

HB1350/396582/2

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 1350
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Delegate Hammen” and substitute “Delegates Hammen, Angel, Barron, Bromwell, Cullison, Hayes, Hill, Kelly, Kipke, Krebs, McDonough, McMillan, Miele, Morgan, Morhaim, Oaks, Pena-Melnyk, Pendergrass, Rose, Saab, Sample-Hughes, West, and K. Young”; in line 5, after the semicolon insert “altering the number of days before the proposed closing or partial closing of a health care facility for the filing of a certain notice by a certain person;”; in line 18, after “circumstances;” insert “prohibiting a certain hospital from converting to a freestanding medical facility before a certain date;”; and in line 27, after “need;” insert “establishing a workgroup on rural health care delivery; providing for the membership, chair, and staff of the workgroup; requiring the workgroup to oversee a certain study of health care needs in certain counties and to hold certain public hearings; providing for the contents of a certain study; requiring the workgroup to review certain policy options and to report on a certain study and certain recommendations on or before a certain date; stating the intent of the General Assembly; providing for the construction of a certain provision of this Act; authorizing the use of certain funds for a certain purpose;”.

AMENDMENT NO. 2

On page 5, in line 23, strike “45” and substitute “**90**”; and in the same line, after “or” insert “**IF AT LEAST 45 DAYS BEFORE THE**”.

On page 8, in lines 6 and 20, in each instance, strike “45” and substitute “**60**”; in line 11, strike “**NOT INCONSISTENT**” and substitute “**CONSISTENT**”; and in line 29, after “**SYSTEM**” insert “**, AND ARE THE ONLY TWO HOSPITALS IN THE COUNTY**”.

On page 9, after line 2, insert:

(Over)

“(III) NOTWITHSTANDING SUBPARAGRAPH (I) OF THIS PARAGRAPH, A LICENSED GENERAL HOSPITAL LOCATED IN KENT COUNTY MAY NOT CONVERT TO A FREESTANDING MEDICAL FACILITY IN ACCORDANCE WITH SUBPARAGRAPH (I) OF THIS PARAGRAPH BEFORE JULY 1, 2020.”.

AMENDMENT NO. 3

On page 11, after line 23, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That:

- (a) There is a workgroup on rural health care delivery.
- (b) The workgroup consists of:
 - (1) the Chair of the Senate Finance Committee and the Chair of the House Health and Government Operations Committee;
 - (2) two members of the Senate of Maryland and two members of the House of Delegates from rural areas of the State, appointed by the President of the Senate and the Speaker of the House of Delegates, respectively;
 - (3) the Secretary of Health and Mental Hygiene, or the Secretary’s designee;
 - (4) the Chief Executive Officer of McCready Memorial Hospital, or the Chief Executive Officer’s designee;
 - (5) the Chief Executive Officer of Garrett Regional Medical Center, or the Chief Executive Officer’s designee; and

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(6) individuals representing the interests of health care providers, business, labor, State and local government, consumers, and other stakeholder groups, appointed by the Maryland Health Care Commission.

(c) The Maryland Health Care Commission shall designate the chair of the workgroup.

(d) The Maryland Health Care Commission and the Department of Health and Mental Hygiene shall provide staff for the workgroup.

(e) The workgroup shall:

(1) oversee a study of rural health care needs in Caroline, Dorchester, Kent, Queen Anne's, and Talbot counties; and

(2) hold public hearings to gain community input regarding the health care needs in the five study counties.

(f) The study required under subsection (e)(1) of this section shall:

(1) be carried out by an entity with expertise in rural health care delivery and planning;

(2) examine challenges to the delivery of health care in the five study counties, including:

(i) the limited availability of health care providers and services;

(ii) the special needs of vulnerable populations;

(iii) transportation barriers; and

(Over)

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(iv) the economic impact of the closure, partial closure, or conversion of a health care facility;

(3) take into account the input gained through the public hearings held by the workgroup;

(4) identify opportunities created by telehealth and the Maryland all-payer model contract for restructuring the delivery of health care services; and

(5) develop policy options for addressing the health care needs of residents of and improving the health care delivery system in the five study counties.

(g) The workgroup shall:

(1) review the policy options developed under the study and recommend policies that address:

(i) the health care needs of residents of the five study counties;
and

(ii) improvements to the health care delivery system in the five study counties; and

(2) on or before October 1, 2017, report on the findings of the study and the recommendations of the workgroup to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) It is the intent of the General Assembly that, due to unique circumstances and a desire for prompt consideration by the Maryland Health Care Commission of the certificate of need for the Prince George's Regional Medical Center, the memorandum

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of understanding, which sets forth the process for community engagement regarding the modernization and transformation plan for Laurel Regional Hospital entered into by the University of Maryland Medical System and representatives of local government, shall supplement the process for community engagement regarding the modernization and transformation plan for the Laurel Regional Hospital.

(b) Subsection (a) of this section may not be construed to affect the processes established under Section 1 of this Act.”.

AMENDMENT NO. 4

On page 11, before line 24, insert:

“SECTION 4. AND BE IT FURTHER ENACTED, That, notwithstanding any other provision of law:

(a) Funds in the Maryland Health Benefit Exchange Fund deposited or transferred from the Maryland Health Insurance Plan Fund may be used by the Maryland Health Care Commission in fiscal years 2017 and 2018 to pay for the study of rural health care needs required under Section 2 of this Act.

(b) The amount of funds that may be used under subsection (a) of this section may not exceed \$500,000.”;

and in line 24, strike “2.” and substitute “5.”.