

Chapter 667

(Senate Bill 734)

AN ACT concerning

~~Health and Health Insurance~~ Maryland Health Care Commission – Primary Care Reform Commission Report and Workgroup

FOR the purpose of ~~establishing the Primary Care Reform~~ requiring the Maryland Health Care Commission to review, examine, and make certain determinations and recommendations provide an annual report to the Governor and the General Assembly regarding primary care spending by certain payors of health care services and improvements to the quality of and access to primary care services; requiring the Commission to form a workgroup to develop the report; and generally relating to the Primary Care Reform Maryland Health Care Commission and primary care.

BY adding to

Article – Health – General

Section ~~20-2201 and 20-2202~~ to be under the new subtitle “Subtitle 22. Primary Care Reform Commission” 19-108.4

Annotated Code of Maryland

(2019 Replacement Volume and 2021 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

~~SUBTITLE 22. PRIMARY CARE REFORM COMMISSION.~~

~~20-2201.~~

~~(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.~~

~~(B) “COMMISSION” MEANS THE PRIMARY CARE REFORM COMMISSION.~~

~~(C) “PRIMARY CARE” MEANS HEALTH CARE PROVIDED IN THE FOLLOWING FIELDS OUTPATIENT SETTINGS:~~

~~(1) FAMILY PRACTICE;~~

~~(2) GENERAL PEDIATRICS;~~

~~(3) PRIMARY CARE INTERNAL MEDICINE; AND~~

~~(4) PRIMARY CARE OBSTETRICS AND GYNECOLOGY.~~

~~(D) "PRIMARY CARE SPENDING" MEANS ANY EXPENDITURE OF FUNDS MADE BY THIRD PARTY PAYORS, PUBLIC ENTITIES, OR THE STATE FOR THE PURPOSE OF PAYING FOR PRIMARY CARE SERVICES OR SUPPORTING PRIMARY CARE PROVIDERS, REGARDLESS OF PAYMENT METHODOLOGY.~~

~~20-2202.~~

~~(A) THERE IS A PRIMARY CARE REFORM COMMISSION.~~

~~(B) (1) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:~~

~~(I) THREE MEMBERS APPOINTED BY THE GOVERNOR;~~

~~(II) FOUR MEMBERS APPOINTED BY THE PRESIDENT OF THE SENATE;~~

~~(III) THREE MEMBERS APPOINTED BY THE SPEAKER OF THE HOUSE;~~

~~(IV) ONE MEMBER DESIGNATED BY THE MARYLAND HOSPITAL ASSOCIATION;~~

~~(V) ONE MEMBER DESIGNATED BY THE MARYLAND NURSES ASSOCIATION; AND~~

~~(VI) ONE MEMBER DESIGNATED BY MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY.~~

~~(2) TO THE EXTENT PRACTICABLE, THE MEMBERSHIP OF THE COMMISSION SHALL:~~

~~(I) HAVE EXPERIENCE IN HEALTH CARE FINANCING, REIMBURSEMENT, AND REGULATION;~~

~~(II) BE COMPOSED OF:~~

~~1. PRACTICING PRIMARY CARE PROVIDERS;~~

~~2. REPRESENTATIVES OF FEDERALLY QUALIFIED HEALTH CENTERS;~~

~~3. PROVIDERS FROM PROFESSIONAL PRACTICE GROUPS;~~

~~4. PRIMARY CARE ADVOCATES;~~

~~5. PRIMARY CARE CONSUMER ADVOCATES;~~

~~6. REPRESENTATIVES OF BUSINESSES;~~

~~7. HEALTH PLAN REPRESENTATIVES; AND~~

~~8. REPRESENTATIVES OF HOSPITALS OR HEALTH SYSTEMS; AND~~

~~(III) REFLECT THE GEOGRAPHIC DIVERSITY OF THE STATE.~~

~~(C) A CHAIR OF THE COMMISSION SHALL BE SELECTED BY A VOTE OF THE MEMBERS OF THE COMMISSION.~~

~~(D) THE MARYLAND INSURANCE ADMINISTRATION AND THE DEPARTMENT SHALL PROVIDE STAFF FOR THE COMMISSION.~~

~~(E) (1) THE TERM OF A MEMBER OF THE COMMISSION IS 4 YEARS.~~

~~(2) THE TERMS OF THE MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS FOR MEMBERS OF THE COMMISSION ON OCTOBER 1, 2022.~~

~~(3) A VACANCY IN THE COMMISSION SHALL BE FILLED IN THE SAME MANNER AS THE MEMBER BEING SUCCEEDED WAS APPOINTED.~~

~~(F) (1) THE COMMISSION SHALL MEET AS OFTEN AS ITS DUTIES REQUIRE, BUT NOT LESS THAN QUARTERLY.~~

~~(2) THE CHAIR OF THE COMMISSION SHALL PROVIDE ALL MEMBERS WITH NOTICE OF A MEETING AT LEAST 1 WEEK BEFORE THE DATE OF THE MEETING.~~

~~(3) THE CHAIR OF THE COMMISSION SHALL CALL A MEETING AT THE REQUEST OF A MAJORITY OF THE COMMISSION MEMBERS.~~

~~(4) SEVEN MEMBERS OF THE COMMISSION CONSTITUTE A QUORUM.~~

~~(5) ACTION BY THE COMMISSION REQUIRES THE AFFIRMATIVE VOTE OF A MAJORITY OF THOSE PRESENT ONCE A QUORUM IS MET.~~

~~(G) A MEMBER OF THE COMMISSION:~~

~~(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE COMMISSION; BUT~~

~~(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.~~

~~(H) THE COMMISSION SHALL:~~

~~(1) REVIEW, EXAMINE, AND MAKE DETERMINATIONS REGARDING PRIMARY CARE SPENDING BY ALL PAYORS IN THE CONTEXT OF OVERALL HEALTH CARE SPENDING IN THE STATE; AND~~

~~(2) MAKE RECOMMENDATIONS REGARDING:~~

~~(i) WAYS TO IMPROVE THE QUALITY OF AND ACCESS TO PRIMARY CARE SERVICES, WITH SPECIAL ATTENTION TO INCREASING HEALTH CARE EQUITY, REDUCING HEALTH CARE DISPARITIES, AND AVOIDING INCREASED COSTS TO PATIENTS AND THE HEALTH CARE SYSTEM;~~

~~(ii) MEANS OF REDUCING BARRIERS TO PRIMARY CARE ACCESS AND UTILIZATION IDENTIFIED BY THE COMMISSION;~~

~~(iii) PROPOSED CHANGES TO THE DEFINITION OF “PRIMARY CARE” FOR THE PURPOSES OF THE COMMISSION’S FUTURE WORK; AND~~

~~(iv) RECOMMENDATIONS TO INCREASE SPENDING ON PRIMARY CARE BY THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND HEALTH INSURERS, NONPROFIT HEALTH SERVICE PLANS, AND HEALTH MAINTENANCE ORGANIZATIONS.~~

~~(i) (1) (i) EACH MANAGED CARE ORGANIZATION PARTICIPATING IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM SHALL PROVIDE THE FOLLOWING INFORMATION TO THE COMMISSION:~~

~~1. FOR 2017, 2018, 2019, 2020, AND 2021, AND FOR EACH SUBSEQUENT YEAR ON THE REQUEST OF THE COMMISSION:~~

~~A. THE AMOUNT THE MANAGED CARE ORGANIZATION SPENT ON PRIMARY CARE SERVICES FOR ENROLLEES; AND~~

~~B. THE TOTAL AMOUNT THAT THE MANAGED CARE ORGANIZATION SPENT ON HEALTH CARE SERVICES FOR ENROLLEES; AND~~

~~2. ANY OTHER INFORMATION REQUESTED BY THE COMMISSION.~~

~~(H) THE SECRETARY SHALL:~~

~~1. ENFORCE THE PROVISIONS OF SUBPARAGRAPH (I) OF THIS PARAGRAPH; AND~~

~~2. ADOPT REGULATIONS TO PROTECT THE CONFIDENTIALITY OF ANY PROPRIETARY INFORMATION PROVIDED TO THE COMMISSION UNDER THIS PARAGRAPH.~~

~~(2) (I) EACH INSURER, NONPROFIT HEALTH SERVICE PLAN, AND HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE DELIVERED IN THE STATE SHALL PROVIDE THE FOLLOWING INFORMATION TO THE COMMISSION:~~

~~1. FOR 2017, 2018, 2019, 2020, AND 2021, AND FOR EACH SUBSEQUENT YEAR ON THE REQUEST OF THE COMMISSION:~~

~~A. THE AMOUNT THE ENTITY SPENT ON PRIMARY CARE SERVICES FOR ENROLLEES; AND~~

~~B. THE TOTAL AMOUNT THAT THE ENTITY SPENT ON HEALTH CARE SERVICES FOR ENROLLEES; AND~~

~~2. ANY OTHER INFORMATION REQUESTED BY THE COMMISSION.~~

~~(I) THE MARYLAND INSURANCE COMMISSIONER SHALL:~~

~~1. ENFORCE THE PROVISIONS OF SUBPARAGRAPH (I) OF THIS PARAGRAPH; AND~~

~~2. ADOPT REGULATIONS TO PROTECT THE CONFIDENTIALITY OF ANY PROPRIETARY INFORMATION PROVIDED TO THE COMMISSION UNDER THIS PARAGRAPH.~~

~~(J) THE COMMISSION MAY ACCEPT FUNDING OR GRANTS TO AID IN THE WORK OF THE COMMISSION.~~

19-108.4.

(A) IN THIS SECTION, “PRIMARY CARE” MEANS HEALTH CARE PROVIDED IN THE FOLLOWING FIELDS’ OUTPATIENT SETTINGS:

- (1) FAMILY MEDICINE;**
- (2) GENERAL PEDIATRICS;**
- (3) PRIMARY CARE INTERNAL MEDICINE; ~~AND~~**
- (4) PRIMARY CARE OBSTETRICS AND GYNECOLOGY;**
- (5) PRIMARY CARE NURSE PRACTITIONER SERVICES; AND**
- (6) PRIMARY CARE MIDWIFERY.**

~~(B)~~ (B) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN ~~2023~~ 2024, THE COMMISSION SHALL PROVIDE A REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY THAT INCLUDES:

(1) AN ANALYSIS OF PRIMARY CARE ~~SPENDING~~ INVESTMENT OVER THE IMMEDIATELY PRECEDING YEAR, INCLUDING DATA STRATIFIED BY ZIP CODE AND COUNTY, IN RELATION TO TOTAL HEALTH CARE SPENDING OVER THE PREVIOUS YEAR; ~~AND~~

(2) WAYS TO IMPROVE THE QUALITY OF AND ACCESS TO PRIMARY CARE SERVICES, WITH SPECIAL ATTENTION TO INCREASING HEALTH CARE EQUITY, REDUCING HEALTH CARE DISPARITIES, AND AVOIDING INCREASED COSTS TO PATIENTS AND THE HEALTH CARE SYSTEM; AND

~~(2)~~ (3) ANY FINDINGS AND RECOMMENDATIONS OF THE COMMISSION.

(C) (1) THE COMMISSION SHALL FORM A WORKGROUP TO DEVELOP THE REPORT REQUIRED UNDER SUBSECTION (B) OF THIS SECTION, INCLUDING BY INTERPRETING THE RESULTS OF THE REQUIRED ANALYSIS AND MAKING THE RECOMMENDATIONS.

(2) THE WORKGROUP REQUIRED UNDER THIS SUBSECTION SHALL INCLUDE REPRESENTATIVES OF:

- (I) THE MARYLAND PRIMARY CARE PROGRAM;**
- (II) THE HEALTH SERVICES REVIEW COMMISSION;**

(III) THE MARYLAND INSURANCE ADMINISTRATION;

(IV) THE HEALTH CARE FINANCING DIVISION OF THE MARYLAND DEPARTMENT OF HEALTH;

(V) THE PRIMARY CARE COMMUNITY, INCLUDING FROM THE MARYLAND ACADEMY OF FAMILY PHYSICIANS, THE MARYLAND CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS, THE MARYLAND SECTION OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, THE MARYLAND NURSES ASSOCIATION, THE MARYLAND AFFILIATE – AMERICAN COLLEGE OF NURSE MIDWIVES, THE MARYLAND COMMUNITY HEALTH SYSTEM, AND THE MIDATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS;

(VI) PAYORS OF PRIMARY CARE SERVICES, INCLUDING CARRIERS AND MANAGED CARE ORGANIZATIONS;

(VII) HEALTH SERVICES RESEARCHERS WITH EXPERTISE IN PRIMARY CARE; AND

(VIII) OTHER INTERESTED STAKEHOLDERS.

~~SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the initial members of the Primary Care Reform Commission shall expire as follows:~~

- ~~(1) four members in 2024;~~
- ~~(2) four members in 2025; and~~
- ~~(3) five members in 2026.~~

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) Before the Maryland Health Care Commission begins the analysis required under Section 1 of this Act, the Commission shall establish a plan for the analysis and report after receiving input and agreement from participants in the workgroup as to the scope of and methodology for the analysis and report.

(b) On or before December 1, 2023, the Commission shall provide the plan required under subsection (a) of this section to the Governor and, in accordance with § 2-1257 of the State Government Article, the General Assembly.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2022.

Enacted under Article II, § 17(c) of the Maryland Constitution, May 29, 2022.