

MEDICAID
2022 LEGISLATIVE BILL TRACKING

Bill #	Subject	Sponsor	Background/Status
Health Care Reform			
SB 493 HB 610	Public Health – Commission on Universal Health Care	Sen. Pinsky Del. Ruth	Establishes commission to develop a plan 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 SB 493: heard in FIN, 2/9 HB 510: heard in HGO, 3/10

Bill #	Subject	Sponsor	Background/Status
Pharmacy			
HB 1006	PBMs – Network Adequacy, Credentialing & Reimbursement	Del. Kipke	Requires MIA to establish new criteria to assess the network adequacy of PBMs, including assessments of geographic distances and reimbursement rates, as well as prohibiting PBMs and purchasers from requiring a pharmacist or pharmacy to maintain accreditation, certification, or credentialing requirements that exceed what is required in current state requirements for licensure or relevant federal or state standards; also would prohibit a PBM or purchaser from charging a contracted pharmacy, or holding a contracted pharmacy responsible for, a fee or performance-based reimbursement related to the adjudication of a claim or an incentive program that is not specifically enumerated by the PMB or purchaser at the time of the claim processing; would also allow a pharmacy to decline to dispense a prescription drug if the amount reimbursed is less than the pharmacy acquisition cost for that drug WITHDRAWN
HB 1007	Md. Medical Assistance Program & MCOs That Use PBMs – Reimbursement & Requirements	Del. Kipke	Requires that Medicaid establish reimbursement levels, rather than maximum reimbursement levels, for drug products for which there is a generic equivalent; requires minimum reimbursement levels be at least equal to NADAC for generic products, plus the FFS dispensing fee determined by MDH in accordance w/ most-recent in-State cost-of-dispensing survey Heard in HGO, 3/10
SB 19 HB 229	Pharmacists – Administration of Injectable Medications for Treatment of STIs	Del. K. Young	Amended to require Medicaid+MCHP coverage for injectable medications for treatment of STIs SB 19: PASSED ENROLLED HB 229: RETURNED PASSED
SB 323 HB 578	Public Health – Medications to Treat an Opioid Use Disorder – Preferred & Non-Preferred Medications	Sen. Augustine Del. Kaiser	Amended to require MDH to adopt a reporting system to monitor the prescribing of medications to treat opioid use disorders; MDH must also analyze patterns of prescribing medications, conduct outreach and identify barriers related to prescribing medications to treat OUD and report annually by Oct. 1 on findings SB 323: SIGNED INTO LAW – Ch. 82 HB 578: SIGNED INTO LAW – Ch. 83
SB 355	HIV Prevention Drugs – Prescribing & Dispensing by Pharmacists & Insurance Requirements	Sen. Lam	Requires Medicaid coverage of drugs for HIV prevention, incl. pre-exposure & post-exposure prophylaxis; commercial insurers & MCOs prohibited from requiring prior authorization for HIV drugs 3 RD READING PASSED AS AMENDED; heard in HGO, 3/24

Bill #	Subject	Sponsor	Background/Status
Long-Term Care			
HB 544 SB 600	Health Facilities – RSAs – Reporting Requirement	Del. Qi Sen. Kelley	Requires residential service agencies that receive Medicaid reimbursement for home care provided by personal care aides to report annually by Oct. 1 on the number of personal care aides classified by the RSA as employees and independent contractors; by July each year, MDH must create a report concerning Medicaid reimbursement rates, the cost of delivering services and aggregated employment classifications of individuals who provide personal care (report to be submitted to FIN & HGO) HB 544: RETURNED PASSED SB 600: PASSED ENROLLED
SB 28 HB 80	Home- & Community-Based Services Waiver – Participation & Applications	Sen. Kelley Del. Cullison	Requires HCBS Options waiver to include at least 7,500 participants; MDH must send waiver applications to all individuals on the waiting list if there are fewer than 600 on the list, and to at least 600 individuals if there are more than 600 on the list (applications must ‘clearly and conspicuously’ state that the applicant must submit the application within six weeks, and the applicant must meet all of the eligibility criteria within six months after submitting the application); amendments require MDH to apply for 1915(c) waiver by Oct. 31, 2022 to increase waiver cap size to be consistent w/ the bill HB 80: 3 RD READING PASSED AS AMENDED SB 28: RETURNED PASSED
SB 527 HB 1051	Elderly Individuals – Howard County & Montgomery County Adult Day Health Care Services Pilot Program & Task Force	Sen. Feldman Del. Kelly	Establishes pilot program to integrate the provision of medical adult day care services, health care services & medical services provided under Medicaid; authorizes counties to jointly authorize the operation of one or more integrator entities to coordinate the services provided under the pilot program SB 527: RETURNED PASSED HB 1051: RETURNED PASSED
SB 636 HB 1403	Md. Dept. of Health – Waiver Programs – Wait-List Reduction (End the Wait Act)	Sen. Zucker Del. Peña-Melnyk	Requires MDH to develop plans to reduce the wait-list for its waiver programs by 50% beginning in FY24 (plans to be submitted to General Assembly by Jan. 1, 2023); beginning w/ FY24, Gov must include sufficient funds in the annual budget submission to carry out this requirement SB 636: RETURNED PASSED HB 1403: RETURNED PASSED
SB 743	Md. Medical Assistance Program – Affordable Assisted Living Enhanced Care Pilot Program	Sen. Washington	Establishes pilot program for affordable assisted living enhanced care residences for provision of enhanced care to adults who are at least 60 years old; prohibits a residence selected for the program from being prohibited from admitting individuals not eligible for the program; MDH to report findings on program by Nov. 1, 2024 Heard in FIN, 3/8
SB 863 HB 981	Md. Medical Assistance Program – Personal Care Aides – Reimbursement & Required Wage	Sen. McCray Del. Henson	Requires Medicaid to increase the reimbursement rate for long-term care services & supports by 15% by July 1, 2023; requires provider agencies to pay personal care aides at least \$16 per hour by July 1, 2023; requires provider agencies to submit cost reports to MDH SB 863: heard in FIN, 3/8 HB 981: heard in HGO, 3/9

Bill #	Subject	Sponsor	Background/Status
MCOs			
SB 207	Insurance Carriers & MCOs – Cybersecurity Standards	Sen. Kelley	Requires insurers (incl. MCOs) to develop, implement & maintain a comprehensive written information security program based on their risk assessment program MIA departmental SIGNED INTO LAW – Ch. 231
SB 395 HB 413	Health Insurance – Individual Market Stabilization – Extension of Provider Fee	President Ferguson Speaker Jones	Continues stabilization of individual market by extending to CY28 the assessment of a health insurance provider fee (incl. MCOs) Governor bill SB 395: heard in FIN, 2/9 HB 413: SIGNED INTO LAW – Ch. 59
SB 787 HB 970	MCOs & Health Insurance Carriers – Prior Authorization for HIV Post-Exposure Prophylaxis – Prohibition	Sen. Feldman Del. Kelly	Prohibits MCOs & commercial insurers from applying a prior authorization requirement for prescription drugs used as post-exposure prophylaxis for the prevention of HIV SB 787: heard in FIN, 2/23 HB 970: RETURNED PASSED

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
HB 6 SB 150	Md. Medical Assistance Program – Dental Coverage for Adults	Del. Cullison Sen. Augustine	Requires Medicaid coverage of dental services (incl. diagnostic, preventive, restorative & periodontal services) for adults below 133% of poverty, beginning Jan. 1, 2023 HB 6: RETURNED PASSED SB 150: RETURNED PASSED
HB 44 SB 295	Md. Medical Assistance Program – Emergency Service Transporters – Reimbursement	Del. Hornberger Sen. Gallion	Requires reimbursement for EMS transporters for the cost of transportation & medical services to increase by \$50 in FY23 and remain at that level for each subsequent fiscal year; also requires reimbursement for mobile integrated health services at a rate of at least \$100 (to increase by \$50 in FY23 and remain at that level for each subsequent year); MDH to report by Nov. 1, 2024 on adequacy of the rate of reimbursement; requires MIEMMS report by Dec. 31, 2022 on emergency & non-emergency interfacility transport system for Medicaid enrollees HB 44: 3 RD READING PASSED AS AMENDED SB 295: PASSED ENROLLED
HB 627	Md. Medical Assistance Program – Registered Behavior Technicians – Reimbursement	Del. Kelly	Requires Medicaid reimbursement for applied behavior analysis services provided by registered behavior technicians; prohibits MDH from requiring individuals to receive certification to provide these services as a condition of receiving reimbursement WITHDRAWN
HB 670	Md. Health Care Commission – Study on Expansion of Interstate Telehealth	Del. Wilkins	Requires Health Care Commission to report by Dec. 1, 2023 on ways that interstate telehealth can be expanded to allow Maryland residents to use telehealth to receive health care services from out-of-state practitioners Heard in HGO, 2/10

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
HB 684 SB 659	Md. Medical Assistance Program – Psychiatric Inpatient Care – Admissions Restrictions (Psychiatric Hospital Admissions Equity Act)	Del. Bagnall Sen. Benson	Prohibits MDH from limiting or restricting admission of a Medicaid enrollee for inpatient care at a specialty psychiatric hospital or an acute general care hospital that has separately identified inpatient psychiatric service unless it is based on medical necessity or it is established in regulation; amended to require report on average length-of-stay due each year beginning July 1, 2024 HB 684: RETURNED PASSED SB 659: 3 RD READING PASSED AS AMENDED
HB 746 SB 682	Md. Medical Assistance Program – Gender-Affirming Treatment (Trans Health Equity Act of 2022)	Del. Kaiser Sen. 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 in delivering gender-affirming treatment has reviewed and confirmed the appropriateness of the determination HB 746: heard in HGO, 3/2 SB 682: 3 RD READING PASSED AS AMENDED; heard in HGO, 3/24
HB 1233	Public Schools – Health & Vision Services – Required Screenings & Eye Examinations	Del. Hill	Requires vision screenings, eye exams & provision of glasses when appropriate to public school students once in the 1st grade, once in Grades 3 or 4, and once in Grades 8 or 9 (students could exempt with evidence of receipt of optometrist or ophthalmologist services within the past year); would also require MSDE to create a Vision for Maryland Program that would oversee the Vision to Learn program, which would expand vision services in schools Heard in W & M, 3/8
HB 1266	Dentists – Saliva Lead-Poisoning Screening Tests – Scope & Practice Requirements	Del. P. Young	Would allow dentists to perform lead screening using a saliva-based test for children under the age of 19 WITHDRAWN
SB 166 HB 765	Md. Medical Assistance Program – Doula Services – Coverage	Sen. Ellis Del. Breidges	Senate bill amended to require doulas providing services under Medicaid to meet certification requirements and are authorized by MDH to provide services to Medicaid enrollees; MDH must review the participation of doulas in the Medicaid program and evaluate the effectiveness of doula services covered by the program; services are to be reimbursed at a rate equal to the lesser of the customary charge the provider charges to the general public (unless the services are free to individuals not eligible for the program), or the program's fee schedule SB 166: RETURNED PASSED HB 765: heard in HGO, 2/16
SB 244 HB 534	Md. Medical Assistance Program – Self-Measured Blood Pressure Monitoring	Sen. Feldman Del. Bhandari	Requires Medicaid coverage for self-measured blood pressure monitoring for all enrollees diagnosed w/ uncontrolled high blood pressure, incl. the provision of validated home blood pressure monitors & reimbursement of providers & other staff time for patient training, transmission of blood pressure data, interpretation of readings & reporting and the delivery of co-interventions (i.e., educational materials or classes, behavioral change management & medication management), effective Jan. 1, 2023 SB 244: RETURNED PASSED HB 534: RETURNED PASSED

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Other Medicaid-Related Bills (cont'd)			
SB 339	Crimes – Penalties & Procedures (Violent Firearm Offender Act of 2022)	Sen. Hough	Requires Commissioner of Correction to provide inmates being released w/ a re-entry kit that includes (1) contact info for entities that specialize in providing re-entry services, housing assistance, SUD treatment & mental health services; (2) if the inmate is eligible for Medicaid benefits, assistance in obtaining Medicaid benefits; and (3) if the inmate is not eligible for Medicaid benefits, contact info for MHBE Heard in JPR, 2/10
SB 350 HB 1005	Md. Medical Assistance Program – Community Violence Prevention Services	Sen. Sydnor Del. Smith	Requires Medicaid program to provide community violence prevention services beginning July 1, 2023 to enrollees who have been exposed to community violence or have a personal history of injury sustained as a result of community violence and have been referred by a health care or social services provider to a certified violence prevention professional to receive community violence prevention services SB 350: RETURNED PASSED HB 1005: RETURNED PASSED
SB 460 HB 517	Health – Insurance Coverage Information	Sen. Augustine Del. R. Lewis	Establishes Consumer Health Access Program for Mental Health & Addiction Care to provide consumer assistance services and collect and analyze data from program participants and providers to identify & help resolve barriers to treatment; amended to create an advisory council (incl. Medicaid representation) to advise UMB School of Social Work & recommend improvements to the program SB 460: 3 RD READING PASSED AS AMENDED HB 517: heard in HGO, 2/23
SB 503 HB 669	Md. Medical Assistance Program – Doula Services – Coverage	Sen. Lam Del. Wilkins	Requires Medicaid coverage for doula services; participating doulas to meet certification requirements and are authorized by MDH to provide services to Medicaid enrollees; MDH must review the participation of doulas in the Medicaid program and evaluate the effectiveness of doula services covered by the program; services are to be reimbursed at a rate equal to the lesser of the customary charge the provider charges to the general public (unless the services are free to individuals not covered by the program), or the program's fee schedule SB 503: heard in FIN, 2/22 HB 669: RETURNED PASSED
SB 531 HB 636	Md. Health Care Commission – Assisted Living Programs – Study	Sen. Beidle Del. Belcastro	Requires Health Care Commission, in consultation w/ Medicaid, OHCQ, the Md. Long-Term Care Ombudsman, the Gov's Workforce Development Board & interested stakeholders to study the quality of care in assisted living programs w/ nine or fewer beds SB 531: RETURNED PASSED HB 636: RETURNED PASSED
SB 549 HB 715	ASOs – Requirements for Retraction, Repayment or Mitigation of Claims	Sen. Augustine Del. Valentino-Smith	Prohibits an ASO that administers the delivery of specialty mental health services under Medicaid from retracting, requiring repayment of or seeking mitigation of claims made by providers unless the ASO provides them w/ forms and info SB 549: heard in FIN, 2/16 HB 715: heard in HGO, 3/2

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Other Medicaid-Related Bills (cont'd)			
SB 637 HB 935	Health & Health Insurance – Behavioral Health Services – Expansion (Behavioral Health System Modernization Act)	Sen. Augustine Del. Bagnall	Requires Medicaid coverage for behavioral health peer recovery, measurement-based care and crisis response services; also requires MDH to review & consider options for adopting existing programs or services to provide wrap-around services for children & youth w/ primary substance abuse disorders SB 637: 3 RD READING PASSED AS AMENDED HB 935: heard in in HGO, 3/9
SB 778 HB 1080	Md. Medical Assistance Program – Children & Pregnant Women (Healthy Babies Equity Act)	Sen. Lam Del. Peña-Meln yk	Requires Medicaid coverage for comprehensive medical care & other health care services to non-citizen pregnant women who would qualify for the program but for their immigration status & their children up to 1 year of age SB 778: 3 RD READING PASSED HB 1080: BECAME LAW – Ch. 28
SB 840 HB 1084	COVID-19 Response Act of 2022	Sen. Rosapepe Del. Peña-Meln yk	Requires Medicaid coverage for COVID-19 tests & related administrative services for uninsured individuals; requires MDH to develop recommendations for approaches the Medicaid program can take to incentivize health care provider vaccination efforts, vaccination among Medicaid enrollees and MCOs to develop & meet vaccination targets SB 840: heard in FIN, 3/2 HB 1084: heard in HGO, 3/14
SB 867	Md. Medical Assistance Program – EID Program – Requirements (Equal Love for Employees w/ Disabilities Act)	Sen. Lee	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 Heard in FIN, 3/8
SB 868 HB 1020	DDA – Self-Directed Services (Self-Direction of Services Act of 2022)	Sen. Lee Del. K. Young	Requires DDA (in consultation w/ stakeholders) to establish & provide training materials to coordinators of community services on self-directed services, incl. training materials on self-directed services policies & resources; DDA must provide any support broker services, and may not establish a limit on the dollar amount of individual-directed family goods & services provided to an enrollee or the number of hours of overnight supports provided to an enrollee who receives self-directed services; the State may not require an enrollee to demonstrate competency before DDA authorizes them to receive self-directed services; DDA must provide 40 hours of support broker services each month that are authorized under guidance issues by CMS under §1915(c); DDA must submit an amendment to CMS on the Community Pathways Waiver that includes overnight supports requirements by Jan. 1, 2023; DDA must ‘leverage’ federal funding to pay for the services in the bill SB 868: RETURNED PASSED HB 1020: RETURNED PASSED