

**MEDICAID**  
**2018 LEGISLATIVE BILL TRACKING**

Bill #	Subject	Sponsor	Background/Status
<b>Budget</b>			
SB 187 HB 161	Budget Reconciliation & Financing Act of 2018	President Miller Speaker Busch	Increases the amount of the Medicaid Deficit Assessment by \$5 million in FY19 and requires MDH & HSCRC to develop 5-year and 10-year Medicaid-specific cost-savings targets (including a reduction in total hospital costs, total cost-of-care and quality measures); reports due Dec. 15, 2018 & 2019  SB 187: 3 <sup>RD</sup> READING PASSED AS AMENDED; FAVORABLE W/ AMENDMENTS APP  HB 161: heard in APP, 3/2

Bill #	Subject	Sponsor	Background/Status
<b>Health Care Reform</b>			
HB 660	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 State residents who do not receive federal benefits through Medicare, TriCare, plans that are subject to ERISA or any other federal medical program; the program shall contract w/ MCOs to provide benefits, determine reimbursement rates, determine which benefits & services will be covered, establish & maintain a PDL and list & negotiate pharmacy costs, and adjudicate appeals; the Office must collaborate w/ Motor Vehicle Administration to identify State residents who are eligible and contact eligible residents and provide them w/ an opportunity to enroll in an MCO (residents who don't enroll will be auto-enrolled); program is 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; a HealthcareMaryland Commission is established to provide recommendations for implementation  Heard in HGO, 3/5
HB 1167 SB 1011	Protect Maryland Health Care Act of 2018	Del. Peña-Melnyk Sen. Feldman	Comptroller & Exchange must develop a system through which determination of eligibility & enrollment in Medicaid & MCHP is done as soon as possible after an uninsured individual files a tax return indicating 'likely' eligibility for either program; requires all individuals in the State to maintain insurance coverage or pay a penalty of either 2.5% of the sum of the individual's MAGI or \$695 per adult and \$347.50 per dependent child (whichever is greater); requires the Comptroller & MHBE to develop a system (to be fully operational by Jan. 1, 2020) to encourage an individual to use their payments to purchase health insurance; establishes Md. Insurance Stabilization Fund for administrative costs an stabilizing the individual market & lowering premiums; also establishes Health Insurance Downpayment Escrow Fund to hold payment amounts from taxpayers to help them purchase insurance  HB 1167: heard in HGO, 2/22  SB 1011: heard in FIN, 2/21

Bill #	Subject	Sponsor	Background/Status
<b>Health Care Reform (cont'd)</b>			
SB 387 HB 1782	Health Insurance – Individual Market Stabilization (Md. Health Care Access Act of 2018)	Sen. Middleton Del. Peña-Melnyk	In CY2019 only, commercial insurers & MCOs are subject to an assessment of 2.75% on the amount used to calculate their premium tax or premium tax exemption for CY2018, and funds are to be distributed to MHBE; also requires the Health Insurance Coverage Protection Commission to study and make recommendations for individual & group market insurance market stability (to be included in annual report submitted on Dec. 31, 2019)  SB 387: 3 <sup>RD</sup> READING PASSED AS AMENDED  HB 1782: 3 <sup>RD</sup> READING PASSED AS AMENDED
SB 690 HB 726	Md. Health Insurance Coverage Protection Commission – Basic Health Program – Study	Sen. Benson Del. R. Lewis	Requires Health Insurance Coverage Protection Commission to study the feasibility of providing Basic Health Program coverage beginning Jan. 1, 2020; study to be included as part of Commission's annual report due Dec. 31, 2018  SB 690: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/22 @ 1 pm  HB 726: WITHDRAWN
SB 878 HB 1312	Md. Health Insurance Coverage Protection Commission – Medicaid Buy-In Study	Sen. Feldman Del. Kelly	Requires Health Insurance Coverage Protection Commission to study the feasibility of a Medicaid buy-in program to expand the health coverage choices available; study to be included as part of Commission's annual report due Dec. 31, 2018  SB 878: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/22 @ 1 pm  HB 1312: heard in HGO, 2/22
SB 1002 HB 1516	Public Health – Healthy Maryland Program – Establishment (Healthy Maryland Act of 2018)	Sen. Pinsky Del. Barron	Establishes Healthy Maryland Program to provide comprehensive universal single-payer health care coverage for all State residents beginning Jan. 1, 2020; all Medicaid, MCHP, Medicare and ACA subsidy funds would be deposited into the Healthy Maryland Trust Fund to pay for coverage and eliminate cost-sharing/premiums, and all programs would be merged into Healthy Maryland  SB 1002: heard in FIN, 3/7  HB 1516: heard in HGO, 3/5

Bill #	Subject	Sponsor	Background/Status
<b>Pharmacy</b>			
HB 1194 SB 1023	Health – Drug Cost Review Commission	Del. Peña-Melnyk  Sen. Conway	Establishes Drug Cost Review Commission (funded by assessments on manufacturers) to protect State residents, State & local governments, commercial health plans, providers, pharmacies & other stakeholders from excessive cost of prescription drugs; also establishes a Drug Cost Review Advisory Board to provide stakeholder input; manufacturers of brand-name & generic drugs must notify the commission at least 30 days prior to an increase in the wholesale acquisition cost of certain amounts (the commission shall also establish a threshold for reporting of other drugs that impose costs on the health system that create challenges to affordability); if the commission finds that spending on a specific product creates excess cost for payors and consumers, it shall establish reimbursement levels to be billed & paid  HB 1194: heard in HGO, 3/6  SB 1023: heard in FIN, 2/28
SB 169	Public Health – Prescription Drug & Medical Supply Access & Affordability Workgroup	Sen. Feldman	Requires MDH to convene a workgroup to study the advisability of forming a generic drugs & medical supplies purchasing cooperative and establishing Maryland as an open formulary State; report due Jan. 1, 2019  Heard in FIN, 2/7
SB 1208 HB 1766	SPDAP – Sunset Extension & Repeal of Subsidy for Medicare Part D Coverage Gap	Sen. Klausmeier  Del. Bromwell	Extends funding obligation for CareFirst to subsidize SPDAP through FY25 and extends SDPAP sunset through Dec. 31, 2024; removes CareFirst funding obligation for Medicare Part D ‘donut hole’  SB 1208: hearing in FIN, 3/21 @ 1 pm  HB 1766: hearing in HGO, 3/20 @ 1 pm

Bill #	Subject	Sponsor	Background/Status
<b>Long-Term Care</b>			
HB 851	Medicaid & MCHP – Home- & Community-Based Providers – Funding	Del. Reznik	Requires Gov’s budget for FY20 and beyond to include a 3.5% rate increase for home- & community-based providers over funding provided in the appropriation for the immediately-preceding fiscal year  Heard in HGO, 3/6
SB 206	Long-Term Care Insurance – Premium Rates & Benefits	Sen. Manno	Prohibits MDH from considering benefits paid to an individual after the coverage of a long-term care insurance policy converts to paid-up status, or distributions paid out from a 401(k) plan into which an employer made contributions, for purposes of determining allowable yearly income under Medicaid long-term care; also, any benefits paid out after a long-term care insurance policy converts to paid-up status may not be considered available income for purposes of determining eligibility for Medicaid  Heard in FIN, 2/7

Bill #	Subject	Sponsor	Background/Status
<b>Long-Term Care (cont'd)</b>			
SB 550 HB 782	Md. Achieving a Better Life Experience (ABLE) Program – Modifications	Sen. Zucker  Del. Waldstreicher	Authorizes money & assets in an ABLE account to be transferred upon the death of a designate beneficiary to their estate or to an ABLE account for another eligible person; an ‘agency or instrumentality of the State’ may not seek payment from an ABLE account or its proceeds for any amount of Medical Assistance paid for the beneficiary; amended to allow funds from certain college savings plans to be transferred to an ABLE account  SB 550: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/21 @ 1 pm  HB 782: heard in HGO, 2/21
SB 630 HB 1215	Nursing Homes – Partial Payment for Services Provided	Sen. Madaleno  Del. Peña-Melnyk	Requires MDH to make advance payments (upon request) to nursing homes for uncompensated program services provided to a resident who has filed an application for Medicaid program services, but their eligibility has not been determined within 90 days after the application was filed; the advance payment may not exceed 50% of the estimated amount due; if an advance payment is made and the resident’s application is approved, the Dept. shall pay the balance to the nursing home, but if their application is denied, the Dept. shall recover any advance payments made  Was SB 1109 last year  SB 630: heard in FIN, 3/1  HB 1215: 3 <sup>RD</sup> READING PASSED AS AMENDED
SB 757	Nursing Facilities – Quality Assessment – Exemption for State Veterans Home	Sen. Peters	Would exempt a State-owned nursing facility for veterans from the quality assessment  Heard in FIN, 3/1
SB 937 HB 1064	Md. Medical Assistance Program – Home- & Community-Based Waiver Services – Prohibition on Denial	Sen. Kelley  Del. West	Prohibits MDH from denying access to a HCBS waiver due to a lack of funding if an individual is discharged from a hospital or SNF directly to their home and waiver services are eligible to be paid for by Medicaid within 45 days after discharge  SB 937: heard in FIN, 3/7  HB 1064: heard in HGO, 3/6
SB 939 HB 1618	Community-Based Services Waivers & State Disabilities Plan – Alterations (Md. Disabilities Act)	Sen. Kelley  Del. Morales	Requires that at least half of HCBS waiver participants live in community-based housing immediately before they receive waiver services; the waiting list for waiver-eligible individuals must use valid testing instruments to assess the need for services on an objective scale, allocated services according to need and prioritizes services & supports for those w/ the greatest needs; waiting list individuals shall receive a copy of the Dept’s policies and shall be informed of their status on the list, how it was determined, how quickly they may expect to receive services and what services & supports they are likely to receive  Similar to SB 876/HB 1613 from last year  SB 939: heard in FIN, 3/7  HB 1618: heard in HGO, 3/7

Bill #	Subject	Sponsor	Background/Status
<b>Other Medicaid-Related Bills</b>			
HB 1113	Md. Medical Assistance Program – Services for Children w/ Prader-Willi Syndrome	Del. McMillan	Requires Dept. to apply for a 1915(c) home- & community-based services waiver for children w/ Prader-Willi syndrome under age 22 who meet nursing home/hospital/ICF for developmentally-disabled level-of-care  Heard in HGO, 3/6
HB 1310 SB 1101	Health Insurance – Provider Panels – Procedures & Credentialing Practices	Del. Ghrist  Sen. Eckardt	Requires insurers (incl. MCOs) to respond to a provider applicant within 15 days (instead of 30) that they intend to process their application, and accept or reject an applicant within 60 days (instead of 120) after that; also prevents insurers from imposing a limit on the number of providers at a health care facility that may be credentialed to participate on a provider panel  HB 1310: heard in HGO, 3/12  SB 1101: hearing in FIN, 3/21 @ 1 pm
HB 1460	Md. Medical Assistance Program – Proton Therapy Treatment Services	Del. Hayes	Requires Medicaid coverage of proton therapy treatment services for enrollees diagnosed w/ cancer  Heard in HGO, 3/13
HB 1574	Md. Medical Assistance Program – Health Record & Payment Clearinghouse Pilot Program	Del. Hill	Requires Health Care Commission to develop a health record & payment clearinghouse pilot program within MDH by July 1, 2019 (MDH to identify by Dec. 31, 2018 a program, group or patient population within Medicaid to which the pilot will apply)  Heard in HGO, 3/2
SB 163 HB 490	Public Health – Community Health Workers – Advisory Committee & Certification	Sen. Nathan-Pulliam  Del. Lam	Creates advisory committee (staffed by MDH) to advise on CHW training, criteria for denial, appeals, etc.; MDH must adopt regs establishing a procedure for accrediting CHW training programs and for certification of CHWs; also establishes a CHW fund to cover the MDH expenses relating to the certification of CHWs  Similar to SB 592/HB 1257 from 2014  SB 163: heard in FIN, 2/1  HB 490: 3 <sup>RD</sup> READING PASSED AS AMENDED
SB 211	Behavioral Health Programs – Medical Directors – Telehealth	Sen. Waugh	Requires that regs for behavioral health programs allow programs in a health professional shortage area to satisfy any regulatory requirement that the medical director be on-site through the director’s use of telehealth  3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/27 @ 1 pm
SB 259 HB 626	Md. Medical Assistance Program – Medication Adherence Technology Pilot Program	Sen. Middleton  Del. Cullison	Establishes pilot to expand the use of medication adherence technology to increase prescription drug adherence for Medicaid enrollees diagnosed w/ severe & persistent mental illness; pilot will serve 300 enrollees who (1) are dual-eligibles; (2) have severe & persistent mental illness & multiple co-morbidities; (3) are taking six or more oral medications; and (4) have annual health care costs over \$55,000; targeted enrollees will have COPD, diabetes, heart failure or hyper-tension; the pilot shall aim to achieve a 10% reduction in total health expenditures for participants; report on pilot due Sept. 1, 2021  Was SB 756 last year  SB 259: heard in FIN, 2/7  HB 626: heard in HGO, 2/13

Bill #	Subject	Sponsor	Background/Status
<b>Other Medicaid-Related Bills (cont'd)</b>			
SB 284	Md. Medical Assistance Program – Dental Coverage for Adults – Pilot Program	Sen. Middleton	Amended to require MDH to apply for an §1115 waiver amendment to implement a pilot program to provide limited dental coverage for adult Medicaid enrollees; the pilot program may limit participation to dual-eligibles of a certain age and to certain geographic regions of the State; report on status of waiver application due Dec. 1, 2018  Similar to HB 1158 from last year  3 <sup>RD</sup> READING PASSED AS AMENDED
SB 660 HB 1280	Md. Medical Assistance Program – REM Case Management Program – Waiver Amendment	Sen. Lee Del. Korman	Requires MDH to apply to CMS for an §1115 waiver amendment to the REM program to authorize enrollment for individuals aged 21-65 who have a qualifying diagnosis but are ineligible for the REM program due to enrollment in EID or are eligible for Medicaid through spend-down  SB 660: heard in FIN, 3/7  HB 1280: heard in HGO, 3/6
SB 682	Medical Assistance Program & Health Insurance – EMS Providers – Coverage & Reimbursement of Services	Sen. Hershey	Requires Medicaid and commercial insurers to reimburse EMS providers for mobile integrated health services, which includes health care services that are provided by an EMS provider that are within their scope of practice that are provided in a home or other community-based setting to an enrollees who do not require medical transport, and transportation provided to enrollees w/ low-acuity health conditions to- and-from ‘a location in which urgent health care services are provided to individuals’  Heard in FIN, 3/1
SB 704 HB 1652	Md. Medical Assistance Program – Telemedicine – Assertive Community Treatment & Mobile Treatment Services	Sen. Klausmeier Del. Sample-Hughes	Requires Dept. to reimburse psychiatrists who are providing assertive community treatment or mobile treatment services through telemedicine to enrollees located in a home- or community-based setting  SB 704: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/20 @ 1 pm  HB 1652: heard in HGO, 2/27
SB 706 HB 1197	Telehealth – Coverage for Breast Cancer Services	Sen. Klausmeier Del. Peña-Melnyk	Requires Medicaid and commercial insurers to provide reimbursement for diagnostic & symptom management services for breast cancer delivered through telehealth to a patient in a home setting; MDH to report on recommendations for services delivered through telehealth for breast cancer patients that can be delivered to a patient in a home setting, and the appropriate reimbursement necessary to implement expansion of telehealth coverage to include diagnostic & symptom management services  SB 706: WITHDRAWN  HB 1197: WITHDRAWN
SB 765 HB 772	MDH – Reimbursement for Services Provided by Certified Peer Recovery Specialists – Workgroup & Report	Sen. Mathias Del. Hayes	Amended to require MDH to convene a stakeholder workgroup to make findings & recommendations on issues related to the reimbursement of certified peer recovery specialists; report due Dec. 1, 2018  SB 765: 3 <sup>RD</sup> READING PASSED AS AMENDED  HB 772: 3 <sup>RD</sup> READING PASSED AS AMENDED

Bill #	Subject	Sponsor	Background/Status
<b>Other Medicaid-Related Bills (cont'd)</b>			
SB 774 HB 994	Md. Medical Assistance Program – Family Planning Services	Sen. Benson Del. Barron	Requires MDH to apply for a SPA to provide family planning services for individuals below 250% of FPL, w/ no age restrictions, presumptive eligibility and exempts Family Planning Program from federal coordination of benefits requirements; also extends length of time for which Medicaid+MCHP must provide coverage for a single dispensing of a supply of prescription contraceptives from 6 months to 12 months; amended to require MDH & MHBE to collaborate on establishing a presumptive eligibility process and integrating that process into Md. Health Connection  SB 774: heard in FIN, 2/28  HB 994: 3 <sup>RD</sup> READING PASSED AS AMENDED
SB 835 HB 1682	Md. Medical Assistance Program – Collaborative Care Pilot Program	Sen. Madaleno Del. Morales	Establishes program to implement a Collaborative Care Model in primary care settings for HealthChoice enrollees; three sites w/ certain characteristics to be selected to participate; requires Gov's budget to include \$550,000 in the annual budget  SB 835: 3 <sup>RD</sup> READING PASSED AS AMENDED
SB 862 HB 909	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  Was SB 877/HB 1347 last year  SB 862: heard in JPR, 2/21  HB 909: heard in HGO, 3/9
SB 886 HB 1477	Md. Medical Assistance Program – Work & Community Engagement Requirements – Waiver	Sens. Edwards & Serafini Del. Parrott	Requires MDH to apply by Oct. 1, 2018 for an §1115 waiver to implement a demonstration project establishing work or community engagement requirements on all 'able-bodied' adult enrollees who are eligible for Medicaid on a basis other than eligibility  SB 886: WITHDRAWN  HB 1477: heard in APP, 3/13
SB 923	Md. All-Payer Model Agreement – Medicare SNF 3-Day Rule – Waiver	Sen. Hershey	Requires MDH to apply for waiver of Medicare 3-day rule by Sept. 1, 2018 as part of extension of the All-Payer Model  Heard in FIN, 3/1
SB 943	Md. Medical Assistance Program & Health Insurance – Coverage – Hepatitis C Drugs	Sen. Nathan-Pulliam	Requires Medicaid & commercial insurers to provide coverage for hepatitis C drugs  Heard in FIN, 3/7
SB 1026	MDH – Employed Beneficiaries of Assistance Programs	Sen. Madaleno	Requires MDH to annually identify the 50 employers that have the highest # of employees enrolled in Medicaid; report due from MDH each year on Feb. 1  Heard in FIN, 2/28
SB 1185	Md. Medical Assistance Program – Waiver for Children w/ Autism Spectrum Disorder – Waiting List	Sen. Simonaire	Requires MDH & MSDE jointly to develop a process to review each year the waiting list for children to receive services through the autism waiver; the process must include a requirement that an individual be a resident of the State in order to be added or remain on the list, and they can be removed if they are no longer eligible, no longer reside in the State, no longer intends to participate or has not responded after 'reasonable' attempts to contact them  Hearing: FIN, 3/21 @ 1 pm

