

Chapter 28

**(House Bill 1083)**

AN ACT concerning

**Health – Family Planning Services – Continuity of Care**

FOR the purpose of establishing the Family Planning Program in the Department of Health and Mental Hygiene; providing for the purpose of the Program; requiring the Program to provide family planning services to certain individuals through certain providers; authorizing the Department to adopt certain regulations; requiring that funding used to support family planning services under the Program shall be in addition to certain funding; requiring the Maryland Medical Assistance Program to ensure access to and the continuity of services provided by certain family planning providers in a certain manner; defining certain terms; and generally relating to family planning services.

BY adding to

Article – Health – General

Section 13–3401 and 13–3402 to be under the new subtitle “Subtitle 34. Family Planning Program”

Annotated Code of Maryland

(2015 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, without amendments,

Article – Health – General

Section 15–101(a) and (h)

Annotated Code of Maryland

(2015 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, with amendments,

Article – Health – General

Section 15–102.1(b)

Annotated Code of Maryland

(2015 Replacement Volume and 2016 Supplement)

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

**Article – Health – General**

**SUBTITLE 34. FAMILY PLANNING PROGRAM.**

**13–3401.**

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “FAMILY PLANNING PROVIDERS” MEANS PROVIDERS OF SERVICES:

(1) FUNDED UNDER TITLE X OF THE FEDERAL PUBLIC HEALTH SERVICE ACT AS OF DECEMBER 31, 2016; AND

(2) THAT LOST ELIGIBILITY FOR TITLE X FUNDING AS A RESULT OF THE TERMINATION OF FEDERAL FUNDING FOR PROVIDERS BECAUSE OF:

(I) THE SCOPE OF SERVICES OFFERED BY THE PROVIDERS; OR

(II) THE SCOPE OF SERVICES FOR WHICH THE PROVIDERS OFFER REFERRALS.

(C) “FAMILY PLANNING SERVICES” MEANS SERVICES PROVIDED UNDER TITLE X OF THE FEDERAL PUBLIC HEALTH SERVICE ACT AS OF DECEMBER 31, 2016.

(D) “PROGRAM” MEANS THE FAMILY PLANNING PROGRAM ESTABLISHED UNDER § 13-3402 OF THIS SUBTITLE.

13-3402.

(A) THERE IS A FAMILY PLANNING PROGRAM IN THE DEPARTMENT.

(B) THE PURPOSE OF THE PROGRAM IS TO ENSURE THE CONTINUITY OF FAMILY PLANNING SERVICES IN THE STATE.

(C) THE PROGRAM SHALL PROVIDE FAMILY PLANNING SERVICES TO INDIVIDUALS WHO ARE ELIGIBLE FOR FAMILY PLANNING SERVICES THROUGH FAMILY PLANNING PROVIDERS THAT MEET PROGRAM REQUIREMENTS.

(D) THE DEPARTMENT MAY ADOPT REGULATIONS TO IMPLEMENT THIS SUBTITLE, INCLUDING REGULATIONS ESTABLISHING ~~REQUIREMENTS FOR FAMILY PLANNING PROVIDERS THAT ARE THE SAME AS THE REQUIREMENTS FOR PROVIDERS OF SERVICES UNDER TITLE X OF THE FEDERAL PUBLIC HEALTH SERVICE ACT~~ A SLIDING SCALE FEE FOR SERVICES PROVIDED UNDER THE PROGRAM.

(E) FUNDING USED TO SUPPORT FAMILY PLANNING SERVICES UNDER THE PROGRAM SHALL BE IN ADDITION TO ANY FUNDING APPLIED BY THE DEPARTMENT

**BEFORE DECEMBER 31, 2016, TO THE MAINTENANCE OF EFFORT REQUIREMENT FOR FEDERAL FUNDING UNDER TITLE X OF THE FEDERAL PUBLIC HEALTH SERVICE ACT.**

15-101.

- (a) In this title the following words have the meanings indicated.
- (h) "Program" means the Maryland Medical Assistance Program.

15-102.1.

(b) The Department shall, to the extent permitted, subject to the limitations of the State budget:

- (1) Provide a comprehensive system of quality health care services with an emphasis on prevention, education, individualized care, and appropriate case management;
- (2) Develop a prenatal care program for Program recipients and encourage its utilization;
- (3) Allocate State resources for the Program to provide a balanced system of health care services to the population served by the Program;
- (4) Seek to coordinate the Program activities with other State programs and initiatives that are necessary to address the health care needs of the population served by the Program;
- (5) Promote Program policies that facilitate access to and continuity of care by encouraging:
  - (i) Provider availability throughout the State;
  - (ii) Consumer education;
  - (iii) The development of ongoing relationships between Program recipients and primary health care providers; and
  - (iv) The regular review of the Program's regulations to determine whether the administrative requirements of those regulations are unnecessarily burdensome on Program providers;

**(6) ENSURE ACCESS TO AND THE CONTINUITY OF SERVICES PROVIDED BY FAMILY PLANNING PROVIDERS ~~THAT RECEIVED FUNDING UNDER TITLE X OF THE FEDERAL PUBLIC HEALTH SERVICE ACT AS OF DECEMBER 31, 2016~~ THAT WERE FAMILY PLANNING PROVIDERS IN THE PROGRAM AS OF**

**DECEMBER 31, 2016, AND WERE DISCONTINUED AS RECIPIENTS OF FEDERAL FUNDING UNDER FEDERAL LAW OR REGULATION BECAUSE OF THE SCOPE OF SERVICES OFFERED BY THE PROVIDER OR THE SCOPE OF SERVICES FOR WHICH THE PROVIDER OFFERED REFERRALS, BY:**

**(I) REIMBURSING FOR THE PROGRAM SERVICES PROVIDED;  
AND**

**(II) ESTABLISHING PROGRAM REQUIREMENTS FOR THE FAMILY PLANNING PROVIDERS THAT ~~ARE THE SAME AS:~~**

**1. ARE SIMILAR TO THE REQUIREMENTS FOR OTHER PROVIDERS OF THE SAME SERVICES;**

**2. DO NOT PROHIBIT A PROVIDER FROM OFFERING A SERVICE IF THE SERVICE IS WITHIN THE SCOPE OF PRACTICE OF THE PROVIDER AS ESTABLISHED UNDER THE HEALTH OCCUPATIONS ARTICLE; AND**

**3. DO NOT LIMIT THE SCOPE OF SERVICES FOR WHICH A PROVIDER MAY OFFER REFERRALS;**

**[(6)] (7)** Strongly urge health care providers to participate in the Program and thereby address the needs of Program recipients;

**[(7)] (8)** Require health care providers who participate in the Program to provide access to Program recipients on a nondiscriminatory basis in accordance with State and federal law;

**[(8)] (9)** Seek to provide appropriate levels of reimbursement for providers to encourage greater participation by providers in the Program;

**[(9)] (10)** Promote individual responsibility for maintaining good health habits;

**[(10)] (11)** Encourage the Program and Maryland's health care regulatory system to work to cooperatively promote the development of an appropriate mix of health care providers, limit cost increases for the delivery of health care to Program recipients, and ensure the delivery of quality health care to Program recipients;

**[(11)] (12)** Encourage the development and utilization of cost-effective and preventive alternatives to the delivery of health care services to appropriate Program recipients in inpatient institutional settings;

[(12)] (13) Encourage the appropriate executive agencies to coordinate the eligibility determination, policy, operations, and compliance components of the Program;

[(13)] (14) Work with representatives of inpatient institutions, third party payors, and the appropriate State agencies to contain Program costs;

[(14)] (15) Identify and seek to develop an optimal mix of State, federal, and privately financed health care services for Program recipients, within available resources through cooperative interagency efforts;

[(15)] (16) Develop joint Legislative and Executive Branch strategies to persuade the federal government to reconsider those policies that discourage the delivery of cost-effective health care services to Program recipients;

[(16)] (17) Evaluate departmental recommendations as to those persons whose financial need or health care needs are most acute;

[(17)] (18) Establish mechanisms for aggressively pursuing recoveries against third parties permitted under current law and exploring additional methods for seeking to recover other money expended by the Program; and

[(18)] (19) Take appropriate measures to assure the quality of health care services provided by managed care organizations.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2017.

**Enacted under Article II, § 17(b) of the Maryland Constitution, April 6, 2017.**