

MEDICAID
2019 LEGISLATIVE BILL TRACKING

Bill #	Subject	Sponsor	Background/Status
Health Care Reform			
HB 378	Public Health – State-Provided Health Care Benefits for State Residents (HealthcareMaryland)	Del. Reznik	Establishes Office of Health Care Coverage in MDH to carry out the HealthcareMaryland program to provide benefits to those who do not receive federal benefits through Medicare, TriCare, plans subject to ERISA or any other federal medical program; program shall contract w/ MCOs to provide benefits, determine reimbursement rates, determine which benefits & services will be covered, establish & maintain a PDL & negotiate pharmacy costs, and adjudicate appeals; OHCC must collaborate w/ Motor Vehicle Administration to identify those eligible and contact them and provide them w/ an opportunity to enroll in an MCO (those who don't enroll will be auto-enrolled); program funded by (1) annual appropriation equal to the cost of State personnel costs in 2017; (2) a 10% payroll tax imposed on employers; (3) savings from streamlining/consolidation/elimination of State commissions & programs; and (4) savings achieved by the State as a purchaser of pharmaceuticals or through negotiated reimbursement rates Heard in HGO, 3/14
SB 239 HB 258	Health Insurance – Individual Market Stabilization – Provider Fee	Sen. Feldman Del. Peña-Melnyk	Amended to impose 1% health insurance provider assessment for CY2020-23 (MCOs to pay on a quarterly basis); requires Md. Health Insurance Coverage Protection Commission to study and make recommendations on whether the State Reinsurance Program should be extended after CY23, and if so, how it will be funded SB 239: PASSED ENROLLED HB 258: RETURNED PASSED
SB 802 HB 814	Maryland Easy Enrollment Health Insurance Program	Sen. Feldman Del. Peña-Melnyk	Establishes Md. Easy Enrollment Health Insurance Program where by Jan. 1, 2020, MHBE, MDH & the Comptroller must develop & implement systems, policies & practices that encourage, facilitate & streamline determinations of eligibility for insurance affordability programs (incl. Medicaid & MCHP) and enrollment in minimum essential coverage; the Exchange or MDH shall determine eligibility for insurance affordability programs as soon as possible after an uninsured individual files a tax return indicating interest in obtaining minimum essential coverage; establishes workgroup to study whether implementing an individual responsibility amount or automatically enrolling individuals in a QHP in the individual market is feasible; Comptroller must ensure that the integrated tax system that is currently being transitioned to has the capability to collect individual responsibility amounts and report by Dec. 1, 2020 on progress made SB 802: SIGNED INTO LAW – Ch. 424 HB 814: SIGNED INTO LAW – Ch. 423
SB 871 HB 1087	Public Health – Healthy Maryland Program – Establishment	Sen. Pinsky Del. Barron	Establishes Healthy Maryland Program to provide comprehensive universal single-payer health care coverage for all State residents beginning Jan. 1, 2021; all Medicaid, MCHP, Medicare and ACA subsidy funds would be paid by into the Healthy Maryland Trust Fund to pay for coverage and eliminate cost-sharing/premiums; all programs would be merged into Healthy Maryland HB 1087: WITHDRAWN SB 871: WITHDRAWN

Bill #	Subject	Sponsor	Background/Status
Pharmacy			
HB 589	Md. Medical Assistance Program & MCOs that Use PBMs – Audit & Professional Dispensing Fees	Del. Barron	Amended to require Medicaid program to contract w/ an independent auditor to conduct an audit of PBMs that contract w/ MCOs to determine the amount of Medicaid funds used to reimburse MCOs, PBMs & pharmacies (results of audit to be provided by Dec. 1, 2019); by Jan. 1, 2020, MDH & MIA must develop recommendations for a process for appealing decisions made between a PBM and an MCO; by July 1, 2020, MDH may apply to CMS for the authority to provide dispensing fees or other measures for pharmacies based on volume of prescriptions and geographic designation or other factors to ensure pharmacy access HB 589: SIGNED INTO LAW – Ch. 534
SB 497 HB 1217 HB 1295	Pharmacists – Aids for the Cessation of Tobacco Use – Prescribing & Dispensing	Sen. Hayes Del. Kelly Del. Chang	Requires Medicaid+MCHP coverage for pharmacists’ screening an enrollee & providing medications for tobacco use cessation SB 497: UNFAVORABLE EHE HB 1217: WITHDRAWN
SB 759 HB 768	Health – Prescription Drug Affordability Board	Sen. Klausmeier Del. Peña-Melnyk	Establishes board to protect State residents, State & local gov’t, commercial health plans, providers, pharmacies & other stakeholders from the high cost of prescription drugs; a stakeholder council is established to provide input to the board in making decisions; by Dec. 31, 2020, the board shall report on the entire pharmaceutical distribution & payment system in State, and policy options being used in other states & countries to lower the list price of drugs; the board shall identify brand-name/generic drugs & biologics w/ costs that meet a certain threshold that may create affordability challenges for the State health care system; if the board finds that it is in the best interests of the State to establish a process for setting upper payment limits, it shall draft a plan of action for implementing the process and submit it to the Legislative Policy Committee for approval (if LPC does not approve the plan, it shall be submitted to the Governor & Attorney General for approval); on or after Jan. 1, 2022, the board <u>may</u> set an upper payment limit for drugs that are purchased by a unit of State or local gov’t (incl. correctional facilities, State hospitals & health clinics at State institutions of higher learning) or through a health benefit plan of a unit of State or local gov’t, or by the Medical Assistance program SB 759: 3 RD READING PASSED AS AMENDED; FAVORABLE W/ AMENDMENTS HGO HB 768: PASSED ENROLLED
SB 819 HB 920	Health Insurance – Pharmaceutical Manufacturers – Transparency & Reporting	Sen. Hayes Del. Kipke	Requires MDH to identify up to 10 drugs on which the State spends ‘significant health care dollars’ and for which the wholesale acquisition cost has increased by 50% or more during the preceding calendar year, and require the manufacturer of those drugs to report certain information to MDH; health insurers (including MCOs) must make their current formulary available on their website, and report to MIA on appeals and grievances and how long it took to respond; insurers are also required to disclose to members that they may be subject to excess cost-sharing SB 819: heard in FIN, 3/6 HB 920: WITHDRAWN

Bill #	Subject	Sponsor	Background/Status
Long-Term Care			
SB 699 HB 832	Md. Medical Assistance Program – Home- & Community-Based Waiver Services – Prohibition on Denial	Sen. Kelley Del. Peña-Melnyk	Prohibits MDH from denying access to a HCBS waiver due to a lack of funding if an individual is living at home or in the community at the time of application for waiver services, they received home- & community-based services through Community First Choice for at least 30 consecutive days, they will be or have been terminated from participation on becoming entitled to or enrolled in Medicare Part A or Part B, they meet the eligibility criteria for participation in the waiver within six months after completion of the application, and the home- & community-based services provided would qualify for federal matching funds SB 699: SIGNED INTO LAW – Ch. 414 HB 832: 3 RD READING PASSED AS AMENDED
SB 700 HB 1009	Home- & Community-Based Waiver Services – Alterations (Laurie’s Law)	Sen. Kelley Del. Cullison	Requires the Dept’s waiting list to provide an individual on the list or a member of the public w/ a copy of the policies governing the list and (on written request) provide their status, how it was determined, how quickly they may expect to receive services and the type of services they are likely to receive; the Home- & Community-Based Options Waiver must include a request to CMS by July 31, 2019 for a cap on participation that is set at no less than 110% of the projected annual demand for community-based LTSS; the cap shall be at least equal to the sum of 20,000 individuals, plus the number of individuals for whom the Dept. was required to provide home- & community-based services during the prior year, plus the average annual number of individuals who have received services under the waiver; the Dept. is required to screen all interested individuals for eligibility as soon as possible after being notified that they are interested, and must insure that eligible individuals receive services within 30 days after determination of eligibility; at a rate that would remove all individuals from the waiting list by one year from the effective date of the bill, the Dept. is required to contact the individuals on the waiting list, invite them to apply and ensure that they are provided w/ waiver services; the Act is contingent on receipt of approval from CMS by July 1, 2024 SB 700: FAVORABLE FIN/REFERRED TO B&T HB 1009: heard in HGO, 3/11

Bill #	Subject	Sponsor	Background/Status
MCOs			
SB 30	Insurance – Breach of a Computer System – Notification Requirement	Sen. Kelley	Requires insurers (incl. MCOs) to notify Insurance Commissioner of a security system breach at the same time they provide notice to the Office of the Attorney General MIA bill SIGNED INTO LAW – Ch. 103
SB 44	Insurance – Corporate Governance Annual Disclosure Act	Sen. Kelley	Requires insurers (incl. MCOs) to submit a Corporate Annual Governance Disclosure by June 1 each year that indicates they have implemented a corporate governance structure, policies & practices MIA bill SIGNED INTO LAW – Ch. 105

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills			
HB 15	Health Insurance – Pediatric Autoimmune Neuropsychiatric Disorders – Coverage	Del. Sydnor	Requires Medicaid coverage of services for pediatric autoimmune neuropsychiatric disorders associated w/ streptococcal infections & pediatric acute onset neuropsychiatric syndrome, incl. the use of intravenous immunoglobulin therapy WITHDRAWN
HB 166 SB 280	Labor & Employment – Payment of Wages – Minimum Wage (Fight for Fifteen)	Del. Fennell Sen. McCray	Requires phased-in increase in minimum wage to \$15/hr by CY2025 and rate increases for behavioral health and LTC providers HB 166: BECAME LAW – Ch. 10 SB 280: BECAME LAW – Ch. 11
HB 309 SB 431	Task Force on Oral Health in Maryland	Del. Cullison Sen. Nathan-Pulliam	Creates task force (to be co-chaired by Medicaid Director and Dean of Md. School of Dentistry) to analyze access to dental services, identify areas where significant # of people are not receiving services, barriers to care and options to eliminate them; interim report due May 1, 2020, final report due Dec. 1, 2020 HB 309: heard in HGO, 2/12 SB 431: heard in FIN, 2/27
HB 415	Medical Assistance Employment Initiative Pilot Program	Del. Rosenberg	Establishes pilot program in DLLR (to be administered jointly w/ MDH) to identify workforce development opportunities for Medicaid enrollees on a voluntary basis WITHDRAWN
HB 974	Md. Medical Assistance Program – Substance Use Disorder Treatment Services – Out-of-State Treatment	Del. Parrott	Authorizes enrollees to receive adult residential SUD treatment services from an out-of-state provider if the provider meets program requirements for adult SUD services, enrolls in the program and accepts the reimbursement rate for residential SUD treatment services Heard in HGO, 3/13
HB 1200	Md. Medical Assistance Program – Telepsychiatry – Requirements	Del. Valderramma	Requires coverage of psychiatric health care services that are delivered through telepsychiatry WITHDRAWN
HB 1420	MDH – Services for Individuals w/ Developmental Disabilities – Fee-For-Service Payment Pilot Program	Del. Pendergrass	Authorizes DDA to establish a FFS payment pilot program for providers who render waiver program services to individuals w/ a developmental disability SIGNED INTO LAW – Ch. 390
HB 1421	MHBE – Functions & Outreach	Del. Pendergrass	Authorizes MHBE to perform certain administrative, technological, operational and reporting functions for Medicaid, as requested by MDH, to the extent that it will aid in efficient operation of MHBE & Medicaid; also authorizes MHBE to conduct outreach and education activities to increase health literacy and educate consumers about MHBE and insurance affordability programs to increase participation in the Exchange SIGNED INTO LAW – Ch. 391
HB 1423	MHIP Fund – Use of Remaining Balance	Del. Krebs	Extends current uses of MHIP plan funds through FY22

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
SB 178 HB 570	Outpatient Mental Health Centers – Medical Directors – Telehealth	Sen. Eckardt Del. Sample-Hughes	Requires that regs for behavioral health programs include a provision authorizing a behavioral health program licensed as an outpatient mental health center to satisfy any regulatory requirement that the medical director be on-site through the use of telehealth by the director SB 178: SIGNED INTO LAW – Ch. 275 HB 570: SIGNED INTO LAW – Ch. 274
SB 220	Md. Medical Assistance Program – Coverage of Dental Services – Repeal of Contingency	Sen. Kelley	Repeals provision that Medicaid provide coverage for adult dental services contingent upon recommendation of MDAC SIGNED INTO LAW – Ch. 412
SB 482 HB 846	Md. Medical Assistance Program – MCOs – Behavioral Health Services	Sen. Kelley Del. R. Lewis	Requires coverage of behavioral health as part of MCOs' scope of benefits effective Jan. 1, 2021 SB 482: WITHDRAWN HB 846: WITHDRAWN
SB 498 HB 847	Prescription Drug Monitoring Program – Disclosure of Data – MCOs	Sen. Hayes Del. R. Lewis	Requires PDMP to disclose prescription drug monitoring data to MCOs for purposes of complying w/ the Corrective Managed Care Program SB 498: WITHDRAWN HB 847: WITHDRAWN
SB 524 HB 605	Md. Medical Assistance Program – Telemedicine – Psychiatric Nurse Practitioners	Sen. Eckardt Del. Kelly	Adds psychiatric NPs who provide assertive community treatment or mobile treatment services to the list of providers eligible for reimbursement for delivery of services through telemedicine (amended to extend sunset to Sept. 30, 2021); report on expenditures due Sept. 30, 2021 SB 524: SIGNED INTO LAW – Ch. 480 HB 605: SIGNED INTO LAW – Ch. 479
SB 528 HB 1170	Behavioral Health Services Matching Grant Program for Service Members & Veterans – Establishment	Sen. Smith Del. P. Young	Establishes grant program in MDH to provide funds to local non-profit organizations to establish & expand community behavioral health programs to serve service members, veterans & their families; Dept. to establish guidelines that require non-profit entities that receive a matching grant to bill third-party insurers & Medicaid SB 528: heard in FIN, 3/6 HB 1170: heard in HGO, 3/6
SB 598 HB 962	Md. Medical Assistance Program – Coverage – Hepatitis C Drugs	Sen. Nathan-Pulliam Del. Wilkins	Requires Medicaid coverage of any medically-appropriate drug approved by FDA for treatment of hepatitis C, regardless of the fibrosis score SB 598: SIGNED INTO LAW – Ch. 451 HB 962: 3 RD READING PASSED AS AMENDED
SB 609	Md. Medical Assistance Program & Health Insurance – Coverage – Treatment for Contagious Diseases	Sen. Nathan-Pulliam	Requires Medicaid coverage of any medically-appropriate drug approved by FDA for treatment of a 'contagious disease' WITHDRAWN

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
SB 869 HB 1320	Md. No-Fault Birth Injury Fund	Sen. Kelley Del. Cullison	Establishes a system for adjudication and compensation of claims arising from birth-related neurological injuries; fund is capitalized by premiums from hospitals and obstetrical physicians; requires HSCRC to increase hospital rates for obstetric services to account for cost of the per-birth premium SB 869: heard in JPR, 3/13
SB 1009	Md. Medical Assistance Program – Coverage – Acupuncture Services	Sen. Benson	Requires Medicaid coverage of acupuncture services administered by licensed practitioners WITHDRAWN
SB 1030 HB 1413	The Blueprint for Maryland's Future	President Miller Speaker Busch	Requires use of counts of students whose families qualify for certain thresholds of Medicaid as a proxy for poverty to be used in the compensatory education formula; MDH & MSDE to develop an MOU by Dec. 1, 2020 to allow Medicaid eligibility data to be shared w/ local education agencies Also requires MDH and MSDE to consult with the Council on the Advancement of School-Based Health Centers and other interested stakeholders on a plan to build a sustainable sponsorship model by expanding the types of organizations that can sponsor SBHCs and report on their findings by Nov. 1, 2019. SB 1030: PASSED ENROLLED HB 1413: heard in W&M, 3/13
SB 1040 HB 1407	Budget Reconciliation & Financing Act of 2019	Sen. King Del. McIntosh	Increases amount of deficit assessment by \$15 million over scheduled amount for FY20; uses \$10 million from MHIP Fund balance for Medicaid provider reimbursements SB 1040: heard in B&T, 3/13 HB 1407: BECAME LAW – Ch. 16
SB 1041	Public Health – Care of Medically-Fragile Individuals (Channing's Law)	Sen. Nathan-Pulliam	Requires OHCQ to establish by Dec. 31, 2020 a training program & skills review & check for nurses who care for medically-fragile individuals in their homes (Medicaid program to provide funding for development, implementation & staffing of training program, incl. funding for nurse teachers conducting the training program); by Jan. 1, 2021, a nurse who provides care to a medically-fragile individual must complete a training program; by Dec. 31, 2020, Medicaid reimbursement for nurses who provide care to medically-fragile individuals in their home shall be \$45/hr. Heard in FIN, 3/20