

WHEREAS, While State expenditures for the Program have almost doubled between F.Y. 1982 and F.Y. 1989, but Program enrollment has declined; and

WHEREAS, The Program provides relatively good reimbursement for institutional services such as hospitals and comprehensive care facilities, but relatively poor reimbursement for noninstitutional services such as physician visits; and

WHEREAS, ~~Program--reimbursement--practices--provide--little incentive~~ There is a need to provide better Program reimbursement procedures for less expensive and preventive care; and

WHEREAS, Program recipients have good access to hospital and nursing home care but may have difficulty finding a physician to provide primary health care; and

WHEREAS, Access to and continuity of care for Program recipients are hampered by shortages of primary care providers in areas where Program recipients reside, a lack of consumer education about good health habits, limits on coverage of certain types of providers and on services for people with particular disabilities, and a lack of coordination among the State agencies and private providers involved in the Program; and

WHEREAS, The number of low birth weight babies born in Maryland and the State's infant mortality rate remains unacceptably high; and

WHEREAS, In order to adequately follow up on the findings and recommendations made, the Special Joint Legislative Committee should be continued; now, therefore,

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

Article - Health - General

15-102.

(A) The Department shall provide preventive and home care services for indigent and medically indigent individuals.

(B) (1) THE PROGRAM SHALL ~~PROVIDE~~ PROMOTE EDUCATIONAL OPPORTUNITIES FOR RECIPIENTS ON:

(I) PREVENTIVE HEALTH CARE;

(II) GOOD HEALTH HABITS; AND

(III) THE VALUE OF DEVELOPING ONGOING RELATIONSHIPS WITH PRIMARY CARE AND LOWER COST PROVIDERS.