

MEDICAID
2023 LEGISLATIVE BILL TRACKING

Bill #	Subject	Sponsor	Background/Status
Budget			
HB 202 SB 183	Budget Reconciliation & Financing Act	Speaker Jones President Ferguson	Reduces the amount of the Medicaid Deficit Assessment by \$50 million in FY24 HB 202: hearing in APP, 2/28 @ 1 pm SB 183: hearing in B & T, 3/1 @ 1 pm

Bill #	Subject	Sponsor	Background/Status
Health Care Reform			
HB 25	Public Health – Healthy Maryland Program – Establishment	Del. Acevero	Establishes Healthy Maryland Program to provide comprehensive universal single-payer health care coverage for all State residents beginning Jan. 1, 2025; all Medicaid, MCHP, Medicare and ACA subsidy funds would be paid by the federal gov't into the Healthy Maryland Trust Fund to pay for coverage and eliminate cost-sharing, and all programs would be merged into Healthy Maryland Was HB 534 in 2021 Hearing: HGO, 3/16 @ 1 pm
HB 329	Public Health – Commission on Universal Health Care	Del. Ruth	Establishes commission to develop a plan (by July 1, 2025) for the State to establish a universal health care program to provide health benefits to all residents of the State through a single-payer system Was HB 610 last year Hearing: HGO, 3/16 @ 1 pm

Bill #	Subject	Sponsor	Background/Status
MCOs			
HB 1108	Health Insurance Carriers & MCOs – Participation on Provider Panels	Del. R. Lewis	Changes the process by which MCOs & commercial insurers determine participation on provider panels and requires internal review systems to include grievances involving the rejection of a provider's application to participate on a provider panel Hearing: HGO, 3/9 @ 1 pm
SB 474 HB 716	MCOs – Acknowledgement of Responsibility for Payment of a Retroactive Denial – Repeal of Applicability	Sen. Klausmeier Del. Guzzone	Provides that an MCO that retroactively denies reimbursement to a provider is not required to provide the name & address of the entity acknowledging responsibility for payment of the denied claim SB 474: heard in FIN. 2/22 HB 716: hearing in HGO, 2/28 @ 1 pm

Bill #	Subject	Sponsor	Background/Status
Pharmacy			
HB 279 SB 202	Prescription Drug Affordability Board – Upper Payment Limits	Del. Cullison Sen. Feldman	Authorizes Board to set upper payment limits for drugs purchased by Medical Assistance program; upper payment limits shall be for prescription drugs that have led or will lead to an affordability challenge; upper payment limits may not apply to those drugs that are on FDA’s drug shortage list; Board to report by Dec.1, 2026 on legality, obstacles & benefits of setting upper payment limits, and whether the General Assembly should pass legislation expanding the Board’s authority to set upper payment limits on all drugs HB 279: 3 RD READING PASSED SB 202: 3 RD READING PASSED
HB 382 SB 895	Pharmacy Benefits Administration – Md. Medical Assistance Program & PBMs	Del. Kipke Sen. Ready	Requires reimbursement levels for prescription drugs provided by the Medical Assistance program (incl. PBMs that contract w/ MCOs) to be at least equal to NADAC plus the FFS dispensing fee (does not apply to pharmacies owned by PBMs or mail-order pharmacies) Similar to HB 1007 from last year Hearing: HGO, 3/2 @ 1 pm
SB 64	HIV Prevention Drugs – Prescribing & Dispensing by Pharmacists & Insurance Requirements	Sen. Lam	Requires Medicaid coverage of FDA-approved drugs for HIV prevention, incl. pre-exposure & post-exposure prophylaxis; commercial insurers & MCOs are prohibited from requiring prior authorization for HIV prevention drugs Was SB 355 last year Heard in FIN, 1/31
SB 441 HB 813	Md. Medical Assistance Program – Prescription Digital Therapeutics	Sen. Lam Del. S. Johnson	Requires Medicaid coverage for “prescription digital therapeutics” (defined as a product, device, Internet application or other technology that is FDA-approved and has an approved or clear application for the prevention, management or treatment of a disease, condition or disorder, uses software to achieve its intended result and can be dispensed only w/ a prescription) SB 441: hearing in FIN, 2/28 @ 1 pm HB 813: hearing in HGO, 3/2 @ 1 pm
SB 678 HB 1151	Health Insurance – Reimbursement for Services Rendered by a Pharmacist	Sen. Beidle Del. Bhandari	Requires Medicaid, MCHP & commercial insurers to provide coverage for all services rendered to an enrollee by a licensed pharmacist within their lawful scope of practice, to the same extent as services rendered by any other health care practitioner SB 678: hearing in FIN, 3/1 @ 1 pm HB 1151: hearing in HGO, 3/9 @ 1 pm

Bill #	Subject	Sponsor	Background/Status
Long-Term Care			
HB 318 SB 604	Md. Medical Assistance Program – Provider Agencies & Personal Care Aides – Reimbursement & Wages	Del. Bagnall Sen. Benson	Requires MDH to increase the hourly reimbursement rate for personal assistance services under Medicaid to a minimum of \$25 per hour; requires provider agencies to pay the greater of \$16 per hour or 64% of the reimbursement rate for personal care aides and to provide a written notice regarding wages; provider agencies required to provide annual cost reports to MDH Was HB 981 last year HB 813: heard in HGO, 2/14 SB 604: hearing in FIN, 3/7 @ 1 pm
SB 46	Funding for Wage Increases for Medical Provider Workers	Sen. Rosapepe	Requires that funding in the legislative appropriation for medical care provider reimbursements be used for wage increases for health care workers & staff in nursing homes who provide direct care for residents Was SB 761 last year WITHDRAWN
SB 180 HB 489	RSAs – Reimbursement – Personal Assistance Services	Sen. Beidle Del. R. Lewis	Authorizes the Dept. to reimburse an RSA for personal assistance services only if they are provided by an individual who is classified as an employee SB 180: heard in FIN. 2/9 HB 489: heard in HGO. 2/23
SB 230 HB 490	RSAs – Employee Registry	Sen. Beidle Del. R. Lewis	Requires MDH to establish & maintain a registry for each RSA employee who provides home health care Similar to SB 600/HB 544 from last year SB 230: heard in FIN, 2/9 HB 490: heard in HGO, 2/23
SB 255 HB 322	Public Health – Home- & Community-Based Services for Children & Youth	Sen. Hester Del. Bagnall	Requires the Dept. to expand access to and provide reimbursement for wrap-around services delivered under a high-fidelity wrap-around model under the 1915(i) model or a mental health case management program, as well as intensive in-home services delivered by providers using family-centered treatment, functional family therapy and other evidence-based practices under the 1915(i) model, and at least one pilot program using value-based purchasing for case management services; requires BHA to fund 100 slots in the mental health case management program in FY24 for children or youth at-risk for out-of-home placement who are not eligible for services; MDH must expand eligibility criteria to ensure that all children who are Medicaid-eligible will be able to use the 1915(i) model Gov required to include funding in annual budget bill to fund customized goods & services for youth receiving services under the 1915(i) model or mental health case management program SB 255: heard in FIN. 2/14 HB 322: heard in HGO. 2/21
SB 622 HB 1149	Medicaid Waiver Programs – Wait-List & Registry Reduction (End the Wait Act)	Sen. Zucker Del. Peña-Melnyk	Authorizes the use of Medicaid funds to be used for hiring & retaining providers in Medicaid waiver programs SB 622: hearing in B & T, 3/7 @ 1 pm

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Other Medicaid-Related Bills			
HB 48 SB 101	Md. Medical Assistance Program – Collaborative Care Model Services – Implementation & Reimbursement Expansion	Del. Bagnall Sen. Augustine	Repeals Collaborative Care Pilot Program and requires Dept. to implement and provide reimbursement for services provided in accordance w/ the Collaborative Care Model under the Medicaid program HB 48: heard in HGO, 2/7 SB 101: heard in FIN, 1/31
HB 82 SB 201	Md. Medical Assistance & Children’s Health Insurance Programs – School-Based Behavioral Health Services – Reimbursement	Del. Charkou-dian Sen. Hester	Requires MDH to apply to CMS for a SPA that authorizes reimbursement for medically-necessary behavioral health services provided in a school setting to all individuals enrolled in Medicaid or MCHP, regardless of whether the services are provided under an individualized educational program or individualized family service plan, as well as Medicaid+MCHP administrative claiming, as permitted by federal law HB 82: heard in HGO, 2/14 SB 201: heard in FIN, 2/7
HB 283 SB 460	Md. Medical Assistance Program – Gender-Affirming Treatment (Trans Health Equity Act)	Del. Kaiser Sen. M. Washington	Requires Medicaid coverage for gender-affirming treatment by Jan. 1, 2023; prohibits Medicaid from issuing an adverse benefit determination unless a provider w/ experience prescribing or delivering gender-affirming treatment has reviewed and confirmed its appropriateness Was HB 746 last year HB 283: heard in HGO, 2/14 SB 460: hearing in FIN, 2/28 @ 1 pm
HB 970	Md. Medical Assistance Program – Hospitals – Dental Services	Del. Peña-Melnyk	Requires MDH to require acute care hospitals that participate in the Medical Assistance program to develop a plan that demonstrates a commitment by the hospital to provide operating room time for dental services; by Jan. 1 each year, each acute care hospital must submit their plan to MDH for approval Hearing: HGO, 3/7 @ 1 pm
HB 1146 SB 948	Md. Medical Assistance Program – Adult & Pediatric Dental Services – Review of Reimbursement Rates	Del. Kipke Sen. Ready	Requires MDH to conduct a review of billed charges & reimbursement rates for adult & pediatric dental services beginning Dec. 1, 2023 and every three years thereafter; requires the Dept. to use the data gathered in the review to revise the reimbursement rates for adult & pediatric services and to ensure that the reimbursement rates paid are sufficient to ensure access to care for enrollees Hearing: HGO, 3/7 @ 1 pm
SB 26 HB 111	Md. Medical Assistance Program, MCHP & Social Services Programs – Eligibility & Enrollment	Sen. Augustine Del. Charkou-dian	Requires MDH to adopt express lane eligibility program for enrollment of individuals in Medicaid+MCHP based on eligibility findings for SNAP, and MDH may not consider any other income or eligibility requirements; MDH must apply for an §1115 waiver to the extent it is needed to maximize the number of individuals who may qualify SB 26: FAVORABLE W/ AMENDMENTS FIN HB 111: heard in HGO, 2/7

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Other Medicaid-Related Bills (cont'd)			
SB 75	Insurance & Medical Assistance Program – Treatment of Alopecia Areata – Coverage Requirements	Sen. Carter	Requires Medicaid coverage for treatment of alopecia areata, incl. one hair prosthesis and FDA-approved prescription drugs & medical devices Hearing in FIN. 3/15 @ 1 pm
SB 231 HB 716	Md. Medical Assistance Program – Autism Waiver – Military Families	Sen. Beidle Del. Guzzone	Requires that a child on the Autism Waiver registry remain on the registry if the child’s family relocates out of the state for military service Similar to HB 1185 from 2018; also SB 563 from 2015 SB 231: 3 RD READING PASSED AS AMENDED HB 716: hearing in HGO, 2/28 @ 1 pm
SB 237 HB 290	Public Health – Dental Services – Access	Sen. Klausmeier Del. Bagnall	Prohibits the Dept. from limiting eligibility for dental services based on an individual’s citizenship or immigration status; requires the Dept. to provide reimbursement for services provided to Medicaid enrollees by a community health worker that assist enrollees in accessing dental services; requires the Dept. to provide a 4% rate increase for Medicaid dental services, and to annually evaluate reimbursement rates for dental services; also requires the Dept. to report by Dec. 1, 2024 on dental provider participation in the Healthy Smiles program SB 237: heard in FIN, 2/14 HB 290: heard in HGO, 2/14
SB 362 HB 1249	Certified Behavioral Health Clinics – Established	Sen. Guzzone Del. Hornberger	Requires the Dept. to submit a SPA to CMS by Dec. 1, 2023 to establish CCBHCs; must cover all required services for individuals w/ mental health needs or substance use disorders at CCBHCs through a daily bundled payment methodology that is in alignment w/ federal payment from CMS for the CCBHC demonstration under §223 of the federal Protecting Access to Medicare Act of 2014; requires the Dept. to establish standards & methodologies for a prospective payment system to reimburse CCBHCs on a pre-determined fixed amount per day for covered services provided to enrollees; the Dept. must also establish a quality incentive payment system for CCBHCs that achieves specified thresholds on performance metrics established by the Dept. Heard in FIN, 2/14
SB 468 HB 725	Funding for Wage Increases for Medical Provider Workers Md. Medical Assistance Program, MCHP & Community First Choice Program – Reimbursement of Service Providers	Sen. Rosapepe Del. S. Johnson	Increases from 4% to 10% the reimbursement rate increase required for the FY24 budget for providers under Medicaid, MCHP & Community First Choice; requires 90% of funding to be used for wage increases; requires nursing homes to submit annual cost reports to MDH SB 468: hearing in B & T, 3/1 @ 1 pm HB 725: hearing in HGO, 3/7 @ 1 pm
SB 534	Preserve Telehealth Access Act of 2023	Sen. Gile	Amends SB 3 from 2021 to extend to June 30, 2025 the inclusion of audio-only phone conversations under the definition of “telehealth” Heard in FIN, 2/22

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
SB 572 HB 657	Md. Medical Assistance Program – Employed Persons w/ Disabilities	Sen. L. Young Del. S. Johnson	Requires MDH to provide Medicaid services to individuals enrolled in EID who are at least 16 years-old; eligibility may not be limited based on the enrollee’s earned or unearned income, or any assets or resources; MDH to apply to CMS for any SPAs or waivers necessary to implement this requirement Was SB 867 last year SB 572: hearing in FIN, 3/14 @ 1 pm HB 657: hearing in HGO, 2/28 @ 1 pm
SB 581	Behavioral Health Care Coordination Value-Based Purchasing Pilot Program	Sen. Klausmeier	Establishes pilot program in MDH to establish & implement an intensive care coordination model using VBP in the specialty behavioral health system; Gov must include \$600,000 in the annual budget for FY25-27 to fund the pilot program; MDH to report by Nov. 1, 2027 on findings & recommendations Hearing: FIN, 3/7 @ 1 pm
SB 582 HB 1148	Behavioral Health Care – Treatment & Access (Behavioral Health Model for Maryland)	Sen. Augustine Del. Moon	Establishes Commission on Behavioral Health Care Treatment & Access to make recommendations to provide appropriate, accessible & comprehensive behavioral health services; establishes Behavioral Health Care Coordination Value-Based Purchasing Pilot Program in MDH; requires MDH to submit a SPA to CMS by Dec. 1, 2023 to establish CCBHCs SB 582: hearing in FIN, 3/7 @ 1 pm HB 1148: hearing in HGO, 2/28 @ 1 pm
SB 625	Md. Medical Assistance Program & MCHP – Continuous Eligibility	Sen. Lam	Requires MDH to adopt 12-month continuous eligibility for children in Medicaid & MCHP, and requires MDH to adopt 24-month continuous eligibility for both adults & children in Medicaid & MCHP Hearing: FIN, 3/14 @ 1 pm
SB 627	Md. Medical Assistance Program – Emergency Dialysis Services	Sen. Lam	Requires Medicaid coverage for dialysis services to non-citizens beginning Jan. 1, 2025 Hearing: FIN, 3/14 @ 1 pm
SB 628	School-Based Health Centers – Services, Infrastructure & Funding	Sen. Lam	Requires Medicaid coverage for sports physicals performed by school-based health centers; requires MDH to include infrastructure needs in guidelines on the expansion of school-based health centers; and requires MDH to develop a school-based health center funding allocation formula by Jan. 1, 2024 Hearing: EEE, 2/28 @ 1 pm
SB 678 HB 1151	Health Insurance – Reimbursement for Services Rendered by a Pharmacist	Sen. Beidle Del. Bhandari	Requires Medicaid, MCHP & commercial insurers to provide coverage for all services rendered to an enrollee by a licensed pharmacist within their lawful scope of practice, to the same extent as services rendered by any other health care practitioner SB 678: hearing in FIN, 3/1 @ 1 pm HB 1151: hearing in HGO, 3/9 @ 1 pm
SB 688 HB 1157	Md. Medical Assistance Program – Employed Persons w/ Disabilities Program – Eligibility	Sen. L. Young Del. S. Johnson	Prohibits MDH from limiting eligibility for services under EID program based on the earned or unearned income of the applicant or the applicant’s spouse, or their assets or resources SB 688: hearing: FIN, 3/14 @ 1 pm

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
SB 805 HB 1217	Md. Medical Assistance Program & Health Insurance – Required Coverage for Biomarker Testing	Sen. Ellis Del. Kelly	Requires Medicaid (incl. MCOs) and commercial insurers to provide coverage for biomarker testing that is supported by medical & scientific evidence SB 805: hearing in FIN, 3/15 @ 1 pm HB 1217: hearing in HGO, 3/9 @ 1 pm