



MARYLAND
HEALTH CARE
COMMISSION

Legislative Wrap-up Session 2021

April 15, 2021

FUN Statistics

0 Days Left in the Session



Total Bills Introduced – 3,336

- House Bills – 1,870

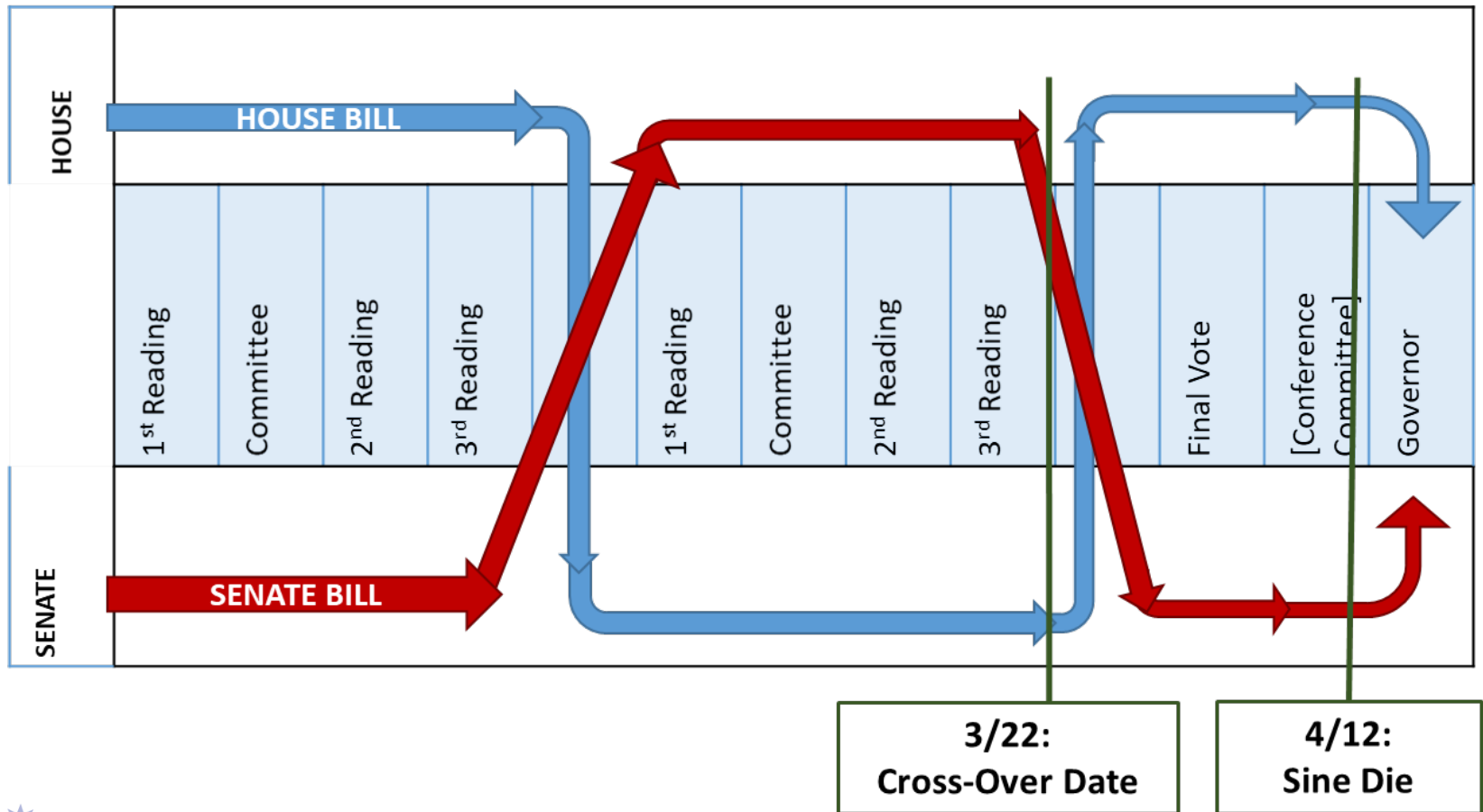
- Senate Bills – 1,466

Number of Bills Tracking – 160

“MHCC – Interim Work – *None*”



Legislative Process



Bill Update: MHCC Priorities

HEALTH INFORMATION EXCHANGES

*MHCC Bill

*HB 1375 - Health Information Exchanges - Electronic Health Information – Sharing and Disclosure

- This bill requires the Maryland Health Care Commission (MHCC) to adopt regulations that require the “State-designated health information exchange” to develop and maintain a consent management application.
- MHCC must adopt regulations specifying the scope of clinical information to be exchanged or sent, and such regulations must limit the scope of clinical information shared to promote the protection of the electronic health information (EHI) of a person in interest who has opted out of having their EHI shared or disclosed by a “health information exchange” (HIE).
- MHCC must establish penalties for noncompliance with regulations governing the privacy and security of protected health information.
- *MHCC, in consultation with specified stakeholders, must make a recommendation on an updated statutory definition of HIE and report its recommendation to specified committees of the General Assembly by December 1, 2021.*
- **Effective date of the bill is October 1, 2021.**

Bill Update: MHCC Priorities

HEALTH INFORMATION EXCHANGES, cont.

[HB 1022](#) - Public Health - State Designated Exchange - Clinical Information – **Passed**

- The bill requires a nursing home, on request of the Maryland Department of Health (MDH), to electronically submit clinical information to the State-designated exchange.
- The exchange must develop and implement policies and procedures that are consistent with regulations adopted by MHCC. The adopted regulations must provide for a uniform, gradual implementation of the exchange of clinical information.
- Regulations must (1) limit redisclosure of financial information, including billed or paid amounts available in electronic claims transactions; (2) restrict data of patients who have opted out of records sharing through the exchange or an HIE authorized by MHCC; and (3) restrict data from health care providers that possess sensitive health care information.
- **The bill takes effect July 1, 2021.**

Bill Update: MHCC Priorities

TELEHEALTH

[HB 123/SB 3](#) - Preserve Telehealth Access Act of 2021 - **Passed**

- This bill expands the definitions of “telehealth” and the coverage and reimbursement requirements for health care services provided through telehealth for both Medicaid and private insurance.
- Insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) must reimburse for a covered service appropriately provided through telehealth, as specified.
- By December 1, 2022, the Maryland Health Care Commission (MHCC) must submit a report on the impact of providing telehealth services in accordance with the bill’s requirements.
- **The bill takes effect July 1, 2021; the bill’s insurance provisions apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after the effective date.**

Bill Update: MHCC Priorities

TELEHEALTH cont.

[HB 123/SB 3](#) - Preserve Telehealth Access Act of 2021

MHCC Responsibilities:

Reporting Requirements:

By December 1, 2022, MHCC, in consultation with specified entities, must submit a report to the Senate Finance Committee and the House Health and Government Operations Committee on the impact of providing telehealth services in accordance with the bill's requirements.

The report must include:

- (1) specified analyses;
- (2) a study of the alignment of telehealth with new models of care;
- (3) an assessment of the efficiency and effectiveness of telehealth services and in-person visits (including a survey of health care providers);
- (4) an assessment of patient awareness of and satisfaction with telehealth coverage;
- (5) specified reviews of the appropriateness of telehealth across the continuum of care, inclusion of clinic hospital fees in telehealth reimbursement, and the use of telehealth to satisfy network access standards; and
- (6) study or analysis of any other issues identified by MHCC.

Bill Update: MHCC Priorities

HEALTH DISPARITIES

HB 28/SB 5 - Public Health - Implicit Bias Training and the Office of Minority Health and Health Disparities

- This bill requires applicants for the renewal of a license or certificate issued by a health occupations board to attest to completion of an approved implicit bias training program the first time they renew their license or certificate after April 1, 2022.
- The Cultural and Linguistic Health Care Professional Competency Program, in coordination with OMHHD, must identify and approve implicit bias training programs that must be recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education (ACCME).
- The bill specifies the intent of the General Assembly that OMHHD supplement funds from the mandated appropriation with funding from federal and special fund sources.
- By October 1 each year, OMHHD must report on its efforts to obtain federal and special funding and the amount of any such funding received.
- *The bill requires that the Health Care Disparities Policy Report Card published by OMHHD in collaboration with MHCC include the racial and ethnic disparities in morbidity and mortality rates for dementia.*
- **The bill takes effect October 1, 2021.**

Bill Status: MHCC Priorities

HEALTH DISPARITIES cont.

[HB 78/SB 52](#) - Public Health – Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021)

- This bill establishes the Maryland Commission on Health Equity to employ a “health equity framework.”
- The Commission will provide advice on issues of racial, ethnic, cultural, or socioeconomic health disparities; facilitate coordination of expertise and experience in developing a comprehensive health equity plan addressing the social determinants of health; and set goals for health equity and prepare a plan for the State to achieve health equity in alignment with other statewide planning activities.
- The Equity Commission must establish an Advisory Committee on data collection.
- The Equity Commission must submit an annual report by December 1 of each year; the 2023 report must include findings and recommendations on the health effects occurring in the State as a result of specified factors.
- **The bill take effect October 1, 2021.**

Bill Status: MHCC Priorities

HEALTH DISPARITIES cont.

[SB 796](#) - Maryland Office of Minority Health and Health Disparities and Maryland Health Care Commission – Reporting Requirements

- This bill expands the Health Care Disparities Policy Report Card published by the Office of Minority Health and Health Disparities (OMHHD) to include the racial and ethnic composition of the individuals who hold a license or certificate issued by a health occupations board (rather than only the physician population).
- The report card must also compare racial and ethnic variations in insurance coverage for low-income, nonelderly individuals and the racial and ethnic composition of individuals licensed or certified by a health occupations board with previously published report cards including the same information.
- *By December 31, 2021, OMHHD, in coordination with the Maryland Health Care Commission (MHCC) and the Maryland Department of Health (MDH), must submit a plan to the General Assembly on goals and implementing actions to eliminate minority health disparities.*

Budget: MHCC Priorities

[HB 588](#) - Budget Bill (Fiscal Year 2022) – Enacted

- ❖ \$35,246,129 Special Fund appropriation for MHCC
 - \$12.3 million to the Trauma Fund;
 - MHCC made policymakers aware of looming funding issues for the Trauma Fund
 - \$ 3.6 million to the Maryland Emergency Medical System Operations Fund

Budget Language:

HSCRC and the MHCC, in consultation with OHCQ, report on the efficacy of the Hospital at Home Model by December 1, 2021.



Bill Status: Other Bills of Interest (1/5)

HOSPITALS AND FREESTANDING FACILITIES

[HB 936](#) - Hospitals and Freestanding Medical Facilities (FMF) - Closing or Partial Closing - Public Notice

MHCC will implement some of the requirements in HB 936 by enhancements to the MHCC website, which are planned for FY 2022.

MHCC staff does not believe Maryland will see hospital or FMF closing in FY 2022-23. One conversion of a hospital to an FMF is possible.

Bill Status: Other Bills of Interest (2/5)

HOSPITALS AND FREESTANDING FACILITIES

[HB 565](#) - Health Facilities – Hospitals – Medical Debt Protection.

A major organized labor and consumer initiative to develop broader consumer protections for patients that are unable to pay a hospital bill.

Requires the Maryland Health Care Commission to examine the feasibility of using the State–designated Health Information Exchange to support the determination of financial status for purposes of determining eligibility for free or reduced–cost care or for an income–based payment plan and report findings to Committees by December 1, 2021.

The bill generally takes effect January 1, 2022; provisions related to HSCRC and MHCC study and reporting requirements take effect June 1, 2021.

Bill Status: Other Bills of Interest (3/5)

Advance Directives

[SB0837](#) - Health -
Advance Care Planning
and Advance Directives

*Chair and Vice-Chair
request MHCC to
develop compromise
legislation over interim.*



SHANE PENDERGRASS
CHAIR



JOSELINE PEÑA-MELNYK
VICE CHAIR

THE MARYLAND HOUSE OF DELEGATES
HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

Mr. Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Mr. Steffen:

The Health and Government Operations Committee requests the Maryland Health Care Commission (MHCC) convene a workgroup over the interim to review Senate Bill 837 and make recommendations on feasibility of legislation to encourage Maryland residents to utilize and providers to access advance directives and other advance care planning approaches including the designation of a health care agent.

The Committee supports expanding the use of advance directives and other advance care planning approaches. MedChi, the Horizon Corporation, and End of Life Council have been forceful advocates of the benefits of these tools to patients. The Committee has heard from the Maryland Health Association (MHA) and payers about the challenges they would encounter should Senate Bill 837 pass in its current form. MHCC has also been clear about the limited benefit standalone advance directive registries would offer consumers. The Committee would prefer to resolve the differences among stakeholders in subcommittee however, with only two weeks remaining, there is not enough time to debate and incorporate changes to SB 837 and return an amended bill to the Senate.

One approach to resolve issues with SB 837 is for the MHCC to convene a workgroup to review SB 837 and make a recommendation on the feasibility of developing legislation that would be ready for consideration by the House and Senate in 2022. The Committee requests that the workgroup include all stakeholders that have taken positions on SB 837. Please let the Committee know as soon as possible if MHCC would be willing to undertake this task.

Sincerely,

Handwritten signature of Shane Pendergrass in blue ink.

Delegate Shane Pendergrass, Chairman,
House Health and Government Operations
Committee

Handwritten signature of Joseline Peña-Melnik in blue ink.

Delegate Joseline Peña-Melnik
Vice-Chairman, House Health and
Government Operations Committee

Bill Status: Other Bills of Interest (4/5)

[SB0299](#) - Human Services - Trauma-Informed Care - Commission and Training (Healing Maryland's Trauma Act)

- This bill establishes the Commission on Trauma-Informed Care as an independent commission in the Department of Human Services (DHS) to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that affect children, youth, families, and older adults.
- *In consultation with the Maryland Department of Health (MDH), DHS, and the Maryland Health Care Commission, the commission must (1) study developing a process and framework for implementing an ACEs Aware program in the State and (2) implement the program.*
- **The bill takes effect July 1, 2021.**

Bill Status: Other Bills of Interest (5/5)

MEMORY CARE AND ALZHEIMER'S

[HB 416/SB 204](#) - Health Care Facilities - Assisted Living Programs - Memory Care and Alzheimer's Disease Unit Regulations – **Passed**

This bill requires the Maryland Department of Health (MDH), for Alzheimer's special care units, to (1) establish the number of dementia-specific training hours to be completed by staff; (2) determine the topic content for such training; and (3) require staff sufficient to meet the needs of residents.

LONG-TERM CARE

[HB 599/SB 652](#) - Public Health - Long-Term Care Planning - **Passed**

This bill requires the Maryland Department of Health (MDH), by April 1, 2022, to develop and publish materials to assist Maryland residents with long-term care family planning.

[HB 674/SB 704](#) - Nursing Homes - Transfer of Ownership – Surveys – **Passed**

This bill specifies actions the Maryland Department of Health (MDH) must take if ownership of a licensed nursing home is transferred to a person that does not own or operate another nursing home in the State at the time of the transfer.

NO ROLES FOR MHCC

QUESTIONS

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