

BY: Economic Matters Committee

AMENDMENTS TO SENATE BILL NO. 458

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 9, after “coverage;” insert “requiring certain carriers to annually notify the Commissioner of certain open enrollment periods by a certain date;”.

AMENDMENT NO. 2

On page 2, in line 7, after “PLAN;” insert “OR”; in line 8, strike the semicolon and substitute a period; strike in their entirety lines 9 through 11, inclusive, and substitute:

“(3) (I) “HEALTH BENEFIT PLAN” MEANS A:

1. HOSPITAL OR MEDICAL POLICY OR CERTIFICATE, INCLUDING THOSE ISSUED UNDER MULTIPLE EMPLOYER TRUSTS OR ASSOCIATIONS LOCATED IN MARYLAND OR ANY OTHER STATE COVERING MARYLAND RESIDENTS;

2. POLICY, CONTRACT, OR CERTIFICATE ISSUED BY A NONPROFIT HEALTH SERVICE PLAN THAT COVERS MARYLAND RESIDENTS; OR

3. HEALTH MAINTENANCE ORGANIZATION SUBSCRIBER OR GROUP MASTER CONTRACT.

(II) “HEALTH BENEFIT PLAN” DOES NOT INCLUDE:

1. ONE OR MORE, OR ANY COMBINATION OF THE FOLLOWING:

A. COVERAGE ONLY FOR ACCIDENT OR DISABILITY INCOME INSURANCE;

(Over)

INSURANCE:

- B. COVERAGE ISSUED AS A SUPPLEMENT TO LIABILITY
- C. LIABILITY INSURANCE, INCLUDING GENERAL LIABILITY INSURANCE AND AUTOMOBILE LIABILITY INSURANCE;
- D. WORKERS' COMPENSATION OR SIMILAR INSURANCE;
- E. AUTOMOBILE MEDICAL PAYMENT INSURANCE;
- F. CREDIT-ONLY INSURANCE;
- G. COVERAGE FOR ON-SITE MEDICAL CLINICS; OR
- H. OTHER SIMILAR INSURANCE COVERAGE, SPECIFIED IN FEDERAL REGULATIONS ISSUED PURSUANT TO P.L. 104-191, UNDER WHICH BENEFITS FOR MEDICAL CARE ARE SECONDARY OR INCIDENTAL TO OTHER INSURANCE BENEFITS;

2. THE FOLLOWING BENEFITS IF THEY ARE PROVIDED UNDER A SEPARATE POLICY, CERTIFICATE, OR CONTRACT OF INSURANCE OR ARE OTHERWISE NOT AN INTEGRAL PART OF A PLAN:

- A. LIMITED SCOPE DENTAL OR VISION BENEFITS;
- B. BENEFITS FOR LONG-TERM CARE, NURSING HOME CARE, HOME HEALTH CARE, COMMUNITY-BASED CARE, OR ANY COMBINATION OF THESE BENEFITS; OR
- C. SUCH OTHER SIMILAR, LIMITED BENEFITS AS ARE SPECIFIED IN FEDERAL REGULATIONS ISSUED PURSUANT TO P.L. 104-191;

3. THE FOLLOWING BENEFITS IF OFFERED AS INDEPENDENT, NONCOORDINATED BENEFITS:

- A. COVERAGE ONLY FOR A SPECIFIED DISEASE OR

ILLNESS; OR

B. HOSPITAL INDEMNITY OR OTHER FIXED INDEMNITY
INSURANCE; OR

4. THE FOLLOWING BENEFITS IF OFFERED AS A
SEPARATE INSURANCE POLICY:

A. MEDICARE SUPPLEMENTAL HEALTH INSURANCE (AS
DEFINED UNDER § 1882(G)(1) OF THE SOCIAL SECURITY ACT);

B. COVERAGE SUPPLEMENTAL TO THE COVERAGE
PROVIDED UNDER CHAPTER 55 OF TITLE 10, UNITED STATES CODE; OR

C. SIMILAR SUPPLEMENTAL COVERAGE PROVIDED TO
COVERAGE UNDER AN EMPLOYER SPONSORED PLAN.”;

in line 15, strike “CARRIERS” and substitute “EACH CARRIER”; in the same line, strike “OFFER” and substitute “OFFERS A”; in line 16, strike “INSURANCE” and substitute “BENEFIT PLAN”; in line 17, after “DENIES” insert “COVERAGE UNDER A”; in line 18, strike “INSURANCE FOR” and substitute “BENEFIT PLAN TO”; and after line 28, insert:

“(D) NO LATER THAN JANUARY 1 OF EACH YEAR, EACH CARRIER THAT OFFERS SUBSTANTIAL, AVAILABLE, AND AFFORDABLE COVERAGE IN THE NONGROUP MARKET SHALL NOTIFY THE COMMISSIONER IN WRITING OF THE TIME PERIODS IN THAT CALENDAR YEAR DURING WHICH THE CARRIER WILL OFFER ITS SUBSTANTIAL, AVAILABLE, AND AFFORDABLE COVERAGE PLAN ON AN OPEN ENROLLMENT BASIS.”.