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## **BULLETIN 22-01**

Date: January 5, 2022  
To: All Health Carriers  
Re: COVID-19 State of Emergency: Activation of Emergency Powers

On January 4, 2022, in response to the recent surge in COVID-19 cases and hospitalizations resulting from the highly transmissible Omicron variant and other emergent variants, Governor Larry Hogan issued a Proclamation declaring a State of Emergency and that a Catastrophic Health Emergency exists in the State of Maryland.

Pursuant to § 2-115 of the Insurance Article and COMAR 31.01.02.05 and 06, the Commissioner is invoking her emergency powers, and the provisions of COMAR 31.01.02.06A(3) and (8), F, M, and N are activated. As a result, health carriers are required to take the actions described below.

- Pursuant to COMAR 31.01.02.06A(3), health carriers are required to waive time restrictions on prescription medication refills and authorize payment to pharmacies for at least a 30-day supply of any prescription medication, regardless of the date upon which the prescription medication had most recently been filled by a pharmacist.
- Pursuant to COMAR 31.01.02.06A(8), F and M, health carriers are:
  - (1) prohibited from denying a claim or authorization request for coverage for the administration of monoclonal antibody therapies (including Bamlanivimab/Etesevimab, Casirivimab/Imdevimab, Sotrovimab, Tocilizumab, Tixagevimab/Cilgavimab) on the ground that such therapy or treatment modality is experimental or investigational; and
  - (2) required to waive any cost-sharing, including copayments, coinsurance, and deductibles, for the administration of monoclonal antibody therapies (including Bamlanivimab/Etesevimab, Casirivimab/Imdevimab, Sotrovimab, Tocilizumab, Tixagevimab/Cilgavimab);

provided, with respect to both (1) and (2), that the Emergency Use Authorization issued by the U.S. Food and Drug Administration for the specified antibody therapies is in effect

and the administration of the drug complies with the terms of the Emergency Use Authorization.

- Pursuant to COMAR 31.01.02.06N, with respect to an eligible individual, a carrier in the Medicare supplement market may not:
  - Deny or condition the issuance or effectiveness of a Medicare supplement policy that is offered and is available for issuance to new enrollees by the issuer;
  - Discriminate in the pricing of a Medicare supplement policy because of health status, claims experience, receipt of health care, or medical condition; and
  - Impose an exclusion of benefits based on a preexisting condition under a Medicare supplement policy.

“Eligible individual” is defined in COMAR 31.01.02.03B(13) as an individual who:

- Enrolled in Medicare Part B while enrolled in the Maryland Medical Assistance Program;
- Remained in the Maryland Medical Assistance Program due to a suspension of terminations by the Maryland Medical Assistance Program during a state of emergency, and was not disenrolled until or terminated until at least 6 months following the effective date of enrollment in Part B of Medicare;
- Seeks to enroll in a Medicare supplement policy during the 63 day period following the later of notice of termination or disenrollment or the date of termination from the Maryland Medical Assistance Program; and
- Submits evidence of the date of termination or disenrollment from the Maryland Medical Assistance Program with the application for a Medicare supplement policy.

These regulations shall be in effect until the emergency declaration is lifted or the Commissioner issues a Bulletin deactivating the regulations at issue.

Questions about this Bulletin may be directed to the Life & Health Unit of the Maryland Insurance Administration at 410-468-2170.

KATHLEEN A. BIRRANE.  
Commissioner

By:

signature on original

David Cooney  
Associate Commissioner  
Life and Health