
By: **Delegates Goldwater, Pitkin, R. Baker, Billings, Bobo, Bronrott, Carlson, Clagett, Cryor, D. Davis, Dembrow, Edwards, Franchot, Grosfeld, Kopp, Heller, Hixson, Howard, Hubbard, Hurson, V. Jones, Kagan, K. Kelly, Krysiak, Love, Mandel, Marriott, McIntosh, Menes, Morhaim, Nathan-Pulliam, Oaks, Pendergrass, Petzold, Rosenberg, Shriver, Stern, and Turner**

Introduced and read first time: February 10, 1999
Assigned to: Economic Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Universal Coverage**

3 FOR the purpose of requiring the Maryland Health Care Access and Cost Commission
4 to develop a certain plan for providing universal health care coverage to certain
5 residents of the State; requiring the plan to provide certain benefits; specifying
6 the contents of the plan; providing for the appointment by the Governor of an
7 advisory committee to assist the Commission in developing the plan; specifying
8 the composition and duties of the advisory committee; requiring the Commission
9 to consult with certain persons and hold certain hearings in developing the plan;
10 requiring the Commission to report to the Governor and the General Assembly
11 on or before a certain date; and generally relating to health care coverage for
12 residents of the State.

13 BY adding to
14 Article - Health - General
15 Section 19-1517
16 Annotated Code of Maryland
17 (1996 Replacement Volume and 1998 Supplement)

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

20 **Article - Health - General**

21 19-1517.

22 (A) (1) THE COMMISSION SHALL DEVELOP A PLAN TO PROVIDE UNIVERSAL
23 HEALTH CARE COVERAGE TO ELIGIBLE RESIDENTS OF THE STATE.

24 (2) THE PLAN SHALL:

1 (I) PROVIDE COMPREHENSIVE COVERAGE FOR ALL MEDICALLY
2 NECESSARY CARE;

3 (II) CONTAIN A DESCRIPTION OF THE HEALTH CARE DELIVERY
4 SYSTEM OPTIONS THAT MEET THE FOLLOWING PRINCIPLES:

5 1. UNIVERSAL COVERAGE;

6 2. COMPREHENSIVE BENEFITS FOR THE FULL RANGE OF
7 MEDICALLY NECESSARY CARE;

8 3. AFFORDABLE AND ACCESSIBLE HEALTH CARE;

9 4. EQUITABLE FINANCING AND REAL COST CONTROLS;

10 5. DELIVERY OF QUALITY HEALTH CARE;

11 6. SIMPLIFIED ADMINISTRATION THAT REDUCES
12 BUREAUCRACY AND ELIMINATES UNNECESSARY ADMINISTRATIVE COSTS; AND

13 7. PROTECTIONS FOR CONSUMERS AND HEALTH CARE
14 WORKERS;

15 (III) INCLUDE A DELIVERY SYSTEM OPTION BASED ON A SINGLE,
16 UNIFIED, PUBLICLY ADMINISTERED HEALTH SYSTEM;

17 (IV) CONTAIN AN ANALYSIS OF EACH DELIVERY SYSTEM
18 DESCRIBED IN THE PLAN, INCLUDING A DETAILED ANALYSIS OF RELEVANT POLICY,
19 ADMINISTRATIVE, FINANCING, POTENTIAL COST SAVINGS, AND LEGAL ISSUES
20 RELATED TO EACH OPTION; AND

21 (V) CONTAIN THE COMMISSION'S RECOMMENDATIONS FOR
22 IMPLEMENTING THE PLAN.

23 (B) (1) THE GOVERNOR SHALL APPOINT AN ADVISORY COMMITTEE
24 CONSISTING OF NINE MEMBERS TO ASSIST THE COMMISSION IN DEVELOPING THE
25 PLAN REQUIRED BY THIS SECTION.

26 (2) OF THE NINE MEMBERS:

27 (I) ONE SHALL BE A REPRESENTATIVE OF THE MEDICAL AND
28 CHIRURGICAL FACULTY;

29 (II) ONE SHALL BE A REPRESENTATIVE OF A LABOR UNION;

30 (III) TWO SHALL BE CONSUMERS, ONE OF WHOM SHALL BE A
31 REPRESENTATIVE OF INDIVIDUALS WITH DISABILITIES;

32 (IV) ONE SHALL BE A REPRESENTATIVE OF A LOCAL PUBLIC
33 HEALTH DEPARTMENT;

1 (V) ONE SHALL BE AN ECONOMIST SPECIALIZING IN HEALTH CARE
2 ISSUES;

3 (VI) TWO SHALL BE REPRESENTATIVES OF THE BUSINESS
4 COMMUNITY, AT LEAST ONE OF WHOM SHALL BE A REPRESENTATIVE OF THE SMALL
5 BUSINESS COMMUNITY; AND

6 (VII) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND NURSES
7 ASSOCIATION.

8 (3) THE ADVISORY COMMITTEE SHALL:

9 (I) ADVISE THE COMMISSION ON THE SELECTION OF OUTSIDE
10 EXPERTS NECESSARY TO CONDUCT THE ANALYSES REQUIRED UNDER SUBSECTION
11 (A)(2)(IV) OF THIS SECTION;

12 (II) ASSIST THE COMMISSION IN CONDUCTING THE PUBLIC
13 HEARINGS REQUIRED UNDER SUBSECTION (C) OF THIS SECTION; AND

14 (III) ASSIST THE COMMISSION IN DEVELOPING HEALTH CARE
15 DELIVERY SYSTEM OPTIONS AND RECOMMENDATIONS FOR IMPLEMENTING THE
16 PLAN REQUIRED UNDER THIS SECTION.

17 (C) IN DEVELOPING THE PLAN REQUIRED UNDER THIS SECTION, THE
18 COMMISSION SHALL:

19 (1) CONSULT WITH HEALTH CARE PRACTITIONERS, PAYORS, THE
20 HEALTH SERVICES COST REVIEW COMMISSION, THE DEPARTMENT, AND ANY OTHER
21 APPROPRIATE PERSON; AND

22 (2) HOLD PUBLIC HEARINGS AS NECESSARY TO ENSURE BROAD PUBLIC
23 INPUT IN THE DEVELOPMENT OF THE PLAN.

24 (D) ON OR BEFORE DECEMBER 1, 2000, THE COMMISSION SHALL SUBMIT TO
25 THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE,
26 THE GENERAL ASSEMBLY A REPORT ON THE PLAN REQUIRED UNDER THIS SECTION.

27 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
28 June 1, 1999.