

SB0476/943123/1

BY: Senator Guzzone

AMENDMENTS TO SENATE BILL 476  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 14, after “Act;” insert “requiring that increased funding provided under certain provisions of this Act may be used only to increase the rates paid to certain community providers and certain health care providers;”; and in line 19, after “Department;” insert “requiring the Department to submit a certain report to the Governor and the General Assembly on or before a certain date; stating the intent of the General Assembly;”.

AMENDMENT NO. 2

On page 2, after line 21, insert:

**“(C) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT A SUBSTANTIAL PORTION OF THE RATE ADJUSTMENT PROVIDED UNDER SUBSECTION (D) OF THIS SECTION BE USED TO:**

**(1) COMPENSATE DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS; AND**

**(2) IMPROVE THE QUALITY OF PROGRAMMING PROVIDED BY COMMUNITY PROVIDERS.**”;

and in line 22, strike “(C)” and substitute “**(D)**”.

On page 3, in line 15, strike “(D)” and substitute “**(E)**”; in line 23, strike “(C)(2)(II)” and substitute “**(D)(2)(II)**”; after line 23, insert:

(Over)

“(F) INCREASED FUNDING PROVIDED UNDER SUBSECTION (D) OF THIS SECTION MAY BE USED ONLY TO INCREASE THE RATES PAID TO:

(1) COMMUNITY PROVIDERS ACCREDITED BY A STATE-APPROVED ACCREDITING BODY AND LICENSED BY THE STATE; AND

(2) HEALTH CARE PROVIDERS WHO ARE ACTING WITHIN THE SCOPES OF PRACTICE OF THE HEALTH CARE PROVIDERS’ LICENSES OR CERTIFICATES AS SPECIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE.”;

and in line 24, strike “(E)” and substitute “(G)”.

On page 4, after line 6, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1, 2019, the Department of Health and Mental Hygiene shall submit a report to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly that:

(1) details outcome measures that reasonably can be collected for each treatment modality offered by community providers for which the rate of reimbursement would be adjusted under § 16-201.3 of the Health – General Article, as enacted by Section 1 of this Act; and

(2) includes recommendations regarding how reimbursement rates can be tied to outcomes, such as:

(i) differential payment for implementation of, and adherence to, evidence-based and promising practices;

(ii) differential payment based on outcomes;

(iii) payments made to align incentives with the goals of the State's all-payer model contract; and

(iv) any other financial payment system linking reimbursement to outcomes.”;

and in line 7, strike “2.” and substitute “3.”.