

In Maryland, within the limits that we can control, we intend to try to make the pieces fit together — not by force but by analysis and sensible alteration. This, of course, cannot be accomplished without the total cooperation of the executive branch, the Legislature, local governments, and the private health interests.

Maryland has now reached a crisis requiring identification of the problems involved in its State Health Program. The crisis appears primarily as one of cost, but beneath are even more serious problems related to people and their present expectations from their communities. The crisis is substantially aggravated by a woefully inadequate organizational structure to deal effectively with the many problems. The following points identify major problems:

1. The present health program has grown in the direction of meeting the special needs of various groups and not in accordance with a planned health structure; therefore, both organizationally and functionally it is in need of review and modernization.
2. Pressures are mounting for additional programs to be undertaken by the State. Examples are: care of alcoholics, pollution control, mental retardation.
3. Federal programs are forcing action within the State, not in accordance with an overall State plan, but on the basis of special health interests. For example: The Heart, Cancer, and Stroke Program; Medicaid; Comprehensive Service Planning; Community Mental Health.
4. The public has developed an attitude of high expectation for health service. A new element of high cost demands is prevalent.
5. Broadened care and suddenly increased labor rates have sharply escalated costs — beyond public willingness to sustain them through taxes, insurance premium increases or private payment.

Functionally, the health program of the State must articulate solutions within these principal areas of concern:

1. Easy access by the individual to needed health care, and protection of the community by adequate health regulations.
2. Efficient cost control to insure that only fair and reasonable payments are made by government and individuals for medical services.
3. Proper planning for needed physical facilities and control over wasteful duplications of expensive equipment and services.