Article III, § 29 provides that "every Law enacted by the General Assembly shall embrace but one subject, and that shall be described in its title." The purposes of this requirement are to prevent the surreptitious enactment of laws, to prevent logrolling to give notice to interested parties so that they may comment on legislation, and to advise members of the character of proposed bills so that they have the opportunity to watch their course. Adding Machine Co. v. State, 146 Md. 192 (1924). If the title is so misleading that it cannot fulfill these purposes, then it is void. State's Attorney v. Triplett, 255 Md. 270 (1969).

The title of House Bill 1563 provides:

FOR the purpose of creating a new regulatory program governing certain health benefit plans offered to employees of certain employers and to certain individuals; requiring certain employers to offer health insurance to their employees; clarifying that an employer is not required to contribute to the premium payments of employee health benefits; ~~authorizing the establishment of voluntary Regional Health Cooperatives in the State; providing for the establishment of rules and procedures for contracting with participating carriers;~~ establishing an Interagency Task Force on Health Networks; providing for the makeup and duties of the Task Force; requiring the Task Force to develop a health network study; providing for a delayed effective date for certain provisions of this Act; defining certain terms; and generally relating to the availability and marketing of health benefit plans to certain individuals and certain employees in the State.

The body of the bill, however, simply establishes the task force and requires it to study certain issues.[1] It does not create a new regulatory program, require employers to provide health insurance, or make any other changes in the regulation of health benefit plans. Moreover, it does not have a delayed effective date. Thus, the majority of the title refers to far–reaching regulatory changes concerning the regulation of health plans that do not appear in the bill. The question this raises is whether the inclusion of this excess material, together with an accurate description of its contents, renders the title unconstitutionally misleading.

A look at cases where bills have been found invalid based on their title shows that in each case material had appeared in the bill that was not reflected in the title, not vice versa. In fact, the test for invalidity has been stated as requiring a showing that "something in the body of the act is entirely foreign to the subject–matter described in its title." Warren v. Board of Appeals, 226 Md. 1 (1961). In contrast, where the bill's title contains provisions not reflected in the body of the bill, the Court has uniformly held that the excess may be disregarded. Pressman v. State Tax Commission, 204 Md. 78 (1954); Neuenschwander v. WSSC, 187 Md. 67 (1946); Church Home v. Baltimore, 178 Md. 326 (1940); Mt. Vernon Co. v. Frankfort Co., 111 Md. 561 (1909); Strauss v. Heiss, 48 Md. 292 (1878); Keller v. State, 11 Md. 525 (1857); see also, Leonardo v. County Comm., 214 Md. 287, cert. denied 355 U.S. 906 (1957). None of the cases, however, involves as much excess as appears in the title of House Bill 1563.

It is our view that excess material in the title could be so misleading as to render the title unconstitutional and that the surplusage in House Bill 1563 is sufficiently egregious to present that risk. However, because it is "with reluctance and only in clear cases of a violation" of Article III, § 29 that an Act will be found invalid, Mylander v. Connor, 172