

SB0878/287170/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 878
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “Health Insurance – Medicaid Buy–In Task Force” and substitute “Maryland Health Insurance Coverage Protection Commission – Medicaid Buy–In Study”; strike beginning with “establishing” in line 3 down through “Force” in line 11 and substitute “requiring the Maryland Health Insurance Coverage Protection Commission to study and make recommendations regarding the feasibility of a Medicaid buy–in program for a certain purpose; requiring the study to address certain matters; requiring the Commission to include certain findings and recommendations in a certain annual report; and generally relating to the Maryland Health Insurance Coverage Protection Commission and the study of a Medicaid buy–in program”; and after line 11, insert:

“BY repealing and reenacting, without amendments,
Chapter 17 of the Acts of the General Assembly of 2017
Section 1(b) and (g)

BY adding to
Chapter 17 of the Acts of the General Assembly of 2017
Section 1(h)

BY repealing and reenacting, with amendments,
Chapter 17 of the Acts of the General Assembly of 2017
Section 1(h) and (i)”.

AMENDMENT NO. 2

On page 1, in line 23, after “That” insert “the Laws of Maryland read as follows”.

(Over)

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On pages 1 through 3, strike beginning with line 24 on page 1 through line 27 on page 3, inclusive, and substitute:

“Chapter 17 of the Acts of 2017

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

(b) There is a Maryland Health Insurance Coverage Protection Commission.

(g) (1) The Commission shall:

(i) monitor potential and actual federal changes to the ACA, Medicaid, the Maryland Children’s Health Program, Medicare, and the Maryland All–Payer Model;

(ii) assess the impact of potential and actual federal changes to the ACA, Medicaid, the Maryland Children’s Health Program, Medicare, and the Maryland All–Payer Model; and

(iii) provide recommendations for State and local action to protect access of residents of the State to affordable health coverage.

(2) The duties of the Commission under paragraph (1) of this subsection shall include a study that includes:

(i) an assessment of the current and potential adverse effects of the loss of health coverage on the residents, public health, and economy of the State resulting from changes to the ACA, Medicaid, the Maryland Children’s Health Program, Medicare, or the Maryland All–Payer Model;

(ii) an estimate of the costs to the State and State residents of adverse effects from changes to the ACA, Medicaid, the Maryland Children’s Health Program, Medicare, or the Maryland All–Payer Model and the resulting loss of health coverage;

(iii) an examination of measures that may prevent or mitigate the adverse effects of changes to the ACA, Medicaid, the Maryland Children’s Health Program, Medicare, or the Maryland All–Payer Model and the resulting loss of health coverage on the residents, public health, and economy of the State; and

(iv) recommendations for laws that:

1. may be warranted to minimize the adverse effects associated with changes to the ACA, Medicaid, the Maryland Children’s Health Program, Medicare, or the Maryland All–Payer Model; and

2. will assist residents in obtaining and maintaining affordable health coverage.

(H) (1) THE COMMISSION SHALL STUDY AND MAKE RECOMMENDATIONS REGARDING THE FEASIBILITY OF A MEDICAID BUY-IN PROGRAM TO EXPAND THE HEALTH CARE COVERAGE CHOICES AVAILABLE TO INDIVIDUALS PURCHASING COVERAGE.

(2) THE STUDY UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL ADDRESS:

(I) THE BENEFITS AND CONSEQUENCES OF IMPLEMENTING A MEDICAID BUY-IN PROGRAM;

(II) THE CIRCUMSTANCES UNDER WHICH THE STATE SHOULD CONSIDER A MEDICAID BUY-IN PROGRAM, INCLUDING A CONSIDERATION OF THE ACCESSIBILITY OF AFFORDABLE INSURANCE OPTIONS IN THE INDIVIDUAL MARKET IN RURAL, SUBURBAN, AND URBAN AREAS;

(III) ELIGIBILITY CRITERIA FOR PARTICIPATION IN THE PROGRAM;

(IV) GENERAL PARAMETERS FOR A COVERAGE PACKAGE IN THE PROGRAM;

(V) A FINANCIAL STRUCTURE FOR THE PROGRAM, INCLUDING PREMIUMS AND COST SHARING, AND THE AVAILABILITY OF SUBSIDIES FOR INDIVIDUALS PARTICIPATING IN THE PROGRAM;

(VI) THE STRUCTURE OF A RISK POOL FOR THE BUY-IN POPULATION AND THE CONSEQUENCES OF COMBINING THE BUY-IN RISK POOL WITH MEDICAID;

(VII) AN ADMINISTRATIVE STRUCTURE FOR THE PROGRAM, INCLUDING WHETHER A PROGRAM WOULD BE ADMINISTERED THROUGH MEDICAID FEE-FOR-SERVICE OR THROUGH HEALTHCHOICE;

(VIII) AN EVALUATION OF WHETHER A MEDICAID WAIVER WOULD BE REQUIRED TO IMPLEMENT ANY OF THE RECOMMENDATIONS MADE BY THE COMMISSION; AND

(IX) ANY OTHER BUY-IN OPTIONS THAT SHOULD BE CONSIDERED.

(3) THE COMMISSION SHALL INCLUDE ITS FINDINGS AND RECOMMENDATIONS FROM THE STUDY REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION IN THE ANNUAL REPORT SUBMITTED BY THE COMMISSION ON OR BEFORE DECEMBER 31, 2018, UNDER SUBSECTION (J) OF THIS SECTION.

[(h)](I) The Commission may:

- (1) hold public meetings across the State to carry out the duties of the Commission; and
- (2) convene workgroups to solicit input from stakeholders.

[(i)](J) On or before December 31 each year, the Commission shall submit a report on its findings and recommendations, including any legislative proposals, to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly.”.

On page 3, in line 28, strike “July” and substitute “June”; and strike beginning with “It” in line 29 down through the period in line 31.