SB0556/686189/2

BY: Health and Government Operations Committee

AMENDMENTS TO SENATE BILL 556
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, after "Insurance - " insert "Selection of State Benchmark Plan and Required".

On page 2, in line 29, after "Exchange;" insert "altering the process for selection of the State benchmark plan used to establish certain essential health benefits; requiring the Maryland Insurance Commissioner, in consultation with the Exchange, and instead of the Maryland Health Care Reform Coordinating Council, to select the State benchmark plan; requiring the Commissioner to submit a report to certain legislative committees advising the committees of certain information;"; in line 32, after "and" insert "implementation of and required"; in line 37, strike "and"; in line 38, after "(z)(1)" insert ", and 31-116(c) and (d)"; in line 43, strike "and"; and in the same line, after "15-1405" insert ", and 31-116(e)".

On page 3, in line 3, strike "and" and substitute a comma; in the same line, after "(o-2)" insert ", and 31-116(e)"; and after line 5, insert:

"BY repealing and reenacting, without amendments,
Article – Insurance
Section 31-116(a) and (b)
Annotated Code of Maryland
(2011 Replacement Volume and 2014 Supplement)".

AMENDMENT NO. 2

On page 53, after line 14, insert:

(Over)

"31–116.

(a) The essential health benefits required under § 1302(a) of the Affordable Care Act:

(1) shall be the benefits in the State benchmark plan, selected in accordance with this section; and

(2) notwithstanding any other benefits mandated by State law, shall be the benefits required in:

(i) subject to subsection (f) of this section, all individual health benefit plans and health benefit plans offered to small employers, except for grandfathered health plans, as defined in the Affordable Care Act, offered outside the Exchange; and

(ii) subject to § 31–115(c) of this title, all qualified health plans offered in the Exchange.

(b) In selecting the State benchmark plan, the State seeks to:

(1) balance comprehensiveness of benefits with plan affordability to promote optimal access to care for all residents of the State;

(2) accommodate to the extent practicable the diverse health needs across the diverse populations within the State; and

(3) ensure the benefit of input from the stakeholders and the public.

(c) (1) The State benchmark plan, **FOR 2017 AND UNTIL THE SECRETARY REQUIRES THAT A NEW BENCHMARK PLAN BE SELECTED,** shall be

selected by the **[**Maryland Health Care Reform Coordinating Council**]** **COMMISSIONER, IN CONSULTATION WITH THE EXCHANGE:**

(I) BASED ON ENROLLMENT FOR THE FIRST QUARTER OF 2014, FROM THE LARGEST HEALTH PLAN BY ENROLLMENT IN ANY OF THE THREE LARGEST SMALL GROUP INSURANCE PRODUCTS BY ENROLLMENT IN THE STATE'S SMALL GROUP MARKET; AND

(II) through an open, transparent, and inclusive process**, WHICH SHALL INCLUDE AT LEAST ONE PUBLIC HEARING AND AN OPPORTUNITY FOR PUBLIC COMMENT**.

(2) **[**Any action of the Council may be taken only by the affirmative vote of at least nine members of the Maryland Health Care Reform Coordinating Council.

(3)**]** In selecting the State benchmark plan, the **[**Maryland Health Care Reform Coordinating Council**]** **COMMISSIONER, IN CONSULTATION WITH THE EXCHANGE,** may exclude**, CONSISTENT WITH APPLICABLE FEDERAL REGULATIONS**:

(i) a health care service, benefit, coverage, or reimbursement for covered health care services that is required under this article or the Health – General Article to be provided or offered in a health benefit plan that is issued or delivered in the State by a carrier; or

(ii) reimbursement required by statute, by a health benefit plan for a service when that service is performed by a health care provider who is licensed under the Health Occupations Article and whose scope of practice includes that service.

(d) In selecting the State benchmark plan, the **[**Maryland Health Care Reform Coordinating Council shall:

(1) obtain guidance necessary to:

(i) determine the 10 health benefit plans deemed eligible by the Secretary to be the State benchmark plan; and

(ii) conduct a comparative analysis of the benefits of each plan;

(2) solicit the input of stakeholders in the State, including members of the General Assembly and members of the public, by:

(i) appointing and consulting with an advisory group made up of a diverse and representative cross–section of stakeholders, 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; and

(iii) establishing a mechanism for members of the General Assembly and members of the public to:

1. be kept informed by electronic mail; and

2. provide comment; and

(3)**]** **COMMISSIONER, IN CONSULTATION WITH THE EXCHANGE, SHALL:**

(1) 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**;**

(2) FOR INDIVIDUAL HEALTH BENEFIT PLANS, REQUIRE THAT THE HEALTH BENEFIT PLANS INCLUDE ANY MANDATED BENEFITS THAT WERE REQUIRED IN INDIVIDUAL HEALTH BENEFIT PLANS BEFORE DECEMBER 31, 2011, IF THE BENEFITS ARE NOT INCLUDED IN THE SELECTED BENCHMARK PLAN; AND

(3) IF THE SELECTED STATE BENCHMARK PLAN DOES NOT COMPLY WITH ANY FEDERAL BENEFIT REQUIREMENT, SUPPLEMENT THE REQUIRED BENEFITS, TO THE EXTENT PERMITTED BY FEDERAL LAW, WITH BENEFITS SIMILAR TO THOSE CHOSEN BY THE MARYLAND HEALTH CARE REFORM COORDINATING COUNCIL IN 2012.

[(e) On or before September 30, 2012, the Maryland Health Care Reform Coordinating Council shall select the State benchmark plan for coverage beginning January 1, 2014.**]**

(E) WITHIN 10 DAYS AFTER SELECTING THE STATE BENCHMARK PLAN, THE COMMISSIONER SHALL SUBMIT A REPORT, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE ADVISING THE COMMITTEES OF THE COMMISSIONER'S SELECTION AND THE PROCESS USED IN MAKING THE SELECTION.".