

SB0504/377475/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 504
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, after “of” insert “requiring the Maryland Health Benefit Exchange to certify stand-alone dental plans for sale outside the Exchange; requiring a stand-alone dental plan to be reviewed and approved by the Maryland Insurance Administration as meeting certain requirements to be certified for sale outside the Exchange; providing for a certain exception to the authority of the Exchange to take certain actions relating to certification of certain plans; authorizing the Exchange to deny, suspend, or revoke the certification of a stand-alone dental plan for sale outside the Exchange under certain circumstances;”; in line 4, strike “Maryland Health Benefit”; in line 6, after “circumstances;” insert “repealing a requirement that the Exchange and the Maryland Insurance Administration conduct a certain study and report the findings and recommendations to the Governor and the General Assembly; defining certain terms;”; in line 11, after “Section” insert “31-115(a) and (k)(1) and”; in line 16, after “Section” insert “31-115(l) and”; and after line 18, insert:

“BY repealing

Chapter 159 of the Acts of the General Assembly of 2013
Section 8”.

AMENDMENT NO. 2

On page 1, after line 21, insert:

“31-115.

(a) The Exchange shall certify:

(1) health benefit plans as qualified health plans;

(Over)

(2) dental plans as qualified dental plans, which may be offered by carriers as:

(i) stand-alone dental plans; or

(ii) dental plans sold in conjunction with or as an endorsement to qualified health plans; [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; AND

(4) STAND-ALONE DENTAL PLANS FOR SALE OUTSIDE THE EXCHANGE.

(k) (1) Subject to the contested case hearing provisions of Title 10, Subtitle 2 of the State Government Article, and subsection (f) of this section, AND EXCEPT AS PROVIDED IN SUBSECTION (L)(2) OF THIS SECTION, the Exchange may deny certification to a health benefit plan, a dental plan, or a vision plan, or suspend or revoke the certification of a qualified plan, based on a finding that the health benefit plan, dental plan, vision plan, or qualified plan does not satisfy requirements or has otherwise violated standards for certification that are:

(i) established under the regulations and interim policies adopted by the Exchange to carry out this title; and

(ii) not otherwise under the regulatory and enforcement authority of the Commissioner.

(L) (1) TO BE CERTIFIED FOR SALE OUTSIDE THE EXCHANGE, A STAND-ALONE DENTAL PLAN SHALL BE REVIEWED AND APPROVED BY THE ADMINISTRATION AS MEETING APPROPRIATE REQUIREMENTS, INCLUDING:

(I) COVERING THE STATE BENCHMARK PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFITS;

(II) COMPLYING WITH ANNUAL LIMITS AND LIFETIME LIMITS APPLICABLE TO ESSENTIAL HEALTH BENEFITS;

(III) COMPLYING WITH ANNUAL LIMITS ON COST SHARING APPLICABLE TO STAND-ALONE DENTAL PLANS UNDER 45 C.F.R. § 156.150; AND

(IV) MEETING THE SAME ACTUARIAL VALUE REQUIREMENT FOR THE PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFITS THAT IS REQUIRED FOR A QUALIFIED DENTAL PLAN.

(2) SUBJECT TO THE CONTESTED CASE HEARING PROVISIONS OF TITLE 10, SUBTITLE 2 OF THE STATE GOVERNMENT ARTICLE, THE EXCHANGE MAY DENY, SUSPEND, OR REVOKE THE CERTIFICATION OF A STAND-ALONE DENTAL PLAN FOR SALE OUTSIDE THE EXCHANGE IF THE STAND-ALONE DENTAL PLAN DOES NOT SATISFY THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION.”.

AMENDMENT NO. 3

On page 2, in line 11, after “(F)” insert “(1) (I) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.”

(Over)

(II) “EXCHANGE CERTIFIED STAND-ALONE DENTAL PLAN” MEANS A STAND-ALONE DENTAL PLAN THAT HAS BEEN CERTIFIED BY THE EXCHANGE FOR SALE OUTSIDE THE EXCHANGE UNDER § 31-115 OF THIS TITLE.

(III) “PURCHASER” MEANS:

1. WITH RESPECT TO AN INDIVIDUAL HEALTH BENEFIT PLAN, THE INDIVIDUAL APPLYING FOR COVERAGE; AND

2. WITH RESPECT TO A SMALL GROUP HEALTH BENEFIT PLAN, THE EMPLOYER APPLYING FOR COVERAGE.

(2)”;

in lines 13, 18, and 20, in each instance, strike “ESSENTIAL”; in the same lines, in each instance, after “DENTAL” insert “ESSENTIAL HEALTH”; in lines 15 and 19, strike “(1)” and “(2)”, respectively, and substitute “(I)” and “(II)”, respectively; in line 21, strike “A QUALIFIED” and substitute “AN EXCHANGE CERTIFIED STAND-ALONE”; and after line 21, insert:

“(3) A CARRIER SHALL:

(I) DISCLOSE TO A POTENTIAL PURCHASER, FOR THOSE HEALTH BENEFIT PLANS SOLD OUTSIDE THE EXCHANGE THAT DO NOT PROVIDE THE PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFITS, THAT THE PLAN DOES NOT INCLUDE THE PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFITS; AND

(II) FOR THOSE HEALTH BENEFIT PLANS SOLD OUTSIDE THE EXCHANGE THAT DO NOT PROVIDE THE PEDIATRIC DENTAL ESSENTIAL HEALTH

BENEFITS, INCLUDE ON ITS APPLICATION COMPLETED BY A PURCHASER THE FOLLOWING:

“HAVE YOU OBTAINED STAND-ALONE DENTAL COVERAGE THAT PROVIDES PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFITS THROUGH A MARYLAND HEALTH BENEFIT EXCHANGE CERTIFIED STAND-ALONE DENTAL PLAN OFFERED OUTSIDE THE MARYLAND HEALTH BENEFIT EXCHANGE?”

YES _____

No _____

IF YOU ANSWERED “YES”, PLEASE PROVIDE THE NAME OF THE COMPANY ISSUING THE STAND-ALONE DENTAL COVERAGE.

IF YOU ANSWERED “NO”, YOU WILL BE ISSUED A HEALTH BENEFIT PLAN THAT INCLUDES THE PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFITS.”

(4) THE ADMINISTRATION SHALL PLACE ON ITS WEB SITE A LIST OF THE EXCHANGE CERTIFIED STAND-ALONE DENTAL PLANS IN THE STATE.

Chapter 159 of the Acts of 2013

[SECTION 8. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Benefit Exchange and the Maryland Insurance Administration shall:

(1) conduct a study of the impact of federal regulations governing the manner in which pediatric dental benefits must be offered and purchased inside and outside the Maryland Health Benefit Exchange, including:

(Over)

(i) their effect on the affordability and accessibility of pediatric dental benefits; and

(ii) their effect on children's access to dental care; and

(2) assess the options that may be available to the State to address any adverse consequences of the manner in which pediatric dental benefits must be offered and purchased under the federal regulations.

(b) On or before December 1, 2014, the Maryland Health Benefit Exchange and the Maryland Insurance Administration shall report to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly on the findings of the study and any recommendations for further legislative action.】.