

HOUSE BILL 417

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HB 619/24 – HGO

5lr2319

By: **Delegates Ruth, Allen, Bagnall, Bartlett, Davis, Ebersole, Fair, Feldmark, Foley, Guyton, Kaufman, Lehman, McCaskill, Palakovich Carr, Ruff, Simpson, Terrasa, Woods, and Woorman**

Introduced and read first time: January 16, 2025

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Commission on Universal Health Care**

3 FOR the purpose of establishing the Commission on Universal Health Care to determine
4 the feasibility of establishing a State universal health care program to provide health
5 benefits to all residents of the State through a single-payer system; and generally
6 relating to the Commission on Universal Health Care.

7 BY adding to

8 Article – Health – General

9 Section 13–5501 through 13–5503 to be under the new subtitle “Subtitle 55.
10 Commission on Universal Health Care”

11 Annotated Code of Maryland

12 (2023 Replacement Volume and 2024 Supplement)

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

15 **Article – Health – General**

16 **SUBTITLE 55. COMMISSION ON UNIVERSAL HEALTH CARE.**

17 **13–5501.**

18 **IN THIS SUBTITLE, “COMMISSION” MEANS THE COMMISSION ON UNIVERSAL**
19 **HEALTH CARE.**

20 **13–5502.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(A) THERE IS A COMMISSION ON UNIVERSAL HEALTH CARE.

(B) THE PURPOSE OF THE COMMISSION IS TO DETERMINE THE FEASIBILITY OF ESTABLISHING A STATE UNIVERSAL HEALTH CARE PROGRAM TO PROVIDE HEALTH BENEFITS TO ALL RESIDENTS OF THE STATE THROUGH A SINGLE-PAYER SYSTEM.

(C) THE COMMISSION CONSISTS OF:

(1) THREE MEMBERS OF THE SENATE OF MARYLAND, APPOINTED BY THE PRESIDENT OF THE SENATE;

(2) THREE MEMBERS OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE;

(3) THE SECRETARY, OR THE SECRETARY'S DESIGNEE;

(4) THE SECRETARY OF BUDGET AND MANAGEMENT, OR THE SECRETARY'S DESIGNEE;

(5) THE SECRETARY OF COMMERCE, OR THE SECRETARY'S DESIGNEE;

(6) THE SECRETARY OF LABOR, OR THE SECRETARY'S DESIGNEE;

(7) THE SPECIAL SECRETARY OF SMALL, MINORITY, AND WOMEN BUSINESS AFFAIRS, OR THE SPECIAL SECRETARY'S DESIGNEE;

(8) THE COMMISSIONER OF THE MARYLAND INSURANCE ADMINISTRATION, OR THE COMMISSIONER'S DESIGNEE;

(9) TWO REPRESENTATIVES OF PUBLIC SECTOR LABOR UNIONS, DESIGNATED BY THE MARYLAND STATE AND DISTRICT OF COLUMBIA AFL-CIO;

(10) TWO REPRESENTATIVES OF PRIVATE SECTOR LABOR UNIONS, DESIGNATED BY THE MARYLAND STATE AND DISTRICT OF COLUMBIA AFL-CIO;
AND

(11) THE FOLLOWING MEMBERS APPOINTED BY THE GOVERNOR:

(I) THREE REPRESENTATIVES OF THE MARYLAND ASSOCIATION OF COUNTIES, REPRESENTING THE GEOGRAPHIC AND POPULATION DENSITY DIVERSITY OF THE STATE;

1 (II) THREE REPRESENTATIVES OF THE MARYLAND MUNICIPAL
2 LEAGUE, REPRESENTING THE GEOGRAPHIC AND POPULATION DENSITY DIVERSITY
3 OF THE STATE;

4 (III) THREE REPRESENTATIVES OF THE BUSINESS COMMUNITY,
5 AT LEAST ONE OF WHOM REPRESENTS SMALL BUSINESS;

6 (IV) ONE REPRESENTATIVE OF MEDCHI;

7 (V) ONE REPRESENTATIVE FROM THE MARYLAND HOSPITAL
8 ASSOCIATION;

9 (VI) ONE LICENSED NURSE WHO PRACTICES IN THE STATE;

10 (VII) ONE LICENSED SOCIAL WORKER WHO PRACTICES IN THE
11 STATE;

12 (VIII) ONE REPRESENTATIVE OF A NONGOVERNMENTAL
13 ORGANIZATION THAT PROVIDES HEALTH CARE AND SUPPORTIVE SERVICES TO
14 INDIVIDUALS EXPERIENCING HOMELESSNESS IN THE STATE;

15 (IX) ONE REPRESENTATIVE OF A NONGOVERNMENTAL
16 ORGANIZATION THAT PROVIDES HEALTH CARE TO OR ASSISTS WITH OBTAINING
17 HEALTH CARE FOR INDIVIDUALS WHO ARE UNINSURED, UNDERINSURED, OR
18 UNABLE TO OBTAIN INSURANCE;

19 (X) ONE REPRESENTATIVE OF A NONGOVERNMENTAL
20 ORGANIZATION THAT WORKS WITH FORMERLY INCARCERATED INDIVIDUALS; AND

21 (XI) ONE REPRESENTATIVE FROM AN ORGANIZATION THAT
22 ASSISTS IMMIGRANTS.

23 (D) THE GOVERNOR, IN CONSULTATION WITH THE PRESIDENT OF THE
24 SENATE AND THE SPEAKER OF THE HOUSE, SHALL DESIGNATE A CHAIR OF THE
25 COMMISSION.

26 (E) TO THE EXTENT PRACTICABLE, IN MAKING APPOINTMENTS TO THE
27 COMMISSION, THE GOVERNOR, THE PRESIDENT OF THE SENATE, AND THE
28 SPEAKER OF THE HOUSE SHALL ENSURE REGIONAL, ECONOMIC, ETHNIC, AND
29 GENDER DIVERSITY IN THE MEMBERSHIP OF THE COMMISSION.

30 (F) A MEMBER OF THE COMMISSION:

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE COMMISSION; BUT

(2) IS ENTITLED TO REIMBURSEMENT OF EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(G) THE DEPARTMENT AND THE DEPARTMENT OF LEGISLATIVE SERVICES JOINTLY SHALL PROVIDE STAFF TO SUPPORT THE COMMISSION.

13-5503.

(A) THE COMMISSION SHALL STUDY HOW THE STATE MAY:

(1) PROVIDE COMPREHENSIVE, AFFORDABLE, AND HIGH-QUALITY PUBLICLY FINANCED HEALTH CARE COVERAGE FOR ALL RESIDENTS OF THE STATE IN A SEAMLESS AND EQUITABLE MANNER, REGARDLESS OF INCOME, ASSETS, HEALTH STATUS, CITIZENSHIP OR IMMIGRATION STATUS, OR AVAILABILITY OF OTHER HEALTH CARE COVERAGE; AND

(2) INCLUDE A BENEFIT PACKAGE COVERING PRIMARY CARE, PREVENTIVE CARE, CHRONIC CARE, ACUTE EPISODIC CARE, MENTAL HEALTH CARE, REPRODUCTIVE CARE, INCLUDING PREGNANCY, BIRTH CONTROL, AND ABORTION SERVICES, AND HOSPITAL SERVICES.

(B) THE COMMISSION SHALL CONSIDER HOW TO:

(1) INCORPORATE HEALTH CARE EQUITY;

(2) REDUCE HEALTH CARE DISPARITIES; AND

(3) INCREASE HEALTH CARE ACCESS, PARTICULARLY IN URBAN AND RURAL SETTINGS WITH LIMITED ACCESS.

(C) THE COMMISSION SHALL CONSIDER PLANS, ANALYSES, PROGRAMS, AND LEGISLATION IN OTHER STATES.

(D) THE COMMISSION SHALL CONSIDER AND MAKE RECOMMENDATIONS ON HOW TO CONTAIN COSTS BY:

(1) PROVIDING INCENTIVES TO RESIDENTS TO AVOID PREVENTABLE HEALTH CONDITIONS AND UNNECESSARY EMERGENCY ROOM VISITS AND PROMOTE PERSONAL AND PUBLIC HEALTH;

1 **(2) ESTABLISHING INNOVATIVE PAYMENT MECHANISMS TO HEALTH**
2 **CARE PROVIDERS, SUCH AS GLOBAL PAYMENTS; AND**

3 **(3) REDUCING UNNECESSARY ADMINISTRATIVE EXPENDITURES.**

4 **(E) THE COMMISSION SHALL MAKE RECOMMENDATIONS ON:**

5 **(1) FULLY INTEGRATING OR ALIGNING THE MARYLAND MEDICAL**
6 **ASSISTANCE PROGRAM, MEDICARE, PRIVATE INSURANCE, AND STATE, COUNTY,**
7 **AND MUNICIPAL EMPLOYEES INTO OR WITH A UNIVERSAL HEALTH CARE PROGRAM;**

8 **(2) TRANSITIONING WORKERS DISPLACED BY CHANGES TO THE**
9 **HEALTH CARE SYSTEM;**

10 **(3) CREATING AN OPERATING STRUCTURE FOR A UNIVERSAL HEALTH**
11 **CARE PROGRAM; AND**

12 **(4) WHETHER A UNIVERSAL HEALTH CARE PROGRAM COULD**
13 **INCLUDE DENTAL, VISION, HEARING, AND LONG-TERM CARE BENEFITS.**

14 **(F) THE COMMISSION SHALL DEVELOP COST PROJECTIONS FOR THE**
15 **HEALTH CARE PROGRAM AND RECOMMENDATIONS FOR THE AMOUNTS AND**
16 **MECHANISMS NECESSARY TO FINANCE A UNIVERSAL HEALTH CARE PROGRAM.**

17 **(G) (1) ON OR BEFORE JUNE 1, 2027, THE COMMISSION SHALL SUBMIT**
18 **AN INTERIM REPORT ON ITS ACTIVITIES TO THE GOVERNOR AND, IN ACCORDANCE**
19 **WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE SENATE FINANCE**
20 **COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS**
21 **COMMITTEE.**

22 **(2) ON OR BEFORE OCTOBER 1, 2028, THE COMMISSION SHALL**
23 **SUBMIT A FINAL REPORT WITH ITS ANALYSIS AND RECOMMENDATIONS TO THE**
24 **GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT**
25 **ARTICLE, THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND**
26 **GOVERNMENT OPERATIONS COMMITTEE.**

27 **SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June**
28 **1, 2025. It shall remain effective for a period of 4 years and 1 month and, at the end of June**
29 **30, 2029, this Act, with no further action required by the General Assembly, shall be**
30 **abrogated and of no further force and effect.**