

CF 7r2684

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**By: Delegates Crumlin and Eckardt**

Introduced and read first time: January 30, 1997

Assigned to: Economic Matters

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 18, 1997

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## CHAPTER \_\_\_\_

1 AN ACT concerning

**2 Mandated Health Insurance ~~Benefits~~ Services - Process of Evaluation**

3 FOR the purpose of establishing a joint legislative committee on mandated health  
 4 insurance ~~benefits~~ services; requiring the committee to review and evaluate the  
 5 ~~costs of mandated health insurance benefits on an annual basis; establishing a~~  
 6 ~~maximum cost allocable to mandated health insurance benefits under health~~  
 7 ~~benefits policies as a percentage of the State average annual wage~~ benefits under  
 8 certain plans; requiring the Committee to make certain determinations and  
 9 assessments; requiring the committee to review certain proposals under certain  
 10 circumstances; requiring certain ~~recommendations and~~ reports under certain  
 11 circumstances; providing for the effective date of this Act; defining certain terms;  
 12 repealing the establishment and authority of the Interdepartmental Committee on  
 13 Mandated Health Insurance Benefits; and generally relating to benefits for health  
 14 care services.

15 BY repealing16 Article 48A - Insurance Code17 Section 490M18 Annotated Code of Maryland19 (1994 Replacement Volume and 1996 Supplement)20 BY adding to21 Article 48A - Insurance Code22 Section 490M23 Annotated Code of Maryland24 (1994 Replacement Volume and 1996 Supplement)

25 BY repealing

2

1 Article - Insurance  
2 Section 15-1301 through 15-1307, inclusive, and the subtitle "Subtitle 13.  
3 Interdepartmental Committee on Mandated Health Insurance Benefits"  
4 Annotated Code of Maryland  
5 (1995 Volume and 1996 Supplement)  
6 (As enacted by Chapter \_\_\_\_\_ (H.B. 11) of the Acts of the General Assembly of 1997)

7 BY adding to

8 Article - Insurance  
9 Section 15-1301 and the new subtitle "Subtitle 13. Health ~~Benefits~~ Services  
10 Evaluation"  
11 Annotated Code of Maryland  
12 (1995 Volume and 1996 Supplement)  
13 (As enacted by Chapter \_\_\_\_\_ (H.B. 11) of the Acts of the General Assembly of 1997)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
15 MARYLAND, That Section 490M of Article 48A - Insurance Code of the Annotated  
16 Code of Maryland be repealed.

17 SECTION 2. AND BE IT FURTHER ENACTED, That Section(s) 15-1301  
18 through 15-1307, inclusive, and the subtitle "Subtitle 13. Interdepartmental Committee  
19 on Mandated Health Insurance Benefits" of Article - Insurance of the Annotated Code  
20 of Maryland (as enacted by Chapter \_\_\_\_\_ (H.B. 11) of the Acts of the General Assembly of  
21 1997) be repealed.

22 SECTION ~~2-~~ 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
23 read as follows:

24 Article 48A - Insurance Code

25 490M.

26 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
27 INDICATED.

28 (2) "CARRIER" MEANS:

29 (I) AN INSURER;

30 (II) A NONPROFIT HEALTH SERVICE PLAN;

31 (III) A HEALTH MAINTENANCE ORGANIZATION;

32 (IV) A DENTAL PLAN ORGANIZATION; OR

33 (V) ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS

34 SUBJECT TO REGULATION BY THE STATE.

35 (3) "COMMITTEE" MEANS THE JOINT COMMITTEE ON MANDATED  
36 HEALTH INSURANCE BENEFITS.

1                   (4) (I) "MANDATED HEALTH INSURANCE SERVICE" MEANS A  
2 LEGISLATIVE PROPOSAL OR A STATUTE THAT WOULD REQUIRE A PARTICULAR  
3 HEALTH CARE SERVICE TO BE PROVIDED OR OFFERED IN A HEALTH BENEFIT PLAN,  
4 BY A CARRIER OR OTHER ORGANIZATION AUTHORIZED TO PROVIDE HEALTH  
5 BENEFIT PLANS IN THE STATE.

6                   (II) "MANDATED HEALTH INSURANCE SERVICE", AS APPLICABLE  
7 TO ALL CARRIERS, DOES NOT INCLUDE SERVICES ENUMERATED TO DESCRIBE A  
8 HEALTH MAINTENANCE ORGANIZATION UNDER § 19-701(F)(2) OF THE HEALTH -  
9 GENERAL ARTICLE.

10                  (B) (1) THERE IS A JOINT COMMITTEE ON MANDATED HEALTH INSURANCE  
11 BENEFITS.

12                  (2) THE COMMITTEE CONSISTS OF:

13                   (I) THE CHAIRMAN OF THE HOUSE ECONOMIC MATTERS  
14 COMMITTEE OR DESIGNEE OF THE CHAIRMAN AND FOUR ADDITIONAL MEMBERS  
15 OF THE HOUSE OF DELEGATES DESIGNATED BY THE SPEAKER OF THE HOUSE; AND

16                   (II) THE CHAIRMAN OF THE SENATE FINANCE COMMITTEE OR  
17 DESIGNEE OF THE CHAIRMAN AND FOUR ADDITIONAL MEMBERS OF THE SENATE  
18 DESIGNATED BY THE PRESIDENT OF THE SENATE.

19                  (3) THE SENATE CHAIRMAN AND THE HOUSE CHAIRMAN OF THE  
20 COMMITTEE SHALL BE APPOINTED BY THE PRESIDENT AND THE SPEAKER,  
21 RESPECTIVELY, FROM THE MEMBERSHIP OF THE COMMITTEE. THE PRESIDING  
22 CHAIRMANSHIP AND CO-CHAIRMANSHIP SHALL BE ALTERNATED ANNUALLY  
23 BETWEEN THE SENATE AND THE HOUSE.

24                  (C) (1) TO DETERMINE A BASELINE FOR ASSESSMENT OF A PROPOSED  
25 HEALTH INSURANCE SERVICE UNDER SUBSECTION (D) OF THIS SECTION, THE  
26 COMMITTEE SHALL REVIEW AND EVALUATE THE:

27                   (I) BENEFITS PROVIDED UNDER THE STATE EMPLOYEE HEALTH  
28 BENEFITS FOR MEDICAL COVERAGE; AND

29                   (II) THE STANDARD PLAN AS DEFINED IN § 15-1201 OF THIS  
30 ARTICLE, ADJUSTED TO INCLUDE ANY MANDATED SERVICES REQUIRED UNDER  
31 THIS TITLE THAT ARE NOT INCLUDED IN THE STANDARD PLAN.

32                  (2) THE REVIEW SHALL DETERMINE:

33                   (I) THE PREMIUM COST OF BENEFITS FOR MEDICAL COVERAGE  
34 AS A PERCENTAGE OF THE AVERAGE ANNUAL WAGE AS DETERMINED BY THE  
35 DEPARTMENT OF ECONOMIC AND BUSINESS DEVELOPMENT; AND

36                   (II) THE PORTION OF PREMIUM ATTRIBUTABLE TO MANDATED  
37 HEALTH INSURANCE SERVICES.

38                  (D) (1) THE COMMITTEE SHALL ASSESS THE SOCIAL AND FINANCIAL  
39 IMPACTS OF A PROPOSED MANDATED HEALTH INSURANCE SERVICE.

1                   (2) IN ASSESSING A PROPOSED MANDATED HEALTH INSURANCE  
2 SERVICE AND TO THE EXTENT THAT INFORMATION IS AVAILABLE, THE COMMITTEE  
3 SHALL CONSIDER:

4                   (I) SOCIAL IMPACTS, INCLUDING:

5                               1. THE EXTENT TO WHICH THE SERVICE IS GENERALLY  
6 UTILIZED BY A SIGNIFICANT PORTION OF THE POPULATION;

7                               2. THE EXTENT TO WHICH THE INSURANCE COVERAGE IS  
8 ALREADY GENERALLY AVAILABLE;

9                               3. IF COVERAGE IS NOT GENERALLY AVAILABLE, THE  
10 EXTENT TO WHICH THE LACK OF COVERAGE RESULTS IN INDIVIDUALS AVOIDING  
11 NECESSARY HEALTH CARE TREATMENTS;

12                              4. IF COVERAGE IS NOT GENERALLY AVAILABLE, THE  
13 EXTENT TO WHICH THE LACK OF COVERAGE RESULTS IN UNREASONABLE  
14 FINANCIAL HARDSHIP;

15                              5. THE LEVEL OF PUBLIC DEMAND FOR THE SERVICE;

16                              6. THE LEVEL OF PUBLIC DEMAND FOR INSURANCE  
17 COVERAGE OF THE SERVICE;

18                              7. THE LEVEL OF INTEREST OF COLLECTIVE BARGAINING  
19 AGENTS IN NEGOTIATING PRIVATELY FOR INCLUSION OF THIS COVERAGE IN  
20 GROUP CONTRACTS; AND

21                              8. THE EXTENT TO WHICH THE MANDATED HEALTH  
22 INSURANCE SERVICE IS COVERED BY SELF-FUNDED EMPLOYER GROUPS OF  
23 EMPLOYERS IN THE STATE WHO EMPLOY AT LEAST 500 EMPLOYEES; AND

24                   (II) FINANCIAL IMPACTS, INCLUDING:

25                              1. THE EXTENT TO WHICH THE COVERAGE WILL INCREASE  
26 OR DECREASE THE COST OF THE SERVICE;

27                              2. THE EXTENT TO WHICH THE COVERAGE WILL INCREASE  
28 THE APPROPRIATE USE OF THE SERVICE;

29                              3. THE EXTENT TO WHICH THE MANDATED SERVICE WILL  
30 BE A SUBSTITUTE FOR A MORE EXPENSIVE SERVICE;

31                              4. THE EXTENT TO WHICH THE COVERAGE WILL INCREASE  
32 OR DECREASE THE ADMINISTRATIVE EXPENSES OF INSURERS AND THE PREMIUM  
33 AND ADMINISTRATIVE EXPENSES OF POLICYHOLDERS;

34                              5. THE IMPACT OF THIS COVERAGE ON THE TOTAL COST OF  
35 HEALTH CARE; AND

36                              6. THE IMPACT OF ALL MANDATED HEALTH INSURANCE  
37 SERVICES ON EMPLOYERS' ABILITY TO PURCHASE HEALTH BENEFITS POLICIES  
38 MEETING THEIR EMPLOYEES' NEEDS.

1 (E) THE COMMITTEE SHALL REPORT ITS ASSESSMENT TO THE SENATE  
2 FINANCE COMMITTEE AND THE HOUSE ECONOMIC MATTERS COMMITTEE ON OR  
3 BEFORE DECEMBER 1 OF EACH YEAR.

4 SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
5 read as follows:

6 **Article - Insurance**

7 SUBTITLE 13. HEALTH ~~BENEFITS~~ SERVICES EVALUATION.

8 15-1301.

9 (A) (1) IN THIS SECTION, THE FOLLOWING WORDS HAVE THE MEANINGS  
10 INDICATED.

11 (2) "CARRIER" MEANS:

12 (I) AN INSURER;

13 (II) A NONPROFIT HEALTH SERVICE PLAN;

14 (III) A HEALTH MAINTENANCE ORGANIZATION;

15 (IV) A DENTAL PLAN ORGANIZATION; OR

16 (V) ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS  
17 SUBJECT TO REGULATION BY THE STATE.

18 (3) "COMMITTEE" MEANS THE JOINT COMMITTEE ON MANDATED  
19 HEALTH INSURANCE SERVICES.

20 ~~(2) (4) (I) "MANDATED HEALTH INSURANCE BENEFIT SERVICE"~~  
21 ~~MEANS A LEGISLATIVE PROPOSAL OR A STATUTE THAT WOULD REQUIRE A~~  
22 ~~PARTICULAR HEALTH CARE SERVICE, BENEFIT, COVERAGE, OR REIMBURSEMENT~~  
23 ~~FOR COVERED HEALTH CARE SERVICES TO BE PROVIDED OR OFFERED IN A~~  
24 ~~HEALTH BENEFIT PLAN, BY A CARRIER OR OTHER ORGANIZATION AUTHORIZED TO~~  
25 ~~PROVIDE HEALTH BENEFIT PLANS IN THE STATE.~~

26 ~~(II) "MANDATED HEALTH INSURANCE BENEFIT" INCLUDES A~~  
27 ~~LEGISLATIVE PROPOSAL OR A STATUTE THAT WOULD REQUIRE A HEALTH BENEFIT~~  
28 ~~PLAN THAT PROVIDES REIMBURSEMENT FOR A SERVICE TO PROVIDE~~  
29 ~~REIMBURSEMENT FOR THAT SERVICE WHEN PERFORMED BY ANY HEALTH CARE~~  
30 ~~PROVIDER WHO IS LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE AND~~  
31 ~~WHOSE SCOPE OF PRACTICE INCLUDES THAT SERVICE.~~

32 ~~(III) "MANDATED HEALTH INSURANCE BENEFIT SERVICE", AS~~  
33 ~~APPLICABLE TO ALL CARRIERS, DOES NOT INCLUDE SERVICES ENUMERATED TO~~  
34 ~~DESCRIBE A HEALTH MAINTENANCE ORGANIZATION UNDER § 19-701(F)(2) OF THE~~  
35 ~~HEALTH - GENERAL ARTICLE § 19-701(F)(2).~~

36 ~~(3) "COMMITTEE" MEANS THE JOINT COMMITTEE ON MANDATED~~  
37 ~~HEALTH INSURANCE BENEFITS.~~

6

1 (B) (1) THERE IS A JOINT COMMITTEE ON MANDATED HEALTH INSURANCE  
2 ~~BENEFITS SERVICES.~~

3 (2) THE COMMITTEE CONSISTS OF:

4 (I) ~~FIVE~~ THE CHAIRMAN OF THE HOUSE ECONOMIC MATTERS  
5 COMMITTEE OR DESIGNEE OF THE CHAIRMAN AND FOUR ADDITIONAL MEMBERS  
6 OF THE HOUSE OF DELEGATES DESIGNATED BY THE SPEAKER OF THE HOUSE; AND

7 (II) ~~FIVE~~ THE CHAIRMAN OF THE SENATE FINANCE COMMITTEE  
8 OR DESIGNEE OF THE CHAIRMAN AND FOUR ADDITIONAL MEMBERS OF THE  
9 SENATE DESIGNATED BY THE PRESIDENT OF THE SENATE.

10 (3) THE SENATE CHAIRMAN AND THE HOUSE CHAIRMAN OF THE  
11 COMMITTEE SHALL BE APPOINTED BY THE PRESIDENT AND THE SPEAKER,  
12 RESPECTIVELY, FROM THE MEMBERSHIP OF THE COMMITTEE. THE PRESIDING  
13 CHAIRMANSHIP AND CO-CHAIRMANSHIP SHALL BE ALTERNATED ANNUALLY  
14 BETWEEN THE SENATE AND THE HOUSE.

15 (C) (1) TO DETERMINE A BASELINE FOR ASSESSMENT OF A PROPOSED  
16 HEALTH INSURANCE SERVICE UNDER SUBSECTION (D) OF THIS SECTION, THE  
17 COMMITTEE SHALL REVIEW AND EVALUATE ~~THE COST OF ALL MANDATED HEALTH~~  
18 ~~INSURANCE BENEFITS ON AN ANNUAL BASIS THE:~~

19 (I) BENEFITS PROVIDED UNDER THE STATE EMPLOYEE HEALTH  
20 BENEFITS FOR MEDICAL COVERAGE; AND

21 (II) THE STANDARD PLAN AS DEFINED IN § 15-1201 OF THIS  
22 ARTICLE, ADJUSTED TO INCLUDE ANY MANDATED SERVICES REQUIRED UNDER  
23 THIS TITLE THAT ARE NOT INCLUDED IN THE STANDARD PLAN.

24 ~~(2) THE AVERAGE COST OF ALL MANDATED HEALTH INSURANCE~~  
25 ~~BENEFITS FOR HEALTH BENEFITS POLICIES MAY NOT EXCEED 0.2 PERCENT OF THE~~  
26 ~~MARYLAND'S AVERAGE ANNUAL WAGE.~~

27 ~~(3) IF THE COMMITTEE FINDS THAT THE AVERAGE COST OF ALL~~  
28 ~~MANDATED HEALTH INSURANCE BENEFITS EXCEEDS 0.2 PERCENT OF MARYLAND'S~~  
29 ~~AVERAGE ANNUAL WAGE, THE COMMITTEE SHALL RECOMMEND TO THE~~  
30 ~~LEGISLATIVE POLICY COMMITTEE BY DECEMBER 1 OF THAT YEAR WHICH~~  
31 ~~MANDATED HEALTH INSURANCE BENEFITS TO MODIFY OR ELIMINATE.~~

32 (2) THE REVIEW SHALL DETERMINE:

33 (I) THE PREMIUM COST OF BENEFITS FOR MEDICAL COVERAGE  
34 AS A PERCENTAGE OF THE AVERAGE ANNUAL WAGE AS DETERMINED BY THE  
35 DEPARTMENT OF ECONOMIC AND BUSINESS DEVELOPMENT; AND

36 (II) THE PORTION OF PREMIUM ATTRIBUTABLE TO MANDATED  
37 HEALTH INSURANCE SERVICES.

38 ~~(D) (1) THE COMMITTEE SHALL REVIEW A PROPOSED MANDATED HEALTH~~  
39 ~~INSURANCE BENEFIT AS DESIGNATED BY THE LEGISLATIVE POLICY COMMITTEE.~~

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1 ~~(2) IN REVIEWING A PROPOSED MANDATED HEALTH INSURANCE~~  
2 ~~BENEFIT, THE JOINT COMMITTEE SHALL CONSIDER:~~

3 ~~(I) THE COST OF ALL MANDATED HEALTH INSURANCE BENEFITS;~~

4 ~~(II) THE EFFECTIVENESS OF THE MANDATED HEALTH INSURANCE~~  
5 ~~BENEFIT ON IMPROVING THE HEALTH STATUS OF MARYLANDERS;~~

6 ~~(III) THE PERCENTAGE OF THE MARYLAND POPULATION~~  
7 ~~BENEFITTING FROM THE MANDATED HEALTH INSURANCE BENEFIT;~~

8 ~~(IV) THE EXTENT TO WHICH THE MANDATED HEALTH INSURANCE~~  
9 ~~IMPACTS A PARTICULAR TYPE OF HEALTH CARE PRACTITIONER;~~

10 (D) (1) THE COMMITTEE SHALL ASSESS THE SOCIAL AND FINANCIAL  
11 IMPACTS OF A PROPOSED MANDATED HEALTH INSURANCE SERVICE.

12 (2) IN ASSESSING A PROPOSED MANDATED HEALTH INSURANCE  
13 SERVICE AND TO THE EXTENT THAT INFORMATION IS AVAILABLE, THE COMMITTEE  
14 SHALL CONSIDER:

15 (I) SOCIAL IMPACTS, INCLUDING:

16 1. THE EXTENT TO WHICH THE SERVICE IS GENERALLY  
17 UTILIZED BY A SIGNIFICANT PORTION OF THE POPULATION;

18 2. THE EXTENT TO WHICH THE INSURANCE COVERAGE IS  
19 ALREADY GENERALLY AVAILABLE;

20 3. IF COVERAGE IS NOT GENERALLY AVAILABLE, THE  
21 EXTENT TO WHICH THE LACK OF COVERAGE RESULTS IN INDIVIDUALS AVOIDING  
22 NECESSARY HEALTH CARE TREATMENTS;

23 4. IF COVERAGE IS NOT GENERALLY AVAILABLE, THE  
24 EXTENT TO WHICH THE LACK OF COVERAGE RESULTS IN UNREASONABLE  
25 FINANCIAL HARDSHIP;

26 5. THE LEVEL OF PUBLIC DEMAND FOR THE SERVICE;

27 6. THE LEVEL OF PUBLIC DEMAND FOR INSURANCE  
28 COVERAGE OF THE SERVICE;

29 7. THE LEVEL OF INTEREST OF COLLECTIVE BARGAINING  
30 AGENTS IN NEGOTIATING PRIVATELY FOR INCLUSION OF THIS COVERAGE IN  
31 GROUP CONTRACTS; AND

32 ~~(V)~~ 8. THE EXTENT TO WHICH THE MANDATED HEALTH  
33 INSURANCE BENEFIT SERVICE IS COVERED BY SELF-FUNDED EMPLOYER GROUPS  
34 OF EMPLOYERS IN THE STATE WHO EMPLOY AT LEAST 500 EMPLOYEES; AND

35 (II) FINANCIAL IMPACTS, INCLUDING:

36 1. THE EXTENT TO WHICH THE COVERAGE WILL INCREASE  
37 OR DECREASE THE COST OF THE SERVICE;

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1 2. THE EXTENT TO WHICH THE COVERAGE WILL INCREASE  
 2 THE APPROPRIATE USE OF THE SERVICE;

3 3. THE EXTENT TO WHICH THE MANDATED SERVICE WILL  
 4 BE A SUBSTITUTE FOR A MORE EXPENSIVE SERVICE;

5 4. THE EXTENT TO WHICH THE COVERAGE WILL INCREASE  
 6 OR DECREASE THE ADMINISTRATIVE EXPENSES OF INSURERS AND THE PREMIUM  
 7 AND ADMINISTRATIVE EXPENSES OF POLICY HOLDERS;

8 5. THE IMPACT OF THIS COVERAGE ON THE TOTAL COST OF  
 9 HEALTH CARE; AND

10 6. THE IMPACT OF ALL MANDATED HEALTH INSURANCE  
 11 SERVICES ON EMPLOYERS' ABILITY TO PURCHASE HEALTH BENEFITS POLICIES  
 12 MEETING THEIR EMPLOYEES' NEEDS.

13 ~~(VI) DETERMINE THE IMPACT OF ALL MANDATED HEALTH~~  
 14 ~~INSURANCE BENEFITS ON EMPLOYER'S ABILITY TO PURCHASE HEALTH BENEFITS~~  
 15 ~~POLICIES MEETING THEIR EMPLOYEES' NEEDS.~~

16 ~~(E) THE COMMITTEE SHALL REPORT ITS FINDINGS AND ANY~~  
 17 ~~RECOMMENDATIONS TO THE LEGISLATIVE POLICY COMMITTEE BY DECEMBER 1 OF~~  
 18 ~~EACH YEAR.~~

19 (E) THE COMMITTEE SHALL REPORT ITS ASSESSMENT TO THE SENATE  
 20 FINANCE COMMITTEE AND THE HOUSE ECONOMIC MATTERS COMMITTEE ON OR  
 21 BEFORE DECEMBER 1 OF EACH YEAR.

22 SECTION 3- 5. AND BE IT FURTHER ENACTED, That, the Department of  
 23 Fiscal Services and the Department of Legislative Reference shall provide staff support to  
 24 the Joint Committee on Mandated Health Insurance Benefits and may contract for  
 25 actuarial services and other professional services to carry out the provisions of this Act. ~~In~~  
 26 ~~determining the average cost of mandated benefits per policy the Committee shall~~  
 27 ~~consider all group and individual policies sold in the State, including to public employers.~~

28 SECTION 4- 6. AND BE IT FURTHER ENACTED, That the Committee may  
 29 make reasonable request upon carriers to submit data on the cost of a mandated ~~benefit~~  
 30 service, utilization of a mandated ~~benefit~~ service, or other information as determined  
 31 appropriate to carry out the provisions of this Act.

32 SECTION 5- 7. AND BE IT FURTHER ENACTED, That ~~a member of the~~  
 33 ~~General Assembly may pre file a proposal for a mandated health insurance benefit. If a~~  
 34 ~~member of the General Assembly pre files a proposal for a mandated health insurance~~  
 35 ~~benefit by July 1 of any year, the Legislative Policy Committee shall require the Joint~~  
 36 ~~Committee on Mandated Health Insurance Benefits to review and evaluate the proposal~~  
 37 ~~and make a recommendation to the Legislative Policy Committee by December 1 of the~~  
 38 ~~same year, if a member of the General Assembly submits a proposal for a mandated~~  
 39 health insurance service on or before July 1 of any year, the Joint Committee on  
 40 Mandated Health Insurance Services shall review and evaluate the proposal in  
 41 accordance with Article 48A, § 490M of the Code as enacted by Section 3 of this Act or  
 42 § 15-1301(d) of the Insurance Article, as enacted by Section 4 of this Act, and submit its

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1 report to the Senate Finance Committee and the House Economic Matters Committee on  
2 or before December 1 of the same year.

3 SECTION 8. AND BE IT FURTHER ENACTED, That the review required under  
4 Article 48A, § 490M(c) of the Code shall be completed and a report submitted to the  
5 Senate Finance Committee and the House Economic Matters Committee, in accordance  
6 with § 2-1312 of the State Government Article, on or before October 1, 1997.

7 SECTION ~~6.~~ 9. AND BE IT FURTHER ENACTED, That Sections 2 and 4 of this  
8 Act this Act shall take effect October 1, 1997.

9 SECTION 10. AND BE IT FURTHER ENACTED, That, except as provided in  
10 Section 9 of this Act, this Act shall take effect July 1, 1997. It shall remain effective for a  
11 period of 4 years and, at the end of June 30, 2001, with no further action required by the  
12 General Assembly, this Act shall be abrogated and of no further force and effect.