

HB0166/366783/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 166

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, after “as” insert “a public corporation and”; in line 15, after the semicolon insert “requiring a member to disclose certain matters and certain relationships to the Board and to the public; requiring a member to adhere strictly to certain provisions of law relating to conflicts of interest;”; and in line 23, after the semicolon insert “requiring the Exchange to create, consult with, and appoint certain representatives to advisory committees;”.

On page 2, in line 1, strike “, in carrying out certain duties,”; in the same line, after “with” insert “and consider the recommendations of”; and in the same line, after “stakeholders” insert “in the exercise of certain duties”.

On page 2, in line 5, after the second “plans” insert “or any dental plans that are not qualified dental plans”; in line 9, after “operations” insert “on or after a certain date; requiring the Exchange to adopt certain regulations before imposing or altering certain fees or assessments”; in line 10, after the semicolon insert “prohibiting the Exchange from imposing certain fees or assessments in a certain manner;”; strike beginning with “implementing” in line 19 down through the first “Assembly” in line 22 and substitute “exercising certain powers, duties, or functions until the Exchange has reported certain findings and recommendations to the Governor and the General Assembly and the Governor and General Assembly have enacted certain legislation”; in line 26, strike “certain dates” and substitute “a certain date”; and in the same line, after the semicolon insert “expressing the intent of the General Assembly regarding certain actions of the Exchange;”.

On page 3, in line 12, strike “2016” and substitute “2015”.

(Over)

AMENDMENT NO. 2

On page 4, in line 4, after “entity” insert “or a quasi-governmental entity”; in line 21, strike “OR”; after line 21 insert:

“(4) A DENTAL PLAN ORGANIZATION; OR”;

in line 22, strike “(4)” and substitute “(5)”; in line 26, after “ESTABLISHED” insert “AS A PUBLIC CORPORATION”; after line 26 insert:

“(F) “FUND” MEANS THE MARYLAND HEALTH BENEFIT EXCHANGE FUND ESTABLISHED UNDER § 31-107 OF THIS SUBTITLE.”;

in line 27, strike “(F)” and substitute “(G)”.

On page 5, in lines 13 and 25, in each instance, strike “P.L. 104-191” and substitute “THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT”.

On page 6, after line 18 insert:

“(H) “MANAGED CARE ORGANIZATION” HAS THE MEANING STATED IN § 15-101 OF THE HEALTH – GENERAL ARTICLE.

“(I) “QUALIFIED DENTAL PLAN” MEANS A PLAN CERTIFIED BY THE EXCHANGE THAT PROVIDES LIMITED SCOPE DENTAL BENEFITS, AS DESCRIBED IN § 31-108(B) OF THIS TITLE.”;

in lines 19 and 30, strike “(G)” and “(H)”, respectively, and substitute “(J)” and “(K)”, respectively; and in line 31, after “CERTIFIED” insert “BY THE EXCHANGE”.

On page 7, in lines 1, 11, 13, and 15, strike “(I)”, “(J)”, “(K)”, and “(L)”, respectively, and substitute “(L)”, “(M)”, “(N)”, and “(O)”, respectively; and in line 13, after “BUSINESS” insert “HEALTH”.

AMENDMENT NO. 3

On page 8, in line 17, after “IS” insert “A PUBLIC CORPORATION AND”; in line 28, strike “AND”; in line 30, after “REDUCTIONS” insert “; AND”

(5) SUPPLEMENT THE INDIVIDUAL AND SMALL GROUP INSURANCE MARKETS OUTSIDE OF THE EXCHANGE”.

On page 9, in line 2, after “TO” insert “:

(1)”;

in lines 4 and 6, strike “(1)” and “(2)”, respectively, and substitute “(I)” and “(II)”, respectively; in line 6, after “ACT” insert “; OR”

(2) AUTHORIZE THE EXCHANGE TO CARRY OUT ANY FUNCTION NOT AUTHORIZED BY THE AFFORDABLE CARE ACT”.

AMENDMENT NO. 4

On page 10, in line 17, after “WHO” insert “:

1.”;

after line 19, insert:

“2. MAY HAVE PUBLIC HEALTH RESEARCH EXPERTISE; AND”;

(Over)

and in line 28, strike “AND”.

On page 11, in line 2, after “COVERAGE” insert “, INCLUDING DEMONSTRATED KNOWLEDGE AND EXPERTISE ABOUT THE ROLE OF LICENSED HEALTH INSURANCE PRODUCERS AND THIRD-PARTY ADMINISTRATORS IN CONNECTING EMPLOYERS AND INDIVIDUAL CONSUMERS TO HEALTH PLAN COVERAGE; AND”

7. PUBLIC HEALTH AND PUBLIC HEALTH RESEARCH, INCLUDING KNOWLEDGE ABOUT THE HEALTH NEEDS AND HEALTH DISPARITIES AMONG THE STATE’S DIVERSE COMMUNITIES”;

in line 24, after the comma insert “A MANAGED CARE ORGANIZATION,”; in the same line, strike “DOING BUSINESS” and substitute “CONTRACTING DIRECTLY”; in line 25, strike “OR”; in line 27, after the second comma insert “OR MANAGED CARE ORGANIZATIONS;”; in the same line, after “OR” insert:

“(III)”;

in the same line, after “OTHER” insert “ASSOCIATION OF”; and in lines 27 and 28, strike “DOING BUSINESS” and substitute “IN A POSITION TO CONTRACT DIRECTLY”.

On page 12, in line 3, strike “JULY” and substitute “JUNE”.

On page 13, in line 12, after “(N)” insert “(1) (I)”; and after line 14, insert:

“(II) IN ADDITION TO THE DISCLOSURE REQUIRED UNDER TITLE 15, SUBTITLE 6 OF THE STATE GOVERNMENT ARTICLE, A MEMBER OF THE BOARD SHALL DISCLOSE TO THE BOARD AND TO THE PUBLIC ANY

RELATIONSHIP NOT ADDRESSED IN THE REQUIRED FINANCIAL DISCLOSURE THAT THE MEMBER HAS WITH A CARRIER, INSURANCE PRODUCER, THIRD-PARTY ADMINISTRATOR, MANAGED CARE ORGANIZATION, OR OTHER ENTITY IN AN INDUSTRY INVOLVED IN MATTERS LIKELY TO COME BEFORE THE BOARD.

(2) ON ALL MATTERS THAT COME BEFORE THE BOARD, THE MEMBER SHALL:

(I) ADHERE STRICTLY TO THE CONFLICT OF INTEREST PROVISIONS UNDER TITLE 15, SUBTITLE 5 OF THE STATE GOVERNMENT ARTICLE RELATING TO RESTRICTIONS ON PARTICIPATION, EMPLOYMENT, AND FINANCIAL INTERESTS; AND

(II) PROVIDE FULL DISCLOSURE TO THE BOARD AND THE PUBLIC ON:

1. ANY MATTER THAT GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST; AND

2. THE MANNER IN WHICH THE MEMBER WILL COMPLY WITH THE PROVISIONS OF TITLE 15, SUBTITLE 5 OF THE STATE GOVERNMENT ARTICLE TO AVOID ANY CONFLICT OF INTEREST OR APPEARANCE OF A CONFLICT OF INTEREST.”.

AMENDMENT NO. 5

On page 13, in line 18, strike “SUBJECT TO THE APPROVAL OF THE GOVERNOR, THE” and substitute “THE”.

On page 14, in line 14, strike “TO THE EXTENT PRACTICABLE, IN” and substitute “IN”; in lines 11 and 17, in each instance, strike “SUCH”; in line 19, strike

(Over)

“IN HIRING” and substitute “EXCEPT AS PROVIDED IN PARAGRAPH (6) OF THIS SUBSECTION,”; strike beginning with the comma in line 20 down through “BE” in line 23 and substitute “SHALL BE POSITIONS”; strike beginning with the semicolon in line 25 down through “TITLE” in line 30; after line 30, insert:

“(6) THE EXECUTIVE DIRECTOR MAY RETAIN AS INDEPENDENT CONTRACTORS OR EMPLOYEES, AND SET COMPENSATION FOR, ATTORNEYS, FINANCIAL CONSULTANTS, AND ANY OTHER PROFESSIONALS OR CONSULTANTS NECESSARY TO CARRY OUT THE PLANNING, DEVELOPMENT, AND OPERATIONS OF THE EXCHANGE AND THE PROVISIONS OF THIS TITLE.”;

and in line 33, strike “(I)”.

On page 15, in line 5, strike “(I)”.

AMENDMENT NO. 6

On page 16, in lines 9 and 12, in each instance, strike “FURTHER” and substitute “CARRY OUT THE FUNCTIONS AUTHORIZED BY THE AFFORDABLE CARE ACT AND CONSISTENT WITH”.

On pages 16 and 17, strike beginning with “APPOINT” in line 27 on page 16 down through “(7)” in line 3 on page 17.

On page 17, in lines 6 and 8, strike “(8)” and “(9)”, respectively, and substitute “(7)” and “(8)”, respectively; in line 11, after “CONTRACT” insert “OR ENTER INTO MEMORANDA OF UNDERSTANDING”; in lines 17 and 18, strike “THAT ARE NOT AFFILIATED WITH A CARRIER”; in line 19, strike “NOT AFFILIATED WITH A CARRIER”; in line 20, after “GROUP” insert “PUBLIC AND PRIVATE”; in line 21, strike “AND” and substitute “OR”.

AMENDMENT NO. 7

On page 18, after line 28, insert:

“(G) TO CARRY OUT THE PURPOSES OF THIS TITLE, THE BOARD SHALL:

(1) CREATE AND CONSULT WITH ADVISORY COMMITTEES; AND

(2) APPOINT TO THE ADVISORY COMMITTEES REPRESENTATIVES

OF:

(I) INSURERS OR HEALTH MAINTENANCE ORGANIZATIONS OFFERING HEALTH BENEFIT PLANS IN THE STATE;

(II) NONPROFIT HEALTH SERVICE PLANS OFFERING HEALTH BENEFIT PLANS IN THE STATE;

(III) LICENSED HEALTH INSURANCE PRODUCERS AND ADVISERS;

(IV) THIRD-PARTY ADMINISTRATORS;

(V) HEALTH CARE PROVIDERS, INCLUDING:

1. HOSPITALS;

2. LONG-TERM CARE FACILITIES;

3. MENTAL HEALTH PROVIDERS;

4. DEVELOPMENTAL DISABILITY PROVIDERS;

(Over)

5. SUBSTANCE ABUSE TREATMENT PROVIDERS;
 6. FEDERALLY QUALIFIED HEALTH CENTERS;
 7. PHYSICIANS;
 8. NURSES;
 9. EXPERTS IN SERVICES AND CARE COORDINATION FOR CRIMINAL AND JUVENILE JUSTICE POPULATIONS;
 10. LICENSED HOSPICE PROVIDERS; AND
 11. OTHER HEALTH CARE PROFESSIONALS;
- (VI) MANAGED CARE ORGANIZATIONS;
- (VII) EMPLOYERS, INCLUDING LARGE, SMALL, AND MINORITY-OWNED EMPLOYERS;
- (VIII) PUBLIC EMPLOYEE UNIONS, INCLUDING PUBLIC EMPLOYEE UNION MEMBERS WHO ARE CASEWORKERS IN LOCAL DEPARTMENTS OF SOCIAL SERVICES WITH DIRECT KNOWLEDGE OF INFORMATION TECHNOLOGY SYSTEMS USED FOR MEDICAID ELIGIBILITY DETERMINATION;
- (IX) CONSUMERS, INCLUDING INDIVIDUALS WHO:

1. RESIDE IN LOWER-INCOME AND RACIAL OR ETHNIC MINORITY COMMUNITIES;

2. HAVE CHRONIC DISEASES OR DISABILITIES; OR

3. BELONG TO OTHER HARD-TO-REACH OR SPECIAL POPULATIONS;

(X) INDIVIDUALS WITH KNOWLEDGE AND EXPERTISE IN ADVOCACY FOR CONSUMERS DESCRIBED IN ITEM (IX) OF THIS ITEM;

(XI) PUBLIC HEALTH RESEARCHERS AND OTHER ACADEMIC EXPERTS WITH KNOWLEDGE AND BACKGROUND RELEVANT TO THE FUNCTIONS AND GOALS OF THE EXCHANGE, INCLUDING KNOWLEDGE OF THE HEALTH NEEDS AND HEALTH DISPARITIES AMONG THE STATE'S DIVERSE COMMUNITIES; AND

(XII) ANY OTHER STAKEHOLDERS IDENTIFIED BY THE EXCHANGE AS HAVING KNOWLEDGE OR REPRESENTING INTERESTS RELEVANT TO THE FUNCTIONS AND DUTIES OF THE EXCHANGE.”;

and strike in their entirety lines 30 and 31.

On page 19, in lines 1, 2, 5, 6, 10, 24, and 27, strike “(B)”, “(C)”, “(D)”, “(E)”, “(F)”, “(G)”, and “(H)”, respectively, and substitute “(A)”, “(B)”, “(C)”, “(D)”, “(E)”, “(F)”, and “(G)”, respectively.

On page 20, in line 5, strike “(I)” and substitute “(H)”.

(Over)

AMENDMENT NO. 8

On page 20, in line 15, strike “HEALTH” and substitute “DENTAL”; in line 17, strike “UNDER” and substitute “THAT MEET THE REQUIREMENTS OF”; in line 33, after “PLANS” insert “AND QUALIFIED DENTAL PLANS”.

On page 21, in line 21, strike “INSURANCE”; in line 30, after “PLAN” insert “AND A QUALIFIED DENTAL PLAN”.

On page 23, in line 10, after “PLANS” insert “AND QUALIFIED DENTAL PLANS”.

On pages 23 and 24, strike in their entirety the lines beginning with line 30 on page 23 through line 12 on page 24, inclusive, and substitute:

“(D) THE EXCHANGE, THROUGH THE ADVISORY COMMITTEES ESTABLISHED UNDER § 31-106(G) OF THIS TITLE OR THROUGH OTHER MEANS, SHALL CONSULT WITH AND CONSIDER THE RECOMMENDATIONS OF THE STAKEHOLDERS REPRESENTED ON THE ADVISORY COMMITTEES IN THE EXERCISE OF ITS DUTIES UNDER THIS TITLE.”

On page 24, in line 13, after “AVAILABLE” insert “:

(1);

and in line 14, after the second “PLAN” insert “; OR

(2) ANY DENTAL PLAN THAT IS NOT A QUALIFIED DENTAL PLAN”.

AMENDMENT NO. 9

On page 26, in lines 13 and 14, strike “AN ADEQUATE CHOICE OF” and substitute “AT LEAST ONE”; in line 14, strike “PLANS” and substitute “PLAN”.

On page 28, in line 14, after the semicolon insert “AND”; in line 15, after “MINIMUM” insert “:

1.”;

after line 17, insert:

“2. OTHER DENTAL BENEFITS REQUIRED BY THE SECRETARY OR THE EXCHANGE.”;

and strike in their entirety lines 18 and 19.

AMENDMENT NO. 10

On page 28, in line 27, strike “SUBJECT” and substitute “BEGINNING JANUARY 1, 2014, SUBJECT”; in the same line, strike “SUBSECTION (B)” and substitute “SUBSECTIONS (B) AND (C)”; and in lines 30 and 31, strike “ON PERSONS THAT BENEFIT FROM THE EXCHANGE” and substitute “THAT DO NOT EXCEED REASONABLE PROJECTIONS REGARDING THE AMOUNT NECESSARY TO SUPPORT THE OPERATIONS OF THE EXCHANGE UNDER THIS TITLE”.

On page 29, after line 3, insert:

“(C) BEFORE IMPOSING OR ALTERING ANY FEE OR ASSESSMENT ESTABLISHED BY LAW, THE EXCHANGE SHALL ADOPT REGULATIONS THAT SPECIFY:

(1) THE PERSONS SUBJECT TO THE FEE OR ASSESSMENT;

(Over)

(2) THE AMOUNT OF THE FEE OR ASSESSMENT; AND

(3) THE MANNER IN WHICH THE FEE OR ASSESSMENT WILL BE COLLECTED.;

in lines 4 and 13, strike “(C)” and “(D)”, respectively, and substitute “(D)” and “(F)”, respectively; in lines 6 and 7, strike “MARYLAND HEALTH BENEFIT EXCHANGE”; and after line 12, insert:

“(E) THE EXCHANGE MAY NOT IMPOSE FEES OR ASSESSMENTS AUTHORIZED UNDER THIS SECTION IN A MANNER THAT WOULD PROVIDE A COMPETITIVE DISADVANTAGE TO HEALTH BENEFIT PLANS OPERATING OUTSIDE OF THE EXCHANGE.”.

AMENDMENT NO. 11

On page 30, strike beginning with “COVERAGE” in line 11 down through “ANALYSIS” in line 14 and substitute “:

1. HEALTH PLAN PARTICIPATION, RATINGS, COVERAGE, PRICE, QUALITY IMPROVEMENT MEASURES, AND BENEFITS;

2. CONSUMER CHOICE, PARTICIPATION, AND SATISFACTION INFORMATION TO THE EXTENT THE INFORMATION IS AVAILABLE;

3. FINANCIAL INTEGRITY, FEE ASSESSMENTS, AND STATUS OF THE FUND; AND

4. ANY OTHER APPROPRIATE METRICS RELATED TO THE OPERATION OF THE EXCHANGE THAT MAY BE USED TO EVALUATE

EXCHANGE PERFORMANCE, ASSURE TRANSPARENCY, AND FACILITATE RESEARCH AND ANALYSIS”;

in line 15, after the second “TO” insert “GENDER,”; in line 16, after the second comma insert “GEOGRAPHIC LOCATION,”; and in line 33, strike “such” and substitute “the”.

AMENDMENT NO. 12

On pages 30 and 31, strike beginning with “with” in line 34 on page 30 down through the period in line 13 on page 31 and substitute “the Maryland Health Benefit Exchange established under Section 1 of this Act may not exercise any powers, duties, or functions under the provisions of § 31-108(b)(1), (7), (12), (17), (19), and (20), § 31-109(a), or § 31-110 of the Insurance Article, as enacted by Section 1 of this Act, until:

(1) the Exchange has reported its findings and recommendations, including recommendations for legislation necessary or desirable to carry out its purposes and functions, to the Governor and the General Assembly, in accordance with Section 5 of this Act; and

(2) the Governor and the General Assembly authorize the exercise of the powers, duties, and functions through enactment of additional legislation in the 2012 legislative session.”.

AMENDMENT NO. 13

On page 31, in line 26, strike “31-106(c)(6)” and substitute “31-106(g)”; in line 37, after the comma insert “value-based insurance design,”; and in line 39, strike “within the State”.

On page 32, strike beginning with “whether” in line 12 down through “Program” in line 15 and substitute “which provisions applicable to qualified health plans should be made applicable to qualified dental plans”; strike beginning with “how” in line 18 down through “producers” in line 19 and substitute “the infrastructure of the existing

private sector health insurance distribution system in the State to determine whether private sector resources may be available and suitable for use by the Exchange;

2. the effect the Exchange may have on private sector employment in the health insurance distribution system in the State”;

in lines 20, 22, 25, and 28, strike “2.”, “3.”, “4.”, and “5.”, respectively, and substitute “3.”, “4.”, “5.”, and “7.”, respectively; in line 27, strike “and”; after line 27, insert:

“6. how to ensure that Navigators provide information in a manner culturally, linguistically, and otherwise appropriate to the needs of the diverse populations served by the Exchange, and that Navigators have the capacity to meet these needs; and”;

in line 31, after the comma insert “to promote quality, affordability, and portability.”.

On page 33, in line 3, strike “and”; in line 4, strike “2016” and substitute “2015”; in line 8, after “operations” insert “, including what type of user fee cap or other methodology would be appropriate to ensure that the income of the Exchange comports with the expenditures of the Exchange”; in line 10, after the semicolon insert “and

(vi) how the Exchange should conduct its public relations and advertising campaign, including what type of solicitation, if any, of individual consumers or employers, would be desirable and appropriate; and”;

in line 11, strike “1” and substitute “23”; in the same line, strike “interim”; in line 12, strike “initial”; strike beginning with the semicolon in line 14 down through “Assembly” in line 18; and in line 21, strike “31-106(c)(6)” and substitute “31-106(g)”.

AMENDMENT NO. 14

On page 33, after line 32, insert:

“SECTION 8. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that the Maryland Health Benefits Exchange established under Section 1 of this Act should not take any action that would inhibit the potential transformation of the Exchange into a nongovernmental, nonprofit entity or a quasi-governmental entity.”;

in line 33, strike “8.” and substitute “9.”; and in line 34, strike “July” and substitute “June”.