

(3) Evaluation of the all-payor system, the status of Medicaid waiver efforts, the certificate of need process, the availability of health care insurance, the concern over excess bed capacity of hospitals, the partnership role that the private sector could play in health care planning, the need to equitably but adequately fund uncompensated care, and the need to plan the health needs of the State while promoting the growth of the health care industry in Maryland, are all necessary to provide proper understanding for developing responsible health planning in this State; and

(4) That this examination requires dialogue involving the Governor, the General Assembly, the Secretary of Health and Mental Hygiene, the State Insurance Commissioner, the Health Resources Planning Commission, the Health Services Cost Review Commission, the Health Care Access and Cost Commission, the Maryland Chamber of Commerce, hospital employee unions and other organized labor groups, health care providers, health insurers, managed care organizations, and health care recipients; and

(b) It is the intent of the General Assembly that representatives of these groups should meet to discuss options for developing a Strategic Plan for Health Care Delivery in Maryland and develop legislative or regulatory initiatives for improving the coordination of the delivery of health care in Maryland.

SECTION 14. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect June 1, 1995. It shall remain effective for a period of 3 years and, at the end of May 31, 1998, and with no further action required by the General Assembly, Section 2 of this Act shall be abrogated and of no further force and effect.

SECTION 15. AND BE IT FURTHER ENACTED, That upon application of a hospital, the Health Resources Planning Commission shall consider and may give preferential consideration to a request for a certificate of need to relocate, including any capital expenditure required to relocate, all or part of the hospital's existing ambulatory surgical capacity provided that:

(1) The hospital does not have a financial or ownership interest in an existing multispecialty ambulatory surgical facility other than the facility proposed for relocation;

(2) The hospital is located within 3 miles of Delaware, Pennsylvania, Virginia, West Virginia, or the District of Columbia and within 5 miles of a hospital located outside of this State;

(3) The new ambulatory surgical facility is located in the same health service area as the hospital and within 3 miles of the hospital; and

(4) A hospital proposing to relocate existing ambulatory surgical capacity to establish an ambulatory surgical facility provides a letter of intent to the Commission no later than April 1, 1995.

SECTION 16. AND BE IT FURTHER ENACTED, That if any provision of this Act or the application thereof to any person or circumstance is held invalid for any reason in a court of competent jurisdiction, the invalidity does not affect other provisions or any other application of this Act that can be given effect without the invalid provision or application, and for this purpose the provisions of this Act are declared severable.

SECTION 17. AND BE IT FURTHER ENACTED, That: