

HB1587/104161/1

BY: Appropriations Committee

AMENDMENTS TO HOUSE BILL 1587

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Delegate Hammen” and substitute “Delegates Hammen, Beitzel, Benson, Costa, Donoghue, Elliott, Hubbard, Kach, Kipke, Kullen, McDonough, Mizeur, Montgomery, Morhaim, Nathan–Pulliam, Oaks, Pena–Melnik, Pendergrass, Reznik, Riley, Tarrant, V. Turner, and Weldon”.

AMENDMENT NO. 2

On page 1, in line 4, strike “authorizing” and substitute “requiring”; in line 7, after “Plan;” insert “requiring.”; in lines 8 and 13, in each instance, strike “requiring”; in line 11, after “purchasers;” insert “requiring.”; strike beginning with “revenue” in line 13 down through “and” in line 14 and substitute “included in the reasonable costs of each hospital when establishing the hospital’s rates, is”; in line 14, after “determinations” insert “, and is not less than a certain percentage of net patient revenue”; in line 17, after “revenue;” insert “providing that funds generated from the assessment may be used only for certain purposes; requiring the Commission to report certain information to the Governor and General Assembly on or before a certain date each year;”; in line 21, after “Plan;” insert “requiring the Maryland Health Care Commission to report certain information to the Governor and General Assembly on or before a certain date each year;”; in line 22, strike “requiring that” and substitute “authorizing”; in line 23, strike “the” and substitute “a certain”; and in the same line, strike “be used only for certain purposes” and substitute “to be used for a certain purpose notwithstanding certain provisions of law; requiring the Health Services Cost Review Commission to ensure that a certain assessment does not exceed certain savings”.

On page 2, in line 6, after “(d)” insert “and (e)”; and after line 25, insert:

(Over)

“BY repealing and reenacting, without amendments,

Article - Insurance

Section 15-12A-01(a) and (f)

Annotated Code of Maryland

(2005 Replacement Volume and 2007 Supplement)

(As enacted by Chapter 7 of the Acts of the General Assembly of the 2007)

Special Session)

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15-12A-05

Annotated Code of Maryland

(2005 Replacement Volume and 2007 Supplement)

(As enacted by Chapter 7 of the Acts of the General Assembly of the 2007

Special Session)”.

AMENDMENT NO. 3

On page 3, in line 7, strike “**THE**” and substitute “**EACH YEAR, THE**”; and in the same line, strike “**MAY**” and substitute “**SHALL**”.

On page 4, strike in their entirety lines 3 and 4 and substitute:

“1. SHALL BE INCLUDED IN THE REASONABLE COSTS OF EACH HOSPITAL WHEN ESTABLISHING THE HOSPITAL’S RATES;”;

after line 7, insert:

“3. MAY NOT BE LESS AS A PERCENTAGE OF NET PATIENT REVENUE THAN THE ASSESSMENT OF .8128% THAT WAS IN EXISTENCE ON JULY 1, 2007; AND”;

and after line 16, insert:

“(5) FUNDS GENERATED FROM THE ASSESSMENT UNDER THIS SUBSECTION MAY BE USED ONLY TO:

(I) SUPPLEMENT COVERAGE UNDER THE MEDICAL ASSISTANCE PROGRAM BEYOND THE ELIGIBILITY REQUIREMENTS IN EXISTENCE ON JANUARY 1, 2008; AND

(II) PROVIDE FUNDING FOR THE OPERATION AND ADMINISTRATION OF THE MARYLAND HEALTH INSURANCE PLAN.

(E) ON OR BEFORE JANUARY 1 EACH YEAR, THE COMMISSION SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY THE FOLLOWING INFORMATION:

(1) THE AGGREGATE REDUCTION IN HOSPITAL UNCOMPENSATED CARE REALIZED FROM THE EXPANSION OF HEALTH CARE COVERAGE UNDER CHAPTER 7 OF THE ACTS OF THE GENERAL ASSEMBLY OF THE 2007 SPECIAL SESSION; AND

(2) THE NUMBER OF INDIVIDUALS WHO ENROLLED IN MEDICAID AS A RESULT OF THE CHANGE IN ELIGIBILITY STANDARDS UNDER § 15-103(IX) OF THE HEALTH – GENERAL ARTICLE AND THE EXPENSES ASSOCIATED WITH THE UTILIZATION OF HOSPITAL INPATIENT CARE BY THESE INDIVIDUALS.”.

AMENDMENT NO. 4

On page 6, after line 4, insert:

(Over)

“15-12A-01.

(a) In this subtitle the following words have the meanings indicated.

(f) “Program” means the Small Employer Health Benefit Plan Premium Subsidy Program.

15-12A-05.

On or before January 1, 2009, and annually thereafter, the Commission shall report to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly on:

(1) the implementation of the Program; AND

(2) THE UNCOMPENSATED CARE SAVINGS DERIVED FROM THE PROGRAM AND THE METHODOLOGY USED BY THE COMMISSION TO TRACK THE UNCOMPENSATED CARE SAVINGS.”.

AMENDMENT NO. 5

On page 6, strike beginning with “funds” in line 8 down through “2008” in line 14 and substitute “notwithstanding § 19-214(d)(1), (2), and (5) of the Health – General Article, as enacted by Section 1 of this Act, § 15-701 of the Health – General Article, or a delay in the expansion of health care coverage beyond July 1, 2008, under Chapter 7 of the Acts of the General Assembly of the 2007 Special Session:

(1) funds generated from the assessment under § 19-214(d)(1)(i) of the Health – General Article, as enacted by Section 1 of this Act, may be used to pay for the elimination of Medicaid day limits on hospital services for the period of July 1, 2008, through December 31, 2008; and

(2) the Health Services Cost Review Commission shall ensure that the assessment under § 19-214(d)(1)(i) of the Health – General Article, as enacted by Section 1 of this Act, does not exceed the savings realized in averted hospital uncompensated care from:

(i) the health care coverage expansion; and

(ii) the elimination of Medicaid day limits on hospital services for the period of July 1, 2008, through December 31, 2008”.