

# ADVOCACY DASHBOARD

2018 LEGISLATIVE SESSION

## Support

Legislation/Issues	Synopsis	Resources	New This Week/Upcoming Dates
<b>SB 187/HB 161- Budget Reconciliation and Financing Act of 2018</b>	Authorizing or altering the distribution of certain revenue; altering or repealing certain required appropriations; repealing a requirement that the Comptroller pay certain amounts from a certain Special Fund for a certain purpose; reducing the maximum amount of certain teacher or school employee stipends; providing a certain amount of aid to certain institutions of higher education in accordance with a certain action by the Board of Public Works; altering certain rate increases for community service providers; etc.	<a href="#">SB 187</a>  <a href="#">HB 161</a>  <a href="#">MHA's Position Paper on SB 187</a>	<p>MHA testified in support of SB 187 before the Senate Budget &amp; Tax committee on February 28.</p> <p>MHA testified in support of SB 187 before the House Appropriations committee on March 2.</p>
<b>SB 211- Behavioral Health Programs - Medical Directors - Telehealth</b>	Requiring that regulations adopted under certain provisions of law regulating behavioral health programs include provisions authorizing a medical director of a behavioral health program located in a federally designated health professional shortage area to provide services through telehealth, and prohibiting a behavioral health program located in a federally designated health professional shortage area from requiring a medical director to provide services onsite.	<a href="#">SB 211</a>  <a href="#">MHA's Position Paper on SB 211</a>	House hearing- March 27
<b>SB 234/HB 596- Interstate Medical Licensure Compact</b>	Entering into the Interstate Medical Licensure Compact to strengthen access to health care by developing a comprehensive process to complement existing licensing and regulatory authority and provide a streamlined method to allow physicians to become licensed in multiple states; requiring a physician to meet certain eligibility requirements to receive certain licensure; requiring physicians to designate a certain state as the state of	<a href="#">SB 234</a>  <a href="#">HB 596</a>  <a href="#">MHA's Position Paper on SB 234</a>	<p>MHA testified in support of SB 234 before the Senate Education, Health and Environmental Affairs committee on January 31.</p> <p>MHA testified in support of HB 596 before the House Health and Government Operations committee on February 15.</p>

	principal license for purposes of registration for certain expedited licensure; etc.		
<b>SB 284- Maryland Medical Assistance Program - Dental Coverage for Adults</b>	Requiring the Maryland Medical Assistance Program, under certain circumstances, to provide limited dental coverage for certain adults beginning on January 1, 2020, and subject to certain limitations; requiring the Maryland Department of Health, in consultation with certain stakeholders, to study and recommend ways to structure adult dental coverage so as to balance fiscal constraints with the dental needs of enrollees; and requiring the Department to report to the Governor and the General Assembly on or before January 1, 2019.	<a href="#">SB 284</a>  <a href="#">MHA's Position Paper on SB 284</a>	MHA submitted written testimony in support of SB 284 to the Senate Finance committee on February 7.
<b>SB 309/HB 359- Health - Reporting of Overdose Information</b>	Authorizing emergency medical services providers and law enforcement officers to report certain overdoses using a certain information technology platform with secure access; requiring that the report include certain information; requiring the emergency medical services provider or law enforcement officer making a report to make certain effort to make the report within 24 hours after responding to the incident; etc.	<a href="#">SB 309</a>  <a href="#">HB 359</a>  <a href="#">MHA's Position Paper on SB 309</a>	House hearing- March 20  MHA submitted written testimony in support of HB 359 to the House Health & Government Operations committee on February 13.
<b>SB 574/HB 1467- Public Health - Sepsis Public Awareness Campaign Workgroup</b>	Requiring the Secretary of Health to establish a Sepsis Public Awareness Campaign Workgroup; providing for the membership of the Workgroup; requiring the Workgroup to develop a certain public awareness campaign, identify, review, and evaluate certain resources, and identify cost-effective methods for dissemination of certain information; and requiring the Workgroup to report to certain committees of the General Assembly on or before December 1, 2018.	<a href="#">SB 574</a>  <a href="#">HB 1467</a>  <a href="#">MHA's Position Paper on SB 574</a>	House hearing- March 20  Senate hearing- March 22
<b>SB 576/HB 736- Pharmacy Benefits Managers - Pharmacies and</b>	Prohibiting a pharmacy benefits manager from prohibiting a pharmacy or pharmacist from providing a beneficiary with information regarding the retail price of a prescription drug or the amount of the cost share for a prescription for	<a href="#">SB 576</a>  <a href="#">HB 736</a>	In the Senate- Third Reading Passed  MHA submitted written testimony in

<b>Pharmacists - Information on and Sales of Prescription Drugs</b>	which the beneficiary is responsible; prohibiting a pharmacy benefits manager from prohibiting a pharmacy or pharmacist from discussing with a beneficiary a certain retail price or certain cost share for a prescription drug; providing for the construction of the Act; etc.	<a href="#">MHA's Position Paper on SB 576</a>	support of HB 736 to the House Health & Government Operations committee on March 8.
<b>SB 625/HB 799- Criminal Procedure - Medical Emergency - Immunity</b>	Altering a provision of law to specify that a person who is experiencing a medical emergency, rather than a person who reasonably believes that the person is experiencing a medical emergency, after ingesting or using alcohol or drugs is immune from criminal arrest, charge, or prosecution for a certain violation if the evidence for the arrest, charge, or prosecution was obtained solely as a result of the person seeking or receiving medical assistance; etc.	<a href="#">SB 625</a>  <a href="#">HB 799</a>  <a href="#">MHA's Position Paper on SB 625</a>	MHA submitted written testimony in support of SB 625 to the Senate Judicial Proceeding committee on March 6.  In the Senate- First Reading Judicial Proceedings.
<b>SB 656/HB 86- Health Insurance - Coverage for Elevated or Impaired Blood Glucose Levels and Prediabetes Treatment</b>	Authorizing certain insurers, nonprofit health service plans, and health maintenance organizations to provide reimbursement for certain services for the treatment of prediabetes; requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for certain equipment, supplies, training, and services for the treatment of elevated or impaired blood glucose levels induced by pregnancy or prediabetes; etc.	<a href="#">HB 86</a>  <a href="#">SB 656</a>  <a href="#">MHA's Position Paper on HB 86</a>	MHA submitted written testimony in support of HB 86 to the House Health & Government Operations committee on January 31.  MHA submitted written testimony in support of SB 656 to the Senate Finance committee on March 7.
<b>SB 702/HB 1344- Health Insurance - Behavioral Health Assessments, Services, and Treatment for Patients Provided Opioids - Coverage</b>	Requiring certain insurers, nonprofit health service plans, and health maintenance organizations that provide certain benefits to provide certain coverage for a certain behavioral health assessment and certain services provided by certain comprehensive pain management programs for opioid weaning or substance use disorder treatment programs; etc.	<a href="#">SB 702</a>  <a href="#">HB 1344</a>  <a href="#">MHA's Position Paper on SB 702</a>	MHA submitted written testimony on SB 702 to the Senate Finance committee on February 28.  MHA submitted written testimony on HB 1344 to the House Health & Government Operations committee on March 1.
<b>SB 703/HB 1092- Behavioral Health Crisis Response Grant Program –</b>	Establishing the Behavioral Health Crisis Response Grant Program to provide funds to local jurisdictions to establish and expand community behavioral health crisis response systems; requiring the Maryland Department of Health to	<a href="#">SB 703</a>	In the Senate - Second Reading Passed with Amendments

<b>Establishment</b>	administer the Program; authorizing certain uses of funds distributed under the Program; requiring the Department, by December 1 each year, beginning in 2020, to report to the Governor and the General Assembly certain data regarding the Program; etc.	<a href="#">HB 1092</a>  <a href="#">MHA's Position Paper on HB 1092</a>	MHA testified in support of HB 1092 before the House Health & Government Operations committee on February 27.
<b>SB 704/HB 1652- Maryland Medical Assistance Program - Telemedicine - Assertive Community Treatment and Mobile Treatment Services</b>	Requiring the Maryland Department of Health, under certain circumstances, to include psychiatrists who are providing Assertive Community Treatment or mobile treatment services to certain Maryland Medical Assistance Program recipients in the types of providers eligible to receive reimbursement for health care services that are delivered through telemedicine and provided to Program recipients; etc.	<a href="#">SB 704</a>  <a href="#">HB 1652</a>  <a href="#">MHA's Position Paper on SB 704</a>	In the House - First Reading Health and Government Operations  MHA submitted written testimony in support of HB 1652 to the House Health & Government Operations committee on February 27.
<b>SB 765/HB 772- Maryland Medical Assistance Program - Clinical Services Provided by Certified Peer Recovery Specialists</b>	Authorizing the Maryland Medical Assistance Program to provide, as of January 1, 2020, and subject to certain limitations, clinical services provided by certified peer recovery specialists to individuals with substance use disorders or mental health disorders; and requiring the Secretary of Health, under certain circumstances, to develop certain regulations with input from certain entities.	<a href="#">SB 765</a>  <a href="#">HB 772</a>  <a href="#">MHA's Position Paper on HB 772</a>	MHA submitted written testimony in support of SB 765 to the Senate Finance committee on March 7.  MHA testified in support of HB 772 before the House Health & Government Operations committee on February 27.
<b>SB 862/HB 909- 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 certain premiums and insurance surcharges to be used to finance and administer the Fund; applying the Act prospectively; etc.	<a href="#">SB 862</a>  <a href="#">HB 909</a>  <a href="#">MHA's Position Paper on SB 862</a>	MHA testified in support of SB 862 before the Senate Judicial Proceedings hearing on February 21.  MHA testified in support of HB 909 at a Joint Hearing before the House Health & Government Operations and Judiciary committees on March 9.
<b>SB 968/HB 243- Task Force on Rural Internet, Broadband,</b>	Requiring the Task Force on Rural, Internet, Broadband, Wireless, and Cellular Service, in conducting a certain study, to solicit input from local governments and Internet	<a href="#">SB 968</a>	In the Senate - Favorable with Amendments Report by Finance

<b>Wireless, and Cellular Service - Study and Extension</b>	<p>service providers on identifying unserved and underserved areas in Western Maryland counties, Southern Maryland counties, Eastern Shore counties, and Frederick, Carroll, and Harford counties; extending the date by which the Task Force must report its findings and recommendations to the Governor and the General Assembly to November 30, 2018; etc.</p>	<p><a href="#">HB 243</a> <a href="#">MHA's Position Paper on HB 243</a></p>	<p>In the House - Third Reading Passed</p>
<b>SB 1087/HB 1008- State Board of Physicians - Invasive Cardiovascular Professionals</b>	<p>Authorizing certain registered cardiovascular invasive specialists to perform certain functions; requiring a registered cardiovascular invasive specialist to be supervised by a licensed physician; establishing that the failure of certain licensed physicians to provide proper supervision constitutes professional misconduct; requiring the State Board of Physicians to keep a list of all cardiovascular invasive specialists and adopt certain regulations; etc.</p>	<p><a href="#">SB 1087</a> <a href="#">HB 1008</a> <a href="#">MHA's Position Paper on HB 1008</a></p>	<p>Senate Hearing- March 14  MHA testified in support of HB 1008 before the House Health &amp; Government Operations committee on March 7.</p>
<b>SB 1222/HB 924- Emergency Medical Care - Administration of Opioid Antidotes - Immunity</b>	<p>Applying certain immunity from civil liability for certain acts or omissions to certain persons who administer to individuals who appear to be experiencing an opioid overdose a certain dose or certain doses of a certain opioid antidote.</p>	<p><a href="#">SB 1222</a> <a href="#">HB 924</a> <a href="#">MHA's Position Paper on HB 924</a></p>	<p>In the Senate - First Reading Senate Rules  MHA submitted written testimony in support of HB 924 to the House Health &amp; Government Operations committee on March 7.</p>
<b>HB 384- Substance Use Facilities and Programs - Certificate of Need - Repeal of Requirement</b>	<p>Altering the definition of "health care facility" for the purpose of excluding certain substance use treatment facilities and programs from the certificate of need requirements.</p>	<p><a href="#">HB 384</a> <a href="#">MHA's Position Paper on HB 384</a></p>	<p>MHA submitted written testimony in support of HB 384 to the House Health &amp; Government Operations committee on February 13.</p>
<b>HB 922- Maryland Department of Health - "Pill Mill" Tip Line</b>	<p>Requiring the Maryland Department of Health, on or before December 1, 2018, to establish a certain tip line through which a person may report a certain individual who the reporting person suspects is prescribing medication or overprescribing medication in violation of certain provisions of law; requiring the Department to endeavor to ensure that a certain phone number translates alphanumerically to a memorable word or phrase; etc.</p>	<p><a href="#">HB 922</a> <a href="#">MHA's Position Paper on HB 922</a></p>	<p>MHA submitted written testimony in support of HB 922 to the House Health &amp; Government Operations committee on February 27.</p>

<p><b>HB 1124- Criminal Procedure - Statewide Sexual Assault Evidence Collection Kit Tracking System - Requirements</b></p>	<p>Requiring the Department of State Police, in consultation with the Maryland Sexual Assault Evidence Kit Policy and Funding Committee, to create and operate a certain statewide sexual assault evidence collection kit tracking system; authorizing the Department to contract with certain entities for certain purposes; providing requirements for the tracking system; requiring the Department to submit an annual report to the General Assembly by January 1; requiring the Department to submit a certain request for funding by January 1, 2019; etc.</p>	<p><a href="#">HB 1124</a></p>	<p>MHA, in collaboration with other members of <a href="#">the Maryland Sexual Assault Evidence Kit Policy &amp; Funding committee</a>, supported HB 1124 at the February 27 hearing before the House Judiciary committee.</p>
<p><b>HB 1795- Maryland Health Benefit Exchange - Establishment of a Reinsurance Program</b></p>	<p>Requiring, rather than authorizing, the Exchange to establish a State Reinsurance Program to provide reinsurance to carriers that offer individual health benefit plans in the State; requiring that the Program be designed to mitigate the impact of high-risk individuals on certain rates; providing that, beginning on January 1, 2019, funding for reinsurance in the individual health insurance market through the Program may be made from any available State and federal funding source; providing a certain contingency; etc.</p>	<p><a href="#">HB 1795</a></p>	<p>MHA submitted written testimony in support of HB 1795 to the House Health &amp; Government Operations committee on March 8.</p>

## Support with Amendments

Legislation/Issues	Synopsis	Resources	New This Week/Upcoming Dates
<b>SB 17- Health Information Exchange- Definition and Regulations</b>	Altering a requirement that the Maryland Health Care Commission adopt certain regulations for the privacy and security of protected health information obtained or released through a health information exchange; repealing a certain provision of law prohibiting certain regulations from applying to protected health information exchanged between or among certain persons; etc.	<a href="#">SB 17</a>  <a href="#">MHA's Position Paper on SB 17</a>	House Hearing- March 22
<b>SB 163/HB 490- Public Health – Community Health Workers – Advisory Committee and Certification</b>	Establishing the State Community Health Worker Advisory Committee; requiring the Advisory Committee to advise the Maryland Department of Health on certain matters relating to the certification and training of community health workers; requiring the Department to adopt certain regulations for accrediting community health worker training programs; requiring the Department to adopt regulations relating to the certification of community health workers; etc.	<a href="#">SB 163</a>  <a href="#">HB 490</a>  <a href="#">MHA's Position Paper on SB 163</a>	<p>MHA testified in support of SB 163 before the Senate Finance committee on February 1.</p> <p>MHA testified in support of HB 490 before the Health &amp; Government Operations committee on February 14.</p>
<b>SB 186/HB 162- Creation of a State Debt - Maryland Consolidated Capital Bond Loan of 2018, and the Maryland Consolidated Capital</b>	Authorizing the creation of a State Debt in the amount of \$1,000,179,000, the proceeds to be used for certain necessary building, construction, demolition, planning, renovation, conversion, replacement, and capital equipment purchases of the State, for acquiring certain real estate in connection therewith, and for grants to certain subdivisions and other organizations for certain development and improvement purposes, subject to certain requirements; etc.	<a href="#">SB 186</a>  <a href="#">HB 162</a>  <a href="#">MHA's Position Paper on SB 186</a>	<p>MHA testified in support of SB 186 before the Senate Budget &amp; Tax Capital Budget Subcommittee on March 6.</p> <p>MHA testified in support of HB 162 before the House Appropriations Budget Subcommittee on March 9.</p>
<b>SB 530/HB 562- Hospitals - Patient's Bill of Rights</b>	Requiring each administrator of a hospital to provide patients with a certain patient's bill of rights; requiring each administrator of a hospital to provide certain patients with a translator, an interpreter, or another accommodation to provide certain assistance to patients; requiring each administrator of a hospital to conspicuously	<a href="#">SB 530</a>  <a href="#">HB 562</a>  <a href="#">MHA's Position Paper on SB 530</a>	<p>In the Senate - Third Reading Passed (36-7)</p> <p>MHA testified in support of HB 562 before the House Health &amp; Government Operations committee on February 20.</p>

	post copies of the patient's bill of rights on the hospital's website and in areas of the hospital accessible to patients;		
<b>SB 731/HB 639- Health - Alleged Rape, Sexual Offense, or Child Sexual Abuse - HIV Post-Exposure Prophylaxis</b>	Requiring the Maryland Department of Health to compensate a physician or hospital that provides certain post-exposure prophylaxis treatment under certain circumstances for the prevention of HIV to a victim of alleged rape or sexual offense or a victim of alleged child sexual abuse without charge to the victim; etc.	<a href="#">SB 731</a>  <a href="#">HB 639</a>  <a href="#">MHA's Position Paper on SB 731</a>	MHA testified in support of SB 731 before the Senate Judicial Proceedings committee on February 21.  MHA testified in support of HB 639 before the House Judiciary hearing on February 27.
<b>SB 923- Maryland All-Payer Model Agreement - Medicare Skilled Nursing Facility 3-Day Rule - Waiver</b>	Requiring, on or before September 1, 2018, the Maryland Department of Health to request approval from the Center for Medicare and Medicaid Innovation of a waiver of the Medicare Skilled Nursing Facility 3-Day Rule and its applicability to Medicare beneficiaries in the State; requiring the request to be included in a request by the Department for updates to and an extension of the Maryland All-Payer Model Agreement submitted to the Center for Medicare and Medicaid Innovation under certain provisions of federal law; etc.	<a href="#">SB 923</a>	MHA testified in support of SB 923 before the Senate Finance committee on March 1.
<b>SB 963/HB 247- Criminal Procedure - Victim Services Unit - Victims' Compensation</b>	Establishing a Victim Services Unit in the Governor's Office of Crime Control and Prevention; transferring the Criminal Injuries Compensation Board from the Department of Public Safety and Correctional Services to the Unit; transferring the program for sexual assault forensic examinations from the Maryland Department of Health to the Unit; requiring the Governor's Office of Crime Control and Prevention to report on matters related to crime victims by December 31, 2020; etc.	<a href="#">SB 963</a>  <a href="#">HB 247</a>  <a href="#">MHA's Position Paper on HB 247</a>	In the Senate - Favorable with Amendments Report by Judicial Proceedings  In the House - Favorable with Amendments Report by Judiciary



## Oppose

Legislation/Issues	Synopsis	Resources	New This Week/Upcoming Dates
<b>SB 5- 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 all other issues presented in the action; requiring a trier of fact to determine the amount of punitive damages to be awarded based on certain factors under certain circumstances; applying the Act prospectively; etc.	<a href="#">SB 5</a>  <a href="#">MHA's Position Paper on SB 5</a>	MHA testified in opposition of SB 5 before the Senate Judicial Proceedings committee on January 16.
<b>SB 30/HB 1581- 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 30</a>  <a href="#">HB 1581</a>  <a href="#">MHA's Position Paper on SB 30</a>	<p>In the Senate - Third Reading Passed (27-17)</p> <p>MHA testified in opposition to HB 1581 before the House Judiciary committee on March 7.</p>
<b>SB 36/HB 289- Civil Actions - Noneconomic Damages</b>	Increasing the maximum amount of noneconomic damages that may be recovered in certain wrongful death actions or survival actions arising on or after October 1, 2018; and providing that a jury may be informed of certain limitations on noneconomic damages in certain civil actions.	<a href="#">SB 36</a>  <a href="#">HB 289</a>  <a href="#">MHA's Position Paper on SB 36</a>	<p>MHA testified in opposition to SB 36 before the Senate Judicial Proceedings committee on January 16.</p> <p>MHA testified in opposition to HB 289 before the House Judiciary committee on January 31.</p>
<b>SB 390/HB 614- Hospitals - Changes in Status - Hospital Employee Retraining and Placement</b>	Requiring a hospital that downsizes to pay a fee directly to the Department of Labor, Licensing, and Regulation if workers are displaced; requiring the Health Services Cost Review Commission to prorate the total amount of certain fees among all hospitals in a certain manner to derive the individual fee for each hospital; requiring the Department to	<a href="#">SB 390</a>  <a href="#">HB 614</a>  <a href="#">MHA's Position Paper on SB 390</a>	<p>MHA testified in opposition to SB 390 before the Senate Finance committee on February 8.</p> <p>MHA testified in opposition to HB 614 before the House Government</p>

	establish a program for retraining and placement of certain hospital employees; etc.		Operations committee on February 20.
<b>SB 465- Civil Actions - Motor Vehicle Accidents Involving Pedestrians or Non-motorized Vehicles - Comparative Negligence</b>	Prohibiting recovery by a certain plaintiff from being barred in a certain civil action due to the plaintiff's negligence, except under certain circumstances; requiring any damages awarded under the Act to be diminished in proportion to the amount of negligence attributed to the plaintiff; providing for the prospective application of the Act; etc.	<a href="#">SB 465</a>  <a href="#">MHA's Position Paper on SB 465</a>	In the Senate - Unfavorable Report by Judicial Proceedings
<b>SB 522/HB 653- Health Care Providers - Opioid Prescriptions - Discussion of Information and Risks</b>	Requiring certain health care providers to discuss certain information and risks associated with the prescription of opioids that are controlled dangerous substances with the patient or, if the patient is a minor, the parent or guardian of the minor before issuing an initial prescription and before issuing a third prescription in the same course of treatment; requiring certain health care providers to obtain a certain written acknowledgment and include the acknowledgment in the patient's medical record; etc.	<a href="#">SB 522</a>  <a href="#">HB 653</a>  <a href="#">MHA's Position Paper on SB 522</a>	MHA submitted written testimony in opposition to SB 522 before the Senate Education, Health and Environmental Affairs committee on February 15.  MHA submitted written testimony in opposition to HB 653 before the House committee on House Health & Government Operations committee on February 21.
<b>SB 722/HB 1205- Motor Vehicles – Alcohol– or Drug–Related Driving Offenses – Testing Requirement</b>	Requiring a police officer who has reasonable grounds to believe that an individual has been driving or attempting to drive while under the influence or while impaired by alcohol, drugs, or controlled dangerous substances in violation of certain laws to provide certain medical personnel with a certain signed statement; and requiring medical personnel, on receipt of a signed statement from a police officer, to perform a certain test regardless of whether the person to be tested consents to the test.	<a href="#">SB 722</a>  <a href="#">HB 1205</a>  <a href="#">MHA's Position Paper on SB 722</a>	In the Senate - Unfavorable Report by Judicial Proceedings; Withdrawn  In the House - Unfavorable Report by Judiciary; Withdrawn
<b>SB 994/HB 1541- Disclosure of Tax Benefits - Nonprofit Hospitals</b>	Requiring each nonprofit hospital, each year, to submit to the Comptroller an itemized list of certain tax benefits; requiring the Comptroller to prepare a certain report and to post the report on the Comptroller's website; and requiring the Comptroller, in consultation with certain employee organizations, to adopt certain regulations.	<a href="#">SB 994</a>  <a href="#">HB 1541</a>  <a href="#">MHA's Position Paper on HB 1541</a>	Senate hearing- March 15  MHA testified in opposition to HB 1541 before the House Health & Government Operations committee on March 2.

<b>SB 1024/HB 1519- Self-Referrals - Oncology Group Practices - Exemption</b>	Requiring the Maryland Health Care Commission to establish a process to exempt one oncology group practice in certain geographic regions from a certain prohibition against self-referral; requiring the Commission to adopt regulations on or before a December 1, 2018 that include a certain application process to begin accepting applications on or before a April 1, 2019; requiring an oncology group practice applying for the exemption to submit an application to the Commission on the form the Commission requires; etc.	<a href="#">SB 1024</a>  <a href="#">HB 1519</a>	In the Senate - Hearing canceled (Education, Health, and Environmental Affairs)  In the House - Hearing canceled
<b>SB 1255/HB 601- Public Health - Opioids - Dispensing Requirement</b>	Requiring a drug classified as an opioid to be dispensed with a nontoxic composition designed to permanently and chemically sequester or deactivate the drug and be used for disposal of the drug; and establishing that a certain provision of the Act does not relieve a person from certain requirements of law regarding controlled dangerous substances.	<a href="#">SB 1255</a>  <a href="#">HB 601</a>  <a href="#">MHA's Position Paper on HB 601</a>	In the Senate – Re-referred to Finance  MHA testified in opposition to HB 601 before the House Health & Government Operations committee on February 27.
<b>HB 41- Hospitals - Community Benefit Report - Disclosure of Tax Exemptions</b>	Requiring a nonprofit hospital to include an itemization of all tax exemptions received by the hospital in the hospital's annual community benefit report.	<a href="#">HB 41</a>	Sponsor withdrew bill.
<b>HB 771- Public Health - Opioid Overdoses - Prohibition and Rehabilitation Order</b>	Prohibiting an individual from overdosing on an opioid and requiring and receiving an opioid overdose reversal drug from a certain first responder as a consequence of the overdose; requiring a first responder who successfully administers an opioid overdose reversal drug to a certain individual to provide the individual with a referral to receive certain treatment and to issue the individual a certain rehabilitation order; establishing a certain penalty for a violation of certain provisions of the Act; etc.	<a href="#">HB 771</a>  <a href="#">MHA's Position Paper on HB 771</a>	MHA testified in opposition to HB 601 before the House Health & Government Operations committee on February 27.
<b>HB 857- Health Occupations - Physicians - Specialty Certifications</b>	Authorizing an entity granting physician privileges to use the active specialty certification of a physician by a specialty certification board as criteria to determine physician privileges; prohibiting an entity granting physician privileges from requiring specialty certification by a particular specialty certification board as a prerequisite for the granting of	<a href="#">HB 857</a>  <a href="#">MHA's Position Paper on HB 857</a>	MHA testified in opposition to HB 857 before the House Health & Government Operations committee on February 28.

	physician privileges; etc.		
<b>HB 1505- Health - Psychiatric Hospitals - Units Licensed as Assisted Living Facilities</b>	Requiring certain hospitals that provide certain services in a unit that is licensed as an assisted living program to authorize certain patients to seek insurance reimbursement for certain services, bill certain patients in a certain manner, and provide certain staff assistance; and requiring the Office of Health Care Quality, on or before December 30, 2018, to make a certain report to certain committees of the General Assembly.	<a href="#">HB 1505</a>	In the House - Unfavorable Report by Health and Government Operations; Withdrawn
<b>HB 1555- Interception of Oral Communications - Medical Information - One-Party Consent</b>	Establishing that it is lawful under certain circumstances for a patient, or certain other individuals with the knowledge and consent of a patient, to intercept certain oral communications with a health care practitioner under certain circumstances.	<a href="#">HB 1555</a> <a href="#">MHA's Position Paper on HB 1555</a>	MHA submitted written testimony in opposition to HB 1555 to the House Health & Government Operations committee on March 7.
<b>HB 1782- Health Insurance - Health Care Access Program - Establishment (Maryland Health Care Access Act of 2018)</b>	Requiring the State Health Services Cost Review Commission, for fiscal year 2019, to assess on each hospital a uniform, broad-based, and reasonable fee to support the Health Care Access Program established by the Maryland Health Benefit Exchange; requiring a carrier to pay a certain assessment on certain premiums beginning January 1, 2019; requiring certain health insurance entities to pay an additional assessment; requiring, beginning January 1, 2019, an individual to maintain certain coverage for certain individuals; etc.	<a href="#">HB 1782</a>	House Hearing- March 12

## Letters of Information & Concern

Legislation/Issues	Synopsis	Resources	New This Week/Upcoming Dates
<b>SB 387- Health Insurance - Health Care Access Program - Establishment (Maryland Health Care Access Act of 2018)</b>	Requiring a carrier to pay a certain assessment on certain premiums under certain circumstances beginning January 1, 2019; establishing as a purpose of the Maryland Health Benefit Exchange to seek approval of and carry out a certain waiver; requiring the Exchange to establish and oversee the implementation of a Health Care Access Program; requiring, beginning on a certain date, an individual to maintain certain coverage for certain individuals; requiring that an individual pay a certain penalty under certain circumstances; etc.	<a href="#">SB 387</a>  <a href="#">MHA's Position Paper on SB 387</a>	MHA submitted a letter of information on SB 387 to the Senate Finance committee on February 21.
<b>SB 552/HB 742- State Board of Professional Counselors and Therapists - Sunset Extension and Program Evaluation</b>	Continuing the State Board of Professional Counselors and Therapists in accordance with the provisions of the Maryland Program Evaluation Act (Sunset Law) by extending to July 1, 2021, the termination provisions relating to statutory and regulatory authority of the Board; altering the composition of the Board; repealing certain provisions of law establishing and governing the Behavior Analyst Advisory Committee; establishing the Alcohol and Drug Counselor Subcommittee; etc.	<a href="#">SB 552</a>  <a href="#">HB 742</a>  <a href="#">MHA's Position Paper on SB 552</a>	<p>MHA submitted a letter of information on SB 552 to the Senate Education, Health &amp; Environmental Affairs committee on February 15.</p> <p>MHA submitted a letter of information on HB 742 to the House Health &amp; Government Operations committee on February 15.</p>
<b>SB 682- Medical Assistance Program and Health Insurance - Emergency Medical Services Providers - Coverage and Reimbursement of Services</b>	Requiring the Maryland Department of Health to reimburse emergency medical services providers for mobile integrated health services provided to Maryland Medical Assistance Program recipients; requiring insurers, nonprofit health service plans, and health maintenance organizations that provide health insurance benefits under certain insurance policies or contracts to provide coverage for mobile integrated health services provided by certain emergency medical services providers; etc.	<a href="#">SB 682</a>  <a href="#">MHA's Position Paper on SB 682</a>	MHA submitted a letter of information on SB 682 to the Senate Finance committee on March 1.
<b>SB 690/HB 726- Maryland</b>	Requiring the Maryland Department of Health to provide certain Basic Health Program coverage in the State;	<a href="#">SB 690</a>	In the Senate - Third Reading Passed (46-0)

<b>Department of Health - Basic Health Program – Implementation</b>	requiring the Maryland Department of Health to report to the Department of Legislative Services and the General Assembly on or before June 1, 2019, on whether the State can implement, beginning January 1, 2020, a Basic Health Program that accomplishes certain objectives and take other certain action related to the implementation of the Program; etc.	<a href="#">HB 726</a>	MHA submitted a letter of information on HB 726 to the House Health & Government Operations committee on February 22.
<b>SB 878/HB 1312- Health Insurance - Medicaid Buy-In Task Force</b>	Establishing the Medicaid Buy-In Task Force; providing for the purpose, composition, chair, and staffing of the Task Force; prohibiting a member of the Task Force from receiving certain compensation, but authorizing the reimbursement of certain expenses; authorizing the Secretary of Health to seek and obtain certain grant funding; requiring the Task Force to study and make recommendations on certain matters; terminating the Act after December 31, 2019; etc.	<a href="#">SB 878</a>	In the Senate - Third Reading Passed (46-0)
<b>SB 975- Task Force to Study Drug Addiction as a Chronic Disease</b>	Establishing the Task Force to Study Drug Addiction as a Chronic Disease; providing for the composition, chair, and staffing of the Task Force; requiring the Task Force to study and make recommendations regarding certain matters; requiring the Task Force to report its findings and recommendations to the Governor and the General Assembly on or before April 1, 2020; terminating the Act on September 30, 2020; etc.	<a href="#">HB 1312</a>	MHA submitted a letter of information on HB 1312 to the House Health & Government Operations committee on February 22.
<b>SB 1002/HB 1516- Public Health - Healthy Maryland Program - Establishment (Healthy Maryland Act of 2018)</b>	Establishing Healthy Maryland as a public corporation and a unit of State government to provide comprehensive universal health coverage for every Maryland resident; requiring Healthy Maryland to provide certain services, a certain system, certain choice and access to certain coordinators and certain providers, and certain financing for residents of the State on or before January 1, 2020; establishing the Healthy Maryland Board to organize, administer, and market Healthy Maryland and Healthy Maryland Services as a single-payer program; etc.	<a href="#">MHA’s Position Paper on SB 878</a>	MHA submitted a letter of information on SB 975 to the Senate Finance committee on March 7.
<b>SB 1002/HB 1516- Public Health - Healthy Maryland Program - Establishment (Healthy Maryland Act of 2018)</b>	Establishing Healthy Maryland as a public corporation and a unit of State government to provide comprehensive universal health coverage for every Maryland resident; requiring Healthy Maryland to provide certain services, a certain system, certain choice and access to certain coordinators and certain providers, and certain financing for residents of the State on or before January 1, 2020; establishing the Healthy Maryland Board to organize, administer, and market Healthy Maryland and Healthy Maryland Services as a single-payer program; etc.	<a href="#">SB 975</a>	MHA submitted a letter of information on SB 1002 to the Senate Finance committee on March 7.
<b>SB 1002/HB 1516- Public Health - Healthy Maryland Program - Establishment (Healthy Maryland Act of 2018)</b>	Establishing Healthy Maryland as a public corporation and a unit of State government to provide comprehensive universal health coverage for every Maryland resident; requiring Healthy Maryland to provide certain services, a certain system, certain choice and access to certain coordinators and certain providers, and certain financing for residents of the State on or before January 1, 2020; establishing the Healthy Maryland Board to organize, administer, and market Healthy Maryland and Healthy Maryland Services as a single-payer program; etc.	<a href="#">MHA’s Position Paper on SB 975</a>	MHA submitted a letter of information on SB 1002 to the Senate Finance committee on March 7.
<b>SB 1002/HB 1516- Public Health - Healthy Maryland Program - Establishment (Healthy Maryland Act of 2018)</b>	Establishing Healthy Maryland as a public corporation and a unit of State government to provide comprehensive universal health coverage for every Maryland resident; requiring Healthy Maryland to provide certain services, a certain system, certain choice and access to certain coordinators and certain providers, and certain financing for residents of the State on or before January 1, 2020; establishing the Healthy Maryland Board to organize, administer, and market Healthy Maryland and Healthy Maryland Services as a single-payer program; etc.	<a href="#">SB 1002</a>  <a href="#">HB 1516</a>  <a href="#">MHA’s Position Paper on SB 1002</a>	MHA submitted a letter of information on SB 1002 to the Senate Finance committee on March 7.

<b>SB 1007- Prescription Drug Monitoring Program – Opioid Data – Disclosure</b>	Requiring the Prescription Drug Monitoring Program to disclose prescription drug monitoring data, in accordance with certain regulations, on the approval of the Secretary of Health, to the Attorney General for the purpose of law enforcement; requiring, rather than authorizing, the Program to make a certain notification and provide certain education to a certain prescriber or dispenser; requiring that the notification be made and the education be provided within a certain period of time; etc.	<a href="#">SB 1007</a>	Senate Hearing- March 15
<b>SB 1011/HB 1167- Protect Maryland Health Care Act of 2018</b>	Establishing the Maryland Insurance Stabilization Fund and the Health Insurance Down Payment Escrow Fund; specifying the purposes of the funds; requiring, beginning on a certain date, an individual to maintain certain coverage for certain individuals; requiring that an individual pay a certain payment under certain circumstances; requiring the Exchange to take certain steps to facilitate the enrollment of certain individuals into certain coverage under certain circumstances; etc.	<a href="#">SB 1011</a>	MHA submitted a letter of information on SB 1011 to Senate Finance committee on February 21.
		<a href="#">HB 1167</a>	MHA submitted a letter of information on HB 1167 to the House Health & Government Operations committee on February 22.
		<a href="#">MHA’s Position Paper on SB 1011</a>	
<b>SB 1023/ HB 1194- Health - Drug Cost Review Commission</b>	Establishing the Drug Cost Review Commission; providing for the purpose of the Commission; providing for the membership of the Commission; requiring certain conflicts of interest to be disclosed and considered when appointing members to the Commission; specifying the terms of the initial members of the Commission; providing for the election of the chair of the Commission and requiring the chair to hire certain staff; requiring that the staff of the Commission receive a certain salary; etc.	<a href="#">SB 1023</a>	MHA submitted a letter of information on SB 1023 to the Senate Finance committee on February 28.
		<a href="#">HB 1194</a>	MHA submitted a letter of information on HB 1194 to the House Health & Government Operations committee on March 6.
		<a href="#">MHA’s Position Paper on HB 1194</a>	
<b>SB 1083/HB 88- Public Health - Prescription Drug Monitoring Program - Revisions</b>	Requiring, instead of authorizing, the Prescription Drug Monitoring Program to review prescription monitoring data for indications of a possible misuse or abuse of a monitored prescription drug; requiring, instead of authorizing, the Program to report the possible misuse or abuse to the prescriber or dispenser of the monitored prescription drug under certain circumstances; requiring the Program to provide education to the prescriber or	<a href="#">SB 1083</a>	Senate hearing- March 22
		<a href="#">HB 88</a>	MHA submitted a letter of information on HB 88 to the House Health & Government Operations Committee on January 31.
		<a href="#">MHA’s Position Paper on HB 88</a>	

	dispenser of the monitored prescription drug under certain circumstances; etc.		
<b>HB 34- Public Health - Disease Control and Prevention - HPV Screening Tests</b>	Requiring a health care practitioner who offers a screening test to a man for a sexually transmitted infection to offer a screening test for HPV to the same man at the same time; requiring health care practitioners who offer the HPV screening test to inform the individual about the risks associated with HPV; etc.	<a href="#">HB 34</a> <a href="#">MHA's Position Paper on HB 34</a>	MHA submitted a letter of concern on HB 34 to the House Health & Government Operations committee on February 20.
<b>HB 660- Public Health - State-Provided Health Care Benefits for State Residents (HealthcareMaryland)</b>	Establishing the Office of Health Care Coverage in the Maryland Department of Health to establish and carry out the HealthcareMaryland Program to provide benefits to State residents who do not receive federal benefits through Medicare, TRICARE, plans that are subject to ERISA, or any other federal medical program; requiring the Office to contract with a certain number of managed care organizations; requiring certain employers to pay to the Secretary of Labor, Licensing, and Regulation a certain annual payroll tax; etc.	<a href="#">HB 660</a> <a href="#">MHA's Position Paper on HB 660</a>	MHA submitted a letter of information on HB 660 to the House Health & Government Operations committee on March 5.
<b>HB 1193- Physicians – Discipline – Procedures and Effects</b>	Requiring a disciplinary panel to dismiss certain complaints against licensed physicians if either of two peer review reports makes a certain finding that a certain violation did not occur; authorizing a disciplinary panel of the State Board of Physicians to issue a certain letter of admonishment to certain licensees; requiring the Board to expunge all records of a public reprimand or probation 3 years after the final disposition of the case; providing certain insurers may not take any adverse actions under certain circumstances; etc.	<a href="#">HB 1193</a> <a href="#">MHA's Position Paper on HB 1193</a>	MHA submitted a letter of concern on HB 1193 to the House Health & Government Operations committee on March 7.
<b>HB 1504- Task Force to Study Reinsurance to Reduce Health Insurance Premiums</b>	Establishing the Task Force to Study Reinsurance to Reduce Health Insurance Premiums; providing for the composition, co-chairs, and staffing of the Task Force; prohibiting a member of the Task Force from receiving certain compensation, but authorizing the reimbursement of certain expenses; requiring the Task Force to study and make recommendations regarding certain matters; requiring the Task Force to report its findings and	<a href="#">HB 1504</a> <a href="#">MHA's Position Paper on HB 1504</a>	MHA submitted a letter of information on HB 1504 to the House Health & Government Operations committee on February 22.



	recommendations to the Governor and the General Assembly on or before December 1, 2018; etc.		
<b>HB 1518- Public Health - Maternal Mortality Review Committee</b>	Requiring the Maternal Mortality Review Committee to appoint a certain number of additional members to its membership in existence as of a certain date; requiring the members added to the Committee to include certain individuals and, to the extent practicable, reflect a certain diversity; requiring the Committee to establish a certain Action Task Force subcommittee; etc.	<a href="#">HB 1518</a>	House Hearing- March 13
<b>HB 1540- Health Care Facilities - Closing or Partial Closing - Public Notice</b>	Requiring the Maryland Health Care Commission to publish a certain notice of the closing or partial closing of a certain health care facility within a certain time period; requiring the Commission to ensure that a certain notice is available to the public for certain purposes and a certain local governing body and certain members of the General Assembly; requiring the Commission to publish a notice of certain informational meetings; specifying certain procedures for the publication of certain notices by the Commission; etc.	<a href="#">HB 1540</a>  <a href="#">MHA's Position Paper on HB 1540</a>	MHA submitted a letter of information on HB 1540 to the House Health & Government Operations committee on March 2.
<b>HB 1768- Hospitals - Discharge of Patients - Procedures</b>	Requiring a hospital before discharging a patient who is mentally ill to make a determination whether the patient will be accompanied at the time of discharge and, under certain circumstances, ensure that the patient is aware of certain services that are available to the patient after discharge if the patient is unaccompanied at the time of discharge; prohibiting a hospital from discharging a patient who is clothed in a manner in which the patient is indecently exposed; etc.	<a href="#">HB 1768</a>	In the House - First Reading House Rules and Executive Nominations