C3, J1

(7lr1927)

## ENROLLED BILL

- Finance/Health and Government Operations -

Introduced by Senators Middleton, Rosapepe, Astle, Benson, Conway, Currie, DeGrange, Feldman, Ferguson, Guzzone, Kagan, Kasemeyer, Kelley, King, Klausmeier, Lee, Madaleno, Manno, Mathias, McFadden, Miller, Muse, Nathan-Pulliam, Peters, Pinsky, Ramirez, Robinson, Smith, Young, Zirkin, and Zucker Zucker, and Oaks

Read and Examined by Proofreaders:

Proofreader.
Proofreader.
Sealed with the Great Seal and presented to the Governor, for his approval this
\_\_\_\_\_ day of \_\_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_M.
President.

CHAPTER \_\_\_\_\_

## 1 AN ACT concerning

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# Maryland Health Insurance Coverage Protection Act

3 FOR the purpose of establishing the Maryland Health Insurance Coverage Protection 4 Commission; providing for the composition, <del>chair</del> cochairs, and staffing of the  $\mathbf{5}$ Commission; prohibiting a member of the Commission from receiving certain 6 compensation, but authorizing the reimbursement of certain expenses; requiring the  $\overline{7}$ Commission to study monitor and assess the impact of certain changes to certain 8 laws and programs and make recommendations regarding certain matters; requiring the duties of the Commission to include a certain study; authorizing the Commission 9 10 to hold public meetings across the State for a certain purpose; authorizing the 11 Commission to convene certain workgroups; requiring the Commission to report its

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

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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

Italics indicate opposite chamber/conference committee amendments



findings and recommendations to the Governor and the General Assembly on or
 before a certain date <u>each year</u>; providing for the termination of this Act; defining a
 certain term; and generally relating to the Maryland Health Insurance Coverage
 Protection Commission.

#### Preamble

6 WHEREAS, The Congressional Budget Office estimates that a repeal of the Patient 7 Protection and Affordable Care Act (ACA) may result in 22 million individuals becoming 8 uninsured in the United States; and

9 WHEREAS, With a health insurance market collapse potentially resulting from a 10 repeal of the ACA, an additional 7.3 million individuals could lose insurance coverage, 11 leading to a total of nearly 30 million individuals losing health care coverage nationwide; 12 and

WHEREAS, In Maryland, more than 350,000 people may become uninsured in the
 aftermath of a repeal of the ACA; and

15 WHEREAS, A repeal or weakening of the ACA, Medicaid, or Medicare could more 16 than double the number of individuals without health insurance by 2019; and

WHEREAS, One in five of the nonelderly population in the State could become uninsured, which would be more individuals uninsured than before the implementation of the ACA in 2009; and

WHEREAS, About 12.9 million individuals in the United States could lose Medicaid or Children's Health Insurance Program coverage as a result of a repeal or weakening of the ACA or Medicaid, including more than 200,000 individuals in our State; and

WHEREAS, A repeal or weakening of the ACA, Medicaid, or Medicare would could
 disproportionately affect working and retired individuals and families; and

WHEREAS, Millions of American seniors, including hundreds of thousands of Maryland seniors, could see their prescription drug costs rise substantially as a result of a repeal or weakening of the ACA or Medicare; and

WHEREAS, It is prudent for Maryland to study and develop a plan to mitigate these negative effects of a repeal or weakening of the ACA, Medicaid, or Medicare, address economic impacts, help save lives, and protect public health by recommending and implementing solutions to this broad–scale loss of health coverage; and

32 WHEREAS, The United States Congress should not diminish any of the benefits of 33 the ACA, Medicaid, or Medicare; now, therefore,

34 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 35 That:

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$\frac{1}{2}$	(a) Care Act.	In this section, "ACA" means the federal Patient Protection and Affordable
3	(b)	There is a Maryland Health Insurance Coverage Protection Commission.
4	(c)	The Commission consists of the following members:
$5 \\ 6$	President of	(1) two three members of the Senate of Maryland, appointed by the Senate;
7 8	of the House	(2) two three members of the House of Delegates, appointed by the Speaker e;
9 10	<u>designee;</u>	(3) the Secretary of Health and Mental Hygiene, or the Secretary's
$\begin{array}{c} 11 \\ 12 \end{array}$	<u>designee;</u> <del>ar</del>	(4) the Maryland Insurance Commissioner <u>, or the Commissioner's</u> <del>Id</del>
13		(5) the Attorney General, or the Attorney General's designee; and
$\begin{array}{c} 14 \\ 15 \end{array}$	President of	(5) (6) five <u>the following</u> members <del>of the public, appointed jointly by the</del> the Senate and the Speaker of the House:
$\begin{array}{c} 16 \\ 17 \end{array}$	President of	<del>(i)</del> <del>one representative of a hospital, appointed jointly by the</del> the Senate and the Speaker of the House;
18		(i) one representative of the Maryland Hospital Association;
19 20	jointly by th	(ii) <u>one representative of a managed care organization, appointed</u> <u>e President of the Senate and the Speaker of the House;</u>
$\begin{array}{c} 21 \\ 22 \end{array}$	President of	(iii) one consumer of health care services, appointed jointly by the the Senate and the Speaker of the House;
$\begin{array}{c} 23\\ 24 \end{array}$	the Governe	<del>(iv)</del> <del>one representative of a health insurance carrier, appointed by <u>r</u>;</del>
25 26 27 28	<del>both before a</del>	<u>(iv)</u> one representative of a nonprofit health service plan that has y offered plans in all jurisdictions and in all fully-insured markets in the State and after the enactment of the ACA, appointed by the Governor health insurance pinted jointly by the President of the Senate and the Speaker of the House;
29 30	<u>Governor;</u>	(v) one representative who is an employer, appointed by the

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$egin{array}{c} 1 \ 2 \end{array}$	(vi) <u>one representative of the nursing home industry, appointed by</u> <u>the Governor; <del>and</del></u>
3	(vii) one representative of MedChi;
4 5	(viii) one representative of behavioral health providers, appointed jointly by the President of the Senate and the Speaker of the House; and
6	(vii) (ix) two members of the public:
7 8	<u>1.</u> <u>one of whom shall be appointed jointly by the President of</u> <u>the Senate and the Speaker of the House; and</u>
9	<u>2.</u> <u>one of whom shall be appointed by the Governor</u> .
$10 \\ 11 \\ 12 \\ 13$	(d) The <del>chair of the Commission shall be designated jointly by the</del> President of the Senate and the Speaker of the House <u>of Delegates shall designate a member who is a</u> <u>Senator and a member who is a Delegate, respectively, to serve as cochairs of the Commission</u> .
$\begin{array}{c} 14\\ 15\\ 16\end{array}$	(e) The Department of Legislative Services <u>, the Department of Health and Mental Hygiene</u> , and the Maryland Insurance Administration jointly shall provide staff for the Commission.
17	(f) A member of the Commission:
18	(1) may not receive compensation as a member of the Commission; but
$\begin{array}{c} 19\\ 20 \end{array}$	(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.
21	(g) (1) The Commission shall:
$22 \\ 23 \\ 24$	(i) <u>monitor potential and actual federal changes to the ACA,</u> <u>Medicaid, the Maryland Children's Health Program, <del>and Medicare</del> <u>Medicare, and the</u> <u>Maryland All-Payer Model;</u></u>
$25 \\ 26 \\ 27$	(i) (ii) conduct a study to assess the impact of potential <u>and actual</u> federal changes to the ACA, Medicaid, <u>the Maryland Children's Health Program</u> , <del>and <u>Medicare</u> <u>Medicare</u>, <u>and the Maryland All-Payer Model</u>; and</del>
$\begin{array}{c} 28 \\ 29 \end{array}$	(iii) (iii) provide recommendations for State and local action to protect access of residents of the State to affordable health coverage.
30 31	(2) The <del>study conducted</del> <u>duties of the Commission</u> under paragraph (1) of this subsection shall include <u>a study that includes</u> :

1 (i) an assessment of the current and potential adverse effects of the  $\mathbf{2}$ loss of health coverage on the residents, public health, and economy of the State resulting 3 from a repeal or weakening of changes to the ACA, Medicaid, the Maryland Children's 4 Health Program, <del>or</del> Medicare, or the Maryland All–Payer Model;  $\mathbf{5}$ an estimate of the costs to the State and State residents of (ii) 6 adverse effects from a repeal or weakening of changes to the ACA, Medicaid, the Maryland 7 Children's Health Program, or Medicare, or the Maryland All-Payer Model and the 8 resulting loss of health coverage; 9 (iii) an examination of measures that may prevent or mitigate the 10 adverse effects of a repeal or weakening of changes to the ACA, Medicaid, the Maryland 11 Children's Health Program, <del>or</del> Medicare, or the Maryland All-Payer Model and the 12resulting loss of health coverage on the residents, public health, and economy of the State; 13and 14(iv) recommendations for laws that: 15may be warranted to minimize the adverse effects 1. 16associated with a repeal or weakening of changes to the ACA, Medicaid, the Maryland 17Children's Health Program, <del>or</del> Medicare, or the Maryland All-Payer Model; and 182. will assist residents in obtaining and maintaining 19 affordable health coverage. 20(h) The Commission may: 21(1)hold public meetings across the State to <del>conduct the study</del> carry out the 22duties of the Commission; and 23(2)convene workgroups to solicit input from stakeholders. 24On or before December 31<del>, 2017</del> each year, the Commission shall submit a (i) 25report on its findings and recommendations, including any legislative proposals, to the 26Governor and, in accordance with § 2–1246 of the State Government Article, the General 27Assembly. 28SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 291, 2017. It shall remain effective for a period of <del>1 year</del> 3 years and 1 month and, at the end of June 30, <del>2018</del> 2020, with no further action required by the General Assembly, this Act 30

31 shall be abrogated and of no further force and effect.