HOUSE BILL 288

J1 HB 441/06 – HGO & W&M

By: Delegates Hixson, Hubbard, Nathan-Pulliam, Ali, Anderson, Barnes, Benson, Bobo, Bronrott, Burns, Cane, Carter, G. Clagett, V. Clagett, Conaway, Dumais, Feldman, Frush, Gaines, Glenn, Goldwater, Gutierrez, Guzzone, Harrison, Haynes, Healey, Hecht, Heller, Holmes, Howard, Hucker, Ivey, Jones, N. King, Kirk, Krysiak, Lafferty, Lawton, Lee, Manno, McIntosh, Mizeur, Montgomery, Morhaim, Oaks, Pena-Melnyk, Pendergrass, Ramirez, Rice, Robinson, Rosenberg, Simmons, Stein, Stukes, Tarrant, Taylor, F. Turner, Valderrama, Vaughn, and Walker

Introduced and read first time: January 31, 2007

Assigned to: Health and Government Operations and Ways and Means

A BILL ENTITLED

1 AN ACT concerning

Healthy Maryland Initiative

FOR the purpose of requiring the Governor to include in the annual State budget bill for certain fiscal years certain appropriations for certain activities aimed at reducing tobacco use in the State; expanding eligibility under the Maryland Medical Assistance Program to certain parents having incomes at or below certain levels, subject to certain limitations; requiring the Secretary of Health and Mental Hygiene to develop and implement a certain education and outreach campaign; requiring that certain funds from a certain special fund be used to subsidize a certain specialty care network; establishing the Healthy Maryland Initiative Fund; establishing the source of money in the Fund; providing that the investment of earnings in the Fund shall be retained to the Fund; specifying the purposes for which the Fund shall be used; requiring certain appropriations from the Fund for certain purposes; requiring that certain moneys from the Fund supplement certain programs; prohibiting certain moneys from supplanting certain programs; altering the distribution of tobacco tax revenues; providing for the distribution of certain tobacco tax revenues to the Healthy Maryland Initiative Fund for certain purposes; altering the tobacco tax rate imposed on

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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cigarettes; altering the tobacco tax rate imposed on certain tobacco products other than cigarettes; establishing a Small Business Health Care Incentive Program in the Department of Business and Economic Development; requiring the Department to administer the Program; establishing certain eligibility requirements for the Program; providing for certain grants to be awarded under the Program; establishing a certain priority for the award of certain grants under the Program; requiring the Secretary of the Department to adopt certain regulations; requiring the Department to report to the Governor and the General Assembly on or before a certain date; providing for the termination of the Program after a certain date; extending the termination provisions relating to the Joint Legislative Task Force on Universal Access to Quality and Affordable Health Care: requiring the Task Force to conduct a certain study; authorizing the Task Force to contract for the completion of the study; requiring the Governor, in a certain fiscal year, to include a certain appropriation for a certain purpose; delaying the due date for the Task Force report; requiring the Department of Health and Mental Hygiene to notify the Centers for Medicare and Medicaid Services for an amendment to the Maryland Medical Assistance Program to expand eligibility for the Maryland Medical Assistance Program; authorizing certain funds to be appropriated and transferred by budget amendment from the Fund in a certain fiscal year; requiring the Department of Health and Mental Hygiene to report to the Governor and certain committees of the General Assembly on or before a certain date; defining certain terms; making certain stylistic changes; providing for the application of this Act; and generally relating to the tobacco tax, the Healthy Maryland Initiative, and the extension and modifications of the Joint Legislative Task Force on Universal Access to Quality and Affordable Health Care.

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29
           Section 13–1015, 15–103(a), and 19–2111
30
           Annotated Code of Maryland
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           (2005 Replacement Volume and 2006 Supplement)
32
     BY adding to
           Article - Health - General
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34
           Section 15–144; and 20–1301 to be under the new subtitle "Subtitle 13. Healthy
35
                 Maryland Initiative Fund"
36
           Annotated Code of Maryland
37
           (2005 Replacement Volume and 2006 Supplement)
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38 BY repealing and reenacting, without amendments,

BY repealing and reenacting, with amendments,

Article – Health – General

Article - Tax - General

40 Section 2–1601 and 2–1602

1 2	Annotated Code of Maryland (2004 Replacement Volume and 2006 Supplement)			
3	BY repealing and reenacting, with amendments,			
4	Article – Tax – General			
5	Section 2–1603 and 12–105			
6	Annotated Code of Maryland			
7	(2004 Replacement Volume and 2006 Supplement)			
8	BY adding to			
9	Article – Tax – General			
10	Section 2–1604			
11	Annotated Code of Maryland			
12	(2004 Replacement Volume and 2006 Supplement)			
13	BY adding to			
14	Article 83A – Department of Business and Economic Development			
15	Section 5–2001 through 5–2007 to be under the new subtitle "Subtitle 20. Small			
16	Business Health Care Incentive Program"			
17	Annotated Code of Maryland			
18	(2003 Replacement Volume and 2006 Supplement)			
19	BY repealing and reenacting, with amendments,			
20	Chapter 280 of the Acts of the General Assembly of 2005, as amended by			
21	Chapter 21 of the Acts of the General Assembly of 2006			
22	Section 5 and 14			
23	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF			
24	MARYLAND, That the Laws of Maryland read as follows:			
25	Article - Health - General			
26	13–1015.			
27	(a) For fiscal year [2007] 2009 and each fiscal year thereafter, the Governor			
28	shall include at least [\$21,000,000] \$35,000,000 in the annual budget in			
29	appropriations for activities aimed at reducing tobacco use in Maryland as			
30	recommended by the Centers for Disease Control and Prevention, including:			
31	(1) Media campaigns aimed at reducing smoking initiation and			
32	encouraging smokers to quit smoking;			

1 2	(2) Media campaigns educating the public about the dangers of secondhand smoke exposure;
3 4	(3) Enforcement of existing laws banning the sale or distribution of tobacco products to minors;
5 6	(4) Promotion and implementation of smoking cessation programs; and
7	(5) Implementation of school-based tobacco education programs.
8 9 10	(b) For fiscal year [2006] 2008 , the Governor shall include at least [\$10,000,000] \$21,000,000 in the annual budget in appropriations for the purposes described in subsection (a) of this section.
11 12 13	(C) FOR FISCAL YEAR 2009 AND EACH FISCAL YEAR THEREAFTER, THE APPROPRIATIONS REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL INCLUDE:
1.4	(1) \$14,000,000 FROM THE HEALTHY MARYLAND INITIATIVE
14 15	FUND ESTABLISHED UNDER § 20–1301 OF THIS ARTICLE; AND
15 16 17	FUND ESTABLISHED UNDER § 20–1301 OF THIS ARTICLE; AND (2) \$21,000,000 FROM THE CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7–317 OF THE STATE FINANCE AND PROCUREMENT
15 16 17 18	FUND ESTABLISHED UNDER § 20–1301 OF THIS ARTICLE; AND (2) \$21,000,000 FROM THE CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7–317 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.
15 16 17 18 19 20	Fund established under § 20–1301 of this article; and (2) \$21,000,000 from the Cigarette Restitution Fund established under § 7–317 of the State Finance and Procurement Article. (a) (1) The Secretary shall administer the Maryland Medical Assistance
15 16 17 18 19 20 21	(2) \$21,000,000 FROM THE CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7–317 OF THE STATE FINANCE AND PROCUREMENT ARTICLE. (a) (1) The Secretary shall administer the Maryland Medical Assistance Program.

comprehensive medical and other health care services for all eligible chil currently under the age of 1 whose family income falls below 185 [percent] % of poverty level, as permitted by federal law; (iv) Shall provide, subject to the limitations of the State but family planning services to women currently eligible for comprehensive medical and other health care under item (ii) of this paragraph for 5 years after the semonth following the month in which the woman delivers her child; (v) Shall provide, subject to the limitations of the State but comprehensive medical and other health care services for all children from the age year up through and including the age of 5 years whose family income falls below [percent] % of the poverty level, as permitted by [the] federal law; (vi) Shall provide, subject to the limitations of the State but comprehensive medical care and other health care services for all children who a least 6 years of age but are under 19 years of age whose family income falls below [percent] % of the poverty level, as permitted by federal law; (vii) Shall provide, subject to the limitations of the State but comprehensive medical care and other health care services for all legal immigned who meet Program eligibility standards and who arrived in the United States by August 22, 1996, the effective date of the federal Personal Responsibility and Vopportunity Reconciliation Act, as permitted by federal law; (viii) Shall provide, subject to the limitations of the State but and any other requirements imposed by the State, comprehensive medical care other health care services for all legal immigrant children under the age of 18 yand pregnant women who meet Program eligibility standards and who arrived in United States on or after August 22, 1996, the effective date of the federal Personsibility and Work Opportunity Reconciliation Act;
family planning services to women currently eligible for comprehensive medical and other health care under item (ii) of this paragraph for 5 years after the seemonth following the month in which the woman delivers her child; (v) Shall provide, subject to the limitations of the State but comprehensive medical and other health care services for all children from the agrey year up through and including the age of 5 years whose family income falls below [percent] % of the poverty level, as permitted by [the] federal law; (vi) Shall provide, subject to the limitations of the State but comprehensive medical care and other health care services for all children who a least 6 years of age but are under 19 years of age whose family income falls below [percent] % of the poverty level, as permitted by federal law; (vii) Shall provide, subject to the limitations of the State but comprehensive medical care and other health care services for all legal immigrate who meet Program eligibility standards and who arrived in the United States by August 22, 1996, the effective date of the federal Personal Responsibility and Opportunity Reconciliation Act, as permitted by federal law; (viii) Shall provide, subject to the limitations of the State but and any other requirements imposed by the State, comprehensive medical care other health care services for all legal immigrant children under the age of 18 yand pregnant women who meet Program eligibility standards and who arrived in United States on or after August 22, 1996, the effective date of the federal Personal Responsibility and women who meet Program eligibility standards and who arrived in United States on or after August 22, 1996, the effective date of the federal Personal Responsibility and women who meet Program eligibility standards and who arrived in United States on or after August 22, 1996, the effective date of the federal Personal Responsibility and women who meet Program eligibility standards and who arrived in United States on or after August 22, 1996, the effectiv
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comprehensive medical care and other health care services for all children who a least 6 years of age but are under 19 years of age whose family income falls below [percent] % of the poverty level, as permitted by federal law; (vii) Shall provide, subject to the limitations of the State but comprehensive medical care and other health care services for all legal immign who meet Program eligibility standards and who arrived in the United States by August 22, 1996, the effective date of the federal Personal Responsibility and Opportunity Reconciliation Act, as permitted by federal law; (viii) Shall provide, subject to the limitations of the State but and any other requirements imposed by the State, comprehensive medical care other health care services for all legal immigrant children under the age of 18 yand pregnant women who meet Program eligibility standards and who arrived in United States on or after August 22, 1996, the effective date of the federal Personal Responsibility and Wall Program eligibility standards and who arrived in United States on or after August 22, 1996, the effective date of the federal Personal Responsibility and Wall Program eligibility standards and who arrived in United States on or after August 22, 1996, the effective date of the federal Personal Responsibility and Wall Program eligibility standards and who arrived in the United States on or after August 22, 1996, the effective date of the federal Personal Responsibility and Wall Program eligibility standards and who arrived in the United States on or after August 22, 1996, the effective date of the federal Personal Responsibility and Wall Program eligibility standards and who arrived in the United States on or after August 22, 1996, the effective date of the federal Personal Responsibility and Wall Program eligibility at the United States of the federal Personal Responsibility and Wall Program eligibility at the United States of the federal Personal Responsibility at the United States of the Program eligibility at the United States
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and any other requirements imposed by the State, comprehensive medical care other health care services for all legal immigrant children under the age of 18 y and pregnant women who meet Program eligibility standards and who arrived in United States on or after August 22, 1996, the effective date of the federal Personal Person
21 Responsibility and work Opportunity Reconcination Act,
28 (IX) SHALL PROVIDE, SUBJECT TO THE LIMITATIONS OF 29 STATE BUDGET, AND AS ALLOWED BY FEDERAL LAW, COMPREHENSIVE MED: 30 CARE AND OTHER HEALTH CARE SERVICES FOR ALL PARENTS:
31 32 THEM; AND 1. WHO HAVE A DEPENDENT CHILD LIVING V

WHOSE ANNUAL HOUSEHOLD INCOME IS:

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1 2	A. FOR FISCAL YEAR 2009, AT OR BELOW 75% OF THE POVERTY LEVEL, AS PERMITTED BY FEDERAL LAW; OR
3 4 5	B. FOR FISCAL YEAR 2010 AND EACH FISCAL YEAR THEREAFTER, AT OR BELOW 100% OF THE POVERTY LEVEL, AS PERMITTED BY FEDERAL LAW;
6 7	$\hbox{\hbox{$[(ix)]$ (x)}} \hbox{May include bedside nursing care for eligible Program recipients; and}$
8 9	[(x)] (XI) Shall provide services in accordance with funding restrictions included in the annual State budget bill.
10 11	(3) Subject to restrictions in federal law or waivers, the Department may impose cost—sharing on Program recipients.
12	15–144.
13 14 15	THE SECRETARY SHALL DEVELOP AND IMPLEMENT AN EDUCATION AND OUTREACH CAMPAIGN FOR ENROLLING INDIVIDUALS ELIGIBLE FOR BUT NOT ENROLLED IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM.
16	19–2111.
17 18	(a) The Commission, in collaboration with community health resources and local health departments, shall develop a specialty care network for individuals:
19 20	(1) With family income that does not exceed 200% of the federal poverty level; and
21	(2) Who are referred through a community health resource.
22	(b) The specialty care network shall:
23 24 25	(1) Consist of health care practitioners who agree to provide care to individuals referred through a community health resource for a discounted fee established by the Commission; and
26 27	(2) Include health care practitioners who historically have served the uninsured.

1 2 3	(c) Individuals receiving health care through the specialty care network shall pay for specialty care according to a sliding fee scale developed by the Commission.
4 5	(d) In addition to patient fees, office—based specialty care visits, diagnostic testing, and laboratory tests shall be subsidized by funds provided from:
6	(1) General funds; [and]
7 8	(2) Money collected from a nonprofit health maintenance organization in accordance with \S 6–121(b)(3) of the Insurance Article; AND
9 10	(3) THE HEALTHY MARYLAND INITIATIVE FUND AS PROVIDED UNDER § 20–1301 OF THIS ARTICLE.
11 12 13	(e) Subject to available funding, the Commission shall provide subsidies to community health resources for office—based specialty care visits, diagnostic testing and laboratory tests.
14	SUBTITLE 13. HEALTHY MARYLAND INITIATIVE FUND.
15	20–1301.
16 17	(A) IN THIS SUBTITLE, "FUND" MEANS THE HEALTHY MARYLAND INITIATIVE FUND.
18 19 20	(B) (1) THE HEALTHY MARYLAND INITIATIVE FUND IS ESTABLISHED TO DEDICATE CERTAIN TOBACCO TAX REVENUES TO PROVIDE HEALTH CARE SERVICES AND INCENTIVES AS PROVIDED IN SUBSECTION (C) OF THIS SECTION.
21 22	(2) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT TO § 7–302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.
23 24	(3) The Fund consists of the tobacco tax revenues distributed to the Fund under $\S 2-1604$ of the Tax – General Article.
25 26	(4) THE STATE TREASURER SHALL HOLD THE FUND SEPARATELY, AND THE COMPTROLLER SHALL ACCOUNT FOR THE FUND.

1	(5) (I) THE FUND SHALL BE INVESTED AND REINVESTED IN
2	THE SAME MANNER AS OTHER STATE FUNDS.
2	THE STATE WHATER TO CHIEF STATE FOR DS.
3	(II) ANY INVESTMENT EARNINGS SHALL BE CREDITED TO
4	THE FUND.
7	THE P UND.
5	(C) THE FUND MAY BE USED ONLY FOR THE FOLLOWING PURPOSES:
6	(1) ACTIVITIES AIMED AT REDUCING TOBACCO USE IN
7	MARYLAND, AS RECOMMENDED BY THE CENTERS FOR DISEASE CONTROL AND
8	PREVENTION;
O	i ite vention,
9	(2) THE MARYLAND MEDICAL ASSISTANCE PROGRAM,
10	including:
10	including.
11	(I) COVERAGE FOR ALL LEGAL IMMIGRANT CHILDREN
12	UNDER THE AGE OF 18 YEARS AND PREGNANT WOMEN; AND
12	UNDER THE AGE OF TO TEARS AND PREGNANT WOMEN, AND
13	(II) EXPANSION OF MEDICAID ELIGIBILITY FOR PARENTS;
14	(3) Substance abuse treatment and prevention services
15	FUNDED THROUGH THE ALCOHOL AND DRUG ABUSE ADMINISTRATION,
16	including:
10	INCECTING:
17	(I) EXPANSION OF PREVENTION AND TREATMENT
18	CAPACITY; AND
10	CAPACITI, AND
19	(II) MAINTENANCE AND STRENGTHENING OF EXISTING
-	
20	PREVENTION AND TREATMENT INFRASTRUCTURE;
21	(4) THE SPECIALTY CARE NETWORK ESTABLISHED UNDER
22	§ 19–2111 OF THIS ARTICLE;

- **(5)** THE SMALL BUSINESS HEALTH CARE INCENTIVE PROGRAM 24 ESTABLISHED UNDER ARTICLE 83A, § 5–2002 OF THE CODE; AND
- **(6)** THE OFFICE OF MINORITY HEALTH AND HEALTH 26 DISPARITIES TO DEVELOP AND IMPLEMENT A STATEWIDE HEALTH DISPARITIES

- 1 REDUCTION PLAN AND GENERALLY TO CARRY OUT THE DUTIES SPECIFIED IN
- 2 SUBTITLE 10 OF THIS TITLE.
- 3 FOR EACH FISCAL YEAR, MONEY IN THE FUND SHALL BE 4 APPROPRIATED AS FOLLOWS:
- \$14,000,000 FOR ACTIVITIES AIMED AT REDUCING TOBACCO 5 **(1)**
- USE IN MARYLAND AS RECOMMENDED BY THE CENTERS FOR DISEASE 6
- CONTROL AND PREVENTION: 7
- 8 AT LEAST \$40,000,000 TO EXPAND MEDICAID ELIGIBILITY
- 9 FOR ALL PARENTS:
- 10 (I)WHO HAVE A DEPENDENT CHILD LIVING WITH THEM;
- AND 11
- 12 (II)WHOSE ANNUAL HOUSEHOLD INCOME IS:
- 13 1. FOR FISCAL YEAR 2009, AT OR BELOW 75% OF
- 14 THE FEDERAL POVERTY LEVEL; OR
- 15 2. FOR FISCAL YEAR 2010 AND EACH FISCAL YEAR
- 16 THEREAFTER, AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL;
- AT LEAST \$7,000,000 FOR COMPREHENSIVE MEDICAL CARE 17
- AND OTHER HEALTH CARE SERVICES FOR ALL LEGAL IMMIGRANT CHILDREN 18
- 19 UNDER THE AGE OF 18 YEARS AND PREGNANT WOMEN WHO MEET MEDICAID
- 20 PROGRAM ELIGIBILITY STANDARDS, WHO ARRIVED IN THE UNITED STATES ON
- 21 OR AFTER AUGUST 22, 1996, AND WHO DO NOT QUALIFY FOR FEDERALLY
- FUNDED MEDICAID COVERAGE OR MARYLAND CHILDREN'S HEALTH PROGRAM 22
- 23 **COVERAGE**;
- \$30,000,000 FOR SUBSTANCE ABUSE TREATMENT AND 24
- 25 PREVENTION SERVICES FUNDED THROUGH THE ALCOHOL AND DRUG ABUSE
- 26 **ADMINISTRATION:**
- 27 \$10,000,000 **(5)** FOR SPECIALTY CARE **NETWORK** THE
- ESTABLISHED UNDER § 19–2111 OF THIS ARTICLE; 28

1 2	(6) For fiscal years 2009 through 2011 only, \$15,000,000 for the Small Business Health Care Incentive Program; and	
3 4	(7) FOR THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES:	
5	(I) \$2,000,000 FOR FISCAL YEAR 2009;	
6	(II) \$4,000,000 FOR FISCAL YEAR 2010;	
7	(III) \$6,000,000 FOR FISCAL YEAR 2011;	
8	(IV) \$8,000,000 FOR FISCAL YEAR 2012; AND	
9 10	(V) \$10,000,000 FOR FISCAL YEAR 2013 AND EACH FISCAL YEAR THEREAFTER.	
11 12	(E) MONEY FROM THE FUND SHALL SUPPLEMENT AND MAY NOT SUPPLANT FUNDING FOR ANY PROGRAM.	
13	Article – Tax – General	
14	2–1601.	
15 16	From the tobacco tax revenue, the Comptroller shall distribute the amount necessary to pay refunds relating to the tobacco tax to a refund account.	
17	2–1602.	
18 19 20	After making the distribution required under § 2–1601 of this subtitle, from the remaining tobacco tax revenue the Comptroller shall distribute the amount necessary to administer the tobacco tax laws to an administrative cost account.	
21	2–1603.	
22 23 24 25	After making the distributions required under §§ 2–1601 and 2–1602 of the subtitle, FROM THE REMAINING TOBACCO TAX REVENUE the Comptroller shadistribute [the remaining tobacco tax revenue] \$275,000,000 to the General Fund of the State.	
26	2–1604.	

- AFTER MAKING THE DISTRIBUTIONS REQUIRED UNDER §§ 2–1601
 THROUGH 2–1603 OF THIS SUBTITLE, THE COMPTROLLER SHALL DISTRIBUTE
 THE REMAINING TOBACCO TAX REVENUE TO THE HEALTHY MARYLAND
 INITIATIVE FUND FOR THE PURPOSES SPECIFIED UNDER § 20–1301 OF THE
 HEALTH GENERAL ARTICLE.
- 6 12–105.
- 7 (a) The tobacco tax rate for cigarettes is:
- 8 (1) [50 cents] **\$1** for each package of 10 or fewer cigarettes;
- 9 (2) [\$1.00] **\$2** for each package of at least 11 and not more than 20 10 cigarettes;
- 11 (3) [5.0] **10** cents for each cigarette in a package of more than 20 12 cigarettes; and
- [5.0] 10 cents for each cigarette in a package of free sample cigarettes.
- 15 (b) The tobacco tax rate for other tobacco products is [15%] **25**% of the wholesale price of the tobacco products.
- 17 Article 83A Department of Business and Economic Development
- 18 SUBTITLE 20. SMALL BUSINESS HEALTH CARE INCENTIVE PROGRAM.
- 19 **5–2001.**
- 20 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS 21 INDICATED.
- 22 (B) "PROGRAM" MEANS THE SMALL BUSINESS HEALTH CARE 23 INCENTIVE PROGRAM.
- 24 (C) "SMALL EMPLOYER" HAS THE MEANING STATED IN § 15–1201 OF 25 THE INSURANCE ARTICLE.

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SUBTITLE.

"STANDARD PLAN" HAS THE MEANING STATED IN § 15-1201 OF THE 1 INSURANCE ARTICLE. 2 3 5-2002. THERE IS A SMALL BUSINESS HEALTH CARE INCENTIVE PROGRAM 4 (A) 5 IN THE DEPARTMENT. **(1)** THE PROGRAM IS INTENDED TO PROVIDE INCENTIVES TO 6 (B) 7 SMALL BUSINESSES THAT HAVE NOT RECENTLY OFFERED HEALTH INSURANCE 8 TO THEIR EMPLOYEES TO PROVIDE COMPREHENSIVE HEALTH INSURANCE AS 9 PART OF AN EMPLOYEE BENEFIT PACKAGE. THE PROGRAM SHALL PROVIDE GRANTS TO ELIGIBLE 10 **(2)** EMPLOYERS FOR A PORTION OF THE COST OF PROVIDING THE STANDARD PLAN 11 AS PART OF AN EMPLOYEE BENEFIT PACKAGE. 12 13 THE PROGRAM SHALL BE FUNDED BY THE HEALTHY MARYLAND INITIATIVE FUND AS PROVIDED IN § 20–1301 OF THE HEALTH – GENERAL 14 ARTICLE. 15 5-2003. 16 THE DEPARTMENT SHALL: (A) 17 **(1)** ADMINISTER THE PROGRAM; 18 19 **(2)** ESTABLISH APPLICATION PROCEDURES FOR THE PROGRAM; 20 AND AWARD GRANTS FROM THE PROGRAM. 21 **(3)** 22 THE DEPARTMENT MAY PAY ADMINISTRATIVE COSTS ASSOCIATED WITH IMPLEMENTING AND ADMINISTERING THE PROGRAM FROM THE HEALTHY 23 MARYLAND INITIATIVE FUND ESTABLISHED UNDER § 20–1301 OF THE HEALTH 24 - GENERAL ARTICLE. 25 26 **(C)** THE SECRETARY SHALL ADOPT REGULATIONS TO CARRY OUT THIS

- 1 **5–2004.**
- 2 (A) TO BE ELIGIBLE FOR THE PROGRAM, AN EMPLOYER MUST:
- 3 (1) BE A SMALL EMPLOYER;
- 4 (2) PROVIDE THE STANDARD PLAN TO ITS EMPLOYEES ON OR 5 AFTER JULY 1, 2007;
- 6 (3) HAVE NOT PROVIDED THE STANDARD PLAN TO ITS
 7 EMPLOYEES DURING THE 12-MONTH PERIOD PRECEDING THE DATE OF
 8 APPLICATION FOR THE STANDARD PLAN OR, IF THE SMALL EMPLOYER HAS
 9 EXISTED FOR LESS THAN 12 MONTHS, FROM THE DATE THE SMALL EMPLOYER
 10 COMMENCED ITS BUSINESS; AND
- 11 **(4) MEET ANY OTHER REQUIREMENTS DETERMINED BY THE** 12 **DEPARTMENT.**
- 13 (B) THE DEPARTMENT SHALL GIVE PRIORITY FOR GRANTS UNDER THE
 14 PROGRAM TO EMPLOYERS THAT HAVE AN AVERAGE ANNUAL WAGE AMONG ITS
 15 EMPLOYEES THAT DOES NOT EXCEED 75% OF THE AVERAGE ANNUAL WAGE IN
 16 THE STATE.
- 17 **5–2005.**
- A GRANT AWARDED UNDER THE PROGRAM SHALL BE EQUAL TO THE LESSER OF:
- 20 (1) 50% OF THE COST TO THE EMPLOYER TO PROVIDE THE STANDARD PLAN AS PART OF AN EMPLOYEE BENEFIT PACKAGE, INCLUDING THE COST OF PREMIUMS AND ADDITIONAL RIDERS; OR
- 23 **(2)** \$2,500 PER EMPLOYEE PER YEAR.
- 24 **5–2006.**
- ON OR BEFORE DECEMBER 1, 2009, THE DEPARTMENT SHALL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2–1246 OF THE STATE GOVERNMENT

- 1 ARTICLE, TO THE GENERAL ASSEMBLY, REGARDING THE PROGRAM, 2 INCLUDING:
- 3 (1) THE NUMBER OF EMPLOYERS THAT APPLIED FOR GRANTS 4 UNDER THE PROGRAM;
- 5 (2) THE NUMBER OF EMPLOYERS THAT WERE ELIGIBLE FOR AND 6 RECEIVED GRANTS UNDER THE PROGRAM;
- 7 (3) THE TOTAL AMOUNT OF FUNDS PROVIDED AS GRANTS UNDER 8 THE PROGRAM;
- 9 **(4)** THE AVERAGE GRANT AMOUNT PROVIDED TO ELIGIBLE 10 EMPLOYERS;
- 11 (5) THE ADDITIONAL NUMBER OF INDIVIDUALS COVERED BY THE STANDARD PLAN AS A RESULT OF THE PROGRAM; AND
- 13 **(6)** ANY RECOMMENDATIONS FOR MODIFYING, IMPROVING, OR 14 EXPANDING THE PROGRAM.
- 15 **5–2007.**
- THIS SUBTITLE AND THE PROGRAM ESTABLISHED UNDER THIS SUBTITLE
 SHALL TERMINATE AND BE OF NO FURTHER EFFECT AFTER JUNE 30, 2011.
- 18 Chapter 280 of the Acts of 2005, as amended by Chapter 21 of the Acts of 2006
- 19 SECTION 5. AND BE IT FURTHER ENACTED, That:
- 20 (a) There is a Joint Legislative Task Force on Universal Access to Quality 21 and Affordable Health Care.
- 22 (b) The Task Force is comprised of six members of the General Assembly, 23 who shall be voting members of the Task Force, including:
- 24 (1) three members of the Senate of Maryland, appointed by the 25 President of the Senate; and
- 26 (2) three members of the House of Delegates, appointed by the 27 Speaker of the House.

1 2	(c) Force:	The following individuals shall serve as nonvoting members of the Task
3 4	designee;	(1) the Secretary of Health and Mental Hygiene, or the Secretary's
5 6	or the Execu	(2) the Executive Director of the Maryland Health Care Commission, ative Director's designee; and
7 8	members of	(3) any additional individuals approved by a majority of the voting the Task Force.
9 10	(d) shall appoin	(1) Of the three members of the Senate, the President of the Senate at one member to serve as a cochair.
11 12	House shall	(2) Of the three members of the House of Delegates, the Speaker of the appoint one member to serve as a cochair.
13 14	(e) Force.	The Department of Legislative Services shall provide staff for the Task
15	(f)	The Task Force shall:
16 17 18		(1) study and make recommendations on how to make quality, nealth care, including primary care, specialty care, hospitalization, and drug coverage, accessible to all citizens of the State; [and]
19 20 21		(2) analyze the feasibility and desirability of implementing aspects of Health" plan, the California employer mandate, or other innovative state coverage programs in Maryland; AND
22 23 24		(3) CONDUCT AN IN-DEPTH STUDY OF PUBLIC AND PRIVATE PTIONS FOR ACHIEVING UNIVERSAL HEALTH CARE COVERAGE FOR INS OF THE STATE.
25 26	(g) of this section	The Task Force, in conducting the study required under subsection (f) (1) on:

shall seek input from consumer advocates, health care providers,

insurance carriers that write policies in the State, the business community, hospitals,

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(1)

and community clinics; and

- 1 (2) may appoint subcommittees to conduct more detailed studies of 2 specific subjects within the jurisdiction of the Task Force.
 - (H) THE TASK FORCE, IN FULFILLING THE REQUIREMENT UNDER SUBSECTION (F)(3) OF THIS SECTION MAY CONTRACT WITH AN ENTITY TO CONDUCT THE STUDY ON BEHALF OF THE TASK FORCE.
 - (I) IN FISCAL YEAR 2009 ONLY, THE GOVERNOR SHALL INCLUDE \$1,000,000 IN THE ANNUAL BUDGET IN APPROPRIATIONS FOR THE STUDY REQUIRED UNDER SUBSECTION (F)(3) OF THIS SECTION.
 - [(h)](J) The Task Force shall conduct a minimum of four public hearings in different geographic regions of the State to receive citizen input.
 - [(i)](K) The Task Force shall report its findings and recommendations to the Governor and, in accordance with § 2–1246 of the State Government Article, to the General Assembly on or before December 31, [2006] **2008**.
 - SECTION 14. AND BE IT FURTHER ENACTED, That, subject to Section 13 of this Act, this Act shall take effect July 1, 2005. Section 3 of this Act shall remain effective for a period of 5 years and, at the end of June 30, 2010, with no further action required by the General Assembly, Section 3 of this Act shall be abrogated and of no further force and effect. Section 5 of this Act shall remain effective for a period of [2]4 years and, at the end of June 30, [2007] **2009**, with no further action required by the General Assembly, Section 5 of this Act shall be abrogated and of no further force and effect.
 - SECTION 2. AND BE IT FURTHER ENACTED, That all cigarettes used, possessed, or held in the State on or after July 1, 2007, by any person for sale or use in the State, shall be subject to the full tobacco tax of \$2 on cigarettes imposed by this Act. This requirement includes: (1) cigarettes in vending machines or other mechanical dispensers; and (2) cigarettes (generally referred to as "floor stock") in packages which already bear stamps issued by the Comptroller under the State Tobacco Tax Act but for an amount less than the full tax imposed of \$1 for each 10 cigarettes or fractional part thereof; all cigarettes held for sale by any person in the State on or after July 1, 2007, that bear a stamp issued by the Comptroller of a value less than \$2 for each pack of 20 cigarettes must be stamped with the additional stamps necessary to make the aggregate tax value equal to \$2. The Comptroller may provide an alternative method of collecting the additional tax. The revenue attributable to this requirement shall be remitted to the Comptroller by September 30,

- 1 2007. Except as provided above, on or after July 1, 2007, no Maryland stamp shall be
- 2 used except the stamp issued by the Comptroller to evidence the tobacco tax on
- 3 cigarettes of \$2 imposed by this Act.
- 4 SECTION 3. AND BE IT FURTHER ENACTED, That the Department of
- 5 Health and Mental Hygiene shall notify the federal Centers for Medicare and
- 6 Medicaid Services of an amendment to the State Medicaid Plan that would allow the
- 7 State to phase in a coverage expansion under the Maryland Medical Assistance
- 8 Program for all parents with whom a dependent child resides and who have a
- 9 household income at or below 100% of the federal poverty level as follows:
- 10 (a) In fiscal year 2009, extend eligibility to each parent with an annual household income at or below 75% of the federal poverty level; and
- 12 (b) In fiscal year 2010, extend eligibility to each parent with an annual household income at or below 100% of the federal poverty level.
- SECTION 4. AND BE IT FURTHER ENACTED, That, for fiscal year 2008,
- 15 funds may be appropriated and transferred by budget amendment from the Healthy
- Maryland Initiative Fund in the amount and for the purposes specified as follows:
- 17 (a) \$30,000,000 for substance abuse treatment and prevention services 18 funded through the Alcohol and Drug Abuse Administration:
- 19 (b) At least \$10,000,000 for the Maryland Medical Assistance Program, 20 including:
- 21 (1) At least \$7,000,000 for coverage for all legal immigrant children
- 22 under the age of 18 years and pregnant women; and
- 23 (2) At least \$3,000,000 to begin expansion of Medicaid eligibility for
- 24 parents;
- 25 (c) \$10,000,000 for the specialty care network established under § 19–2111 of
- 26 the Health General Article; and
- 27 (d) \$15,000,000 for the Small Business Health Care Incentive Program
- established under Article 83A, § 5–2002 of the Code.
- SECTION 5. AND BE IT FURTHER ENACTED, That the Department of
- 30 Health and Mental Hygiene shall submit a report to the Governor, the Senate Budget
- 31 and Taxation Committee, the Senate Finance Committee, the House Health and
- 32 Government Operations Committee, and the House Ways and Means Committee on or

- before January 1, 2008, on the implementation of the education and outreach campaign required under Section 1 of this Act. The report shall describe the specific
- 3 efforts undertaken by the Department to enroll individuals eligible for but not enrolled
- 4 in the Maryland Medical Assistance Program and quantify the number of individuals
- 5 newly enrolled in the Program under the campaign.
- 6 SECTION 6. AND BE IT FURTHER ENACTED, That this Act shall take effect 7 July 1, 2007.