

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 281
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “requiring” in line 13 down through “circumstances” in line 16 and substitute “requiring certain reimbursement if membership in a discount medical plan or discount drug plan is canceled under certain circumstances”; in line 17, after “cards;” insert “requiring a certain statement to be included on or attached to certain discount cards;”; in line 23, after “regulations;” insert “requiring the Commissioner to review the continued need for a certain requirement and report on the findings of the review to certain committees of the General Assembly on or before a certain date;”; and in line 29, strike “19-706(hhh)” and substitute “19-706(ggg)”.

AMENDMENT NO. 2

On page 2, in line 17, strike “(HHH)” and substitute “(GGG)”.

On page 3, strike beginning with “ESTABLISHES” in line 27 down through “(2)” in line 28; and in line 30, after “MEMBERS” insert “; AND”

(2) DETERMINES THE CHARGE TO PLAN MEMBERS”.

On pages 3 and 4, strike beginning with “ESTABLISHES” in line 37 on page 3 down through “(2)” in line 1 on page 4.

On page 4, in line 3, after “MEMBERS” insert “; AND”

(2) DETERMINES THE CHARGE TO PLAN MEMBERS”.

AMENDMENT NO. 3

On page 5, in line 4, after “(3)” insert “(I)”; in the same line, strike “MAINTAIN ON”; in the same line, after “FILE” insert “QUARTERLY”; in line 5, after “SOLICIT” insert “IN THE STATE”;

(Over)

and in line 8, after “ORGANIZATION” insert “; AND”

(II) PROVIDE THE COMMISSIONER WITH AN ADDITIONAL LIST ON REQUEST.

(C) AN INSURER, NONPROFIT HEALTH SERVICE PLAN, HEALTH MAINTENANCE ORGANIZATION, OR DENTAL PLAN ORGANIZATION MAY FILE THE LIST REQUIRED UNDER SUBSECTION (B)(3) OF THIS SECTION ELECTRONICALLY, IN A FORMAT PRESCRIBED BY THE COMMISSIONER”;

and in line 9, strike “(C)” and substitute “(D)”.

On page 6, in line 16, after “(E)” insert “(1)”;

in the same line, strike “MAINTAIN ON”;

in the same line, after “FILE” insert “QUARTERLY”;

in line 17, after “SOLICIT” insert “IN THE STATE”;

and after line 19, insert:

“(2) A REGISTRANT SHALL PROVIDE THE COMMISSIONER AN ADDITIONAL LIST ON REQUEST.

(3) A REGISTRANT MAY FILE THE LIST REQUIRED UNDER THIS SUBSECTION ELECTRONICALLY, IN A FORMAT PRESCRIBED BY THE COMMISSIONER.”.

AMENDMENT NO. 4

On page 7, in line 21, strike “OR”;

and in the same line, after “ORGANIZATION” insert “; OR DENTAL PLAN ORGANIZATION”.

On page 8, in line 3, after “SUPPLIES” insert “; EXCEPT THAT A DISCOUNT MEDICAL PLAN ORGANIZATION OR A DISCOUNT DRUG PLAN ORGANIZATION THAT ALSO HAS AN ACTIVE REGISTRATION UNDER TITLE 8, SUBTITLE 3 OF THIS ARTICLE MAY CONTINUE TO PAY FEES TO PROVIDERS IN ITS CAPACITY AS A THIRD PARTY ADMINISTRATOR”;

in line 4, strike “A PLAN MEMBER’S” and substitute “THE”;

in the same line, after “PAYMENT” insert “FOR MEMBERSHIP IN A DISCOUNT MEDICAL PLAN OR A DISCOUNT DRUG PLAN”;

in the same line, strike “UPON” and substitute “ON”;

in line 6, after the first “THE” insert “DISCOUNT MEDICAL PLAN OR THE DISCOUNT DRUG”;

in the same line, strike “BY THE MEMBER”;

in line 8, strike “A MEMBER TO TERMINATE”;

in the same line, after “MEMBERSHIP” insert “TO TERMINATE”;

strike beginning with “THE” in line 11 down through “REQUESTED” in line 12 and substitute “A WRITTEN REQUEST FOR”;

in line 12, strike “IN WRITING” and substitute “HAS BEEN MADE”;

and in line 16, strike “PERSONS”.

AMENDMENT NO. 5

On page 9, in line 6, strike “OR ON BEHALF OF”; in line 9, after “(8)” insert “(I) IF A DISCOUNT MEDICAL PLAN OFFERS HOSPITAL SERVICES IN OTHER STATES.”; and in line 10, after “MARYLAND” insert “; OR”

(II) IF A DISCOUNT MEDICAL PLAN DOES NOT OFFER HOSPITAL SERVICES IN OTHER STATES, A STATEMENT THAT THE DISCOUNT MEDICAL PLAN DOES NOT OFFER A DISCOUNT ON HOSPITAL SERVICES”.

On page 10, in line 6, strike “OR ON BEHALF OF”; in line 30, after “(6)” insert “(I) IF A DISCOUNT MEDICAL PLAN OFFERS HOSPITAL SERVICES IN OTHER STATES.”; and in line 31, after “MARYLAND” insert “; OR”

(II) IF A DISCOUNT MEDICAL PLAN DOES NOT OFFER HOSPITAL SERVICES IN OTHER STATES, A STATEMENT THAT THE DISCOUNT MEDICAL PLAN DOES NOT OFFER A DISCOUNT ON HOSPITAL SERVICES”.

AMENDMENT NO. 6

On page 11, in line 16, strike “A PLAN MEMBER CANCELS”; in line 17, after the second “PLAN” insert “IS CANCELED”; strike beginning with “THE” in line 18 down through “OF” in line 19; in line 21, after the second “THE” insert “DISCOUNT MEDICAL PLAN CARD OR THE DISCOUNT DRUG PLAN”; in the same line, after “CARD,” insert “SHALL BE REFUNDED TO THE PAYOR”; in line 32, strike “BY THE PLAN MEMBER”; in line 34, strike “REIMBURSEMENT” and substitute “REFUND TO THE PAYOR”; and in line 35, strike “TO THE PLAN MEMBER”.

AMENDMENT NO. 7

On page 12, in line 4, strike “OR A MEDICARE PRESCRIPTION DRUG PLAN”; and after line 18, insert:

“(C) EACH DISCOUNT CARD PROVIDED UNDER SUBSECTION (A) OF THIS SECTION SHALL:

(1) INCLUDE A STATEMENT THAT THE DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN IS NOT A MEDICARE PRESCRIPTION DRUG PLAN; OR

(2) BE ATTACHED TO MATERIALS THAT INCLUDE A STATEMENT THAT THE DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.”.

AMENDMENT NO. 8

On page 13, in line 27, after “(5)” insert “IF THE COMMISSIONER PREVAILS”.

On page 14, after line 3, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Insurance Commissioner shall:

(1) review the need for a continued requirement that each discount card for a discount medical plan or discount drug plan must include, or be attached to materials that include, a statement that the discount medical plan or discount drug plan is not a Medicare Prescription Drug Plan; and

(2) on or before December 31, 2007, report on the findings of the review, in accordance with § 2-1246 of the State Government Article, to the House Health and Government Operations Committee and the Senate Finance Committee.”;

and in line 4, strike “2.” and substitute “3.”.