

**MEDICAID**  
**2009 LEGISLATIVE BILL TRACKING**

| Bill #                         | Subject                                    | Sponsor                                 | Background/Status   |
|--------------------------------|--|---|---|
| <b>Health Care Reform</b>      |  |   |   |
| <b>SB 515</b><br><b>HB 860</b> | Healthy Maryland Program                   | Sen.<br>Middleton<br><br>Del.<br>Hammen | <p>Renames MHIP to be 'Healthy Maryland Program' and changes purpose from high risk pool for medically-uninsurable to providing access for residents without access to employer-sponsored coverage w/ incomes below the level set by the Board of Directors; each resident who lacks access to employer-sponsored coverage is required to obtain creditable coverage through the program effective Jan. 1, 2010 (shall be the exclusive coverage available to residents without access to employer-sponsored coverage); Board to establish community rate for the program, adjusted by age, family composition and incentives for healthy behavior (participating carriers will charge the rates set by the Board); employers w/ 9+ FTEs that are not a contributing employer must pay a per-employee contribution as determined by the Health Care Commission; requires all individuals w/ incomes above 300% of poverty to have health coverage or they must pay a \$1,000 penalty (\$2,000 for couples and \$1,000 per uninsured child)</p> <p>SB 515: heard in FIN, 3/4</p> <p>HB 860: heard in HGO, 3/19</p>   |
| <b>SB 813</b><br><b>HB 951</b> | Health Insurance Affordability Act of 2009 | Sen. Jones<br><br>Del.<br>Hubbard       | <p>Comprehensive health care reform bill – establishes Md. Health Insurance Pool to replace MHIP for purchasers in the individual/small group market to obtain affordable health coverage; Pool is available to those without access to employer-sponsored insurance, small employers, large employers and dependents of those eligible (effective Jan. 1, 2011, the Pool will be the sole mechanism for creditable coverage for those without access to employer-sponsored coverage and small employers); the Pool will subsidize coverage for enrollees w/ incomes below 400% of poverty raises eligibility for Medicaid parents expansion from 116% of poverty to 300% of poverty (parents pay \$50 monthly premium, not to exceed 4% of monthly income) and for Medicaid childless adults from 116% of poverty to 200% of poverty; establishes premium assistance program where individuals who are eligible for Medicaid and are offered employer-sponsored health insurance may choose to get coverage through Medicaid or receive premium assistance for employer coverage; if a Medicaid-eligible individual is offered employer-sponsored coverage from an employer w/ 100+ employees, Medicaid must pay the entire portion of the premium for which the employee is responsible and if a Medicaid-eligible individual is offered employer-sponsored coverage from an employer w/ less than 100 employees, the program shall pay the subsidy for which the individual is eligible; individuals without access to employer-sponsored coverage may elect to receive coverage through Medicaid or premium assistance for coverage for under the Md. Health Insurance Pool; establishes Md. Catastrophic Reinsurance Benefit Plan to provide reinsurance benefits designed to reduce cost of health insurance premiums by 10%; establishes Healthy Maryland Fund consisting of 2% payroll employer tax, increased alcohol &amp; tobacco taxes, hospital assessment and Senior Prescription Drug Program funds and would provide money for Pool subsidies, reinsurance benefits, Medicaid expansions, and \$50 million over two years for the design, development &amp; implementation of a 'state-of-the-art' Medicaid eligibility system (including a electronic interface w/ other State &amp; federal</p> |

| Bill #                              | Subject   | Sponsor                            | Background/Status   |
|-------------------------------------|---|------------------------------------|---|
| <b>Health Care Reform (cont'd)</b>  |   |                                    |   |
| <b>SB 813</b><br><br><b>HB 951</b>  | Health Insurance Affordability Act of 2009 (cont'd) | Sen. Jones<br><br>Del.<br>Hubbard  | <p>information systems and a uniform application for determining eligibility for Medicaid, MCHP and the low-income subsidies for the Pool), \$50 million over five years for additional caseworkers in local health departments &amp; local departments of social services to enroll the Medicaid expansion population, \$50 million over five years for an expanded Medicaid benefits package covering adult dental, residential treatment for alcohol &amp; drug abuse, \$22.5 million over five years for the activities of the Md. Institute for Clinical Value, \$50 million over five years for the expansion of alcohol &amp; drug abuse services (through ADA) for adults &amp; adolescents without access to 3<sup>rd</sup> party coverage, funds for the operation of SPDAP, \$22 million over five years for a Statewide Health Information Exchange, \$24 million in hospital subsidies for electronic health records, \$35 million for physician subsidies for electronic health records, \$25 million over five years for grants to local health departments for public health efforts, \$10 million over five years for a loan forgiveness program for primary care clinicians, \$22.5 million for grants to programs that train &amp; upgrade the qualifications of health care personnel, \$50 million over five years for addressing racial, ethnic, disability &amp; socioeconomic disparities, \$10.76 million over five years to implement the Advance Directives Registry; includes health coverage mandate for all taxpayers and dependent children, or they must pay a penalty equal to 10% of the average premium they would pay for a basic plan offered through the Pool (exceptions for Medicaid-eligible but not enrolled, those not eligible for Medicaid and those whose costs for health coverage would exceed certain amounts); establishes Evidence-Based Prescriber Education &amp; Outreach Program; establishes Md. Institute for Clinical Value to develop policies &amp; strategies that direct health spending toward services that are evidence-based, provide value to consumers and improve public health; establishes Md. Prevention Trust for Health Promotion in the Institute to reduce health disparities</p> <p>SB 813: heard in FIN, 3/18</p> <p>HB 951: heard in HGO, 3/19</p> |
| <b>SB 756</b>                       | Consumer Health Open Insurance Coverage Act of 2009 | Sen. Pipkin                        | <p>Creates Health Insurance Exchange in DHMH to provide choice of health insurance plans for those in small group market; also requires all future Medicaid program waivers to be provided through the Exchange, and requires Medicaid benefits to be provided to enrollees on a sliding-scale premium basis to all non-disabled Medicaid-eligible individuals under age 65</p> <p>WITHDRAWN</p>  |
| <b>SB 881</b><br><br><b>HB 1186</b> | Md. Health System Act of 2009                       | Sen. Pinsky<br><br>Del. Montgomery | <p>Single-payer universal coverage bill; Medicaid funds to be transferred into Md. Health System Fund; DHMH to apply for waivers to receive federal matching funds</p> <p>SB 881: heard in FIN, 3/4</p> <p>HB 1186: heard in HGO, 3/19</p>  |

| Bill #                         | Subject   | Sponsor                               | Background/Status  |
|--------------------------------|---|---------------------------------------|--|
| <b>Budget</b>                  |   |                                       |  |
| <b>HB 101</b><br><b>SB 166</b> | Budget Reconciliation & Financing Act   | Speaker Busch<br><br>President Miller | Provides \$12 million to Prince George's County Hospital in FY10; converts MHIP to Medicaid waiver program; allows CareFirst funds to be used to subsidize PAC Program; authorizes Governor to transfer remaining Senior Prescription Drug Program surplus funds to the General Fund<br><br>HB 101: PASSED ENROLLED<br><br>SB 166: heard in B & T, 3/4 |
| <b>SB 774</b><br><b>HB 815</b> | Medical Malpractice Liability Insurance – Garrett County Memorial Hospital – Subsidy for Practitioners Who Perform Obstetrical Services – Extension | Sen. Edwards/<br>Del. Beitzel         | Provides subsidies to providers in Garrett County from Medicaid Account in Provider Rate Stabilization Fund in FY10-12 for their medical professional liability insurance policies<br><br>SB 774: UNFAVORABLE HGO<br><br>HB 815: UNFAVORABLE HGO   |

| Bill #                         | Subject   | Sponsor                       | Background/Status   |
|--------------------------------|---|-------------------------------|---|
| <b>Pharmacy</b>                |   |                               |   |
| <b>HB 574</b><br><b>SB 708</b> | Prescription Drugs – Evidence-Based Prescriber Education & Outreach Program                 | Del. Hubbard<br><br>Sen. Pugh | Creates academic-detailing program to provide health care professionals w/ evidence-based information to support prescribing decisions, effective Apr. 1, 2011; requires DHMH (in consultation w/ Board of Physicians and Board of Pharmacy) to work w/ Md. School of Pharmacy to develop, implement & promote (Dept. may contract w/ the School to administer); funded by \$2,500 annual fee to be paid by all drug manufacturers and labelers in the State<br><br>HB 574: WITHDRAWN<br><br>SB 708: heard in FIN, 3/11 |
| <b>HB 1472</b>                 | Health Insurance – Senior Prescription Drug Assistance Program – Funding                    | Del. Hammen                   | Specifies that funding from CareFirst to SPDAP to subsidize the Medicare Part D coverage gap is in addition to the annual funding amount provided for the operation and administration of SPDAP<br><br>MHIP bill<br><br>RETURNED PASSED   |
| <b>HB 1477</b>                 | Health – Pharmaceutical Manufacturer Advertising & Gifts to Health Care Providers – Reports | Del. Hammen                   | Requires drug manufacturers to report annually on amounts they spend on advertising and gifts to providers<br><br>DHMH bill<br><br>WITHDRAWN  |
| <b>SB 196</b>                  | Pharmaceutical Manufacturers – Disclosure of Payments to Physicians                         | Sen. Kelley                   | Requires drug manufacturers to disclose to Health Care Commission all payments made to physicians for speeches, consulting or research<br><br>UNFAVORABLE FIN   |

| Bill #                          | Subject   | Sponsor                          | Background/Status  |
|---------------------------------|---|----------------------------------|--|
| <b>Long-Term Care</b>           |   |                                  |  |
| <b>HB 113</b><br><b>SB 761</b>  | DHMH – Long-Term Care Supports & Services – Report  | Del. Hubbard                     | Originally added DBED, DBM & Higher Ed. Dept. to committee and required committee to report by Jan. 1, 2010 on reform of Medicaid long-term care services; amended to require DHMH to complete report instead<br><br>HB 113: PASSED ENROLLED<br><br>SB 761: PASSED ENROLLED  |
| <b>HB 782</b><br><b>SB 664</b>  | Nursing Facilities – Accountability Measures – Pay-For-Performance Program                          | Del. James<br>Sen. Garagiola     | Requires DHMH to develop accountability measures for use in a pay-for-performance program in consultation w/ nursing facilities and other stakeholders; by Dec. 1, 2009 DHMH must make necessary changes, in consultation w/ nursing facilities and stakeholders, to determine the effect on providers and if the measures satisfy certain requirements; specifies that up to 25% of quality assessment revenues shall be in an incentive program; by July 1, 2009, DHMH is required to score nursing facilities based on criteria in Dec. 2008 report and then send a transmittal to each nursing facility with the scoring criteria, the facility's performance and the monies that would have been received; 50% of quality assessment revenues to be distributed beginning July 1, 2010, 100% of revenues to be distributed beginning July 1, 2011<br><br>HB 782: PASSED ENROLLED<br><br>SB 664: RETURNED PASSED |
| <b>SB 635</b><br><b>HB 1149</b> | Md. Medical Assistance Program – Uniform Statewide Transportation System for Non-Emergency Services | Sen. Della<br>Del. Montgomery    | Requires Dept. to develop uniform statewide transportation system for non-emergency services; system must be operated by a single entity that responds directly to DHMH; Dept. must select an entity through a competitive bid process by Oct. 1, 2009<br><br>SB 635: heard in FIN, 3/11<br><br>HB 1149: WITHDRAWN   |
| <b>HB 1119</b>                  | DHMH – Federal Waiver – Waiver for Medicaid Coordinated Long-Term Care Program                      | Sen. Middleton<br>Del. V. Turner | Requires Dept. to apply for a waiver by Dec. 1, 2009 to establish a program requiring enrollment in a 'coordinated long-term care program' based on CommunityChoice<br><br>WITHDRAWN   |

| Bill #                         | Subject  | Sponsor                  | Background/Status   |
|--------------------------------|--|--------------------------|---|
| <b>MCOs</b>                    |  |                          |   |
| <b>HB 145</b><br><b>SB 481</b> | Health Insurance – Dental Provider Panels – Provider Contracts                 | Del. Kach<br>Sen. Pipkin | Removes exemption for dental provider panels from current requirements regarding provider contracts<br><br>HB 145: PASSED ENROLLED<br><br>SB 481: RETURNED PASSED   |
| <b>HB 526</b><br><b>SB 646</b> | Credentialing of Health Care Providers by MCOs, Insurance Carriers & Hospitals | Del. Pena-Melnyk         | Makes provisions of law relating to credentialing of health care providers by insurers apply to MCOs; requires DHMH to designate a specific form as uniform standard credentialing form for hospitals<br><br>HB 526: SIGNED INTO LAW – Ch. 91<br><br>SB 646: SIGNED INTO LAW – Ch. 90 |

| Bill #                              | Subject  | Sponsor                                 | Background/Status   |
|-------------------------------------|--|---|---|
| <b>Other Medicaid-Related Bills</b> |  |   |   |
| <b>HB 181</b><br><b>SB 487</b>      | Md. Cancer Treatment Program   | Del.<br>Nathan-Pulliam/<br>Sen. Pugh    | Creates program to provide health insurance coverage for first year of cancer treatment; eligible individuals must reside in Md. at time of diagnosis, have documentation from physician that they need treatment for cancer and have incomes below 116% of poverty in FY2012, 200% of poverty in FY2013 and 300% of poverty in FY2014; program to use Medicaid resources for individual eligibility, enrollment & tracking services and provider enrollment, billing & payment services (providers reimbursed at Medicaid rate)<br><br>HB 181: WITHDRAWN<br><br>SB 487: heard in FIN, 2/25 |
| <b>HB 462</b>                       | Medicaid State Plan & Medical Assistance Program – Amendments & Waiver Applications                      | Del.<br>Hubbard                         | Requires Dept. to publish any changes to the State Plan in the Md. Register and submit them to the Medicaid Advisory Committee, and make SPAs available to the public and provide an opportunity to receive public comments (already required for waivers)<br><br>PASSED ENROLLED   |
| <b>HB 500</b>                       | Baltimore City – Medical Assistance Programs – Eligibility & Enrollment Information Mailings to Students | Del.<br>Tarrant                         | Amended to require Baltimore City Public School System to disclose the name, address & eligibility info of each student in the city who is enrolled in the Nat'l School Lunch Program to DHMH (unless parents decline), and requires DHMH to then send eligibility & enrollment info for Medicaid & MCHP to the parent of those students<br><br>RETURNED PASSED   |
| <b>HB 507</b>                       | Inmates – Hepatitis C – Counseling & Referral to Medical Home  | Del.<br>Nathan-Pulliam                  | Requires DPSCS, in collaboration w/ DHR & DHMH, to develop a process by July 1, 2010 to refer inmates w/ hepatitis C to DHR & DHMH for enrollment in Medicaid<br><br>RETURNED PASSED  |
| <b>HB 580</b>                       | Foster Kids Coverage Act   | Del.<br>Mizeur                          | Requires Medicaid coverage of independent foster care adolescents (under the age of 21 and who were in State foster care on their 18 <sup>th</sup> birthday) who have incomes below 300% of poverty<br><br>RETURNED PASSED  |
| <b>HB 739</b><br><b>SB 952</b>      | Md. Medical Assistance Program – Substance Abuse Services  | Del.<br>Hammen<br><br>Sen.<br>Middleton | Adds substance abuse services to PAC beginning in FY11; also requires Governor to transfer \$3.3 million in ADAA funds in FY10 to fund the benefit; requires MCOs to submit substance abuse data to the Dept. semi-annually, and DHMH must collaborate w/ MCOs to establish transparent process & objective criteria to qualify certified addiction treatment programs as providers<br><br>HB 739: RETURNED PASSED<br><br>SB 952: RETURNED PASSED   |
| <b>HB 1096</b>                      | DHMH – Substance Abuse Services  | Del.<br>Hammen                          | Creates substance abuse carve-out effective July 1, 2010; ADAA to design and monitor delivery system and reimburse providers on a fee-for-service basis; DHMH to contract w/ an ASO<br><br>Heard in HGO, 3/5  |
| <b>HB 1001</b>                      | DHMH – Md. Medical Assistance Program – Reporting by Financial Institutions on Enrolled Employees        | Del. Frick                              | Requires banks to report to DHMH on the number of employees that they employ in the State and the number employees who are enrolled in Medicaid<br><br>Heard in HGO, 3/10   |

| Bill #                                       | Subject  | Sponsor                               | Background/Status   |
|--|--|---------------------------------------|---|
| <b>Other Medicaid-Related Bills (cont'd)</b> |  |                                       |   |
| <b>HB 1213</b>                               | The 21 <sup>st</sup> Century Health Eligibility Systems Act                | Del. Mizeur                           | Requires DHMH & DHR to update systems used to determine eligibility and process claims for Medicaid by Dec. 31, 2012<br><br>WITHDRAWN   |
| <b>HB 1279</b>                               | Md. Medical Assistance Program – Family Planning Services                  | Del. Mizeur                           | Requires Medicaid to provide family planning services to all women w/ incomes below 250% of poverty<br><br>WITHDRAWN  |
| <b>HB 1295</b>                               | Kids First Coverage Incentive Act  | Del. Mizeur                           | Makes permanent the provisions of <b>HB 1391</b> from 2008, which required the Comptroller to send applications and enrollment instructions for Medicaid & MCHP to taxpayers w/ incomes below the highest eligibility limit for those programs; also, requires children in families w/ incomes above 500% of poverty to have health insurance or their parents may not deduct an exemption for them on their tax return (beginning with 2012 tax year)<br><br>WITHDRAWN   |
| <b>HB 1307</b>                               | Health Insurance Requirements – Public Work Contracts                      | Del. Hucker                           | Requires public work contractors to ‘participate in a health care program’ for its employees or make payments to Medicaid program<br><br>WITHDRAWN  |
| <b>SB 272</b><br><b>HB 304</b>               | Md. False Health Claims Act  | President Miller<br><br>Speaker Busch | Prohibits persons from making a false claim for payment by the State or DHMH under a State health plan or program; authorizes the State to file a civil action against a person who makes a false claim; establishes civil penalties for false claims; permits private citizen to file civil actions on behalf of the State against a person who makes a false claim, and requires the court to award a portion of the proceeds of the action to the private citizen who initiated it<br><br>Administration bill<br><br>SB 272: 3 <sup>RD</sup> READING FAILED (24-23)<br><br>HB 304: heard in JUD, 3/5 |
| <b>SB 577</b>                                | Maryland Covers All Children Act of 2009                                   | Sen. Garagiola                        | Creates MCHP buy-in for those w/ incomes above 300% of poverty, where they would pay the full cost of the benefit; also requires all residents under age 18 to have health insurance, and individuals who claimed them as a dependent on their tax returns shall have the exemption reduced by \$25 (\$50 for couples) if they do not have coverage<br><br>Heard in FIN, 3/4  |
| <b>SB 744</b><br><b>HB 706</b>               | Electronic Health Records – Regulation & Reimbursement                     | Sen. Rosapepe<br><br>Del. Pena-Melnyk | Requires all providers, practices and medical facilities to adopt electronic health records by Oct. 1, 2014; Medicaid required to increase reimbursement to providers to develop EHRs and MIA, Health Care Commission & DHMH must establish reimbursement methodologies by Oct. 1, 2010<br><br>SB 744: 2 <sup>ND</sup> READING PASSED W/ AMENDMENTS<br><br>HB 706: RETURNED PASSED  |
| <b>SB 1064</b>                               | Medicaid State Plan Amendments – Medical Assistance Program Reimbursements | Sen. Middleton                        | Specifies that State Plan Amendments take effect on their federally-approved effective date; assures that adoption of SPAs will not lead to retroactive damage liabilities; also reaffirms current law regarding the State’s ongoing immunity from damage claims as it relates to the post-eligibility deduction<br><br>WITHDRAWN   |

