



Senate Bill 556 - Health Insurance - Conformity with Federal Law
Health and Government Operations Committee
31 March 2015
Favorable with Amendments

The *Maryland Women's Coalition for Health Care Reform* (Coalition) is a nonpartisan, nonprofit statewide alliance of thousands of individuals and 100 organizations. The Coalition's mission is to promote health equity through access to high-quality, comprehensive and affordable health care for all Marylanders. We appreciate the opportunity to provide our support with amendments for Senate Bill 556 - Conformity with Federal Law.

The intent of this legislation is to ensure that, as Maryland continues to implement the Affordable Care Act, we do that in a way that meets all Federal requirements. The release by the Department of Health and Human Services on February 27, 2015 of the Benefits and Payment Parameters necessitated amendments by the Maryland Insurance Administration. We appreciate their efforts to address these. However, a particular challenge is the need to select a 2017 Essential Health Benefit Benchmark Plan. It is our understanding that that must be done by June 1, 2015, which leaves approximately six weeks to complete the process.

That timeframe does not allow us to conduct the same rigorous process that was undertaken in 2012 to select Maryland's original Benchmark Plan. That included substantive deliberations with legislators, stakeholders, and the Administration. The result was an optimal package of benefits that included the overlays of coverage of IVF and hair prostheses. In addition, there was the inclusion of the robust Behavioral Health benefits from the GEHA plan.

Therefore, to address the current need, we propose that the following language be included in an amendment that focuses solely on the 2017 Benchmark Plan:

(e) Selection of 2017 benchmark plan. –Notwithstanding other provisions of this subtitle, the State benchmark plan for coverage beginning January 1, 2017 shall:

(1) offer, at a minimum, the same benefits and coverage offered in the State benchmark plan for coverage beginning January 1, 2014;

(2) comply with all requirements of subtitles 7 and 8 of this Article, the Affordable Care Act, the federal Mental Health Parity and Addiction Equity Act of 2008, and any other federal laws, regulations, policies, or guidance applicable to state benchmark plans and essential health benefits; ...

We also believe that, given that the Insurance Commissioner sits on the MHBE Board that, for 2017, that would be an appropriate body to make a final decision as regards the 2017 Benchmark Plan.

In providing this amendment we would reiterate the importance to consumers of being able to retain the full scope of benefits that have been available to them since January 1, 2014. Therefore, we look forward to working with the Committee and other stakeholders to reach a consensus amendment that achieves that goal while meeting all other requirements. Based upon that outcome we support Senate Bill 556 with amendments and request a favorable report.