

WHEREAS, Under this system, there are no government-owned or government-financed acute care hospitals in Maryland and the uninsured have access to all Maryland hospitals regardless of their ability to pay; and

WHEREAS, All payors - consumers, insurance companies, and the government - pay the same amount for hospital services because of this system and, therefore, Maryland has avoided the rampant cost shifting and patient dumping experienced in other parts of the country; and

WHEREAS, In Maryland, hospitals are held accountable through public review of their individual rates and the public has broad access to some of the most comprehensive and current data about costs and utilization available anywhere in the United States; and

WHEREAS, Maryland hospitals have consistently outperformed their national counterparts in virtually every performance measure, resulting in shorter hospital stays, fewer hospital admissions and fewer hospital beds; and

WHEREAS, Ambulatory surgical facilities have played a part in lowering health care costs in Maryland; and

WHEREAS, Flexibility and adaptability are the hallmarks of the all-payor system and as a result, Maryland is in a better position than other states to respond to the changing health care environment; now, therefore, and

WHEREAS, Ensuring the quality and safety of health care provided in ambulatory surgical facilities requires new standards and a methodology for obtaining a certificate of need for these facilities; and

WHEREAS, Establishing a licensing system for freestanding ambulatory care facilities will further ensure the quality and safety of health care provided in these facilities; and

WHEREAS, The provision of quality health care through system planning and regulation requires the cooperation and coordination of the Health Resources Planning Commission, the Health Services Cost Review Commission, and the Health Care Access and Cost Review Commission; and

WHEREAS, Strategic planning for the provision of health care requires the Health Resources Planning Commission to develop plans to address excess hospital bed capacity and other health issues through cooperation with the Health Services Cost Review Commission and the Health Care Access and Cost Commission to work in conjunction with private sector groups to determine the health needs of certain communities and regions to provide incentives for converting existing facilities into necessary facilities for the community; now, therefore,

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

Article 48A - Insurance Code

490Z.

Any insurer or nonprofit health service plan that provides hospital, medical, or surgical benefits for issuance or delivery in the State to any group or individual on an expense incurred basis, including a health maintenance organization, shall: