

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: SIGNED INTO LAW – Ch. 103 SB 183: heard in B & T, 3/1

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 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 Was HB 610 last year Heard in HGO, 3/16

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systems to include grievances involving the rejection of a provider's application to participate on a provider panel WITHDRAWN
SB 474 HB 716	MCOs – Retroactive Denial of Reimbursement – Information in Written Statement	Sen. Klausmeier 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 SB 474: SIGNED INTO LAW – Ch. 109 HB 716: SIGNED INTO LAW – Ch. 108

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: SIGNED INTO LAW – Ch. 39 SB 202: SIGNED INTO LAW – Ch. 40
HB 374 SB 565	Health Insurance – Audits of Pharmacies & Pharmacists	Del. Kipke Sen. Ready	Requires MDH to adopt regs for PBMs that contract w/ MCOs that establish requirements for conducting audits of pharmacies or pharmacists that are substantively similar to the audit provisions of Insurance Article §15-1629 and consistent w/ federal law HB 374: PASSED ENROLLED
HB 382 SB 895	MDH & Prescription Drug Affordability Board – MCOs & Prescription Drug Claims – Study	Del. Kipke 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 that 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 Similar to HB 1007 from last year HB 382: SIGNED INTO LAW – Ch. 217
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: heard in FIN, 2/28 HB 813: heard in HGO, 3/2
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: RETURNED PASSED HB 1151: RETURNED PASSED

Bill #	Subject	Sponsor	Background/Status
Long-Term Care			
HB 318 SB 604	Md. Medical Assistance Program – Provider Agencies & Personal Care Aides – Reimbursement & Wage Reports	Del. Bagnall 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 Was HB 981 last year HB 318: 3 RD READING PASSED AS AMENDED 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 Was SB 761 last year WITHDRAWN
SB 180 HB 489	RSAs – Reimbursement – Personal Assistance Services	Sen. Beidle 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 SB 180: heard in FIN, 2/9 HB 489: 3 RD READING PASSED AS AMENDED; heard in FIN, 3/29
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: WITHDRAWN
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; 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 SB 255: RETURNED PASSED HB 322: PASSED ENROLLED

Bill #	Subject	Sponsor	Background/Status
Long-Term Care (cont'd)			
SB 622 HB 1149	Medicaid Waiver Programs – Wait-List & Registry Reduction (End the Wait Act)	Sen. Zucker 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 SB 622: RETURNED PASSED HB 1149: RETURNED PASSED

Bill #	Subject	Sponsor	Background/Status
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: RETURNED PASSED SB 101: RETURNED PASSED
HB 82 SB 201	Md. Medical Assistance & Children’s Health Insurance Programs – School-Based Behavioral Health Services – Reimbursement	Del. Charkoudian 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, 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 Was HB 746/SB 682 last year HB 283: PASSED ENROLLED SB 460: RETURNED PASSED
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 Heard in HGO, 3/7

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
HB 1146 SB 948	MDH & Md. Health Care Commission – Dental Services Survey & Regional Needs Assessment	Del. Kipke Sen. Ready	House bill amended to require 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 HB 1146: SIGNED INTO LAW – Ch. 219
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 Was HB 1219 last year WITHDRAWN
SB 26 HB 111	Md. Medical Assistance Program, MCHP & Workgroup on Low-Income Utility Assistance	Sen. Augustine Del. Charkoudian	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 SB 26: RETURNED PASSED HB 111: PASSED ENROLLED
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 Heard in FIN, 3/15
SB 231 HB 726	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 their family relocates out of the state for military service Similar to HB 1185 from 2018; also SB 563 from 2015 SB 231: RETURNED PASSED HB 726: RETURNED PASSED
SB 237 HB 290	Public Health – Dental Services – Access	Sen. Klausmeier 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 SB 237: 3 RD READING PASSED AS AMENDED HB 290: PASSED ENROLLED

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
SB 362 HB 1249	Certified Behavioral Health Clinics – Planning Grant Funds & Demonstration Application	Sen. Guzzone 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 FY26 SB 362: RETURNED PASSED HB 1249: 3 RD READING PASSED AS AMENDED
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: heard in B & T, 3/1 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 definition of “telehealth” RETURNED PASSED
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: heard in FIN, 3/14 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 RETURNED PASSED
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 (Gov to include \$600,000 in annual budget submission in FY25-26 for pilot program) SB 582: RETURNED PASSED HB 1148: RETURNED PASSED
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 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 Heard in FIN, 3/14

Bill #	Subject	Sponsor	Background/Status
Other Medicaid-Related Bills (cont'd)			
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 Heard in EEE, 2/28
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: RETURNED PASSED HB 1151: RETURNED PASSED
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: WITHDRAWN HB 1157: WITHDRAWN
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 by July 1, 2025; MDH to report on fiscal impact of this coverage by Dec. 1, 2024 SB 805: PASSED ENROLLED HB 1217: PASSED ENROLLED