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BULLETIN 23-9

To: All Interested Parties Including Insurers, Non-Profit Health Service Plans, Health Maintenance Organizations, Dental Plan Organizations, Pharmacy Benefit Managers, and Producers

Re: Summary of Insurance Laws Enacted in 2023

Date: June 8, 2023|
Revised: June 22, 2023

The purpose of this Bulletin is to summarize laws enacted during the 2023 Session of the Maryland General Assembly that are enforced by the Maryland Insurance Administration ("MIA"). ***The attached summary is intended only as notice of passage of the legislation and is not a representation of the MIA's interpretation of the new laws, nor is it a representation of how the MIA may enforce these new provisions.*** All regulated entities should refer to the Chapter Laws of Maryland for the 2023 Session for the complete text of these recently enacted laws. Regulated entities are advised that other bills passed by the General Assembly and not listed on the summary may also affect their business operations in Maryland.

You may obtain a copy of a specific law passed by the General Assembly during the 2023 Session by accessing the Maryland General Assembly's web site at http://mgaleg.maryland.gov or by contacting the Department of Legislative Services at (410) 946-5400. You should refer to the House or Senate Bill number when searching for a law on the web site. You may also obtain a copy of "The 90 Day Report – A Review of the 2023 Legislative Session" on the Internet or from Library and Information Services, Office of Policy Analysis, Department of Legislative Services.

For additional information concerning the MIA's summary of 2023 insurance legislation, please contact Andrew Tress at Andrew.tress1@maryland.gov.
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Life and Health Bills

HB0374 (Ch. 355) - Health Insurance – Pharmacy Benefits Managers – Audits of Pharmacies and Pharmacists

- Imposes additional requirements and restrictions on PBMs during the audit process, beyond those already applicable under current law, including: (1) requires a PBM to accept a completed cash register transaction as proof of delivery or pick up for a pharmacy customer unless there is contradictory

information; (2) prohibits a PBM from auditing more than 125 prescriptions during a desk or site audit; (3) prohibits a PBM from auditing claims that were reversed or for which there was no remuneration by the purchaser or cost to the pharmacy customer, except if necessary to evaluate compliance to a contract; (4) prohibits a PBM from recouping any funds from or charging any fees to a pharmacy or pharmacist with regard to an incorrect days of supply calculation under certain circumstances; (5) prohibits a PBM from having or requesting access to a pharmacy's or pharmacist's bank, credit card, or depository statement or data as it relates to cost-sharing; (6) requires a PBM to provide a pharmacy or pharmacist being audited with a phone number and, if available, access to a secure portal that may be used to ask questions regarding the audit, and requires a response to all telephone inquiries within three business days after the inquiry was made; and (7) Requires that by October 1, 2025, a PBM provide a mechanism for secure electronic communication for pharmacies and pharmacists to communicate with and submit documents to the auditing entity.

- Requires the Secretary of Health to adopt regulations for PBMs that contract with Medicaid MCOs that establish audit requirements that are, to the extent practicable, substantively similar to the provisions under § 15-1629 of the Insurance Article and consistent with federal law.
- Authorizes PBMs to conduct audits through an auditing entity.
    - *Effective on January 1, 2024.*
    - Bill Page - House
    - Bill Page - Senate

HB0376/SB0184 (Chs. 298 and 299) - Health Insurance - Diagnostic and Supplemental Examinations and Biopsies for Breast Cancer - Cost-Sharing

- Adds a new § 15-814.1 to the Insurance Article prohibiting carriers that provide coverage for a "Diagnostic Breast Examination" or "Supplemental Breast Examination" from imposing a copayment, coinsurance, or deductible requirement for such examinations, with specified exceptions. Diagnostic and supplemental breast examinations include the use of diagnostic mammography (for diagnostic breast examinations only), breast magnetic resonance imaging, or breast ultrasound. Due to federal requirements related to health savings account-qualified high deductible health plans (HDHPs), if an insured or enrollee is covered under a high-deductible health plan (HDHP), a carrier may subject such examinations to the HDHP's deductible requirement.
- Requires the Maryland Health Care Commission (MHCC), by October 1, 2023, to study and report to the Governor and specified committees of the General Assembly on the financial impact of eliminating health insurance cost-sharing for diagnostic image-guided biopsies for breast cancer.
    - *Effective Dates:*
        - *July 1, 2023 - bill enactment.*
        - *January 1, 2024 - provisions of the bill apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State.*
    - Bill Page - House
    - Bill Page - Senate

HB0716/SB0474 (Chs. 108 and 109)- Managed Care Organizations - Retroactive Denial of Reimbursement - Information in Written Statement

- Amends §15-102.3 of the Health General Article and §15-1008 of the Insurance Article and alters the information that must be included in a written statement to a health care provider from a managed care organization (MCO) when the MCO retroactively denies reimbursement as a result of coordination of benefits. The written statement must include the name and address of the entity that an MCO has

identified as responsible for payment of the claim, but the MCO is excluded from the requirement to obtain an acknowledgement of responsibility from the responsible payor.
    - *Effective Upon Enactment (Emergency Bill)*
    - Bill Page - House
    - Bill Page - Senate

HB0785/SB0515 (Chs. 364 and 365) - Health Insurance - Step Therapy or Fail-First Protocol and Prior Authorization - Revisions

- Makes amendments to §§ 15-142, 15-854 and 15-10B-06 of the Insurance Article and requires carriers, including those that provide prescription drug coverage through a pharmacy benefits manager (PBM), to establish a process for requesting an exception to a step therapy or fail-first protocol that is clearly described, easily accessible to the prescriber, and posted on the carrier's or PBM's website. A carrier or PBM may use an existing step therapy exception process that satisfies the bills' requirements.
- Requires that a "step therapy exception request" be granted if, based on the professional judgment of the prescriber and any information and documentation required for a complete request, (1) the step therapy drug is contraindicated or will likely cause an adverse reaction to the insured or enrollee; (2) the step therapy drug is expected to be ineffective based on the known clinical characteristics of the insured or enrollee and the known characteristics of the prescription drug regimen; (3) the insured or enrollee is stable on a prescription drug for the medical condition under consideration under the current or a previous source of coverage; or (4) the insured or enrollee, while covered by a current or previous source of coverage, has tried a prescription drug that is in the same pharmacologic class or uses the same mechanism of action as the step therapy drug and was discontinued by the prescriber due to lack of efficacy, diminished effect, or an adverse event.
- Requires that a private review agent make a determination in real time for a step therapy exception request or a prior authorization request for pharmaceutical services submitted electronically, if (1) no additional information is needed to process the request and (2) the request meets the private review agent's criteria for approval. If a request is not approved in real time, the private review agent must make a determination within one business day after receiving all information necessary to make the determination. An insured person is provided with authority to appeal an exception request denial under subtitle 10A or 10B of the Insurance Article.
- Prohibits a carrier or PBM from requiring more than one prior authorization of the same prescription drug (except for certain opioids) under specified circumstances.
    - *Effective on January 1, 2024.*
    - Bill Page - House
    - Bill Page - Senate

HB0812/SB0786 (Chs. 248 and 249) - Health - Reproductive Health Services - Protected Information and Insurance Requirements

- Prohibits the disclosure of mifepristone data or the diagnosis, procedure, medication, or related codes for abortion care and other sensitive health services (including reproductive health services other than abortion care), as determined by the Secretary of Health, by a health information exchange (HIE), electronic health network (EHN), or health care provider beginning December 1, 2023 and as defined in § 2-312 of the State Personnel and Procurement Article.
- Establishes a Protected Health Care Commission (PHCC), staffed by the Maryland Department of Health (MDH). The MIA is not a member of the PHCC.

- Defines "legally protected health care" to mean all reproductive health services, medications, and supplies related to the provision of abortion care and other sensitive health services as determined by the Secretary of Health based on the recommendation of the newly established PHCC.
- The PHCC must, among other things, (1) identify sensitive health services information by diagnosis, procedural, medication, or related codes for which disclosure by an HIE or EHN to a treating provider, business entity, another HIE, or another EHN would create a substantial risk to patients or health care providers and (2) issue semiannual reports to the Secretary of Health recommending what should be classified as legally protected health care. The Secretary must respond to a PHCC report within 60 days of receipt; the response must include the findings and determinations of the Secretary to the Maryland Health Care Commission, and to the Senate Finance Committee and the House Health and Government Operations Committee.
- Requires that: (1) the Secretary of Health adopt emergency regulations within 90 (ninety) days of the effective date of the bill, identify codes for abortion care, and sensitive health services; and (2) the Maryland Health Care Commission adopt emergency regulations within nine months of the bill's effective date to restrict patient data related to legally protected health care, and submit quarterly reports on the implementation of the legislation in fiscal 2024 and 2025.
- Amends § 15-857 to clarify that an insurer, nonprofit health service plan, or health maintenance organization that provides labor and delivery coverage must cover abortion care services, as specified, notwithstanding § 31-116 of the Insurance Article.
    - *Effective on June 1, 2023.*
    - Bill Page - House
    - Bill Page - Senate

HB0814/SB0601 (Chs. 256 and 257) - Maryland Health Benefit Exchange - State-Based Young Adult Health Insurance Subsidies Pilot Program - Sunset Extension

- Amends §31-122 of the Insurance Article and extends the termination date of the State-Based Young Adult Health Insurance Subsidies Pilot Program (Pilot Program) by two additional years through June 30, 2026. The original Pilot Program, which was established by Senate Bill 729, Chapter 778, Acts of 2021, was designed to reduce the amount young adults pay for health benefit plans offered in the individual market through eligibility for new subsidies, which are targeted to young adults (ages 18-40) who are not directly impacted by the State Reinsurance Program. Under the new provisions of the bill and subject to the availability of funds in the MHBE Fund, in fiscal 2024 through 2026, MHBE may provide up to $20 million in annual subsidies to young adults under the pilot program.
- Uncodified Section 2 requires MHBE, in consultation with the Maryland Insurance Administration, to conduct a study of: (1) available federal and State subsidies; (2) the State's § 1332 waiver and whether it should be amended to include young adults or otherwise to maximize federal pass-through funds and impact the largest number of individuals so as to reduce the State's uninsured rate; and (3) the number of individuals who signed up for health insurance through MHBE because of the young adult subsidy. MHBE must submit a report on its findings and recommendations to specified committees of the General Assembly by December 1, 2024.
    - *Effective on July 1, 2023.*
    - Bill Page - House
    - Bill Page - Senate

HB0815/SB0965 (Chs. 353 and 354) - Cancer Screening - Health Insurance and Assessment of Outreach, Education, and Health Disparities

- Adds new § 15-859 to the Insurance Article which establishes a requirement to cover recommended follow-up diagnostic imaging to assist in the diagnosis of lung cancer for individuals for whom lung cancer screening is recommended by the U.S. Preventative Services Task Force. The required coverage must include diagnostic ultrasound, magnetic resonance imaging, computed tomography, and image-guided biopsy. Cost-sharing for the benefits may not be greater than the copay, coinsurance or deductible that is applicable to breast cancer screenings and diagnosis. Due to federal requirements related to health savings account-qualified high deductible health plans (HDHPs), if an insured or enrollee is covered under a high-deductible health plan (HDHP), a carrier may subject follow–up diagnostic lung imaging to the deductible requirement of the high–deductible health plan.
- The new required benefit generally applies to contracts issued by an insurer or nonprofit health service plan if the contract provides hospital, medical, or surgical benefits on an expense-incurred basis. It also applies to contracts issued by an HMO that provides hospital, medical, or surgical benefits. However, it does not seek to amend §§ 15-1207 and 31-116 of the Insurance Article, and therefore would not apply to non-grandfathered individual health benefit plans, non-grandfathered small group health benefit plans, and grandfathered small group health benefit plans.
    - *Effective Date(s):*
        - *July 1, 2023 - bill enactment.*
        - *January 1, 2024 - provisions of the bill apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State.*
    - Bill Page - House
    - Bill Page - Senate

HB1148/SB0582 (Chs. 290 and 291) - Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)

- Establishes a Commission on Behavioral Health Care Treatment and Access to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services that are available on demand to individuals in the State across the behavioral health continuum. Among other duties, the commission must assess behavioral health services in the State to identify needs and gaps in services across the continuum and report the findings, including funding and legislative recommendations of the needs assessment to the Governor and General Assembly by January 1, 2024. The Commission is staffed by the Maryland Department of Health (MDH) and will be composed of 38 members representing various state agencies, elected officials, health care providers, and other behavioral health stakeholders.
- Establishes a Behavioral Health Care Coordination Value-Based Purchasing Pilot Program to implement and evaluate a reimbursement program for health care coordination activities that are not otherwise covered by Medicaid.
- Extend through June 30, 2025, the provisions of law, including §15-139 of the Insurance Article, that specify that: (1) "telehealth" includes an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care; and (2) that reimbursement for a telehealth service must be made on the same basis and at the same rate as if the service were delivered in person. These provisions apply to both Medicaid and commercial health insurance and were previously scheduled to sunset on June 30, 2023.
- Requires the Maryland Health Care Commission (MHCC) to study and make recommendations regarding the delivery of health care services through telehealth, as specified, and report to the General Assembly by December 1, 2024.

- Requires MDH to apply for specified federal grant funds and inclusion in the state certified community behavioral health clinic (CCBHC) demonstration program.
    - *Effective Date(s):*
        - *June 1, 2023 - bill enactment.*
        - *October 1, 2023 - establishes the Behavioral Health Care Coordination Value-Based Purchasing Pilot Program.*
    - Bill Page - House
    - Bill Page - Senate

HB1151/SB0678 (Chs. 300 and 301)- Health Insurance - Reimbursement for Services Rendered by a Pharmacist

- Amends §15-716 of the Insurance Article and requires specified carriers, as well as Medicaid and the Maryland Children's Health Program (MCHP), to provide coverage for services rendered by a licensed pharmacist acting within the pharmacist's scope of practice to the same extent as services rendered by any other licensed health care provider. For carriers, this requirement applies to policies and contracts that provide coverage for services within the scope of practice of a licensed pharmacist.
- Prohibits pharmacist reimbursement from being conditioned on whether the licensed pharmacist is (1) employed by a physician, pharmacy, or facility or (2) acting under a physician's orders.
- Requires MDH to apply for and obtain any necessary Medicaid waivers or amendments by January 1, 2024 to implement these requirements for Medicaid and MCHP.
    - *Effective Dates(s)*
        - *October 1, 2023 - bill enactment.*
        - *January 1, 2024 - provisions of the bill apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State.*
    - Bill Page - House
    - Bill Page - Senate

HB1217/SB0805 (Chs. 322 and 323) - Maryland Medical Assistance Program and Health Insurance - Required Coverage for Biomarker Testing

- Creates new §15-859 of the Insurance Article and requires specified carriers, as well as Managed Care Organizations (MCOs) under Medicaid, to provide coverage for "biomarker testing" for the purpose of diagnosis, treatment, appropriate management, or ongoing monitoring of a disease or condition that is supported by medical and scientific evidence. Coverage may be subject to the annual deductibles, copayments, or coinsurance requirements imposed by a carrier for similar coverage under the same health insurance policy or contract but may not be greater than those imposed for similar coverage.
- Policies, contracts, and health benefit plans that are issued or renewed on or after January 1, 2024, by carrier's subject to these provisions (other than MCOs), must include the required coverage. The provisions will apply to MCOs beginning July 1, 2025.
- Requires the Maryland Department of Health (MDH) to report to the Governor and the General Assembly by December 1, 2024 on Medicaid and biomarker testing, including fiscal impact of coverage; data on use of biomarker testing by race and ethnicity; impacts of expanding coverage in fiscal year 2026; whether to establish a cap on reimbursement for biomarker testing, and; recommended legislative changes.
- Requires the Maryland Health Care Commission (MHCC) to report to specified committees of the General Assembly by December 1, 2025, on the impact of providing coverage of biomarker testing,

including an analysis of the impact of providing access to individuals based on race, gender, age, and public or private insurance.
    - *Effective on January 1, 2024.*
    - Bill Page - House
    - Bill Page - Senate

SB0534 (Ch. 382) - Preserve Telehealth Access Act of 2023

- Extends through June 30, 2025, provisions of law, including §15-139 of the Insurance Article, that specify that: (1) "telehealth" includes an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service; and (2) reimbursement for a telehealth service must be made on the same basis and at the same rate as if the service were delivered in person. These provisions apply to both Medicaid and commercial health insurance and were previously scheduled to sunset on June 30, 2023.
- Requires the Maryland Health Care Commission (MHCC) to study and make recommendations regarding the delivery of health care services through telehealth, as specified, and report to the General Assembly by December 1, 2024.
    - *Effective on June 1, 2023.*
    - Bill Page

SB0724 (Ch. 37) - Health Insurance Carriers - Requirements for Internal Grievance Process - Modification
(MIA Departmental Bill)

- Revises § 15-10A-02(f)(1) to permit a carrier, with the consent of the member, the member's representative, or the health care provider, to inform the member, the member's representative, or health care provider of an adverse decision by text, fax, email, online portal, or other expedited means as an alternative to a telephone call, before sending the formal written notice of adverse decision. This aligns the statutory requirements for providing initial notices with actual practice and the means by which providers and insurers prefer to communicate.
    - *Effective on October 1, 2023.*
    - Bill Page

SB0806 (Ch. 384) - Maryland Health Benefit Exchange and Maryland Department of Health - Health Care and Dental Care Coverage for Undocumented Immigrants - Report

- Requires the Maryland Health Benefit Exchange (MHBE) and the Maryland Department of Health (MDH) to develop a report comparing options for offering affordable health care and dental care coverage to State residents who are ineligible for Medicaid, the Maryland Children's Health Program, or qualified health plans or stand-alone dental plans through MHBE due to immigration status.
- MHBE and MDH must report their findings and recommendations to specified committees of the General Assembly by October 31, 2023.
    - *Effective on July 1, 2023.*
    - Bill Page - House
    - Bill Page - Senate

SB0828/HB0988 (Chs. 258 and 259) - Family and Medical Leave Insurance Program - Modifications

- Amends Title 8.3 of the Labor and Employment Article and delays the start dates for required contributions and benefit payments within the Family and Medical Leave Insurance (FAMLI) Program by one year, to October 1, 2024, and January 1, 2026, respectively.
- Requires the Secretary of Labor to set the initial total rate of contribution by October 1, 2023, which applies from October 1,2024, through June 30, 2026, and may not exceed 1.2% of an employee's wages.
- Requires the Secretary of Labor to conduct a cost analysis every year, to determine the appropriate total rate of contribution to the FAMLI Fund for the following 12-month period beginning every July 1.
- Sets the employer and employee contribution split at 50%/50%.
- Removes the requirement that an Individual exhaust all forms of employer-provided leave that is not required under law before receiving FAMLI benefits, although an employer may require that FAMLI benefits be coordinated with other benefits or leave.
- Authorizes an individual and an employer to agree to use paid leave and FAMLI benefits to replace up to 100% of the individual's average weekly wage during the FAMLI leave period.
- Requires the Maryland Department of Health (MDH) to reimburse certain specified service providers for some or all of the employer share of FAMLI contributions on at least a quarterly basis.
- Clarifies that if an employer satisfies the requirements of the FAMLI Program through a private employer plan consisting of insurance, the insurance product must be provided through an insurer that holds a certificate of authority issued by the Maryland Insurance Commissioner.
    - *Effective on June 1, 2023.*
    - Bill Page - House
    - Bill Page - Senate

Property and Casualty Bills

HB0098 (Ch. 186) - Condominiums - Mandatory Insurance Coverage - Alterations

- Amends Section 11–114 of the Real Property Article to alter the requirement for a council of unit owners to maintain certain property insurance based on a distinction between condominium structures that house multiple families and condominium units that consist of detached single family homes; and, requiring owners of detached condominium units to carry homeowner's insurance.
    - *Effective on October 1, 2023.*
    - Bill Page

HB0128 (Ch. 514) - Private Passenger Motor Vehicle Liability Insurance - Enhanced Underinsured Motorist Coverage - Opt-Out Option

- Amends provisions of Title 19, Subtitle 5 relating to Enhanced Underinsured motorist coverage. Requires insurers that issue new private passenger automobile insurance policies on or after July 1, 2024 to include the EUIM coverage option unless the applicant has signed a form, promulgated by the MIA, affirmatively opting out of the EUIM option. The bill has a sunset date of June 30, 2029 and requires the MIA to conduct studies and report to the legislature.
    - *Effective on October 1, 2023, and applicable to all new policies issued on or after July 1, 2024.*
    - Bill Page

SB0530 (Ch. 535) - Insurance – Maryland Automobile Insurance Fund – Assessments

- Amends provisions of Title 20, Subtitle 4 of the Insurance Article and §17-106 (e) of the Transportation Article and increases the Maryland Automobile Insurance Fund's (MAIF) share of uninsured motorist

(UIM) penalties collected by the Motor Vehicle Administration by $2.0 million for fiscal year 2024 only and alters the amount that must be distributed to MAIF in fiscal year 2025.
- Authorizes MAIF to access prior over-assessment funds and apply them to the Fund's surplus in the event an industry assessment is triggered.
    - *Effective on June 1, 2023.*
    - Bill Page

General Bills

HB0808/SB0859 (Chs. 246 and 247)- Reproductive Health Protection Act

- Defines "legally protected health care" as all reproductive health services, medications, and supplies related to the direct provision or support of the provision of care related to pregnancy, contraception, assisted reproduction, and abortion that is lawful in the State as defined in § 2-312 of the State Personnel and Procurement Article.
- Establishes prohibitions upon the release or sharing of information related to "legally protected health care" when that information is sought by another state.
- Prohibits a health occupations board from revoking, suspending, disciplining, taking an adverse action against, or refusing to issue or renew a license, certification, or other authorization to practice for any "health care practitioner" (1) because of the provision of legally protected health care provided in accordance with the standard of care as determined by the relevant Maryland health occupations board or (2) if the health care practitioner is disciplined by a licensure board in another state because of the provision of legally protected health care provided in accordance with the standard of care determined by the relevant Maryland health occupations board.
- Creates new §19-117 of the Insurance Article, which prohibits a medical professional liability insurer from taking "adverse actions" against a practitioner related to the practice of legally protected health care. These include (1) refusing to renew or execute a contract or agreement with a health care practitioner; (2) making a report or commenting to an appropriate private or governmental entity regarding practices of legally protected health care; and (3) increasing a premium for or making another type of unfavorable change regarding terms of coverage under a medical malpractice insurance contract with a health care practitioner.
- Clarifies the exemption in §15-857 for high deductible plans as defined in 26 U.S.C. §223 (c)(2)(c) of the Internal Revenue Code.
- Prohibits specified State entities, agents, and employees from participating in any interstate investigation seeking to impose specified liabilities or sanctions against a person for activity related to legally protected health care (with limited exception).
    - *Effective on June 1, 2023.*
    - Bill Page - House
    - Bill Page - Senate

HB1272 (Ch. 224) - Maryland Insurance Commissioner Enforcement - Specialty Mental Health Services and Payment of Claims - Sunset Extension

- Amends Chapters 151 (HB0919) and 152 (SB0638) of the Acts of the General Assembly of 2021 to extend by two years the sunset date on this emergency legislation, which provided the Insurance Commissioner with the authority to examine an ASO that administers mental health benefits.
    - *Effective Upon Enactment (Emergency Bill)*
    - Bill Page

SB0725 (Ch. 38) - Insurance - Product and Service Offerings
(MIA Departmental Bill)

- Amends § 27-209 and § 27-212 of the Insurance Article to clarify that the statutory prohibition on rebates and inducements does not apply to the offering of products and services by an insurer, nonprofit health service plan, or health maintenance organization in conjunction with a policy, as long as the products or services are intended to educate persons about, assess, monitor, control, or prevent risk of loss to the person. The products or services must be substantially related to the insurance or offered to enhance the health of the insured.
- Prohibits carriers from increasing premium rates or denying a claim on the grounds that a policyholder accepts, rejects, uses, or fails to use an offered product or service.
- The bill authorizes the MIA to adopt regulations to identify the types of products or services that are permitted to be offered.
    - *Effective on July 1, 2023.*
    - Bill Page

Financial Regulation

SB0928 (Ch. 267)- Insurance – Credit for Reinsurance Model Law – Reciprocal Jurisdictions
(MIA Departmental Bill)

- Clarifies statutory language in § 5-917 of the Insurance Article that prohibits the Maryland Insurance Commissioner from removing a reciprocal jurisdiction subject to a covered agreement and accredited U.S. jurisdictions from the list of reciprocal jurisdictions.
- Revises the language in § 5-917(b) to more closely follow language in the NAIC's Model #785 relating to credit for reinsurance. The NAIC's Model #785 is an accreditation standard which means that our state's adoption of the Model is a condition of our good standing with the NAIC.
    - *Effective on October 1, 2023.*
    - Bill Page