

ENROLLED BILL

-- Health and Government Operations/Finance --

Introduced by Delegates Kach, Boteler, Goldwater, and Rudolph Rudolph, Benson, Boutin, Bromwell, Costa, Donoghue, Elliott, Frank, Hammen, Hubbard, Hurson, Kullen, Mandel, McDonough, Morhaim, Murray, Nathan-Pulliam, Oaks, Pendergrass, V. Turner, and Weldon

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Small Group Market – Premium Rates**
3 **Joint Legislative Task Force on Small Group Market Health Insurance**

4 ~~FOR the purpose of altering the factors a carrier may use to adjust the community~~
5 ~~rate for certain health benefit plans offered in the small group market to include~~
6 ~~health status; establishing certain limitations on the use of age and health~~
7 ~~status in adjusting the community rate; repealing a certain limit on the rate a~~
8 ~~carrier may charge based on adjustments to the community rate; authorizing a~~
9 ~~carrier to use certain health statements and health screenings to establish~~
10 ~~certain premium rates; prohibiting a carrier from limiting coverage or refusing~~
11 ~~to issue a health benefit plan to a certain small employer based on a health~~
12 ~~status related factor; establishing that it is an unfair trade practice for a carrier~~
13 ~~to knowingly provide coverage to a small employer that discriminates against~~
14 ~~certain individuals under certain circumstances; providing for the application of~~

1 this Act; and generally relating to health benefit plans offered in the small group
2 market.

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

10 ~~BY repealing and reenacting, with amendments,~~
11 ~~Article—Insurance~~
12 ~~Section 15-1205~~
13 ~~Annotated Code of Maryland~~
14 ~~(2002 Replacement Volume and 2004 Supplement)~~

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
16 MARYLAND, That the Laws of Maryland read as follows:

17 **~~Article—Insurance~~**

18 ~~15-1205.~~

19 (a) (1) ~~In establishing a community rate for a health benefit plan, a carrier~~
20 ~~shall use a rating methodology that is based on the experience of all risks covered by~~
21 ~~that health benefit plan without regard to [health status or occupation or] any~~
22 ~~[other] factor not specifically authorized under this subsection.~~

23 (2) ~~[A] SUBJECT TO PARAGRAPHS (4) THROUGH (7) OF THIS~~
24 ~~SUBSECTION, A carrier may adjust the community rate only for:~~

25 (i) ~~age; [and]~~

26 (ii) ~~geography based on the following contiguous areas of the State:~~

27 1. ~~the Baltimore metropolitan area;~~

28 2. ~~the District of Columbia metropolitan area;~~

29 3. ~~Western Maryland; and~~

30 4. ~~Eastern and Southern Maryland; AND~~

31 (iii) ~~HEALTH STATUS.~~

32 (3) ~~Rates for a health benefit plan may vary based on family composition~~
33 ~~as approved by the Commissioner.~~

1 (4) ~~BASED ON THE ADJUSTMENT FOR AGE ALLOWED UNDER~~
2 ~~PARAGRAPH (2)(I) OF THIS SUBSECTION, A CARRIER MAY CHARGE A RATE THAT IS 60%~~
3 ~~ABOVE OR BELOW THE COMMUNITY RATE.~~

4 (5) ~~BASED ON THE ADJUSTMENT FOR GEOGRAPHY ALLOWED UNDER~~
5 ~~PARAGRAPH (2)(II) OF THIS SECTION, A CARRIER MAY CHARGE A RATE THAT IS 15%~~
6 ~~ABOVE OR BELOW THE COMMUNITY RATE.~~

7 (6) (1) ~~BASED ON THE ADJUSTMENT FOR HEALTH STATUS ALLOWED~~
8 ~~UNDER PARAGRAPH (2)(III) OF THIS SUBSECTION, A CARRIER MAY CHARGE A RATE~~
9 ~~THAT IS 25% ABOVE OR BELOW THE COMMUNITY RATE.~~

10 (II) ~~ON RENEWAL, A CARRIER MAY ADJUST THE COMMUNITY RATE~~
11 ~~FOR A HEALTH BENEFIT PLAN BASED ON CHANGES IN HEALTH STATUS THAT OCCUR~~
12 ~~AFTER THE HEALTH BENEFIT PLAN IS ISSUED BY THE CARRIER BY NO MORE THAN~~
13 ~~15%.~~

14 (7) (1) ~~ON RENEWAL, A CARRIER MAY NOT INCREASE THE PREMIUM~~
15 ~~RATE BY MORE THAN 25% OF THE RATE THAT WAS CHARGED IN THE PRECEDING~~
16 ~~YEAR.~~

17 (II) ~~THE LIMITATION IN SUBPARAGRAPH (I) OF THIS PARAGRAPH~~
18 ~~MAY NOT INCLUDE ANY PREMIUM RATE INCREASE THAT IS BASED ON A CARRIER'S~~
19 ~~ANNUAL COST AND UTILIZATION TRENDS OR CHANGE IN THE RATING FACTOR FOR~~
20 ~~ATTAINED AGE FOR COVERED PERSONS.~~

21 (b) ~~A carrier shall apply all risk adjustment factors under subsection (a) of this~~
22 ~~section consistently with respect to all health benefit plans that are issued, delivered,~~
23 ~~or renewed in the State.~~

24 ~~[(c) Based on the adjustments allowed under subsection (a)(2) of this section, a~~
25 ~~carrier may charge a rate that is 40% above or below the community rate.]~~

26 ~~[(d)] (C) (1) A carrier shall base its rating methods and practices on~~
27 ~~commonly accepted actuarial assumptions and sound actuarial principles.~~

28 (2) ~~A carrier that is a health maintenance organization and that includes~~
29 ~~a subrogation provision in its contract as authorized under § 19-713.1(d) of the~~
30 ~~Health—General Article shall:~~

31 (i) ~~use in its rating methodology an adjustment that reflects the~~
32 ~~subrogation; and~~

33 (ii) ~~identify in its rate filing with the Administration, and annually~~
34 ~~in a form approved by the Commissioner, all amounts recovered through subrogation.~~

35 (3) ~~A CARRIER MAY USE HEALTH STATEMENTS, IN A FORM APPROVED~~
36 ~~BY THE COMMISSIONER, AND HEALTH SCREENINGS TO ESTABLISH PREMIUM RATES~~
37 ~~AS PROVIDED IN THIS SECTION.~~

1 ~~(D) A CARRIER MAY NOT LIMIT COVERAGE OFFERED BY THE CARRIER, OR~~
2 ~~REFUSE TO ISSUE A HEALTH BENEFIT PLAN TO ANY SMALL EMPLOYER THAT MEETS~~
3 ~~THE REQUIREMENTS OF THIS SUBTITLE, BASED ON A HEALTH STATUS RELATED~~
4 ~~FACTOR.~~

5 ~~(E) IT SHALL BE AN UNFAIR TRADE PRACTICE FOR A CARRIER TO KNOWINGLY~~
6 ~~PROVIDE COVERAGE TO A SMALL EMPLOYER THAT DISCRIMINATES AGAINST AN~~
7 ~~EMPLOYEE OR APPLICANT FOR EMPLOYMENT, BASED ON THE HEALTH STATUS OF~~
8 ~~THE EMPLOYEE OR APPLICANT OR A DEPENDENT OF THE EMPLOYEE OR APPLICANT,~~
9 ~~WITH RESPECT TO PARTICIPATION IN A HEALTH BENEFIT PLAN SPONSORED BY THE~~
10 ~~SMALL EMPLOYER.~~

11 ~~SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to~~
12 ~~health benefit plans subject to this Act that are issued, delivered, or renewed in the~~
13 ~~State on or after October 1, 2005.~~

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

16 (b) The Task Force consists of the following ~~eight~~ *six* members:

17 (1) ~~four~~ *three* members of the Senate Finance Committee, appointed by
18 the President of the Senate; and

19 (2) ~~four~~ *three* members of the House Health and Government Operations
20 Committee, appointed by the Speaker of the House.

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

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

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

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

31 (e) A member of the Task Force:

32 (1) may not receive compensation; but

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

35 (f) The Task Force shall:

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

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

5 (ii) the permissible variation in the community rate;

6 (iii) excluding self-employed individuals;

7 (iv) expanding the permissible range of products;

8 (v) the benefits included in the Comprehensive Standard Health
 9 Benefit Plan;

10 (vi) (iv) the take-up rate for number of employers offering the
 11 Limited Benefit Plan;

12 (vii) (v) medical loss ratios, based on according to group size;

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

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

17 (2) shall, on or before January 1, 2006, report its findings and
 18 recommendations, in accordance with § 2-1246 of the State Government Article, to
 19 the presiding officers of the General Assembly, the Senate Finance Committee, and
 20 the House Health and Government Operations Committee on or before January 1,
 21 2006.

22 SECTION ~~3-2.~~ AND BE IT FURTHER ENACTED, That this Act shall take
 23 effect ~~October~~ July 1, 2005. ~~It shall remain effective for a period of 1 year and 7~~
 24 ~~months and, at the end of January 31, 2006, with no further action required by the~~
 25 ~~General Assembly, this Act shall be abrogated and of no further force and effect.~~