

BY: Environmental Matters Committee

AMENDMENTS TO HOUSE BILL NO. 995

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 5, after “Commission;” insert “repealing certain obsolete provisions of law;”; in lines 9 and 10, strike “by certain dates”; in line 11, after “Commission;” insert “requiring the Maryland Health Care Access and Cost Commission to coordinate the exercise of its functions with the Department and the Health Services Cost Review Commission;”; in line 12, after “development;” insert “establishing a certain advisory committee and providing for its termination date;”; in line 15, after “commissions;” insert “requiring the Maryland Insurance Commissioner to provide the Maryland Health Care Access and Cost Commission with certain information after a certain date; eliminating certain duties required to be performed by the Maryland Insurance Commissioner after a certain date; requiring the Maryland Health Care Access and Cost Commission to assess a certain fee against certain entities;”; in line 18, after “date;” insert “requiring the Health Care Access and Cost Commission to conduct a certain study and to make a certain report by a certain date; requiring the Governor to make certain appointments;”; in line 22, after “Act;” insert “providing for the effective date of certain provisions of this Act;”;

and in line 26, after “19-122,” insert “19-126,”.

On page 2, in line 14, strike “and 19-116” and substitute “, 19-116, and 19-131”.

On page 3, after line 5, insert:

“BY repealing and reenacting, with amendments,

Article - Insurance

Section 15-111

Annotated Code of Maryland

(1997 Volume and 1998 Supplement)”.

(Over)

AMENDMENT NO. 2

On pages 5 and 6, strike in their entirety the lines beginning with line 15 on page 5 through line 7 on page 6, inclusive.

AMENDMENT NO. 3

On page 9, strike in their entirety lines 13 and 14 and substitute:

“(2) (I) STAFF HIRED AFTER SEPTEMBER 30, 1999, ARE IN THE EXECUTIVE SERVICE, MANAGEMENT SERVICE, OR ARE SPECIAL APPOINTMENTS IN THE STATE PERSONNEL MANAGEMENT SYSTEM.

“(II) THE COMMISSION, IN CONSULTATION WITH THE SECRETARY, SHALL DETERMINE THE APPROPRIATE JOB CLASSIFICATIONS AND GRADES FOR ALL STAFF.”.

On page 47, strike in their entirety lines 9 and 10 and substitute:

“(2) (I) STAFF HIRED AFTER SEPTEMBER 30, 1999, ARE IN THE EXECUTIVE SERVICE, MANAGEMENT SERVICE, OR ARE SPECIAL APPOINTMENTS IN THE STATE PERSONNEL MANAGEMENT SYSTEM.

“(II) THE COMMISSION, IN CONSULTATION WITH THE SECRETARY, SHALL DETERMINE THE APPROPRIATE JOB CLASSIFICATIONS AND GRADES FOR ALL STAFF.”.

AMENDMENT NO. 4

On page 7, after line 33, insert:

“(D) THE COMMISSION SHALL COORDINATE THE EXERCISE OF ITS FUNCTIONS WITH THE DEPARTMENT AND THE HEALTH SERVICES COST REVIEW COMMISSION TO ENSURE AN INTEGRATED, EFFECTIVE HEALTH CARE POLICY FOR THE STATE.”.

AMENDMENT NO. 5

On page 11, after line 17, insert “19-111. RESERVED.”.

AMENDMENT NO. 6

On page 35, strike line 9 in its entirety and substitute:

“19-131.

(A) THERE IS AN ADVISORY COMMITTEE ON LONG-TERM CARE IN THE COMMISSION.

(B) THE PURPOSE OF THE COMMITTEE IS TO ADVISE AND MAKE RECOMMENDATIONS TO THE COMMISSION ON THE DELIVERY OF LONG-TERM CARE IN MARYLAND’S HEALTH CARE SYSTEM.

(C) (1) THE ADVISORY COMMITTEE SHALL CONSIST OF NINE MEMBERS APPOINTED BY THE GOVERNOR.

(2) OF THE NINE MEMBERS:

(I) THREE SHALL REPRESENT ENTITIES PROVIDING LONG-TERM CARE, AT LEAST TWO OF WHICH SHALL REPRESENT COMPREHENSIVE CARE FACILITIES;

(II) ONE SHALL REPRESENT AN ASSISTED LIVING FACILITY;

(III) ONE SHALL BE A REGISTERED NURSE WITH TRAINING AND EXPERIENCE IN GERIATRIC MEDICINE;

(IV) ONE SHALL BE A LICENSED PHYSICIAN WITH TRAINING AND EXPERIENCE IN GERIATRIC MEDICINE;

(V) ONE SHALL REPRESENT THE DEPARTMENT OF AGING;

(VI) ONE SHALL REPRESENT THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE; AND

(Over)

(VII) ONE SHALL BE A PUBLIC MEMBER.

(D) (1) THE GOVERNOR SHALL APPOINT A CHAIRMAN OF THE COMMITTEE.

(2) THE COMMITTEE SHALL DETERMINE THE TIMES AND PLACES OF ITS MEETINGS.

(3) EACH MEMBER OF THE COMMITTEE IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(4) STAFF FOR THE COMMITTEE SHALL BE PROVIDED BY THE COMMISSION, IN ACCORDANCE WITH ITS BUDGET.”.

AMENDMENT NO. 7

On page 68, after line 2, insert:

“(3) “HEALTH BENEFIT PLAN” HAS THE MEANING STATED IN § 15-201 OF THE INSURANCE ARTICLE.”;

and in lines 3, 6, and 8, strike “(3)”, “(4)”, and “(5)”, respectively, and substitute “(4)”, “(5)”, and “(6)”, respectively.

AMENDMENT NO. 8

On page 69, after line 33, insert:

“(G) ON OR BEFORE MAY 30 OF EACH YEAR, THE INSURANCE COMMISSIONER SHALL NOTIFY THE COMMISSION OF THE TOTAL PREMIUMS COLLECTED IN THE STATE FOR HEALTH BENEFIT PLANS OF ALL PAYORS IN THE STATE DURING THE PRIOR CALENDAR YEAR AND EACH PAYOR’S TOTAL PREMIUMS IN THE STATE FOR HEALTH BENEFIT PLANS FOR THE SAME CALENDAR YEAR.”;

and in line 34, strike “(G)” and substitute “(H)”.

AMENDMENT NO. 9

On page 70, in lines 1 and 2, strike “IN ACCORDANCE WITH § 15-111 OF THE INSURANCE ARTICLE AND”; in line 5, after “STATE” insert “FOR HEALTH BENEFIT PLANS”; strike beginning with “ON” in line 7 down through “AND” in line 9 and substitute “ON OR BEFORE JUNE 30 OF EACH YEAR, ASSESS EACH PAYOR A FEE IN ACCORDANCE WITH ITEM (I) OF THIS ITEM;”; after line 18, insert:

“(II) ESTABLISH MINIMUM AND MAXIMUM ASSESSMENTS; AND

(III) ON OR BEFORE JUNE 30 OF EACH YEAR, ASSESS EACH HOSPITAL A FEE IN ACCORDANCE WITH ITEM (I) OF THIS ITEM; AND”;

in line 19, before “(II)” insert “(3)”; in the same line, strike “(II)” and substitute “(I)”; in line 29, strike “(III)” and substitute “(II)”; strike beginning with the second “AND” in line 29 down through “YEAR” in line 31 and substitute:

“(III) ON OR BEFORE JUNE 30 OF EACH YEAR, ASSESS EACH NURSING HOME A FEE IN ACCORDANCE WITH ITEM (I) OF THIS ITEM; AND”;

in lines 32 and 37, strike “(H)” and “(I)”, respectively, and substitute “(I)” and “(J)”, respectively; in lines 32 and 33, strike “HOSPITAL AND NURSING HOME” and substitute “PAYOR, HOSPITAL, AND NURSING HOME”; in line 37, strike “AGREED”; in the same line, after “PAYMENT” insert “DUE”; and in line 38, after “DETERMINED” insert “AND COLLECTED”.

AMENDMENT NO. 10

On page 72, after line 7, insert:

“Article - Insurance

15-111.

(Over)

- (a) (1) In this section the following words have the meanings indicated.
- (2) “Health benefit plan” has the meaning stated in § 15-1201 of this title.
- (3) “Payor” means:
- (i) a health insurer or nonprofit health service plan that holds a certificate of authority and provides health insurance policies or contracts in the State under this article;
- (ii) a health maintenance organization that is authorized by the Commissioner to operate in the State; or
- (iii) a third party administrator.
- (4) “Third party administrator” means a person that is registered as an administrator under this article.
- (b) (1) On or before June 30 of each year, the Commissioner shall assess each payor a fee for the next fiscal year.
- (2) The fee shall be established in accordance with this section and § 19-1515 of the Health - General Article.
- (c) (1) For each fiscal year, the total assessment for all payors shall be:
- (i) set by a memorandum from the Maryland Health Care Access and Cost Commission; and
- (ii) apportioned equitably by the Maryland Health Care Access and Cost Commission among the classes of payors described in subsection (a)(3) of this section as determined by the Maryland Health Care Access and Cost Commission.
- (2) Of the total assessment apportioned under paragraph (1) of this subsection to payors described in subsection (a)(3)(i) and (ii) of this section, the Commissioner shall assess each

payor a fraction:

(i) the numerator of which is the payor's total premiums collected in the State for health benefit plans for an appropriate prior 12-month period as determined by the Commissioner; and

(ii) the denominator of which is the total premiums collected in the State for the same period for health benefit plans of all payors described in subsection (a)(3)(i) and (ii) of this section.

(3) Of the total assessment apportioned under paragraph (1) of this subsection to payors described in subsection (a)(3)(iii) of this section, the Commissioner shall assess each payor a fraction:

(i) the numerator of which is one; and

(ii) the denominator of which is the total number of all payors described in subsection (a)(3)(iii) of this section.

(4) Notwithstanding any other provision of this subsection, the fee assessed on a third party administrator may not exceed 0.5% of the total administrative fees for health benefit plans collected in the State by the third party administrator for the previous calendar year.

(d) (1) Subject to paragraph (2) of this subsection, each payor that is assessed a fee under this section shall pay the fee to the Commissioner on or before September 1 of each year.

(2) The Commissioner, in cooperation with the Maryland Health Care Access and Cost Commission, may provide for partial payments.

(e) The Commissioner shall distribute the fees collected under this section to the Health Care Access and Cost Fund established under § 19-1515 of the Health - General Article.]

[(f) (A) Each payor shall cooperate fully in submitting reports and claims data and providing any other information to the Maryland Health Care Access and Cost Commission in accordance with

(Over)

Title 19, Subtitle [15] 1 of the Health - General Article.

[(g)] (B)The Commissioner shall report to the Maryland Health Care and Cost Commission in a timely manner the name and address of each payor that is assessed a fee under [this section] § 19-111 OF THE HEALTH - GENERAL ARTICLE AND THE INFORMATION REQUIRED UNDER § 19-111(G) OF THE HEALTH - GENERAL ARTICLE [and the amount of the assessment.

(h) Each payor shall pay for health care services in accordance with the payment system adopted under § 19-1509 of the Health - General Article.]”.

AMENDMENT NO. 11

On page 73, after line 38, insert:

“SECTION 12. AND BE IT FURTHER ENACTED, That the Maryland Health Care Access and Cost Commission shall conduct a study and make recommendations on the appropriate funding level for the Commission and user fee allocation among those currently assessed user fees to fund the Commission. The findings of the study and recommendations shall be reported to the General Assembly on or before September 1, 2000.

SECTION 13. AND BE IT FURTHER ENACTED, That § 19-131 of the Health - General Article as enacted by Section 2 of this Act shall remain in effect for a period of 3 years and, at the end of September 30, 2002, with no further action required by the General Assembly, shall be abrogated and of no further force.

SECTION 14. AND BE IT FURTHER ENACTED, That the Governor shall appoint members to fill the two open vacancies that existed as of March 1, 1999 on the Maryland Health Care Access and Cost Commission from among the current members of the Health Resources Planning Commission.

SECTION 15. AND BE IT FURTHER ENACTED, That Section 14 of this Act shall take effect June 1, 1999.”;

in line 39, strike “12” and substitute “16”; in line 40, strike “Section” and substitute “Sections”; and

in the same line, after “9” insert “and 15”.