SB0238/847676/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 238
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike "and Rosapepe" and substitute "Rosapepe, Kelley, Klausmeier, and Middleton"; in line 3, after "requiring" insert "the Board of Trustees of"; in the same line, after "Exchange" insert ", subject to a certain waiver, to submit certain regulations to certain legislative committees under certain circumstances; requiring the Board to have a certain number of standing advisory committees; requiring the Maryland Health Benefit Exchange"; in line 4, after "plans" insert "and qualified vision plans"; in line 5, after "date;" insert "requiring the Exchange, to the extent necessary, to modify a certain format to accommodate differences in certain plan options;"; in line 6, after "programs;" insert "prohibiting the Exchange from making available any vision plan that is not a qualified vision plan;"; in line 9, strike "use a certain market impact to pursue certain objectives" and substitute "decrease the number of State residents without health insurance coverage"; in line 11, after "circumstances" insert "and for a certain purpose; requiring certain participation requirements for certain carriers to be suspended under certain circumstances; requiring the Exchange, before employing an alternative contracting option or active purchasing strategy, to submit a certain plan, within a certain timeframe, to certain legislative committees for review and comment"; in line 16, strike "or" and substitute ", or a"; in the same line, after "carrier" insert "or a certain insurance holding company system,"; in the same line, after the semicolon insert "authorizing the SHOP Exchange to allow qualified employers to designate certain qualified dental plans and qualified vision plans to be made available to their employees;"; in line 18, after the semicolon insert "requiring the SHOP Exchange to implement any modification of offerings and choice through regulations adopted by the SHOP Exchange;"; in line 20, strike "authorizing" and substitute "requiring"; in line 21, after "navigator", in each instance, insert "program"; in line 24, after the semicolon insert "prohibiting the Maryland Insurance Commissioner, in the Commissioner's role

(Over)

as a member of the Board, from participating in certain matters under certain circumstances; providing that a carrier is not responsible for the activities and conduct of a SHOP Exchange navigator, an Individual Exchange navigator entity, or an Individual Exchange navigator;"; in line 27, strike "programs" and substitute "processes"; in line 28, after the semicolon insert "requiring the Individual Exchange to consult with the Commissioner and the Department of Health and Mental Hygiene for a certain purpose; requiring the Commissioner to enter into certain memoranda of understanding; authorizing the Commissioner to require the Individual Exchange to make certain information available to the Commissioner and submit a certain corrective plan under certain circumstances;".

On page 2, in line 1, after the semicolon insert "specifying the consumer assistance services that are required, and are not required, to be provided by an Individual Exchange navigator; providing for the authorization of Individual Exchange navigator entities; specifying the scope of the authorization; authorizing and requiring an Individual Exchange navigator entity to take certain actions; prohibiting an Individual Exchange navigator entity from receiving certain compensation and providing certain information or services; authorizing the Commissioner to take certain disciplinary actions against an Individual Exchange navigator entity under certain circumstances;"; in lines 2 and 3, strike "Maryland Insurance"; in line 6, after the semicolon insert "providing that certain provisions of this Act may not prohibit certain organizations or units of government from providing certain services, subject to certain requirements;"; in line 11, after "plans" insert "and certain vision plans as qualified vision plans"; in line 12, after the semicolon insert "authorizing the Exchange to determine whether a carrier may elect to include certain nonessential benefits in a qualified health plan; providing that a qualified health plan is not required to provide certain essential benefits under certain circumstances; altering certain provisions of law relating to the offering and pricing of oral and dental benefits; establishing certain requirements for qualified vision plans offered through the Exchange; providing that a managed care organization may not be required to offer a certain plan in the Exchange;"; in lines 18 and 19, strike "under certain circumstances" and substitute "unless the carriers also offer certain health benefit plans in the SHOP Exchange and

the Individual Exchange"; in line 19, after the semicolon insert "establishing certain exemptions to the requirement that the carriers offer the plans; requiring the Commissioner to establish certain procedures for a carrier to submit certain evidence relating to certain exemptions;"; in line 22, after "terms;" insert "repealing and"; in line 23, strike "and" and substitute a comma; in the same line, after "clarifying" insert ", and conforming"; in line 31, after "date;" insert "providing that certain requirements of this Act shall be subject to certain clarification; authorizing the Board to adopt interim policies for a certain purpose, pending adoption of regulations and after receiving certain comment;"; after line 38, insert:

"BY repealing and reenacting, with amendments,
Article – Health – General
Section 15-101.1
Annotated Code of Maryland
(2009 Replacement Volume and 2011 Supplement)";

in line 41, after "15-1204," insert "15-1205,"; and in the same line, after "31-102(d)," insert "31-106(c) and (g),".

On page 3, in line 2, after "Section" insert "15-1204.1,".

AMENDMENT NO. 2

On page 4, after line 21, insert:

"Article – Health – General

15–101.1.

(A) Except as otherwise provided in this subtitle, a managed care organization is not subject to the insurance laws of the State or to the provisions of Title 19 of this article.

(B) A MANAGED CARE ORGANIZATION MAY NOT BE REQUIRED TO OFFER A QUALIFIED PLAN, AS DEFINED IN § 31-101 OF THE INSURANCE ARTICLE, IN THE MARYLAND HEALTH BENEFIT EXCHANGE.".

AMENDMENT NO. 3

On page 4, after line 23, insert:

"**(A) THIS SECTION APPLIES TO A CARRIER WITH RESPECT TO ANY HEALTH BENEFIT PLAN THAT IS:**

(1) A GRANDFATHERED HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT;

(2) ISSUED, DELIVERED, OR RENEWED IN THE STATE ON OR BEFORE DECEMBER 31, 2013; AND

(3) RENEWED IN THE STATE AFTER DECEMBER 31, 2013.";

and in line 24, strike "(a)" and substitute "**(B)**".

On page 5, strike in their entirety lines 1 through 25, inclusive.

On page 6, in line 10, strike "(b)" and substitute "**(C)**"; and after line 24, insert:

"**15-1204.1.**

(A) THIS SECTION APPLIES TO A CARRIER WITH RESPECT TO ANY HEALTH BENEFIT PLAN THAT:

(1) IS NOT A GRANDFATHERED HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT; AND

(2) IS ISSUED, DELIVERED, OR RENEWED IN THE STATE ON OR AFTER JANUARY 1, 2014.

(B) (1) EXCEPT AS PROVIDED IN THIS SUBSECTION AND § 31-110(F) OF THIS ARTICLE, A CARRIER MAY NOT OFFER HEALTH BENEFIT PLANS TO SMALL EMPLOYERS IN THE STATE UNLESS THE CARRIER ALSO OFFERS QUALIFIED HEALTH PLANS, AS DEFINED IN § 31-101 OF THIS ARTICLE, IN THE SMALL BUSINESS HEALTH OPTIONS PROGRAM OF THE MARYLAND HEALTH BENEFIT EXCHANGE IN COMPLIANCE WITH THE REQUIREMENTS OF TITLE 31 OF THIS ARTICLE.

(2) A CARRIER IS EXEMPT FROM THE REQUIREMENT IN PARAGRAPH (1) OF THIS SUBSECTION IF:

(I) THE REPORTED TOTAL AGGREGATE ANNUAL EARNED PREMIUM FROM ALL HEALTH BENEFIT PLANS OFFERED TO SMALL EMPLOYERS IN THE STATE FOR THE CARRIER AND ANY OTHER CARRIERS IN THE SAME INSURANCE HOLDING COMPANY SYSTEM, AS DEFINED IN § 7-101 OF THIS ARTICLE, IS LESS THAN $20,000,000;

(II) THE COMMISSIONER DETERMINES THAT THE CARRIER COMPLIES WITH THE PROCEDURES ESTABLISHED UNDER PARAGRAPH (3) OF THIS SUBSECTION; AND

(III) WHEN THE CARRIER CEASES TO MEET THE REQUIREMENTS FOR THE EXEMPTION, THE CARRIER PROVIDES TO THE

COMMISSIONER IMMEDIATE NOTICE AND ITS PLAN FOR COMPLYING WITH THE REQUIREMENT IN PARAGRAPH (1) OF THIS SUBSECTION.

(3) THE COMMISSIONER SHALL ESTABLISH PROCEDURES FOR A CARRIER TO SUBMIT EVIDENCE EACH YEAR THAT THE CARRIER MEETS THE REQUIREMENTS NECESSARY TO QUALIFY FOR AN EXEMPTION UNDER PARAGRAPH (2) OF THIS SUBSECTION.

(4) NOTWITHSTANDING THE EXEMPTION PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE COMMISSIONER, IN CONSULTATION WITH THE MARYLAND HEALTH BENEFIT EXCHANGE:

(I) MAY ASSESS THE IMPACT OF THE EXEMPTION PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION AND, BASED ON THAT ASSESSMENT, ALTER THE LIMIT ON THE AMOUNT OF ANNUAL PREMIUMS THAT MAY NOT BE EXCEEDED TO QUALIFY FOR THE EXEMPTION; AND

(II) SHALL MAKE ANY CHANGE IN THE EXEMPTION REQUIREMENT BY REGULATION.

15–1205.

(a) **(1) THIS SUBSECTION APPLIES TO A CARRIER WITH RESPECT TO ANY HEALTH BENEFIT PLAN THAT IS:**

(I) A GRANDFATHERED HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT;

(II) ISSUED, DELIVERED, OR RENEWED IN THE STATE ON OR BEFORE DECEMBER 31, 2013; AND

(III) RENEWED IN THE STATE AFTER DECEMBER 31, 2013.

[(1)**] (2)** In establishing a community rate for a health benefit plan, a carrier shall use a rating methodology that is based on the experience of all risks covered by that health benefit plan without regard to any factor not specifically authorized under this subsection or subsection **[**(f)**] (G)** of this section.

[(2)**] (3)** A carrier may adjust the community rate only for:

(i) age;

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

1. the Baltimore metropolitan area;

2. the District of Columbia metropolitan area;

3. Western Maryland; and

4. Eastern and Southern Maryland; and

(iii) health status, as provided in subsection **[**(f)**] (G)** of this section.

[(3)**] (4)** Rates for a health benefit plan may vary based on family composition as approved by the Commissioner.

[(4)**] (5)** (i) Subject to subparagraph (ii) of this paragraph, after applying the risk adjustment factors under paragraph **[**(2)**] (3)** of this subsection, a

carrier may offer a discount not to exceed 20% to a small employer for participation in a wellness program.

(ii) A discount offered under subparagraph (i) of this paragraph shall be:

1. applied to reduce the rate otherwise payable by the small employer;

2. actuarially justified;

3. offered uniformly to all small employers; and

4. approved by the Commissioner.

(B) (1) THIS SUBSECTION APPLIES TO A CARRIER WITH RESPECT TO ANY HEALTH BENEFIT PLAN THAT:

(I) IS NOT A GRANDFATHERED HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT; AND

(II) IS ISSUED, DELIVERED, OR RENEWED IN THE STATE ON OR AFTER JANUARY 1, 2014.

(2) IN ESTABLISHING A PREMIUM RATE FOR A HEALTH BENEFIT PLAN, A CARRIER SHALL USE A RATING METHODOLOGY THAT IS BASED ON THE EXPERIENCE OF ALL RISKS COVERED BY THAT HEALTH BENEFIT PLAN WITHOUT REGARD TO ANY FACTOR NOT SPECIFICALLY AUTHORIZED UNDER THIS SUBSECTION.

(3) IN ACCORDANCE WITH § 2701(A) OF THE AFFORDABLE CARE ACT, A PREMIUM RATE MAY VARY ONLY BY:

(I) WHETHER THE HEALTH BENEFIT PLAN COVERS AN INDIVIDUAL OR A FAMILY;

(II) RATING AREA;

(III) AGE, EXCEPT THAT A RATE MAY NOT VARY BY MORE THAN 3 TO 1 FOR ADULTS; AND

(IV) TOBACCO USE, EXCEPT THAT A RATE MAY NOT VARY BY MORE THAN 1.5 TO 1.

(4) A RATE MAY NOT VARY BY ANY FACTOR THAT IS NOT SPECIFIED IN PARAGRAPH (3) OF THIS SUBSECTION.

[(b)**] (C) (1)** A carrier shall apply all risk adjustment factors under subsections (a) and **[**(f)**] (G)** of this section consistently with respect to all health benefit plans that are**:**

(I) issued, delivered, or renewed in the State**; AND**

(II) GRANDFATHERED HEALTH PLANS, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT.

(2) A CARRIER SHALL APPLY ALL RISK ADJUSTMENT FACTORS UNDER SUBSECTION (B) OF THIS SECTION CONSISTENTLY WITH RESPECT TO ALL HEALTH BENEFIT PLANS THAT ARE:

(I) ISSUED, DELIVERED, OR RENEWED IN THE STATE; AND

(II) ARE NOT GRANDFATHERED HEALTH PLANS, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT.

[(c)**] (D)** (1) Based on the adjustments allowed under subsection **[**(a)(2)(i)**] (A)(3)(I)** and (ii) of this section, a carrier may charge a rate that is 50% above or 50% below the community rate.

(2) (i) On or before October 1, 2007, the Commission shall adopt regulations that require carriers to collect and report to the Commission data on participation, by rate band, in health benefit plans issued, delivered, or renewed under this subtitle.

(ii) On or before January 1, 2013, the Commission shall report to the Governor and, in accordance with § 2–1246 of the State Government Article, the Senate Finance Committee and the House Health and Government Operations Committee regarding the effect of the 50% rate adjustments authorized under paragraph (1) of this subsection and the effect of the adjustment to the community rate for health status authorized under subsection **[**(f)**](G)** of this section on participation in health benefit plans issued, delivered, or renewed under this subtitle.

[(d)**] (E)** (1) A carrier shall base its rating methods and practices on commonly accepted actuarial assumptions and sound actuarial principles.

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

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

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

[(e)**] (F) (1) THIS SUBSECTION APPLIES TO A CARRIER WITH RESPECT TO ANY HEALTH BENEFIT PLAN THAT IS:**

(I) A GRANDFATHERED HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT;

(II) ISSUED, DELIVERED, OR RENEWED IN THE STATE ON OR BEFORE DECEMBER 31, 2013; AND

(III) RENEWED IN THE STATE AFTER DECEMBER 31, 2013.

[(1)**] (2)** A carrier may offer an administrative discount to a small employer if the small employer elects to purchase, for its employees, an annuity, dental insurance, disability insurance, life insurance, long–term care insurance, vision insurance, or, with the approval of the Commissioner, any other insurance sold by the carrier.

[(2)**] (3)** The administrative discount shall be offered under the same terms and conditions for all qualifying small employers.

[(f)**] (G)** (1) A carrier may adjust the community rate for a health benefit plan **THAT IS A GRANDFATHERED HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT,** for health status only if a small employer has not offered a health benefit plan issued under this subtitle to its employees in the 12 months prior to the initial enrollment of the small employer in the health benefit plan.

(2) (i) Based on the adjustment allowed under paragraph (1) of this subsection, in addition to the adjustments allowed under subsection **[**(c)(1)**] (D)(1)** of this section, a carrier may charge:

1. in the first year of enrollment, a rate that is 10% above or below the community rate;

2. in the second year of enrollment, a rate that is 5% above or below the community rate; and

3. in the third year of enrollment, a rate that is 2% above or below the community rate.

(ii) A carrier may not make any adjustment for health status in the community rate of a health benefit plan issued under this subtitle after the third year of enrollment of a small employer in the health benefit plan.

(3) **[**A**] FOR A HEALTH BENEFIT PLAN THAT IS A GRANDFATHERED HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT, A** carrier may use health statements, in a form approved by the Commissioner, and health screenings to establish an adjustment to the community rate for health status as provided in this subsection.

(4) A carrier may not limit coverage offered by the carrier, or refuse to issue a health benefit plan to any small employer that meets the requirements of this subtitle, based on a health status–related factor.

(5) It is an unfair trade practice for a carrier knowingly to provide coverage to a small employer that discriminates against an employee or applicant for employment, based on the health status of the employee or applicant or a dependent of the employee or applicant, with respect to participation in a health benefit plan sponsored by the small employer.".

AMENDMENT NO. 4

On page 7, in line 3, after "**SUBSECTION**" insert "**AND § 31-110(F) OF THIS ARTICLE**"; in line 4, after "**OFFER**" insert "**INDIVIDUAL**"; in the same line, strike "**IN THE INDIVIDUAL MARKET**"; in line 5, after "**PLANS**" insert "**, AS DEFINED IN § 31-101 OF THIS ARTICLE,**"; strike beginning with "**THAT**" in line 8 down through "**STATE**" in line 10; after line 11, insert:

"**(I) THE REPORTED TOTAL AGGREGATE ANNUAL EARNED PREMIUM FROM ALL INDIVIDUAL HEALTH BENEFIT PLANS IN THE STATE FOR THE CARRIER AND ANY OTHER CARRIERS IN THE SAME INSURANCE HOLDING COMPANY SYSTEM, AS DEFINED IN § 7-101 OF THIS ARTICLE, IS LESS THAN $10,000,000;**";

in lines 12 and 16, strike "**(I)**" and "**(II)**", respectively, and substitute "**(II)**" and "**(III)**", respectively; strike beginning with "**BY**" in line 13 down through "**EXEMPTION**" in line 15 and substitute "**UNDER PARAGRAPH (3) OF THIS SUBSECTION**"; strike beginning with "**COMING**" in line 18 down through the second "**EXCHANGE**" in line 20 and substitute "**COMPLYING WITH THE REQUIREMENT IN PARAGRAPH (1) OF THIS SUBSECTION**"; after line 20, insert:

"**(3) THE COMMISSIONER SHALL ESTABLISH PROCEDURES FOR A CARRIER TO SUBMIT EVIDENCE EACH YEAR THAT THE CARRIER MEETS THE REQUIREMENTS NECESSARY TO QUALIFY FOR AN EXEMPTION UNDER PARAGRAPH (2) OF THIS SUBSECTION.**";

in line 21, strike "**(3)**" and substitute "**(4)**"; in the same line, after "**EXEMPTION**" insert "**PROVIDED**"; in line 23, after "**ACT**" insert a comma; in the same line, strike "**, MUST ALSO**" and substitute "**ALSO MUST**"; in line 26, strike "**(4)**" and substitute "**(5)**"; in the same line, strike "**THE**" and substitute "**NOTWITHSTANDING THE**

EXEMPTION PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE"; in line 27, strike the comma and substitute "**:**

(I)";

in line 28, after "**EXEMPTION**" insert "**PROVIDED**"; in line 29, strike "**AMOUNT OF ANNUAL PREMIUMS NECESSARY**" and substitute "**LIMIT ON THE AMOUNT OF ANNUAL PREMIUMS THAT MAY NOT BE EXCEEDED**"; and in line 30, after "**EXEMPTION**" insert "**; AND**

(II) SHALL MAKE ANY CHANGE IN THE EXEMPTION REQUIREMENT BY REGULATION".

AMENDMENT NO. 5

On page 8, strike in their entirety lines 20 through 22, inclusive; strike in their entirety lines 23 through 26, inclusive; in lines 27 and 28, strike "**(D)**" and "**(E)**", respectively, and substitute "**(B)**" and "**(C)**", respectively.

On page 9, in line 5, strike "**(F)**" and substitute "**(D)**"; strike beginning with the first "**A**" in line 5 down through "**COSTS**" in line 7 and substitute "**A LEVEL OF COVERAGE, AS DEFINED IN § 1302 OF THE AFFORDABLE CARE ACT AND AS DETERMINED IN REGULATIONS ADOPTED BY THE SECRETARY, FOR A QUALIFIED HEALTH PLAN**"; in lines 8, 14, and 16, in each instance, strike the brackets; and in the same lines, strike "**(G)**", "**(H)**", and "**(I)**", respectively.

On page 10, in lines 31 and 33, strike "**(J)**" and "**(K)**", respectively, and substitute "**(H)**" and "**(I)**", respectively.

On page 11, in line 3, strike "**PERFORMS THE FUNCTIONS UNDER § 31-113(C)**" and substitute "**PROVIDES THE SERVICES DESCRIBED IN § 31-113(D)(1)**"; after line 4, insert:

"**(J) "INDIVIDUAL EXCHANGE NAVIGATOR CERTIFICATION" MEANS A CERTIFICATE ISSUED BY THE INDIVIDUAL EXCHANGE THAT AUTHORIZES AN INDIVIDUAL TO ACT AS AN INDIVIDUAL EXCHANGE NAVIGATOR.**";

in lines 5, 13, 17, 19, 22, and 25, strike "**(L)**", "**(N)**", "**(O)**", "**(P)**", "**(Q)**", and "**(R)**", respectively, and substitute "**(K)**", "**(M)**", "**(N)**", "**(O)**", "**(P)**", and "**(Q)**", respectively; in line 6, strike "**ENGAGED**" and substitute "**OR A PARTNERSHIP OF ENTITIES THAT:**

(1) IS AUTHORIZED";

in line 7, strike "**WHICH**" and substitute "**UNDER § 31-113(F) OF THIS TITLE; AND**

(2)";

in the same line, strike "**CERTIFIED**"; in line 8, strike "**PERFORM THE FUNCTIONS IN § 31-113(C)**" and substitute "**PROVIDE THE SERVICES DESCRIBED IN § 31-113(D)(1)**"; after line 9, insert:

"**(L) "INDIVIDUAL EXCHANGE NAVIGATOR ENTITY AUTHORIZATION" MEANS A GRANT OF AUTHORITY FROM THE INDIVIDUAL EXCHANGE TO AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITY UNDER § 31-113(F) OF THIS TITLE.**";

strike in their entirety lines 10 through 12, inclusive; in lines 15 and 16, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; and in line 23, strike "§ 31-108(b)" and substitute "**§ 31-108(B)(2)**".

On page 12, in lines 1, 4, 14, 16, 18, 21, and 25, strike "**(S)**", "**(T)**", "**(U)**", "**(V)**", "**(W)**", "**(X)**", and "**(Y)**", respectively, and substitute "**(R)**", "**(S)**", "**(V)**", "**(W)**", "**(X)**", "**(Y)**", and "**(Z)**", respectively; after line 13, insert:

"**(T) "QUALIFIED PLAN" MEANS A:**

(1) QUALIFIED HEALTH PLAN;

(2) QUALIFIED DENTAL PLAN; AND

(3) QUALIFIED VISION PLAN.

(U) "QUALIFIED VISION PLAN" MEANS A VISION PLAN CERTIFIED BY THE EXCHANGE THAT PROVIDES LIMITED SCOPE VISION BENEFITS, AS DESCRIBED IN § 31-108(B)(3) OF THIS TITLE.";

in line 17, strike "§ 31-108(b)(12)" and substitute "**§ 31-108(B)(13)**"; in line 19, after "**EXCHANGE**" insert "**AND AUTHORIZED BY THE COMMISSIONER**"; and in the same line, strike "**PERFORM THE FUNCTIONS SET FORTH**" and substitute "**PROVIDE THE SERVICES DESCRIBED**".

On page 13, in line 16, strike "**(Z)**" and substitute "**(AA)**"; and strike beginning with "**AND**" in line 20 down through "**EXCHANGE**" in line 22 and substitute:

"**(2) INDIVIDUAL HEALTH BENEFIT PLANS, EXCEPT GRANDFATHERED HEALTH PLANS, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT; AND**

(3) HEALTH BENEFIT PLANS OFFERED TO SMALL EMPLOYERS, EXCEPT GRANDFATHERED HEALTH PLANS, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT".

AMENDMENT NO. 6

On page 14, in line 2, strike "**OR**" and substitute a comma; in the same line, after the second "**PLANS**" insert "**, AND QUALIFIED VISION PLANS**"; after line 2, insert:

"31–106.

(c) **(1)** In addition to the powers set forth elsewhere in this title, the Board may:

[(1)**]** **(I)** adopt and alter an official seal;

[(2)**]** **(II)** sue, be sued, plead, and be impleaded;

[(3)**]** **(III)** adopt bylaws, rules, and policies;

[(4)**]** **(IV) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION,** adopt regulations to carry out this title:

[(i)**] 1.** in accordance with Title 10, Subtitle 1 of the State Government Article; and

[(ii)**] 2.** without conflicting with or preventing application of regulations adopted by the Secretary under Title 1, Subtitle D of the Affordable Care Act;

[(5)**]** **(V)** maintain an office at the place designated by the Board;

[(6)**]** **(VI)** enter into any agreements or contracts and execute the instruments necessary or convenient to manage its own affairs and carry out the purposes of this title;

[(7)**]** **(VII)** apply for and receive grants, contracts, or other public or private funding; and

[(8)**]** **(VIII)** do all things necessary or convenient to carry out the powers granted by this title.

(2) UNLESS WAIVED BY THE CHAIRS OF THE COMMITTEES, AT LEAST 30 DAYS BEFORE SUBMITTING ANY PROPOSED REGULATION TO THE MARYLAND REGISTER FOR PUBLICATION, THE BOARD SHALL SUBMIT THE PROPOSED REGULATION TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE.

(g) To carry out the purposes of this title, the Board shall:

(1) create and consult with advisory committees; **[**and**]**

(2) HAVE AT LEAST TWO STANDING ADVISORY COMMITTEES WHOSE MEMBERS, TO THE EXTENT PRACTICABLE, REFLECT THE GENDER, RACIAL, ETHNIC, AND GEOGRAPHIC DIVERSITY OF THE STATE; AND

[(2)**]** **(3)** 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;

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.";

in lines 9 and 26, in each instance, strike "health plans **AND QUALIFIED DENTAL**"; in line 13, strike "or" and substitute a comma; in the same line, after "with" insert "**, OR AS AN ENDORSEMENT TO**"; after line 15, insert:

"**(3) ALLOW A CARRIER TO OFFER A QUALIFIED VISION PLAN THROUGH THE EXCHANGE THAT PROVIDES LIMITED SCOPE VISION BENEFITS THAT MEET THE REQUIREMENTS OF § 9832(C)(2)(A) OF THE INTERNAL REVENUE CODE, EITHER SEPARATELY, IN CONJUNCTION WITH, OR AS AN ENDORSEMENT TO A QUALIFIED HEALTH PLAN, PROVIDED THAT THE QUALIFIED HEALTH PLAN PROVIDES PEDIATRIC VISION BENEFITS THAT MEET THE REQUIREMENTS OF § 1302(B)(1)(J) OF THE AFFORDABLE CARE ACT;**";

in line 16, strike "(3)" and substitute "**(4) CONSISTENT WITH THE GUIDELINES DEVELOPED BY THE SECRETARY UNDER § 1311(C) OF THE AFFORDABLE CARE ACT,**"; in line 17, after "of" insert "**:**

(I)";

in the same line, strike "**AND**" and substitute "**;**

(II)";

strike beginning with the comma in line 18 through "Act" in line 19 and substitute "**; AND**

(III) VISION PLANS AS QUALIFIED VISION PLANS";

in lines 20, 22, 25, and 29, strike "(4)", "(5)", "(6)", and "(7)", respectively, and substitute "**(5)**", "**(6)**", "**(7)**", and "**(8)**", respectively; in line 27, strike "and" and substitute a comma; in line 28, after "plans" insert "**, AND QUALIFIED VISION**

PLANS"; and in lines 29, 30, 31, and 32, in each instance, strike "health **PLAN AND QUALIFIED DENTAL**".

On page 15, in line 2, strike "**LEVELS**" and substitute "**LEVEL**"; in line 5, strike "(8)" and substitute "**(9) (I)**"; in the same line, strike "health **PLAN AND QUALIFIED DENTAL**"; in line 8, after the semicolon insert "**AND**

(II) TO THE EXTENT NECESSARY, MODIFY THE STANDARDIZED FORMAT TO ACCOMMODATE DIFFERENCES IN QUALIFIED HEALTH PLAN, QUALIFIED DENTAL PLAN, AND QUALIFIED VISION PLAN OPTIONS;";

in lines 9, 17, 19, 24, and 28, strike "(9)", "(10)", "(11)", "(12)", and "(13)", respectively, and substitute "**(10)**", "**(11)**", "**(12)**", "**(13)**", and "**(14)**", respectively; in line 18, strike "(9)" and substitute "**(10)**"; and in line 20, strike "health plan and a qualified dental".

On page 16, in lines 1, 16, 18, 21, and 29, strike "(14)", "(15)", "(16)", "(17)", and "(19)", respectively, and substitute "**(15)**", "**(16)**", "**(17)**", "**(18)**", and "**(19)**", respectively; strike in their entirety lines 23 through 28, inclusive; and in line 31, strike "the **[**Navigator Program**]**".

On page 17, in line 1, strike "(4)" and substitute "**(5)**"; in line 5, strike "the" and substitute "**AN**"; in line 7, strike "an" and substitute "**THE**"; in line 17, strike "or"; in line 18, after the second "plan" insert "**; OR**

(3) ANY VISION PLAN THAT IS NOT A QUALIFIED VISION PLAN";

in lines 24, 25, 28, and 29, in each instance, strike "**HEALTH PLANS AND QUALIFIED DENTAL**".

AMENDMENT NO. 7

On page 18, in lines 10, 29, and 30, in each instance, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; in line 12, after "**EXCHANGE**" insert "**FIRST**"; after line 14, insert:

"**(2) DECREASE THE NUMBER OF STATE RESIDENTS WITHOUT HEALTH INSURANCE COVERAGE.**";

strike in their entirety lines 15 through 19, inclusive, and substitute:

"**(B) (1) SUBJECT TO SUBSECTION (E) OF THIS SECTION, THE EXCHANGE, WITH THE MARKET IMPACT AND LEVERAGE ATTAINED THROUGH A ROBUST AND STABLE ENROLLMENT, MAY USE ALTERNATIVE CONTRACTING OPTIONS AND ACTIVE PURCHASING STRATEGIES TO INCREASE AFFORDABILITY AND QUALITY OF CARE FOR CONSUMERS AND LOWER COSTS IN THE HEALTH CARE SYSTEM OVERALL.**

(2) THE EXCHANGE'S EFFORTS TO INCREASE AFFORDABILITY AND QUALITY OF CARE AND TO LOWER COSTS MAY INCLUDE PURSUING KEY OBJECTIVES SUCH AS HIGHER STANDARDS OF CARE, CONTINUITY OF CARE, DELIVERY SYSTEM REFORMS, HEALTH EQUITY, IMPROVED PATIENT EXPERIENCE AND OUTCOMES, AND MEANINGFUL COST CONTROLS WITHIN THE HEALTH CARE SYSTEM.";

in line 20, strike "**(B)**" and substitute "**(C)**"; in line 21, strike "**SUBSECTION (A) OF**"; in the same line, after "**CONSIDER**" insert "**, ON A CONTINUING BASIS,**"; in line 26, strike "**PROMOTION OF**" and substitute "**PROGRESS IN ACHIEVING**"; and in lines 27 and 28, strike "**(A)(2)**" and "**(C)**", respectively, and substitute "**(B)(2)**" and "**(D)**", respectively.

On page 19, in lines 2, 3, 6, and 14, in each instance, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; in line 5, strike "**(D)**" and substitute "**(E)**"; in the same line, strike "**AFTER DECEMBER 31, 2014,**" and substitute "**SUBJECT TO SUBSECTIONS (F) AND (G) OF THIS SECTION, BEGINNING JANUARY 1, 2016,**"; in line 15, after the second comma insert "**VALUE-BASED INSURANCE DESIGN,**"; and strike in their entirety lines 17 through 26, inclusive, and substitute:

"**(F) DURING ANY YEAR IN WHICH THE EXCHANGE EMPLOYS ALTERNATIVE CONTRACTING OPTIONS AND ACTIVE PURCHASING STRATEGIES, THE PARTICIPATION REQUIREMENTS SET FORTH IN §§ 15-1204.1(B) AND 15-1303(B) OF THIS ARTICLE FOR CARRIERS IN THE INDIVIDUAL AND SMALL GROUP MARKETS OUTSIDE THE EXCHANGE SHALL BE SUSPENDED.**

(G) BEFORE EMPLOYING AN ALTERNATIVE CONTRACTING OPTION OR ACTIVE PURCHASING STRATEGY, THE EXCHANGE:

(1) ON OR AFTER DECEMBER 1, BUT NOT LATER THAN THE FIRST DAY OF THE NEXT REGULAR SESSION OF THE GENERAL ASSEMBLY, SHALL SUBMIT TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, A PLAN FOR THE USE OF THE ALTERNATIVE CONTRACTING OPTION OR ACTIVE PURCHASING STRATEGY, INCLUDING AN ANALYSIS OF:

(I) THE OBJECTIVES TO BE ACHIEVED THROUGH USE OF THE ALTERNATIVE CONTRACTING OPTION OR ACTIVE PURCHASING STRATEGY; AND

(II) THE IMPACT ON THE INSURANCE MARKETS INSIDE AND OUTSIDE THE EXCHANGE AND ON CONSUMERS; AND

(2) SHALL ALLOW THE COMMITTEES TO HAVE 90 DAYS FOR REVIEW AND COMMENT." .

AMENDMENT NO. 8

On page 20, in line 10, strike "**AND**"; in line 13, after "**PLANS**" insert "**; AND**

(4) THE NEED TO FACILITATE CONTINUITY OF CARE FOR EMPLOYEES WHO CHANGE EMPLOYERS OR HEALTH BENEFIT PLANS";

in line 18, after "**CARRIER**" insert "**OR AN INSURANCE HOLDING COMPANY SYSTEM, AS DEFINED IN § 7-101 OF THIS ARTICLE,**"; in line 19, after "**CARRIER**" insert "**OR THE INSURANCE HOLDING COMPANY SYSTEM**"; after line 20, insert:

"**(D) IN ADDITION TO THE OPTIONS SET FORTH IN SUBSECTION (C) OF THIS SECTION, THE SHOP EXCHANGE ALSO MAY ALLOW QUALIFIED EMPLOYERS TO DESIGNATE ONE OR MORE QUALIFIED DENTAL PLANS AND QUALIFIED VISION PLANS TO BE MADE AVAILABLE TO THEIR EMPLOYEES.**";

in line 21, strike "**(D)**" and substitute "**(E)**"; and in line 29, strike "**AND**".

On page 21, in line 2, after "**EMPLOYMENT**" insert "**; AND**

(3) SHALL IMPLEMENT ANY MODIFICATION OF OFFERINGS AND CHOICE THROUGH REGULATIONS ADOPTED BY THE SHOP EXCHANGE";

in line 5, strike the colon; in line 6, strike "**(1)**"; strike beginning with the semicolon in line 8 down through "**EXCHANGE**" in line 12; in line 13, strike "**ACHIEVE THESE OBJECTIVES**" and substitute "**CARRY OUT ITS PURPOSE**"; strike beginning with "**A**" in line 14 down through "**MAY**" in line 16 and substitute "**THE SHOP EXCHANGE**

NAVIGATOR PROGRAM, WITH RESPECT ONLY TO QUALIFIED PLANS OFFERED IN THE SHOP EXCHANGE, SHALL PROVIDE COMPREHENSIVE CONSUMER ASSISTANCE SERVICES, INCLUDING"; in line 17, strike "**CONDUCT**" and substitute "**CONDUCTING**"; in line 19, strike "**DISTRIBUTE**" and substitute "**DISTRIBUTING**"; in line 20, after "**INCLUDING**" insert "**INFORMATION ABOUT**"; in line 24, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; strike in their entirety lines 26 and 27; in line 28, strike "**(IV) FACILITATE**" and substitute "**(III) FACILITATING:**

1.";

in lines 28 and 29, strike "**HEALTH PLAN AND QUALIFIED DENTAL**"; in line 29, after "**SELECTION,**" insert "**BASED ON THE NEEDS OF THE EMPLOYEE;**

2.";

in the same line, after "**PROCESSES**" strike the comma and substitute "**;**

3.";

in the same line, after "**ENROLLMENT**" strike the comma and substitute "**;**

4.";

in line 30, after "**RENEWALS**" strike the comma and substitute a semicolon; and in the same line, after "**AND**" insert "**5.**".

On page 22, in lines 1, 3, 5, and 8, strike "**(V)**", "**(VI)**", "**(VII)**", and "**(VIII)**", respectively, and substitute "**(IV)**", "**(V)**", "**(VI)**", "**(VII)**", respectively; in the same lines, strike "**CONDUCT**", "**PROVIDE**", "**PROVIDE**", and "**PROVIDE**", respectively, and substitute "**CONDUCTING**", "**PROVIDING**", "**PROVIDING**", and "**PROVIDING**",

respectively; in line 1, strike "**TAX CREDIT**"; in line 2, after "**REDETERMINATIONS**" insert "**FOR TAX CREDITS**"; in line 3, strike "**FOR**" and substitute "**, INCLUDING THE ATTORNEY GENERAL'S HEALTH EDUCATION AND ADVOCACY UNIT AND THE ADMINISTRATION, FOR APPLICANTS AND**"; in line 4, strike "**APPEALS,**"; in line 9, strike the second comma and substitute "**AND**"; in line 10, strike "**, RENEWAL,**"; in the same line, after "**IN**" insert "**AND RENEWAL OF**"; in lines 10 and 11, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; strike in their entirety lines 12 through 19, inclusive; in line 20, strike "**(3)**" and substitute "**(2)**"; in line 25, after "**BY**" insert "**AND RECEIVE COMPENSATION ONLY THROUGH**"; and strike beginning with "**SHALL**" in line 26 down through the semicolon in line 28 and substitute "**MAY NOT RECEIVE COMPENSATION FROM OR OTHERWISE BE AFFILIATED WITH A CARRIER, AN INSURANCE PRODUCER, A THIRD-PARTY ADMINISTRATOR, OR ANY OTHER PERSON CONNECTED TO THE INSURANCE INDUSTRY; AND**".

On page 23, in line 3, strike "**(F)**" and substitute "**(H)**"; strike beginning with the semicolon in line 3 down through "**PRODUCER**" in line 5; after line 5, insert:

"**(3) WITH RESPECT TO THE INSURANCE MARKET OUTSIDE THE EXCHANGE, A SHOP EXCHANGE NAVIGATOR:**

(I) MAY NOT PROVIDE ANY INFORMATION OR SERVICES RELATED TO HEALTH BENEFIT PLANS OR OTHER PRODUCTS NOT OFFERED IN THE EXCHANGE, EXCEPT FOR GENERAL INFORMATION ABOUT THE INSURANCE MARKET OUTSIDE THE EXCHANGE, WHICH SHALL BE LIMITED TO THE INFORMATION PROVIDED IN A CONSUMER EDUCATION DOCUMENT DEVELOPED BY THE EXCHANGE AND THE COMMISSIONER;

(II) SHALL REFER ANY INQUIRIES ABOUT HEALTH BENEFIT PLANS OR OTHER PRODUCTS NOT OFFERED IN THE EXCHANGE TO:

1. ANY RESOURCES THAT MAY BE MAINTAINED BY THE EXCHANGE; OR

2. CARRIERS AND LICENSED INSURANCE PRODUCERS;

(III) MAY NOT SEEK TO REPLACE ANY HEALTH BENEFIT PLAN ALREADY OFFERED BY A SMALL EMPLOYER UNLESS THE SMALL EMPLOYER IS ELIGIBLE FOR A FEDERAL TAX CREDIT AVAILABLE ONLY THROUGH THE SHOP EXCHANGE; AND

(IV) SHALL REFER TO THE INDIVIDUAL EXCHANGE NAVIGATOR PROGRAM ANY INQUIRIES ABOUT INFORMATION OR SERVICES RELATED TO:

1. QUALIFIED PLANS OFFERED IN THE INDIVIDUAL EXCHANGE; OR

2. THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND THE MARYLAND CHILDREN'S HEALTH PROGRAM.";

in line 16, strike "**DENIAL**" and substitute "**SUSPENSION OR REVOCATION**"; strike beginning with "**DENY**" in line 25 down through "**OR**" in line 26; and in line 29, strike "**APPLICANT OR**".

On page 24, in line 1, after "**HAS**" insert "**WILLFULLY**"; in line 3, strike "**MADE A MATERIAL MISSTATEMENT**" and substitute "**INTENTIONALLY MISREPRESENTED OR CONCEALED A MATERIAL FACT**"; after line 4, insert:

"**(III) HAS OBTAINED THE LICENSE BY MISREPRESENTATION, CONCEALMENT, OR OTHER FRAUD;**";

in lines 5, 7, 9, 11, and 14, strike "**(III)**", "**(IV)**", "**(V)**", "**(VI)**", and "**(VII)**", respectively, and substitute "**(IV)**", "**(V)**", "**(VII)**", "**(VIII)**", and "**(XII)**", respectively; in line 6, after "**PRACTICES**" insert "**IN CONDUCTING ACTIVITIES UNDER THE LICENSE**"; in line 8, after "**MONEY**" insert "**IN CONDUCTING ACTIVITIES UNDER THE LICENSE**"; after line 8, insert:

"**(VI) HAS FAILED OR REFUSED TO PAY OVER ON DEMAND MONEY THAT BELONGS TO A PERSON ENTITLED TO THE MONEY;**";

in line 9, after "**HAS**" insert "**WILLFULLY AND**"; in line 10, strike "**HEALTH PLAN OR QUALIFIED DENTAL**"; in line 13, strike "**OR**"; after line, 13 insert:

"**(IX) HAS FAILED AN EXAMINATION REQUIRED BY THIS ARTICLE OR REGULATIONS ADOPTED UNDER THIS ARTICLE;**

(X) HAS FORGED ANOTHER'S NAME ON AN APPLICATION FOR A QUALIFIED PLAN OR ON ANY OTHER DOCUMENT IN CONDUCTING ACTIVITIES UNDER THE LICENSE;

(XI) HAS OTHERWISE SHOWN A LACK OF TRUSTWORTHINESS OR COMPETENCE TO ACT AS A SHOP EXCHANGE NAVIGATOR; OR";

in line 14, after "**HAS**" insert "**WILLFULLY**"; and in line 15, after "**ORDER**" insert "**OR SUBPOENA**".

On page 25, in line 1, after "**THE**" insert "**SHOP**"; in line 3, strike "**THE**" and substitute "**A**"; after line 4, insert:

(Over)

"**(6) THE COMMISSIONER, IN THE COMMISSIONER'S ROLE AS A MEMBER OF THE BOARD, MAY NOT PARTICIPATE IN ANY MATTER THAT INVOLVES THE SHOP EXCHANGE'S NAVIGATOR PROGRAM IF, IN THE COMMISSIONER'S JUDGMENT, THE COMMISSIONER'S PARTICIPATION MIGHT CREATE A CONFLICT OF INTEREST WITH RESPECT TO THE COMMISSIONER'S REGULATORY AUTHORITY OVER THE SHOP EXCHANGE'S NAVIGATOR PROGRAM.**

(7) A CARRIER IS NOT RESPONSIBLE FOR THE ACTIVITIES AND CONDUCT OF A SHOP EXCHANGE NAVIGATOR.";

in line 9, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; in line 16, strike "**DENY,**"; strike beginning with the colon in line 18 down through "**4.**" in line 25; in line 25, strike "**IN VIOLATION OF**" and substitute "**DESCRIBED IN**"; in line 26, strike "**(E)**" and substitute "**(E)(1)**"; and in the same line, strike the second "**SUBSECTION**" and substitute "**SECTION WITH RESPECT TO THE AUTHORIZATION**".

On page 26, in lines 4 and 16, in each instance, strike "**HEALTH PLAN OR QUALIFIED DENTAL**"; in lines 7 and 23, in each instance, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; in line 10, strike "**AND**"; in line 13, after "**SECTION**" insert "**; AND**

(III) IN PROVIDING ASSISTANCE TO A SMALL EMPLOYER SEEKING INFORMATION ABOUT OFFERING HEALTH INSURANCE, INFORM THE SMALL EMPLOYER OF:

1. ALL QUALIFIED HEALTH PLANS AVAILABLE TO EMPLOYEES IN THE SHOP EXCHANGE; AND

2. ALL OPTIONS AVAILABLE TO THE SMALL EMPLOYER IN THE SHOP EXCHANGE FOR OFFERING QUALIFIED HEALTH PLANS TO EMPLOYEES";

and in line 16, after "**PLAN**" insert "**OFFERED**".

AMENDMENT NO. 9

On page 27, in line 2, after "**(A)**" insert "**(1)**"; after line 3, insert:

"**(2) THE NAVIGATOR PROGRAM FOR THE INDIVIDUAL EXCHANGE SHALL BE:**

(I) ADMINISTERED BY THE INDIVIDUAL EXCHANGE; AND

(II) REGULATED BY THE COMMISSIONER.

(3) IN ADMINISTERING THE NAVIGATOR PROGRAM, THE INDIVIDUAL EXCHANGE SHALL CONSULT WITH THE COMMISSIONER AND THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO ENSURE CONSISTENCY AND COMPLIANCE WITH ALL LAWS, REGULATIONS, AND POLICIES GOVERNING:

(I) THE SALE, SOLICITATION, AND NEGOTIATION OF HEALTH INSURANCE; AND

(II) THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND THE MARYLAND CHILDREN'S HEALTH PROGRAM.

(4) IN REGULATING THE NAVIGATOR PROGRAM, THE COMMISSIONER SHALL ENTER INTO ONE OR MORE MEMORANDA OF

UNDERSTANDING WITH THE EXCHANGE AND THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO FACILITATE ENFORCEMENT OF THIS SECTION.

(5) THE COMMISSIONER MAY REQUIRE THE INDIVIDUAL EXCHANGE TO:

(I) MAKE AVAILABLE TO THE COMMISSIONER ALL RECORDS, DOCUMENTS, DATA, AND OTHER INFORMATION RELATING TO THE NAVIGATOR PROGRAM, INCLUDING THE AUTHORIZATION OF INDIVIDUAL EXCHANGE NAVIGATOR ENTITIES AND THE CERTIFICATION OF INDIVIDUAL EXCHANGE NAVIGATORS; AND

(II) SUBMIT A CORRECTIVE PLAN TO TAKE APPROPRIATE ACTION TO ADDRESS ANY PROBLEMS OR DEFICIENCIES IDENTIFIED BY THE COMMISSIONER IN THE INDIVIDUAL EXCHANGE NAVIGATOR ENTITY AUTHORIZATION PROCESS OR THE INDIVIDUAL EXCHANGE NAVIGATOR CERTIFICATION PROCESS.

(6) THE COMMISSIONER, IN THE COMMISSIONER'S ROLE AS A MEMBER OF THE BOARD, MAY NOT PARTICIPATE IN ANY MATTER THAT INVOLVES THE INDIVIDUAL EXCHANGE'S NAVIGATOR PROGRAM IF, IN THE COMMISSIONER'S JUDGMENT, THE COMMISSIONER'S PARTICIPATION MIGHT CREATE A CONFLICT OF INTEREST WITH RESPECT TO THE COMMISSIONER'S REGULATORY AUTHORITY OVER THE INDIVIDUAL EXCHANGE'S NAVIGATOR PROGRAM.";

in lines 6 and 7, strike "**PROVIDE ENROLLMENT AND ELIGIBILITY SERVICE TO**" and substitute "**SERVICES ON**"; in line 9, strike "**, AS**"; in lines 9 and 10, strike "**, COMMUNITY-BASED ORGANIZATIONS AND OTHER ENTITIES**"; in line 11, strike "**ARE FAMILIAR**" and substitute "**HAVE EXPERTISE IN WORKING**"; in lines 18 and 19,

strike "**QUALIFIED HEALTH PLANS,**"; in line 19, strike "**DENTAL**"; in line 21, strike "**PROGRAM PLANS**" and substitute "**TYPES OF COVERAGE DESCRIBED IN ITEM (I) OF THIS ITEM OR HAVE LAPSED ENROLLMENT**"; in line 25, strike "**ACHIEVE THESE OBJECTIVES**" and substitute "**CARRY OUT ITS PURPOSES**"; in line 26, strike "**AN**" and substitute "**THE**"; in the same line, after "**NAVIGATOR**" insert "**PROGRAM**"; in lines 28 and 29, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; in line 29, strike "**MAY**" and substitute "**SHALL PROVIDE COMPREHENSIVE CONSUMER ASSISTANCE SERVICES, INCLUDING**"; and in line 30, strike "**CONDUCT**" and substitute "**CONDUCTING**".

On page 28, in line 1, strike "**DISTRIBUTE**" and substitute "**DISTRIBUTING**"; in line 3, after "**SUBSIDIES**" insert "**AND COST-SHARING ASSISTANCE**"; in lines 9 and 30 and 31, in each instance, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; in line 10, after "**THE**" insert "**INDIVIDUAL**"; strike beginning with "**FACILITATE**" in line 11 down through "**DISENROLLMENT**" in line 13 and substitute "**WITH RESPECT TO QUALIFIED PLANS, FACILITATING:**

(I) PLAN SELECTION, BASED ON THE NEEDS OF THE INDIVIDUAL SEEKING TO ENROLL;

(II) ASSESSMENT OF TAX IMPLICATIONS AND PREMIUM AND COST-SHARING REQUIREMENTS; AND

(III) APPLICATION, ENROLLMENT, RENEWAL, AND DISENROLLMENT PROCESSES";

in line 14, strike "**FACILITATE**" and substitute "**FACILITATING**"; in line 17, after "**ORGANIZATIONS,**" insert "**AND**"; in the same line, after "**APPLICATION**" insert "**, ENROLLMENT, AND DISENROLLMENT**"; in lines 17 and 18, strike "**, ENROLLMENT, AND DISENROLLMENT**"; in line 19, strike "**CONDUCT**" and substitute

"**CONDUCTING**"; in line 20, after "**SUBSIDIES**" insert "**AND COST-SHARING ASSISTANCE**"; in line 21, strike "**PROVIDE**" and substitute "**PROVIDING**"; in the same line, strike "**FOR**" and substitute "**, INCLUDING THE ATTORNEY GENERAL'S HEALTH EDUCATION AND ADVOCACY UNIT AND THE ADMINISTRATION, FOR APPLICANTS AND**"; in lines 24 and 27, in each instance, strike "**PROVIDE**" and substitute "**PROVIDING**"; in line 31, after "**THE**" insert "**INDIVIDUAL**"; and in line 32, after "**(D)**" insert "**(1) THE CONSUMER ASSISTANCE SERVICES DESCRIBED IN SUBSECTION (C) OF THIS SECTION THAT MUST BE PROVIDED BY AN INDIVIDUAL EXCHANGE NAVIGATOR ARE THOSE SERVICES THAT INVOLVE THE SALE, SOLICITATION, AND NEGOTIATION OF QUALIFIED PLANS OFFERED IN THE INDIVIDUAL EXCHANGE, INCLUDING:**

(I) EXAMINING OR OFFERING TO EXAMINE A QUALIFIED PLAN FOR THE PURPOSE OF GIVING, OR OFFERING TO GIVE, ADVICE OR INFORMATION ABOUT THE TERMS, CONDITIONS, BENEFITS, COVERAGE, OR PREMIUM OF A QUALIFIED PLAN;

(II) FACILITATING:

1. QUALIFIED PLAN SELECTION;

2. THE APPLICATION OF PREMIUM TAX SUBSIDIES TO SELECTED QUALIFIED HEALTH PLANS;

3. PLAN APPLICATION, ENROLLMENT, RENEWAL, AND DISENROLLMENT PROCESSES; AND

(III) PROVIDING ONGOING SUPPORT WITH RESPECT TO ISSUES RELATING TO QUALIFIED PLAN ENROLLMENT, APPLICATION OF PREMIUM TAX SUBSIDIES, RENEWAL, AND DISENROLLMENT.

(2) THE CONSUMER ASSISTANCE SERVICES DESCRIBED IN SUBSECTION (C) OF THIS SECTION THAT DO NOT HAVE TO BE PROVIDED BY AN INDIVIDUAL EXCHANGE NAVIGATOR ARE:

(I) CONDUCTING GENERAL EDUCATION AND OUTREACH;

(II) FACILITATING ELIGIBILITY DETERMINATIONS AND REDETERMINATIONS FOR PREMIUM TAX SUBSIDIES, THE MARYLAND MEDICAL ASSISTANCE PROGRAM, AND THE MARYLAND CHILDREN'S HEALTH PROGRAM; AND

(III) FACILITATING AND PROVIDING ONGOING SUPPORT WITH RESPECT TO THE SELECTION OF MANAGED CARE ORGANIZATIONS, APPLICATION PROCESSES, ENROLLMENT, AND DISENROLLMENT FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND THE MARYLAND CHILDREN'S HEALTH PROGRAM.

(E) (1) THE EXCHANGE MAY AUTHORIZE AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITY TO PROVIDE CONSUMER ASSISTANCE SERVICES THAT:

(I) ARE REQUIRED TO BE PROVIDED BY AN INDIVIDUAL EXCHANGE NAVIGATOR; OR

(II) SUBJECT TO PARAGRAPH (2)(III) OF THIS SUBSECTION, RESULT IN A CONSUMER'S ENROLLMENT IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM.

(2) THE EXCHANGE:

(I) MAY LIMIT THE AUTHORIZATION OF AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITY TO THE PROVISION OF A SUBSET OF SERVICES, DEPENDING ON THE NEEDS OF THE INDIVIDUAL EXCHANGE NAVIGATOR PROGRAM AND THE CAPACITY OF THE INDIVIDUAL EXCHANGE NAVIGATOR ENTITY, PROVIDED THAT THE NAVIGATOR PROGRAM OVERALL PROVIDES THE TOTALITY OF SERVICES REQUIRED BY THE AFFORDABLE CARE ACT AND THIS SUBTITLE;

(II) PURSUANT TO CONTRACTUAL AGREEMENT, MAY REQUIRE AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITY TO PROVIDE EDUCATION, OUTREACH, AND OTHER CONSUMER ASSISTANCE SERVICES IN ADDITION TO THE SERVICES PROVIDED UNDER THE INDIVIDUAL EXCHANGE NAVIGATOR ENTITY'S AUTHORIZATION IN ORDER TO ACHIEVE ALL OF THE OBJECTIVES OF THE NAVIGATOR PROGRAM; AND

(III) MAY NOT AUTHORIZE AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITY TO PROVIDE SERVICES THAT RESULT IN A CONSUMER'S ENROLLMENT IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM WITHOUT THE APPROVAL OF THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

(F) AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITY:

(1) SHALL OBTAIN AUTHORIZATION FROM THE INDIVIDUAL EXCHANGE TO PROVIDE SERVICES THAT:

(I) ARE REQUIRED TO BE PROVIDED BY AN INDIVIDUAL EXCHANGE NAVIGATOR; OR

(II) RESULT IN A CONSUMER'S ENROLLMENT IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM;

(2) MAY PROVIDE:

(I) THOSE SERVICES THAT ARE WITHIN THE SCOPE OF THE INDIVIDUAL EXCHANGE NAVIGATOR ENTITY'S AUTHORIZATION; AND

(II) ANY OTHER CONSUMER ASSISTANCE SERVICES THAT:

1. ARE NOT REQUIRED TO BE PROVIDED BY AN INDIVIDUAL EXCHANGE NAVIGATOR; OR

2. DO NOT REQUIRE AUTHORIZATION UNDER THIS SUBSECTION;

(3) TO THE EXTENT THE SCOPE OF ITS AUTHORIZATION INCLUDES SERVICES THAT MUST BE PROVIDED BY AN INDIVIDUAL EXCHANGE NAVIGATOR, SHALL PROVIDE THOSE SERVICES ONLY THROUGH INDIVIDUAL EXCHANGE NAVIGATORS;

(4) IN ADDITION TO THE SERVICES IT MAY PROVIDE UNDER ITS AUTHORIZATION, MAY EMPLOY OR ENGAGE OTHER INDIVIDUALS TO CONDUCT:

(I) CONSUMER EDUCATION AND OUTREACH; AND

(II) DETERMINATIONS OF ELIGIBILITY FOR PREMIUM SUBSIDIES AND COST-SHARING ASSISTANCE, THE MARYLAND MEDICAL ASSISTANCE PROGRAM, AND THE MARYLAND CHILDREN'S HEALTH PROGRAM;

(5) MAY EMPLOY OR ENGAGE INDIVIDUALS TO PERFORM ACTIVITIES THAT:

(I) ARE EXECUTIVE, ADMINISTRATIVE, MANAGERIAL, OR CLERICAL; AND

(II) RELATE ONLY INDIRECTLY TO SERVICES THAT MUST BE PROVIDED BY AN INDIVIDUAL EXCHANGE NAVIGATOR OR RESULT IN A CONSUMER'S ENROLLMENT IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM;

(6) SHALL COMPLY WITH ALL STATE AND FEDERAL LAWS, REGULATIONS, AND POLICIES GOVERNING THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND THE MARYLAND CHILDREN'S HEALTH PROGRAM;

(7) MAY NOT RECEIVE ANY COMPENSATION, DIRECTLY OR INDIRECTLY:

(I) FROM A CARRIER, AN INSURANCE PRODUCER, OR A THIRD-PARTY ADMINISTRATOR IN CONNECTION WITH THE ENROLLMENT OF A QUALIFIED INDIVIDUAL IN A QUALIFIED HEALTH PLAN; OR

(II) FROM ANY MANAGED CARE ORGANIZATION THAT PARTICIPATES IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM IN CONNECTION WITH THE ENROLLMENT OF AN INDIVIDUAL IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM; AND

(8) WITH RESPECT TO THE INSURANCE MARKET OUTSIDE THE EXCHANGE:

(I) MAY NOT PROVIDE ANY INFORMATION OR SERVICES RELATED TO HEALTH BENEFIT PLANS OR OTHER PRODUCTS NOT OFFERED IN THE EXCHANGE, EXCEPT FOR GENERAL INFORMATION ABOUT THE INSURANCE MARKET OUTSIDE THE EXCHANGE, WHICH SHALL BE LIMITED TO THE INFORMATION PROVIDED IN A CONSUMER EDUCATION DOCUMENT DEVELOPED BY THE EXCHANGE AND THE COMMISSIONER;

(II) SHALL REFER ANY INQUIRIES ABOUT HEALTH BENEFIT PLANS OR OTHER PRODUCTS NOT OFFERED IN THE EXCHANGE TO:

1. ANY RESOURCES THAT MAY BE MAINTAINED BY THE EXCHANGE; OR

2. CARRIERS AND LICENSED INSURANCE PRODUCERS; AND

(III) ON CONTACT WITH AN INDIVIDUAL WHO ACKNOWLEDGES HAVING EXISTING HEALTH INSURANCE COVERAGE OBTAINED THROUGH AN INSURANCE PRODUCER, SHALL REFER THE INDIVIDUAL BACK TO THE INSURANCE PRODUCER FOR INFORMATION AND SERVICES UNLESS:

1. THE INDIVIDUAL IS ELIGIBLE FOR BUT HAS NOT OBTAINED A FEDERAL PREMIUM SUBSIDY AND COST-SHARING ASSISTANCE AVAILABLE ONLY THROUGH THE INDIVIDUAL EXCHANGE;

2. THE INSURANCE PRODUCER IS NOT AUTHORIZED TO SELL QUALIFIED PLANS IN THE INDIVIDUAL EXCHANGE; OR

3. THE INDIVIDUAL WOULD PREFER NOT TO SEEK FURTHER ASSISTANCE FROM THE INDIVIDUAL'S INSURANCE PRODUCER.

(G) (1) THE COMMISSIONER MAY SUSPEND OR REVOKE AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITY AUTHORIZATION AFTER NOTICE AND OPPORTUNITY FOR A HEARING UNDER §§ 2-210 THROUGH 2-214 OF THIS ARTICLE IF THE INDIVIDUAL EXCHANGE NAVIGATOR ENTITY:

(I) HAS WILLFULLY VIOLATED THIS ARTICLE OR ANY REGULATION ADOPTED UNDER THIS ARTICLE;

(II) HAS ENGAGED IN FRAUDULENT OR DISHONEST PRACTICES IN CONDUCTING ACTIVITIES UNDER THE INDIVIDUAL EXCHANGE NAVIGATOR ENTITY AUTHORIZATION;

(III) HAS HAD ANY PROFESSIONAL LICENSE OR CERTIFICATION SUSPENDED OR REVOKED FOR A FRAUDULENT OR DISHONEST PRACTICE;

(IV) HAS BEEN CONVICTED OF A FELONY, A CRIME OF MORAL TURPITUDE, OR ANY CRIMINAL OFFENSE INVOLVING DISHONESTY OR BREACH OF TRUST; OR

(V) HAS WILLFULLY FAILED TO COMPLY WITH OR VIOLATED A PROPER ORDER OR SUBPOENA OF THE COMMISSIONER.

(2) INSTEAD OF OR IN ADDITION TO SUSPENDING OR REVOKING AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITY AUTHORIZATION, THE COMMISSIONER MAY:

(I) IMPOSE A PENALTY OF NOT LESS THAN $100 BUT NOT EXCEEDING $500 FOR EACH VIOLATION OF THIS ARTICLE; AND

(II) REQUIRE THAT RESTITUTION BE MADE TO ANY PERSON WHO HAS SUFFERED FINANCIAL INJURY BECAUSE OF THE INDIVIDUAL EXCHANGE NAVIGATOR ENTITY'S VIOLATION OF THIS ARTICLE.

(3) THE PENALTIES AVAILABLE TO THE COMMISSIONER UNDER THIS SUBSECTION SHALL BE IN ADDITION TO ANY CRIMINAL OR CIVIL PENALTIES IMPOSED FOR FRAUD OR OTHER MISCONDUCT UNDER ANY OTHER STATE OR FEDERAL LAW.

(4) THE COMMISSIONER SHALL NOTIFY THE INDIVIDUAL EXCHANGE OF ANY DECISION AFFECTING THE AUTHORIZATION OF AN

INDIVIDUAL EXCHANGE NAVIGATOR ENTITY OR ANY SANCTION IMPOSED ON AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITY UNDER THIS SUBSECTION.

(5) A CARRIER IS NOT RESPONSIBLE FOR THE ACTIVITIES AND CONDUCT OF INDIVIDUAL EXCHANGE NAVIGATOR ENTITIES.

(H)".

On page 29, in line 2, strike "**(F)**" and substitute "**(J)**"; after line 2, insert:

"**(2) MAY PROVIDE CONSUMER ASSISTANCE SERVICES THAT ARE REQUIRED TO BE PROVIDED BY AN INDIVIDUAL EXCHANGE NAVIGATOR UNDER SUBSECTION (D)(1) OF THIS SECTION;**";

in lines 3, 5, and 7, strike "**(2)**", "**(3)**", and "**(4)**", respectively, and substitute "**(3)**", "**(4)**", and "**(5)**", respectively; in line 3, after "**PRODUCER**" insert "**OR ADVISER**"; strike in their entirety lines 10 through 24, inclusive, and substitute:

"**(6) MAY NOT RECEIVE ANY COMPENSATION, DIRECTLY OR INDIRECTLY:**

(I) FROM A CARRIER, AN INSURANCE PRODUCER, OR A THIRD-PARTY ADMINISTRATOR IN CONNECTION WITH THE ENROLLMENT OF A QUALIFIED INDIVIDUAL IN A QUALIFIED HEALTH PLAN; OR

(II) FROM A MANAGED CARE ORGANIZATION THAT PARTICIPATES IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM IN CONNECTION WITH THE ENROLLMENT OF AN INDIVIDUAL IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM;

(7) WITH RESPECT TO THE INSURANCE MARKET OUTSIDE THE EXCHANGE, IS SUBJECT TO THE SAME REQUIREMENTS APPLICABLE TO INDIVIDUAL EXCHANGE NAVIGATOR ENTITIES AS SET FORTH IN SUBSECTION (F)(8) OF THIS SECTION; AND";

in line 25, strike the second "**AND**" and substitute a comma; in line 26, after "**REGULATIONS**" insert "**, AND POLICIES**"; in line 28, strike "**(E) (1)**" and substitute "**(I)**"; in line 29, strike "**(I)**" and substitute "**(1)**"; and in line 30, strike "**PROGRAM**" and substitute "**PROCESS**".

On page 30, strike in their entirety lines 1 through 9, inclusive, and substitute:

"**(2) IN CONSULTATION WITH THE COMMISSIONER AND THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, SHALL ADOPT REGULATIONS TO IMPLEMENT THIS SUBSECTION; AND**

(3) MAY IMPLEMENT THE INDIVIDUAL EXCHANGE NAVIGATOR CERTIFICATION PROCESS WITH THE ASSISTANCE OF THE COMMISSIONER AND THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IN ACCORDANCE WITH ONE OR MORE MEMORANDA OF UNDERSTANDING.";

strike in their entirety lines 10 through 19, inclusive; in line 20, strike "**(F)**" and substitute "**(J)**"; in line 29, strike "**(G)**" and substitute "**(K)**"; and after line 31, insert:

"**(3) A CERTIFICATION SHALL EXPIRE 2 YEARS AFTER THE DATE IT IS ISSUED UNLESS IT IS RENEWED.**".

On page 31, strike in their entirety lines 1 through 5, inclusive, and substitute:

"**(K) (1) THE EXCHANGE, WITH THE APPROVAL OF THE COMMISSIONER AND IN CONSULTATION WITH THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND STAKEHOLDERS, SHALL DEVELOP, IMPLEMENT, AND, AS APPROPRIATE, UPDATE A TRAINING PROGRAM FOR THE CERTIFICATION OF INDIVIDUAL EXCHANGE NAVIGATORS.**";

in line 7, strike "**AFFORD**" and substitute "**PROVIDE**"; in the same line, after "**NAVIGATORS**" insert "**WITH**"; in lines 14 and 15, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; in lines 15 and 19, in each instance, after "**THE**" insert "**INDIVIDUAL**"; and strike in their entirety lines 26 through 34, inclusive.

On page 32, in line 1, strike "**(4)**" and substitute "**(3)**"; strike beginning with "**COMMISSIONER**" in line 2 down through "**PROGRAM**" in line 3 and substitute "**THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND WITH THE APPROVAL OF THE COMMISSIONER**"; in line 6, strike "**A**" and substitute "**AN INDIVIDUAL EXCHANGE NAVIGATOR**"; strike beginning with "**CERTIFICATE**" in line 10 down through "**ENTITY**" in line 13 and substitute "**INDIVIDUAL EXCHANGE NAVIGATOR CERTIFICATION OR THE REACTIVATION OF AN INACTIVE INDIVIDUAL EXCHANGE NAVIGATOR CERTIFICATION**"; in line 14, strike "**(H)**" and substitute "**(L)**"; in line 17, strike "**APPLICANT OR**"; in line 18, after "**HAS**" insert "**WILLFULLY**"; in the same line, strike the colon; and in line 19, strike "**1.**".

On pages 32 and 33, strike beginning with "**OR**" in line 20 on page 32 down through "**COMMISSIONER**" in line 5 on page 33 and substitute:

"**(II) HAS INTENTIONALLY MISREPRESENTED OR CONCEALED A MATERIAL FACT IN THE APPLICATION FOR THE INDIVIDUAL EXCHANGE NAVIGATOR CERTIFICATION;**

(III) HAS OBTAINED THE INDIVIDUAL EXCHANGE NAVIGATOR CERTIFICATION BY MISREPRESENTATION, CONCEALMENT, OR OTHER FRAUD;

(IV) HAS ENGAGED IN FRAUDULENT OR DISHONEST PRACTICES IN CONDUCTING ACTIVITIES UNDER THE INDIVIDUAL EXCHANGE NAVIGATOR CERTIFICATION;

(V) HAS MISAPPROPRIATED, CONVERTED, OR UNLAWFULLY WITHHELD MONEY IN CONDUCTING ACTIVITIES UNDER THE INDIVIDUAL EXCHANGE NAVIGATOR CERTIFICATION;

(VI) HAS FAILED OR REFUSED TO PAY OVER ON DEMAND MONEY THAT BELONGS TO A PERSON ENTITLED TO THE MONEY;

(VII) HAS WILLFULLY AND MATERIALLY MISREPRESENTED THE PROVISIONS OF A QUALIFIED PLAN;

(VIII) HAS BEEN CONVICTED OF A FELONY, A CRIME OF MORAL TURPITUDE, OR ANY CRIMINAL OFFENSE INVOLVING DISHONESTY OR BREACH OF TRUST;

(IX) HAS FAILED AN EXAMINATION REQUIRED BY THIS ARTICLE OR REGULATIONS ADOPTED UNDER THIS ARTICLE;

(X) HAS FORGED ANOTHER'S NAME ON AN APPLICATION FOR A QUALIFIED PLAN OR ON ANY OTHER DOCUMENT IN CONDUCTING ACTIVITIES UNDER THE INDIVIDUAL EXCHANGE NAVIGATOR CERTIFICATION;

(XI) HAS OTHERWISE SHOWN A LACK OF TRUSTWORTHINESS OR COMPETENCE TO ACT AS AN INDIVIDUAL EXCHANGE NAVIGATOR; OR

(XII) HAS WILLFULLY FAILED TO COMPLY WITH OR VIOLATED A PROPER ORDER OR SUBPOENA OF THE COMMISSIONER";

in line 18, after "**EXCHANGE**" insert "**AND THE INDIVIDUAL EXCHANGE NAVIGATOR ENTITY FOR WHICH THE INDIVIDUAL EXCHANGE NAVIGATOR WORKS**"; after line 20, insert:

"**(5) A CARRIER IS NOT RESPONSIBLE FOR THE ACTIVITIES AND CONDUCT OF INDIVIDUAL EXCHANGE NAVIGATORS.**";

in line 21, strike "**(I)**" and substitute "**(M)**"; in lines 22 and 24, in each instance, strike "**PROGRAM**" and substitute "**PROCESS**"; in line 26, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; and in line 27, strike "**(J)**" and substitute "**(N)**".

On page 34, in line 3, strike "**DENY,**"; strike beginning with the colon in line 5 down through "**4.**" in line 12; in line 12, strike "**IN VIOLATION OF**" and substitute "**DESCRIBED IN**"; in line 13, strike "**(H)**" and substitute "**(M)(1)**"; in the same line, after "**SECTION**" insert "**WITH RESPECT TO THE AUTHORIZATION**"; in line 17, strike "**IN CONSULTATION**"; in the same line, after "**THE**" insert "**APPROVAL OF THE**"; in line 19, strike "**(J)**" and substitute "**(N)**"; in line 22, strike "**HEALTH PLAN OR QUALIFIED DENTAL**"; in line 24, strike "**LICENSED**" and substitute "**CERTIFIED**"; in line 25, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; and in line 31, strike "**(K)**" and substitute "**(O)**".

On page 35, in lines 7 and 8, strike "**HEALTH PLAN OR A QUALIFIED DENTAL**"; in line 10, strike "**(K)**" and substitute "**(O)**"; in line 12, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; after line 21, insert:

"**(P) NOTHING IN THIS SECTION SHALL PROHIBIT A COMMUNITY-BASED ORGANIZATION OR A UNIT OF STATE OR LOCAL GOVERNMENT FROM PROVIDING THE CONSUMER ASSISTANCE SERVICES DESCRIBED IN SUBSECTION (C) OF THIS SECTION THAT ARE NOT REQUIRED TO BE PROVIDED BY AN INDIVIDUAL EXCHANGE NAVIGATOR, IF THE ENTITY PROVIDING THE SERVICES AND ITS EMPLOYEES DO NOT:**

(1) RECEIVE ANY COMPENSATION, DIRECTLY OR INDIRECTLY, FROM A CARRIER, AN INSURANCE PRODUCER, OR A THIRD-PARTY ADMINISTRATOR IN CONNECTION WITH THE ENROLLMENT OF A QUALIFIED INDIVIDUAL IN A QUALIFIED HEALTH PLAN;

(2) RECEIVE ANY COMPENSATION, DIRECTLY OR INDIRECTLY, FROM A MANAGED CARE ORGANIZATION THAT PARTICIPATES IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM; AND

(3) IDENTIFY THEMSELVES TO THE PUBLIC AS AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITIES OR INDIVIDUAL EXCHANGE NAVIGATORS.";

and in line 26, after "**NAVIGATOR**" insert "**OR AN INDIVIDUAL EXCHANGE NAVIGATOR ENTITY**" .

AMENDMENT NO. 10

On page 36, in line 3, strike "**AND**"; in line 7, strike "**BUNDLED WITH**" and substitute "**SOLD IN CONJUNCTION WITH OR AS AN ENDORSEMENT TO**"; and in line 8, after "**PLANS**" insert "**; AND**

(3) VISION PLANS AS QUALIFIED VISION PLANS, WHICH MAY BE OFFERED BY CARRIERS AS:

(I) STAND-ALONE VISION PLANS; OR

(II) VISION PLANS SOLD IN CONJUNCTION WITH OR AS AN ENDORSEMENT TO QUALIFIED HEALTH PLANS".

On page 37, in line 25, strike the third "**AND**"; in line 27, strike "**HEALTH PLANS AND QUALIFIED DENTAL**"; in line 28, after "**ENROLLMENT**" insert "**; AND**

(III) DEMONSTRATING COMPLIANCE WITH THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008";

in line 29, after "(c)" insert "**(1)**"; in line 30, strike "(g)" and substitute "**(H)**"; and in line 32, strike "(1)" and substitute "**(I)**".

On page 38, in lines 1, 3, and 5, strike "(2)", "(i)", and "(ii)", respectively, and substitute "**(II)**", "**1.**", and "**2.**", respectively; in line 3, after "pediatric" insert "**DENTAL**"; after line 7, insert:

"**(2) THE EXCHANGE MAY DETERMINE WHETHER A CARRIER MAY ELECT TO INCLUDE NONESSENTIAL ORAL AND DENTAL BENEFITS IN A QUALIFIED HEALTH PLAN.**

(D) (1) A QUALIFIED HEALTH PLAN IS NOT REQUIRED TO PROVIDE ESSENTIAL BENEFITS THAT DUPLICATE THE MINIMUM BENEFITS OF QUALIFIED VISION PLANS, AS PROVIDED IN SUBSECTION (I) OF THIS SECTION, IF:

(I) THE EXCHANGE HAS DETERMINED THAT AT LEAST ONE QUALIFIED VISION PLAN IS AVAILABLE TO SUPPLEMENT THE QUALIFIED HEALTH PLAN'S COVERAGE; AND

(II) AT THE TIME THE CARRIER OFFERS THE QUALIFIED HEALTH PLAN, THE CARRIER DISCLOSES IN A FORM APPROVED BY THE EXCHANGE THAT:

1. THE PLAN DOES NOT PROVIDE THE FULL RANGE OF ESSENTIAL PEDIATRIC VISION BENEFITS; AND

2. QUALIFIED VISION PLANS PROVIDING THESE AND OTHER VISION BENEFITS ALSO NOT PROVIDED BY THE QUALIFIED HEALTH PLAN ARE OFFERED THROUGH THE EXCHANGE.

(2) THE EXCHANGE MAY DETERMINE WHETHER A CARRIER MAY ELECT TO INCLUDE NONESSENTIAL VISION BENEFITS IN A QUALIFIED HEALTH PLAN.";

and in lines 8, 13, and 21, strike "(d)", "(e)", and "(f)", respectively, and substitute "**(E)**", "**(F)**", and "**(G)**", respectively.

AMENDMENT NO. 11

On page 39, in line 13, strike "(g)" and substitute "**(H)**"; in the same line, strike "(2), (3), **[**and**]** (4)**, AND (5)**" and substitute "**(2) THROUGH (5)**"; in line 15, after "plans" insert "**TO THE EXTENT RELEVANT, WHETHER OFFERED IN CONJUNCTION WITH OR AS AN ENDORSEMENT TO QUALIFIED HEALTH PLANS OR AS STAND-ALONE DENTAL PLANS**"; strike beginning with "Carriers" in line 27 down through "jointly" in line 31 and substitute "**(I) THE EXCHANGE MAY DETERMINE:**

1. THE MANNER IN WHICH CARRIERS MUST DISCLOSE THE PRICE OF ORAL AND DENTAL BENEFITS AND, TO THE EXTENT RELEVANT, MEDICAL BENEFITS, WHEN OFFERED:

A. TO THE EXTENT PERMITTED BY THE EXCHANGE, IN A QUALIFIED HEALTH PLAN;

B. IN CONJUNCTION WITH OR AS AN ENDORSEMENT TO A QUALIFIED HEALTH PLAN; OR

C. AS A STAND-ALONE PLAN; AND

2. WHEN A CARRIER OFFERS A QUALIFIED DENTAL PLAN IN CONJUNCTION WITH A QUALIFIED HEALTH PLAN, WHETHER THE CARRIER ALSO MUST MAKE THE QUALIFIED HEALTH PLAN, THE QUALIFIED DENTAL PLAN, OR BOTH QUALIFIED PLANS AVAILABLE ON A STAND-ALONE BASIS.

(II) IN DETERMINING THE MANNER IN WHICH CARRIERS MUST OFFER AND DISCLOSE THE PRICE OF MEDICAL, ORAL, AND DENTAL BENEFITS UNDER THIS PARAGRAPH, THE EXCHANGE SHALL BALANCE THE OBJECTIVES OF TRANSPARENCY AND AFFORDABILITY FOR CONSUMERS";

and in line 32, after "**MAY**" insert "**:**

(I) EXEMPT QUALIFIED DENTAL PLANS FROM A REQUIREMENT APPLICABLE TO QUALIFIED HEALTH PLANS UNDER THIS TITLE TO THE EXTENT THE EXCHANGE DETERMINES THE REQUIREMENT IS NOT RELEVANT TO QUALIFIED DENTAL PLANS; AND

(II)".

AMENDMENT NO. 12

On page 40, after line 2, insert:

"**(I) (1) EXCEPT AS PROVIDED IN PARAGRAPHS (2) THROUGH (5) OF THIS SUBSECTION, THE REQUIREMENTS APPLICABLE TO QUALIFIED HEALTH PLANS UNDER THIS TITLE ALSO SHALL APPLY TO QUALIFIED VISION PLANS TO THE EXTENT RELEVANT, WHETHER OFFERED IN CONJUNCTION WITH OR AS AN ENDORSEMENT TO QUALIFIED HEALTH PLANS OR AS STAND-ALONE VISION PLANS.**

(2) A CARRIER OFFERING A QUALIFIED VISION PLAN SHALL BE LICENSED TO OFFER VISION COVERAGE BUT NEED NOT BE LICENSED TO OFFER OTHER HEALTH BENEFITS.

(3) A QUALIFIED VISION PLAN SHALL:

(I) BE LIMITED TO VISION AND EYE HEALTH BENEFITS, WITHOUT SUBSTANTIAL DUPLICATION OF OTHER BENEFITS TYPICALLY OFFERED BY HEALTH BENEFIT PLANS WITHOUT VISION COVERAGE; AND

(II) INCLUDE AT A MINIMUM:

1. THE ESSENTIAL PEDIATRIC VISION BENEFITS REQUIRED BY THE SECRETARY UNDER § 1302(B)(1)(J) OF THE AFFORDABLE CARE ACT; AND

2. OTHER VISION BENEFITS REQUIRED BY THE SECRETARY OR THE EXCHANGE.

(4) (I) THE EXCHANGE MAY DETERMINE:

1. THE MANNER IN WHICH CARRIERS MUST DISCLOSE THE PRICE OF VISION BENEFITS AND, TO THE EXTENT RELEVANT, MEDICAL BENEFITS, WHEN OFFERED:

A. TO THE EXTENT PERMITTED BY THE EXCHANGE, IN A QUALIFIED HEALTH PLAN;

B. IN CONJUNCTION WITH OR AS AN ENDORSEMENT TO A QUALIFIED HEALTH PLAN; OR

C. AS A STAND-ALONE PLAN; AND

2. WHEN A CARRIER OFFERS A QUALIFIED VISION PLAN IN CONJUNCTION WITH A QUALIFIED HEALTH PLAN, WHETHER THE CARRIER ALSO MUST MAKE THE QUALIFIED HEALTH PLAN, THE QUALIFIED VISION PLAN, OR BOTH QUALIFIED PLANS AVAILABLE ON A STAND-ALONE BASIS.

(II) IN DETERMINING THE MANNER IN WHICH CARRIERS MUST OFFER AND DISCLOSE THE PRICE OF MEDICAL AND VISION BENEFITS UNDER THIS PARAGRAPH, THE EXCHANGE SHALL BALANCE THE OBJECTIVES OF TRANSPARENCY AND AFFORDABILITY FOR CONSUMERS.

(5) THE EXCHANGE MAY:

(I) EXEMPT QUALIFIED VISION PLANS FROM A REQUIREMENT APPLICABLE TO QUALIFIED HEALTH PLANS UNDER THIS TITLE

TO THE EXTENT THE EXCHANGE DETERMINES THE REQUIREMENT IS NOT RELEVANT TO QUALIFIED VISION PLANS; AND

(II) ESTABLISH ADDITIONAL REQUIREMENTS FOR QUALIFIED VISION PLANS IN CONJUNCTION WITH ITS ESTABLISHMENT OF ADDITIONAL REQUIREMENTS FOR QUALIFIED HEALTH PLANS UNDER SUBSECTION (B)(9) OF THIS SECTION.

(J) A MANAGED CARE ORGANIZATION MAY NOT BE REQUIRED TO OFFER A QUALIFIED PLAN IN THE EXCHANGE.".

AMENDMENT NO. 13

On page 40, in line 8, strike "**PROVISION OF**" and substitute "**BENEFITS MANDATED BY STATE**"; in line 10, after "**ALL**" insert "**INDIVIDUAL**"; in the same line, after "**PLANS**" insert "**AND HEALTH BENEFIT PLANS OFFERED TO SMALL EMPLOYERS**"; in line 11, after "**GRANDFATHERED**" insert "**HEALTH**"; in the same line, after "**PLANS**" insert a comma; in line 12, strike "**IN THE INDIVIDUAL AND SMALL GROUP MARKET**"; and in line 14, after "**(II)**" insert "**SUBJECT TO § 31-115(C) AND (D) OF THIS TITLE,**".

On page 41, in lines 12, 14, 15, 18, 20, 22, 25, and 27, strike "**(4)**", "**(I)**", "**1.**", "**2.**", "**(II)**", "**1.**", "**2.**", and "**(5)**", respectively, and substitute "**(D)**", "**(1)**", "**(I)**", "**(II)**", "**(2)**", "**(I)**", "**(III)**", and "**(E)**", respectively; in line 19, strike "**AND**"; in line 20, after "**STATE**" insert "**, INCLUDING MEMBERS OF THE GENERAL ASSEMBLY**"; in line 21, after "**PUBLIC**" insert a comma; in line 24, after "**STAKEHOLDERS**" insert "**, INCLUDING:**

1. INDIVIDUALS WITH KNOWLEDGE OF AND EXPERTISE IN ADVOCATING FOR CONSUMERS REPRESENTING LOWER INCOME,

RACIAL, ETHNIC, OR OTHER MINORITIES, INDIVIDUALS WITH CHRONIC DISEASES AND OTHER DISABILITIES, AND VULNERABLE POPULATIONS;

2. PUBLIC HEALTH RESEARCHERS AND OTHER ACADEMIC EXPERTS WITH RELEVANT KNOWLEDGE AND BACKGROUND, INCLUDING KNOWLEDGE AND BACKGROUND RELATING TO DISPARITIES AND THE HEALTH NEEDS OF DIVERSE POPULATIONS; AND

3. CARRIERS, HEALTH CARE PROVIDERS, AND OTHER INDUSTRY REPRESENTATIVES WITH KNOWLEDGE AND EXPERTISE RELEVANT TO HEALTH PLAN BENEFITS AND DESIGN;

(II) TO THE EXTENT PRACTICABLE, APPOINTING INDIVIDUALS TO THE ADVISORY GROUP WHO REFLECT THE GENDER, RACIAL, ETHNIC, AND GEOGRAPHIC DIVERSITY OF THE STATE";

in line 25, after "**FOR**" insert "**MEMBERS OF THE GENERAL ASSEMBLY AND**"; in line 26, after "**TO**" insert "**:**

1. BE KEPT INFORMED BY ELECTRONIC MAIL; AND

2.";

and in the same line, after "**COMMENT**" insert "**; AND**

(3) SELECT A PLAN THAT COMPLIES WITH ALL REQUIREMENTS OF THIS TITLE AND THE AFFORDABLE CARE ACT, THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008, AND ANY OTHER FEDERAL LAWS,

REGULATIONS, POLICIES, OR GUIDANCE APPLICABLE TO STATE BENCHMARK PLANS AND ESSENTIAL HEALTH BENEFITS".

AMENDMENT NO. 14

On page 43, in line 2, strike "**SECRETARY**" and substitute "**COMMISSIONER**".

AMENDMENT NO. 15

On page 45, in line 10, after "(1)" insert "(i)"; in the same line, strike "Maryland-specific"; in line 11, after "program" insert "as an alternative to the federal or Maryland-specific model selected under Title 31 of the Insurance Article"; in lines 11 and 12, strike "than the federal model"; line 14, strike "(2)" and substitute "(ii)"; in the same line, strike "Maryland" and substitute "alternative"; in line 15, after "implemented" insert ";

(2) whether strategies should be implemented to mitigate the impact of the inclusion in the individual market of individuals enrolled in the Maryland Health Insurance Plan; and

(3) whether the State should develop a Maryland-specific reinsurance program to ensure the affordability of premiums in the individual market";

in line 28, strike "and"; and in line 30, after "House" insert "; and

(8) the Attorney General, or the Attorney General's designee".

AMENDMENT NO. 16

On page 46, in line 6, after "(1)" insert "(i)"; in line 8, after the semicolon, insert "and

(ii) in assessing total funds needed to sustain the Exchange and to minimize duplication of functions and costs, consider the expertise of and functions already performed by the Department of Health and Mental Hygiene, the Maryland

Health Care Commission, the Maryland Insurance Administration, and the Health Services Cost Review Commission;";

after line 21, insert:

"(4) taking into account all of the ramifications of and funding available under the Affordable Care Act and changes in the State's health care delivery system, consider the impact of any funding mechanism on health insurance premiums and the State's Medicare waiver;";

and in lines 22 and 25, strike "(4)" and "(5)", respectively, and substitute "(5)" and "(6)", respectively.

AMENDMENT NO. 17

On page 47, in line 9, after "with" insert "the Maryland Insurance Commissioner, the Department of Health and Mental Hygiene,"; after line 18, insert:

"SECTION 8. AND BE IT FURTHER ENACTED, That the requirements of § 31-116(a)(2)(i) of the Insurance Article, as enacted by Section 2 of this Act, shall be subject to any clarification regarding essential pediatric benefits that may be provided by the U.S. Department of Health and Human Services.

SECTION 9. AND BE IT FURTHER ENACTED, That, with respect to the preparation and certification of qualified plans to be offered through the Maryland Health Benefit Exchange in 2014, pending adoption of regulations under Title 31 of the Insurance Article, and after receiving comment from the Joint Committee on Administrative, Executive, and Legislative Review, the Senate Finance Committee, the House Health and Government Operations Committee, carriers, and the public, the Board of Trustees of the Exchange may adopt interim policies, if necessary, to:

(1) comply with federal law and regulations; and

(2) allow carriers offering qualified plans in the Exchange in 2014 sufficient time to design and develop qualified plans and file rates with the Maryland Insurance Administration.";

and in line 19, strike "8." and substitute "10.".