## **HOUSE BILL 328**

 $J_3$  (4lr1049)

## ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by Delegates Lopez, Taveras, Allen, Boafo, Charkoudian, Cullison, Palakovich Carr, and Shetty

Read and	Examined	l by Proof	readers:			
					Proofre	ader.
					Proofre	ader.
Sealed with the Great Seal and	presented	l to the	Governor,	for his	approval	this
day of	at			o'cloc	k,	M.
					Spe	aker.
	CHAPTER	R				
AN ACT concerning						
Hospitals – Financ	eial Assist	ance Po	licies – Re	evisions		
FOR the purpose of altering the requirement care and payment plans be in hospital; prohibiting authorization only household monetary as eligibility for free and reduce policy, rather than allowing herequiring that certain assets to hospitals and financial assistance.	that the property accordance ing hospital seets in exped—cost cares be excluded	covision of ce with the consider of consideration of cons	f reduced— he mission onsidering a certain of the hospit certain hou	cost medi and serv ahousehe amount al's finan	cally necestrice area of the content	ssary of the sider ining tance
BY repealing and reenacting, without Article – Health – General	at amendm	nents,				

## EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

1

2

12 13

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



	Z HOUSE BILL 320
1 2 3	Section 19–214.1(b)(1) Annotated Code of Maryland (2023 Replacement Volume)
4 5 6 7 8	BY repealing and reenacting, with amendments, Article – Health – General Section 19–214.1(b)(2) and (8) Annotated Code of Maryland (2023 Replacement Volume)
9 10	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
11	Article – Health – General
12	19–214.1.
13 14 15 16	(b) (1) The Commission shall require each acute care hospital and each chronic care hospital in the State under the jurisdiction of the Commission to develop a financial assistance policy for providing free and reduced—cost care to patients who lack health care coverage or whose health care coverage does not pay the full cost of the hospital bill.
17	(2) The financial assistance policy shall provide, at a minimum:
18 19 20 21	(i) Free medically necessary care to patients with family income at or below 200% of the federal poverty level, calculated at the time of service or updated, as appropriate, to account for any change in financial circumstances of the patient that occurs within 240 days after the initial hospital bill is provided;
22 23 24 25 26	(ii) Reduced-cost medically necessary care to low-income patients with family income above 200% of the federal poverty level, calculated at the time of service or updated, as appropriate, to account for any change in financial circumstances of the patient that occurs within 240 days after the initial hospital bill is provided [, in accordance with the mission and service area of the hospital];
27 28 29	(iii) A payment plan that is available to uninsured patients with family income between 200% and 500% of the federal poverty level [, in accordance with the mission and service area of the hospital]; and
30 31	(iv) A mechanism for a patient to request the hospital to reconsider the denial of free or reduced–cost care that includes in the request:
32 33 34	1. The Health Education and Advocacy Unit is available to assist the patient or the patient's authorized representative in filing and mediating a reconsideration request; and

$\frac{1}{2}$	2. The address, phone number, facsimile number, e-mail address, mailing address, and website of the Health Education and Advocacy Unit.
3 4 5	(8) {(i)} A hospital may NOT consider ONLY household monetary assets in EXCESS OF \$100,000 WHEN determining eligibility for free and reduced—cost care under the hospital's financial assistance policy [in addition to income—based criteria].
6 7 8	[(ii) Subject to subparagraph (iii) of this paragraph, if <u>IF</u> a hospital considers household monetary assets under subparagraph (i) of this paragraph, the following types of monetary assets that are convertible to each shall be excluded:
9	1. At a minimum, the first \$10,000 of monetary assets;
10	2. A safe harbor equity of \$150,000 in a primary residence;
11 12 13 14	3. Retirement <u>RETIREMENT</u> assets that the Internal Revenue Service has granted preferential tax treatment as a retirement account, including deferred—compensation plans qualified under the Internal Revenue Code or nonqualified deferred—compensation plans; <u>SHALL BE EXCLUDED</u> .
15 16	4. One motor vehicle used for the transportation needs of the patient or any family member of the patient;
17 18	5. Any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social Security Act; and
19 20	6. Prepaid higher education funds in a Maryland 529 Program account.
21 22 23	(iii) Monetary assets excluded from the determination of eligibility for free and reduced-cost care under subparagraph (ii) of this paragraph shall be adjusted annually for inflation in accordance with the Consumer Price Index.]
$\frac{24}{25}$	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2024.