

SENATE BILL 471

J1, C3

5r1524
CF 5r1522

By: **Senators Nathan–Pulliam, Benson, Conway, Currie, Feldman, Ferguson, Guzzone, Kelley, Lee, Madaleno, Manno, McFadden, Montgomery, Muse, Peters, Pinsky, Ramirez, Raskin, Rosapepe, and Young**

Introduced and read first time: February 6, 2015

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Task Force to Study the Provision of Health Care Coverage to Uninsured**
3 **Marylanders**

4 FOR the purpose of establishing the Task Force to Study the Provision of Health Care
5 Coverage to Uninsured Marylanders; providing for the composition, chair, and
6 staffing of the Task Force; prohibiting a member of the Task Force from receiving
7 certain compensation, but authorizing the reimbursement of certain expenses;
8 establishing the purpose of the Task Force; requiring the Task Force to study and
9 make findings and recommendations regarding certain matters; requiring the Task
10 Force to submit certain reports of its findings and recommendations to certain
11 committees of the General Assembly on or before certain dates; providing for the
12 termination of this Act; and generally relating to the Task Force to Study the
13 Provision of Health Care Coverage to Uninsured Marylanders.

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
15 That:

16 (a) There is a Task Force to Study the Provision of Health Care Coverage to
17 Uninsured Marylanders.

18 (b) The Task Force consists of the following members:

19 (1) two members of the Senate of Maryland, appointed by the President of
20 the Senate;

21 (2) three members of the House of Delegates, appointed by the Speaker of
22 the House;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (3) the Secretary of Health and Mental Hygiene, or the Secretary's
2 designee;

3 (4) the Executive Director of the Maryland Health Benefit Exchange, or the
4 Executive Director's designee;

5 (5) the Director of the Department of Health and Mental Hygiene Office of
6 Minority Health and Health Disparities, or the Director's designee;

7 (6) the President of the Maryland Hospital Association, or the President's
8 designee;

9 (7) two representatives of federally qualified health centers, one appointed
10 by the President of the Senate and one appointed by the Speaker of the House;

11 (8) two representatives of local or regional collaborations that seek to
12 provide health care to the uninsured, one appointed by the President of the Senate and one
13 appointed by the Speaker of the House;

14 (9) two representatives of health law advocacy organizations, one
15 appointed by the President of the Senate and one appointed by the Speaker of the House;

16 (10) two representatives of organizations that work to expand coverage to
17 underinsured populations, one appointed by the President of the Senate and one appointed
18 by the Speaker of the House; and

19 (11) four public health or health finance experts from universities in the
20 State or region with specialized divisions dedicated to health care finance or coverage for
21 the uninsured or health disparities, two appointed by the President of the Senate and two
22 appointed by the Speaker of the House.

23 (c) The President of the Senate and the Speaker of the House shall designate the
24 chair of the Task Force.

25 (d) The University System of Maryland shall provide staff for the Task Force.

26 (e) A member of the Task Force:

27 (1) may not receive compensation as a member of the Task Force; but

28 (2) is entitled to reimbursement for expenses under the Standard State
29 Travel Regulations, as provided in the State budget.

30 (f) (1) The purpose of the Task Force is to study the availability of health care
31 coverage to residents of the State and make recommendations on extending coverage to all
32 State residents.

1 (2) The Task Force shall:

2 (i) identify the categories of residents of the State who are:

3 1. excluded from health care coverage under the federal
4 Patient Protection and Affordable Care Act; and

5 2. without health care coverage, including an estimate for
6 each category of its size, income status, and the likelihood that residents in the category
7 would enroll in health care coverage if eligible;

8 (ii) assess the effect of the exclusion from coverage on the health care
9 industry;

10 (iii) examine State and local policies needed to address the exclusion
11 from coverage;

12 (iv) examine barriers to access to health care services by uninsured
13 categories of residents, including the availability of general or specialty practitioners in
14 different areas of the State and language-appropriate services;

15 (v) compare, by service category, the volume and cost of
16 uncompensated or undercompensated preventive, specialty, emergency, and nonemergency
17 services provided to uninsured residents of the State and determine who is bearing the cost
18 of the uncompensated or undercompensated care;

19 (vi) compare the cost of providing health care coverage to uninsured
20 residents of the State to the cost of health care currently provided to uninsured residents
21 of the State, broken down by county;

22 (vii) examine federal, State, and local models or proposals for
23 providing health care to the uninsured, including:

24 1. the California Health Care for All Act;

25 2. the DC Healthcare Alliance program;

26 3. the Children's Health Insurance Program, Unborn Child
27 Option, under the Children's Health Insurance Program Reauthorization Act (CHIPRA);
28 and

29 4. the Montgomery Cares Program;

30 (viii) examine potential cost savings realized through the provision of
31 preventive health care, including prenatal health care and dental care, to uninsured
32 residents of the State;

1 (ix) determine how health financing mechanisms in the State may be
2 modified to expand health care coverage to uninsured residents of the State;

3 (x) determine the contributions that uninsured residents of the
4 State who are ineligible for health care coverage make to the State's economy;

5 (xi) determine potential sources of funding for expanding health care
6 coverage;

7 (xii) collect case studies on the impact of the lack of health care
8 coverage on residents of the State;

9 (xiii) study and make recommendations regarding policy mechanisms
10 that can be used to expand health, dental, and vision coverage to each category of uninsured
11 residents of the State, including:

12 1. an estimate of the cost of each policy mechanism based on
13 an estimate of the number and demographic characteristics of individuals applying for
14 coverage; and

15 2. the potential coverage, structure, application process,
16 administration, and funding of each policy mechanism; and

17 (xiv) make recommendations regarding the costs and benefits to the
18 State and the health care industry of expanding health care coverage to all residents of the
19 State.

20 (g) (1) On or before January 1, 2016, the Task Force shall submit an interim
21 report of its findings and recommendations, in accordance with § 2-1246 of the State
22 Government Article, to the Senate Finance Committee and the House Health and
23 Government Operations Committee.

24 (2) On or before January 1, 2017, the Task Force shall submit a final report
25 of its findings and recommendations, in accordance with § 2-1246 of the State Government
26 Article, to the Senate Finance Committee and the House Health and Government
27 Operations Committee.

28 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
29 1, 2015. It shall remain effective for a period of 2 years and, at the end of June 30, 2017,
30 with no further action required by the General Assembly, this Act shall be abrogated and
31 of no further force and effect.