

MEDICAID
2017 LEGISLATIVE BILL TRACKING

Bill #	Subject	Sponsor	Background/Status
Budget			
HB 152/ SB 172	Budget Reconciliation & Financing Act of 2017	Speaker Busch President Miller	Specifies that budgeted Medicaid deficit assessment shall be \$364,825,000 for FY18, \$329,825,000 for FY19 and \$294,825,000 for FY2020, w/ \$25 million annual reduction in the assessment for FY21 and beyond; also specifies that eligibility+benefits rules in place on Jan. 1, 2017 for Medicaid may not be altered to make it more difficult to apply, expand cost-sharing or impose new limits on covered benefits, except for changes to provider networks and PDL (does not apply to reimbursement rates, shifts from grants to FFS payments or policies adopted by MCOs); eligibility+benefits rules may be altered if the changes are (1) required under federal law, (2) included in legislation passed by the General Assembly, (3) proposed in the annual State budget or (4) submitted in writing to MMAC; in developing any program changes, the Dept. shall establish a stakeholder group with which to collaborate HB 152: BECAME LAW – Ch. 23 SB 172: heard in B & T, 3/1

Bill #	Subject	Sponsor	Background/Status
Behavioral Health			
HB 189	Hospitals – Substance Use Treatment Demonstration Program – Requirements	Del. Morhaim	Authorizes up to five hospitals to participate in a substance use treatment demonstration program to identify best practices to identify patients who may be in need of substance use treatment, and screen the patients using a standardized process & screening tool and then refer those who are in need of treatment to the appropriate health care & support services; each hospital that participates shall operate an inpatient+outpatient program or ensure that these services are made available; hospitals seeking to participate shall apply to HSCRC Was HB 908 last year Heard in HGO, 2/28
HB 515	Hospitals – Establishment of Substance Use Treatment Program – Requirements	Del. Morhaim	Requires hospitals to establish substance use treatment programs to identify patients in need of treatment and admit them to the appropriate treatment setting or direct them to the appropriate outpatient setting; hospitals must operate inpatient and outpatient substance use treatment units or contract out for this service, and the program must include a counselor who is available 24 hours a day/7 days per week to provide screening, intervention, referral & treatment for patients and evaluate patients & direct them to the appropriate care setting. HSCRC must including funding for these treatment programs in hospitals' rates, and develop a methodology to evaluate the effectiveness of the program Was HB 908 last year Heard in HGO, 2/28

Bill #	Subject	Sponsor	Background/Status
Behavioral Health (cont'd)			
SB 476 HB 580	Behavioral Health Community Providers – Keep the Door Open Act	Sen. Guzzone Del. Hayes	Amended to require Gov's budget for FY19-20 to include 3.5% rate increase for community behavioral health providers; Medicaid & BHA are required to conduct a 'cost-driven' rate-setting study by Sept. 30, 2019 to set community provider rates, and develop & implement a system that incorporates the study's findings (a 3% rate increase is to be included in the Gov's budget for FY21 and beyond until the new system is implemented); if services are provided by MCOs, they must pay rates in effect during prior fiscal year for the first year they provide services, and adjust the rate each succeeding fiscal year by at least the same amount; report due Dec. 1, 2019 and annually thereafter on the impact of the rate adjustments and the payment system on community providers Was SB 497/HB 595 last year SB 476: 3 RD READING PASSED AS AMENDED; heard in HGO, 3/28 HB 580: heard in HGO, 2/28
SB 967 HB 1329	Heroin & Opioid Prevention Effort (HOPE) & Treatment Act of 2017	Sen. Klausmeier Del. Bromwell	Amended to require Gov's budget for FY19-20 to include 3.5% rate increase for community behavioral health providers; Medicaid & BHA are required to conduct a 'cost-driven' rate-setting study by Sept. 30, 2019 to set community provider rates, and develop & implement a system that incorporates the study's findings (if BHA does not implement the system, the Gov's budget must include a 3% rate increase in FY21); if services are provided by MCOs, they must pay rates in effect during prior fiscal year for the first year they provide services, and adjust the rate each succeeding fiscal year by at least the same amount; report due Dec. 1, 2019 and annually thereafter on the impact of the rate adjustments and the payment system on community providers SB 967: PASSED ENROLLED HB 1329: PASSED ENROLLED

Bill #	Subject	Sponsor	Background/Status
Pharmacy			
SB 415 HB 631	Public Health – Essential Off-Patent or Generic Drugs – Price Gouging – Prohibition	President Miller Speaker Busch	Prohibits price-gouging by manufacturers & distributors of 'essential' off-patent or generic drugs; authorizes Medicaid to notify the Attorney General of any increase in the drug's price when there are three or fewer manufacturers actively making & marketing the drug, and the price increase would result in a 50%+ increase in WAC within the preceding one-year period or would result in a 50%+ increase in the price paid by the Medicaid program within the preceding one-year period, or would cost more than \$80 for a 30-day supply, full course of treatment or a single dose; manufacturer must submit a statement within 20 days explaining reasons for the price increase; AG may require a manufacturer to produce any relevant records to determine whether a violation has occurred; a circuit court may issue an order (1) compelling a manufacturer or distributor to provide the statement & records; (2) restraining a price increase, (3) restoring any money acquired as the result of a price increase, (4) requiring the manufacturer to make a drug available at the previous price level for up to a year and (5) imposing a civil penalty of up to \$10,000 for each violation SB 415: heard in FIN, 2/15 HB 631: PASSED ENROLLED

Bill #	Subject	Sponsor	Background/Status
Pharmacy (cont'd)			
SB 437 HB 666	Md. Health Insurance Coverage Protection Commission – Review of Drug Price Transparency and Notification Laws & Initiatives	Sen. Conway Del. Bromwell	Originally required manufacturers of expensive drugs to send an annual report to DHMH on drug costs; amended to require the commission established by SB 571 to review (1) drug price transparency and notification laws & initiatives implemented in other states; and (2) information on drug pricing reported by manufacturers & other entities in other states; the Commission shall review this information to assess proposals for the adoption & implementation of laws or other initiatives in Maryland, and include any findings & recommendations from its review in its annual report to the General Assembly SB 437: 3 RD READING PASSED AS AMENDED HB 666: heard in HGO, 2/23
SB 756 HB 1216	Md. Medical Assistance Program – Medication Adherence Technology Pilot Program	Sen. Astle Del. Cullison	Establishes pilot to expand the use of medication adherence technology to increase prescription drug adherence for Medicaid enrollees diagnosed w/ severe & present 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 hypertension; the pilot shall aim to achieve a 10% reduction in total health expenditures for participants; report on pilot program due Sept. 1, 2020 SB 756: heard in FIN, 3/1 HB 1216: heard in HGO, 3/7

Bill #	Subject	Sponsor	Background/Status
Long-Term Care			
SB 876 HB 1613	Individuals w/ Disabilities – Establishing Community-Based LTSS (Md. Disability Integration Act)	Sen. Kelley Del. Morales	Requires Dept. of Disabilities to adopt a comprehensive plan to provide community-based long-term services & supports; the plan must include a specific & reasonable timeframe and measurable goals by which the progress toward completion of the plan can be measured, and it must be funded using funds from any source, including State appropriations & federal grants SB 876: WITHDRAWN
SB 1109 HB 1599	Nursing Homes – Partial Payment for Services Provided	Sen. Madaleno Del. Morgan	Requires DHMH & DHR to submit a report to FIN, B&T, HGO & APP on the % of long-term care eligibility applications filed betw. Oct. 1, 2017-Mar. 31, 2018 that did not receive a determination within 90 days; if the percentage of applications exceeds 20%, DHMH must make advance payments to nursing homes for uncompensated program services provided to residents who filed an application for services, but eligibility was not determined within 90 days; 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, but if their application is denied, the Dept. shall recover any advance payments made Was SB 939 last year SB 1109: 3 RD READING PASSED AS AMENDED; heard in HGO, 4/10

Bill #	Subject	Sponsor	Background/Status
MCOs			
HB 444	Public Health – Participation in Healthy Lifestyle Programs – Incentives & Tax Credits	Del. Queen	Authorizes use of HealthChoice Performance Incentive Fund to include financial incentives to promote participation in a healthy lifestyle program by MCO enrollees; establishes \$500 tax credit for participation in a healthy lifestyle program WITHDRAWN

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills			
HB 458 SB 604	Visual Impairments – Requirements for Teacher Training, Student Screening & Md. Medical Assistance Program Coverage	Del. Kittleman Sen. Bates	Originally required Medicaid coverage for vision rehabilitation & habilitation for individuals below 133% of poverty; amended to remove Medicaid coverage requirement HB 458: heard in HGO, 2/14 SB 604: 3 RD READING PASSED AS AMENDED; 3 RD READING PASSED HOUSE AS AMENDED
HB 658 SB 570	Md. Medical Assistance Program – Telehealth – Requirements	Del. Bromwell Sen. Middleton	Requires coverage of and reimbursement for health care services that are appropriately delivered through telehealth, incl. health care services that are delivered through ‘store and forward’ technology or remote patient monitoring; for purposes of reimbursement, services provided through telehealth are deemed to be equivalent to the same service when provided in-person; DHMH may not limit eligibility for reimbursement of services provided through telehealth based on the type of setting in which the services are provided to Medicaid enrollees; the Dept. must also make available to the public on its website a directory of providers who are registered as providing services to enrollees by telehealth SB 570: heard in FIN, 2/23 HB 658: WITHDRAWN
HB 736	Workgroup to Recommend Possible Reforms to Maryland’s Health Care System	Del. West	Requires DHMH to convene a workgroup to recommend possible reforms to the State’s health care system if (1) ACA is repealed; (2) Medicaid is reformed in a significant way; (3) developments at the federal level have an impact on the Md. Health Benefits Exchange; or (4) the all-payer waiver is terminated Heard in HGO, 3/10
HB 847	Md. Medical Assistance Program – Benefits for Individuals Who Are Incarcerated or Institutionalized	Del. Queen	Requires six months presumptive eligibility for individuals on release from incarceration or from an IMD; DHMH must establish a process (in conjunction w/ DPSCS) to train & certify staff for determining presumptive eligibility WITHDRAWN
HB 1083 SB 1081	Health – Family Planning Services – Continuity of Care	Del. Pendergrass Sen. Madaleno	Establishes Family Planning Program to ensure continuity of family planning services (funding for services shall be in addition to any funding applied by DHMH before Dec. 31, 2016 to the MOE requirement for federal funding under Title X); Medical Assistance program must ensure access & continuity of services provided by family planning providers that received funding under Title X as of Dec. 31, 2016 by reimbursing for services provided and establishing program requirements for family planning providers that are the same as for other providers of the same services HB 1083: BECAME LAW – Ch. 28 SB 1081: RETURNED PASSED

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
HB 1158	Md. Medical Assistance Program – Comprehensive Dental Benefits for Adults – Authorization	Del. McKay	Requires coverage of comprehensive dental services for adults below 133% of poverty beginning Jan. 1, 2019 Heard in HGO, 3/14
SB 82 HB 180	DHMH – Renaming	Sen. Middleton Del. Morhaim	Renames DHMH to be ‘Md. Dept. of Health’ (MDH) Was HB 613 in 2010 SB 82: SIGNED INTO LAW – Ch. 214 HB 180: RETURNED PASSED
SB 169	Health – Cost of Emergency Room Visits to Treat Dental Conditions & Coverage of Dental Services Under Medicaid – Study	Sen. Middleton	Authorizes Md. Dental Action Coalition to conduct a study to determine the annual cost of ER visits to treat dental conditions of adult Medicaid enrollees, adults w/ private insurance and uninsured adults, and whether it is ‘advisable’ to include dental services for Medicaid enrollees who are adults w/ incomes below 133% of poverty; report is due Dec. 1, 2017; authorizes Medicaid to provide coverage of dental services for adults below 133% of poverty beginning Jan. 1, 2019 if the study finds that it is advisable PASSED ENROLLED
SB 363 HB 613	Pharmacists – Contraceptives – Prescribing & Dispensing	Sen. Conway Del. Hettleman	Amends SB 848 from last year to require Medicaid & MCHP to provide coverage for services rendered by a licensed pharmacist to the same extent as services provided by any other licensed practitioner for screening & prescribing contraceptives for enrollees SB 363: RETURNED PASSED HB 613: PASSED ENROLLED
SB 571 HB 909	Md. Health Insurance Coverage Protection Act	Sen. Middleton Del. Peña-Melnyk	Establishes commission to monitor potential & actual federal changes to, and assess the impact on, the Affordable Care Act, Medicaid, MCHP, Medicare and the Md. All-Payer Model, and provide recommendations for State & local action to protect access to affordable health coverage; report due annually Dec. 31, 2017-19 SB 571: BECAME LAW – Ch. 17 HB 909: 3 RD READING PASSED AS AMENDED
SB 877 HB 1347	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 877: heard in JPR, 2/23 HB 1347: heard in HGO, 3/6
SB 903	Health & Aging Programs – Establishment & Funding Requirements	Sen. Ferguson	Establishes ACCU program in DHMH to provide funding to local health depts. to provide outreach, education & care coordination services to Medicaid enrollees and uninsured/under-insured individuals; also requires DHMH to develop and use a formula to allocate funding under the Long-Term Care Ombudsman Program & the Public Guardianship Program among local jurisdictions that takes into account the specific needs of the senior population, incl. the number of seniors living in poverty who are minorities (Gov’s FY19 budget submission must include additional \$1 million in funding for those programs) WITHDRAWN

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
SB 984 HB 1233	Md. Medical Assistance Program – Enhanced Security Compassionate Release Program	Sen. Nathan-Pulliam Del. Sydnor	Requires Dept. to apply to CMS for a waiver by Oct. 1, 2017 to establish a program (capped at 500 enrollees) to provide services to individuals in State correctional facilities who need skilled nursing care and were released ‘as if on parole’ because they are terminally-ill or medically-incapacitated SB 984: WITHDRAWN HB 1233: WITHDRAWN
SB 1020	Md. Health Care Regulatory Reform Act of 2017	Sen. Middleton	Would merge Health Care Commission & HSCRC into Md. Health Care & Cost Review Commission Heard in FIN, 3/21