

Very truly yours,
Robert L. Ehrlich, Jr.
Governor

Senate Bill No. 961

AN ACT concerning

~~Health Insurance—Small Group Market—Premium Rates~~

Joint Legislative Task Force on Small Group Market Health Insurance

~~FOR the purpose of altering the factors a carrier may use to adjust the community rate for certain health benefit plans offered in the small group market to include health status; establishing certain limitations on the use of age and health status in adjusting the community rate; repealing a certain limit on the rate a carrier may charge based on adjustments to the community rate; authorizing a carrier to use certain health statements and health screenings to establish certain premium rates; prohibiting a carrier from limiting coverage or refusing to issue a health benefit plan to a certain small employer based on a health status related factor; establishing that it is an unfair trade practice for a carrier to knowingly provide coverage to a small employer that discriminates against certain individuals under certain circumstances; providing for the application of this Act; and generally relating to health benefit plans offered in the small group market.~~

FOR the purpose of establishing a Joint Legislative Task Force on Small Group Market Health Insurance; providing for the composition, chairs, staffing, and duties of the Task Force; requiring the Task Force to submit a certain report to the presiding officers and certain committees of the General Assembly on or before a certain date; and generally relating to a Joint Legislative Task Force on Small Group Market Health Insurance.

~~BY repealing and reenacting, with amendments,
Article—Insurance
Section 15-1205
Annotated Code of Maryland
(2002 Replacement Volume and 2004 Supplement)~~

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

Article—Insurance

~~15-1205.~~

~~(a) (1) In establishing a community rate for a health benefit plan, a carrier shall use a rating methodology that is based on the experience of all risks covered by that health benefit plan without regard to [health status or occupation or] any [other] factor not specifically authorized under this subsection.~~