

HOUSE BILL 610

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HB 470/21 – HGO

2lr1620
CF SB 493

By: **Delegates Ruth, Bagnall, Bartlett, Belcastro, C. Branch, Bridges, Charkoudian, Ebersole, W. Fisher, Foley, Forbes, Fraser-Hidalgo, Guyton, Henson, Howell, R. Jones, Lehman, Moon, Palakovich Carr, Solomon, Stewart, Terrasa, Toles, Wilkins, and Williams**

Introduced and read first time: January 31, 2022

Assigned to: Health and Government Operations

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 13–4401 through 13–4403 to be under the new subtitle “Subtitle 44.
13 Commission on Universal Health Care”

14 Annotated Code of Maryland

15 (2019 Replacement Volume and 2021 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
24 government; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

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

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

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

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

17 **Article – Health – General**

18 **SUBTITLE 44. COMMISSION ON UNIVERSAL HEALTH CARE.**

19 **13-4401.**

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

22 (B) "AFFILIATION" MEANS:

23 (1) A FINANCIAL INTEREST;

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

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

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

30 (C) "COMMISSION" MEANS THE COMMISSION ON UNIVERSAL HEALTH

1 CARE ESTABLISHED UNDER § 13-4402 OF THIS SUBTITLE.

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

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

7 (2) "EXCHANGE" INCLUDES:

8 (I) THE INDIVIDUAL EXCHANGE; AND

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

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

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

15 13-4402.

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

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

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

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

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

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

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

27 (D) THE DEPARTMENT SHALL PROVIDE STAFF FOR THE COMMISSION.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 13-4403.

2 (A) THE COMMISSION SHALL DEVELOP A PLAN FOR THE STATE TO
3 ESTABLISH, ON OR BEFORE JULY 1, 2025, A UNIVERSAL HEALTH CARE PROGRAM TO
4 PROVIDE HEALTH BENEFITS TO ALL RESIDENTS OF THE STATE THROUGH A
5 SINGLE-PAYER SYSTEM.

6 (B) THE COMMISSION SHALL CONSIDER HOW TO:

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

8 (2) REDUCE HEALTH CARE DISPARITIES; AND

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

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

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

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

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

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

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

28 (II) ASSUME RESPONSIBILITY FOR THE BENEFITS AND
29 SERVICES CURRENTLY PAID FOR AND PROVIDED UNDER STATE AND FEDERAL
30 PROGRAMS, INCLUDING THE EXCHANGE, MEDICAID, AND MEDICARE;

1 **(4) INCLUDE HEALTH CARE COVERAGE PROVIDED:**

2 **(I) BY EMPLOYERS THAT CHOOSE TO PARTICIPATE; AND**

3 **(II) TO STATE, COUNTY, AND MUNICIPAL EMPLOYEES; AND**

4 **(5) CONTAIN COSTS BY:**

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

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

10 **(III) REDUCING UNNECESSARY ADMINISTRATIVE**
11 **EXPENDITURES.**

12 **(E) THE PLAN SHALL INCLUDE:**

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

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

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

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

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

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

28 **(4) COST PROJECTIONS FOR THE HEALTH CARE PROGRAM AND**

1 RECOMMENDATIONS FOR THE AMOUNTS AND MECHANISMS NECESSARY TO FINANCE
2 THE HEALTH CARE PROGRAM;

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

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

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

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

14 (1) ON OR BEFORE JUNE 1, 2023, AN INTERIM PROGRESS REPORT ON
15 THE DEVELOPMENT OF A PLAN TO ESTABLISH THE HEALTH CARE PROGRAM; AND

16 (2) ON OR BEFORE OCTOBER 1, 2024, THE PLAN TO ESTABLISH THE
17 HEALTH CARE PROGRAM.

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
19 1, 2022. It shall remain effective for a period of 4 years and 1 month and, at the end of June
20 30, 2026, this Act, with no further action required by the General Assembly, shall be
21 abrogated and of no further force and effect.