SENATE BILL 124

C3 (0lr0680)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by Senator Feldman Senators Feldman, Augustine, Beidle, Benson, Hayes, Hershey, Jennings, Kelley, Klausmeier, Kramer, and Reilly

nd Examined by Proofreaders:
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d presented to the Governor, for his approval thi
_ at o'clock,N
President
CHAPTER
t Exchange – Establishment of a <u>Assessment</u> d <u>Individual Market</u> Health Insurance Subsidies Program
hat a certain assessment be used to fund the Stat the State-Based Health Insurance Subsidies Program alth Benefit Exchange to allocate certain funds betwee
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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



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the contents of the Fund; altering the purposes for which the Fund may be used; requiring the Board of Trustees of the Exchange to maintain a separate account within the Fund for the State-Based Health Insurance Subsidies Program under certain circumstances; clarifying that certain funds received from the federal government under a certain waiver may be used only for the purposes of funding the State Reinsurance Program; requiring authorizing the Exchange, in consultation with the Maryland Insurance Commissioner and as approved by the Board, to establish and implement a State-Based Health Insurance Subsidies Program to provide subsidies to individuals for the purchase of health benefit plans in the individual health insurance market: requiring the State-Based Health Insurance Subsidies Program to be designed to reduce the amount that individuals pay for certain health benefit plans in the individual health insurance market; requiring the Exchange, in consultation with the Commissioner and as approved by the Board and based on available funds, to establish certain parameters for a certain year and each subsequent calendar year; authorizing the Exchange, in consultation with the Commissioner and as approved by the Board, to alter the parameters under certain circumstances years; providing that, beginning on a certain date, funding for the State-Based Health Insurance Subsidies Program may be made by using certain funds: requiring the Exchange to adopt regulations on or before a certain date; requiring the Board authorizing the Exchange, in consultation with the Commissioner and as approved by the Board, to make a certain determination concerning a certain waiver and apply for a certain waiver under certain circumstances on or before a certain date; requiring the Exchange to track certain information, post the information on a certain website, and include the information in a certain report; and generally relating to the Maryland Health Benefit Exchange and the State-Based Health Insurance Subsidies Program clarifying the applicability of a certain assessment to certain entities for certain products; requiring the Maryland Health Benefit Exchange to report to certain committees of the General Assembly on or before a certain date on certain information related to establishing a State-based individual subsidy program in Maryland; and generally relating to the Maryland Health Benefit Exchange and State-based individual market health insurance subsidies.

33 BY repealing and reenacting, with amendments,

Article – Insurance

Section 6–102.1 and 31–107

Annotated Code of Maryland

37 (2017 Replacement Volume and 2019 Supplement)

38 BY adding to

39 Article - Insurance

Section 31-122 and 31-123

Annotated Code of Maryland

42 (2017 Replacement Volume and 2019 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article - Insurance 1 2 6-102.1.3 This section applies to: (a) 4 an insurer, a nonprofit health service plan, a health maintenance (1) 5 organization, a dental plan organization, a fraternal benefit organization, and any other 6 person subject to regulation by the State that provides a product that: 7 is WAS subject to § 9010 of the Affordable Care Act, AS IN (i) EFFECT ON DECEMBER 1, 2019; and 8 9 (ii) may be subject to an assessment by the State; and 10 (2)a managed care organization authorized under Title 15, Subtitle 1 of the Health - General Article. 11 12 The purpose of this section is to assist in the stabilization of the individual 13 health insurance market by assessing a health insurance provider fee that is attributable to State health risk for calendar years 2019 through 2023, both inclusive, as provided for 14 15 under subsection (c) of this section. 16 (c) In calendar year 2019, in addition to the amounts otherwise due under (1) 17 this subtitle, an entity subject to this section shall be subject to an assessment of 2.75% on 18 all amounts used to calculate the entity's premium tax liability under § 6–102 of this 19 subtitle or the amount of the entity's premium tax exemption value for calendar year 2018. 20 In calendar years 2020 through 2023, both inclusive, in addition to the 21amounts otherwise due under this subtitle, an entity subject to this section shall be subject 22to an assessment of 1% on all amounts used to calculate the entity's premium tax liability 23 under § 6–102 of this subtitle or the amount of the entity's premium tax exemption value 24 for the immediately preceding calendar year. 25The assessments required in paragraphs (1) and (2) of this subsection (3)26are for products that: 27 are WERE subject to § 9010 of the Affordable Care Act, AS IN (i) 28 EFFECT ON DECEMBER 1, 2019; and 29 (ii) may be subject to an assessment by the State.

The calculation of the assessments required under paragraphs (1) and

(2) of this subsection shall be made without regard to:

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by contract.

$\frac{1}{2}$	(i) the threshold limits established in § 9010(b)(2)(A) of the Affordable Care Act; or
3 4	(ii) the partial exclusion of net premiums provided for in § 9010(b)(2)(B) of the Affordable Care Act.
5 6	(d) (1) Notwithstanding § 2–114 of this article, the assessment required under this section shall be distributed by the Commissioner to the Maryland Health Benefit
7	Exchange Fund established under § 31–107 of this article.
8	(2) THE ASSESSMENT REQUIRED UNDER THIS SECTION SHALL BE
9	USED TO FUND THE STATE REINSURANCE PROGRAM ESTABLISHED UNDER § 31–117
10	OF THIS ARTICLE AND THE STATE-BASED HEALTH INSURANCE SUBSIDIES
11	PROGRAM ESTABLISHED UNDER § 31–122 OF THIS ARTICLE.
12	(3) THE MARYLAND HEALTH BENEFIT EXCHANGE SHALL ALLOCATE
13	THE FUNDS COLLECTED UNDER THIS SECTION BETWEEN THE STATE REINSURANCE
14	PROGRAM AND THE STATE-BASED HEALTH INSURANCE SUBSIDIES PROGRAM IN A
15	MANNER THAT MAXIMIZES THE LONG-TERM AFFORDABILITY OF HEALTH PLANS IN
16	THE INDIVIDUAL MARKET.
17	31–107.
18	(a) There is a Maryland Health Benefit Exchange Fund.
19	(b) (1) The purpose of the Fund is to:
20	(i) provide funding for the operation and administration of the
21	Exchange in carrying out the purposes of the Exchange under this title; [and]
22	(ii) provide funding for the establishment and operation of the State
$\frac{-}{23}$	Reinsurance Program authorized under this title; AND
24	(HI) PROVIDE FUNDING FOR THE ESTABLISHMENT AND
25	OPERATION OF THE STATE-BASED HEALTH INSURANCE SUBSIDIES PROGRAM
26	AUTHORIZED UNDER THIS TITLE.
27	(2) The operation and administration of the Exchange [and], the State
28	Reinsurance Program, AND THE STATE-BASED HEALTH INSURANCE SUBSIDIES
29	PROGRAM may include functions delegated by the Exchange to a third party under law or

(e) The Exchange shall administer the Fund.

$1\\2$	(d) the State Fig	(1) The Fund is a special, nonlapsing fund that is not subject to § 7-302 of nance and Procurement Article.
3 4	Comptroller	(2) The State Treasurer shall hold the Fund separately, and the shall account for the Fund.
5	(e)	The Fund consists of:
6		(1) any user fees or other assessments collected by the Exchange;
7 8	distribution	(2) all revenue deposited into the Fund that is received from the of the premium tax under § 6–103.2 of this article;
9		(3) income from investments made on behalf of the Fund;
10		(4) interest on deposits or investments of money in the Fund;
11 12	by the Board	(5) money collected by the Board as a result of legal or other actions taken l on behalf of the Exchange or the Fund;
13		(6) money donated to the Fund;
14		(7) money awarded to the Fund through grants;
15 16	waiver appr	(8) any pass-through funds received from the federal government under a oved under § 1332 of the Affordable Care Act;
17 18	to carriers t l	(9) any funds designated by the federal government to provide reinsurance hat offer individual health benefit plans in the State;
19 20	that offer in	(10) any funds designated by the State to provide reinsurance to carriers dividual health benefit plans in the State;
21 22	STATE-BAS	(11) ANY FUNDS DESIGNATED BY THE STATE TO PROVIDE SED HEALTH INSURANCE SUBSIDIES TO INDIVIDUALS IN THE STATE;
23 24	title for the	[(11)] (12) any federal funds received in accordance with § 31–121 of this administration of small business tax credits; and
25 26	of the Fund.	[(12)] (13) any other money from any other source accepted for the benefit
27	(f)	The Fund may be used only:
28 29	the purposes	(1) for the operation and administration of the Exchange in carrying out authorized under this title; [and]

1 2	(2) for the establishment and operation of the State Reinsurance Program;
3 4	(3) FOR THE ESTABLISHMENT AND OPERATION OF THE STATE-BASED HEALTH INSURANCE SUBSIDIES PROGRAM.
5 6	(g) (1) The Board shall maintain separate accounts within the Fund for Exchange operations [and], for the State Reinsurance Program, AND, IF ESTABLISHED
7	BY THE EXCHANGE, FOR THE STATE BASED HEALTH INSURANCE SUBSIDIES
8	PROGRAM.
9 10	(2) Accounts within the Fund shall contain the money that is intended to support the purpose for which each account is designated.
11 12	(3) Funds received from the distribution of the premium tax under § 6–103.2 of this article shall be placed in the account for Exchange operations and may be
13	used only for the purpose of funding the operation and administration of the Exchange.
14 15	(4) The following funds may be used only for the purposes of funding the State Reinsurance Program:
16	(i) any pass-through funds received from the federal government
17	under a waiver approved under § 1332 of the Affordable Care Act TO PROVIDE
18	REINSURANCE TO CARRIERS THAT OFFER INDIVIDUAL HEALTH BENEFIT PLANS IN
19	THE STATE;
20 21	(ii) any funds designated by the federal government to provide reinsurance to carriers that offer individual health benefit plans in the State; and
22 23	(iii) any funds designated by the State to provide reinsurance to carriers that offer individual health benefit plans in the State.
24	(h) (1) Expenditures from the Fund for the purposes authorized by this
25	subtitle may be made only:
26 27	(i) with an appropriation from the Fund approved by the General Assembly in the State budget; or
28 29	(ii) by the budget amendment procedure provided for in Title 7, Subtitle 2 of the State Finance and Procurement Article.
30 31	(2) Notwithstanding § 7–304 of the State Finance and Procurement Article, if the amount of the distribution from the premium tax under § 6–103.2 of this article
$\frac{31}{32}$	exceeds in any State fiscal year the actual expenditures incurred for the operation and
33	administration of the Exchange, funds in the Exchange operations account from the

1 premium tax that remain unspent at the end of the State fiscal year shall revert to the Ceneral Fund of the State.

- 3 (3) If operating expenses of the Exchange may be charged to either State 4 or non-State fund sources, the non-State funds shall be charged before State funds are 5 charged.
- 6 (i) (1) The State Treasurer shall invest the money of the Fund in the same 7 manner as other State money may be invested.
- 8 (2) Any investment earnings of the Fund shall be credited to the Fund.
- 9 (3) Except as provided in subsection (h)(2) of this section, no part of the 10 Fund may revert or be credited to the General Fund or any special fund of the State.
- 11 (j) A debt or an obligation of the Fund is not a debt of the State or a pledge of 12 credit of the State.
- 13 **31-122.**
- 14 (A) THE EXCHANGE, IN CONSULTATION WITH THE COMMISSIONER AND AS
 15 APPROVED BY THE BOARD, SHALL MAY ESTABLISH AND IMPLEMENT A
 16 STATE BASED HEALTH INSURANCE SUBSIDIES PROGRAM TO PROVIDE SUBSIDIES
 17 TO INDIVIDUALS FOR THE PURCHASE OF HEALTH BENEFIT PLANS IN THE
 18 INDIVIDUAL HEALTH INSURANCE MARKET.
- 19 (B) THE STATE-BASED HEALTH INSURANCE SUBSIDIES PROGRAM
 20 AUTHORIZED UNDER THIS SECTION SHALL BE DESIGNED TO REDUCE THE AMOUNT
 21 THAT INDIVIDUALS PAY FOR HEALTH BENEFIT PLANS IN THE INDIVIDUAL HEALTH
 22 INSURANCE MARKET.
- 23 (C) (1) BASED ON AVAILABLE FUNDS, THE EXCHANGE, IN CONSULTATION
 24 WITH THE COMMISSIONER AND AS APPROVED BY THE BOARD, SHALL ESTABLISH
 25 SUBSIDY ELIGIBILITY AND PAYMENT PARAMETERS FOR CALENDAR YEAR 2021 AND
 26 EACH SUBSEQUENT CALENDAR YEAR EACH CALENDAR YEAR THE PROGRAM IS IN
 27 EFFECT.
- 28 (2) THE EXCHANGE, IN CONSULTATION WITH THE COMMISSIONER
 29 AND AS APPROVED BY THE BOARD, MAY ALTER THE PARAMETERS ESTABLISHED IN
 30 ACCORDANCE WITH PARAGRAPH (1) OF THIS SUBSECTION AS NECESSARY TO
 31 SECURE FEDERAL APPROVAL FOR A WAIVER SUBMITTED IN ACCORDANCE WITH §
 32 31-123 OF THIS TITLE.

1	(D) BEFORE IMPLEMENTING THE STATE-BASED HEALTH INSURANCE
2	Subsidies Program under this section, the Exchange shall study and
3	REPORT TO THE BOARD ON THE FOLLOWING:
4	(1) AN ESTIMATE OF THE IMPACT OF USING FUNDING FOR
5	STATE BASED SUBSIDIES ON FUNDING AVAILABILITY FOR REINSURANCE IN THE
6	PRINCIPLE PROGRAM FOR THE ACTUAL STATE LIABILITY FOR THE STATE
7	REINSURANCE PROGRAM FOR THE 2019 BENEFIT YEAR; AND
8	(2) THE APPROPRIATE ALLOCATION OF AVAILABLE FUNDING FOR
9	REINSURANCE AND STATE-BASED SUBSIDIES THAT WILL MAXIMIZE ENROLLMENT
10	AND AFFORDABILITY IN THE INDIVIDUAL MARKET.
11	(D) (E) BEGINNING JANUARY 1, 2021, FUNDING FOR THE STATE BASED
12	HEALTH INSURANCE SUBSIDIES PROGRAM MAY BE MADE BY USING ANY FUNDS
13	DESIGNATED BY THE STATE TO PROVIDE SUBSIDIES TO INDIVIDUALS WHO MEET
14	THE SUBSIDY ELIGIBILITY AND PAYMENT PARAMETERS ESTABLISHED UNDER
15	SUBSECTION (C) OF THIS SECTION.
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16	(E) ON OR BEFORE JANUARY 1, 2021, THE EXCHANGE SHALL ADOPT
17	REGULATIONS IMPLEMENTING THE PROVISIONS OF THIS SECTION.
18	(F) (1) IF THE EXCHANGE ESTABLISHES THE STATE-BASED HEALTH
19	Insurance Subsidies Program under this section, the Exchange shall
20	TRACK ON A MONTHLY BASIS EXPENDITURES ON SUBSIDIES PROVIDED UNDER THE
21	PROGRAM, INCLUDING:
22	(I) THE AVERAGE NUMBER OF INDIVIDUALS RECEIVING
23	SUBSIDIES UNDER THE PROGRAM; AND
24	(II) THE AVERAGE SUBSIDY AMOUNT RECEIVED BY
25	INDIVIDUALS UNDER THE PROGRAM.
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26	(2) THE INFORMATION TRACKED BY THE EXCHANGE UNDER
27	PARAGRAPH (1) OF THIS SUBSECTION SHALL:
28	(I) BE POSTED ON THE WEBSITE OF THE EXCHANGE; AND
20	th be to step on the website of the exchange, and
29	(II) BE INCLUDED IN THE ANNUAL REPORT REQUIRED UNDER §
30	31–119(D) OF THIS SUBTITLE.
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31	31-123.

1	On or before September 1, 2020, the Exchange, in consultation with
2	THE COMMISSIONER AND AS APPROVED BY THE BOARD, SHALL:

- 3 (1) DETERMINE WHETHER THE ESTABLISHMENT OF THE
 4 STATE-BASED HEALTH INSURANCE SUBSIDIES PROGRAM REQUIRES THE STATE
 5 TO APPLY TO AND RECEIVE APPROVAL FROM THE U.S. SECRETARY OF HEALTH AND
 6 HUMAN SERVICES FOR A STATE INNOVATION WAIVER UNDER § 1332 OF THE
 7 AFFORDABLE CARE ACT; AND
- 8 (2) IF THE EXCHANGE DETERMINES THAT A STATE INNOVATION
 9 WAIVER IS REQUIRED TO ESTABLISH THE STATE-BASED HEALTH INSURANCE
 10 SUBSIDIES PROGRAM, APPLY FOR THE STATE INNOVATION WAIVER.
- 11 THE EXCHANGE MAY, IN CONSULTATION WITH THE COMMISSIONER AND AS
 12 APPROVED BY THE BOARD, APPLY FOR A STATE INNOVATION WAIVER UNDER § 1332
 13 OF THE AFFORDABLE CARE ACT TO IMPLEMENT THE STATE-BASED HEALTH
 14 INSURANCE SUBSIDIES PROGRAM.
- SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1,

 2020, the Maryland Health Benefit Exchange shall report to the Senate Finance Committee

 and the House Health and Government Operations Committee, in accordance with § 2–1257

 of the State Government Article, on the following as it relates to establishing State-based

 individual market health insurance subsidies in the State:
- 20 <u>(1) the experiences of state-based individual market health insurance</u> 21 <u>subsidies in other states, particularly those with a reinsurance program;</u>
- 22 <u>(2) the effect the Maryland Easy Enrollment Health Program has had on</u> 23 <u>the uninsured rate and risk pool in the individual market;</u>
- 24 <u>(3) the population that would be the intended target of the State-based</u> 25 <u>individual market health insurance subsidies, including age and income level;</u>
- 26 (4) the number of individuals currently enrolled in the individual market 27 in the State who would be eligible for State-based individual market health insurance 28 subsidies;
- 29 <u>(5) if young adults would be the intended target of the State-based</u>
 30 <u>individual market health insurance subsidies, whether State-based individual market</u>
 31 <u>health insurance subsidies alone will encourage more young adults to enroll in the</u>
 32 <u>individual market and whether cost-sharing reductions will be necessary;</u>
- 33 (6) the average amount of individual market health insurance subsidies 34 needed for a State-based individual market health insurance subsidy program to effectively 35 cover more individuals and lower the risk of the individual market pool;

1	(7) the amount of State-based individual market health insurance subsidy
2	funding necessary to reduce rates in the individual market by 1% and 5%;
3 4 5 6	(8) an estimate of the impact that funding for State-based individual market health insurance subsidies will have on the availability of funds for reinsurance in the individual market, using the actual State liability for the State Reinsurance Program for the 2019 benefit year;
7 8 9	(9) the appropriate allocation of available funding for reinsurance and State-based individual market health insurance subsidies that will maximize enrollment and affordability in the individual market;
10 11	(10) the staffing and infrastructure needs to administer a State-based individual market health insurance subsidy program; and
12 13 14 15	(11) the impact additional State-based individual market health insurance subsidies will have on federal subsidies and whether the State will need to amend its current State Innovation Waiver under § 1332 of the Affordable Care Act or request an additional waiver.
16 17	SECTION $\stackrel{2}{=}$ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2020.
	Approved:
	Governor.
	President of the Senate.
	Speaker of the House of Delegates.