

HOUSE BILL 1125

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HB 400/07 – HGO

8lr2774

By: **Delegates Montgomery, Hucker, Ali, Anderson, Barkley, Benson, Bobo, Carr, V. Clagett, Conaway, Doory, Frush, Gutierrez, Hixson, Hubbard, Kaiser, Lee, Manno, McIntosh, Nathan-Pulliam, Niemann, Oaks, Pena-Melnyk, Reznik, Rice, Riley, Rosenberg, Taylor, V. Turner, Valderrama, and Waldstreicher**

Introduced and read first time: February 7, 2008

Assigned to: Health and Government Operations

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
27 Assembly on or before a certain date; providing that negotiated health

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

5 BY adding to
6 Article – Health – General
7 Section 25–101 through 25–701 to be under the new title “Title 25. Maryland
8 Universal Health Care Plan”
9 Annotated Code of Maryland
10 (2005 Replacement Volume and 2007 Supplement)

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

13 **Article – Health – General**

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

15 **SUBTITLE 1. DEFINITIONS.**

16 **25–101.**

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

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

21 (C) “HEALTH CARE PROVIDER” MEANS:

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

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

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

27 (E) “PLAN MEMBER” MEANS ANY INDIVIDUAL WHO QUALIFIES FOR
28 HEALTH CARE BENEFITS UNDER THE PLAN IN ACCORDANCE WITH § 25–401 OF
29 THIS TITLE.

30 (F) “RESIDENT” MEANS AN INDIVIDUAL WHO IS DOMICILED IN THE
31 STATE.

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

2 **25-201.**

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

4 **25-202.**

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

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

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

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

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

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

15 **SUBTITLE 3. STATE BOARD OF GOVERNORS OF THE MARYLAND UNIVERSAL**
16 **HEALTH CARE PLAN.**

17 **25-301.**

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

20 (B) **THE BOARD OF GOVERNORS CONSISTS OF THE FOLLOWING 23**
21 **MEMBERS:**

22 (1) **17 MEMBERS APPOINTED BY THE GOVERNOR WITH THE**
23 **ADVICE AND CONSENT OF THE SENATE, AS FOLLOWS:**

24 (I) **5 REPRESENTATIVES OF STATEWIDE OR REGIONAL**
25 **HEALTH CARE CONSUMER ADVOCACY ORGANIZATIONS WHO HAVE BEEN**
26 **INVOLVED IN ACTIVITIES RELATED TO HEALTH CARE CONSUMER ADVOCACY,**
27 **INCLUDING ISSUES OF INTEREST TO LOW- AND MODERATE-INCOME**
28 **INDIVIDUALS;**

1 (II) 3 REPRESENTATIVES OF LABOR ORGANIZATIONS IN THE
2 STATE;

3 (III) 3 REPRESENTATIVES OF BUSINESS AND INDUSTRY IN
4 THE STATE;

5 (IV) 2 REPRESENTATIVES OF HOSPITALS IN THE STATE;

6 (V) 2 REPRESENTATIVES OF PHYSICIANS; AND

7 (VI) 2 REPRESENTATIVES OF LICENSED NONPHYSICIAN
8 HEALTH CARE PROVIDERS; AND

9 (2) 6 EX OFFICIO MEMBERS, AS FOLLOWS:

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

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

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

16 (IV) THE MARYLAND INSURANCE COMMISSIONER, OR THE
17 COMMISSIONER'S DESIGNEE;

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

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

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

23 (2) THE TERMS OF APPOINTED MEMBERS ARE STAGGERED AS
24 REQUIRED BY THE TERMS PROVIDED FOR APPOINTED MEMBERS OF THE BOARD
25 OF GOVERNORS ON OCTOBER 1, 2008.

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

1 (4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN
2 SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS
3 APPOINTED AND QUALIFIES.

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

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

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

10 **25-302.**

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

13 **25-303.**

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

16 (1) ADMINISTER, IMPLEMENT, AND MONITOR THE OPERATION OF
17 THE PLAN;

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

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

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

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

1 **(6) ESTABLISH REASONABLE AND EFFECTIVE MEANS OF COST**
2 **CONTAINMENT, QUALITY ASSURANCE, AND PROMOTION OF ACCESS TO**
3 **SERVICES;**

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

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

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

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

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

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

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

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

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

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

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

31 **(17) DEVELOP A PLAN TO COORDINATE ITS ACTIVITIES WITH THE**
32 **ACTIVITIES OF THE MARYLAND HEALTH CARE COMMISSION AND THE HEALTH**

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

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

6 25-304.

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

9 25-305.

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

14 25-306.

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

17 SUBTITLE 4. ELIGIBILITY FOR THE PLAN; BENEFITS COVERED UNDER THE
18 PLAN.

19 25-401.

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

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

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

30 25-402.

1 **THE BOARD OF GOVERNORS SHALL ESTABLISH THE COMPREHENSIVE**
2 **PACKAGE OF BENEFITS TO BE PROVIDED UNDER THE PLAN, INCLUDING**
3 **MENTAL HEALTH SERVICES, HOME- AND COMMUNITY-BASED SERVICES,**
4 **DENTAL SERVICES, AND PRESCRIPTION DRUGS AND DEVICES.**

5 **25-403.**

6 **COINSURANCE, DEDUCTIBLES, AND CO-PAYMENTS MAY NOT BE**
7 **REQUIRED FOR SERVICES COVERED UNDER THE PLAN.**

8 **25-404.**

9 **(A) AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH**
10 **MAINTENANCE ORGANIZATION THAT IS ISSUED A CERTIFICATE OF AUTHORITY**
11 **BY THE MARYLAND INSURANCE COMMISSIONER MAY OFFER BENEFITS THAT DO**
12 **NOT DUPLICATE THE SERVICES COVERED BY THE PLAN.**

13 **(B) THIS TITLE DOES NOT PROHIBIT AN INSURER, NONPROFIT HEALTH**
14 **SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION FROM OFFERING**
15 **BENEFITS TO OR FOR INDIVIDUALS AND THEIR DEPENDENTS WHO ARE**
16 **EMPLOYED OR SELF-EMPLOYED IN THE STATE BUT WHO ARE NOT RESIDENTS**
17 **OF THE STATE.**

18 **25-405.**

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

22 **(B) A PLAN MEMBER WHO ENROLLS IN A PRACTICE THAT PROVIDES**
23 **SERVICES ON A CAPITATED BASIS IS SUBJECT TO THE REQUIREMENTS OF THE**
24 **PLAN REGARDING DISENROLLMENT, CHOICE OF PROVIDER, AND AVAILABILITY**
25 **OF BENEFITS OUTSIDE THE PRACTICE.**

26 **SUBTITLE 5. PAYMENT FOR SERVICES.**

27 **25-501.**

28 **(A) FOR INPATIENT HOSPITAL CARE, THE PLAN SHALL REIMBURSE THE**
29 **HOSPITAL IN ACCORDANCE WITH THE RATE SET FOR THE HOSPITAL BY THE**
30 **HEALTH SERVICES COST REVIEW COMMISSION UNDER TITLE 19, SUBTITLE 2**
31 **OF THIS ARTICLE.**

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

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

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

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

13 (II) A HEALTH CARE PROVIDER MAY NOT CHARGE A RATE
14 FOR A COVERED SERVICE THAT EXCEEDS THE RATE ESTABLISHED BY THE
15 BOARD OF GOVERNORS.

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

19 **25-502.**

20 THE BOARD OF GOVERNORS SHALL DEVELOP A POLICY TO PROVIDE
21 COVERAGE UNDER THE PLAN TO:

22 (1) INDIVIDUALS EMPLOYED IN THE STATE WHO ARE NOT
23 RESIDENTS OF THE STATE; AND

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

26 **25-503.**

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

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

31 **25-601.**

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

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

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

6 (D) **(1) THE FUND CONSISTS OF:**

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

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

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

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

19 (V) **INVESTMENT EARNINGS OF THE FUND.**

20 (2) **PAYMENTS TO THE FUND UNDER PARAGRAPH (1)(III) OF THIS**
21 **SUBSECTION SHALL EQUAL THE MONEY APPROPRIATED TO STATE AND LOCAL**
22 **GOVERNMENTS FOR THE PROVISION OF THOSE HEALTH CARE SERVICES AND**
23 **BENEFITS IN FISCAL YEAR 2010 INCREASED EACH YEAR BY THE AVERAGE**
24 **ANNUAL PERCENTAGE GROWTH IN THE GROSS STATE PERSONAL INCOME FOR**
25 **THE 3 PRECEDING YEARS.**

26 (E) **(1) THE FUND MAY BE USED ONLY:**

27 (I) **TO PAY FOR THE PROVISION OF SERVICES COVERED BY**
28 **THE PLAN; AND**

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

1 Health and Human Services for all waivers of requirements of health care programs
2 established under Titles XVIII and XIX of the Social Security Act, as amended, that
3 are necessary to enable the State to deposit federal payments under those programs in
4 the State Treasury to the credit of the Maryland Universal Health Care Trust Fund
5 established under Section 1 of this Act.

6 SECTION 4. AND BE IT FURTHER ENACTED, That, on or before October 1,
7 2009, the State Board of Governors of the Maryland Universal Health Care Plan
8 established under Section 1 of this Act shall seek all waivers from the provisions of the
9 Employment Retirement Income Security Act, as amended, necessary to ensure total
10 participation of all residents of the State in the Plan.

11 SECTION 5. AND BE IT FURTHER ENACTED, That, on or before October 1,
12 2009, the State Board of Governors of the Maryland Universal Health Care Plan
13 established under Section 1 of this Act shall seek an extension of the provisions of the
14 Medicare Waiver of the State of Maryland under Section 1814B of the Social Security
15 Act to permit Medicare to share equally in the costs of bad debt and charity care
16 provided to State residents in the inpatient sector.

17 SECTION 6. AND BE IT FURTHER ENACTED, That, on or before October 1,
18 2009, the State Board of Governors of the Maryland Universal Health Care Plan
19 established under Section 1 of this Act shall report to the Governor and, in accordance
20 with § 2-1246 of the State Government Article, the General Assembly on any changes
21 to the laws of the State and units of State government necessary to most effectively
22 carry out the provisions of this Act.

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

27 SECTION 8. AND BE IT FURTHER ENACTED, That Title 25, Subtitles 2, 4, 5,
28 and 6 of the Health – General Article, as enacted by Section 1 of this Act, shall take
29 effect July 1, 2010.

30 SECTION 9. AND BE IT FURTHER ENACTED, That, except as otherwise
31 provided in Section 8 of this Act, this Act shall take effect October 1, 2008.