

# HOUSE BILL 188

C3, J1  
HB 378/19 – HGO & ECM

01r0662

---

By: **Delegates Reznik, Bagnall, Cullison, Kelly, R. Lewis, Moon, Palakovich Carr, Stewart, Terrasa, and Wilkins**

Introduced and read first time: January 16, 2020

Assigned to: Health and Government Operations and Economic Matters

---

## A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – State–Provided Health Care Benefits**

3 FOR the purpose of establishing the Office of Health Care Coverage in the Maryland  
4 Department of Health; providing for the purpose and duties of the Office; requiring  
5 the Office to contract with a certain number of managed care organizations;  
6 authorizing any health care provider to participate in the HealthcareMaryland  
7 Program; authorizing a managed care organization to make a certain determination;  
8 establishing the requirements for a managed care organization participating in the  
9 Program; authorizing a managed care organization participating in the Program to  
10 require certain cost sharing by enrollees; providing that the cost sharing required by  
11 a managed care organization may be required only under certain circumstances;  
12 requiring that certain cost sharing be scaled in a certain manner; requiring the Office  
13 to pay certain managed care organizations at a certain capitated rate; requiring the  
14 Office to collaborate with the Motor Vehicle Administration for certain purposes;  
15 requiring that certain State residents be auto–enrolled in a managed care  
16 organization in a certain manner; requiring the Office to collaborate with the  
17 Maryland Health Benefit Exchange to enroll individuals in the Program and ensure  
18 the availability of a certain program for enrollment; establishing the Health Care  
19 Coverage Fund as a special, nonlapsing fund; specifying the purpose of the Fund;  
20 requiring the Department to administer the Fund; requiring the State Treasurer to  
21 hold the Fund and the Comptroller to account for the Fund; specifying the contents  
22 of the Fund; specifying the purpose for which the Fund may be used; providing for  
23 the investment of money in and expenditures from the Fund; requiring interest  
24 earnings of the Fund to be credited to the Fund; exempting the Fund from a certain  
25 provision of law requiring interest earnings on State money to accrue to the General  
26 Fund of the State; requiring the Department to adopt certain regulations; requiring  
27 certain employers to pay to the Secretary of Labor a certain annual payroll tax in a  
28 certain manner; prohibiting an employer from deducting the payroll tax from the  
29 wages of an employee; authorizing an employer to exempt certain wages when  
30 calculating the payroll tax payment; requiring the Secretary to adopt certain

---

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 regulations and to pay the revenue from the payroll tax into the Fund; establishing  
2 the HealthcareMaryland Commission; providing for the membership, chair, and  
3 staffing of the Commission; prohibiting a member of the Commission from receiving  
4 certain compensation, but authorizing the reimbursement of certain expenses;  
5 requiring the Commission to develop certain recommendations; requiring the  
6 Commission to establish certain subcommittees; authorizing the Commission to  
7 convene certain workgroups; providing for the duties of the subcommittees; requiring  
8 the subcommittees to report to the Commission on or before a certain date; requiring  
9 the Commission to report to the Governor and the General Assembly on or before a  
10 certain date; providing for a delayed effective date for certain provisions of this Act;  
11 providing for the termination of certain provisions of this Act; defining certain terms;  
12 and generally relating to health care benefits for State residents.

13 BY adding to

14 Article – Health – General  
15 Section 2–1001 through 2–1006 to be under the new subtitle “Subtitle 10. Office of  
16 Health Care Coverage”  
17 Annotated Code of Maryland  
18 (2019 Replacement Volume)

19 BY adding to

20 Article – Labor and Employment  
21 Section 13–101 to be under the new title “Title 13. Payroll Tax”  
22 Annotated Code of Maryland  
23 (2016 Replacement Volume and 2019 Supplement)

24 BY repealing and reenacting, without amendments,

25 Article – State Finance and Procurement  
26 Section 6–226(a)(2)(i)  
27 Annotated Code of Maryland  
28 (2015 Replacement Volume and 2019 Supplement)

29 BY repealing and reenacting, with amendments,

30 Article – State Finance and Procurement  
31 Section 6–226(a)(2)(ii)121. and 122.  
32 Annotated Code of Maryland  
33 (2015 Replacement Volume and 2019 Supplement)

34 BY adding to

35 Article – State Finance and Procurement  
36 Section 6–226(a)(2)(ii)123.  
37 Annotated Code of Maryland  
38 (2015 Replacement Volume and 2019 Supplement)

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

1 Article – Health – General

2 SUBTITLE 10. OFFICE OF HEALTH CARE COVERAGE.

3 2–1001.

4 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
5 INDICATED.

6 (B) “COMMISSION” MEANS THE HEALTHCAREMARYLAND COMMISSION  
7 ESTABLISHED UNDER SECTION 2 OF CHAPTER \_\_\_\_\_ (H.B. \_\_\_\_\_) (OLR0662) OF THE  
8 ACTS OF THE GENERAL ASSEMBLY OF 2020.

9 (C) “FUND” MEANS THE HEALTH CARE COVERAGE FUND ESTABLISHED  
10 UNDER § 2–1005 OF THIS SUBTITLE.

11 (D) “OFFICE” MEANS THE OFFICE OF HEALTH CARE COVERAGE  
12 ESTABLISHED UNDER § 2–1002 OF THIS SUBTITLE.

13 (E) “PROGRAM” MEANS THE HEALTHCAREMARYLAND PROGRAM  
14 ESTABLISHED BY THE OFFICE.

15 2–1002.

16 (A) THERE IS AN OFFICE OF HEALTH CARE COVERAGE IN THE  
17 DEPARTMENT.

18 (B) THE PURPOSE OF THE OFFICE IS TO ESTABLISH AND CARRY OUT THE  
19 HEALTHCAREMARYLAND PROGRAM TO PROVIDE HEALTH CARE BENEFITS TO  
20 STATE RESIDENTS WHO DO NOT RECEIVE FEDERAL BENEFITS THROUGH MEDICARE,  
21 TRICARE, PLANS THAT ARE SUBJECT TO ERISA, OR ANY OTHER FEDERAL  
22 MEDICAL PROGRAM.

23 (C) THE OFFICE SHALL:

24 (1) ENROLL IN THE PROGRAM ALL STATE RESIDENTS WHO DO NOT  
25 RECEIVE FEDERAL BENEFITS THROUGH MEDICARE, TRICARE, PLANS THAT ARE  
26 SUBJECT TO ERISA, OR ANY OTHER FEDERAL MEDICAL PROGRAM;

27 (2) CONTRACT WITH MANAGED CARE ORGANIZATIONS TO PROVIDE  
28 PROGRAM BENEFITS;

29 (3) DETERMINE REIMBURSEMENT RATES FOR MANAGED CARE

1 ORGANIZATIONS AND HEALTH CARE PROVIDERS;

2 (4) DETERMINE THE HEALTH CARE BENEFITS AND SERVICES THAT  
3 WILL BE COVERED UNDER THE PROGRAM;

4 (5) ENSURE THAT INDIVIDUALS WHO WERE ENROLLED IN THE  
5 MARYLAND MEDICAL ASSISTANCE PROGRAM BEFORE ENROLLING IN THE  
6 PROGRAM CONTINUE TO RECEIVE THE FULL RANGE OF BENEFITS THAT WERE  
7 PROVIDED TO THE INDIVIDUAL UNDER THE MARYLAND MEDICAL ASSISTANCE  
8 PROGRAM;

9 (6) ESTABLISH AND MAINTAIN A PREFERRED PRESCRIPTION DRUG  
10 LIST AND NEGOTIATE PHARMACEUTICAL COSTS;

11 (7) ADJUDICATE SERVICE AND FEE DENIAL APPEALS;

12 (8) ADMINISTER THE FUND; AND

13 (9) COLLABORATE WITH THE STATE TREASURER TO DISBURSE  
14 PAYMENTS FOR THE FUND.

15 2-1003.

16 (A) (1) THE OFFICE SHALL CONTRACT WITH THE NUMBER OF MANAGED  
17 CARE ORGANIZATIONS SUFFICIENT TO PROVIDE HEALTH CARE COVERAGE TO ALL  
18 STATE RESIDENTS ELIGIBLE FOR THE PROGRAM.

19 (2) ANY HEALTH CARE PROVIDER LICENSED IN MARYLAND MAY  
20 PARTICIPATE IN THE PROGRAM.

21 (3) A MANAGED CARE ORGANIZATION MAY DETERMINE THE  
22 PROVIDERS WHO PARTICIPATE IN THE MANAGED CARE ORGANIZATION'S NETWORK.

23 (4) A MANAGED CARE ORGANIZATION PARTICIPATING IN THE  
24 PROGRAM SHALL:

25 (I) MAINTAIN A NETWORK OF PROVIDERS FOR SERVING  
26 ENROLLEES THAT IS ABLE TO MEET GEOGRAPHIC REQUIREMENTS AS DETERMINED  
27 BY THE COMMISSION; AND

28 (II) PROVIDE AN ESSENTIAL BENEFITS PACKAGE THAT IS  
29 EQUAL TO OR MORE COMPREHENSIVE THAN THE BENEFITS PROVIDED UNDER THE  
30 FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THAT INCLUDES

1 THE FOLLOWING:

- 2 1. DEVELOPMENTAL DISABILITY BENEFITS;
- 3 2. INTELLECTUAL DISABILITY BENEFITS;
- 4 3. MENTAL HEALTH BENEFITS;
- 5 4. SUBSTANCE USE BENEFITS;
- 6 5. REPRODUCTIVE BENEFITS;
- 7 6. FAMILY PLANNING BENEFITS;
- 8 7. IN VITRO FERTILIZATION BENEFITS;
- 9 8. DENTAL BENEFITS;
- 10 9. VISION BENEFITS;
- 11 10. AMBULATORY PATIENT SERVICES BENEFITS;
- 12 11. EMERGENCY SERVICES BENEFITS;
- 13 12. HOSPITALIZATION BENEFITS;
- 14 13. MATERNITY AND NEWBORN CARE BENEFITS;
- 15 14. PRESCRIPTION DRUG BENEFITS;
- 16 15. BENEFITS FOR REHABILITATIVE AND HABILITATIVE
- 17 SERVICES AND DEVICES;
- 18 16. LABORATORY SERVICES BENEFITS;
- 19 17. PREVENTIVE AND WELLNESS SERVICES AND
- 20 CHRONIC DISEASE MANAGEMENT;
- 21 18. PEDIATRIC BENEFITS, INCLUDING ORAL AND VISION
- 22 CARE; AND
- 23 19. ANY OTHER BENEFITS AS DETERMINED BY THE
- 24 COMMISSION.

1           **(5) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, A**  
2 **MANAGED CARE ORGANIZATION PARTICIPATING IN THE PROGRAM MAY REQUIRE**  
3 **COST SHARING BY ENROLLEES, INCLUDING CO-PAYMENTS AND DEDUCTIBLES, IN**  
4 **ACCORDANCE WITH REGULATIONS ADOPTED BY THE PROGRAM.**

5                   **(II) 1. THE COST SHARING REQUIRED BY A MANAGED CARE**  
6 **ORGANIZATION MAY BE REQUIRED ONLY IF THE MANAGED CARE ORGANIZATION**  
7 **DEMONSTRATES TO THE PROGRAM THAT THE MANAGED CARE ORGANIZATION HAS**  
8 **EXHAUSTED ALL OTHER REASONABLE METHODS OF OBTAINING FUNDING.**

9                           **2. THE COST SHARING REQUIRED BY A MANAGED CARE**  
10 **ORGANIZATION SHALL BE SCALED ACCORDING TO AN INDIVIDUAL'S INCOME TAX**  
11 **BRACKET.**

12                               **3. AN INDIVIDUAL IN THE LOWEST INCOME TAX**  
13 **BRACKET MAY NOT BE SUBJECT TO COST SHARING.**

14           **(B) THE OFFICE SHALL PAY MANAGED CARE ORGANIZATIONS**  
15 **PARTICIPATING IN THE PROGRAM AT A CAPITATED RATE FOR EACH ENROLLEE**  
16 **THAT IS BASED ON THE ACTUARIAL COST OF THE MANAGED CARE ORGANIZATION'S**  
17 **BENEFITS, COSTS, AND USAGE.**

18 **2-1004.**

19           **(A) (1) THE OFFICE SHALL COLLABORATE WITH THE MOTOR VEHICLE**  
20 **ADMINISTRATION TO:**

21                           **(I) USING THE DRIVER'S LICENSE DATABASE, IDENTIFY STATE**  
22 **RESIDENTS WHO ARE ELIGIBLE FOR THE PROGRAM; AND**

23                               **(II) CONTACT ELIGIBLE STATE RESIDENTS AND PROVIDE AN**  
24 **OPPORTUNITY FOR THE RESIDENTS TO ENROLL WITH A MANAGED CARE**  
25 **ORGANIZATION.**

26                               **(2) A STATE RESIDENT WHO DOES NOT ENROLL WITH A MANAGED**  
27 **CARE ORGANIZATION SHALL BE AUTO-ENROLLED IN A MANAGED CARE**  
28 **ORGANIZATION IN A MANNER THAT ENSURES EQUITABLE DISTRIBUTION OF**  
29 **ENROLLEES AMONG THE MANAGED CARE ORGANIZATIONS.**

30           **(B) THE OFFICE SHALL:**

31                               **(1) COLLABORATE WITH THE MARYLAND HEALTH BENEFIT**

1 EXCHANGE TO ENROLL STATE RESIDENTS IN THE PROGRAM; AND

2 (2) ENSURE THE AVAILABILITY OF A WEB-BASED PROGRAM FOR  
3 ENROLLMENT THAT IS ACCESSIBLE:

4 (I) IN HEALTH CARE FACILITIES AND OFFICES; AND

5 (II) BY A STATE RESIDENT WHO DOES NOT HAVE A DRIVER'S  
6 LICENSE OR STATE-ISSUED IDENTIFICATION CARD.

7 2-1005.

8 (A) THERE IS A HEALTH CARE COVERAGE FUND.

9 (B) THE PURPOSE OF THE FUND IS TO PROVIDE HEALTH CARE COVERAGE  
10 TO ELIGIBLE STATE RESIDENTS THROUGH THE PROGRAM.

11 (C) THE DEPARTMENT SHALL ADMINISTER THE FUND.

12 (D) (1) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT  
13 SUBJECT TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

14 (2) THE STATE TREASURER SHALL HOLD THE FUND SEPARATELY,  
15 AND THE COMPTROLLER SHALL ACCOUNT FOR THE FUND.

16 (E) THE FUND CONSISTS OF:

17 (1) MONEY APPROPRIATED IN THE STATE BUDGET TO THE FUND IN  
18 AN AMOUNT AT LEAST EQUAL TO THE ANNUAL COST OF STATE PERSONNEL HEALTH  
19 INSURANCE COSTS AS OF 2019;

20 (2) ANY REVENUE RECEIVED FROM THE PAYROLL TAX IMPOSED ON  
21 EMPLOYERS UNDER § 13-101 OF THE LABOR AND EMPLOYMENT ARTICLE;

22 (3) ANY FUNDS AVAILABLE TO THE STATE RESULTING FROM SAVINGS  
23 ACHIEVED THROUGH THE STREAMLINING, CONSOLIDATION, OR ELIMINATION OF  
24 COMMISSIONS, PROGRAMS, OR OTHER UNITS OF STATE OR LOCAL GOVERNMENT IN  
25 ESTABLISHING THE PROGRAM;

26 (4) ANY SAVINGS ACHIEVED BY THE STATE AS A PURCHASER OF  
27 PHARMACEUTICALS OR THROUGH NEGOTIATED REIMBURSEMENT RATES;

28 (5) INTEREST EARNINGS OF THE FUND; AND

1           **(6) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR**  
2 **THE BENEFIT OF THE FUND.**

3           **(F) THE FUND MAY BE USED ONLY FOR ANY COSTS ASSOCIATED WITH THE**  
4 **OFFICE AND CARRYING OUT THE PROGRAM, INCLUDING ANY ADMINISTRATIVE**  
5 **EXPENSES.**

6           **(G) (1) THE STATE TREASURER SHALL INVEST THE MONEY OF THE FUND**  
7 **IN THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.**

8           **(2) ANY INTEREST EARNINGS OF THE FUND SHALL BE CREDITED TO**  
9 **THE FUND.**

10 **2-1006.**

11           **THE OFFICE SHALL ADOPT REGULATIONS TO IMPLEMENT THIS SUBTITLE.**

12                           **Article – Labor and Employment**

13                                   **TITLE 13. PAYROLL TAX.**

14 **13-101.**

15           **(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS**  
16 **INDICATED.**

17                   **(2) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS**  
18 **PARAGRAPH, “EMPLOYER” HAS THE MEANING STATED IN § 10-905 OF THE TAX –**  
19 **GENERAL ARTICLE.**

20                           **(II) “EMPLOYER” DOES NOT INCLUDE THE FEDERAL**  
21 **GOVERNMENT OR ANOTHER STATE.**

22                   **(3) “PAYROLL TAX” MEANS THE TAX IMPOSED UNDER THIS SECTION.**

23                   **(4) “SECRETARY” MEANS THE SECRETARY OF LABOR.**

24                   **(5) “WAGES” HAS THE MEANING STATED IN § 10-905 OF THE TAX –**  
25 **GENERAL ARTICLE.**

26           **(B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, EACH**  
27 **EMPLOYER SHALL PAY TO THE SECRETARY AN ANNUAL PAYROLL TAX EQUAL TO 10%**



1 OF THE TOTAL WAGES PAID TO ITS EMPLOYEES IN THE STATE DURING THE  
2 IMMEDIATELY PRECEDING CALENDAR YEAR.

3 (2) WHEN CALCULATING THE PAYROLL TAX PAYMENT, AN EMPLOYER  
4 MAY EXEMPT:

5 (I) WAGES PAID TO ANY EMPLOYEE BEYOND THE AMOUNT  
6 TAXABLE FOR FEDERAL SOCIAL SECURITY (FICA) PURPOSES; AND

7 (II) WAGES PAID TO AN EMPLOYEE WHO IS ENROLLED IN OR  
8 ELIGIBLE FOR MEDICARE OR RECEIVES FEDERAL BENEFITS THROUGH TRICARE  
9 OR ANY OTHER FEDERAL MEDICAL PROGRAM.

10 (C) AN EMPLOYER MAY NOT DEDUCT THE PAYROLL TAX, WHOLLY OR  
11 PARTLY, FROM THE WAGES OF AN EMPLOYEE.

12 (D) AN EMPLOYER SHALL PAY THE PAYROLL TAX TO THE SECRETARY ON A  
13 PERIODIC BASIS AND SUBMIT TO THE SECRETARY PERIODIC REPORTS FOR THE  
14 DETERMINATION OF THE PAYROLL TAX DUE AS REQUIRED BY THE SECRETARY IN  
15 REGULATIONS.

16 (E) THE SECRETARY SHALL:

17 (1) ADOPT REGULATIONS TO ADMINISTER AND COLLECT THE  
18 PAYROLL TAX; AND

19 (2) PAY THE REVENUE FROM THE PAYROLL TAX INTO THE HEALTH  
20 CARE COVERAGE FUND ESTABLISHED UNDER § 2-1005 OF THE HEALTH - GENERAL  
21 ARTICLE.

## 22 Article - State Finance and Procurement

23 6-226.

24 (a) (2) (i) Notwithstanding any other provision of law, and unless  
25 inconsistent with a federal law, grant agreement, or other federal requirement or with the  
26 terms of a gift or settlement agreement, net interest on all State money allocated by the  
27 State Treasurer under this section to special funds or accounts, and otherwise entitled to  
28 receive interest earnings, as accounted for by the Comptroller, shall accrue to the General  
29 Fund of the State.

30 (ii) The provisions of subparagraph (i) of this paragraph do not apply  
31 to the following funds:

1 121. the Markell Hendricks Youth Crime Prevention and  
2 Diversion Parole Fund; [and]

3 122. the Federal Government Shutdown Employee Assistance  
4 Loan Fund; AND

5 **123. THE HEALTH CARE COVERAGE FUND.**

6 SECTION 2. AND BE IT FURTHER ENACTED, That:

7 (a) There is a HealthcareMaryland Commission.

8 (b) The Commission consists of the following members:

9 (1) one member of the Senate of Maryland, appointed by the President of  
10 the Senate;

11 (2) one member of the House of Delegates, appointed by the Speaker of the  
12 House;

13 (3) the Secretary of Health, or the Secretary's designee;

14 (4) the Secretary of Human Services, or the Secretary's designee;

15 (5) the Maryland Insurance Commissioner, or the Commissioner's  
16 designee;

17 (6) the Attorney General, or the Attorney General's designee;

18 (7) the Executive Director of the Maryland Health Care Commission, or the  
19 Executive Director's designee;

20 (8) the Executive Director of the Health Services Cost Review Commission,  
21 or the Executive Director's designee;

22 (9) the Executive Director of the Maryland Health Benefit Exchange, or the  
23 Executive Director's designee;

24 (10) the Motor Vehicle Administrator, or the Administrator's designee;

25 (11) the Comptroller of Maryland;

26 (12) one representative of a managed care organization, appointed jointly by  
27 the President of the Senate and the Speaker of the House; and

28 (13) the following members, appointed by the Governor:

- 1 (i) one representative from the Maryland Hospital Association;
- 2 (ii) one representative of an administrative services organization;
- 3 (iii) one representative from MedChi, The Maryland State Medical  
4 Society; and
- 5 (iv) one representative from a labor union that has a main purpose  
6 of representing health care workers.
- 7 (c) The Secretary of Health, or the Secretary's designee, shall serve as chair of  
8 the Commission.
- 9 (d) The Maryland Department of Health shall provide staff for the Commission.
- 10 (e) A member of the Commission:
- 11 (1) may not receive compensation as a member of the Commission; but
- 12 (2) is entitled to reimbursement for expenses under the Standard State  
13 Travel Regulations, as provided in the State budget.
- 14 (f) The Commission shall provide recommendations for implementation of the  
15 HealthcareMaryland Program established under Section 1 of this Act, including the  
16 financing, benefit package, rate structure, enrollment criteria, and provider requirements  
17 for the Program.
- 18 (g) (1) From among its members, the Commission shall establish the following  
19 subcommittees:
- 20 (i) Financing;
- 21 (ii) Benefits;
- 22 (iii) Rate and Reimbursement;
- 23 (iv) Enrollment and Provider Criteria; and
- 24 (v) Program Design.
- 25 (2) The Commission may convene workgroups to solicit input from  
26 stakeholders.
- 27 (3) The Financing subcommittee shall:
- 28 (i) determine the cost of State personnel health coverage;

1 (ii) calculate the total cost in the State budget that is allocated for  
2 health care, including governmental agencies and any other line item that would be  
3 duplicative under the HealthcareMaryland Program established under Section 1 of this  
4 Act;

5 (iii) determine the cost sharing structure to be implemented by the  
6 Office of Health Care Coverage, established under Section 1 of this Act, which shall be  
7 scaled according to an individual's income tax bracket;

8 (iv) identify federal funding sources that are available, including  
9 Medicaid matching funds, waiver contributions, and funding sources for behavioral health  
10 and substance use; and

11 (v) identify funding sources, in addition to a payroll tax, to cover the  
12 costs of operating the HealthcareMaryland Program established under Section 1 of this Act.

13 (4) The Benefits subcommittee shall:

14 (i) determine the essential health benefits package to be covered  
15 under the HealthcareMaryland Program, established under Section 1 of this Act, that is  
16 equal to or more comprehensive than the benefits provided under the federal Patient  
17 Protection and Affordable Care Act; and

18 (ii) determine the benefits to be covered beyond the benefits provided  
19 under the federal Patient Protection and Affordable Care Act, including developmental and  
20 intellectual disability benefits, substance use, behavioral health, reproductive health,  
21 family planning and in vitro fertilization, dental, and vision.

22 (5) The Enrollment and Provider Criteria subcommittee shall:

23 (i) establish the criteria for eligible enrollees, which shall include all  
24 Maryland residents, except residents who receive coverage under Medicare, under  
25 TRICARE or any other military coverage, through plans that are subject to ERISA, or  
26 through a Federal Employee Health Insurance Plan; and

27 (ii) make recommendations on how to convert individuals who  
28 receive coverage through the Maryland Health Benefit Exchange to enrollees in the  
29 HealthcareMaryland Program established under Section 1 of this Act.

30 (6) The Program Design subcommittee shall:

31 (i) identify any office, program, commission, or other unit of State  
32 or local government that is duplicative or unnecessary as a result of the implementation of  
33 the HealthcareMaryland Program established under Section 1 of this Act; and

34 (ii) make recommendations on how to streamline the State's health  
35 care delivery system to implement the HealthcareMaryland Program, established under

1 Section 1 of this Act, including statutory and regulatory changes.

2 (h) (1) On or before July 1, 2021, the subcommittees established under  
3 subsection (g) of this section shall report their findings and recommendations to the  
4 Commission.

5 (2) On or before December 1, 2021, the Commission shall report to the  
6 Governor and, in accordance with § 2-1257 of the State Government Article, the General  
7 Assembly on regulatory and legislative recommendations to:

8 (i) implement the HealthcareMaryland Program established under  
9 Section 1 of this Act; and

10 (ii) establish a permanent HealthcareMaryland Commission.

11 SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take  
12 effect July 1, 2022.

13 SECTION 4. AND BE IT FURTHER ENACTED, That, except as provided in Section  
14 3 of this Act, this Act shall take effect July 1, 2020. Section 2 of this Act shall remain  
15 effective for a period of 3 years and, at the end of June 30, 2023, Section 2 of this Act, with  
16 no further action required by the General Assembly, shall be abrogated and of no further  
17 force and effect.