- 3. IN ACCORDANCE WITH § 6-121(B)(3) OF THIS ARTICLE, SUPPORT THE PROVISION OF OFFICE-BASED SPECIALTY CARE, DIAGNOSTIC TESTING, AND LABORATORY TESTS FOR INDIVIDUALS WITH FAMILY INCOME THAT DOES NOT EXCEED 200% OF THE FEDERAL POVERTY LEVEL; AND
- 4. <u>support generally the operations of the Maryland Medical</u>
 Assistance Program.

SECTION 5. AND BE IT FURTHER ENACTED. That:

- (a) There is a Joint Legislative Task Force on Universal Access to Quality and Affordable Health Care.
- (b) The Task Force is comprised of eight voting six members of the General Assembly, who shall be voting members of the Task Force, including:
- (1) <u>four three members of the Senate of Maryland, appointed by the</u> President of the <u>Senate</u>; and
- (2) four three members of the House of Delegates, appointed by the Speaker of the House.
- $\begin{tabular}{ll} \hline (c) & \hline \end{tabular} &$
- (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.
- $\underline{\text{(e)}} \quad \underline{\text{The Department of Legislative Services shall provide staff for the Task}} \\ \text{Force.}$

(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.