

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL NO. 1017

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Rudolph” and substitute “Rudolph, Benson, Boutin, Bromwell, Costa, Donoghue, Elliott, Frank, Hammen, Hubbard, Hurson, Kullen, Mandel, McDonough, Morhaim, Murray, Nathan-Pulliam, Oaks, Pendergrass, V. Turner, and Weldon”; strike line 2 in its entirety and substitute “Joint Legislative Task Force on Small Group Market Health Insurance”; strike in their entirety lines 3 through 15, inclusive, and substitute:

“FOR the purpose of establishing a Joint Legislative Task Force on Small Group Market Health Insurance; providing for the composition, chairs, staffing, and duties of the Task Force; requiring the Task Force to submit a report to the presiding officers and certain committees of the General Assembly on or before a certain date; providing for the termination of this Act; and generally relating to a Joint Legislative Task Force on Small Group Market Health Insurance.”;

and strike in their entirety lines 16 through 20, inclusive.

AMENDMENT NO. 2

On page 1, in line 22, strike “the Laws of Maryland read as follows”.

On pages 1 through 3, strike in their entirety the lines beginning with line 23 on page 1 through line 27 on page 3, inclusive, and substitute:

“(a) There is a Joint Legislative Task Force on Small Group Market Health Insurance.

(b) The Task Force consists of the following eight members:

(1) four members of the Senate Finance Committee, appointed by the President of

(Over)

the Senate; and

(2) four members of the House Health and Government Operations Committee, appointed by the Speaker of the House.

(c) (1) The President of the Senate shall appoint a co-chair from among the Senate Finance Committee members; and

(2) The Speaker of the House shall appoint a co-chair from among the House Health and Government Operations Committee members.

(d) (1) The Department of Legislative Services shall provide staff support for the Task Force; and

(2) The Maryland Insurance Administration and the Maryland Health Care Commission shall provide technical assistance to the Task Force, including retaining independent consultants to provide actuarial services, benefit consulting services, and other services as needed.

(e) A member of the Task Force:

(1) may not receive compensation; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) The Task Force shall:

(1) study and make recommendations regarding small group market health insurance, including:

(i) the use of health status as a risk factor for rate adjustment purposes;

(ii) the permissible variation in the community rate;

(iii) excluding self-employed individuals;

(iv) expanding the permissible range of products;

Plan;

(v) the benefits included in the Comprehensive Standard Health Benefit

(vi) the take-up rate for the Limited Benefit Plan;

(vii) medical loss ratios, based on group size;

(viii) availability of association health plans in the small group market; and

(ix) any other issue or factor the Task Force considers important; and

(2) report its findings and recommendations, in accordance with § 2-1246 of the State Government Article, to the presiding officers of the General Assembly, the Senate Finance Committee, and the House Health and Government Operations Committee on or before January 1, 2006.”.

On page 3, in line 28, strike “3.” and substitute “2.”; in line 29, strike “October” and substitute “July”; and in the same line, after “2005.” insert “It shall remain effective for a period of 1 year and 7 months and, at the end of January 31, 2006, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.”.