



# ADVOCACY DASHBOARD

2017 LEGISLATIVE SESSION

Support			
Legislation/Issues	Synopsis	Resources	New This Week/Upcoming Dates
<b>SB 41- State Board of Nursing- Nurse Licensure Compact- Revisions</b>	Changing the name of the Nurse Multistate Licensure Compact to the Nurse Licensure Compact; altering the findings of the party states to the Compact; providing that a multistate license to practice specified types of nursing issued by a home state to a resident in that state will be recognized by each party state for a specified purpose; providing that the party states create and establish a joint public entity known as the Interstate Commission of Nurse Licensure Compact Administrators; etc.	<a href="#">SB 41</a>  <a href="#">MHA's Position Paper on SB 41</a>	Passed Enrolled. Going to the Governor's desk.
<b>SB 171/HB 151- Maryland Consolidated Capital Bond Loan of 2017</b>	Authorizing the creation of a State Debt in the amount of \$1,013,267,000, the proceeds to be used for specified necessary building, construction, demolition, planning, renovation, conversion, replacement, and capital equipment purchases of the State, for acquiring specified real estate in connection therewith, and for grants to specified subdivisions and other organizations for specified development and improvement purposes, subject to specified requirements; etc.	<a href="#">SB 171</a>  <a href="#">HB 151</a>  <a href="#">MHA's Position Paper on SB 171</a>	First Reading in Budget & Taxation.  Enacted under Article II, Section 17 (b) of the Maryland Constitution- Chapter 22

*This dashboard updated April 7*

<p><b>SB 369/HB 403- Maryland Patient Referral Law- Compensation Arrangements Under Federally Approved Programs and Models</b></p>	<p>Exempting, under specified circumstances, a health care practitioner who has a specified compensation arrangement with a health care entity from a provision of law that prohibits a health care practitioner from referring a patient or directing specified persons to refer a patient to a specified health care entity; providing that the exemption is null and void if the Maryland Insurance Commissioner issues a specified order; etc.</p>	<p><a href="#">SB 369</a></p> <p><a href="#">HB 403</a></p> <p><a href="#">MHA's Position Paper on SB 369</a></p>	<p>Returned Passed. Going to the Governor's desk.</p> <p>Returned Passed. Going to the Governor's desk.</p>
<p><b>SB 422/HB 602- Keep Antibiotics Effective Act of 2017</b></p>	<p>Prohibiting a specified owner of cattle, swine, or poultry from administering or authorizing an agent to administer specified antimicrobial drugs in specified cattle, swine, and poultry without an antimicrobial drug prescription or a veterinary feed directive issued by a licensed veterinarian in accordance with specified conditions; requiring an owner to submit to the State Department of Agriculture a copy of an antimicrobial drug prescription or a veterinary feed directive in a specified manner; etc.</p>	<p><a href="#">SB 422</a></p> <p><a href="#">HB 602</a></p> <p><a href="#">MHA's Position Paper on SB 422</a></p>	<p>Passed the Senate.</p> <p>Favorable with amendments report by Environment &amp; Transportation.</p> <p>Passed the House.</p> <p>Favorable Report by Education, Health &amp; Environmental Affairs.</p>
<p><b>SB 436/HB 683- Income Tax- Credit for Nurse Practitioner or Licensed Physician in Preceptorship Program- Alterations</b></p>	<p>Altering the application of a specified fee assessed by the Board of Nursing for the renewal of a nurse practitioner who holds an advanced practice certification; altering the number of hours, so that the required minimum of three rotations must consist of at least 120 hours or the requisite number of hours for a completed unit of community- based training, that a specified nurse practitioner or licensed physician must work in a specified preceptorship program in order to qualify for a specified credit against the State income tax; etc.</p>	<p><a href="#">SB 436</a></p> <p><a href="#">HB 683</a></p> <p><a href="#">MHA's Position Paper on SB 436</a></p>	<p>Returned Passed. Going to the Governor's desk.</p> <p>Returned Passed. Going to the Governor's desk.</p>

<b>SB 475/HB 984- Developmental Disabilities Administration- Crisis Resolution and Crisis Prevention Services- Funding and Reporting</b>	<p>Requiring a specified report on the Waiting List Equity Fund to include information regarding individuals in the crisis resolution category of the waiting list for developmental disabilities services; establishing mandated appropriations for developmental disabilities community services; declaring the intent of the General Assembly that an individual, after receiving services provided with specified funds, continue to receive uninterrupted developmental disabilities services in accordance with the individual's needs; etc.</p>	<p><a href="#">SB 475</a></p> <p><a href="#">HB 984</a></p> <p><a href="#">MHA's Position Paper on SB 475</a></p>	<p>MHA testified in support of SB 475 before the Finance committee on February 23.</p> <p>Unfavorable Report by Health &amp; Government Operations committee; Bill withdrawn.</p>
<b>SB 476/HB 580- Behavioral Health Community Providers- Keep the Door Open Act</b>	<p>Requiring, except under specified circumstances, the Department of Health and Mental Hygiene to adjust the rate of reimbursement for community providers each fiscal year by the rate adjustment included in the State budget for that fiscal year; requiring, on or before December 1, 2019, and on December 1 annually thereafter, the Department to submit a report to the Governor and General Assembly on the impact of the reimbursement rate adjustment on community providers and other specified outcomes; etc.</p>	<p><a href="#">SB 476</a></p> <p><a href="#">HB 580</a></p> <p><a href="#">MHA's Position Paper on SB 476</a></p>	<p>Passed the Senate.</p> <p>MHA testified in support of HB 580 before the Health &amp; Government Operations committee on February 28.</p>
<b>SB 570/HB 658- Maryland Medical Assistance Program- Telehealth- Requirements</b>	<p>Altering specified coverage and reimbursement requirements for health care services delivered through telemedicine under the Maryland Medical Assistance Program; requiring the Department of Health and Mental Hygiene to provide coverage of and reimbursement for specified health care services that are delivered through telehealth; deeming a health care service provided through telehealth to be equivalent to a specified health care service for a specified purpose; etc.</p>	<p><a href="#">SB 570</a></p> <p><a href="#">HB 658</a></p> <p><a href="#">MHA's Position Paper on SB 570</a></p>	<p>MHA testified in support of SB 570 before the Finance committee on February 23.</p> <p>Unfavorable Report by Health &amp; Government Operations; Bill withdrawn.</p>

<b>SB 600/HB 775- Public Health- Maternal Mental Health</b>	Requiring the Department of Health and Mental Hygiene, in consultation with stakeholders, to identify specified information about perinatal mood and anxiety disorders; requiring the Department to make available specified information on the Department's Web site and to provide specified information to specified health care facilities and health care providers; requiring the Department in collaboration with specified health professional associations to develop specified training programs; etc.	<a href="#">SB 600</a>  <a href="#">HB 775</a>  <a href="#">MHA's Position Paper on SB 600</a>	<p>Returned Passed. Going to the Governor's desk.</p> <p>Returned Passed. Going to the Governor's desk.</p>
<b>SB 633/HB 581- Maryland Medical Practice Act- Individuals Exempt from Licensure- Repeal of Criminal History Records Check Requirement</b>	Repealing the requirement that, in order to practice medicine without a license while performing specified duties, a medical student or an individual in a postgraduate medical training program approved by the State Board of Physicians must submit to a criminal history records check in accordance with a specified provision of law; etc.	<a href="#">SB 633</a>  <a href="#">HB 581</a>  <a href="#">MHA's Position Paper on HB 581</a>	<p>Unfavorable report by Education, Health, and Environmental Affairs; Bill withdrawn.</p> <p>Passed the House.</p> <p>Education, Health and Environmental Affairs- Hearing not yet assigned.</p>
<b>SB 783/HB 777- Patient Early Intervention Programs</b>	Providing that a statement made by a party during a discussion held in accordance with a patient safety early intervention program is inadmissible in specified legal proceedings; authorizing a hospital or a related institution to establish a specified patient safety early intervention program; establishing specified requirements for a patient safety early intervention program; applying the Act prospectively; etc.	<a href="#">SB 783</a>  <a href="#">HB 777</a>  <a href="#">MHA's Position Paper on SB 783</a>	<p>Passed the House.</p> <p>Recommitted to Senate Judicial Proceedings Committee.</p> <p>MHA submitted written testimony in support of HB 777 before the Judiciary committee on March 8.</p>

<b>SB 802/HB 604- Courts and Judicial Proceedings- Venue- Health Care</b>	Specifying the venue for the purposes of specified health care proceedings is the county where an alleged negligent act or omission occurred.	<a href="#">SB 802</a>	Unfavorable report by Judicial Proceedings; Bill withdrawn.
		<a href="#">HB 604</a>	Unfavorable report by Judiciary; Bill withdrawn.
		<a href="#">MHA's Position Paper on HB 604</a>	
<b>SB 868/HB 791- Overdose Response Program- Prescribing and Dispensing of Naloxone- Noncertificate Holders</b>	Notwithstanding specified provisions of law, authorizing a specified physician or a specified advanced practice nurse to prescribe and dispense naloxone to individuals who have not completed specified training; authorizing, notwithstanding specified provisions of law, a specified physician or a specified advanced practice nurse to prescribe and dispense naloxone to individuals who have not completed specified training by issuing a standing order under specified circumstances; etc.	<a href="#">SB 868</a>	Unfavorable report by Judicial Proceedings; Bill withdrawn.
		<a href="#">HB 791</a>	Unfavorable report by Judiciary; Bill withdrawn.
		<a href="#">MHA's Position Paper on SB 868</a>	
<b>SB 877/HB 1347- Maryland No-Fault Birth Injury Fund</b>	Establishing a system for adjudication of a claim involving a birth-related neurological injury; providing equitable compensation, on a no-fault basis, for a limited class of catastrophic injuries that result in unusually high costs for custodial care and rehabilitation; establishing the Maryland No-Fault Birth Injury Fund to provide compensation and benefits to eligible claimants; providing for specified premiums and insurance surcharges to be used to finance and administer the Fund; applying the...	<a href="#">SB 877</a>	MHA testified in support of SB 877 before the Judicial Proceedings committee on February 23.
		<a href="#">HB 1347</a>	MHA testified in support of HB 1357 before the Health & Government Operations committee on March 6.
		<a href="#">MHA's Position Paper on SB 877</a>	

<b>SB 968/HB 1127- Health Insurance- Coverage Requirements for Behavioral Health Disorders- Modifications</b>	Altering specified coverage requirements applicable to specified health benefit plans for the diagnosis and treatment of mental illness and emotional, drug use, and alcohol use disorders; etc.	<a href="#">SB 968</a>	Returned Passed. Going to the Governor's desk.
		<a href="#">HB 1127</a>	Returned Passed. Going to the Governor's desk.
		<a href="#">MHA's Position Paper on SB 968</a>	
<b>SB 1060/HB 1082- Heroin and Opioid Education and Community Action Act of 2017 (Start Talking Maryland Act)</b>	Requiring the Administrative Office of the Courts to assess drug court programs to determine how to increase and expand the programs; requiring county boards of education and specified institutions of higher education to establish heroin and opioid addiction and prevention policies; prohibiting school nurses, campus police, and health personnel at institutions who respond to an overdose emergency from being held personally liable when having been properly trained and acting in good faith; etc.	<a href="#">SB 1060</a>	Passed the Senate.
		<a href="#">HB 1082</a>	Favorable with amendments report by Health & Government Operations.
		<a href="#">MHA's Position Paper on HB 1082</a>	Re-referred to Education, Health & Environmental Affairs
<b>SB 1194- Substance Abuse Treatment Outcome Partnership Fund</b>	Altering the definition of "eligible functions" to allow funds from the Substance Abuse Treatment Outcome Partnership Fund to be used for recovery and post-recovery support systems; altering the definition of "eligible population" to allow funds from the Fund to be used for services provided to individuals in recovery; requiring, beginning in fiscal year 2019, the Governor to annually include \$8,400,000 in the State budget; etc.	<a href="#">SB 1194</a>	MHA testified in support of SB 1194 before the Finance committee on March 29.
		<a href="#">MHA's Position Paper on SB 1194</a>	Re-referred to Health & Government Operations.

<b>HB 147- Healthy Aging Program</b>	Establishing the Healthy Aging Program in the Department of Aging; specifying the purposes of the Program; providing that funding for the Program shall be as provided in the State budget; authorizing the Secretary of Aging to accept money from specified sources for the Program; authorizing the Secretary to adopt regulations to implement the Program; etc.	<a href="#">HB 147</a>  <a href="#">MHA's Position Paper on HB 147</a>	Returned Passed. Going to the Governor's desk.
<b>HB 736- Workgroup to Recommend Possible Reforms to Maryland's Health Care System</b>	Requiring the Secretary of Health and Mental Hygiene, under specified circumstances, to convene a workgroup to recommend possible reforms to the State's health care system; requiring that the workgroup include specified individuals; requiring the workgroup, under specified circumstances, to study and assess specified matters and make specified recommendations; etc.	<a href="#">HB 736</a>  <a href="#">MHA's Position Paper on HB 736</a>	MHA submitted written testimony in support of HB 736 before the Health & Government Operations committee on March 10.
<b>HB 983- Health Insurance- Telemedicine- Counseling for Substance Use Disorders</b>	Requiring the health care services delivered through telemedicine under health insurance to include counseling for substance use disorders; and applying the Act to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2017.	<a href="#">HB 983</a>  <a href="#">MHA's Position Paper on HB 983</a>	Passed the House.  Second Reading Passed in the Senate.
<b>HB 988- Licensed Pharmacists- Risks of Opioid Addiction- Notifications</b>	Requiring a licensed pharmacist, if an opioid is dispensed by a licensed pharmacist or an individual engaging in a professional experience program and acting under the direct supervision of a licensed pharmacist, to notify the individual to whom the opioid is dispensed of the risks of opioid addiction; and providing that the notice may be made orally or in writing.	<a href="#">HB 988</a>  <a href="#">MHA's Position Paper on HB 988</a>	Unfavorable Report by Health & Government Operations; Bill withdrawn.

<b>HB 1076- Criminal Procedure- Sexual Assault Evidence Collection Kits- Analysis</b>	Requiring a specified law enforcement agency to submit a sexual assault evidence collection kit to a forensic laboratory for analysis within 30 days of receipt, to notify the victim when the kit was sent and of the results of the analysis, to utilize community-based sexual assault victim service organizations, and ensure privacy protections; requiring a specified forensic laboratory to take specified actions within 150 days; requiring the development of specified policies and procedures;	<a href="#">HB 1076</a>  <a href="#">MHA's Position Paper on HB 1076</a>	Unfavorable Report by Judiciary.
<b>HB 1212- Health Insurance - Prior Authorization for Opioid Antagonists - Prohibition</b>	Prohibiting specified insurers, nonprofit health service plans, and health maintenance organizations from applying a preauthorization requirement for opioid antagonist drug products; applying the Act to all policies contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2018; etc.	<a href="#">HB 1212</a>  <a href="#">MHA's Position Paper on HB 1212</a>	Passed the House.  MHA submitted written testimony in support of HB 1212 before the Senate Finance committee on April 5.
<b>HB 1288- Maryland Insurance Administration- Workgroup on the Provision &amp; Coverage of Behavioral Health Crisis Services</b>	Requiring the Maryland Insurance Administration to convene a workgroup that includes specified individuals and interested stakeholders to identify barriers to the provision of behavioral health crisis services and coverage of the services by health insurance carriers; requiring the Administration to report the findings and recommendations of the workgroup to the General Assembly on or before December 1, 2017; etc.	<a href="#">HB 1288</a>  <a href="#">MHA's Position Paper on HB 1288</a>	MHA testified in support of HB 1288 before the Health & Government Operations committee on March 13.



<b>HB 1379- Courts-Criminal and Civil Immunity-Prescribing, Dispensing, and Administering Opioid Antagonists</b>	Providing that a health care provider, under specified circumstances, is not criminally or civilly liable for prescribing, dispensing, or administering an opioid antagonist to treat or prevent a drug overdose or any adverse effect arising from the use of a specified opioid antagonist; providing that an individual who is not a health care provider is not criminally or civilly liable for specified effects arising from the individual administering an opioid antagonist under specified circumstances; etc...	<a href="#">HB 1379</a>  <a href="#">MHA's Position Paper on HB 1379</a>	Unfavorable report by Judiciary.
Support with Amendments			
Legislation/Issues	Synopsis	Resources	New This Week/Upcoming Dates
<b>SB 172/HB 152- Budget Reconciliation and Financing Act of 2017</b>	Authorizing or altering the distribution of specified revenue; altering or repealing specified required appropriations; authorizing the use of specified funds for specified purposes; altering the Special Fund from which a specified racing purse and a related bonus award program is funded; providing a specified amount of aid to specified institutions; altering a specified rate increase for community service providers; limiting increases in specified mandated spending; etc.	<a href="#">SB 172</a>  <a href="#">HB 152</a>  <a href="#">MHA's Position Paper on SB 172</a>	MHA testified in support of SB 172 with amendments before the Budget & Taxation committee on March 1.  Enacted under Article II, Section 17 (b) of the Maryland Constitution – Chapter 23
<b>SB 349/HB 255- Criminal Procedure- Sexual Assault Victims' Rights- Disposal of Rape Kit Evidence and Notification</b>	Requiring a specified health care provider to provide a specified victim of sexual assault with written information describing the laws and policies governing the testing, preservation, and disposal of a sexual assault evidence collection kit; prohibiting a law enforcement agency, government agency, or health care provider from destroying or disposing of a sexual assault evidence collection kit or other crime scene evidence relating to a sexual assault within 20 years after the evidence is collected; etc.	<a href="#">SB 349</a>  <a href="#">HB 255</a>  <a href="#">MHA's Position Paper on SB 349</a>	Returned Passed. Going to the Governor's desk.  Second Reading Passed in the Senate.

<b>SB 525/HB 974- Maryland Personal Information Protection Act- Revisions</b>	Requiring a specified business, when destroying an employee's or a former employee's records that contain specified personal information of the employee or former employee, to take specified steps to protect against unauthorized access to or use of the information; altering the circumstances under which a specified business that owns, licenses, or maintains computerized data that includes specified personal information must conduct a specified investigation and notify specified persons of a specified breach; etc.	<a href="#">SB 525</a>	Second Reading Passed with Amendments in the Senate.
		<a href="#">HB 974</a>	Favorable with amendments report by Finance.
		<a href="#">MHA's Position Paper on SB 525</a>	
<b>SB 571/HB 909- Maryland Health Insurance Coverage Protection Act</b>	Establishing the Maryland Health Insurance Coverage Protection Commission; providing the purpose of the Commission is to conduct an assessment of the impact of potential federal changes to specified health care programs and to provide recommendations for State and local action to protect access of residents of the State to affordable health coverage; requiring the Commission to report its findings to the Governor and General Assembly by December 31, 2017; etc.	<a href="#">SB 571</a>	Enacted under Article II, Section 17(b) of the Maryland Constitution- Chapter 17
		<a href="#">HB 909</a>	Passed the House.
		<a href="#">MHA's Position Paper on SB 571</a>	Re-referred to Finance.
<b>SB 734/HB 1209- Sexual Assault Victims Resources Act of 2017</b>	Expanding the services to be provided by specified sexual assault crisis programs; specifying criteria for receiving specified grant funding; requiring the Governor to include \$3,000,000 each fiscal year in the State budget; providing for the allocation of specified grant money; stating specified findings of the General Assembly; establishing the Maryland Sexual Assault Evidence Kit Policy and Funding Committee; requiring Attorney General to adopt specified regulations in consultation with the Committee;...	<a href="#">SB 734</a>	Passed the Senate.
		<a href="#">HB 1209</a>	Appropriations Hearing- April 5 at 1 p.m.
		<a href="#">MHA's Position Paper on HB 1209</a>	Passed the House.
			Re-referred to Budget & Taxation and Judicial Proceedings.

<p><b>SB 967/HB 1329- Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017</b></p>	<p>Requiring specified institutions of higher education to offer credits in substance use disorders, effective treatment for substance use disorders, and pain management; requiring the Behavioral Health Administration to establish at least a specified number of crisis treatment centers that provide individuals who are in a substance use disorder crisis with access to specified clinical staff; requiring that at least one crisis treatment center be located in each geographical region of the State; etc.</p>	<p><a href="#">SB 967</a></p> <p><a href="#">HB 1329</a></p> <p><a href="#">MHA's Position Paper on SB 967</a></p>	<p>Passed the Senate.</p> <p>Favorable with amendments report by Health &amp; Government Operations.</p> <p>Passed the House.</p> <p>Favorable with amendments report by Finance.</p>
<p><b>SB 1106/HB 352- Health Care Practitioners- Use of Teletherapy</b></p>	<p>Authorizing specified health care practitioners to use teletherapy for a specified patient; establishing specified requirements for the technology a health care practitioner uses for teletherapy; requiring a health care practitioner to make a specified identification and establish a safety protocol that includes specified information before the first teletherapy session; defining teletherapy as the use of specified telecommunications or electronic technology to deliver behavioral health services under specified circumstances; etc.</p>	<p><a href="#">SB 1106</a></p> <p><a href="#">HB 352</a></p> <p><a href="#">MHA's Position Paper on HB 352</a></p>	<p>Passed the Senate.</p> <p>Second reading passed with amendments in the House.</p> <p>Returned passed. Going to the Governor's desk.</p>

<b>HB 1549- Public Health- Drug Overdose Prevention Program- Revisions</b>	Authorizing the Department of Health and Mental Hygiene to deny, suspend, revoke, or refuse to renew the registration of a person who manufactures, distributes, or dispenses a controlled dangerous substance in the State under specified conditions; requiring a local drug overdose fatality review team to review specified information and records related to a specified individual; providing the Overdose Response Program to authorize specified individuals to administer an opioid antagonist under specified circumstances; etc.	<a href="#">HB 1549</a>  <a href="#">MHA's Position Paper on HB 1549</a>	MHA submitted written testimony in support of HB 1549 before the Health & Government operations committee on March 16.
<b>Oppose</b>			
Legislation/Issues	Synopsis	Resources	New This Week/Upcoming Dates
<b>SB 144- Civil Actions- Pre-Litigation Discovery of Insurance Coverage</b>	Making specified provisions of law authorizing the pre-litigation discovery of specified insurance coverage information relating to claims involving vehicle accidents applicable to claims involving any tort; making conforming changes; and providing for the prospective application of the Act.	<a href="#">SB 144</a>  <a href="#">MHA's Position Paper on SB 144</a>	Passed the Senate.  House Judiciary Hearing- March 28 at 1 p.m.
<b>SB 195/HB 957- Physicians- Licensure- Liability Coverage (Janet's Law)</b>	Requiring licensed physicians to maintain specified minimum amounts of professional liability insurance or attest to specified coverage as a condition of licensure and comply with specified regulations; requiring a licensed physician to notify the State Board of Physicians of the cancellation of the insurance or coverage within a specified time period; requiring a physician to provide the Board with specified verification or documentation on a specified application and at any other time on request of the Board; etc.	<a href="#">SB 195</a>  <a href="#">HB 957</a>  <a href="#">MHA's Position Paper on SB 195</a>	Returned Passed. Going to the Governor's desk. *Note, due to the amendments, MHA is no longer taking a position on this bill*  Passed the House.  Second reading passed with amendments in the Senate.

<b>SB 225- Civil Actions-Noneconomic Damages-Catastrophic Injury</b>	Altering the maximum amount of noneconomic damages that may be recovered in health care malpractice and other civil actions for a catastrophic injury under specified circumstances; etc.	<a href="#">SB 225</a>  <a href="#">MHA's Position Paper on SB 225</a>	Unfavorable Report by Judicial Proceedings; Bill withdrawn.
<b>SB 379/HB 932- Hospital- Changes in Status- Hospital Employee Retraining and Economic Impact Statements</b>	Requiring a hospital that voluntarily converts to a freestanding medical facility or is acquired by another hospital or health system to pay a fee directly to the Department of Labor, Licensing, and Regulation if workers are displaced; prohibiting the fee from exceeding a 0.01 percent of the total revenue approved by the Health Services Cost Review Commission for a specified fiscal year; limiting the number of times the fee may be assessed; etc.	<a href="#">SB 379</a>  <a href="#">HB 932</a>  <a href="#">MHA's Position Paper on SB 379</a>	<p>MHA testified before the Finance committee in opposition to SB 379 on February 9.</p> <p>MHA testified in opposition to HB 932 before the Health &amp; Government Operations committee on March 2.</p>
<b>SB 623/HB 921- Hospitals- Community Benefit Report-Disclosure of Tax Exemptions</b>	Requiring a hospital to include an itemization of the value of all tax exemptions the hospital receives in the hospital's community benefit report.	<a href="#">SB 623</a>  <a href="#">HB 921</a>  <a href="#">MHA's Position Paper on SB 623</a>	<p>Unfavorable Report by Finance.</p> <p>MHA testified in opposition to HB 921 before the Health &amp; Government Operations committee on March 2.</p>

<b>SB 660/HB 808- Hospitals- Patient's Bill of Rights</b>	Providing it is the intent of the General Assembly to promote the health, safety, and well-being of patients and to foster communication between patients and health care providers; requiring each administrator of a hospital to provide patients with a specified patient's bill of rights; requiring each administrator of a hospital to provide translators or an interpreter for specified patients; requiring each administrator of a hospital to conspicuously post copies of the patient's bill of rights in specified areas; etc.	<a href="#">SB 660</a>	Unfavorable Report by Finance.
		<a href="#">HB 808</a>	Unfavorable Report by Health & Government Operations; Bill withdrawn.
		<a href="#">MHA's Position Paper on SB 660</a>	
<b>SB 682/HB 1459- Civil Actions- Noneconomic Damages</b>	Increasing the maximum amount of noneconomic damages that may be recovered in specified wrongful death actions or survival actions arising on or after October 1, 2017; providing that a jury may be informed of specified limitations on noneconomic damages in specified civil actions.	<a href="#">SB 682</a>	MHA testified in opposition to SB 682 before the Judicial Proceedings committee on February 23.
		<a href="#">HB 1459</a>	MHA testified in opposition to HB 1459 before the Judiciary committee on March 8.
		<a href="#">MHA's Position Paper on SB 682</a>	
<b>SB 836- Civil Actions- Punitive Damage Awards</b>	Providing that punitive damages may be awarded in a civil action only if the plaintiff proves by clear and convincing evidence that the defendant acted with wantonness, fraud, or malice; requiring a trier of fact to consider a defendant's liability for punitive damages concurrently with other specified issues; requiring a trier of fact to determine the amount of punitive damages to be awarded based on specified factors under specified circumstances; applying the Act prospectively; etc.	<a href="#">SB 836</a>	MHA testified in opposition to SB 836 before the Judicial Proceedings committee on February 23.
		<a href="#">MHA's Position Paper on SB 836</a>	

<b>SB 1020- Maryland Health Care Regulatory Reform Act of 2017</b>	Reorganizing the Maryland Health Care Commission and the Health Services Cost Review Commission to be the Maryland Health Care and Cost Review Commission; repealing the Health Services Cost Review Commission, the Health Services Cost Review Commission Fund, and related provisions of law; requiring the Commission to submit to the Governor and General Assembly by January 1, 2018, a proposal for a streamlined certificate of need process and a specified list of health care facilities and services; etc.	<a href="#">SB 1020</a>  <a href="#">MHA's Position Paper on SB 1020</a>	MHA testified in opposition to SB 1020 before the Finance committee on March 21.
<b>SB 1037- Health Care Malpractice Qualified Expert- Limitation on Testimony in Personal Injury Claims- Repeal</b>	Repealing the requirement that a health care provider who attests in a certificate of a qualified expert or who testifies in relation to a proceeding before an arbitration panel or a court concerning compliance with or departure from standards of care devote no more than 20% of the provider's professional activities to activities that directly involve testimony in personal injury claims.	<a href="#">SB 1037</a>  <a href="#">MHA's Position Paper on SB 1037</a>	MHA testified in opposition to SB 1037 before the Judicial Proceedings committee on March 23.
<b>SB 1129- Substance Use Disorder Treatment- Licensing of Outpatient Programs and Provision of Naloxone Kits</b>	Prohibiting the Secretary of Health and Mental Hygiene from requiring, under specified circumstances, that an outpatient substance use disorder treatment program be granted specified accreditation as a condition of licensure; requiring each hospital emergency department to establish and implement a policy of providing a naloxone kit to patients admitted for an opioid overdose and training the patients in the proper method of administering the naloxone before the patient is released; etc.	<a href="#">SB 1129</a>  <a href="#">MHA's Position Paper on SB 1129</a>	MHA testified in opposition to SB 1129 before the Finance committee on March 22.

<b>HB 189- Hospitals- Substance Use Treatment Demonstration Program- Requirements</b>	Authorizing up to five hospitals in the State to participate in a substance use treatment demonstration program; providing that the purpose of the demonstration program is to identify best practices to identify patients potentially in need of treatment, screen patients, and refer patients in need of substance use treatment to specified services; requiring each participating hospital to operate an inpatient and outpatient substance use treatment program or ensure that specified treatment services	<a href="#">HB 189</a>  <a href="#">MHA's Position Paper on HB 189</a>	MHA testified in opposition to HB 189 before the Health & Government Operations committee on February 28.
<b>HB 515- Hospitals- Establishment of Substance Use Treatment Program- Requirements</b>	Requiring specified hospitals to establish a specified substance use treatment program; providing that the purpose of the program is to identify patients in need of substance use treatment and, if appropriate, admit the patient or, if admission is not required, to direct the patient to an outpatient treatment setting; requiring specified hospitals to operate or contract to operate specified substance use treatment units or to refer specified patients to a specified treatment unit; etc.	<a href="#">HB 515</a>  <a href="#">MHA's Position Paper on HB 515</a>	MHA testified in opposition to HB 515 before the Health & Government Operations committee on February 28.
<b>HB 661- Public Health- Suspected Overdoses- Reporting Requirement</b>	Requiring specified individuals who treat or are in charge of a hospital that treats an individual for a suspected overdose that was caused or shows evidence of having been caused by a Schedule I controlled dangerous substance to notify the county sheriff, or the county police in a specified county, or the Department of State Police of the suspected overdose within 48 hours after the individual is treated; requiring that a report of a suspected overdose include specified information; and establishing...	<a href="#">HB 661</a>  <a href="#">MHA's Position Paper on HB 661</a>	MHA testified in opposition to HB 661 before the Health & Government Operations committee on February 21.



**HB 1053- Integrated  
Community Oncology  
Reporting Program**

Establishing the integrated community oncology reporting program; establishing the purpose of the program; requiring the program to be administered by the Maryland Health Care Commission; establishing a specified exception to a specified prohibition against self-referrals by specified health care practitioners and authorizing specified health care practitioners to use a specified exemption for a specified period of time; etc.

[HB 1053](#)

[MHA's Position Paper on HB  
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Passed the House.

Favorable report by Education, Health & Environmental Affairs.