

Allegany delegate guided health care reform bill through its difficult birth

By John W. Frece
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Del. Casper R. Taylor Jr., a balding, 58-year-old former tavern owner from Western Maryland, just beat Hillary Rodham Clinton to the punch.

When the state Senate gave final General Assembly approval to a landmark health care reform bill yesterday — a full month before Mrs. Clinton's health care task force will conclude its work — no one was more proud than the Allegany County Democrat.

Scores of people inside and outside government played key roles in drafting and ultimately passing a bill that puts Maryland in the forefront of health care reform. Among them were Mr. Taylor's Senate counterpart, Finance Committee Chairman Thomas P. O'Reilly.

But from beginning to end, the

bill was Cas Taylor's baby.

It was Mr. Taylor who had the bill drafted and who invited in the bill's many opponents and asked them to find a way to make it work. It was he who bit his tongue and said nothing to rile the Senate when it appeared the Finance panel was going to insist on its own, far different approach.

And it was he who realized the best way to reach a compromise was not to ask either the House or Senate to back off, but to find a way to include the major concepts from both sides.

A 19-year veteran of the House of Delegates, Mr. Taylor since 1987 has chaired the Economic Matters Committee, which handles legislation involving insurance, banking, employment and economic development issues. Nine months ago, he sold the family-owned bar in Cumberland, which helped his parents send him to the University of Notre Dame and

which in turn helped him send his own two sons to South Bend, Ind.

Now Mr. Taylor, a chain-smoker with a slow and deliberate speaking style, is a full-time lawmaker who makes no secret of his desire to be speaker of the House one day. If passage of the health reform legislation "adds to my political credibility," he says, that's fine with him. But to get this far has been a long fight.

The past two years, his committee struggled in vain to get a grip on the twin problems of high health care costs and the unavailability of health insurance. The Bush administration, he said, had already laid the groundwork for states to become "laboratories" for experiments in health care reform. This year, several factors conspired to give the bill a chance:

□ Last year's presidential election, and the Clinton victory in November, built public support to

change a medical care industry that now consumes 15 percent of the nation's gross domestic product.

□ The state's powerful medical society, operating with a new legislative lobbyist, found itself in disarray early in the session. By the time the group caught up with the health reform legislation, which directly affects what doctors do and how much they are paid for doing it, the bill already had too much momentum to be stopped.

"Once they woke up to what we were doing, they quite frankly became helpful and a positive player in this thing," Mr. Taylor said.

□ House Speaker R. Clayton Mitchell Jr., a conservative Kent County Democrat seeking ways to lower the cost of health care to state government, added his clout to the mix.

"He came to me as his point man to really stir something up," Mr. Tay-

lor said.

Mr. Mitchell started by ordering a rival House committee to work with Mr. Taylor's, ending a turf battle on legislation that, if split into smaller pieces, probably would have been picked off by the powerful and well-financed interests arrayed against it.

The speaker also became intrigued by a successful Rochester, N.Y., health care program implemented in part by Dr. James A. Block, the new president of Baltimore's Johns Hopkins Hospital. After Dr. Block briefed Mr. Taylor's committee, the chairman directed his staff to draft legislation to implement a Rochester-type program for Maryland.

Then, in an almost unprecedented way, Mr. Taylor opened his committee's discussion of the bill to anyone who was interested. Many were.

Dozens of lobbyists representing business and labor, hospitals and

health maintenance organizations and commercial insurers, doctors, specialty physicians, nurses, psychologists, chiropractors and others met almost daily with the committee, suggesting changes, improvements, modifications. Compared with the way most major legislation is handled, it was a remarkably open process.

When the committee finished and the House passed the bill, Mr. Taylor was twice given a standing ovation. But the fight moved to the Senate, where it appeared Mr. O'Reilly was going to substitute his own, completely different approach. That probably would have killed both efforts.

It was only when Mr. O'Reilly backed down and, instead, began adding his own touches to the House health care bill that Mr. Taylor finally allowed himself to believe that the bill had a good chance of passage.