

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 443

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 4, strike “a county or municipal corporation” and substitute “certain counties or municipal corporations”; in the same line, strike “offers” and substitute “offer”; in line 5, strike “its”; in line 6, before “residents” insert “certain”; in the same line, after the semicolon insert “providing that the provisions of this Act do not apply to certain counties or municipal corporations;”; in line 8, after “plan;” insert “prohibiting certain residents who have certain insurance coverage from participating in the group health benefit plan;”; in line 11, after “fee;” insert “authorizing the county or municipal corporation to limit the number of residents participating in the group health benefit plan; prohibiting the county or municipal corporation from using health status to determine eligibility or continued participation in the group health benefit plan; authorizing the county or municipal corporation to elect not to renew certain coverage for residents upon notification in a certain manner; allowing a participant in a group health benefit plan under this Act who no longer resides in the county or municipal corporation to continue coverage for a certain time under certain circumstances; requiring certain county or municipal corporations on or before a certain date to provide a certain report;”.

AMENDMENT NO. 2

On page 1, in line 24, after “(A)” insert “(1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,”; and after line 26, insert:

“(2) THIS SECTION DOES NOT APPLY TO A COUNTY OR MUNICIPAL CORPORATION THAT:

(I) IS SELF-INSURED; OR

(II) MEETS THE REQUIREMENTS OF SMALL EMPLOYER UNDER § 15-1203(B) OF THE INSURANCE ARTICLE.”.

(Over)

AMENDMENT NO. 3

On page 2, in line 5, after “(C)” insert “(1)”; and after line 9, insert:

“(2) A RESIDENT IS NOT ELIGIBLE TO PARTICIPATE IN THE GROUP HEALTH BENEFIT PLAN IF THE RESIDENT IS ELIGIBLE FOR COVERAGE UNDER:

- (I) THE FEDERAL MEDICARE PROGRAM;
- (II) THE MARYLAND MEDICAL ASSISTANCE PROGRAM;
- (III) THE MARYLAND CHILDREN’S HEALTH PROGRAM; OR
- (IV) ANY OTHER GROUP HEALTH INSURANCE PLAN.”.

AMENDMENT NO. 4

On page 2, in line 15, before “ADMINISTRATIVE” insert “ANNUAL”; and in the same line, strike “OF UP TO \$25 PER YEAR”.

AMENDMENT NO. 5

On page 2, after line 17, insert:

“(F) (1) THE COUNTY OR MUNICIPAL CORPORATION MAY LIMIT THE NUMBER OF ADDITIONAL RESIDENTS THAT MAY PARTICIPATE IN THE GROUP HEALTH BENEFIT PLAN EACH YEAR.

(2) THE COUNTY OR MUNICIPAL CORPORATION MAY NOT USE THE HEALTH STATUS OF A RESIDENT OR THE RESIDENT’S DEPENDANTS AS A FACTOR FOR DETERMINING ELIGIBILITY OR CONTINUED PARTICIPATION IN THE GROUP HEALTH BENEFIT PLAN.

(G) (1) AT THE END OF A CONTRACT PERIOD, A COUNTY OR MUNICIPAL CORPORATION MAY ELECT NOT TO RENEW COVERAGE UNDER THIS SECTION FOR ALL RESIDENTS WHO ARE NOT EMPLOYEES OF THE COUNTY OR MUNICIPAL CORPORATION.

(2) IF THE COUNTY OR MUNICIPAL CORPORATION ELECTS NOT TO

RENEW COVERAGE UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE COUNTY OR MUNICIPAL CORPORATION SHALL PROVIDE NOTICE OF NONRENEWAL AT LEAST 90 DAYS BEFORE THE DATE OF THE NONRENEWAL TO EACH AFFECTED RESIDENT.

(H) A PARTICIPATING RESIDENT WHO NO LONGER MAINTAINS A PRINCIPAL RESIDENCE IN THE COUNTY OR MUNICIPAL CORPORATION MAY ELECT TO CONTINUE COVERAGE FOR A PERIOD OF UP TO 6 MONTHS AFTER MOVING FROM THE COUNTY OR MUNICIPAL CORPORATION.”.

AMENDMENT NO. 6

On page 2, before line 18, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That on or before January 1, 2005, any county or municipal corporation that offers coverage under this Act shall report to the Governor, and, in accordance with § 2-1246 of the State Government Article, the General Assembly, on the number of covered lives, age, employment status, total premium, and total claims of all residents participating in a group health benefit plan under Article 24, § 18-101 of the Code.”;

in line 18, strike “2.” and substitute “3.”; and in line 19, strike “October” and substitute “July”.