
By: **Senators Pinsky, Britt, Exum, Frosh, Gladden, Grosfeld, Kelley,
McFadden, and Teitelbaum**

Introduced and read first time: February 1, 2006

Assigned to: Finance and Budget and Taxation

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Universal Health Care Plan**

3 FOR the purpose of establishing the Maryland Universal Health Care Plan;
4 specifying the purposes of the Plan; establishing the State Board of Governors of
5 the Maryland Universal Health Care Plan; specifying the membership of the
6 Board of Governors and the terms, duties, and powers of the members of the
7 Board of Governors; authorizing the Board of Governors to adopt certain
8 regulations; requiring the Board of Governors to appoint an executive director;
9 specifying eligibility requirements for membership in the Plan; requiring the
10 Board of Governors to establish the comprehensive package of benefits to be
11 provided under the Plan; authorizing certain insurers, nonprofit health service
12 plans, and health maintenance organizations to offer benefits that do not
13 duplicate benefits covered under the Plan; requiring the Plan to reimburse
14 hospitals and certain health care providers in accordance with certain rates and
15 fee schedules; prohibiting certain health care providers from charging a rate for
16 a covered service that exceeds the rate established by the Board of Governors;
17 providing that this Act does not affect existing or future obligations of employers
18 to provide certain benefits to retirees who no longer reside in the State;
19 establishing the Maryland Universal Health Care Trust Fund; specifying the
20 purposes, contents, and uses of the Fund; defining certain terms; specifying the
21 initial terms of the appointed members of the Board of Governors; requiring the
22 Department of Health and Mental Hygiene to apply to the Secretary of Health
23 and Human Services for certain waivers from certain federal requirements on or
24 before a certain date; requiring the Board of Governors to seek certain waivers
25 and the extension of a certain waiver on or before a certain date; requiring the
26 Board of Governors to submit a certain report to the Governor and the General
27 Assembly on or before a certain date; providing that negotiated health insurance
28 contributions made by employers on behalf of employees who are working in the
29 State temporarily but who reside outside the State may not be abridged by this
30 Act; providing for the effective dates of this Act; and generally relating to the
31 Maryland Universal Health Care Plan.

32 BY adding to

33 Article - Health - General

1 Section 25-101 through 25-701, inclusive, to be under the new title "Title 25.
2 Maryland Universal Health Care Plan"
3 Annotated Code of Maryland
4 (2005 Replacement Volume and 2005 Supplement)

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

7 **Article - Health - General**

8 TITLE 25. MARYLAND UNIVERSAL HEALTH CARE PLAN.

9 SUBTITLE 1. DEFINITIONS.

10 25-101.

11 (A) IN THIS TITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

12 (B) "BOARD OF GOVERNORS" MEANS THE STATE BOARD OF GOVERNORS OF
13 THE MARYLAND UNIVERSAL HEALTH CARE PLAN.

14 (C) "HEALTH CARE PROVIDER" MEANS:

15 (1) AN INDIVIDUAL LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED
16 UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES;
17 AND

18 (2) A HEALTH CARE FACILITY LICENSED BY THE DEPARTMENT.

19 (D) "PLAN" MEANS THE MARYLAND UNIVERSAL HEALTH CARE PLAN.

20 (E) "PLAN MEMBER" MEANS ANY INDIVIDUAL WHO QUALIFIES FOR HEALTH
21 CARE BENEFITS UNDER THE PLAN IN ACCORDANCE WITH § 25-401 OF THIS TITLE.

22 (F) "RESIDENT" MEANS AN INDIVIDUAL WHO IS DOMICILED IN THE STATE.

23 SUBTITLE 2. MARYLAND UNIVERSAL HEALTH CARE PLAN.

24 25-201.

25 THERE IS A MARYLAND UNIVERSAL HEALTH CARE PLAN.

26 25-202.

27 THE PURPOSES OF THE PLAN ARE TO:

28 (1) PROVIDE UNIVERSAL HEALTH CARE COVERAGE FOR ALL RESIDENTS
29 OF THE STATE;

1 (2) PROVIDE ACCESS TO AND CHOICE OF HEALTH CARE PROVIDERS FOR
2 ALL RESIDENTS OF THE STATE;

3 (3) ESTABLISH CONTROLS TO CONTAIN HEALTH CARE COSTS;

4 (4) PROVIDE A COMPREHENSIVE AND COORDINATED SYSTEM OF
5 HEALTH CARE SERVICES FOR ALL RESIDENTS OF THE STATE; AND

6 (5) PROVIDE PUBLIC FINANCING OF HEALTH CARE SERVICES FOR ALL
7 RESIDENTS OF THE STATE.

8 SUBTITLE 3. STATE BOARD OF GOVERNORS OF THE MARYLAND UNIVERSAL HEALTH
9 CARE PLAN.

10 25-301.

11 (A) THERE IS A STATE BOARD OF GOVERNORS OF THE MARYLAND UNIVERSAL
12 HEALTH CARE PLAN.

13 (B) THE BOARD OF GOVERNORS CONSISTS OF THE FOLLOWING 23 MEMBERS:

14 (1) 17 MEMBERS APPOINTED BY THE GOVERNOR WITH THE ADVICE AND
15 CONSENT OF THE SENATE, AS FOLLOWS:

16 (I) FIVE REPRESENTATIVES OF STATEWIDE OR REGIONAL HEALTH
17 CARE CONSUMER ADVOCACY ORGANIZATIONS WHO HAVE BEEN INVOLVED IN
18 ACTIVITIES RELATED TO HEALTH CARE CONSUMER ADVOCACY, INCLUDING ISSUES
19 OF INTEREST TO LOW- AND MODERATE-INCOME INDIVIDUALS;

20 (II) THREE REPRESENTATIVES OF LABOR ORGANIZATIONS IN THE
21 STATE;

22 (III) THREE REPRESENTATIVES OF BUSINESS AND INDUSTRY IN
23 THE STATE;

24 (IV) TWO REPRESENTATIVES OF HOSPITALS IN THE STATE;

25 (V) TWO REPRESENTATIVES OF PHYSICIANS; AND

26 (VI) TWO REPRESENTATIVES OF LICENSED NONPHYSICIAN HEALTH
27 CARE PROVIDERS; AND

28 (2) SIX EX OFFICIO MEMBERS, AS FOLLOWS:

29 (I) THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST
30 REVIEW COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

31 (II) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE
32 COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

1 (III) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR THE
2 SECRETARY'S DESIGNEE;

3 (IV) THE MARYLAND INSURANCE COMMISSIONER, OR THE
4 COMMISSIONER'S DESIGNEE;

5 (V) THE SECRETARY OF BUSINESS AND ECONOMIC DEVELOPMENT,
6 OR THE SECRETARY'S DESIGNEE; AND

7 (VI) THE SECRETARY OF AGING, OR THE SECRETARY'S DESIGNEE.

8 (D) (1) THE TERM OF AN APPOINTED MEMBER IS 5 YEARS.

9 (2) THE TERMS OF APPOINTED MEMBERS ARE STAGGERED AS
10 REQUIRED BY THE TERMS PROVIDED FOR APPOINTED MEMBERS OF THE BOARD OF
11 GOVERNORS ON OCTOBER 1, 2006.

12 (3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A
13 SUCCESSOR IS APPOINTED AND QUALIFIES.

14 (4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES
15 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND
16 QUALIFIES.

17 (5) (I) IF A VACANCY OCCURS, THE GOVERNOR PROMPTLY SHALL
18 APPOINT A SUCCESSOR TO SERVE UNTIL THE TERM EXPIRES.

19 (II) THE SUCCESSOR MAY BE REAPPOINTED FOR A FULL TERM.

20 (6) AN APPOINTED MEMBER MAY NOT SERVE MORE THAN TWO TERMS.

21 25-302.

22 FROM AMONG THE MEMBERS OF THE BOARD OF GOVERNORS, THE GOVERNOR
23 SHALL APPOINT A CHAIR AND A VICE CHAIR.

24 25-303.

25 IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS TITLE, THE
26 BOARD OF GOVERNORS SHALL:

27 (1) ADMINISTER, IMPLEMENT, AND MONITOR THE OPERATION OF THE
28 PLAN;

29 (2) ESTABLISH A GLOBAL BUDGET FOR THE TOTAL AMOUNT THAT MAY
30 BE EXPENDED FOR THE PROVISION OF HEALTH CARE UNDER THE PLAN EACH YEAR;

31 (3) DEVELOP AND RECOMMEND TO THE GOVERNOR AND, IN
32 ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL
33 ASSEMBLY FUNDING SOURCES FOR THE PLAN IN ADDITION TO THOSE PROVIDED
34 FOR IN § 25-601 OF THIS TITLE;

1 (4) SET REIMBURSEMENT RATES FOR NONHOSPITAL OUTPATIENT
2 SERVICES, WHICH ARE NOT REGULATED BY THE HEALTH SERVICES COST REVIEW
3 COMMISSION, IN ACCORDANCE WITH § 25-501 OF THIS TITLE;

4 (5) ADMINISTER THE MARYLAND UNIVERSAL HEALTH CARE TRUST
5 FUND ESTABLISHED UNDER § 25-601 OF THIS TITLE;

6 (6) ESTABLISH REASONABLE AND EFFECTIVE MEANS OF COST
7 CONTAINMENT, QUALITY ASSURANCE, AND PROMOTION OF ACCESS TO SERVICES;

8 (7) ESTABLISH A SYSTEM TO PROMOTE CONTINUITY OF CARE,
9 INCLUDING THE USE OF CASE MANAGERS FOR PLAN MEMBERS WITH MULTIPLE
10 HEALTH CARE PROBLEMS;

11 (8) ESTABLISH AN INDEMNITY PLAN;

12 (9) ESTABLISH A PRESCRIPTION DRUG FORMULARY;

13 (10) (I) ADMINISTER PAYMENTS FOR THE PROVISION OF COVERED
14 SERVICES TO PARTICIPATING HEALTH CARE PROVIDERS; OR

15 (II) IF MORE COST EFFECTIVE, CONTRACT WITH A THIRD PARTY
16 FOR THE ADMINISTRATION OF PAYMENTS FOR THE PROVISION OF COVERED
17 SERVICES TO PARTICIPATING HEALTH CARE PROVIDERS;

18 (11) STUDY AND EVALUATE THE OPERATION OF THE PLAN;

19 (12) REPORT ANNUALLY TO THE GOVERNOR AND, IN ACCORDANCE WITH
20 § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON ITS
21 ACTIVITIES AND RECOMMEND ANY CHANGES TO IMPROVE ACCESS TO QUALITY
22 HEALTH CARE AND TO MORE EFFECTIVELY CONTROL THE COST OF HEALTH CARE
23 SERVICES PROVIDED UNDER THE PLAN;

24 (13) DISSEMINATE INFORMATION ON THE PLAN TO HEALTH CARE
25 PROVIDERS AND THE PUBLIC;

26 (14) CONDUCT ANY INVESTIGATIONS AND REQUIRE THE SUBMISSION OF
27 ANY INFORMATION, DOCUMENTS, AND RECORDS THAT IT CONSIDERS NECESSARY TO
28 CARRY OUT ITS DUTIES UNDER THIS TITLE;

29 (15) CREATE A PROGRAM FOR THE RESOLUTION OF COMPLAINTS
30 BROUGHT BY PLAN MEMBERS OR HEALTH CARE PROVIDERS REGARDING COVERAGE
31 UNDER THE PLAN OR THE OPERATION OF THE PLAN;

32 (16) NO LATER THAN 5 YEARS AFTER THE EFFECTIVE DATE OF THE PLAN,
33 DEVELOP A PROPOSAL FOR THE PROVISION AND FUNDING OF LONG-TERM CARE
34 COVERAGE BY THE PLAN;

35 (17) DEVELOP A PLAN TO COORDINATE ITS ACTIVITIES WITH THE
36 ACTIVITIES OF THE MARYLAND HEALTH CARE COMMISSION AND THE HEALTH

1 SERVICES COST REVIEW COMMISSION TO ENSURE APPROPRIATE PLANNING FOR THE
2 ADEQUATE DELIVERY AND DISTRIBUTION OF HEALTH CARE SERVICES
3 THROUGHOUT THE STATE; AND

4 (18) CONDUCT ANY OTHER ACTIVITIES NECESSARY AND APPROPRIATE
5 TO CARRY OUT THIS TITLE.

6 25-304.

7 THE BOARD OF GOVERNORS MAY ADOPT REGULATIONS NECESSARY TO CARRY
8 OUT THIS TITLE.

9 25-305.

10 THE BOARD OF GOVERNORS SHALL MAINTAIN THE CONFIDENTIALITY OF ALL
11 DATA AND OTHER INFORMATION COLLECTED IN CARRYING OUT ITS
12 RESPONSIBILITIES IN ACCORDANCE WITH THE PROVISIONS OF TITLE 4, SUBTITLE 3
13 OF THIS ARTICLE.

14 25-306.

15 THE BOARD OF GOVERNORS SHALL APPOINT AN EXECUTIVE DIRECTOR WHO
16 SHALL BE THE CHIEF ADMINISTRATIVE OFFICER OF THE PLAN.

17 SUBTITLE 4. ELIGIBILITY FOR THE PLAN; BENEFITS COVERED BY THE PLAN.

18 25-401.

19 (A) EACH INDIVIDUAL WHO IS A RESIDENT OF THE STATE IS A MEMBER OF
20 THE PLAN AND IS ELIGIBLE TO RECEIVE BENEFITS FOR SERVICES COVERED UNDER
21 THE PLAN.

22 (B) PREEXISTING MEDICAL CONDITIONS MAY NOT BE USED TO DETERMINE
23 THE ELIGIBILITY OF AN INDIVIDUAL TO RECEIVE BENEFITS FOR SERVICES COVERED
24 UNDER THE PLAN.

25 (C) A PARTICIPATING HEALTH CARE PROVIDER MAY NOT REFUSE TO FURNISH
26 SERVICES TO A PLAN MEMBER ON THE BASIS OF RACE, COLOR, INCOME LEVEL,
27 NATIONAL ORIGIN, RELIGION, SEX, HEALTH CONDITION, AGE, LANGUAGE, SEXUAL
28 ORIENTATION, FAMILY STATUS, OR GEOGRAPHY.

29 25-402.

30 THE BOARD OF GOVERNORS SHALL ESTABLISH THE COMPREHENSIVE
31 PACKAGE OF BENEFITS TO BE PROVIDED UNDER THE PLAN, INCLUDING MENTAL
32 HEALTH SERVICES, HOME- AND COMMUNITY-BASED SERVICES, DENTAL SERVICES,
33 AND PRESCRIPTION DRUGS AND DEVICES.

1 25-403.

2 COINSURANCE, DEDUCTIBLES, AND COPAYMENTS MAY NOT BE REQUIRED FOR
3 SERVICES COVERED UNDER THE PLAN.

4 25-404.

5 (A) AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH
6 MAINTENANCE ORGANIZATION THAT IS ISSUED A CERTIFICATE OF AUTHORITY BY
7 THE MARYLAND INSURANCE COMMISSIONER MAY OFFER BENEFITS THAT DO NOT
8 DUPLICATE THE SERVICES COVERED BY THE PLAN.

9 (B) THIS TITLE DOES NOT PROHIBIT AN INSURER, NONPROFIT HEALTH
10 SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION FROM OFFERING
11 BENEFITS TO OR FOR INDIVIDUALS AND THEIR DEPENDENTS WHO ARE EMPLOYED
12 OR SELF-EMPLOYED IN THE STATE BUT WHO ARE NOT RESIDENTS OF THE STATE.

13 25-405.

14 (A) A PLAN MEMBER MAY CHOOSE ANY PARTICIPATING HEALTH CARE
15 PROVIDER PRACTICING ON AN INDEPENDENT BASIS, IN A SMALL GROUP, OR IN A
16 PRACTICE THAT PROVIDES SERVICES ON A CAPITATED BASIS.

17 (B) A PLAN MEMBER WHO ENROLLS IN A PRACTICE THAT PROVIDES SERVICES
18 ON A CAPITATED BASIS IS SUBJECT TO THE REQUIREMENTS OF THE PLAN
19 REGARDING DISENROLLMENT, CHOICE OF PROVIDER, AND AVAILABILITY OF
20 BENEFITS OUTSIDE THE PRACTICE.

21 SUBTITLE 5. PAYMENT FOR SERVICES.

22 25-501.

23 (A) FOR INPATIENT HOSPITAL CARE, THE PLAN SHALL REIMBURSE THE
24 HOSPITAL IN ACCORDANCE WITH THE RATE SET FOR THE HOSPITAL BY THE HEALTH
25 SERVICES COST REVIEW COMMISSION UNDER TITLE 19, SUBTITLE 2 OF THIS
26 ARTICLE.

27 (B) FOR NONHOSPITAL OUTPATIENT HEALTH CARE SERVICES, THE PLAN
28 SHALL REIMBURSE HEALTH CARE PROVIDERS IN ACCORDANCE WITH A FEE
29 SCHEDULE ESTABLISHED BY THE BOARD OF GOVERNORS.

30 (C) A MULTISPECIALTY ORGANIZATION OF HEALTH CARE PROVIDERS,
31 INCLUDING A HEALTH MAINTENANCE ORGANIZATION, MAY ELECT TO BE
32 REIMBURSED ON A CAPITATED BASIS INSTEAD OF ON A FEE-FOR-SERVICE BASIS.

33 (D) A PARTICIPATING HEALTH CARE PROVIDER SHALL PROVIDE THE PLAN
34 WITH ANY NECESSARY INFORMATION AND PERMIT INSPECTION OF THE HEALTH
35 CARE PROVIDER'S RECORDS.

1 (E) (1) (I) THE RATES ESTABLISHED UNDER THIS SECTION SHALL BE
2 CONSIDERED PAYMENT IN FULL FOR A COVERED SERVICE.

3 (II) A HEALTH CARE PROVIDER MAY NOT CHARGE A RATE FOR A
4 COVERED SERVICE THAT EXCEEDS THE RATE ESTABLISHED BY THE BOARD OF
5 GOVERNORS.

6 (2) THE PROVISIONS OF PARAGRAPH (1) OF THIS SUBSECTION DO NOT
7 APPLY TO HEALTH CARE SERVICES PROVIDED OUTSIDE THE STATE OR TO
8 INDIVIDUALS WHO ARE NOT PLAN MEMBERS.

9 25-502.

10 THE BOARD OF GOVERNORS SHALL DEVELOP A POLICY TO PROVIDE COVERAGE
11 UNDER THE PLAN TO:

12 (1) INDIVIDUALS EMPLOYED IN THE STATE WHO ARE NOT RESIDENTS
13 OF THE STATE; AND

14 (2) RESIDENTS OF THE STATE WHO ARE EMPLOYED OUTSIDE THE
15 STATE OR WHO TEMPORARILY ARE NOT IN THE STATE.

16 25-503.

17 THIS TITLE DOES NOT AFFECT ANY EXISTING OR FUTURE OBLIGATIONS OF
18 EMPLOYERS TO PROVIDE SUPPLEMENTARY HEALTH BENEFITS TO RETIREES WHO
19 NO LONGER RESIDE IN THE STATE.

20 SUBTITLE 6. MARYLAND UNIVERSAL HEALTH CARE TRUST FUND.

21 25-601.

22 (A) IN THIS SECTION, "FUND" MEANS THE MARYLAND UNIVERSAL HEALTH
23 CARE TRUST FUND ESTABLISHED UNDER THIS SECTION.

24 (B) THERE IS A MARYLAND UNIVERSAL HEALTH CARE TRUST FUND.

25 (C) THE CHAIR OF THE BOARD OF GOVERNORS OR A DESIGNEE OF THE CHAIR
26 SHALL ADMINISTER THE FUND.

27 (D) (1) THE FUND CONSISTS OF:

28 (I) MONEY ATTRIBUTABLE TO STATE AND FEDERAL FINANCIAL
29 PARTICIPATION IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM, EXCEPT
30 MONEY EXPENDED FOR NURSING HOME SERVICES, AND MEDICARE, TRANSFERRED
31 TO THE FUND;

32 (II) MONEY FROM OTHER FEDERAL PROGRAMS THAT PROVIDE
33 FEDERAL FUNDS FOR THE PAYMENT OF HEALTH CARE SERVICES THAT ARE
34 PROVIDED UNDER THIS TITLE;

1 (III) STATE AND LOCAL GOVERNMENT FUNDS APPROPRIATED FOR
2 HEALTH CARE SERVICES AND BENEFITS THAT ARE PROVIDED UNDER THIS TITLE;

3 (IV) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR
4 THE BENEFIT OF THE FUND; AND

5 (V) INVESTMENT EARNINGS OF THE FUND.

6 (2) PAYMENTS TO THE FUND UNDER PARAGRAPH (1)(III) OF THIS
7 SUBSECTION SHALL EQUAL THE MONEY APPROPRIATED TO STATE AND LOCAL
8 GOVERNMENTS FOR THE PROVISION OF THOSE HEALTH CARE SERVICES AND
9 BENEFITS IN FISCAL YEAR 2008 INCREASED EACH YEAR BY THE AVERAGE ANNUAL
10 PERCENTAGE GROWTH IN THE GROSS STATE PERSONAL INCOME FOR THE 3
11 PRECEDING YEARS.

12 (E) (1) THE FUND MAY BE USED ONLY:

13 (I) TO PAY FOR THE PROVISION OF SERVICES COVERED BY THE
14 PLAN; AND

15 (II) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, FOR ANY
16 OTHER PURPOSE APPROVED BY THE BOARD OF GOVERNORS.

17 (2) (I) AT LEAST ONE-HALF OF 1% OF THE MONEY IN THE FUND
18 SHALL BE USED FOR HEALTH PROMOTION AND PRIMARY CARE PREVENTIVE
19 PROGRAMS.

20 (II) AT LEAST ONE-FOURTH OF 1% OF THE MONEY IN THE FUND
21 SHALL BE ALLOCATED TO EDUCATING AND TRAINING WORKERS IN THE HEALTH
22 CARE FIELD AND RETRAINING WORKERS WHO EXPERIENCE JOB LOSS OR
23 DISLOCATION DUE TO IMPLEMENTATION OF THE PLAN.

24 (F) (1) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT
25 TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

26 (2) INVESTMENT EARNINGS OF THE FUND SHALL BE PAID INTO THE
27 FUND.

28 (3) ANY UNSPENT MONEY IN THE FUND MAY NOT BE TRANSFERRED OR
29 REVERT TO THE GENERAL FUND OF THE STATE, BUT SHALL REMAIN IN THE FUND TO
30 BE USED FOR THE PURPOSES SPECIFIED IN THIS TITLE.

31 (G) THE LEGISLATIVE AUDITOR SHALL AUDIT THE ACCOUNTS AND
32 TRANSACTIONS OF THE FUND AS PROVIDED IN § 2-1220 OF THE STATE GOVERNMENT
33 ARTICLE.

1 SUBTITLE 7. SHORT TITLE.

2 25-701.

3 THIS TITLE MAY BE CITED AS THE MARYLAND UNIVERSAL HEALTH CARE PLAN.

4 SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the initial
5 appointed members of the State Board of Governors of the Maryland Universal
6 Health Care Plan shall expire as follows:

- 7 (1) Two members in 2011;
8 (2) Five members in 2012;
9 (3) Five members in 2013; and
10 (4) Five members in 2014.

11 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before October 1,
12 2007, the Department of Health and Mental Hygiene shall apply to the Secretary of
13 Health and Human Services for all waivers of requirements of health care programs
14 established under Titles XVIII and XIX of the Social Security Act, as amended, that
15 are necessary to enable the State to deposit federal payments under those programs
16 in the State Treasury to the credit of the Maryland Universal Health Care Trust
17 Fund.

18 SECTION 4. AND BE IT FURTHER ENACTED, That, on or before October 1,
19 2007, the State Board of Governors of the Maryland Universal Health Care Plan shall
20 seek all waivers from the provisions of the Employment Retirement Income Security
21 Act, as amended, necessary to ensure total participation of all residents of the State in
22 the Plan.

23 SECTION 5. AND BE IT FURTHER ENACTED, That, on or before October 1,
24 2007, the State Board of Governors of the Maryland Universal Health Care Plan shall
25 seek an extension of the provisions of Medicare Waiver of the State of Maryland under
26 Section 1814B of the Social Security Act to permit Medicare to share equally in the
27 costs of bad debt and charity care provided to State residents in the inpatient sector.

28 SECTION 6. AND BE IT FURTHER ENACTED, That, on or before October 1,
29 2007, the State Board of Governors of the Maryland Universal Health Care Plan shall
30 report to the Governor and, in accordance with § 2-1246 of the State Government
31 Article, the General Assembly on any changes to the laws of the State and units of
32 State government necessary to most effectively carry out the provisions of this Act.

33 SECTION 7. AND BE IT FURTHER ENACTED, That negotiated health
34 insurance contributions made by employers on behalf of employees who are working
35 in the State temporarily but who reside outside the State may not be abridged by this
36 Act.

1 SECTION 8. AND BE IT FURTHER ENACTED, That Title 25, Subtitles 2, 4, 5,
2 and 6 of the Health - General Article, as enacted by Section 1 of this Act, shall take
3 effect July 1, 2008.

4 SECTION 9. AND BE IT FURTHER ENACTED, That, except as otherwise
5 provided in Section 8 of this Act, this Act shall take effect October 1, 2006.