

BY: Finance Committee

AMENDMENTS TO HOUSE BILL NO. 1100

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 9, after the semicolon insert “providing that certain provisions of this Act apply to certain Medicare supplement policies;”; in line 15, after “Services;” insert “requiring the Department of Budget and Management, in consultation with the Maryland Insurance Administration, to carry out a certain study, include a certain comparison in the study, and make a certain report;”; in line 16, after the first semicolon, insert “altering a certain definition;”; in line 20, strike the third comma and substitute “and”; in the same line, strike “and 14-503(a) and (b)”; and on page 2, in line 4, strike “(c) and (d)”.

AMENDMENT NO. 2

On page 3, in line 2, after the second “benefits” insert “, UNLESS THE INDIVIDUAL IS ELIGIBLE FOR THE TAX CREDIT FOR HEALTH INSURANCE COSTS UNDER SECTION 35 OF THE INTERNAL REVENUE CODE”.

AMENDMENT NO. 3

On page 4, after line 12, insert:

“(e) Each member of the Board is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) (1) The Board shall appoint an Executive Director who shall be the chief administrative officer of the Plan.

(2) The Executive Director shall serve at the pleasure of the Board.

(3) The Board shall determine the appropriate compensation for the Executive Director.

(Over)

(4) Under the direction of the Board, the Executive Director shall perform any duty or function that is necessary for the operation of the Plan.

(g) The Board is not subject to:

(1) the provisions of the State Finance and Procurement Article;

(2) the provisions of Division I of the State Personnel and Pensions Article that govern the State Personnel Management System; or

(3) the provisions of Divisions II and III of the State Personnel and Pensions Article.

(h) (1) The Board shall adopt a plan of operation for the Plan.

(2) The Board shall submit the plan of operation and any amendment to the plan of operation to the Commissioner for approval.

(i) On an annual basis, the Board shall submit to the Commissioner an audited financial report of the Fund prepared by an independent certified public accountant.

(j) (1) The Board shall adopt regulations necessary to operate and administer the Plan.

(2) Regulations adopted by the Board may include:

(i) residency requirements for Plan enrollees;

(ii) Plan enrollment procedures; and

(iii) any other Plan requirements as determined by the Board.

(k) In order to maximize volume discounts on the cost of prescription drugs, the Board may aggregate the purchasing of prescription drugs for enrollees in the Plan and enrollees in the Senior Prescription Drug Program established under Part II of this subtitle.

(L) FOR THOSE MEMBERS ENROLLED IN THE PLAN WHOSE ELIGIBILITY IN

THE PLAN IS SUBJECT TO THE REQUIREMENTS OF THE FEDERAL TAX CREDIT FOR HEALTH INSURANCE COSTS UNDER SECTION 35 OF THE INTERNAL REVENUE CODE, THE BOARD SHALL REPORT ON OR BEFORE DECEMBER 1, 2003, AND ANNUALLY THEREAFTER, TO THE GOVERNOR, AND SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY ON THE NUMBER OF MEMBERS ENROLLED IN THE PLAN AND THE COSTS TO THE PLAN ASSOCIATED WITH PROVIDING INSURANCE TO THOSE MEMBERS.”;

in line 14, after “section” insert “: (1)”; in line 15, strike the period and substitute “; and

(2) shall apply to any individual Medicare supplement policy and to any group Medicare supplement policy issued to a group of which an individual has privileges associated with group membership.”;

strike beginning with “In” in line 16 down through “Article” in line 17 and substitute “The definitions in § 15-901 of the Insurance Article shall apply to Section 2 of this Act”; and strike beginning with “in” in line 18 down through “policy” in line 19 and substitute “shall issue any Medigap policy the carrier sells in the State”.