

BY: Finance Committee

AMENDMENTS TO SENATE BILL 855
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Rosapepe” and substitute “Rosapepe, Della, Exum, Garagiola, Glassman, Klausmeier, and Pugh”; in line 8, after “organizations” insert “and certain enrollees”; in line 9, after the semicolon insert “requiring the Department to ensure that participation in the Program of managed care organizations and certain enrollees will support certain standards;”; in line 10, after the second “a” insert “certain”; in line 12, after “Commission” insert “, in consultation with the Department, carriers, managed care organizations, and primary care practices,”; in line 15, after “carriers” insert “and managed care organizations”; strike beginning with “the” in line 17 down through “methods” in line 18 and substitute “certain standards to define a certain payment method and a certain methodology”; in line 19, after the semicolon insert “requiring the Commission to conduct certain educational activities and ensure that a participating patient centered medical home provides certain care for a certain purpose;”; in line 23, after “plans,” insert “and”; in line 24, strike “organizations, and managed care”; and in line 25, after “Program,” insert “making certain provisions of this Act applicable to health maintenance organizations;”.

On page 2, in line 1, after “committees;” insert “requiring the Commission to consult with the Maryland Community Health Resources Commission for a certain purpose; authorizing the Maryland Community Health Resources Commission to provide certain assistance and leverage certain assets for a certain purpose; providing for the termination of this Act;”; in lines 1 and 2, strike “the Maryland Patient Centered Medical Home Program” and substitute “patient centered medical home programs”; in line 11, strike “19-1A-04” and substitute “19-1A-05”; and in line 12, after “Program” insert “; and 19-706(cccc)”.

(Over)

AMENDMENT NO. 2

On page 2, after line 37, insert:

“WHEREAS, Inconsistent access to health care services and variable quality of care provided to patients have been shown to result in poorer health outcomes and health care disparities; and”.

On page 3, in line 6, strike “and will” and substitute a comma; and in line 7, after “costs” insert “, and improve health outcomes for Maryland citizens”.

AMENDMENT NO. 3

On page 3, and strike beginning with “**(3)**” in line 21 down through the semicolon in line 23; and in line 24, strike “**(4)**” and substitute “**(3)**”.

AMENDMENT NO. 4

On page 4, in line 1, strike “**(1)**”; strike in their entirety lines 3 through 5, inclusive; and in line 11, strike “**PRIVATE**”.

AMENDMENT NO. 5

On page 5, in lines 5 and 6, strike “**OR MANAGED CARE ORGANIZATION**” and substitute “**THAT PARTICIPATES IN THE MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM UNDER TITLE 19, SUBTITLE 1A OF THE HEALTH – GENERAL ARTICLE OR THAT IS AUTHORIZED BY THE COMMISSION TO IMPLEMENT A SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM**”; in line 6, after “**WITH**” insert “**THIS ARTICLE, WHERE APPLICABLE, AND TITLE 19, SUBTITLE 7 OF**”; in line 16, strike “**BENEFITS**” and substitute “**BENEFIT**”; after line 17, insert:

“(E) “MANAGED CARE ORGANIZATION” HAS THE MEANING STATED IN § 15-101 OF THIS ARTICLE.”;

in lines 18 and 26, strike “(E)” and “(F)”, respectively, and substitute “(F)” and “(G)”, respectively; and in line 19, after “PROVIDE” insert “A”.

AMENDMENT NO. 6

On page 6, in lines 1, 6, and 8, strike “(G)”, “(H)”, and “(I)”, respectively, and substitute “(H) (1)”, “(I)”, and “(J)”, respectively; after line 5, insert:

“(2) ‘PROMINENT CARRIER’ DOES NOT INCLUDE A GROUP MODEL HEALTH MAINTENANCE ORGANIZATION AS DEFINED IN § 19-713.6 OF THIS TITLE.”;

in line 6, strike the first “A” and substitute “:

(1) A;

in line 7, after “CARRIER” insert “; **OR**

(2) A MEMBER OF A MANAGED CARE ORGANIZATION”;

in line 8, strike “PAYER” and substitute “**CARRIER**”; strike beginning with “MEANS” in line 9 down through “HOME” in line 11 and substitute “**HAS THE MEANING STATED IN § 15-1801 OF THE INSURANCE ARTICLE**”; in lines 20 and 21, strike “OTHER THAN A MEDICAID MANAGED CARE ORGANIZATION”; in lines 23 and 24, strike “NOTWITHSTANDING THE PROVISIONS OF PARAGRAPHS (1) AND (2) OF THIS SUBSECTION,” and substitute “**SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET,**”; in line 24, strike “MAY” and substitute “:

(1) MAY;

in line 25, strike “MEDICAID”; strike beginning with “AND” in line 26 down through “BUDGET” in line 27 and substitute “;AND”

(II) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, MAY MANDATE THE PARTICIPATION IN THE MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM OF MARYLAND MEDICAL ASSISTANCE PROGRAM ENROLLEES.

(4) THE DEPARTMENT SHALL ENSURE THAT PARTICIPATION IN THE MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM OF MANAGED CARE ORGANIZATIONS AND MARYLAND MEDICAL ASSISTANCE PROGRAM ENROLLEES SHALL SUPPORT THE QUALITY AND EFFICIENCY STANDARDS ESTABLISHED IN THE HEALTHCHOICE PROGRAM”;

and in line 29, after “PROGRAM” insert “THAT:”

(1) PAYS AND SHARES MEDICAL INFORMATION WITH A PATIENT CENTERED MEDICAL HOME IN ACCORDANCE WITH § 15-1802 OF THE INSURANCE ARTICLE; AND

(2) CONFORMS WITH THE PRINCIPLES OF THE PATIENT CENTERED MEDICAL HOME AS ADOPTED BY A NATIONAL COALITION OF PHYSICIANS, CARRIERS, PURCHASERS, AND CONSUMERS”.

AMENDMENT NO. 7

On page 7, in line 11, after “PROGRAM” insert a comma; in the same line, after “COMMISSION” insert “,IN CONSULTATION WITH THE DEPARTMENT, CARRIERS, MANAGED CARE ORGANIZATIONS, AND PRIMARY CARE PRACTICES,”; in line 15, strike “THE PAYMENT METHOD TO BE” and substitute “GENERAL STANDARDS THAT MAY BE”; in lines 15 and 19, in each instance, after “CARRIER” insert “OR A”

MANAGED CARE ORGANIZATION"; in line 18, strike "STANDARDS TO BE USED TO DETERMINE" and substitute "GENERAL STANDARDS TO GOVERN"; in line 21, after "EXPENDITURES" insert "THAT ARE ASSOCIATED WITH IMPROVED HEALTH OUTCOMES AND CARE COORDINATION"; and in lines 28 and 29, in each instance, after "CARRIERS" insert "OR MANAGED CARE ORGANIZATIONS".

AMENDMENT NO. 8

On page 8, in line 11, strike "AND"; in line 13, after "INDIVIDUALS" insert ";
AND

(5) THE USE OF COMPREHENSIVE MEDICATION MANAGEMENT TO IMPROVE CLINICAL OUTCOMES;

and strike beginning with "IN" in line 14 down through the comma in line 16 and substitute "**THE GENERAL STANDARDS REQUIRED IN SUBSECTION (B)(2) AND (3) OF THIS SECTION**".

AMENDMENT NO. 9

On page 9, after line 11, insert:

"(F) (1) THE COMMISSION SHALL CONDUCT CULTURALLY AND LINGUISTICALLY APPROPRIATE PROVIDER AND PATIENT EDUCATIONAL ACTIVITIES TO INCREASE AWARENESS OF THE POTENTIAL BENEFITS FOR PROVIDERS AND PATIENTS OF PARTICIPATING IN THE MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM.

(2) THE COMMISSION SHALL ENSURE THAT A PARTICIPATING PATIENT CENTERED MEDICAL HOME PROVIDES, ON AN ONGOING BASIS, CULTURALLY AND LINGUISTICALLY APPROPRIATE CARE FOR THE PURPOSE OF REDUCING HEALTH DISPARITIES.

(Over)

19-1A-04.;

in line 12, strike “(F)”; in the same line, strike “TO ESTABLISH” and substitute “**TO:**”

(1) ESTABLISH;

in line 13, strike “PROGRAM” and substitute “**PROGRAM; AND**”

(2) AUTHORIZE A CARRIER TO IMPLEMENT A SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM;

in line 14, strike “19-1A-04.” and substitute “**19-1A-05.**”; in line 20, strike “THE COMMISSION MAY INCLUDE ANY” and substitute “**A**”; and in line 21, after “PROGRAM” insert “**MAY REQUEST TO BE INCLUDED**”.

AMENDMENT NO. 10

On page 9, in line 24, after “CONSIDER” insert “, **SUBJECT TO BUDGET LIMITATIONS,**”; and strike beginning with “THE” in line 24 down through “EXPENDITURES” in line 26 and substitute “**IMPROVED CLINICAL CARE PROCESSES, INCREASED ACCESS TO CARE COORDINATION, ADEQUACY OF ENHANCED PAYMENTS TO COVER EXPANDED SERVICES, INCREASED PATIENT SATISFACTION WITH CARE, INCREASED CLINICIAN AND STAFF WORK SATISFACTION, LOWER TOTAL COSTS OF CARE, AND REDUCTIONS IN HEALTH DISPARITIES**”.

AMENDMENT NO. 11

On page 9, after line 32, insert:

“**19-706.**”

(CCCC) THE PROVISIONS OF TITLE 15, SUBTITLE 18 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Care Commission shall consult with the Maryland Community Health Resources Commission regarding the inclusion of federally qualified health centers and other primary care practices in the Maryland Patient Centered Medical Home Program established by Section 1 of this Act.

(b) The Maryland Community Health Resources Commission, in consultation with the Maryland Health Care Commission, may assist federally qualified health centers and other primary care practices to become patient centered medical homes as defined in § 19-1A-01 of the Health – General Article, as enacted by Section 1 of this Act, and identify ways that Maryland Community Health Resources Commission resources can leverage additional assets to support the participation of federally qualified health centers and other primary care practices in a patient centered medical home program.”.

AMENDMENT NO. 12

On page 9, in line 33, strike “2.” and substitute “3.”; and in line 34, after “2010.” insert “It shall remain effective for a period of 5 years and 6 months and, at the end of December 31, 2015, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.”.