

(2) ~~four~~ three members of the House of Delegates, appointed by the Speaker of the House.

(c) The following individuals shall serve as ~~ex-officio~~ nonvoting members of the Task Force:

(1) the Secretary of Health and Mental Hygiene, or the Secretary's designee; and

(2) the Executive Director of the Maryland Health Care Commission, or the Executive Director's designee.

(d) (1) Of the ~~four~~ three members of the Senate, the President of the Senate shall appoint one member to serve as a cochair; and

(2) of the ~~four~~ three members of the House of Delegates, the Speaker of the House shall appoint one member to serve as a cochair.

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

(f) The Task Force shall:

(1) study and make recommendations on how to make quality, affordable health care, including primary care, specialty care, hospitalization, and prescription drug coverage, accessible to all citizens of the State; and

(2) analyze the feasibility and desirability of implementing aspects of the "Dirigo Health" plan, the California employer mandate, or other innovative state health care coverage programs in Maryland.

(g) The Task Force, in conducting the study required under subsection (f)(1) of this section, shall seek input from consumer advocates, health care providers, insurance carriers that write policies in the State, the business community, hospitals, and community clinics.

(h) The Task Force shall conduct a minimum of four public hearings in different geographic regions of the State to receive citizen input.

(i) 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, 2005.

~~SECTION 4. AND BE IT FURTHER ENACTED, That the Department of Health and Mental Hygiene shall:~~

~~(1) if the Centers for Medicare and Medicaid Services approves the primary care waiver applied for under Chapter 448 of the Acts of 2003, submit an amendment to the waiver to include office based and outpatient specialty care for individuals with family income below 116% of the federal poverty guidelines; and~~

~~(2) apply for a waiver from the Centers for Medicare and Medicaid Services to cover office based and outpatient specialty care for individuals;~~