

SENATE BILL 474

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SB 410/06 – FIN & B&T

71r0901

By: **Senators Pinsky, Britt, Frosh, Gladden, and McFadden**

Introduced and read first time: February 2, 2007

Assigned to: Finance

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; specifying
4 the purposes of the Plan; establishing the State Board of Governors of the
5 Maryland Universal Health Care Plan; specifying the membership of the Board
6 of Governors and the terms, duties, and powers of the members of the Board of
7 Governors; authorizing the Board of Governors to adopt certain regulations;
8 requiring the Board of Governors to appoint an executive director; specifying
9 eligibility requirements for membership in the Plan; requiring the Board of
10 Governors to establish the comprehensive package of benefits to be provided
11 under the Plan; authorizing certain insurers, nonprofit health service plans,
12 and health maintenance organizations to offer benefits that do not duplicate
13 benefits covered under the Plan; requiring the Plan to reimburse hospitals and
14 certain health care providers in accordance with certain rates and fee schedules;
15 prohibiting certain health care providers from charging a rate for a covered
16 service that exceeds the rate established by the Board of Governors; providing
17 that this Act does not affect existing or future obligations of employers to
18 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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Assembly on or before a certain date; providing that negotiated health
2 insurance contributions made by employers on behalf of employees who are
3 working in the State temporarily but who reside outside the State may not be
4 abridged by this Act; providing for the effective dates of this Act; and generally
5 relating to the Maryland Universal Health Care Plan.

6 BY adding to

7 Article – Health – General

8 Section 25–101 through 25–701 to be under the new title “Title 25. Maryland
9 Universal Health Care Plan”

10 Annotated Code of Maryland

11 (2005 Replacement Volume and 2006 Supplement)

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

14 **Article – Health – General**

15 **TITLE 25. MARYLAND UNIVERSAL HEALTH CARE PLAN.**

16 **SUBTITLE 1. DEFINITIONS.**

17 **25–101.**

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

20 (B) “BOARD OF GOVERNORS” MEANS THE STATE BOARD OF
21 GOVERNORS OF THE MARYLAND UNIVERSAL HEALTH CARE PLAN.

22 (C) “HEALTH CARE PROVIDER” MEANS:

23 (1) AN INDIVIDUAL LICENSED, CERTIFIED, OR OTHERWISE
24 AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE
25 HEALTH CARE SERVICES; AND

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

27 (D) “PLAN” MEANS THE MARYLAND UNIVERSAL HEALTH CARE PLAN.

1 **(E) “PLAN MEMBER” MEANS ANY INDIVIDUAL WHO QUALIFIES FOR**
2 **HEALTH CARE BENEFITS UNDER THE PLAN IN ACCORDANCE WITH § 25-401 OF**
3 **THIS TITLE.**

4 **(F) “RESIDENT” MEANS AN INDIVIDUAL WHO IS DOMICILED IN THE**
5 **STATE.**

6 **SUBTITLE 2. MARYLAND UNIVERSAL HEALTH CARE PLAN.**

7 **25-201.**

8 **THERE IS A MARYLAND UNIVERSAL HEALTH CARE PLAN.**

9 **25-202.**

10 **THE PURPOSES OF THE PLAN ARE TO:**

11 **(1) PROVIDE UNIVERSAL HEALTH CARE COVERAGE FOR ALL**
12 **RESIDENTS OF THE STATE;**

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

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

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

18 **(5) PROVIDE PUBLIC FINANCING OF HEALTH CARE SERVICES FOR**
19 **ALL RESIDENTS OF THE STATE.**

20 **SUBTITLE 3. STATE BOARD OF GOVERNORS OF THE MARYLAND UNIVERSAL**
21 **HEALTH CARE PLAN.**

22 **25-301.**

23 **(A) THERE IS A STATE BOARD OF GOVERNORS OF THE MARYLAND**
24 **UNIVERSAL HEALTH CARE PLAN.**

1 **(B) THE BOARD OF GOVERNORS CONSISTS OF THE FOLLOWING 23**
2 **MEMBERS:**

3 **(1) 17 MEMBERS APPOINTED BY THE GOVERNOR WITH THE**
4 **ADVICE AND CONSENT OF THE SENATE, AS FOLLOWS:**

5 **(I) FIVE REPRESENTATIVES OF STATEWIDE OR REGIONAL**
6 **HEALTH CARE CONSUMER ADVOCACY ORGANIZATIONS WHO HAVE BEEN**
7 **INVOLVED IN ACTIVITIES RELATED TO HEALTH CARE CONSUMER ADVOCACY,**
8 **INCLUDING ISSUES OF INTEREST TO LOW- AND MODERATE-INCOME**
9 **INDIVIDUALS;**

10 **(II) THREE REPRESENTATIVES OF LABOR ORGANIZATIONS**
11 **IN THE STATE;**

12 **(III) THREE REPRESENTATIVES OF BUSINESS AND INDUSTRY**
13 **IN THE STATE;**

14 **(IV) TWO REPRESENTATIVES OF HOSPITALS IN THE STATE;**

15 **(V) TWO REPRESENTATIVES OF PHYSICIANS; AND**

16 **(VI) TWO REPRESENTATIVES OF LICENSED NONPHYSICIAN**
17 **HEALTH CARE PROVIDERS; AND**

18 **(2) SIX EX OFFICIO MEMBERS, AS FOLLOWS:**

19 **(I) THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES**
20 **COST REVIEW COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;**

21 **(II) THE EXECUTIVE DIRECTOR OF THE MARYLAND**
22 **HEALTH CARE COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;**

23 **(III) THE SECRETARY OF HEALTH AND MENTAL HYGIENE,**
24 **OR THE SECRETARY'S DESIGNEE;**

25 **(IV) THE MARYLAND INSURANCE COMMISSIONER, OR THE**
26 **COMMISSIONER'S DESIGNEE;**

1 (v) THE SECRETARY OF BUSINESS AND ECONOMIC
2 DEVELOPMENT, OR THE SECRETARY'S DESIGNEE; AND

3 (vi) THE SECRETARY OF AGING, OR THE SECRETARY'S
4 DESIGNEE.

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

6 (2) THE TERMS OF APPOINTED MEMBERS ARE STAGGERED AS
7 REQUIRED BY THE TERMS PROVIDED FOR APPOINTED MEMBERS OF THE BOARD
8 OF GOVERNORS ON OCTOBER 1, 2007.

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

11 (4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN
12 SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS
13 APPOINTED AND QUALIFIES.

14 (5) (i) IF A VACANCY OCCURS, THE GOVERNOR PROMPTLY
15 SHALL APPOINT A SUCCESSOR TO SERVE UNTIL THE TERM EXPIRES.

16 (ii) THE SUCCESSOR MAY BE REAPPOINTED FOR A FULL
17 TERM.

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

20 **25-302.**

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

23 **25-303.**

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

1 (1) **ADMINISTER, IMPLEMENT, AND MONITOR THE OPERATION OF**
2 **THE PLAN;**

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

6 (3) **DEVELOP AND RECOMMEND TO THE GOVERNOR AND, IN**
7 **ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE**
8 **GENERAL ASSEMBLY FUNDING SOURCES FOR THE PLAN IN ADDITION TO THOSE**
9 **PROVIDED FOR IN § 25-601 OF THIS TITLE;**

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

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

15 (6) **ESTABLISH REASONABLE AND EFFECTIVE MEANS OF COST**
16 **CONTAINMENT, QUALITY ASSURANCE, AND PROMOTION OF ACCESS TO**
17 **SERVICES;**

18 (7) **ESTABLISH A SYSTEM TO PROMOTE CONTINUITY OF CARE,**
19 **INCLUDING THE USE OF CASE MANAGERS FOR PLAN MEMBERS WITH MULTIPLE**
20 **HEALTH CARE PROBLEMS;**

21 (8) **ESTABLISH AN INDEMNITY PLAN;**

22 (9) **ESTABLISH A PRESCRIPTION DRUG FORMULARY;**

23 (10) (I) **ADMINISTER PAYMENTS FOR THE PROVISION OF**
24 **COVERED SERVICES TO PARTICIPATING HEALTH CARE PROVIDERS; OR**

25 (II) **IF MORE COST EFFECTIVE, CONTRACT WITH A THIRD**
26 **PARTY FOR THE ADMINISTRATION OF PAYMENTS FOR THE PROVISION OF**
27 **COVERED SERVICES TO PARTICIPATING HEALTH CARE PROVIDERS;**

28 (11) **STUDY AND EVALUATE THE OPERATION OF THE PLAN;**

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

6 **(13) DISSEMINATE INFORMATION ON THE PLAN TO HEALTH CARE**
7 **PROVIDERS AND THE PUBLIC;**

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

11 **(15) CREATE A PROGRAM FOR THE RESOLUTION OF COMPLAINTS**
12 **BROUGHT BY PLAN MEMBERS OR HEALTH CARE PROVIDERS REGARDING**
13 **COVERAGE UNDER THE PLAN OR THE OPERATION OF THE PLAN;**

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

17 **(17) DEVELOP A PLAN TO COORDINATE ITS ACTIVITIES WITH THE**
18 **ACTIVITIES OF THE MARYLAND HEALTH CARE COMMISSION AND THE HEALTH**
19 **SERVICES COST REVIEW COMMISSION TO ENSURE APPROPRIATE PLANNING**
20 **FOR THE ADEQUATE DELIVERY AND DISTRIBUTION OF HEALTH CARE SERVICES**
21 **THROUGHOUT THE STATE; AND**

22 **(18) CONDUCT ANY OTHER ACTIVITIES NECESSARY AND**
23 **APPROPRIATE TO CARRY OUT THIS TITLE.**

24 **25-304.**

25 **THE BOARD OF GOVERNORS MAY ADOPT REGULATIONS NECESSARY TO**
26 **CARRY OUT THIS TITLE.**

27 **25-305.**

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

5 **25-306.**

6 **THE BOARD OF GOVERNORS SHALL APPOINT AN EXECUTIVE DIRECTOR**
 7 **WHO SHALL BE THE CHIEF ADMINISTRATIVE OFFICER OF THE PLAN.**

8 **SUBTITLE 4. ELIGIBILITY FOR THE PLAN; BENEFITS COVERED UNDER THE**
 9 **PLAN.**

10 **25-401.**

11 **(A) EACH INDIVIDUAL WHO IS A RESIDENT OF THE STATE IS A MEMBER**
 12 **OF THE PLAN AND IS ELIGIBLE TO RECEIVE BENEFITS FOR SERVICES COVERED**
 13 **UNDER THE PLAN.**

14 **(B) PREEXISTING MEDICAL CONDITIONS MAY NOT BE USED TO**
 15 **DETERMINE THE ELIGIBILITY OF AN INDIVIDUAL TO RECEIVE BENEFITS FOR**
 16 **SERVICES COVERED UNDER THE PLAN.**

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

21 **25-402.**

22 **THE BOARD OF GOVERNORS SHALL ESTABLISH THE COMPREHENSIVE**
 23 **PACKAGE OF BENEFITS TO BE PROVIDED UNDER THE PLAN, INCLUDING**
 24 **MENTAL HEALTH SERVICES, HOME- AND COMMUNITY-BASED SERVICES,**
 25 **DENTAL SERVICES, AND PRESCRIPTION DRUGS AND DEVICES.**

26 **25-403.**

27 **COINSURANCE, DEDUCTIBLES, AND COPAYMENTS MAY NOT BE REQUIRED**
 28 **FOR SERVICES COVERED UNDER THE PLAN.**

1 **25-404.**

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

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

11 **25-405.**

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

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

19 **SUBTITLE 5. PAYMENT FOR SERVICES.**

20 **25-501.**

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

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

1 (C) A MULTISPECIALTY ORGANIZATION OF HEALTH CARE PROVIDERS,
2 INCLUDING A HEALTH MAINTENANCE ORGANIZATION, MAY ELECT TO BE
3 REIMBURSED ON A CAPITATED BASIS INSTEAD OF ON A FEE-FOR-SERVICE
4 BASIS.

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

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

10 (II) A HEALTH CARE PROVIDER MAY NOT CHARGE A RATE
11 FOR A COVERED SERVICE THAT EXCEEDS THE RATE ESTABLISHED BY THE
12 BOARD OF GOVERNORS.

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

16 **25-502.**

17 THE BOARD OF GOVERNORS SHALL DEVELOP A POLICY TO PROVIDE
18 COVERAGE UNDER THE PLAN TO:

19 (1) INDIVIDUALS EMPLOYED IN THE STATE WHO ARE NOT
20 RESIDENTS OF THE STATE; AND

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

23 **25-503.**

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

27 **SUBTITLE 6. MARYLAND UNIVERSAL HEALTH CARE TRUST FUND.**

1 **25-601.**

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

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

5 (C) THE CHAIR OF THE BOARD OF GOVERNORS OR A DESIGNEE OF THE
6 CHAIR SHALL ADMINISTER THE FUND.

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

8 (I) MONEY ATTRIBUTABLE TO STATE AND FEDERAL
9 FINANCIAL PARTICIPATION IN THE MARYLAND MEDICAL ASSISTANCE
10 PROGRAM, EXCEPT MONEY EXPENDED FOR NURSING HOME SERVICES, AND
11 MEDICARE, TRANSFERRED TO THE FUND;

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

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

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

20 (V) INVESTMENT EARNINGS OF THE FUND.

21 (2) PAYMENTS TO THE FUND UNDER PARAGRAPH (1)(III) OF THIS
22 SUBSECTION SHALL EQUAL THE MONEY APPROPRIATED TO STATE AND LOCAL
23 GOVERNMENTS FOR THE PROVISION OF THOSE HEALTH CARE SERVICES AND
24 BENEFITS IN FISCAL YEAR 2009 INCREASED EACH YEAR BY THE AVERAGE
25 ANNUAL PERCENTAGE GROWTH IN THE GROSS STATE PERSONAL INCOME FOR
26 THE 3 PRECEDING YEARS.

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

1 (I) TO PAY FOR THE PROVISION OF SERVICES COVERED BY
2 THE PLAN; AND

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

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

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

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

14 (2) INVESTMENT EARNINGS OF THE FUND SHALL BE PAID INTO
15 THE FUND.

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

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

23 **SUBTITLE 7. SHORT TITLE.**

24 **25-701.**

25 **THIS TITLE MAY BE CITED AS THE MARYLAND UNIVERSAL HEALTH CARE**
26 **PLAN.**

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

- 1 (1) Two members in 2012;
- 2 (2) Five members in 2013;
- 3 (3) Five members in 2014; and
- 4 (4) Five members in 2015.

5 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before October 1,
6 2008, the Department of Health and Mental Hygiene shall apply to the Secretary of
7 Health and Human Services for all waivers of requirements of health care programs
8 established under Titles XVIII and XIX of the Social Security Act, as amended, that
9 are necessary to enable the State to deposit federal payments under those programs in
10 the State Treasury to the credit of the Maryland Universal Health Care Trust Fund
11 established under Section 1 of this Act.

12 SECTION 4. AND BE IT FURTHER ENACTED, That, on or before October 1,
13 2008, the State Board of Governors of the Maryland Universal Health Care Plan
14 established under Section 1 of this Act shall seek all waivers from the provisions of the
15 Employment Retirement Income Security Act, as amended, necessary to ensure total
16 participation of all residents of the State in the Plan.

17 SECTION 5. AND BE IT FURTHER ENACTED, That, on or before October 1,
18 2008, the State Board of Governors of the Maryland Universal Health Care Plan
19 established under Section 1 of this Act shall seek an extension of the provisions of the
20 Medicare Waiver of the State of Maryland under Section 1814B of the Social Security
21 Act to permit Medicare to share equally in the costs of bad debt and charity care
22 provided to State residents in the inpatient sector.

23 SECTION 6. AND BE IT FURTHER ENACTED, That, on or before October 1,
24 2008, the State Board of Governors of the Maryland Universal Health Care Plan
25 established under Section 1 of this Act shall report to the Governor and, in accordance
26 with § 2-1246 of the State Government Article, the General Assembly on any changes
27 to the laws of the State and units of State government necessary to most effectively
28 carry out the provisions of this Act.

29 SECTION 7. AND BE IT FURTHER ENACTED, That negotiated health
30 insurance contributions made by employers on behalf of employees who are working in
31 the State temporarily but who reside outside the State may not be abridged by this
32 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, 2009.

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, 2007.