

SB0124/906389/1

BY: Health and Government Operations Committee

AMENDMENTS TO SENATE BILL 124
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, after “State–Based” insert “Individual Market”; and in the same line, strike “Program”.

On pages 1 and 2, strike beginning with “altering” in line 9 on page 1 down through “Program” in line 15 on page 2 and substitute “clarifying the applicability of a certain assessment to certain entities for certain products; requiring the Maryland Health Benefit Exchange to report to certain committees of the General Assembly on or before a certain date on certain information related to establishing a State–based individual subsidy program in Maryland; and generally relating to the Maryland Health Benefit Exchange and State–based individual market health insurance subsidies”.

On page 2, in line 18, strike “and 31–107”; and strike in their entirety lines 21 through 25, inclusive.

AMENDMENT NO. 2

On pages 4 through 8, strike in their entirety the lines beginning with line 6 on page 4 through line 32 on page 8, inclusive, and substitute:

“SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1, 2020, the Maryland Health Benefit Exchange shall report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2-1257 of the State Government Article, on the following as it relates to establishing State–based individual market health insurance subsidies in the State:

(1) the experiences of state–based individual market health insurance subsidies in other states, particularly those with a reinsurance program;

(Over)

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(2) the effect the Maryland Easy Enrollment Health Program has had on the uninsured rate and risk pool in the individual market;

(3) the population that would be the intended target of the State-based individual market health insurance subsidies, including age and income level;

(4) the number of individuals currently enrolled in the individual market in the State who would be eligible for State-based individual market health insurance subsidies;

(5) if young adults would be the intended target of the State-based individual market health insurance subsidies, whether State-based individual market health insurance subsidies alone will encourage more young adults to enroll in the individual market and whether cost-sharing reductions will be necessary;

(6) the average amount of individual market health insurance subsidies needed for a State-based individual market health insurance subsidy program to effectively cover more individuals and lower the risk of the individual market pool;

(7) the amount of State-based individual market health insurance subsidy funding necessary to reduce rates in the individual market by 1% and 5%;

(8) an estimate of the impact that funding for State-based individual market health insurance subsidies will have on the availability of funds for reinsurance in the individual market, using the actual State liability for the State Reinsurance Program for the 2019 benefit year;

(9) the appropriate allocation of available funding for reinsurance and State-based individual market health insurance subsidies that will maximize enrollment and affordability in the individual market;

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(10) the staffing and infrastructure needs to administer a State-based individual market health insurance subsidy program; and

(11) the impact additional State-based individual market health insurance subsidies will have on federal subsidies and whether the State will need to amend its current State Innovation Waiver under § 1332 of the Affordable Care Act or request an additional waiver.”.

On page 9, in line 1, strike “2.” and substitute “3.”.