
By: Senator Roeser

Introduced and read first time: February 2, 1996

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 20, 1996

CHAPTER ____

1 AN ACT concerning

2 ~~Health Services Cost Review Commission~~ - **Preventive Services Program Task Force**

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 and the Department of Health and~~
9 ~~Mental Hygiene to convene a certain Task Force for a certain purpose; providing~~
10 ~~for the termination of this Act; and generally relating to preventive services.~~

11 ~~BY~~ repealing and reenacting, without amendments,

- 12 ~~Article—Health—General~~
- 13 ~~Section 19-201(a) and (b)~~
- 14 ~~Annotated Code of Maryland~~
- 15 ~~(1990 Replacement Volume and 1995 Supplement)~~

16 ~~BY~~ repealing and reenacting, with amendments,

- 17 ~~Article—Health—General~~
- 18 ~~Section 19-216~~
- 19 ~~Annotated Code of Maryland~~
- 20 ~~(1990 Replacement Volume and 1995 Supplement)~~

2

1 Preamble

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

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

7 WHEREAS, The HSCRC Hospital Coordinated Breast Cancer Screening
8 Programs, serving uninsured and underinsured low income women, have performed over
9 41,000 mammograms and found 322 cancers; and

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

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

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

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

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

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

26 ~~Article—Health—General~~

27 ~~49-201.~~

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

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

30 ~~49-216.~~

31 ~~(a) The Commission may review costs and rates and make any investigation that~~
32 ~~the Commission considers necessary to assure each purchaser of health care facility~~
33 ~~services that:~~

34 ~~(1) The total costs of all hospital services offered by or through a facility are~~
35 ~~reasonable;~~

36 ~~(2) The aggregate rates of the facility are related reasonably to the~~
37 ~~aggregate costs of the facility; and~~

1 ~~(3) The rates are set equitably among all purchasers or classes of purchasers~~
2 ~~without undue discrimination or preference.~~

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

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

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

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

14 ~~(D) TO REDUCE ON A LONG TERM BASIS THE LEVEL OF HOSPITAL~~
15 ~~UNCOMPENSATED CARE, THE COMMISSION SHALL:~~

16 ~~(1) ESTABLISH A COMPREHENSIVE HOSPITAL AND COMMUNITY BASED~~
17 ~~PROGRAM TO PROMOTE PREVENTIVE SERVICES FOR INDIVIDUALS WHO ARE~~
18 ~~LIKELY TO GENERATE HOSPITAL UNCOMPENSATED CARE OF AN ACUTE OR~~
19 ~~CHRONIC NATURE IF PREVENTIVE SERVICES ARE NOT PROVIDED;~~

20 ~~(2) DEFINE THE PREVENTIVE SERVICES TO BE PROMOTED WITH~~
21 ~~REFERENCE TO THE MOST RECENT GUIDE TO CLINICAL PREVENTIVE SERVICES OF~~
22 ~~THE PREVENTIVE SERVICES TASK FORCE OF THE UNITED STATES DEPARTMENT OF~~
23 ~~HEALTH AND HUMAN SERVICES;~~

24 ~~(3) INCLUDE IN THE PREVENTIVE SERVICES PROGRAM THE SAME~~
25 ~~LEVEL OF MAMMOGRAPHY SCREENING AS REQUIRED OF INSURERS UNDER~~
26 ~~ARTICLE 48A, § 470Z OF THE CODE;~~

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

32 ~~(5) DEVELOP METHODS OF RATE DETERMINATION AND PAYMENT~~
33 ~~THAT PROVIDE COMPENSATION AND INCENTIVES FOR HOSPITALS TO OFFER A~~
34 ~~SIGNIFICANTLY HIGHER LEVEL OF PREVENTIVE SERVICES;~~

35 ~~(6) ASSURE LEVELS OF FUNDING FOR PREVENTIVE SERVICES THAT~~
36 ~~ACHIEVE A MINIMUM OF ONE HALF OF ONE PERCENT OF OVERALL RATES ON OR~~
37 ~~BEFORE JUNE 30, 2001; AND~~

38 ~~(7) REQUIRE THAT EACH HOSPITAL IN THE STATE PARTICIPATE IN THE~~
39 ~~PROGRAM AND REPORT ANNUALLY TO THE COMMISSION ON ITS PARTICIPATION IN~~
40 ~~THE PROGRAM.~~

4

1 (a) The Health Services Cost Review Commission and the Department of Health
2 and Mental Hygiene shall convene a Preventive Services Task Force to:

3 (1) Study the feasibility and desirability of establishing a broad-based
4 preventive services program for individuals who are likely to generate uncompensated
5 care of an acute or chronic nature if the preventive services are not provided;

6 (2) Identify the preventive services, including mammography screening, that
7 would most appropriately meet the needs of uninsured individuals based on geographic
8 need variations; and

9 (3) Identify the most appropriate incentives and funding mechanisms for
10 providing preventive services to uninsured individuals.

11 (b) The Task Force shall consist of the following twelve members selected by the
12 Secretary after receiving input from the various groups represented:

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

15 (2) A Commissioner of the Health Services Cost Review Commission;

16 (3) A business representative;

17 (4) A labor representative;

18 (5) An insurer representative;

19 (6) Two representatives of consumers without health insurance;

20 (7) A representative of the American Cancer Society;

21 (8) A representative of the Legislative Agenda for Women Task Force on
22 Mammography;

23 (9) A health care practitioner representative;

24 (10) A local health department representative; and

25 (11) A hospital representative.

26 (c) (1) The Secretary of Health and Mental Hygiene shall select a Chairman of
27 the Task Force.

28 (2) The Task Force shall report its findings and recommendations to the
29 Governor and, subject to § 2-1312 of the State Government Article, the General
30 Assembly by November 1, 1996.

31 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
32 ~~October~~ July 1, 1996. It shall remain effective for a period of 1 year and, at the end of
33 June 30, 1997, with no further action required by the General Assembly, this Act shall be
34 abrogated and of no further force and effect.

