

**MEDICAID**  
**2023 LEGISLATIVE BILL TRACKING**

| Bill #           | Subject                               | Sponsor                                 | Background/Status   |
|------------------|---------------------------------------|---|---|
| <b>Budget</b>    |                                       |   |   |
| HB 202<br>SB 183 | Budget Reconciliation & Financing Act | Speaker Jones<br><br>President Ferguson | Reduces the amount of the Medicaid Deficit Assessment by \$50 million in FY24<br><br>HB 202: 3 <sup>RD</sup> READING PASSED AS AMENDED; 3 <sup>RD</sup> READING PASSED SENATE AS AMENDED<br><br>SB 183: heard in B & T, 3/1 |

| Bill #                    | Subject  | Sponsor      | Background/Status   |
|---------------------------|--|--------------|---|
| <b>Health Care Reform</b> |  |              |   |
| 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<br><br>Was HB 534 in 2021<br><br>Heard in HGO, 3/16 |
| 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<br><br>Was HB 610 last year<br><br>Heard in HGO, 3/16  |

| Bill #           | Subject   | Sponsor                             | Background/Status   |
|------------------|---|-------------------------------------|---|
| <b>MCOs</b>      |   |                                     |   |
| 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<br><br>WITHDRAWN   |
| SB 474<br>HB 716 | MCOs – Retroactive Denial of Reimbursement – Information in Written Statement | Sen. Klausmeier<br><br>Del. Guzzone | Provides that if a retroactive denial of reimbursement is the result of coordination of benefits, a written statement by an MCO to a provider shall include the name and address of the entity identified by the MCO as responsible for payment of the claim<br><br>SB 474: 3 <sup>RD</sup> READING PASSED AS AMENDED; FAVORABLE HGO<br><br>HB 716: 3 <sup>RD</sup> READING PASSED AS AMENDED |

| Bill #            | Subject   | Sponsor                           | Background/Status  |
|-------------------|---|-----------------------------------|--|
| <b>Pharmacy</b>   |   |                                   |  |
| HB 279<br>SB 202  | Prescription Drug Affordability Board – Upper Payment Limits                            | Del. Cullison<br><br>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<br><br>HB 279: 3 <sup>RD</sup> READING PASSED; FAVORABLE HGO<br><br>SB 202: 3 <sup>RD</sup> READING PASSED; heard in HGO, 3/23  |
| HB 382<br>SB 895  | MDH & Prescription Drug Affordability Board – MCOs & Prescription Drug Claims – Study   | Del. Kipke<br><br>Sen. Ready      | Originally required 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); House bill amended to require MDH & the Prescription Drug Affordability Board jointly to study the total amount of MCO paid pharmacies for prescription drug claims in 2021-22 and what the total amount would have been if they had been reimbursed at FFS rates, and how best to address the inconsistency in the amounts paid; report due Oct. 31, 2023<br><br>Similar to HB 1007 from last year<br><br>HB 382: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/29 @ 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<br><br>Was SB 355 last year<br><br>Heard in FIN, 1/31   |
| SB 441<br>HB 813  | Md. Medical Assistance Program – Prescription Digital Therapeutics                      | Sen. Lam<br><br>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)<br><br>SB 441: heard in FIN, 2/28<br><br>HB 813: heard in HGO, 3/2   |
| SB 678<br>HB 1151 | Health Insurance – Reimbursement for Services Rendered by a Pharmacist                  | Sen. Beidle<br><br>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<br><br>SB 678: 3 <sup>RD</sup> READING PASSED AS AMENDED; FAVORABLE HGO<br><br>HB 1151: 3 <sup>RD</sup> READING PASSED AS AMENDED   |

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| <b>Long-Term Care</b> |   |                              |  |
| HB 318<br>SB 604      | Md. Medical Assistance Program – Provider Agencies & Personal Care Aides – Reimbursement & Wage Reports | Del. Bagnall<br>Sen. Benson  | Originally required MDH to increase the hourly reimbursement rate for personal assistance services under Medicaid to a minimum of \$25 per hour, required 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; House bill amended to require provider agencies to provide annual cost reports to DoL. and MDH required to update 2018 report on reimbursement rate vs. actual cost to provide personal assistance services to enrollees under HCBS waiver programs, and develop a plan to close any identified differential gap in reimbursement rates<br><br>Was HB 981 last year<br><br>HB 318: 3 <sup>RD</sup> READING PASSED AS AMENDED<br><br>SB 604: heard in FIN, 3/7  |
| 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<br><br>Was SB 761 last year<br><br>WITHDRAWN   |
| SB 180<br>HB 489      | RSAs – Reimbursement – Personal Assistance Services   | Sen. Beidle<br>Del. R. Lewis | Authorizes MDH to reimburse an RSA for personal assistance services only if they are provided by someone classified as an employee; House bill amended implementation date to Oct. 1, 2024<br><br>SB 180: heard in FIN. 2/9<br><br>HB 489: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in FIN, 3/29 @ 1 pm  |
| SB 230<br>HB 490      | RSAs – Employee Registry  | Sen. Beidle<br>Del. R. Lewis | Requires MDH to establish & maintain a registry for each RSA employee who provides home health care<br><br>Similar to SB 600/HB 544 from last year<br><br>SB 230: heard in FIN, 2/9<br><br>HB 490: WITHDRAWN   |
| SB 255<br>HB 322      | Public Health – Home- & Community-Based Services for Children & Youth                                   | Sen. Hester<br>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; 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; MDH must report each year beginning Dec. 1, 2023 on 1915(i) model and child & adolescent case management services<br><br>SB 255: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/28 @ 1 pm<br><br>HB 322: 3 <sup>RD</sup> READING PASSED AS AMENDED |

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| <b>Long-Term Care (cont'd)</b> |  |                                     |  |
| SB 622<br>HB 1149              | Medicaid Waiver Programs – Wait-List & Registry Reduction (End the Wait Act) | Sen. Zucker<br><br>Del. Peña-Melnyk | Amends SB 636 from last year to require Medicaid funds to be used to provide community services to individuals waiting for services through waiver programs; a portion of the funds may be used for expanding provider capacity, incl. for hiring & retaining staff & providers, increasing rates & addressing other issues that limit provider capacity<br><br>SB 622: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/28 @ 1 pm<br><br>HB 1149: 3 <sup>RD</sup> READING PASSED AS AMENDED |

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| <b>Other Medicaid-Related Bills</b> |   |                                       |  |
| HB 48<br>SB 101                     | Md. Medical Assistance Program – Collaborative Care Model Services – Implementation & Reimbursement Expansion           | Del. Bagnall<br><br>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<br><br>HB 48: 3 <sup>RD</sup> READING PASSED<br><br>SB 101: 3 <sup>RD</sup> READING PASSED; FAVORABLE HGO  |
| HB 82<br>SB 201                     | Md. Medical Assistance & Children’s Health Insurance Programs – School-Based Behavioral Health Services – Reimbursement | Del. Charkoudian<br><br>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<br><br>HB 82: heard in HGO, 2/14<br><br>SB 201: heard in FIN, 2/7   |
| HB 283<br>SB 460                    | Md. Medical Assistance Program – Gender-Affirming Treatment (Trans Health Equity Act)                                   | Del. Kaiser<br><br>Sen. M. Washington | Requires Medicaid coverage for gender-affirming treatment by Jan. 1, 2024; 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; MDH must report annually beginning Jan. 1, 2025 on geographic access to gender-affirming treatment across the state<br><br>Was HB 746/SB 682 last year<br><br>HB 283: 3 <sup>RD</sup> READING PASSED AS AMENDED<br><br>SB 460: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/28 @ 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<br><br>Heard in HGO, 3/7   |

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| <b>Other Medicaid-Related Bills (cont'd)</b> |   |                                     |  |
| HB 1146<br>SB 948                            | MDH & Md. Health Care Commission – Dental Services Survey & Regional Needs Assessment         | Del. Kipke<br>Sen. Ready            | Requires MDH, in consultation w/ the Md. Hospital Association, to conduct a survey of hospitals to identify the availability of hospital operating room resources for dentist use; requires MDH & the Health Care Commission, in consultation w/ MHA & the Md. Ambulatory Surgery Association, to conduct a regional needs assessment for dental procedures that anesthesia or moderate sedation; requires MDH & the Health Care Commission, in consultation w/ MHA, to develop regional plans to ensure the availability of appropriate operating room space for dental procedures for Medicaid enrollees; report due from MDH & Health Care Commission by Dec. 1, 2023<br><br>HB 1146: 3 <sup>RD</sup> READING PASSED AS AMENDED; heard in FIN, 3/23 |
| HB 1278                                      | Pharmacists – Status as Health Care Providers & Reimbursement                                 | Del. Bhandari                       | Includes pharmacists in the definition of ‘health care provider’ for purposes of provisions of law relating to health care malpractice claims & HIV testing, and requires Medicaid, MCHP & commercial insurers to provide coverage for services within the scope of practice of a licensed pharmacist<br><br>Was HB 1219 last year<br><br>WITHDRAWN  |
| SB 26<br>HB 111                              | Md. Medical Assistance Program, MCHP & Workgroup on Low-Income Utility Assistance             | Sen. Augustine<br>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 §1115 waivers to the extent it is needed to maximize the number of individuals who may qualify, and must make all reasonable efforts to expedite enrollment in the express lane eligibility program provided that MDH may propose or implement the use of express lane eligibility for renewals before proposing or implementing it for initial enrollment<br><br>SB 26: 3 <sup>RD</sup> READING PASSED AS AMENDED; heard in HGO, 3/21<br><br>HB 111: 3 <sup>RD</sup> READING PASSED AS AMENDED                |
| 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<br><br>Heard in FIN. 3/15   |
| SB 231<br>HB 726                             | Md. Medical Assistance Program – Autism Waiver – Military Families                            | Sen. Beidle<br>Del. Guzzone         | Requires that a child on the Autism Waiver registry remain on the registry if their family relocates out of the state for military service<br><br>Similar to HB 1185 from 2018; also SB 563 from 2015<br><br>SB 231: 3 <sup>RD</sup> READING PASSED AS AMENDED; FAVORABLE HGO<br><br>HB 716: 3 <sup>RD</sup> READING PASSED  |

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| <b>Other Medicaid-Related Bills (cont'd)</b> |   |                                      |  |
| SB 237<br>HB 290                             | Public Health – Dental Services – Access  | Sen. Klausmeier<br><br>Del. Bagnall  | House bill amended to require MDH to annually evaluate reimbursement rates for dental services; requires the Dept. to report by Dec. 1, 2024 on dental provider participation in the Healthy Smiles program; also requires the Dept. to report Dec. 1, 2024 on providing reimbursement for services provided to Medicaid enrollees by a community health worker<br><br>SB 237: heard in FIN, 2/14<br><br>HB 290: 3 <sup>RD</sup> READING PASSED AS AMENDED |
| SB 362<br>HB 1249                            | Certified Behavioral Health Clinics – Planning Grant Funds & Demonstration Application  | Sen. Guzzone<br><br>Del. Hornberger  | Requires MDH to apply to the federal Substance Abuse & Mental Health Services Administration for federal planning, development & implementation grant funds related to CCBHCs for FY25, and for inclusion in the state CCHBC demonstration program for FY25<br><br>SB 362: 3 <sup>RD</sup> READING PASSED AS AMENDED   |
| SB 468<br>HB 725                             | Funding for Wage Increases for Medical Provider Workers<br><br>Md. Medical Assistance Program, MCHP & Community First Choice Program – Reimbursement of Service Providers | Sen. Rosapepe<br><br>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<br><br>SB 468: heard in B & T, 3/1<br><br>HB 725: heard in HGO, 3/7  |
| 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”<br><br>3 <sup>RD</sup> READING PASSED AS AMENDED; heard in HGO, 3/21   |
| SB 572<br>HB 657                             | Md. Medical Assistance Program – Employed Persons w/ Disabilities   | Sen. L. Young<br><br>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<br><br>Was SB 867 last year<br><br>SB 572: heard in FIN, 3/14<br><br>HB 657: heard in HGO, 2/28  |
| 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<br><br>3 <sup>RD</sup> READING PASSED; hearing in HGO, 3/28 @ 1 pm  |
| SB 582<br>HB 1148                            | Behavioral Health Care – Treatment & Access (Behavioral Health Model for Maryland)  | Sen. Augustine<br><br>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<br><br>SB 582: heard in FIN, 3/7<br><br>HB 1148: 3 <sup>RD</sup> READING PASSED AS AMENDED  |

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| <b>Other Medicaid-Related Bills (cont'd)</b> |   |                                  |  |
| 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<br><br>Heard in FIN, 3/14   |
| SB 627                                       | Md. Medical Assistance Program – Emergency Dialysis Services                                | Sen. Lam                         | Requires Medicaid coverage for dialysis services to non-citizens beginning Jan. 1, 2025<br><br>Heard in FIN, 3/14  |
| 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<br><br>Heard in EEE, 2/28  |
| SB 678<br>HB 1151                            | Health Insurance – Reimbursement for Services Rendered by a Pharmacist                      | Sen. Beidle<br>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<br><br>SB 678: 3 <sup>RD</sup> READING PASSED AS AMENDED; FAVORABLE HGO<br><br>HB 1151: 3 <sup>RD</sup> READING PASSED AS AMENDED |
| SB 688<br>HB 1157                            | Md. Medical Assistance Program – Employed Persons w/ Disabilities Program – Eligibility     | Sen. L. Young<br>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<br><br>SB 688: WITHDRAWN<br><br>HB 1157: WITHDRAWN  |
| SB 805<br>HB 1217                            | Md. Medical Assistance Program & Health Insurance – Required Coverage for Biomarker Testing | Sen. Ellis<br>Del. Kelly         | Requires Medicaid (incl. MCOs) and commercial insurers to provide coverage for biomarker testing that is supported by medical & scientific evidence by July 1, 2025; MDH to report on fiscal impact of this coverage by Dec. 1, 2024<br><br>SB 805: 3 <sup>RD</sup> READING PASSED AS AMENDED; hearing in HGO, 3/30 @ 1 pm<br><br>HB 1217: 3 <sup>RD</sup> READING PASSED AS AMENDED       |