HOUSE BILL 2

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(PRE-FILED)

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Requested: November 20, 2002 Introduced and read first time: January 8, 2003 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments House action: Adopted Read second time: March 11, 2003

CHAPTER_____

1 AN ACT concerning

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Small Business Health Insurance Affordability Act

3 FOR the purpose of specifying the manner in which certain health insurance benefits

4 must be offered to certain employers; lowering the rate cap for certain health

- 5 insurance benefits; requiring the Maryland Health Care Commission and <u>, in</u>
- 6 <u>consultation with</u> the Maryland Insurance Administration, to study <u>conduct an</u>
- 7 <u>analysis of and make recommendations on</u> certain aspects of the administrative
- 8 cost of health plans in the small group market; specifying the intent of the
- 9 General Assembly; requiring the Maryland Health Care Commission, on or
- 10 before a certain date, to prepare a report on the methodology used by the
- 11 Commission in developing the Comprehensive Standard Health Benefit Plan in
- 12 the small group market and the feasibility of creating a certain Basic Plan in
- 13 addition to the Standard Plan; requiring the Commission to submit its report to
- 14 certain committees of the General Assembly on or before a certain date; and
- 15 generally relating to small group market health insurance.

16 BY repealing and reenacting, with amendments,

- 17 Article Insurance
- 18 Section 15-1204 and 15-1207(c)
- 19 Annotated Code of Maryland
- 20 (2002 Replacement Volume and 2002 Supplement)

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1 2	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF ARYLAND, That the Laws of Maryland read as follows:	
3	Article - Insurance	
4	5-1204.	
5	(a) In addition to any other requirement under this article, a carrier shall:	
6 7	(1) have demonstrated the capacity to administer the health benefit an, including adequate numbers and types of administrative personnel;	
8 9	(2) have a satisfactory grievance procedure and ability to respond to arollees' calls, questions, and complaints;	
	(3) provide, in the case of individuals covered under more than one ealth benefit plan, for coordination of coverage under all of those health benefit lans in an equitable manner; and	
13 14	(4) design policies to help ensure adequate access to providers of health are.	
15 16	(b) A person may not offer a health benefit plan in the State unless the person ffers at least the Standard Plan.	
17 18	(c) A carrier may not offer a health benefit plan that has fewer benefits than nose in the Standard Plan.	
19 20	(d) (1) A carrier may offer benefits in addition to those in the Standard Plan $\frac{1}{2}$	
21	(1) the additional benefits:	
22 23	[(1)] (I) are offered and priced separately from benefits specified in ccordance with § 15-1207 of this subtitle; and	
24	[(2)] (II) do not have the effect of duplicating any of those benefits- <u>; AND</u>	
25 26	(2) THE STANDARD PLAN SHALL BE OFFERED TO THE EMPLOYER IN A ORMAT TO BE DETERMINED BY THE COMMISSION THAT <u>CARRIER</u> :	
27 28	(I) CLEARLY DISTINGUISHES THE STANDARD PLAN FROM OTHER OFFERINGS OF THE CARRIER;	
29 30	(II) INDICATES THE STANDARD PLAN IS THE ONLY PLAN REQUIRED BY STATE LAW; AND)

SPECIFIES THAT ALL ENHANCEMENTS TO THE STANDARD

31(III)SPECIFIES THAT A32PLAN ARE NOT REQUIRED BY STATE LAW.

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1 (e) Notwithstanding subsection (b) of this section, a health maintenance

2 organization may provide a point of service delivery system as an additional benefit

3 through another carrier regardless of whether the other carrier also offers the

4 Standard Plan.

5 (f) A carrier may offer coverage for dental care and services as an additional 6 benefit.

7 15-1207.

8 (c) (1) Subject to paragraph (2) of this subsection, the Commission shall 9 exclude or limit benefits or adjust cost-sharing arrangements in the Standard Plan if 10 the average rate for the Standard Plan exceeds [12%] 10% of the average annual 11 wage in the State.

12 (2) The Commission annually shall determine the average rate for the
13 Standard Plan by using the average rate submitted by each carrier that offers the
14 Standard Plan.

15 SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before January 1, 2004, the Maryland Health Care Commission, in
consultation with the Maryland Insurance Administration, shall conduct an analysis
of <u>and make recommendations on</u> the administrative cost of health plans in the small
group market, including:

20 (1) the total amount and distribution of administrative costs;

21 (2) the strategies for lowering administrative costs; and

22 (3) the appropriateness of the medical loss ratios specified in $\frac{1}{5}$ 23 $\frac{15-605(c)(7)}{15-605(c)(7)}$ of the Health General $\frac{1}{5}$ 15-605(c)(1) of the Insurance Article.

24 (b) It is the intent of the General Assembly that licensed entities and

25 individuals including health insurers, nonprofit health service plans, health

26 maintenance organizations, agents, and brokers and insurance producers cooperate

with the Commission in the execution of the study by providing data in a timely andcomplete manner.

29 <u>SECTION 3. AND BE IT FURTHER ENACTED, That, on or before December</u>
 30 <u>1, 2003, the Maryland Health Care Commission:</u>

31 (1) shall prepare a report on:

32(i)the methodology used by the Commission in developing the33Comprehensive Standard Health Benefit Plan in the small group market; and

34(ii)the feasibility of creating a Basic Plan in addition to the35Standard Plan in the small group market; and

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- 1(2)shall submit its report, in accordance with § 2-1246 of the State2Government Article, to the Senate Finance Committee and the House Health and3Government Operations Committee.

- SECTION 3. 4. AND BE IT FURTHER ENACTED, That this Act shall take 4 5 effect July 1, 2003.