**South Carolina General Assembly**

125th Session, 2023-2024

**S. 952**

**STATUS INFORMATION**

General Bill

Sponsors: Senator Fanning

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Introduced in the Senate on January 11, 2024

Currently residing in the Senate Committee on **Banking and Insurance**

Summary: Medicare supplement insurance

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

1/11/2024 Senate Introduced and read first time ([Senate Journal‑page 3](h:\sj\20240111.docx))

1/11/2024 Senate Referred to Committee on **Banking and Insurance** ([Senate Journal‑page 3](h:\sj\20240111.docx))

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**VERSIONS OF THIS BILL**

[01/11/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/952_20240111.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING SECTION 38-71-180 SO AS TO PROVIDE STANDARDS FOR POLICY PROVISIONS OF MEDICARE SUPPLEMENT POLICIES AND CERTIFICATES IN THIS STATE.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the S.C. Code is amended by adding:

Section 38-71-180. (A) No Medicare supplement insurance policy or certificate in force in the State shall contain benefits that duplicate benefits provided by Medicare.

(B) The Director of the Department of Insurance shall adopt reasonable regulations to establish specific standards for policy provisions of Medicare supplement policies and certificates. Those standards shall be in addition to and in accordance with the applicable laws of this State. No requirement of this title relating to minimum required policy benefits, other than the minimum standards contained in this chapter, shall apply to Medicare supplement policies and certificates. The standards may cover, but not be limited to:

(1) terms of renewability;

(2) initial and subsequent conditions of eligibility;

(3) nonduplication of coverage;

(4) probationary periods;

(5) benefit limitations, exceptions, and reductions;

(6) elimination periods;

(7) requirements for replacement;

(8) recurrent conditions; and

(9) definitions of terms.

(C) The director may adopt reasonable regulations that specify prohibited policy provisions not specifically authorized by statute, if, in the opinion of the director, those provisions are unjust, unfair, or unfairly discriminatory to any person insured or proposed to be insured under a Medicare supplement policy or certificate.

(D) The director shall adopt reasonable regulations to establish minimum standards for premium rates, benefits, claims payment, marketing practices, and compensation arrangements and reporting practices for Medicare supplement policies and certificates.

(E) The director may adopt any reasonable regulations necessary to conform Medicare supplement policies and certificates to the requirements of federal law and regulations promulgated pursuant to federal law including, but not limited to:

(1) requiring refunds or credits if the policies or certificates do not meet loss ratio requirements;

(2) establishing a uniform methodology for calculating and reporting loss ratios;

(3) assuring public access to policies, premiums, and loss ratio information of issuers of Medicare supplement insurance;

(4) establishing a process for approving or disapproving policy forms, certificate forms, and proposed premium increases;

(5) establishing a policy for holding public hearings prior to approval of premium increases that may include the applicant’s provision of notice of the proposed premium increase to all subscribers subject to the proposed increase, at least ten days prior to the hearing; and

(6) establishing standards for Medicare select policies and certificates.

(F) Each Medicare supplement Plan A policy or applicable certificate that an issuer currently, or at any time hereafter, makes available in this State shall be made available to any applicant under the age of sixty-five who is eligible for Medicare due to a disability or end-stage renal disease, provided that the applicant submits their application during the first six months immediately following the applicant’s initial eligibility for Medicare Part B, or alternate enrollment period as determined by the director. The issuance or coverage of any Medicare supplement policy pursuant to this section shall not be conditioned on the medical or health status or receipt of health care by the applicant; and no insurer shall perform individual medical underwriting on any applicant in connection with the issuance of a policy pursuant to this subsection.

(G) Individuals enrolled in Medicare Parts A and B applying for a Medicare supplement plan, regardless of age, shall receive guaranteed issue rights during an annual enrollment period of at least one month each calendar year, as established by the director. The issuance or coverage of any Medicare supplement policy pursuant to this section shall not be conditioned on the medical or health status or receipt of health care by the applicant; and no insurer shall perform individual medical underwriting in connection with the issuance of a policy pursuant to this subsection.

SECTION 2. This act takes effect upon approval by the Governor.

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