

- ~~(2) The identification of unmet needs, including those which may result from seasonal variations in population;~~
- ~~(3) Access to health care, including an analysis of travel times and other factors;~~
- ~~(4) The need for specific services, such as emergency care;~~
- ~~(5) An evaluation of alternative means of providing care typically provided in the acute hospital setting;~~
- ~~(6) Methods of configuring the health care services of Worcester County with existing health care providers; and~~
- ~~(7) Financial and manpower resources required and available.~~

~~[(e)] (e) The Secretary shall report the findings of the assessment to the Joint Committee on Health Care Cost Containment on or before November 1, 1986.~~

~~[(d)] (c) In cooperation with appropriate county and State groups, the Secretary shall develop recommendations to implement the findings of the assessment.~~

~~[(e)] (d) The Secretary shall report to the General Assembly on February 1, 1987, on the progress towards implementation of the recommendations.~~

~~[(f)] (e) The [Commission] SECRETARY shall include standards and policies in the State health plan that relate to the Secretary's recommendations.~~

SUBTITLE 1. HEALTH CARE PLANNING AND SYSTEMS REGULATION.

PART I. MARYLAND HEALTH CARE ACCESS AND COST COMMISSION.

19-101.

IN THIS SUBTITLE, "COMMISSION" MEANS THE MARYLAND HEALTH CARE ACCESS AND COST COMMISSION.

19-102.

(A) THE GENERAL ASSEMBLY FINDS THAT THE HEALTH CARE REGULATORY SYSTEM IN THIS STATE IS A HIGHLY COMPLEX STRUCTURE THAT NEEDS TO BE CONSTANTLY REEVALUATED AND MODIFIED IN ORDER TO BETTER REFLECT AND BE MORE RESPONSIVE TO THE EVER CHANGING HEALTH CARE ENVIRONMENT AND THE NEEDS OF THE CITIZENS OF THIS STATE.

(B) THE PURPOSE OF THIS SUBTITLE IS TO ESTABLISH A STREAMLINED HEALTH CARE REGULATORY SYSTEM IN THIS STATE IN A MANNER SUCH THAT A SINGLE STATE HEALTH POLICY CAN BE BETTER ARTICULATED, COORDINATED, AND IMPLEMENTED IN ORDER TO BETTER SERVE THE CITIZENS OF THIS STATE.

[19-1502.] 19-103.

(a) There is a Maryland Health Care Access and Cost Commission.