

BY: Finance Committee

AMENDMENTS TO HOUSE BILL NO. 248

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike line 2 in its entirety and substitute "Mandated Health Insurance Benefits Evaluation"; strike in their entirety lines 3 through 11, inclusive, and substitute:

"FOR the purpose of requiring the Health Care Access and Cost Commission to conduct a certain review of mandated health insurance benefits; 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 benefits 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 benefits by the Health Care Access and Cost Commission."

and strike line 20 in its entirety and substitute "Section 15-1501 to be under the new subtitle "Subtitle 15. Mandated Health Insurance Benefits Evaluation"".

AMENDMENT NO. 2

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

"SUBTITLE 15. MANDATED HEALTH INSURANCE BENEFITS EVALUATION.

15-1501.

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

(Over)

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

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

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

(III) "MANDATED HEALTH INSURANCE BENEFIT", AS APPLICABLE TO ALL CARRIERS, DOES NOT INCLUDE SERVICES ENUMERATED TO DESCRIBE A HEALTH MAINTENANCE ORGANIZATION UNDER § 19-701(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 BENEFITS.

(C) THE COMMISSION SHALL UNDERTAKE AN ONGOING AND SYSTEMATIC REVIEW OF ALL CURRENT AND PROPOSED MANDATED HEALTH INSURANCE BENEFITS IN THIS STATE FOR THE PURPOSE OF EVALUATING THEIR CLINICAL AND ECONOMIC IMPACT ON CONSUMERS, HEALTH CARE PROVIDERS, AND THIRD PARTY PAYORS AND MAKING RECOMMENDATIONS AS TO CONTINUING, MODIFYING, OR REPEALING CURRENT MANDATES AND APPROVING OR DISAPPROVING PROPOSED MANDATES.

(D) AS PART OF THE REVIEW REQUIRED UNDER SUBSECTION (C) OF THIS SECTION, THE COMMISSION SHALL EVALUATE THE EFFECTIVENESS OF ALL

CURRENT AND PROPOSED MANDATED HEALTH INSURANCE BENEFITS IN:

(1) MAINTAINING AND IMPROVING HEALTH STATUS;

(2) REDUCING UNNECESSARY CONSUMPTION OF HEALTH CARE SERVICES; AND

(3) MAKING HEALTH CARE COVERAGE MORE AFFORDABLE.

(E) 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.

(F) ON OR BEFORE DECEMBER 31, 1998, AND EACH DECEMBER 1 THEREAFTER, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE COMMISSION SHALL SUBMIT A REPORT ON ITS FINDINGS, INCLUDING ANY RECOMMENDATIONS, TO THE PRESIDENT OF THE SENATE OF MARYLAND, THE SPEAKER OF THE MARYLAND HOUSE OF DELEGATES, AND THE RESPECTIVE CHAIRMEN OF THE SENATE FINANCE COMMITTEE, THE HOUSE ECONOMIC MATTERS COMMITTEE, AND THE HOUSE ENVIRONMENTAL MATTERS COMMITTEE.

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 benefit, utilization of a mandated health insurance benefit, 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 benefit 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:

(Over)

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

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

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

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

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

(iii) 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.”.