

# Maryland General Assembly Sine Die Report

## MHA 2024 LEGISLATIVE PRIORITY PROGRESS



### Support Hospitals' Budget Priorities

- Fended off increases to the Medicaid Deficit Assessment
- Maintained \$3 million for the physician loan repayment program and increased funding for the nurse loan repayment program to \$3 million
- Secured \$1 million to develop a statewide workplace violence prevention public awareness campaign
- Secured \$6.8 million in capital funding for six hospital projects across the state
- Passed legislation to codify the Hospital Bond Program in statute and increase funding for the program to \$20 million



### Strengthen Maryland's Hospital Workforce

Together, MHA and the hospital field successfully advocated for legislation to support the health care workforce, expand access to care within the community, and address factors impacting emergency department throughput including:

- Expanded access to X-ray services in physician offices and urgent care centers by creating a licensure exception for trained and supervised health care workers who meet certain requirements including passage of an exam approved by the Board of Physicians
- Modernized the physician assistant (PA) practice by allowing collaboration agreements and removing the requirement that the Board of Physicians approve advanced duties for PAs who meet certain criteria
- Consolidated certified nursing assistant (CNA) and geriatric nursing assistant certifications and allow nursing students who meet certain requirements to work without a CNA certification
- Extended the licensure exception for registered cardiovascular invasive specialists to perform duties delegated by a physician in a hospital cardiac catheterization laboratory
- Created the Maryland Pathway to Nursing Pilot Program to provide financial support for basic living expenses for licensed practical nursing (LPN) students who commit to work in state as LPNs or registered nurses
- Delayed the implementation date for legislation passed last year that required security guards to be trained, certified, and report uses of force.
- Amended the bill to allow for alternative aggregate reporting for security guards employed by hospitals

The field also successfully blocked legislation that would have placed unnecessary barriers on the workforce, inflated the cost of care, and jeopardized access to care in communities across the state including:

- Amended legislation that would have banned non-compete agreements for licensed health care providers to allow for a one-year duration, 10-mile geographic restriction, and application solely to providers earning over \$350,000 in total compensation without adjusting for the cost of living. Delayed implementation until July 1, 2025 prospectively. Additionally,

a study was incorporated to assess the effects of private equity ownership on Maryland's health care market, the Total Cost of Care Model, and initiatives targeting health disparities.

- Defeated legislation to require a clinical staffing committee be formed at each hospital to develop staffing plans for each patient care unit
- Defeated legislation that would have created barriers to hiring surgical technicians



## Ensure Access to Care

- Supported passage of the Maternal Health Act Successfully amended a bill that would have broadened the definition of “outpatient facility fee” beyond hospital-based clinic services
- Supported the Access to Care Act, which allows qualified Maryland residents who otherwise do not qualify for federal or state insurance to purchase insurance through the Maryland Health Benefit Exchange
- Helped lead efforts to expand access to health insurance affordability and coverage to:
  - Continue premium subsidies for young adults
  - Amend legislation that would have prohibited hospitals from considering household monetary assets when determining eligibility for charity care under a hospital's financial assistance policy
- Reformed the prior authorization process for prescription drugs and medical treatments. Added new reporting requirements for insurers, including the number of adverse decisions overturned after a reconsideration request
- Prohibited pharmaceutical manufacturers from limiting 340B contract pharmacy arrangements
- Supported legislation to require state reimbursement for sexual assault forensic exam services delivered via telehealth



## Improve Maryland's Medical Liability Environment

- Defeated legislation that would have expanded the scope of practice for direct-entry midwives to allow for home vaginal births after c-section
- Expanded definition of “health care provider” in medical malpractice statutes to include physician assistants
- Defeated plaintiff's attorneys' efforts to eliminate the cap on non-economic damages for personal injury and wrongful death claims