

(1) By November 1 of each calendar year, with a profile of those persons purchasing and covered under a basic limited benefits policy, and the utilization of benefits and claims information under the policies, based on the data required under Article 48A, § 490-O(i) of the Code, and concerning the availability and affordability of basic limited benefit policies, the number of insurers offering the policy, the prices and levels of benefits of the policies offered, the number of policies in effect, the effectiveness of basic limited benefit policies in reducing the number of uninsureds in Maryland, and the impact of basic limited benefit policies on the health insurance market and the population of uninsureds in Maryland; and

(2) By July 1, 1993, concerning methods to facilitate the transition of insureds from a basic limited benefits policy to a standard policy; and

(3) By January 1, 1993, with a comparative analysis of available limited benefits policies and comparably priced nonlimited benefits policies (those policies which include mandated benefits). The Commissioner shall compare premium cost, administrative costs, profit margins, and benefits covered under the comparable policies. The Commissioner shall also assess the impact of any alternative initiatives such as small group market reform on the costs and coverage of the comparable nonlimited policies. The Commissioner shall cooperate with the Committees and provide any other relevant and appropriate information as requested. The Commissioner, based on the information reported under this section, shall also make recommendations relating to the termination of limited benefits policies and the transition to nonlimited benefit policies.

SECTION 3. AND BE IT FURTHER ENACTED, That the Joint Committee on Health Care Cost Containment shall study the feasibility of options to address issues relating to problems of uninsured in Maryland including small market group reform and mandated employment-based and individual insurance options such as group and individual "pay or play". As part of the study under this section, the Committee shall review reports issued by the Governor's Commission on Health Care Policy and Financing, and study issues addressed in Senate Bill 837, as introduced during the 1991 Legislative Session.

SECTION 4. AND BE IT FURTHER ENACTED, That if the General Assembly does not enact legislation to provide for the transition of an insured from a limited benefits policy without undue economic hardship, on or before July 1, 1993, the 3 year term of a limited benefits policy shall be extended by 2 years, except that no policy extended under this Section shall extend beyond July 1, 1996. Nothing in this Section may be construed to require any employer to offer insurance coverage to any employee upon the termination of a limited benefits policy, including any extension or transitional policy.

SECTION 3. 5. AND BE IT FURTHER ENACTED, That a basic limited benefits policy with a term that extends beyond June 30, 1994, shall remain in effect after that date, subject to all provisions of this Act, the policy, § 490-O of the Code, and all other applicable provisions of the Insurance Code.

SECTION 4. 6. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1991.