

BY: Conference Committee

AMENDMENTS TO HOUSE BILL NO. 248

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “- Process of”; strike beginning with “establishing” in line 3 down through “services” in line 11 and substitute “requiring the Health Care Access and Cost Commission to conduct a certain review of mandated health insurance services; requiring the Commission to submit a certain report to certain persons; requiring the Commission to review and evaluate certain proposals under certain circumstances; requiring the Commission to conduct an initial evaluation of the cost of mandated health insurance services and make a certain report to the General Assembly; providing for the construction of this Act; defining certain terms; repealing certain provisions of law related to the establishment and duties of the Interdepartmental Committee on Mandated Health Insurance Benefits; and generally relating to the review of mandated health insurance services by the Health Care Access and Cost Commission”; and in line 20, strike “Health Services Evaluation” and substitute “Mandated Health Insurance Services Evaluation”.

AMENDMENT NO. 2

On pages 2 through 5, strike in their entirety the lines beginning line 6 on page 2 through line 22 on page 5, inclusive, and substitute:

“SUBTITLE 15. MANDATED HEALTH INSURANCE SERVICES EVALUATION.

15-1501.

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

(2) "COMMISSION" MEANS THE HEALTH CARE ACCESS AND COST COMMISSION.

(Over)

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

(II) "MANDATED HEALTH INSURANCE SERVICE", AS APPLICABLE TO ALL CARRIERS, DOES NOT INCLUDE SERVICES ENUMERATED TO DESCRIBE A HEALTH MAINTENANCE ORGANIZATION UNDER § 19-702(F)(2) OF THE HEALTH - GENERAL ARTICLE.

(B) THIS SECTION DOES NOT AFFECT THE ABILITY OF THE GENERAL ASSEMBLY TO ENACT LEGISLATION ON MANDATED HEALTH INSURANCE SERVICES.

(C) (1) THE COMMISSION SHALL ASSESS THE SOCIAL, MEDICAL, AND FINANCIAL IMPACTS OF A PROPOSED MANDATED HEALTH INSURANCE SERVICE.

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

(I) SOCIAL IMPACTS, INCLUDING:

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

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

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

4. IF COVERAGE IS NOT GENERALLY AVAILABLE, THE

EXTENT TO WHICH THE LACK OF COVERAGE RESULTS IN UNREASONABLE FINANCIAL HARDSHIP;

5. THE LEVEL OF PUBLIC DEMAND FOR THE SERVICE;

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

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

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

(II) MEDICAL IMPACTS, INCLUDING:

1. THE EXTENT TO WHICH THE SERVICE IS GENERALLY RECOGNIZED BY THE MEDICAL COMMUNITY AS BEING EFFECTIVE AND EFFICACIOUS IN THE TREATMENT OF PATIENTS;

2. THE EXTENT TO WHICH THE SERVICE IS GENERALLY RECOGNIZED BY THE MEDICAL COMMUNITY AS DEMONSTRATED BY A REVIEW OF SCIENTIFIC AND PEER REVIEW LITERATURE; AND

3. THE EXTENT TO WHICH THE SERVICE IS GENERALLY AVAILABLE AND UTILIZED BY TREATING PHYSICIANS; AND

(III) FINANCIAL IMPACTS, INCLUDING:

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

(Over)

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

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

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

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

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

(D) SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET, THE COMMISSION MAY CONTRACT FOR ACTUARIAL SERVICES AND OTHER PROFESSIONAL SERVICES TO CARRY OUT THE PROVISIONS OF THIS SECTION.

(E) ON OR BEFORE DECEMBER 31, 1998, AND EACH DECEMBER 1 THEREAFTER, THE COMMISSION SHALL SUBMIT A REPORT ON ITS FINDINGS, INCLUDING ANY RECOMMENDATIONS, TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY.

SECTION 3. AND BE IT FURTHER ENACTED, That the Health Care Access and Cost Commission may make reasonable requests on carriers to submit data on the cost of a mandated health insurance service, utilization of a mandated health insurance service, and any other information the Commission considers necessary to carry out the provisions of this Act.

SECTION 4. AND BE IT FURTHER ENACTED, That, if a member of the General Assembly submits a proposal for a mandated health insurance service on or before July 1 of any year,

the Commission, in accordance with the requirements of § 15-1501 of the Insurance Article, as enacted by this Act, shall review and evaluate the proposal and shall submit its findings and recommendations regarding the proposal in its December report of that year.

SECTION 5. AND BE IT FURTHER ENACTED, That the Commission shall:

(a) conduct an initial evaluation of the cost of existing mandated health insurance services and submit the results of its initial evaluation in the report due to the General Assembly under this Act by December 31, 1998;

(b) recommend in its report an appropriate percentage of the average annual wage in the State that the total cost of mandated health insurance services may not exceed;

(c) take into consideration in its recommendation the percentage of the average annual wage in the State that relates to the premium associated with:

(1) the current mandated health insurance services enacted in this State for a typical group and individual health benefits plan;

(2) the benefits provided under the State Employee Health Benefits Plan for medical coverage; and

(3) the Comprehensive Standard Health Benefit Plan as defined in § 15-1201(n) of the Insurance Article.

SECTION 6. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 1998.”.