

**MEDICAID**  
**2013 LEGISLATIVE BILL TRACKING**

Bill #	Subject	Sponsor	Background/Status
<b>Health Care Reform</b>			
SB 274 HB 228	Md. Health Progress Act of 2013	President Miller  Speaker Busch	Implements requirements of federal Affordable Care Act for Medicaid and other State programs  Administration bill  SB 274: 3 <sup>RD</sup> READING PASSED AS AMENDED  HB 228: RETURNED PASSED

Bill #	Subject	Sponsor	Background/Status
<b>Budget</b>			
HB 102 SB 127	Budget Reconciliation & Financing Act of 2013	Speaker Busch  President Miller	Requires DHMH to achieve \$30 million (GF) savings from combination of tiered rates for hospital OPDs+EDs and hospital update factors that are lower than assumed in FY14 Medicaid budget; HSCRC required to hire consultant to provide analysis projecting Medicaid savings from tiered rates; amended to include extension of language from 2011 BRFA requiring \$389.8 million hospital assessment  HB 102: PASSED ENROLLED  SB 127: heard in B & T, 2/27

Bill #	Subject	Sponsor	Background/Status
<b>Other Medicaid-Related Bills</b>			
HB 116 SB 267	Court & Judicial Proceedings – Interception of Communications – Abuse or Neglect of Vulnerable Adult & Medicaid Fraud	Del. Mitchell  Sen. Raskin	Adds Medicaid fraud to the list of offenses for which wire-tapping/electronic surveillance is authorized  HB 116: SIGNED INTO LAW – Ch. 39  SB 267: SIGNED INTO LAW – Ch. 38
HB 600 SB 502	Md. Medical Assistance Program – Judgments – Third-Party Tortfeasors	Del. Peña-Melnyk  Sen. Astle	Requires that if a judgment is obtained in favor of an enrollee against a third party for damages and the damages are not paid within 30 days, the judgment shall be increased by an amount equal to the amount of payments made on behalf of the enrollee; if the payment is increased, the Dept. may collect from the enrollee the full amount of those payments without any deduction of attorney's fees or procurement costs  HB 600: 3 <sup>RD</sup> READING PASSED AS AMENDED  SB 502: UNFAVORABLE JPR
HB 1242	Correctional Services – Inmate Health Care Services – Billing	Del. McDermott	Intent is for implementation of automated payment detection, prevention & recovery solutions that reduce health care costs for inmates, and implementation of 'processes to obtain reimbursement from Medicaid for eligible inmate health care costs;' savings from this are to be used to fund 'state-of-the-art' clinical code-editing technology to automate claims resolution and enhance cost-containment for DPSCS health care services  WITHDRAWN

Bill #	Subject	Sponsor	Background/Status
<b>Other Medicaid-Related Bills (cont'd)</b>			
HB 1329	Medical Assistance Programs – Fraud & Abuse Prevention	Del. Hixson	Requires DHMH to implement a pre-payment provider verification & screening system and a pre-payment predictive modeling & analytics system to reduce fraud, waste & abuse in Medicaid & MCHP; uncodified language states that intent is for State to contract for services necessary to implement, and savings achieved will cover the costs of implementation  WITHDRAWN
HB 1429	State Ethics – Former State Officials & Employees – Employment	Del. McIntosh	Modifies State ethics law to permit agency employees involved in contract transition from State-run MMIS to a private contracted operation to eventually work as employees of the contractor  DHMH departmental  RETURNED PASSED
SB 151 HB 373	Hospitals – Outpatient Services – Off-Site Facility – Rate Regulation	Sen. Colburn  Del. Haddaway-Riccio	Repeals requirement that Medicaid pay HSCRC rates for outpatient digestive disease services transferred to an off-site facility prior to Jan. 1, 1999, if the hospital notifies HSCRC by June 1, 2013  SB 151: RETURNED PASSED  HB 373: RETURNED PASSED
SB 195 HB 1062	Hospitals – Notice to Patients – Outpatient Status & Billing Implications	Sen. Kelley  Del. Cullison	Requires hospitals to provide oral and written notice to a patient of the patient’s outpatient status, the billing implications of their status, and the impact of their outpatient status on their eligibility for Medicare rehabilitation services if the patient receives on-site services from the hospital for more than 23 consecutive hours, and if the patient has been classified as an outpatient at the hospital for observation rather than as an admitted patient; amended to require Dept. to consult w/ hospitals on development of regulations  SB: 195: RETURNED PASSED  HB 1062: PASSED ENROLLED
SB 332 HB 1328	Estates & Trusts – Special & Supplemental Needs Trusts – Regulations by State Agencies	Sen. Gladden  Del. Smigiel	Requires State agencies that provide public benefits to individuals w/ disabilities to adopt regulations that (1) are not more restrictive than any State law regarding trusts, including any State law regarding the reasonable exercise of discretion by a trustee, guardian or conservator in the best interests of the beneficiary, and (2) that do not require disclosure of a beneficiary’s personal/confidential information without consent of the beneficiary  SB 332: RETURNED PASSED  HB 1328: RETURNED PASSED
SB 496 HB 931	Md. Medical Assistance Program – Telemedicine	Sen. Pugh  Del. Lee	Originally required program to reimburse health care providers for services delivered by telemedicine in the same manner as when they are delivered in person; amended to limit reimbursement to treatment for cardiovascular disease or stroke in an emergency dept. setting when an appropriate specialist is not available  SB 496: PASSED ENROLLED  HB 931: 3 <sup>RD</sup> READING PASSED AS AMENDED

Bill #	Subject	Sponsor	Background/Status
<b>Other Medicaid-Related Bills (cont'd)</b>			
SB 680 HB 808	Health Insurance Carriers – Prompt Payment of Claims – Workers' Compensation Claims	Sen. Klausmeier  Del. Jameson	Prevents insurers from delaying payment on an insured's claim while their workers' compensation claim is being determined; if the claim is determined to be compensable, the insurer may then seek reimbursement  SB 680: heard in FIN, 3/6  HB 808: UNFAVORABLE HGO
SB 822 HB 1245	Mental Health & Substance Use Disorder Safety Net Act of 2013	Sen. Madaleno  Del. Rosenberg	Requires DPSCS (in consultation w/ DHMH) to establish Prison In-Reach Program to serve offenders w/ histories of chronic mental illness & substance abuse; requires DHMH to develop cost-based reimbursement methodology for community behavioral health providers, and implement a plan to provide funding for them to invest in technology for electronic health records systems; establishes funding levels for housing assistance for individuals w/ serious mental illness and residential level-of-care for children, youth, adults & older adults; requires DHMH & MSDE to implement Behavioral Health Integration in Pediatric Primary Care Program to increase availability of mental health services & build capacity of primary care providers; intent is for bill to be funded by savings from safety net programs in the bill & implementation of federal Affordable Care Act  SB 822: heard in FIN, 2/27  HB 1245: heard in HGO, 2/28
SB 1073	Task Force to Evaluate Quality of Care Under a Capitated Payment System	Sen. Pipkin	Establishes task force to study the impact of moving from a per-case to per-capita payment model on the provision & quality of end-of-life care, health care services for the chronically-ill, behavioral health services and specialty care services, as well as the alignment of patient needs with the needs of hospitals  Heard in FIN, 4/2
SB 1074	Task Force to Evaluate the Impact of Maryland's Proposal to Maintain the Medicare Waiver	Sen. Pipkin	Establishes task force to study the Medicare waiver application submitted to CMS by DHMH in March 2013 and its potential impact on general public health, health care planning, health care capital investments and finance, the provision of patient care, insurance reimbursement rates, recruitment and retention of health care practitioners, uncompensated care and the impact of the implementation of the federal Patient Protection and Affordable Care Act  Heard in FIN, 4/2
SB 1075	State Medicare Waivers – Applications, Re-Applications, Modifications or Amendments – Legislative Approval Required	Sen. Pipkin	Prohibits DHMH and HSCRC from submitting an application, re-application, modification or amendment to the State's Medicare waiver until the General Assembly approves it through legislation enacted into law  Heard in FIN, 4/2