

# SENATE BILL 718

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71r0435

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By: **Chair, Finance Committee**

Introduced and read first time: February 7, 2007

Assigned to: Rules

Re-referred to: Finance, February 16, 2007

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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 30, 2007

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Maryland Health Care Commission - ~~Program Evaluation~~ Membership**

3 FOR the purpose of ~~repealing the requirement that~~ altering the membership of the  
4 Maryland Health Care Commission ~~may not act on any matter unless a certain~~  
5 ~~number of voting members in attendance concur; providing that a decision of~~  
6 ~~the Commission shall be by a majority of the quorum present and voting;~~  
7 ~~raising the amount of total fees that may be assessed by the Commission;~~  
8 ~~providing that a majority of the full authorized membership of the Commission~~  
9 ~~is a quorum to act on certain applications; altering the date by which the~~  
10 ~~Commission shall provide a certain annual report; authorizing the Commission~~  
11 ~~to compile certain data from certain facilities to be included in the medical care~~  
12 ~~data base; altering certain requirements for the medical care data base related~~  
13 ~~to information collected by the Health Services Cost Review Commission;~~  
14 ~~repealing the requirement that the Commission conduct a certain study;~~  
15 ~~repealing the requirement that the Commission annually determine the full~~  
16 ~~cost of certain mandated health insurance services in the State; altering the~~  
17 ~~information to be reported to the General Assembly in a certain annual report~~  
18 ~~on mandated health insurance services; requiring the Commission to include~~  
19 ~~certain information on mandated health insurance services in a certain~~  
20 ~~evaluation and in certain reports to the General Assembly; providing for a~~

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**EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



~~1 certain evaluation of the Commission and the statutes and regulations that  
 2 relate to the Commission on or before a certain date; requiring the Commission  
 3 to include certain information regarding the Limited Health Benefit Plan in a  
 4 certain report to certain committees of the General Assembly; requiring the  
 5 Commission to include certain information in a certain workload distribution  
 6 study and to report to certain committees of the General Assembly on or before  
 7 a certain date; requiring the Commission to report to certain committees of the  
 8 General Assembly on or before a certain date on the implementation of certain  
 9 recommendations related to certificate of need; requiring the Commission to  
 10 include certain information on the Maryland Trauma Physician Services Fund  
 11 in a certain report; requiring the Commission to report to certain committees of  
 12 the General Assembly on or before a certain date on the collection and use of  
 13 certain data; requiring the Commission to report to certain committees of the  
 14 General Assembly on or before a certain date on the implementation of  
 15 recommendations contained in a certain evaluation of the Commission; and  
 16 generally relating to the program evaluation membership of the Maryland  
 17 Health Care Commission.~~

18 BY repealing and reenacting, with amendments,

19 Article – Health – General

20 Section ~~19-107(a), 19-111(c)(1), 19-126(d)(2), 19-130(e), and 19-133~~ 19-104(a)

21 Annotated Code of Maryland

22 (2005 Replacement Volume and 2006 Supplement)

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

24 ~~Article – Health – General~~

25 ~~Section 19-126(d)(1) and (13) and 19-130(b)(1)~~

26 ~~Annotated Code of Maryland~~

27 ~~(2005 Replacement Volume and 2006 Supplement)~~

28 ~~BY repealing~~

29 ~~Article – Health – General~~

30 ~~Section 19-139~~

31 ~~Annotated Code of Maryland~~

32 ~~(2005 Replacement Volume and 2006 Supplement)~~

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

34 ~~Article – Insurance~~

35 ~~Section 15-1501(e)~~

36 ~~Annotated Code of Maryland~~

37 ~~(2006 Replacement Volume and 2006 Supplement)~~

38 ~~BY repealing~~

1 ~~Article – Insurance~~  
 2 ~~Section 15–1501(d)~~  
 3 ~~Annotated Code of Maryland~~  
 4 ~~(2006 Replacement Volume and 2006 Supplement)~~

5 ~~BY repealing and reenacting, with amendments,~~  
 6 ~~Article – Insurance~~  
 7 ~~Section 15–1501(c) and (f) and 15–1502~~  
 8 ~~Annotated Code of Maryland~~  
 9 ~~(2006 Replacement Volume and 2006 Supplement)~~

10 ~~BY repealing and reenacting, without amendments,~~  
 11 ~~Article – State Government~~  
 12 ~~Section 8–403(a)~~  
 13 ~~Annotated Code of Maryland~~  
 14 ~~(2004 Replacement Volume and 2006 Supplement)~~

15 ~~BY repealing and reenacting, with amendments,~~  
 16 ~~Article – State Government~~  
 17 ~~Section 8–403(b)(27)~~  
 18 ~~Annotated Code of Maryland~~  
 19 ~~(2004 Replacement Volume and 2006 Supplement)~~

20 ~~BY repealing and reenacting, with amendments,~~  
 21 ~~Chapter 287 of the Acts of the General Assembly of 2004~~  
 22 ~~Section 4~~

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

25 **Article – Health – General**

26 19–104.

27 (a) (1) The Commission shall consist of 15 members appointed by the  
 28 Governor with the advice and consent of the Senate.

29 (2) Of the 15 members:

30 (i) [Nine] EIGHT shall be individuals who do not have any  
 31 connection with the management or policy of a health care provider or payor; and

(ii) Of the remaining [six] SEVEN members:

1. Two shall be physicians;

2. Two shall be payors, as defined in § 19-132 of this subtitle;

3. One shall be a nursing home administrator in the State; [and]

4. One shall be a nonphysician health care practitioner;

AND

5. ONE SHALL BE A HOSPITAL ADMINISTRATOR.

~~19-107.~~

~~(a) (1) A majority of the full authorized membership of the Commission is a quorum. [However, the Commission may not act on any matter unless at least seven of the voting members in attendance concur.]~~

~~(2) THE DECISION OF THE COMMISSION SHALL BE BY A MAJORITY OF THE QUORUM PRESENT AND VOTING.~~

~~19-111.~~

~~(e) (1) The total fees assessed by the Commission may not exceed [\$10,000,000] \$12,000,000.~~

~~19-126.~~

~~(d) (1) The Commission alone shall have final nondellegable authority to act upon an application for a certificate of need, except as provided in this subsection.~~

~~(2) [Seven voting members] A MAJORITY OF THE FULL AUTHORIZED MEMBERSHIP of the Commission shall be a quorum to act on an application for a certificate of need.~~

~~(13) The decision of the Commission shall be by a majority of the quorum present and voting.~~

1 ~~10-130.~~

2 ~~(b) (1) There is a Maryland Trauma Physician Services Fund.~~

3 ~~(c) On or before [September 1] NOVEMBER 1 of each year, the Commission~~  
4 ~~and the Health Services Cost Review Commission shall report to the General~~  
5 ~~Assembly, in accordance with § 2-1246 of the State Government Article, on:~~

6 ~~(1) The amount of money in the Fund on the last day of the previous~~  
7 ~~fiscal year;~~

8 ~~(2) The amount of money applied for by trauma physicians and~~  
9 ~~trauma centers during the previous fiscal year;~~

10 ~~(3) The amount of money distributed in the form of trauma physician~~  
11 ~~and trauma center reimbursements during the previous fiscal year;~~

12 ~~(4) Any recommendations for altering the manner in which trauma~~  
13 ~~physicians and trauma centers are reimbursed from the Fund;~~

14 ~~(5) The costs incurred in administering the Fund during the previous~~  
15 ~~fiscal year; and~~

16 ~~(6) The amount that each hospital that participates in the Maryland~~  
17 ~~trauma system and that has a trauma center contributes toward the subsidization of~~  
18 ~~trauma-related costs for its trauma center.~~

19 ~~10-133.~~

20 ~~(a) In this section, "code" means:~~

21 ~~(1) The applicable Current Procedural Terminology (CPT) code as~~  
22 ~~adopted by the American Medical Association; or~~

23 ~~(2) If a CPT code is not available, the applicable code under an~~  
24 ~~appropriate uniform coding scheme approved by the Commission.~~

25 ~~(b) The Commission shall establish a Maryland medical care data base to~~  
26 ~~compile statewide data on health services rendered by health care practitioners and~~  
27 ~~[office] facilities selected by the Commission.~~

1           ~~(e) In addition to any other information the Commission may require by~~  
2 ~~regulation, the medical care data base shall:~~

3           ~~(1) Collect for each type of patient encounter with a health care~~  
4 ~~practitioner or [office] facility designated by the Commission:~~

5                     ~~(i) The demographic characteristics of the patient;~~

6                     ~~(ii) The principal diagnosis;~~

7                     ~~(iii) The procedure performed;~~

8                     ~~(iv) The date and location of where the procedure was~~  
9 ~~performed;~~

10                    ~~(v) The charge for the procedure;~~

11                    ~~(vi) If the bill for the procedure was submitted on an assigned or~~  
12 ~~nonassigned basis;~~

13                    ~~(vii) If applicable, a health care practitioner's universal~~  
14 ~~identification number; and~~

15                    ~~(viii) If the health care practitioner rendering the service is a~~  
16 ~~certified registered nurse anesthetist or certified nurse midwife, identification~~  
17 ~~modifiers for the certified registered nurse anesthetist or certified nurse midwife;~~

18           ~~(2) Collect appropriate information relating to prescription drugs for~~  
19 ~~each type of patient encounter with a pharmacist designated by the Commission; and~~

20           ~~(3) Collect appropriate information relating to health care costs,~~  
21 ~~utilization, or resources from payors and governmental agencies.~~

22           ~~(d) (1) The Commission shall adopt regulations governing the access and~~  
23 ~~retrieval of all medical claims data and other information collected and stored in the~~  
24 ~~medical care data base and any claims clearinghouse licensed by the Commission and~~  
25 ~~may set reasonable fees covering the costs of accessing and retrieving the stored data.~~

26           ~~(2) These regulations shall ensure that confidential or privileged~~  
27 ~~patient information is kept confidential.~~

1           ~~(3) Records or information protected by the privilege between a health~~  
2 ~~care practitioner and a patient, or otherwise required by law to be held confidential,~~  
3 ~~shall be filed in a manner that does not disclose the identity of the person protected.~~

4           ~~(e) (1) To the extent practicable, when collecting the data required under~~  
5 ~~subsection (c) of this section, the Commission shall utilize any standardized claim form~~  
6 ~~or electronic transfer system being used by health care practitioners, [office] facilities,~~  
7 ~~and payors.~~

8           ~~(2) The Commission shall develop appropriate methods for collecting~~  
9 ~~the data required under subsection (c) of this section on subscribers or enrollees of~~  
10 ~~health maintenance organizations.~~

11           ~~(f) Until the provisions of § 19-134 of this subtitle are fully implemented,~~  
12 ~~where appropriate, the Commission may limit the data collection under this section.~~

13           ~~(g) (1) By October 1, 1995 and each year thereafter, the Commission shall~~  
14 ~~publish an annual report on those health care services selected by the Commission~~  
15 ~~that:~~

16                           ~~(i) Describes the variation in fees charged by health care~~  
17 ~~practitioners and [office] facilities on a statewide basis and in each health service area~~  
18 ~~for those health care services; and~~

19                           ~~(ii) Describes the geographic variation in the utilization of those~~  
20 ~~health care services.~~

21           ~~(2) (i) On an annual basis, the Commission shall publish:~~

22   ~~1. The total reimbursement for all health care services~~  
23 ~~over a 12-month period;~~

24   ~~2. The total reimbursement for each health care~~  
25 ~~specialty over a 12-month period;~~

26   ~~3. The total reimbursement for each code over a~~  
27 ~~12-month period; and~~

28   ~~4. The annual rate of change in reimbursement for~~  
29 ~~health services by health care specialties and by code.~~

1 ~~(ii) In addition to the information required under subparagraph~~  
2 ~~(i) of this paragraph, the Commission may publish any other information that the~~  
3 ~~Commission deems appropriate, including information on capitated health care~~  
4 ~~services.~~

5 ~~(h) In developing the medical care data base, the Commission shall consult~~  
6 ~~with representatives of the Health Services Cost Review Commission, health care~~  
7 ~~practitioners, payors, and hospitals to ensure that the medical care data base is~~  
8 ~~compatible [with, may be merged with, and does not duplicate] WITH information~~  
9 ~~collected by the Health Services Cost Review Commission.~~

10 ~~(i) The Commission, in consultation with the Insurance Commissioner,~~  
11 ~~payors, health care practitioners, and hospitals, may adopt by regulation standards for~~  
12 ~~the electronic submission of data and submission and transfer of the uniform claims~~  
13 ~~forms established under § 15-1003 of the Insurance Article.~~

14 ~~[19-139.~~

15 ~~(a) The Commission, in consultation with the Department of Health and~~  
16 ~~Mental Hygiene, shall study the feasibility of developing a system for reducing the~~  
17 ~~incidences of preventable adverse medical events in the State including but not limited~~  
18 ~~to a system of reporting such incidences.~~

19 ~~(b) In conducting the study the Commission shall review:~~

20 ~~(1) Federal reports and recommendations for identification of medical~~  
21 ~~errors including the most recent report of the Institute of Medicine of the National~~  
22 ~~Academy of Sciences;~~

23 ~~(2) Recommendations of national accrediting and quality assurance~~  
24 ~~organizations including the Joint Commission on the Accreditation of Health Care~~  
25 ~~Organizations;~~

26 ~~(3) Recommendations of the National Quality Forum;~~

27 ~~(4) Programs in other states designed to reduce adverse medical~~  
28 ~~events; and~~

29 ~~(5) Best practices of hospitals and other health care facilities.]~~

30 **Article — Insurance**



1 ~~15-1501.~~

2 ~~(e) (1) The Commission shall assess the social, medical, and financial~~  
3 ~~impacts of a proposed mandated health insurance service.~~

4 ~~(2) In assessing a proposed mandated health insurance service and to~~  
5 ~~the extent that information is available, the Commission shall consider:~~

6 ~~(i) social impacts, including:~~

7 ~~1. the extent to which the service is generally utilized by~~  
8 ~~a significant portion of the population;~~

9 ~~2. the extent to which the insurance coverage is already~~  
10 ~~generally available;~~

11 ~~3. if coverage is not generally available, the extent to~~  
12 ~~which the lack of coverage results in individuals avoiding necessary health care~~  
13 ~~treatments;~~

14 ~~4. if coverage is not generally available, the extent to~~  
15 ~~which the lack of coverage results in unreasonable financial hardship;~~

16 ~~5. the level of public demand for the service;~~

17 ~~6. the level of public demand for insurance coverage of~~  
18 ~~the service;~~

19 ~~7. the level of interest of collective bargaining agents in~~  
20 ~~negotiating privately for inclusion of this coverage in group contracts; and~~

21 ~~8. the extent to which the mandated health insurance~~  
22 ~~service is covered by self-funded employer groups of employers in the State who~~  
23 ~~employ at least 500 employees;~~

24 ~~(ii) medical impacts, including:~~

25 ~~1. the extent to which the service is generally recognized~~  
26 ~~by the medical community as being effective and efficacious in the treatment of~~  
27 ~~patients;~~

1 ~~2. the extent to which the service is generally recognized~~  
2 ~~by the medical community as demonstrated by a review of scientific and peer review~~  
3 ~~literature; and~~

4 ~~3. the extent to which the service is generally available~~  
5 ~~and utilized by treating physicians; and~~

6 ~~(iii) financial impacts, including:~~

7 ~~1. the extent to which the coverage will increase or~~  
8 ~~decrease the cost of the service;~~

9 ~~2. the extent to which the coverage will increase the~~  
10 ~~appropriate use of the service;~~

11 ~~3. the extent to which the mandated service will be a~~  
12 ~~substitute for a more expensive service;~~

13 ~~4. the extent to which the coverage will increase or~~  
14 ~~decrease the administrative expenses of insurers and the premium and administrative~~  
15 ~~expenses of policy holders;~~

16 ~~5. the impact of this coverage on the total cost of health~~  
17 ~~care; and~~

18 ~~6. the impact of all mandated health insurance services~~  
19 ~~on employers' ability to purchase health benefits policies meeting their employees'~~  
20 ~~needs.~~

21 ~~[(d) (1) In addition to the information required under subsection (c) of this~~  
22 ~~section, the Commission shall annually determine the full cost of all existing~~  
23 ~~mandated health insurance services in the State:~~

24 ~~(i) as a percentage of Maryland's average annual wage; and~~

25 ~~(ii) as a percentage of health insurance premiums.~~

26 ~~(2) In making its determination, the Commission shall consider the~~  
27 ~~full cost of the existing mandated health insurance services:~~

28 ~~(i) under a typical group and individual health benefit plan in~~  
29 ~~this State;~~

1 (ii) ~~under the State employee health benefit plan for medical~~  
 2 ~~coverage; and~~

3 (iii) ~~under the Comprehensive Standard Health Benefit Plan as~~  
 4 ~~defined in § 15-1201(q) of this title.]~~

5 ~~[(e)] (D) Subject to the limitations of the State budget, the Commission may~~  
 6 ~~contract for actuarial services and other professional services to carry out the~~  
 7 ~~provisions of this section.~~

8 ~~[(f)] (E) (1) On or before December 31, 1998, and each December 31~~  
 9 ~~thereafter, the Commission shall submit a report on its findings, including any~~  
 10 ~~recommendations, to the Governor and, subject to § 2-1246 of the State Government~~  
 11 ~~Article, the General Assembly.~~

12 ~~(2) The annual report prepared by the Commission shall include an~~  
 13 ~~evaluation of any mandated health insurance service [enacted,] legislatively~~  
 14 ~~proposed[,] or otherwise submitted to the Commission by a member of the General~~  
 15 ~~Assembly prior to July 1 of that year.~~

16 ~~15-1502.~~

17 ~~(a) (1) The Commission shall conduct an evaluation of existing mandated~~  
 18 ~~health insurance services and make recommendations to the General Assembly~~  
 19 ~~regarding decision making criteria for reducing the number of mandates or the extent~~  
 20 ~~of coverage.~~

21 ~~(2) The evaluation shall include:~~

22 ~~(i) an assessment of the full cost of each existing mandated~~  
 23 ~~health insurance service as a percentage of the State's average annual wage and of~~  
 24 ~~[premiums for the individual and group health insurance market;] PREMIUMS;~~

25 ~~1. UNDER A TYPICAL GROUP AND INDIVIDUAL~~  
 26 ~~HEALTH BENEFIT PLAN IN THE STATE;~~

27 ~~2. UNDER THE STATE EMPLOYEE HEALTH BENEFIT~~  
 28 ~~PLAN; AND~~

29 ~~3. UNDER THE COMPREHENSIVE STANDARD~~  
 30 ~~HEALTH BENEFIT PLAN;~~

1                   (ii) ~~an assessment of the degree to which existing mandated~~  
2 ~~health insurance services are covered in self-funded plans; and~~

3                   (iii) ~~a comparison of mandated health insurance services~~  
4 ~~provided by the State with those provided in Delaware, the District of Columbia,~~  
5 ~~Pennsylvania, and Virginia.~~

6                   ~~(3) The comparison described in paragraph (2)(iii) of this subsection~~  
7 ~~shall include:~~

8                   (i) ~~the number of mandated health insurance services;~~

9                   (ii) ~~the type of mandated health insurance services;~~

10                  (iii) ~~the level and extent of coverage for each mandated health~~  
11 ~~insurance service; and~~

12                  (iv) ~~the financial impact of differences in levels of coverage for~~  
13 ~~each mandated health insurance service.~~

14                  (4) ~~On or before January 1, 2004, and every 4 years thereafter, the~~  
15 ~~Commission shall submit a report of its findings to the General Assembly, subject to §~~  
16 ~~2-1246 of the State Government Article.~~

17                  (b) ~~The General Assembly may consider the information provided under~~  
18 ~~subsection (a) of this section in determining:~~

19                  (1) ~~whether to enact proposed mandated health insurance services;~~  
20 ~~and~~

21                  (2) ~~whether to repeal existing mandated health insurance services.~~

## 22   ~~Article — State Government~~

23                   ~~§ 403.~~

24                  (a) ~~On or before December 15 of the 2nd year before the evaluation date of a~~  
25 ~~governmental activity or unit, the Legislative Policy Committee, based on a~~  
26 ~~preliminary evaluation, may waive as unnecessary the evaluation required under this~~  
27 ~~section.~~

28                  (b) ~~Except as otherwise provided in subsection (a) of this section, on or before~~  
29 ~~the evaluation date for the following governmental activities or units, an evaluation~~

1 ~~shall be made of the following governmental activities or units and the statutes and~~  
 2 ~~regulations that relate to the governmental activities or units:~~

3 ~~(27) Health Care Commission, Maryland (§ 19-103 of the~~  
 4 ~~Health General Article: [July 1, 2007] JULY 1, 2017);~~

5 ~~**Chapter 287 of the Acts of 2004**~~

6 ~~SECTION 4. AND BE IT FURTHER ENACTED, That, on or before January 1,~~  
 7 ~~2008, the Maryland Health Care Commission shall submit to the Governor and, in~~  
 8 ~~accordance with § 2-1246 of the State Government Article, to the Senate Finance~~  
 9 ~~Committee and the House Health and Government Operations Committee, a report~~  
 10 ~~that includes:~~

11 ~~(a) for the periods July 1, 2005 through December 31, 2005, January 1, 2006~~  
 12 ~~through December 31, 2006, and January 1, 2007 through June 30, 2007, data on:~~

13 ~~(1) the number of carriers offering Limited Health Benefit Plan~~  
 14 ~~policies in the State;~~

15 ~~(2) the number of Limited Health Benefit Plan policies sold in the~~  
 16 ~~State;~~

17 ~~(3) the number of eligible employees covered under the policies;~~

18 ~~(4) the average age, geographic area, and average wage of each~~  
 19 ~~employer group covered under the policies; and~~

20 ~~(5) the impact of the Limited Health Benefit Plan on the small group~~  
 21 ~~health insurance market and the population of uninsured individuals in the State;~~  
 22 ~~[and]~~

23 ~~(b) recommendations on continuing or expanding the availability of the~~  
 24 ~~Limited Health Benefit Plan in the small group health insurance market; AND~~

25 ~~(C) ALTERNATIVE INSURANCE OPTIONS FOR INDIVIDUALS ENROLLED IN~~  
 26 ~~THE LIMITED HEALTH BENEFIT PLAN.~~

27 ~~SECTION 2. AND BE IT FURTHER ENACTED, That:~~

1 ~~(a) the Maryland Health Care Commission shall include in the next~~  
2 ~~workload distribution study required under § 19-111(d) of the Health General~~  
3 ~~Article;~~

4 ~~(1) the extent to which health care providers that are not currently~~  
5 ~~subject to a user fee assessment utilize Commission resources; and~~

6 ~~(2) the feasibility and desirability of extending a user fee to additional~~  
7 ~~types of providers regulated by the Commission; and~~

8 ~~(b) on or before December 1, 2008, the Commission shall report its findings~~  
9 ~~and recommendations to the Senate Finance Committee and the House Health and~~  
10 ~~Government Operations Committee in accordance with § 2-1246 of the State~~  
11 ~~Government Article.~~

12 ~~SECTION 3. AND BE IT FURTHER ENACTED, That on or before October 1,~~  
13 ~~2007, and on or before October 1, 2008, the Maryland Health Care Commission shall~~  
14 ~~report to the Senate Finance Committee and the House Health and Government~~  
15 ~~Operations Committee, in accordance with § 2-1246 of the State Government Article,~~  
16 ~~on:~~

17 ~~(a) the implementation of the recommendations of the 2005 Certificate of~~  
18 ~~Need Task Force; and~~

19 ~~(b) the progress of the Commission in implementing the recommendations of~~  
20 ~~the comprehensive evaluation of Certificate of Need required by Chapter 702 of the~~  
21 ~~Acts of 1999, including recommendations regarding:~~

22 ~~(1) a research project for elective angioplasty; and~~

23 ~~(2) a reorganization of the licensing and certificate of need laws for~~  
24 ~~home based health care services.~~

25 ~~SECTION 4. AND BE IT FURTHER ENACTED, That:~~

26 ~~(a) the Maryland Health Care Commission and the Health Services Cost~~  
27 ~~Review Commission shall include in the next report on the Maryland Trauma~~  
28 ~~Physician Services Fund required under § 19-130(e) of the Health General Article a~~  
29 ~~discussion of options for reducing the Fund surplus, including:~~

30 ~~(1) one-time only uses for eliminating the large surplus that has~~  
31 ~~accrued in the early years of the Fund;~~

1           ~~(2) if the surplus is continuing to grow, ongoing uses to align annual~~  
2 ~~expenditures with annual revenues; and~~

3           ~~(3) the desirability of providing funds directly to trauma centers for~~  
4 ~~the purpose of subsidizing trauma physician costs at the centers; and~~

5           ~~(b) on or before November 1, 2007, the Commissions shall report their~~  
6 ~~findings and recommendations to the General Assembly, in accordance with § 2-1246~~  
7 ~~of the State Government Article.~~

8           ~~SECTION 5. AND BE IT FURTHER ENACTED, That, to provide a more~~  
9 ~~complete picture of health care spending than current data collection efforts allow, on~~  
10 ~~or before October 1, 2007, the Maryland Health Care Commission shall report to the~~  
11 ~~Senate Finance Committee and the House Health and Government Operations~~  
12 ~~Committee, in accordance with § 2-1246 of the State Government Article, on:~~

13           ~~(a) the Commission's plans to collect data on facility costs and insurance~~  
14 ~~product design, in addition to the data currently collected on practitioner costs; and~~

15           ~~(b) how the data collected under paragraph (a) of this section would be used~~  
16 ~~to promote quality and affordable health care.~~

17           ~~SECTION 6. AND BE IT FURTHER ENACTED, That on or before October 1,~~  
18 ~~2007, the Maryland Health Care Commission shall report to the Senate Finance~~  
19 ~~Committee and the House Health and Government Operations Committee, in~~  
20 ~~accordance with § 2-1246 of the State Government Article, on the implementation of~~  
21 ~~the recommendations contained in the 2006 Evaluation of the Maryland Health Care~~  
22 ~~Commission.~~

23           ~~SECTION 7. 2.~~ AND BE IT FURTHER ENACTED, That this Act shall take  
24 effect July 1, 2007.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.