

## Chapter 263

**(House Bill 613)**

AN ACT concerning

**Hospitals – Rate-Setting – Participation in 340B Program Under the Federal Public Health Service Act**

FOR the purpose of altering the definition of “hospital services” to include a ~~certain~~ hospital outpatient service ~~of a certain hospital~~ *that meets certain criteria* for the purpose of ~~allowing~~ making it possible for the hospital outpatient service ~~to continue~~ to participate in a certain federal program under rates set by the State Health Services Cost Review Commission; and generally relating to rates for hospital outpatient services.

BY repealing and reenacting, with amendments,  
 Article – Health – General  
 Section 19–201  
 Annotated Code of Maryland  
 (2009 Replacement Volume and 2014 Supplement)

BY repealing and reenacting, without amendments,  
 Article – Health – General  
 Section 19–219(a) and (b)  
 Annotated Code of Maryland  
 (2009 Replacement Volume and 2014 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
 That the Laws of Maryland read as follows:

**Article – Health – General**

19–201.

- (a) In this subtitle the following words have the meanings indicated.
- (b) “Commission” means the State Health Services Cost Review Commission.
- (c) “Facility” means, whether operated for a profit or not:
  - (1) Any hospital; or
  - (2) Any related institution.
- (d) (1) “Hospital services” means:

(i) Inpatient hospital services as enumerated in Medicare Regulation 42 C.F.R. § 409.10, as amended;

(ii) Emergency services, including services provided at:

1. Freestanding medical facility pilot projects authorized under Subtitle 3A of this title prior to January 1, 2008; and

2. A freestanding medical facility issued a certificate of need by the Maryland Health Care Commission after July 1, 2015;

(iii) Outpatient services provided at the hospital; and

(iv) Identified physician services for which a facility has Commission–approved rates on June 30, 1985.

**(2) “HOSPITAL SERVICES” INCLUDES A HOSPITAL OUTPATIENT SERVICE:**

**(I) OF A HOSPITAL THAT, ON OR BEFORE JUNE 1, 2015, IS UNDER A MERGED ASSET HOSPITAL SYSTEM; AND**

**(II) THAT IS DESIGNATED AS A PART OF ANOTHER HOSPITAL UNDER THE SAME MERGED ASSET HOSPITAL SYSTEM TO ALLOW MAKE IT POSSIBLE FOR THE HOSPITAL OUTPATIENT SERVICE TO CONTINUE TO PARTICIPATE IN THE 340B PROGRAM UNDER THE FEDERAL PUBLIC HEALTH SERVICE ACT; AND**

**(III) THAT COMPLIES WITH ALL FEDERAL REQUIREMENTS FOR THE 340B PROGRAM AND APPLICABLE PROVISIONS OF 42 C.F.R. § 413.65.**

**[(2)] (3)** “Hospital services” does not include:

(i) Outpatient renal dialysis services; or

(ii) Outpatient services provided at a limited service hospital as defined in § 19–301 of this title, except for emergency services.

(e) (1) “Related institution” means an institution that is licensed by the Department as:

(i) A comprehensive care facility that is currently regulated by the Commission; or

(ii) An intermediate care facility–intellectual disability.

(2) “Related institution” includes any institution in paragraph (1) of this subsection, as reclassified from time to time by law.

19–219.

(a) The Commission may review the costs, and rates, quality, and efficiency of facility services, and make any investigation that the Commission considers necessary to assure each purchaser of health care facility services that:

(1) The total costs of all hospital services offered by or through a facility are reasonable;

(2) The aggregate rates of the facility are related reasonably to the aggregate costs of the facility; and

(3) The rates are set equitably among all purchasers or classes of purchasers without undue discrimination or preference.

(b) (1) To carry out its powers under subsection (a) of this section, the Commission may review and approve or disapprove the reasonableness of any rate or amount of revenue that a facility sets or requests.

(2) A facility shall:

(i) Charge for services only at a rate set in accordance with this subtitle; and

(ii) Comply with the applicable terms and conditions of Maryland’s all-payer model contract approved by the federal Center for Medicare and Medicaid Innovation.

(3) In determining the reasonableness of rates, the Commission may take into account objective standards of efficiency and effectiveness.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2015.

**Approved by the Governor, May 12, 2015.**