

# HOUSE BILL 949

J1, C3

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CF SB 471

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By: **Delegates Kelly, Anderson, Angel, Atterbeary, B. Barnes, D. Barnes, Barron, Brooks, Campos, Carr, Cullison, Davis, Ebersole, Fennell, Fraser-Hidalgo, Frick, Frush, Gaines, Gilchrist, Glenn, Gutierrez, Hayes, Haynes, Hettleman, Hill, Hixson, Holmes, Jones, Korman, Kramer, Lam, Lierman, Lisanti, Luedtke, McIntosh, A. Miller, Moon, Morales, Oaks, Patterson, Pena-Melnyk, Platt, Reznik, S. Robinson, Sample-Hughes, Smith, Sydnor, Tarlau, Turner, Valderrama, Valentino-Smith, Vaughn, Waldstreicher, A. Washington, M. Washington, K. Young, and Zucker**

Introduced and read first time: February 13, 2015

Assigned to: Health and Government Operations

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## 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;

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

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

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

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

9 (6) the President of the Maryland Hospital Association, or the President's  
10 designee;

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

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

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

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

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

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

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

28 (e) A member of the Task Force:

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

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

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

4 (2) The Task Force shall:

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

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

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

11 (ii) assess the effect of the exclusion from coverage on the health care  
12 industry;

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

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

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

22 (vi) compare the cost of providing health care coverage to uninsured  
23 residents of the State to the cost of health care currently provided to uninsured residents  
24 of the State, broken down by county;

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

27 1. the California Health Care for All Act;

28 2. the DC Healthcare Alliance program;

29 3. the Children's Health Insurance Program, Unborn Child  
30 Option, under the Children's Health Insurance Program Reauthorization Act (CHIPRA);  
31 and

32 4. the Montgomery Cares Program;

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

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

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

8 (xi) determine potential sources of funding for expanding health care  
9 coverage;

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

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

15 1. an estimate of the cost of each policy mechanism based on  
16 an estimate of the number and demographic characteristics of individuals applying for  
17 coverage; and

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

20 (xiv) make recommendations regarding the costs and benefits to the  
21 State and the health care industry of expanding health care coverage to all residents of the  
22 State.

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

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

31 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
32 1, 2015. It shall remain effective for a period of 2 years and, at the end of June 30, 2017,  
33 with no further action required by the General Assembly, this Act shall be abrogated and  
34 of no further force and effect.