

House Bill 601 (Pharmacy Benefits Managers - Definition of Purchaser and ERISA)

First Reader, Proposed Amendments

Amendment #1

On page 4, in line 10, after “means” strike “the State Employee and Retiree Health and Welfare Benefits Program, an insurer, a nonprofit health service plan, or a health maintenance organization” and replace with “ANY HEALTH BENEFIT PLAN, INCLUDING THE STATE EMPLOYEE AND RETIREE HEALTH AND WELFARE BENEFITS PROGRAM”

Amendment #2

On page 2, after line 9, insert “(E) “HEALTH BENEFIT PLAN” MEANS ANY: (I) HOSPITAL OR MEDICAL POLICY, INCLUDING THOSE ISSUED UNDER MULTIPLE EMPLOYER TRUSTS OR ASSOCIATIONS LOCATED IN MARYLAND OR ANY OTHER STATE COVERING MARYLAND RESIDENTS; (II) POLICY OR CONTRACT ISSUED BY A NONPROFIT HEALTH SERVICE PLAN THAT COVERS MARYLAND RESIDENTS; OR (III) HEALTH MAINTENANCE ORGANIZATION SUBSCRIBER OR GROUP MASTER CONTRACT.”

Rationale

The first proposed amendment expands the definition of purchaser to include self-funded plans.

The second proposed amendment adds the definition of “health benefit plan” that is used in Md. Code Ann., Ins. § 15-1401 for consistency and to clarify that all plans, including self-funded plans, are considered purchasers under Title 15, Subtitle 16 of the Insurance Article.