

# HOUSE BILL 329

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HB 610/22 – HGO

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CF 3lr1022

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By: **Delegates Ruth, Acevero, Allen, Amprey, Bagnall, Bartlett, Boaf, Boyce, Charkoudian, Ebersole, Edelson, Fair, Feldmark, Foley, Guyton, Guzzone, Hill, Lehman, R. Lewis, Lopez, McCaskill, Mireku–North, Moon, Palakovich Carr, Pasteur, Patterson, Phillips, Shetty, Simpson, Smith, Solomon, Stewart, Terrasa, White, Woods, Young, and Ziegler**

Introduced and read first time: January 25, 2023

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Commission on Universal Health Care**

3 FOR the purpose of establishing the Commission on Universal Health Care to develop a  
4 plan for the State to establish a universal health care program to provide health  
5 benefits to all residents of the State through a single–payer system; requiring a  
6 member of the Commission to be subject to ethics laws and disclose certain other  
7 information related to ethics; prohibiting a member of the Commission from being  
8 held personally liable for actions taken as a member under certain circumstances;  
9 and generally relating to the Commission on Universal Health Care.

10 BY adding to

11 Article – Health – General

12 Section 13–4801 through 13–4803 to be under the new subtitle “Subtitle 48.  
13 Commission on Universal Health Care”

14 Annotated Code of Maryland

15 (2019 Replacement Volume and 2022 Supplement)

16 Preamble

17 WHEREAS, § 1332 of the federal Patient Protection and Affordable Care Act (ACA)  
18 allows states to request waivers of key provisions of health care reform, including the  
19 requirement to set up a health benefit exchange and provisions relating to premium credits  
20 and reduced cost sharing; and

21 WHEREAS, Under § 1332 of the ACA, a waiver for state innovation may be granted  
22 if it covers at least as many people as would be covered under the ACA and provides  
23 coverage that is at least as comprehensive and affordable, at no greater cost to the federal

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 government; and

2 WHEREAS, If an approved waiver does not provide individuals or small businesses  
3 with premium tax credits or cost-sharing reductions, a state may receive the federal  
4 funding it would have received for these purposes to help implement its approved plan; and

5 WHEREAS, Extensive work has been done in other states, including New York,  
6 Washington, and Maine, developing plans and legislation for state-based universal health  
7 care, including funding mechanisms and financial analyses; and

8 WHEREAS, Multiple jurisdictions in Maryland, including Prince George's County,  
9 Montgomery County, and Annapolis, have passed resolutions supporting universal health  
10 care, some of which specifically mention the creation of a Maryland Commission on  
11 Universal Health Care; and

12 WHEREAS, Maryland should seek to establish a health care program to contain  
13 costs and to provide comprehensive, affordable, and high-quality publicly financed health  
14 care coverage for all Maryland residents in a seamless manner regardless of income, assets,  
15 health status, or availability of other health care coverage; now, therefore,

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

18 **Article – Health – General**

19 **SUBTITLE 48. COMMISSION ON UNIVERSAL HEALTH CARE.**

20 **13-4801.**

21 **(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS**  
22 **INDICATED.**

23 **(B) “AFFILIATION” MEANS:**

24 **(1) A FINANCIAL INTEREST;**

25 **(2) A POSITION OF GOVERNANCE, INCLUDING MEMBERSHIP ON A**  
26 **BOARD OF DIRECTORS, REGARDLESS OF COMPENSATION;**

27 **(3) A RELATIONSHIP THROUGH WHICH COMPENSATION IS RECEIVED;**  
28 **OR**

29 **(4) A RELATIONSHIP FOR THE PROVISION OF SERVICES AS A**  
30 **REGULATED LOBBYIST.**

1 (C) "COMMISSION" MEANS THE COMMISSION ON UNIVERSAL HEALTH  
2 CARE ESTABLISHED UNDER § 13-4802 OF THIS SUBTITLE.

3 (D) "COMPENSATION" HAS THE MEANING STATED IN § 5-101 OF THE  
4 GENERAL PROVISIONS ARTICLE.

5 (E) (1) "EXCHANGE" MEANS THE MARYLAND HEALTH BENEFIT  
6 EXCHANGE, ESTABLISHED AS A PUBLIC CORPORATION UNDER § 31-102 OF THE  
7 INSURANCE ARTICLE.

8 (2) "EXCHANGE" INCLUDES:

9 (I) THE INDIVIDUAL EXCHANGE; AND

10 (II) THE SMALL BUSINESS HEALTH OPTIONS PROGRAM  
11 (SHOP EXCHANGE).

12 (F) "FINANCIAL INTEREST" HAS THE MEANING STATED IN §  
13 5-101 OF THE GENERAL PROVISIONS ARTICLE.

14 (G) "REGULATED LOBBYIST" HAS THE MEANING STATED IN §  
15 5-101 OF THE GENERAL PROVISIONS ARTICLE.

16 13-4802.

17 (A) THERE IS A COMMISSION ON UNIVERSAL HEALTH CARE.

18 (B) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:

19 (1) THE SECRETARY, OR THE SECRETARY'S DESIGNEE, AS AN EX  
20 OFFICIO MEMBER OF THE COMMISSION;

21 (2) FOUR MEMBERS APPOINTED BY THE GOVERNOR, WITH THE  
22 ADVICE AND CONSENT OF THE SENATE;

23 (3) THREE MEMBERS APPOINTED BY THE PRESIDENT OF THE  
24 SENATE; AND

25 (4) THREE MEMBERS APPOINTED BY THE SPEAKER OF THE HOUSE.

26 (C) FROM AMONG ITS MEMBERS, THE COMMISSION SHALL ELECT A CHAIR  
27 AND VICE CHAIR.

1           **(D) THE DEPARTMENT SHALL PROVIDE STAFF FOR THE COMMISSION.**

2           **(E) IN APPOINTING MEMBERS UNDER SUBSECTION (B) OF THIS SECTION,**  
3 **THE APPOINTING AUTHORITY SHALL:**

4                   **(1) ENSURE THAT THE APPOINTEE HAS DEMONSTRATED AND**  
5 **ACKNOWLEDGED EXPERTISE IN HEALTH CARE;**

6                   **(2) CONSIDER THE EXPERTISE OF THE OTHER MEMBERS OF THE**  
7 **COMMISSION AND ATTEMPT TO MAKE APPOINTMENTS SO THAT THE COMMISSION'S**  
8 **COMPOSITION REFLECTS A DIVERSITY OF EXPERTISE IN VARIOUS ASPECTS OF**  
9 **HEALTH CARE; AND**

10                   **(3) CONSIDER THE CULTURAL, ETHNIC, AND GEOGRAPHICAL**  
11 **DIVERSITY OF THE STATE SO THAT THE COMMISSION'S COMPOSITION REFLECTS**  
12 **THE COMMUNITIES OF THE STATE.**

13           **(F) (1) A MEMBER OF THE COMMISSION, WITHIN THE 2-YEAR PERIOD**  
14 **IMMEDIATELY PRECEDING THE MEMBER'S APPOINTMENT AND WHILE SERVING ON**  
15 **THE COMMISSION, MAY NOT BE EMPLOYED, OR HAVE BEEN EMPLOYED, IN ANY**  
16 **CAPACITY BY A CONSULTANT TO A MEMBER OF THE BOARD OF DIRECTORS OF OR**  
17 **OTHERWISE BE A REPRESENTATIVE OF:**

18                           **(I) A HEALTH CARE PROVIDER;**

19                           **(II) A HEALTH CARE FACILITY;**

20                           **(III) A HEALTH CLINIC;**

21                           **(IV) A PHARMACEUTICAL COMPANY;**

22                           **(V) A MEDICAL EQUIPMENT COMPANY; OR**

23                           **(VI) A CARRIER, AN INSURANCE PRODUCER, A THIRD-PARTY**  
24 **ADMINISTRATOR, A MANAGED CARE ORGANIZATION, OR ANY OTHER PERSON**  
25 **CONTRACTING DIRECTLY WITH THOSE PERSONS.**

26                   **(2) A MEMBER OF THE COMMISSION MAY NOT BE A MEMBER, A BOARD**  
27 **MEMBER, OR AN EMPLOYEE OF A TRADE ASSOCIATION OF HEALTH CARE FACILITIES,**  
28 **HEALTH CLINICS, HEALTH CARE PROVIDERS, CARRIERS, INSURANCE PRODUCERS,**  
29 **THIRD-PARTY ADMINISTRATORS, MANAGED CARE ORGANIZATIONS, OR ANY OTHER**  
30 **ASSOCIATION OF ENTITIES IN A POSITION TO CONTRACT DIRECTLY WITH THE**  
31 **COMMISSION UNLESS THE MEMBER OF THE COMMISSION:**

1                   **(I) RECEIVES NO COMPENSATION FOR RENDERING SERVICES**  
2 **AS A HEALTH CARE PROVIDER; AND**

3                   **(II) DOES NOT HAVE AN OWNERSHIP INTEREST IN A HEALTH**  
4 **CARE PRACTICE.**

5                   **(3) THE PROVISIONS IN THIS SUBSECTION MAY NOT BE CONSTRUED**  
6 **TO PROHIBIT A PHYSICIAN OR NURSE WHO DOES NOT SERVE AS A MEMBER OF A**  
7 **BOARD OF DIRECTORS FOR AN ENTITY LISTED IN PARAGRAPH (1) OF THIS**  
8 **SUBSECTION FROM SERVING AS A MEMBER OF THE COMMISSION.**

9           **(G) (1) THE COMMISSION SHALL DETERMINE THE TIMES, PLACES, AND**  
10 **FREQUENCY OF ITS MEETINGS.**

11                   **(2) FIVE MEMBERS OF THE COMMISSION CONSTITUTE A QUORUM.**

12                   **(3) ACTION BY THE COMMISSION REQUIRES THE AFFIRMATIVE VOTE**  
13 **OF AT LEAST FIVE MEMBERS.**

14           **(H) A MEMBER OF THE COMMISSION:**

15                   **(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE**  
16 **COMMISSION; BUT**

17                   **(2) IS ENTITLED TO:**

18                   **(I) A PER DIEM RATE AS PROVIDED IN THE STATE BUDGET FOR**  
19 **ATTENDING SCHEDULED MEETINGS OF THE COMMISSION; AND**

20                   **(II) REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD**  
21 **STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.**

22           **(I) A MEMBER OF THE COMMISSION SHALL PERFORM THE MEMBER'S**  
23 **DUTIES:**

24                   **(1) IN GOOD FAITH;**

25                   **(2) IN THE MANNER THE MEMBER REASONABLY BELIEVES TO BE IN**  
26 **THE BEST INTEREST OF THE STATE; AND**

27                   **(3) WITHOUT INTENTIONAL OR RECKLESS DISREGARD OF THE CARE**  
28 **AN ORDINARILY PRUDENT PERSON IN A LIKE POSITION WOULD EXERCISE UNDER**

1 SIMILAR CIRCUMSTANCES.

2 (J) (1) (I) A MEMBER OF THE COMMISSION SHALL BE SUBJECT TO  
3 TITLE 5, SUBTITLES 1 THROUGH 7 OF THE GENERAL PROVISIONS ARTICLE.

4 (II) IN ADDITION TO THE DISCLOSURE REQUIRED UNDER TITLE  
5 5, SUBTITLE 6 OF THE GENERAL PROVISIONS ARTICLE, A MEMBER OF THE  
6 COMMISSION SHALL DISCLOSE TO THE COMMISSION AND TO THE PUBLIC ANY  
7 RELATIONSHIP NOT ADDRESSED IN THE REQUIRED FINANCIAL DISCLOSURE THAT  
8 THE MEMBER HAS WITH A HEALTH CARE PROVIDER, A HEALTH CLINIC, A  
9 PHARMACEUTICAL COMPANY, A MEDICAL EQUIPMENT COMPANY, A CARRIER, AN  
10 INSURANCE PRODUCER, A THIRD-PARTY ADMINISTRATOR, A MANAGED CARE  
11 ORGANIZATION, OR ANY OTHER ENTITY IN AN INDUSTRY INVOLVED IN MATTERS  
12 LIKELY TO COME BEFORE THE COMMISSION.

13 (2) ON ALL MATTERS THAT COME BEFORE THE COMMISSION, THE  
14 MEMBER SHALL:

15 (I) ADHERE STRICTLY TO THE CONFLICT OF INTEREST  
16 PROVISIONS UNDER TITLE 5, SUBTITLE 5 OF THE GENERAL PROVISIONS ARTICLE  
17 RELATING TO RESTRICTIONS ON PARTICIPATION, EMPLOYMENT, AND FINANCIAL  
18 INTERESTS; AND

19 (II) PROVIDE FULL DISCLOSURE TO THE COMMISSION AND THE  
20 PUBLIC ON:

21 1. ANY MATTER THAT GIVES RISE TO A POTENTIAL  
22 CONFLICT OF INTEREST; AND

23 2. THE MANNER IN WHICH THE MEMBER WILL COMPLY  
24 WITH THE PROVISIONS OF TITLE 5, SUBTITLE 5 OF THE GENERAL PROVISIONS  
25 ARTICLE TO AVOID ANY CONFLICT OF INTEREST OR APPEARANCE OF A CONFLICT  
26 OF INTEREST.

27 (K) A MEMBER OF THE COMMISSION WHO PERFORMS THE MEMBER'S  
28 DUTIES IN ACCORDANCE WITH THE STANDARD ESTABLISHED UNDER SUBSECTION  
29 (I) OF THIS SECTION MAY NOT BE PERSONALLY LIABLE FOR ACTIONS TAKEN AS A  
30 MEMBER IF DONE IN GOOD FAITH, WITHOUT INTENT TO DEFRAUD, AND IN  
31 CONNECTION WITH THE ADMINISTRATION, MANAGEMENT, OR CONDUCT RELATED  
32 TO THIS SUBTITLE.

33 (L) A MEMBER OF THE COMMISSION MAY BE REMOVED FOR  
34 INCOMPETENCE, MISCONDUCT, OR FAILURE TO PERFORM THE DUTIES OF THE

1 POSITION.

2 13-4803.

3 (A) THE COMMISSION SHALL DEVELOP A PLAN FOR THE STATE TO  
4 ESTABLISH, ON OR BEFORE JULY 1, 2026, A UNIVERSAL HEALTH CARE PROGRAM TO  
5 PROVIDE HEALTH BENEFITS TO ALL RESIDENTS OF THE STATE THROUGH A  
6 SINGLE-PAYER SYSTEM.

7 (B) THE COMMISSION SHALL CONSIDER HOW TO:

8 (1) INCORPORATE HEALTH CARE EQUITY AS A GOAL OF THE PLAN;

9 (2) REDUCE HEALTH CARE DISPARITIES; AND

10 (3) INCREASE HEALTH CARE ACCESS, PARTICULARLY IN URBAN AND  
11 RURAL SETTINGS WITH LIMITED ACCESS.

12 (C) IN DEVELOPING THE PLAN, THE COMMISSION SHALL CONSIDER PLANS  
13 AND ANALYSES DONE IN OTHER STATES.

14 (D) THE HEALTH CARE PROGRAM SHALL BE DESIGNED TO:

15 (1) PROVIDE COMPREHENSIVE, AFFORDABLE, AND HIGH-QUALITY  
16 PUBLICLY FINANCED HEALTH CARE COVERAGE FOR ALL RESIDENTS OF THE STATE  
17 IN A SEAMLESS AND EQUITABLE MANNER, REGARDLESS OF INCOME, ASSETS,  
18 HEALTH STATUS, CITIZENSHIP OR IMMIGRATION STATUS, OR AVAILABILITY OF  
19 OTHER HEALTH CARE COVERAGE;

20 (2) INCLUDE A BENEFIT PACKAGE COVERING PRIMARY CARE,  
21 PREVENTIVE CARE, CHRONIC CARE, ACUTE EPISODIC CARE, REPRODUCTIVE CARE,  
22 INCLUDING PREGNANCY, BIRTH CONTROL, AND ABORTION SERVICES, AND  
23 HOSPITAL SERVICES;

24 (3) RECOMMEND HOW, TO THE MAXIMUM EXTENT ALLOWABLE  
25 UNDER FEDERAL LAW AND WAIVERS FROM FEDERAL LAW, TO:

26 (I) ENSURE THAT ALL FEDERAL PAYMENTS PROVIDED IN THE  
27 STATE FOR HEALTH CARE SERVICES ARE PAID DIRECTLY TO THE HEALTH CARE  
28 PROGRAM; AND

29 (II) ASSUME RESPONSIBILITY FOR THE BENEFITS AND  
30 SERVICES CURRENTLY PAID FOR AND PROVIDED UNDER STATE AND FEDERAL

1 PROGRAMS, INCLUDING THE EXCHANGE, MEDICAID, AND MEDICARE;

2 (4) INCLUDE HEALTH CARE COVERAGE PROVIDED:

3 (I) BY EMPLOYERS THAT CHOOSE TO PARTICIPATE; AND

4 (II) TO STATE, COUNTY, AND MUNICIPAL EMPLOYEES; AND

5 (5) CONTAIN COSTS BY:

6 (I) PROVIDING INCENTIVES TO RESIDENTS TO AVOID  
7 PREVENTABLE HEALTH CONDITIONS, PROMOTE HEALTH, AND AVOID UNNECESSARY  
8 EMERGENCY ROOM VISITS;

9 (II) ESTABLISHING INNOVATIVE PAYMENT MECHANISMS TO  
10 HEALTH CARE PROFESSIONALS, SUCH AS GLOBAL PAYMENTS; AND

11 (III) REDUCING UNNECESSARY ADMINISTRATIVE  
12 EXPENDITURES.

13 (E) THE PLAN SHALL INCLUDE:

14 (1) A TIMELINE FOR THE ESTABLISHMENT OF THE HEALTH CARE  
15 PROGRAM;

16 (2) PLANS FOR TRANSITION TO THE HEALTH CARE PROGRAM,  
17 INCLUDING:

18 (I) SUSPENDING OPERATIONS OF THE EXCHANGE TO ENABLE  
19 THE STATE TO RECEIVE THE APPROPRIATE FEDERAL FUND CONTRIBUTION IN LIEU  
20 OF THE FEDERAL PREMIUM TAX CREDITS, COST-SHARING SUBSIDIES, AND SMALL  
21 BUSINESS TAX CREDITS PROVIDED IN THE AFFORDABLE CARE ACT;

22 (II) HOW TO FULLY INTEGRATE OR ALIGN MEDICAID,  
23 MEDICARE, PRIVATE INSURANCE, AND STATE, COUNTY, AND MUNICIPAL  
24 EMPLOYEES INTO OR WITH THE HEALTH CARE PROGRAM; AND

25 (III) A PLAN FOR TRANSITIONING WORKERS DISPLACED BY  
26 CHANGES TO THE HEALTH CARE SYSTEM;

27 (3) A PROPOSED OPERATING STRUCTURE FOR THE HEALTH CARE  
28 PROGRAM;



1           **(4) COST PROJECTIONS FOR THE HEALTH CARE PROGRAM AND**  
2 **RECOMMENDATIONS FOR THE AMOUNTS AND MECHANISMS NECESSARY TO FINANCE**  
3 **THE HEALTH CARE PROGRAM;**

4           **(5) (I) A PROPOSED HEALTH BENEFIT PACKAGE TO BE OFFERED IN**  
5 **THE HEALTH CARE PROGRAM; AND**

6                           **(II) AN ANALYSIS OF WHETHER THE HEALTH CARE PROGRAM**  
7 **SHOULD INCLUDE DENTAL, VISION, HEARING, AND LONG-TERM CARE BENEFITS;**  
8 **AND**

9           **(6) RECOMMENDATIONS FOR LEGISLATION REQUIRED TO ESTABLISH**  
10 **THE HEALTH CARE PROGRAM.**

11           **(F) THE COMMISSION SHALL SUBMIT TO THE GOVERNOR AND, IN**  
12 **ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE SENATE**  
13 **FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS**  
14 **COMMITTEE:**

15                   **(1) ON OR BEFORE JUNE 1, 2024, AN INTERIM PROGRESS REPORT ON**  
16 **THE DEVELOPMENT OF A PLAN TO ESTABLISH THE HEALTH CARE PROGRAM; AND**

17                   **(2) ON OR BEFORE OCTOBER 1, 2025, THE PLAN TO ESTABLISH THE**  
18 **HEALTH CARE PROGRAM.**

19           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
20 1, 2023. It shall remain effective for a period of 4 years and 1 month and, at the end of June  
21 30, 2027, this Act, with no further action required by the General Assembly, shall be  
22 abrogated and of no further force and effect.