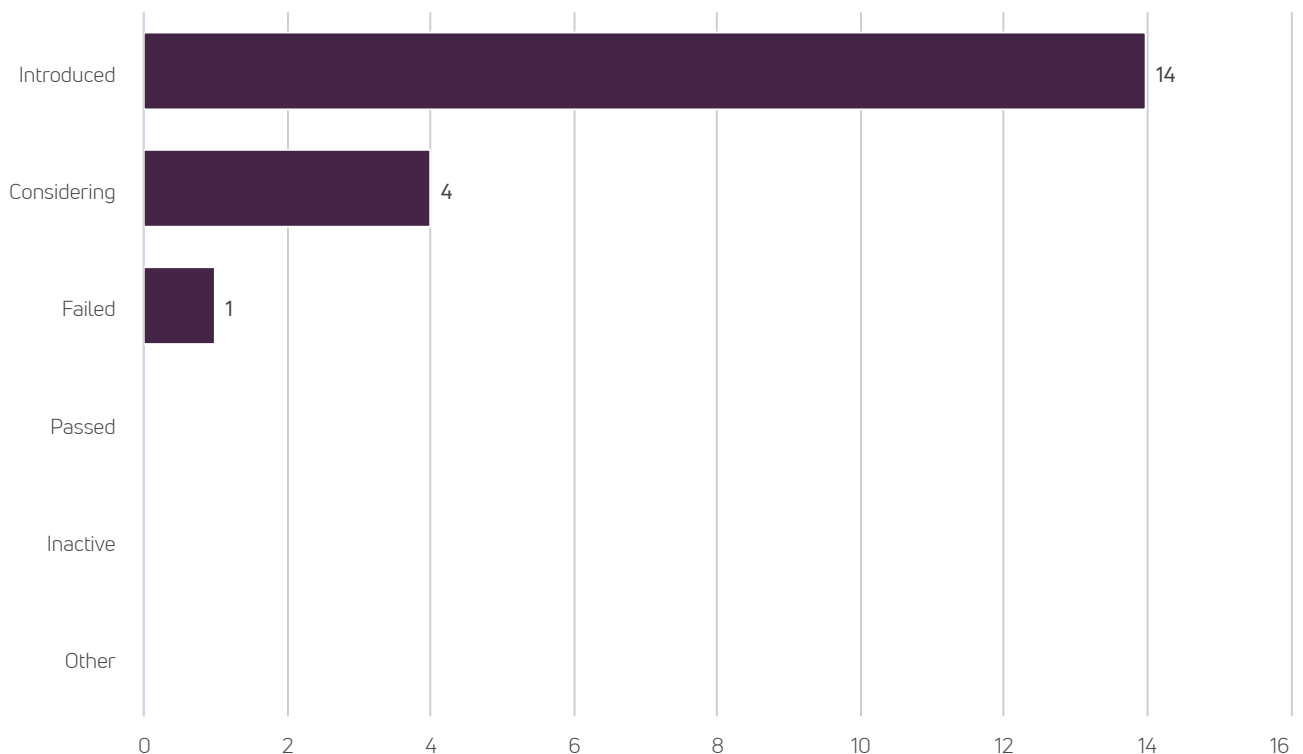
Bills: 19 Bills

Regulations: 0 Regulations

Research documents: 0 Research documents

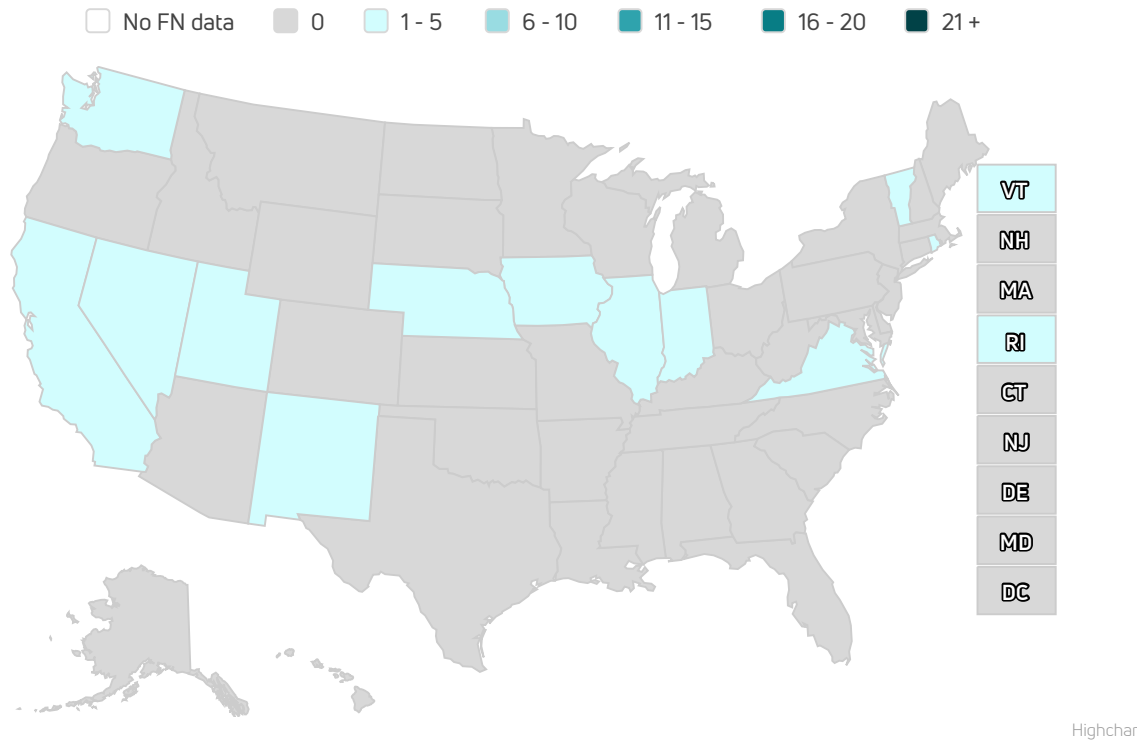
Bills by Status

■ Bills by Status



US Policy Map

You are tracking **0 US-Federal Bills** and **0 US-Federal Regulations**. You're also following state data as detailed below.



Birthday Rule Bills

19 Bills

NM SB 80

High Priority

👎 Oppose

Title: MEDICARE SUPPLEMENT OPEN ENROLLMENT

Current Status: In Senate

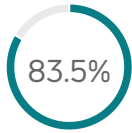
Introduction Date: 2025-01-22

Last Action Date: SHPAC: Reported by committee with Do Pass recommendation. 2025-02-20

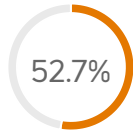
Summary: This bill amends the Medicare Supplement Act to revise the definitions related to Medicare supplement policies, including clarifying terms like "applicant," "certificate," "eligible policyholder," and "medicare supplement policy." It introduces a new provision requiring health insurance issuers to offer an annual open enrollment period for all eligible policyholders, beginning with the first day of the policyholder's birthday month and lasting for at least 60 days. During this period, issuers cannot deny, delay, or discriminate in coverage based on health status or medical conditions. Additionally, issuers must notify eligible policyholders of the open enrollment dates and any changes to their current policies or premiums at least 30 days but no more than 60 days before the enrollment period begins.

Location: US-NM

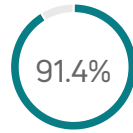
Floor Forecast Scores



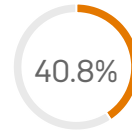
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

VA SB 1199

High Priority

 Oppose

Title: Medicare supplement policies; annual open enrollment period, individual Medicare policies, etc.

Current Status: Passed House

Introduction Date: 2025-01-08

Last Action Date: Bill text as passed Senate and House (SB1199ER). 2025-02-20

Summary: This bill requires an insurer, health services plan, or health maintenance organization issuing Medicare supplement policies or certificates in the Commonwealth to offer to an individual currently insured under any such policy an annual open enrollment period commencing on the day of the individual's birthday and remaining open for at least 30 days thereafter, during which time the individual may purchase any Medicare supplement policy made available by any insurer in the Commonwealth that offers the same benefits as or lesser benefits than those provided by the current coverage. The bill also requires such insurer, health services plan, or health maintenance organization to notify, at least 15 days but not more than 30 days prior to the commencement of such annual open enrollment period, each individual to whom such open enrollment period applies of the dates of that open enrollment period, the rights of the individual during that open enrollment period, and any modification of benefits provided by or adjustment of premiums charged for such Medicare supplement policy.

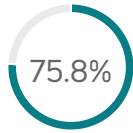
Description: Medicare supplement policies; annual open enrollment period. Requires an insurer, health services plan, or health maintenance organization issuing individual Medicare supplement policies or certificates in the Commonwealth to offer to an individual currently insured under any such policy an annual open enrollment period commencing on the day of the individual's birthday and remaining open for at least 60 days thereafter, during which time the individual may purchase any Medicare supplement policy made available by any insurer in the Commonwealth that offers the same benefits as those provided by the current coverage. The bill also requires such insurer, health services plan, or health maintenance organization to notify, at least 15 days but not more than 30 days prior to the commencement of such annual open enrollment period, each individual to whom such open enrollment period applies of the dates of that open enrollment period, the rights of the individual during that open enrollment period, and any modification of benefits provided by or adjustment of premiums charged for such Medicare supplement policy. This bill is identical to HB 2100.

Location: US-VA

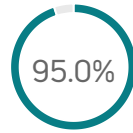
Floor Forecast Scores



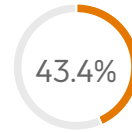
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

VA HB 2100

High Priority

Oppose

Title: Medicare supplement policies; annual open enrollment period, individual Medicare policies, etc.

Current Status: Passed Senate

Introduction Date: 2025-01-07

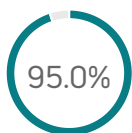
Last Action Date: Signed by President. 2025-02-20

Summary: This bill requires insurers, health services plans, or health maintenance organizations offering Medicare supplement policies in the Commonwealth to provide an annual open enrollment period for individuals currently insured under such policies. The open enrollment period begins on the individual's birthday and lasts at least 60 days. During this time, individuals may purchase any Medicare supplement policy offered by any insurer in the Commonwealth that provides the same or fewer benefits than their current policy. The bill mandates that insurers notify each eligible individual between 15 and 30 days before the open enrollment period about its dates, the rights during the period, and any changes to benefits or premiums.

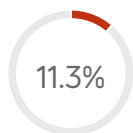
Description: Medicare supplement policies; annual open enrollment period. Requires an insurer, health services plan, or health maintenance organization issuing individual Medicare supplement policies or certificates in the Commonwealth to offer to an individual currently insured under any such policy an annual open enrollment period commencing on the day of the individual's birthday and remaining open for at least 60 days thereafter, during which time the individual may purchase any Medicare supplement policy made available by any insurer in the Commonwealth that offers the same benefits as those provided by the current coverage. The bill also requires such insurer, health services plan, or health maintenance organization to notify, at least 15 days but not more than 30 days prior to the commencement of such annual open enrollment period, each individual to whom such open enrollment period applies of the dates of that open enrollment period, the rights of the individual during that open enrollment period, and any modification of benefits provided by or adjustment of premiums charged for such Medicare supplement policy. This bill is identical to SB 1199.

Location: US-VA

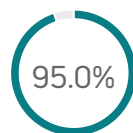
Floor Forecast Scores



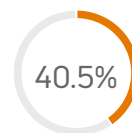
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

UT HB 258

High Priority

 Oppose

Title: Medicare Supplement Insurance Amendments

Current Status: In Senate

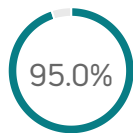
Introduction Date: 2025-01-21

Last Action Date: Senate/ placed on 2nd Reading Calendar. 2025-02-19

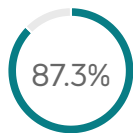
Summary: This bill modifies Medicare supplement insurance coverage, primarily by introducing several key provisions. First, it defines important terms related to the coverage. It allows individuals enrolled in Medicare supplement plans to switch to a comparable or lower-tier plan without facing medical underwriting, thus ensuring broader access to necessary coverage. Additionally, the bill permits individuals under age 65 who are eligible for Medicare to enroll in a supplement plan under specific conditions, expanding coverage options for younger Medicare beneficiaries. These changes aim to provide more flexibility and inclusivity in accessing Medicare supplements, especially for those with varying health conditions or age-related eligibility concerns.

Location: US-UT

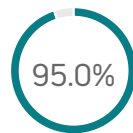
Floor Forecast Scores



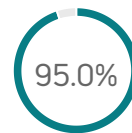
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

VT H 275

High Priority

 Oppose

Title: An act relating to enrollment in Medicare supplement insurance policies

Current Status: In House

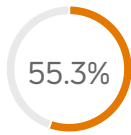
Introduction Date: 2025-02-19

Last Action Date: Read first time and referred to the Committee on [Health Care]. 2025-02-19

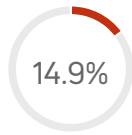
Summary: This bill proposes to create annual open enrollment periods for Medicare supplement insurance policies and to prohibit health insurers from charging additional premiums, fees, or penalties based on an individual's failure to enroll in a Medicare supplement insurance policy within six months following the individual's 65th birthday. The bill would also prohibit preexisting condition exclusions in Medicare supplement insurance policies and would permit enrollees to change at any time from one Medicare supplement insurance policy to another policy with comparable or lesser benefits.

Location: US-VT

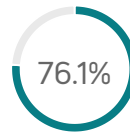
Floor Forecast Scores



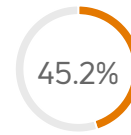
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

IN HB 1226

High Priority

Oppose

Title: Medicare supplement insurance.

Current Status: In Senate

Introduction Date: 2025-01-09

Last Action Date: Referred to the Senate. 2025-02-18

Summary: This bill prohibits issuers of Medicare supplement policies or certificates from denying, conditioning the issuance or effectiveness of, or discriminating in the pricing of these policies based on the health status, claims experience, receipt of health care, or medical condition of an applicant who meets certain conditions.

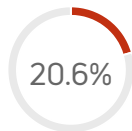
Description: Prohibits an issuer of a Medicare supplement policy or certificate from denying, conditioning the issuance or effectiveness of, or discriminating in the pricing of a Medicare supplement policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant who meets certain conditions.

Location: US-IN

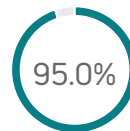
Floor Forecast Scores



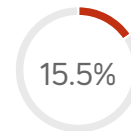
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

CA SB 242

High Priority

Oppose

Title: Medicare supplement coverage: open enrollment periods.

Current Status: In Senate

Introduction Date: 2025-01-30

Last Action Date: Referred to Com. on HEALTH.. 2025-02-14

Summary: This bill amends existing laws concerning Medicare supplement coverage (Medigap) for individuals eligible for Medicare. The bill removes the exclusion for individuals with end-stage renal disease, allowing them to access Medicare supplement plans. Starting January 1, 2026, it mandates that health insurers cannot deny or discriminate against applicants based on health status, medical conditions, or age during an open enrollment period. This annual 90-day open enrollment period, starting January 1, will be a guaranteed issue period, during which all eligible applicants can apply for Medicare supplement coverage. Additionally, the bill specifies that

violations of these provisions by health plans would be considered a crime, creating a state-mandated local program. The bill also clarifies that no reimbursement is required for local agencies or school districts for costs incurred due to these changes.

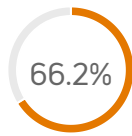
Description: SB 242, as introduced, Blakespear. Medicare supplement coverage: open enrollment periods. Existing federal law provides for the Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. Existing federal law specifies different parts of Medicare that cover specific services, such as Medicare Part B, which generally covers medically necessary services and supplies and preventive services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing federal law additionally provides for the issuance of Medicare supplement policies or certificates, also known as Medigap coverage, which are advertised, marketed, or designed primarily as a supplement to reimbursements under the Medicare Program for the hospital, medical, or surgical expenses of persons eligible for the Medicare Program, including coverage of Medicare deductible, copayment, or coinsurance amounts, as specified. Existing law, among other provisions, requires supplement benefit plans to be uniform in structure, language, designation, and format with the standard benefit plans, as prescribed. Existing law prohibits an issuer from denying or conditioning the offering or effectiveness of any Medicare supplement contract, policy, or certificate available for sale in this state, or discriminating in the pricing of a contract, policy, or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application that is submitted prior to or during the 6-month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B. Existing law requires an issuer to make available specified Medicare supplement benefit plans to a qualifying applicant under those circumstances who is 64 years of age or younger who does not have end stage renal disease. This bill would delete the exclusion of otherwise qualified applicants who have end stage renal disease, thereby making the specified Medicare supplement benefit plans available to those individuals. The bill, on and after January 1, 2026, would prohibit an issuer of Medicare supplement coverage in this state from denying or conditioning the issuance or effectiveness of any Medicare supplement coverage available for sale in the state, or discriminate in the pricing of that coverage because of the health status, claims experience, receipt of health care, medical condition, or age of an applicant, if an application for coverage is submitted during an open enrollment period, as specified in the bill. The bill would entitle an individual enrolled in Medicare Part B to a 90-day annual open enrollment period beginning on January 1 of each year, as specified, during which period the bill would require applications to be accepted for any Medicare supplement coverage available from an issuer, as specified. The bill would require the open enrollment period to be a guaranteed issue period. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Location: US-CA

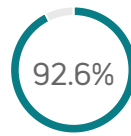
Floor Forecast Scores



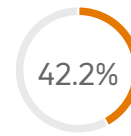
Senate
Pre-Floor Score



Senate
Floor Score



Assembly
Pre-Floor Score



Assembly
Floor Score

RI SB 267

High Priority

Oppose

Title: An Act Relating To Insurance -- Medicare Supplement Insurance Policies (Seeks To Promote Increased Consumer Access To Medicare Supplement Health Insurance Policies.)

Current Status: In Senate

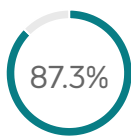
Introduction Date: 2025-02-13

Last Action Date: Introduced, referred to Senate Health and Human Services. 2025-02-13

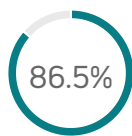
Summary: This bill amends the eligibility and enrollment provisions for Medicare supplement (Medigap) policies in Rhode Island, ensuring that residents eligible for Medicare due to age (65 and older), disability, or end-stage renal disease (under age 65) have continuous enrollment rights. Insurers are prohibited from using medical underwriting or any other method to deny coverage to eligible individuals applying for Medigap policies. Premium rates for these policies must be determined on a community-rated basis. The Office of the Health Insurance Commissioner (OHIC) is tasked with conducting annual reviews of premium rates and monitoring insurer compliance, with the authority to impose penalties for violations. The bill also clarifies that the invalidity of any provision does not affect the validity of the remaining provisions.

Location: US-RI

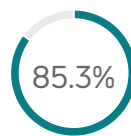
Floor Forecast Scores



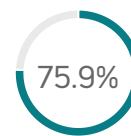
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

RI HB 5431

High Priority

Oppose

Title: An Act Relating To Insurance -- Medicare Supplement Insurance Policies (Provides That Individuals Enrolled In Medicare Parts A And B Guaranteed Right To Enroll In Standardized Plans.)

Current Status: In House

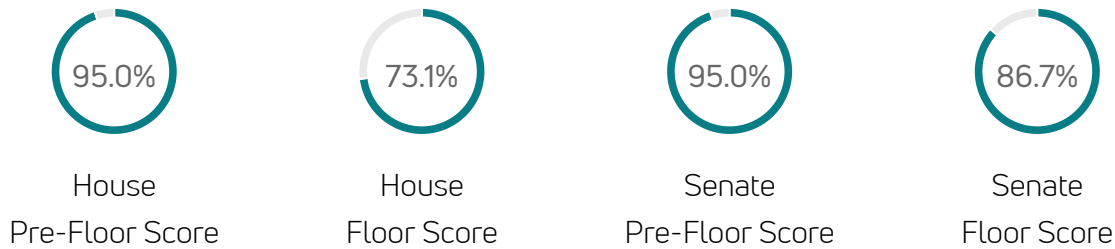
Introduction Date: 2025-02-12

Last Action Date: Introduced, referred to House Health & Human Services. 2025-02-12

Summary: This bill mandates that Medicare recipients over 65 applying for a Medicare supplement plan receive guaranteed issue rights for at least one month each year, as determined by the health insurance commissioner. It also prohibits insurers from conditioning coverage on medical status or conducting individual underwriting, provided the applicant is enrolled in Medicare Part A and B, has a Medicare Advantage plan under Part C, and remains enrolled when applying for supplemental coverage.

Location: US-RI

Floor Forecast Scores



IA HF 70

High Priority

Oppose

Title: A bill for an act relating to Medicare supplement policies and an annual open enrollment period.(See HF 308.)

Current Status: In House

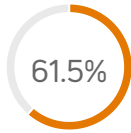
Introduction Date: 2025-01-16

Last Action Date: Committee report approving bill, renumbered as HF 308.. 2025-02-10

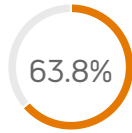
Summary: This bill relates to Medicare supplement policies and an annual open enrollment period. Beginning January 1, 2025, applicants shall have an annual 31-day open enrollment period that begins on March 1. "Applicant" is defined in the bill as an individual who is a covered person under an individual or group Medicare supplement policy. "Applicant" includes an individual under the age of 65 who qualifies for Medicare due to disability, end-stage renal disease, or exposure to an environmental hazard. "Medicare supplement policy" is also defined in the bill. During the open enrollment period, for at least one Medicare supplement policy or certificate that the issuer offers and that is available for issuance in the state, an issuer is prohibited from denying or conditioning the issuance or effectiveness of the Medicare supplement policy or certificate; from subjecting an applicant to medical underwriting or discriminating 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 an applicant; and from imposing an exclusion of benefits based on an applicant's preexisting condition. An issuer shall provide notice, in a form prescribed by the commissioner of insurance, of the annual open enrollment period at the time an applicant applies for a Medicare supplement policy or certificate. "Issuer" is defined in the bill.

Location: US-IA

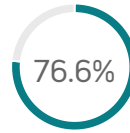
Floor Forecast Scores



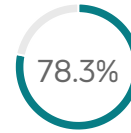
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

IA HF 308

High Priority

Oppose

Title: A bill for an act relating to Medicare supplement policies and an annual open enrollment period.(Formerly HF 70.)

Current Status: In House

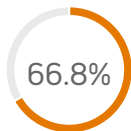
Introduction Date: 2025-02-10

Last Action Date: Introduced, placed on calendar.. 2025-02-10

Summary: This bill establishes an annual 31-day open enrollment period for Medicare supplement policies starting March 1, 2026. During this period, insurers cannot deny coverage, impose medical underwriting, adjust pricing based on health status, or exclude benefits due to preexisting conditions. The bill applies to all Medicare supplement applicants, including those under 65 who qualify due to disability, end-stage renal disease, or environmental hazard exposure. Insurers must notify applicants about the open enrollment period in a format prescribed by the insurance commissioner.

Location: US-IA

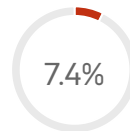
Floor Forecast Scores



House
Pre-Floor Score

N/A

House
Floor Score



Senate
Pre-Floor Score

N/A

Senate
Floor Score

WA HB 1603

Title: Requiring guaranteed issue of medicare supplemental coverage to an individual who voluntarily disenrolls from a medicare advantage plan and enrolls in medicare parts A and B.

Current Status: In House

Introduction Date: 2025-01-27

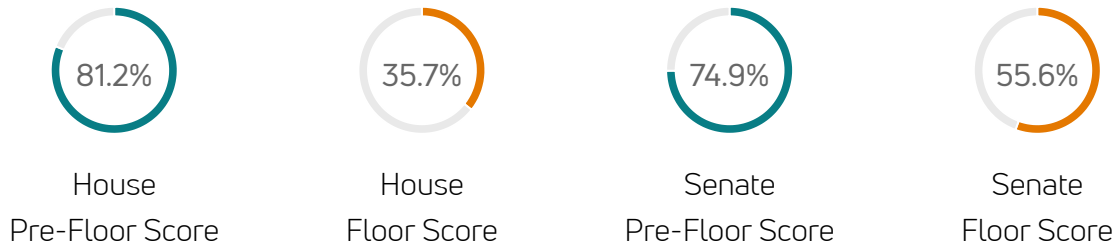
Last Action Date: Public hearing in the House Committee on Health Care & Wellness at 8:00 AM.. 2025-02-07

Summary: This bill amends RCW 48.66.055 to ensure that individuals who voluntarily disenroll from a Medicare Advantage plan and later enroll in Medicare Parts A and B are guaranteed the right to purchase a Medicare supplemental policy. It establishes specific conditions for eligibility, including a 63-day guaranteed issue period after disenrollment. Insurance providers are prohibited from denying coverage or charging higher premiums based on health status, and they

cannot impose exclusions for pre-existing conditions. The bill further outlines when the guaranteed issue period begins and ends for different circumstances related to voluntary and involuntary disenrollment from Medicare Advantage or other Medicare programs. The law aims to enhance access to Medicare supplemental coverage for individuals transitioning between different Medicare plans.

Location: US-WA

Floor Forecast Scores



WA HB 1754

High Priority

Oppose

Title: Requiring medicare supplemental insurance to be offered on a guaranteed issue basis during an open enrollment period.

Current Status: In House

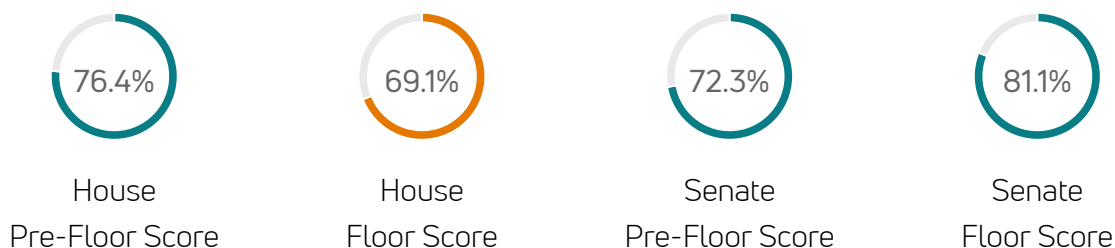
Introduction Date: 2025-01-31

Last Action Date: Public hearing in the House Committee on Health Care & Wellness at 8:00 AM.. 2025-02-07

Summary: The bill amends Washington law to require Medicare supplemental insurance policies to be offered on a guaranteed issue basis during an open enrollment period, prohibiting issuers from denying coverage or adjusting pricing based on health status, claims history, or medical conditions. It expands eligibility to individuals enrolling in Medicare Part B during any annual open enrollment period and mandates that all available policies be offered regardless of age. The bill also limits preexisting condition exclusions based on prior creditable coverage and takes effect on January 1, 2027.

Location: US-WA

Floor Forecast Scores



IL HB 2775

High Priority

Oppose

Title: Ins Cd-Medicare Supp Policies

Current Status: In House

Introduction Date: 2025-02-05

Last Action Date: Referred to Rules Committee. 2025-02-06

Summary: The bill creates a board to regulate prescription drug costs by reviewing prices, determining whether cost reviews are necessary, and setting upper payment limits for drug purchases and reimbursements in the state. It mandates adopting the federal Medicare Maximum Fair Price as the upper payment limit, with enforcement delayed until Medicare's implementation. The board may contract third parties for services and will consult with the Health Care Availability and Access Stakeholder Council. The Attorney General is authorized to enforce compliance, with penalties for violations.

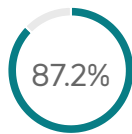
Description: Amends the Illinois Insurance Code. Provides that an issuer of a Medicare supplement policy shall not deny coverage to an applicant who voluntarily switches from a Medicare Advantage plan to a Medicare plan under Parts A, B, or D, or any combination of those plans, so long as the application for a Medicare supplement policy is submitted within 30 calendar days after the first effective day of the new plan. Provides that when such an application for a Medicare supplement policy is submitted, the issuer of the Medicare supplement policy may not charge a higher cost than what is normally offered to applicants who have become newly eligible for Medicare, nor raise costs or deny coverage for a preexisting condition.

Location: US-IL

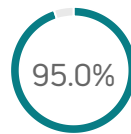
Floor Forecast Scores



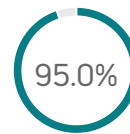
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

RI SB 167

High Priority

Oppose

Title: An Act Relating To Insurance -- Medicare Supplement Insurance Policies (Provides That Individuals Enrolled In Medicare Parts A And B Guaranteed Right To Enroll In Standardized Plans.)

Current Status: In Senate

Introduction Date: 2025-02-05

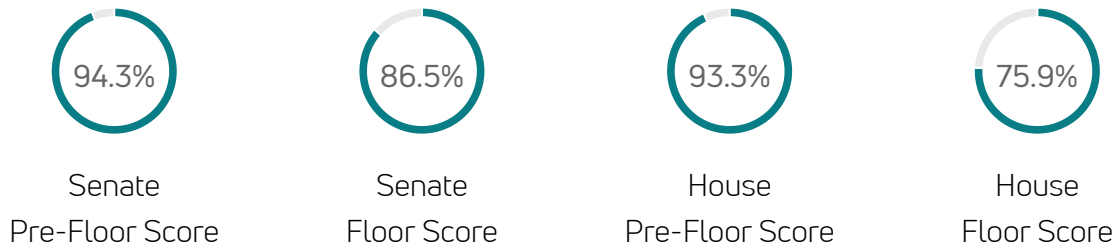
Last Action Date: Introduced, referred to Senate Health and Human Services. 2025-02-05

Summary: This bill amends Rhode Island's regulations on Medicare supplement insurance policies to ensure broader access to coverage. It prohibits insurers from excluding or limiting benefits for preexisting conditions beyond six months from the coverage start date and restricts defining such conditions based on medical advice or treatment received within six months before coverage begins. The bill empowers the insurance commissioner to set policy standards, including renewability, eligibility, benefit limitations, and premium rate regulations. It mandates guaranteed issue rights for individuals under 65 with disabilities or end-stage renal disease, allowing them to enroll in any Medicare Supplement Plan A during an established six-month

period after becoming eligible for Medicare Part B. Additionally, all Medicare recipients, regardless of age, would have an annual one-month guaranteed issue period to enroll in any Medicare supplement plan without health-based underwriting, provided they are enrolled in both Medicare Parts A and B.

Location: US-RI

Floor Forecast Scores



NV SB 105

High Priority

👎 Oppose

Title: Revises provisions relating to Medicare supplemental policies. (BDR 57-71)

Current Status: In Senate

Introduction Date: 2025-01-21

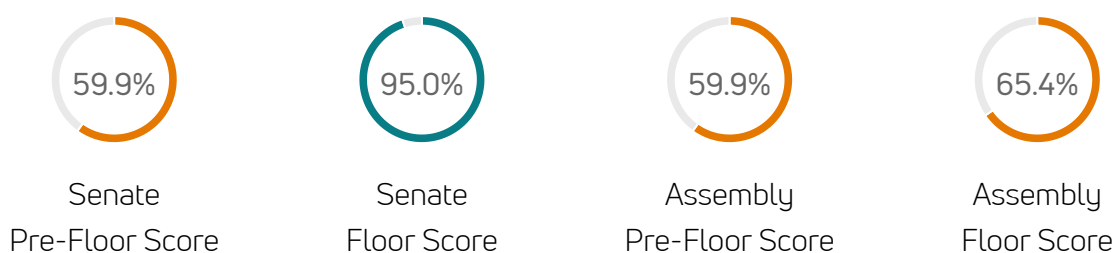
Last Action Date: Read first time. To committee.. 2025-02-03

Summary: This bill addresses Medicare supplemental insurance by requiring insurers to offer eligible individuals all available policies. It prohibits insurers from treating guaranteed-issue Medicare supplemental policies differently regarding commission payments, ensuring uniformity and fairness in their availability and related financial practices. Additionally, the act provides other provisions related to Medicare supplemental policy offerings and administration. This aims to enhance access and equitable treatment in the Medicare supplemental insurance market.

Description: AN ACT relating to insurance; requiring insurers to make available to certain persons all Medicare supplemental policies sold by the insurer that can be purchased by the person; prohibiting an insurer from treating Medicare supplemental policies that are classified as guaranteed issue differently for certain purposes relating to the payment of commissions; and providing other matters properly relating thereto.

Location: US-NV

Floor Forecast Scores



IA SF 71

High Priority

👎 Oppose

Title: A bill for an act relating to Medicare supplement policies and an annual open enrollment period.

Current Status: In Senate

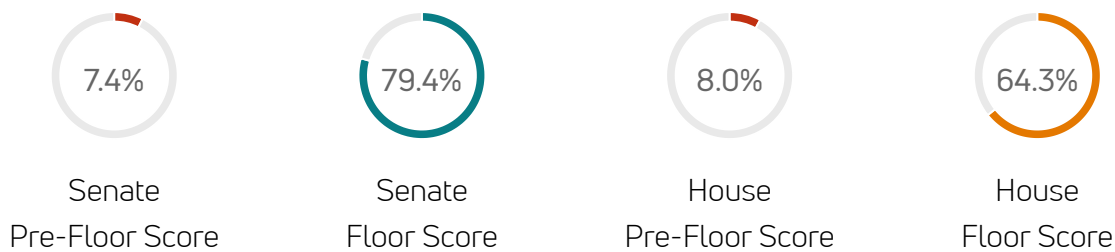
Introduction Date: 2025-01-21

Last Action Date: Subcommittee recommends passage.. 2025-02-03

Summary: The proposed Act establishes an annual open enrollment period for Medicare supplement policies in Iowa. It defines key terms, including "applicant" as individuals aged 65 or older or those under 65 eligible for Medicare due to disability, end-stage renal disease, or exposure to environmental hazards. It also clarifies "certificate" as group policy coverage, "issuer" as entities delivering Medicare supplement policies, and "Medicare supplement policy" as insurance designed to supplement Medicare reimbursements for hospital, medical, or surgical expenses, excluding Medicare Advantage plans, Part D drug plans, or similar programs. The Act aims to regulate access to Medicare supplement coverage for eligible individuals.

Location: US-IA

Floor Forecast Scores



NE LB 64

High Priority

Oppose

Title: LB64 - Change eligibility requirements for medicare supplement policies

Current Status: In Legislature

Introduction Date: 2025-01-09

Last Action Date: Notice of hearing for February 24, 2025. 2025-01-30

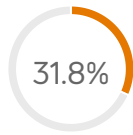
Summary: This bill amends Section 44-3614 of the Revised Statutes Cumulative Supplement, 2024, to modify eligibility requirements for Medicare supplement policies. It mandates that issuers offering Medicare supplement policies to individuals aged 65 and older must also make such policies available to individuals under 65 who are eligible for Medicare due to disability. Beginning January 1, 2026, applicants for these policies will have an annual 30-day open enrollment period starting on their birthday. During this period, issuers cannot deny or condition coverage, engage in medical underwriting, or impose exclusions for preexisting conditions. Additionally, the bill specifies that premium rates for individuals under 65 should not exceed 150% of those for individuals 65 and older, and it ensures that premiums are fair and based on sound actuarial principles

Location: US-NE

Floor Forecast Scores



Legislature
Pre-Floor Score



Legislature
Floor Score

Crunching the numbers...
Pre-floor and floor forecasts will be here soon.

House
Pre-Floor Score

House
Floor Score

VA HB 64

High Priority

Oppose

Title: Medicare supplement policies; annual open enrollment period.

Current Status: Failed

Introduction Date: 2023-12-22

Last Action Date: House: Left in Labor and Commerce. 2024-02-13

Summary: This bill requires an insurer, health services plan, or health maintenance organization issuing Medicare supplement policies or certificates in the Commonwealth to offer to an individual currently insured under any such policy an annual open enrollment period commencing on the day of the individual's birthday and remaining opening for at least 30 days thereafter. During this time, the individual may purchase any Medicare supplement policy made available by the insurer in the Commonwealth that offers the same benefits as or lesser benefits than those provided by the current coverage. The bill also requires such insurer, health services plan, or health maintenance organization to notify, at least 15 days but not more than 30 days prior to the commencement of such annual open enrollment period, each individual to which such open enrollment period applies of the dates of that open enrollment period, the rights of the individual during that open enrollment period, and any modification of benefits provided by or adjustment of premiums charged for such Medicare supplement policy.

Description: Medicare supplement policies; annual open enrollment period. Requires an insurer, health services plan, or health maintenance organization issuing Medicare supplement policies or certificates in the Commonwealth to offer to an individual currently insured under any such policy an annual open enrollment period commencing on the day of the individual's birthday and remaining opening for at least 30 days thereafter, during which time the individual may purchase any Medicare supplement policy made available by the insurer in the Commonwealth that offers the same benefits as or lesser benefits than those provided by the current coverage. The bill also requires such insurer, health services plan, or health maintenance organization to notify, at least 15 days but not more than 30 days prior to the commencement of such annual open enrollment period, each individual to which such open enrollment period applies of the dates of that open enrollment period, the rights of the individual during that open enrollment period, and any modification of benefits provided by or adjustment of premiums charged for such Medicare supplement policy.

Location: US-VA