

# SENATE BILL 471

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CF HB 949

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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

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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 20, 2015

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## CHAPTER \_\_\_\_\_

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:

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### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



- 1           (1)   two members of the Senate of Maryland, appointed by the President of  
2 the Senate;
- 3           (2)   three members of the House of Delegates, appointed by the Speaker of  
4 the House;
- 5           (3)   the Secretary of Health and Mental Hygiene, or the Secretary's  
6 designee;
- 7           (4)   the Executive Director of the Maryland Health Benefit Exchange, or the  
8 Executive Director's designee;
- 9           (5)   the Director of the Department of Health and Mental Hygiene Office of  
10 Minority Health and Health Disparities, or the Director's designee;
- 11          (6)   the President of the Maryland Hospital Association, or the President's  
12 designee;
- 13          (7)   two representatives of federally qualified health centers, one appointed  
14 by the President of the Senate and one appointed by the Speaker of the House;
- 15          (8)   two representatives of local or regional collaborations that seek to  
16 provide health care to the uninsured, one appointed by the President of the Senate and one  
17 appointed by the Speaker of the House;
- 18          (9)   two representatives of health law advocacy organizations, one  
19 appointed by the President of the Senate and one appointed by the Speaker of the House;
- 20          (10)  two representatives of organizations that work to expand coverage to  
21 underinsured populations, one appointed by the President of the Senate and one appointed  
22 by the Speaker of the House; and
- 23          (11)  four public health or health finance experts from universities in the  
24 State or region with specialized divisions dedicated to health care finance or coverage for  
25 the uninsured or health disparities, two appointed by the President of the Senate and two  
26 appointed by the Speaker of the House.
- 27          (c)   The President of the Senate and the Speaker of the House shall designate the  
28 chair of the Task Force.
- 29          (d)   The ~~University System of Maryland~~ Maryland Health Benefit Exchange shall  
30 provide staff for the Task Force.
- 31          (e)   A member of the Task Force:
- 32            (1)   may not receive compensation as a member of the Task Force; but

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

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

6           (2)     The Task Force shall:

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

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

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

13           (ii)    assess the effect of the exclusion from coverage on the health care  
14 industry;

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

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

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

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

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

29                     1.     the California Health Care for All Act;

30                     2.     the DC Healthcare Alliance program;

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

1                                   4.     the Montgomery Cares Program;

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

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

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

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

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

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

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

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

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

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

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

32                                  SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
33 1, 2015. It shall remain effective for a period of 2 years and, at the end of June 30, 2017,

1 with no further action required by the General Assembly, this Act shall be abrogated and  
2 of no further force and effect.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.