

# SENATE BILL 878

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By: **Senator Feldman**

Introduced and read first time: February 5, 2018

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Medicaid Buy–In Task Force**

3 FOR the purpose of establishing the Medicaid Buy–In Task Force; providing for the  
4 purpose, composition, chair, and staffing of the Task Force; prohibiting a member of  
5 the Task Force from receiving certain compensation, but authorizing the  
6 reimbursement of certain expenses; authorizing the Secretary of Health to seek and  
7 obtain certain grant funding; requiring the Task Force to study and make  
8 recommendations on certain matters; requiring the Task Force to report certain  
9 findings and recommendations to the Governor and the General Assembly on or  
10 before certain dates; providing for the termination of this Act; and generally relating  
11 to a Medicaid Buy–In Task Force.

12 Preamble

13 WHEREAS, Only two insurers offer coverage in the State’s individual health  
14 insurance market; and

15 WHEREAS, Nine managed care organizations provide coverage to Medicaid  
16 enrollees in the State; and

17 WHEREAS, Consumers benefit when they have more choices in finding health care  
18 coverage that is affordable and meets their needs; and

19 WHEREAS, States are considering methods to provide more health care coverage  
20 options to individuals in the individual market through State programs such as Medicaid;  
21 now, therefore,

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

24 (a) There is a Medicaid Buy–In Task Force.

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (b) The purpose of the Task Force is to make recommendations regarding the  
2 feasibility of a Medicaid buy-in program to expand the health care coverage choices  
3 available to individuals purchasing coverage.

4 (c) The Task Force consists of the following members:

5 (1) the Secretary of Health, or the Secretary's designee;

6 (2) the Maryland Insurance Commissioner, or the Commissioner's  
7 designee;

8 (3) the Executive Director of the Maryland Health Benefit Exchange, or the  
9 Executive Director's designee;

10 (4) the Attorney General, or the Attorney General's designee; and

11 (5) the following members appointed by the Governor:

12 (i) three representatives from three different consumer advocacy  
13 organizations, including an organization that provides direct support to consumers who are  
14 not eligible for Medicaid;

15 (ii) a representative of a managed care organization;

16 (iii) a representative of an insurance carrier that offers individual  
17 insurance on the Maryland Health Benefit Exchange;

18 (iv) a representative of an insurance carrier that does not offer  
19 individual insurance on the Maryland Health Benefit Exchange; and

20 (v) three representatives from health provider organizations.

21 (d) The Secretary shall designate the chair of the Task Force.

22 (e) (1) The Department of Legislative Services shall provide staff for the Task  
23 Force.

24 (2) The Department of Legislative Services may consult with staff from the  
25 Maryland Department of Health, the Maryland Insurance Administration, and the  
26 Maryland Health Benefit Exchange to provide assistance in staffing the Task Force.

27 (f) The Secretary of Health may seek and obtain grant funding to support the  
28 Task Force.

29 (g) A member of the Task Force:

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

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

4 (h) The Task Force shall study and make recommendations on:

5 (1) the benefits and consequences of implementing a Medicaid buy-in  
6 program;

7 (2) the circumstances under which the State should consider a Medicaid  
8 buy-in program, including a consideration of the accessibility of affordable insurance  
9 options in the individual market in rural, suburban, and urban areas;

10 (3) eligibility criteria for participation in the program;

11 (4) general parameters for a coverage package in the program;

12 (5) a financial structure for the program, including premiums and cost  
13 sharing, and the availability of subsidies for individuals participating in the program;

14 (6) the structure of a risk pool for the buy-in population and the  
15 consequences of combining the buy-in risk pool with Medicaid;

16 (7) an administrative structure for the program, including whether a  
17 program would be administered through Medicaid fee-for-service or through  
18 HealthChoice;

19 (8) an evaluation of whether a Medicaid waiver would be required to  
20 implement any of the recommendations made by the Task Force; and

21 (9) any other buy-in options that should be considered.

22 (i) (1) On or before December 15, 2018, the Task Force shall report its findings  
23 and recommendations to the Governor and, in accordance with § 2-1246 of the State  
24 Government Article, the General Assembly.

25 (2) On or before December 15, 2019, the Task Force may report any  
26 follow-up recommendations to the Governor and, in accordance with § 2-1246 of the State  
27 Government Article, the General Assembly.

28 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
29 1, 2018. It shall remain effective for a period of 1 year and 6 months and, at the end of  
30 December 31, 2019, this Act, with no further action required by the General Assembly, shall  
31 be abrogated and of no further force and effect.