

HB0413/533820/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 413
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “**and Delegates Hornberger, Kittleman, Long, and Metzgar**”; in line 5, after “fee;” insert “exempting stand-alone vision and dental plan carriers that are subject to the health insurance provider fee assessment from the health care regulatory assessment fee and annual assessment fee in certain years; providing that funds from the distribution of the health insurance provider fee assessment can only be used for certain purposes;”; in line 8, after “6-102.1” insert “and 31-107(g)(4)”; and after line 10, insert:

“BY adding to
Article - Insurance
Section 6-105.3
Annotated Code of Maryland
(2017 Replacement Volume and 2021 Supplement)”.

AMENDMENT NO. 2

On page 3, after line 11, insert:

6-105.3.

A STAND-ALONE DENTAL PLAN CARRIER OR A STAND-ALONE VISION PLAN CARRIER THAT IS SUBJECT TO THE HEALTH INSURANCE PROVIDER FEE ASSESSMENT IMPOSED UNDER § 6-102.1 OF THIS SUBTITLE IN CALENDAR YEAR 2024 AND EACH CALENDAR YEAR THEREAFTER IS EXEMPT FROM THE HEALTH CARE REGULATORY ASSESSMENT UNDER § 2-112.2 OF THIS ARTICLE AND THE ANNUAL ASSESSMENT FEE UNDER § 2-502 OF THIS ARTICLE FOR EACH YEAR IN WHICH THE HEALTH INSURANCE PROVIDER FEE IS PAID.

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31-107.

(g) (4) The following funds may be used only for the purposes of funding the State Reinsurance Program:

(i) any pass-through funds received from the federal government under a waiver approved under § 1332 of the Affordable Care Act to provide reinsurance to carriers that offer individual health benefit plans in the State;

(ii) any funds designated by the federal government to provide reinsurance to carriers that offer individual health benefit plans in the State; [and]

(iii) any funds designated by the State to provide reinsurance to carriers that offer individual health benefit plans in the State; AND

(IV) EXCEPT AS PROVIDED IN SUBSECTION (F) OF THIS SECTION, FUNDS RECEIVED FROM THE DISTRIBUTION OF THE ASSESSMENT UNDER § 6-102.1 OF THIS ARTICLE.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before December 1, 2023, the Maryland Insurance Administration, in consultation with the Maryland Health Benefit Exchange and the Maryland Health Care Commission, shall report to the Governor and, in accordance with § 2-1257 of the State Government Article, the General Assembly, on the impact of the State Reinsurance Program.

(b) In developing the report, the Maryland Insurance Administration shall:

(1) consider whether the level of funding is appropriate, taking into account future population growth and projected premium growth;

(2) consider whether the assessment established under § 6-102.1 of the Insurance Article;

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- (i) is appropriately apportioned among the carriers;
- (ii) should be broadened to include other business sectors; and
- (iii) should be supplemented with General Funds;

(3) consider what market reforms are needed to provide affordable health coverage in the individual market, including:

- (i) continuation of the Program past 2026;
- (ii) providing State-based premium subsidies; and
- (iii) expanding eligibility for the Maryland Medical Assistance

Program; and

(4) evaluate the design of the Program, including whether the program parameters established under § 31-117 of the Insurance Article are appropriate in light of other individual market reforms at the State and federal level, including:

- (i) the Young Adult Subsidies Program;
- (ii) the Easy Enrollment Health Insurance Program;
- (iii) a special or other enrollment period opened under § 31-108 of

the Insurance Article; and

(iv) premium subsidies available under the American Rescue Plan Act or any other federal law.

(c) The report shall include options for obtaining sustainable funding sources to support stability in the individual market.”;

and in line 12, strike “2.” and substitute “3.”.

(Over)