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Introduced and read first time: February 2, 1996

Assigned to: Environmental Matters

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A BILL ENTITLED

1 AN ACT concerning

**2 Health Services Cost Review Commission - Preventive Services Program**

3 FOR the purpose of requiring the Health Services Cost Review Commission to establish  
4 a certain comprehensive hospital and community-based program to reduce on a  
5 long-term basis the level of certain hospital uncompensated care; requiring each  
6 hospital in the State to participate in the program and to make a certain annual  
7 report to the Commission; and generally relating to a preventive services program of  
8 the Health Services Cost Review Commission.

9 BY repealing and reenacting, without amendments,  
10 Article - Health - General  
11 Section 19-201(a) and (b)  
12 Annotated Code of Maryland  
13 (1990 Replacement Volume and 1995 Supplement)

14 BY repealing and reenacting, with amendments,  
15 Article - Health - General  
16 Section 19-216  
17 Annotated Code of Maryland  
18 (1990 Replacement Volume and 1995 Supplement)

19 Preamble

20 WHEREAS, Maryland suffers from the third highest death rate from cancer in  
21 the U.S., and in 1994 850 Maryland women died of breast cancer, and 3,300 new cases  
22 were diagnosed; and

23 WHEREAS, Mammography is the best tool we have in the fight against breast  
24 cancer; and

25 WHEREAS, The HSCRC Hospital Coordinated Breast Cancer Screening  
26 Programs, serving uninsured and underinsured low income women, have performed over  
27 41,000 mammograms and found 322 cancers; and

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1 WHEREAS, The funding mechanism for the Coordinated Breast Cancer  
2 Screening Programs ended on December 31, 1995; and

3 WHEREAS, The Illness Prevention Programs served as pilot programs, but are  
4 lacking an infrastructure for the continuation of successful programs; and

5 WHEREAS, The Coordinated Breast Cancer Screening Programs served as the  
6 State match for the Centers for Disease Control funding for mammogram screening  
7 through local health departments, and without matching funds, the CDC grants will be  
8 lost; and

9 WHEREAS, The many Illness Prevention Programs funded through the HSCRC,  
10 including such programs as the mammography screening and domestic violence programs,  
11 should be continued in Maryland; and

12 WHEREAS, Many of the women's organizations in Maryland are united in their  
13 support of the continuation of the Illness Prevention Programs, including the  
14 mammography screening; now, therefore,

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
16 MARYLAND, That the Laws of Maryland read as follows:

17 **Article - Health - General**

18 19-201.

19 (a) In this subtitle the following words have the meanings indicated.

20 (b) "Commission" means the State Health Services Cost Review Commission.

21 19-216.

22 (a) The Commission may review costs and rates and make any investigation that  
23 the Commission considers necessary to assure each purchaser of health care facility  
24 services that:

25 (1) The total costs of all hospital services offered by or through a facility are  
26 reasonable;

27 (2) The aggregate rates of the facility are related reasonably to the  
28 aggregate costs of the facility; and

29 (3) The rates are set equitably among all purchasers or classes of purchasers  
30 without undue discrimination or preference.

31 (b) (1) To carry out its powers under subsection (a) of this section, the  
32 Commission may review and approve or disapprove the reasonableness of any rate that a  
33 facility sets or requests.

34 (2) A facility shall charge for services only at a rate set in accordance with  
35 this subtitle.

36 (3) In determining the reasonableness of rates, the Commission may take  
37 into account objective standards of efficiency and effectiveness.

1 (c) To promote the most efficient and effective use of health care facility services  
2 and, if it is in the public interest and consistent with this subtitle, the Commission may  
3 promote and approve alternate methods of rate determination and payment that are of an  
4 experimental nature.

5 (D) TO REDUCE ON A LONG-TERM BASIS THE LEVEL OF HOSPITAL  
6 UNCOMPENSATED CARE, THE COMMISSION SHALL:

7 (1) ESTABLISH A COMPREHENSIVE HOSPITAL AND COMMUNITY-BASED  
8 PROGRAM TO PROMOTE PREVENTIVE SERVICES FOR INDIVIDUALS WHO ARE  
9 LIKELY TO GENERATE HOSPITAL UNCOMPENSATED CARE OF AN ACUTE OR  
10 CHRONIC NATURE IF PREVENTIVE SERVICES ARE NOT PROVIDED;

11 (2) DEFINE THE PREVENTIVE SERVICES TO BE PROMOTED WITH  
12 REFERENCE TO THE MOST RECENT GUIDE TO CLINICAL PREVENTIVE SERVICES OF  
13 THE PREVENTIVE SERVICES TASK FORCE OF THE UNITED STATES DEPARTMENT OF  
14 HEALTH AND HUMAN SERVICES;

15 (3) INCLUDE IN THE PREVENTIVE SERVICES PROGRAM THE SAME  
16 LEVEL OF MAMMOGRAPHY SCREENING AS REQUIRED OF INSURERS UNDER  
17 ARTICLE 48A, § 470Z OF THE CODE;

18 (4) ASSURE THAT PROGRAM AND FUNDING LEVELS FOR SCREENING  
19 MAMMOGRAPHY PROGRAMS MEET AND EXCEED THE LEVEL OF THE ILLNESS  
20 PREVENTION PILOT PROGRAM OF THE HSCRC AS OF DECEMBER 31, 1995, WHICH MET  
21 ONLY 50% OF THE UNMET NEED, AND ASSURE THAT EACH INSTITUTION DEVELOP  
22 PLANS TO ADDRESS THE UNMET NEED IN THEIR SERVICE AREA;

23 (5) DEVELOP METHODS OF RATE DETERMINATION AND PAYMENT  
24 THAT PROVIDE COMPENSATION AND INCENTIVES FOR HOSPITALS TO OFFER A  
25 SIGNIFICANTLY HIGHER LEVEL OF PREVENTIVE SERVICES;

26 (6) ASSURE LEVELS OF FUNDING FOR PREVENTIVE SERVICES THAT  
27 ACHIEVE A MINIMUM OF ONE-HALF OF ONE PERCENT OF OVERALL RATES ON OR  
28 BEFORE JUNE 30, 2001; AND

29 (7) REQUIRE THAT EACH HOSPITAL IN THE STATE PARTICIPATE IN THE  
30 PROGRAM AND REPORT ANNUALLY TO THE COMMISSION ON ITS PARTICIPATION IN  
31 THE PROGRAM.

32 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
33 October 1, 1996.