

HOUSE BILL 92

Unofficial Copy  
C3

2000 Regular Session  
0lr0150  
CF 0lr0093

(PRE-FILED)

---

By: **Chairman, Economic Matters Committee (Departmental - Insurance Administration, Maryland)**

Requested: November 15, 1999  
Introduced and read first time: January 12, 2000  
Assigned to: Economic Matters

---

Committee Report: Favorable with amendments  
House action: Adopted  
Read second time: February 22, 2000

---

CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health Insurance - Risk Based Capital Standards for Insurers and Managed**  
3 **Care Organizations**

4 FOR the purpose of requiring certain insurers to meet certain risk based capital  
5 standards; requiring the Insurance Commissioner to take certain action against  
6 certain insurers under certain circumstances; altering certain terms; defining  
7 certain terms; requiring the Insurance Commissioner to adopt regulations that  
8 apply risk based capital standards to certain managed care organizations by a  
9 certain date; requiring certain managed care organizations to comply with  
10 certain risk based capital standards; making technical changes; and generally  
11 relating to risk based capital standards for insurers and managed care  
12 organizations.

13 BY renumbering  
14 Article - Health - General  
15 Section 19-710(e) through (s), respectively  
16 to be Section 19-710(f) through (t), respectively  
17 Annotated Code of Maryland  
18 (1996 Replacement Volume and 1999 Supplement)

19 BY repealing and reenacting, with amendments,  
20 Article - Health - General  
21 Section 15-102.4  
22 Annotated Code of Maryland

1 (1994 Replacement Volume and 1999 Supplement)

2 BY adding to

3 Article - Health - General

4 Section 19-710(e)

5 Annotated Code of Maryland

6 (1996 Replacement Volume and 1999 Supplement)

7 BY repealing and reenacting, with amendments,

8 Article - Insurance

9 Section 4-301, 4-304, 4-308, and 4-311

10 Annotated Code of Maryland

11 (1997 Volume and 1999 Supplement)

12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
13 MARYLAND, That Section(s) 19-710(e) through (s), respectively, of Article - Health -  
14 General of the Annotated Code of Maryland be renumbered to be Section(s) 19-710(f)  
15 through (t), respectively.

16 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
17 read as follows:

18 **Article - Health - General**

19 15-102.4.

20 (a) (1) Each managed care organization shall be actuarially sound.

21 (2) (i) Except as otherwise provided in this section, the surplus that a  
22 managed care organization is required to have shall be paid in full.

23 (ii) A managed care organization shall have an initial surplus that  
24 exceeds the liabilities of the managed care organization by at least \$1,500,000.

25 (b) (1) In consultation with the Secretary, the Insurance Commissioner may  
26 adjust the initial surplus requirement for a managed care organization that is not  
27 licensed as a health maintenance organization. In determining whether to make an  
28 adjustment under [paragraph (1) of this subsection] THIS PARAGRAPH, the  
29 Commissioner shall consider:

30 (i) The proposed capitation level that would be received by the  
31 managed care organization under a contract with the Department under this subtitle;

32 (ii) The proposed range of benefits to be provided under a contract  
33 with the Department under this subtitle;

34 (iii) The existence of any commitment by the Secretary to designate  
35 funds over and above the proposed capitation where the designated funds;

1 1. Are equivalent to the difference between the requirements  
2 of § 19-710 of this [subtitle] ARTICLE and any lower requirements determined by the  
3 Commissioner under this subparagraph; and

4 2. Would be available in case of the impairment or insolvency  
5 of the managed care organization; and

6 (iv) The availability of the money held in trust by the Secretary to  
7 pay claims in case of impairment or insolvency of the managed care organization.

8 (2) Notwithstanding subsection (a)(2)(ii) of this section, a managed care  
9 organization shall have an initial surplus that exceeds liabilities by at least  
10 \$1,250,000. If a managed care organization has an initial surplus that is at least  
11 \$1,250,000 but less than \$1,500,000, prior to approval, the Department shall  
12 designate funds under paragraph (1)(iii) of this subsection sufficient to provide an  
13 initial surplus of at least \$1,500,000.

14 (c) (1) (i) Each managed care organization shall maintain a surplus that  
15 exceeds the liabilities of the managed care organization in the amount that is at least  
16 equal to the greater of \$750,000 or 5 percent of the subscription charges earned  
17 during the prior calendar year as recorded in the annual report filed by the managed  
18 care organization with the Commissioner.

19 (ii) No managed care organization shall be required to maintain a  
20 surplus in excess of a value of \$3,000,000.

21 (2) (i) For the protection of the managed care organization's enrollees  
22 and creditors, the applicant shall deposit and maintain in trust with the State  
23 Treasurer \$100,000 in cash or government securities of the type described in §  
24 5-701(b) of the Insurance Article.

25 (ii) 1. The deposits shall be accepted and held in trust by the  
26 State Treasurer in accordance with the provisions of Title 5, Subtitle 7 of the  
27 Insurance Article.

28 2. For the purpose of applying this subparagraph, a managed  
29 care organization shall be treated as an insurer.

30 (D) EACH MANAGED CARE ORGANIZATION SHALL COMPLY WITH RISK BASED  
31 CAPITAL STANDARDS IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE  
32 INSURANCE COMMISSIONER UNDER § 4-311 OF THE INSURANCE ARTICLE.

33 [(d)] (E) On or before June 1 of each year, the Secretary shall submit to the  
34 General Assembly, in accordance with § 2-1246 of the State Government Article, a  
35 report on:

36 (1) The number of managed care organizations for which the Secretary  
37 has designated money to be held in trust under this [subsection] SECTION; and



1 (I) A HEALTH MAINTENANCE ORGANIZATION OPERATING UNDER  
2 A CERTIFICATE OF AUTHORITY ISSUED BY THE COMMISSIONER UNDER TITLE 19,  
3 SUBTITLE 7 OF THE HEALTH - GENERAL ARTICLE;

4 (II) A NONPROFIT HEALTH SERVICE PLAN OPERATING UNDER  
5 TITLE 14, SUBTITLE 1 OF THIS ARTICLE;

6 (III) A DENTAL PLAN OPERATING UNDER TITLE 14, SUBTITLE 4 OF  
7 THIS ARTICLE; AND

8 (IV) A PROVIDER-SPONSORED ORGANIZATION OPERATING UNDER  
9 TITLE 19, SUBTITLE 7A OF THE HEALTH - GENERAL ARTICLE.

10 (3) "HEALTH INSURER" DOES NOT INCLUDE A MANAGED CARE  
11 ORGANIZATION OPERATING UNDER TITLE 15, SUBTITLE 1 OF THE HEALTH -  
12 GENERAL ARTICLE.

13 (H) (1) "INSURER" MEANS AN INSURER OR OTHER ENTITY AUTHORIZED TO  
14 ENGAGE IN THE INSURANCE BUSINESS IN THE STATE UNDER A CERTIFICATE OF  
15 AUTHORITY ISSUED BY THE COMMISSIONER.

16 (2) "INSURER" INCLUDES:

17 (I) A HEALTH MAINTENANCE ORGANIZATION OPERATING UNDER  
18 A CERTIFICATE OF AUTHORITY ISSUED BY THE COMMISSIONER UNDER TITLE 19,  
19 SUBTITLE 7 OF THE HEALTH - GENERAL ARTICLE;

20 (II) A NONPROFIT HEALTH SERVICE PLAN OPERATING UNDER  
21 TITLE 14, SUBTITLE 1 OF THIS ARTICLE;

22 (III) A DENTAL PLAN OPERATING UNDER TITLE 14, SUBTITLE 4 OF  
23 THIS ARTICLE; AND

24 (IV) A PROVIDER-SPONSORED ORGANIZATION OPERATING UNDER  
25 TITLE 19, SUBTITLE 7A OF THE HEALTH - GENERAL ARTICLE.

26 (3) "INSURER" DOES NOT INCLUDE:

27 (I) MONOLINE:

28 1. MORTGAGE GUARANTY INSURERS;

29 2. FINANCIAL GUARANTY INSURERS; OR

30 3. TITLE INSURERS; OR

31 (II) MANAGED CARE ORGANIZATIONS OPERATING UNDER TITLE 15,  
32 SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE.

33 [(g)] (I) "Life insurer" means[:

1 (1)] an insurer THAT:

2 (1) IS authorized to write life insurance in the State [that is also  
3 authorized to write health insurance in the State;

4 (2) an insurer authorized to write life insurance in the State; or

5 (3) a property and casualty insurer that writes only accident and health  
6 insurance]; AND

7 (2) RECEIVES THE MAJORITY OF ITS PREMIUM FROM THE SALE OF LIFE  
8 INSURANCE.

9 [(h)] (J) "NAIC" means the National Association of Insurance Commissioners.

10 [(i)] (1) "Property and casualty insurer" means an insurer authorized to write  
11 property insurance or casualty insurance in the State.

12 (2) "Property and casualty insurer" does not include monoline:

13 (i) mortgage guaranty insurers;

14 (ii) financial guaranty insurers; or

15 (iii) title insurers.]

16 (K) (1) "PROPERTY AND CASUALTY INSURER" MEANS AN INSURER THAT:

17 (I) IS AUTHORIZED TO WRITE PROPERTY INSURANCE OR  
18 CASUALTY INSURANCE IN THE STATE; AND

19 (II) RECEIVES THE MAJORITY OF ITS PREMIUM FROM THE SALE OF  
20 PROPERTY INSURANCE OR CASUALTY INSURANCE.

21 (2) "PROPERTY AND CASUALTY INSURER" DOES NOT INCLUDE:

22 (I) A HEALTH MAINTENANCE ORGANIZATION OPERATING UNDER  
23 A CERTIFICATE OF AUTHORITY ISSUED BY THE COMMISSIONER UNDER TITLE 19,  
24 SUBTITLE 7 OF THE HEALTH - GENERAL ARTICLE;

25 (II) A NONPROFIT HEALTH SERVICE PLAN OPERATING UNDER  
26 TITLE 14, SUBTITLE 1 OF THIS ARTICLE;

27 (III) A DENTAL PLAN OPERATING UNDER TITLE 14, SUBTITLE 4 OF  
28 THIS ARTICLE;

29 (IV) A PROVIDER-SPONSORED ORGANIZATION OPERATING UNDER  
30 TITLE 19, SUBTITLE 7A OF THE HEALTH - GENERAL ARTICLE; OR

31 (V) A MANAGED CARE ORGANIZATION OPERATING UNDER TITLE 15,  
32 SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE.

1 [(j)] (L) "Negative trend" means, with respect to a life insurer or health  
2 insurer, negative trend over a period of time, as determined in accordance with the  
3 "trend test calculation" included in the RBC instructions.

4 [(k)] (M) "RBC instructions" means the risk based capital instructions  
5 developed and adopted by the NAIC.

6 [(l)] (N) "RBC level" means an insurer's company action level RBC, regulatory  
7 action level RBC, authorized control level RBC, or mandatory control level RBC if:

8 (1) "company action level RBC" means the product of 2.0 and the  
9 authorized control level RBC;

10 (2) "regulatory action level RBC" means the product of 1.5 and the  
11 authorized control level RBC;

12 (3) "authorized control level RBC" means the number determined under  
13 the risk based capital formula in accordance with the RBC instructions; or

14 (4) "mandatory control level RBC" means the product of .70 and the  
15 authorized control level RBC.

16 [(m)] (O) "RBC plan" means a comprehensive financial plan that contains the  
17 elements specified in § 4-305(b) of this subtitle.

18 [(n)] (P) "RBC report" means a report prepared by a domestic insurer and  
19 submitted to the Commissioner that details the domestic insurer's RBC levels as of  
20 the end of the immediately preceding calendar year.

21 [(o)] (Q) "Revised RBC plan" means an RBC plan that has been:

22 (1) rejected by the Commissioner; and

23 (2) subsequently revised by the insurer, with or without the  
24 Commissioner's recommendation.

25 [(p)] (R) "Total adjusted capital" means the sum of:

26 (1) an insurer's statutory capital and surplus as determined in  
27 accordance with the statutory accounting principles applicable to the annual financial  
28 statements required to be filed under [this article] STATE LAW AND REGULATIONS;  
29 and

30 (2) any other items provided for in the RBC instructions.

31 4-304.

32 (a) (1) A life insurer's risk based capital shall be determined in accordance  
33 with the formula set forth in the RBC instructions.

1 (2) By applying the factors in the manner set forth in the RBC  
2 instructions, the formula shall take into account and may adjust for the covariance  
3 between:

- 4 (i) the risk with respect to the life insurer's assets;
- 5 (ii) the risk of adverse insurance experience with respect to the life  
6 insurer's liabilities and obligations;
- 7 (iii) the interest rate risk with respect to the life insurer's business;  
8 and
- 9 (iv) all other business risks and other relevant risks as set forth in  
10 the RBC instructions.

11 (b) (1) [A property and casualty] EXCEPT AS PROVIDED IN SUBSECTION (A)  
12 OF THIS SECTION, AN insurer's risk based capital shall be determined in accordance  
13 with the formula set forth in the RBC instructions.

14 (2) By applying the factors in the manner set forth in the RBC  
15 instructions, the formula shall take into account and may adjust for the covariance  
16 between:

- 17 (i) asset risk;
- 18 (ii) credit risk;
- 19 (iii) underwriting risk; and
- 20 (iv) all other business risks and other relevant risks as set forth in  
21 the RBC instructions.

22 4-308.

23 (a) A mandatory control level event occurs when:

24 (1) an insurer files an RBC report that indicates that the insurer has  
25 total adjusted capital that is less than its mandatory control level RBC;

26 (2) the Commissioner notifies the insurer of an adjusted RBC report that  
27 indicates an event under item (1) of this subsection; or

28 (3) if an insurer requests a hearing to challenge an adjusted RBC report  
29 that indicates the event under item (1) of this subsection, the Commissioner notifies  
30 the insurer that the Commissioner, after a hearing, has rejected the insurer's  
31 challenge.

32 (b) (1) In the case of a life insurer, if a mandatory control level event occurs  
33 with respect to the life insurer, the Commissioner shall take any action that may be  
34 necessary to place the life insurer under conservation, rehabilitation, or liquidation  
35 under Title 9 of this article.



1 (2) In the case of a property and casualty insurer, if a mandatory control  
 2 level event occurs with respect to the property and casualty insurer, the  
 3 Commissioner:

4 (i) shall take any action that may be necessary to place the  
 5 property and casualty insurer under conservation, rehabilitation, or liquidation under  
 6 Title 9 of this article; or

7 (ii) in the case of a property and casualty insurer that is not writing  
 8 any new business and that is running off its existing business, may allow the property  
 9 and casualty insurer to continue its run-off under the supervision of the  
 10 Commissioner.

11 (3) ~~(H) EXCEPT AS PROVIDED IN SUBPARAGRAPH (H) OF THIS~~  
 12 ~~PARAGRAPH, IN THE CASE OF A HEALTH INSURER, IF A MANDATORY CONTROL LEVEL~~  
 13 ~~EVENT OCCURS WITH RESPECT TO THE HEALTH INSURER, THE COMMISSIONER~~  
 14 ~~SHALL TAKE ANY ACTION THAT MAY BE NECESSARY TO PLACE THE HEALTH~~  
 15 ~~INSURER UNDER CONSERVATION, REHABILITATION, OR LIQUIDATION UNDER TITLE~~  
 16 ~~9 OF THIS ARTICLE.~~

17 ~~(H) IN THE CASE OF A HEALTH MAINTENANCE ORGANIZATION, IF A~~  
 18 ~~MANDATORY CONTROL LEVEL EVENT OCCURS WITH RESPECT TO THE HEALTH~~  
 19 ~~MAINTENANCE ORGANIZATION, THE COMMISSIONER SHALL TAKE ACTION UNDER~~  
 20 ~~TITLE 19 OF THE HEALTH GENERAL ARTICLE.~~

21 (c) The Commissioner may delay action under subsection (b) of this section for  
 22 up to 90 days after the occurrence of the mandatory control level event if the  
 23 Commissioner finds there is a reasonable expectation that the mandatory control  
 24 level event may be eliminated within the 90-day period.

25 (d) (1) The Commissioner shall have the rights, powers, and duties under  
 26 Title 9 of this article needed to carry out the requirements of this section.

27 (2) If the Commissioner takes any action under Title 9 of this article  
 28 pursuant to an adjusted RBC report as provided in this section, the insurer shall be  
 29 entitled to the protections afforded to insurers under Title 9 of this article with regard  
 30 to summary proceedings.

31 4-311.

32 (a) The provisions of this Act are supplemental to other laws of the State, and  
 33 may not preclude or limit any other powers or duties of the Commissioner ~~under this~~  
 34 ~~article], including Title 9 of this article AND TITLE 19 OF THE HEALTH GENERAL~~  
 35 ~~ARTICLE.~~

36 (b) (1) The Commissioner may adopt regulations to carry out this subtitle.

37 (2) THE COMMISSIONER SHALL ADOPT REGULATIONS THAT APPLY  
 38 APPROPRIATE RISK BASED CAPITAL STANDARDS TO MANAGED CARE

1 ORGANIZATIONS AS DEFINED UNDER § 15-101(F) OF THE HEALTH - GENERAL  
2 ARTICLE.

3 (c) The Commissioner may exempt from the application of this Act any  
4 domestic property and casualty insurer that:

- 5 (1) writes direct business only in the State;
- 6 (2) writes direct annual premiums of \$2,000,000 or less; and
- 7 (3) assumes no reinsurance in excess of 5% of direct premiums written.

8 SECTION 3. AND BE IT FURTHER ENACTED, That the Insurance  
9 Commissioner shall adopt regulations that apply risk based capital standards to  
10 managed care organizations no later than July 1, 2001.

11 SECTION ~~3~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take  
12 effect July 1, 2000.