Senate Bill 0734 as amended by SB0734/183127/1 (02/22/22 at 1:40 p.m.)

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UNOFFICIAL COPY OF SENATE BILL 734

SENATE BILL 734

J1, J5 2lr2423

By: Senator Lam
Introduced and read first time: February 7, 2022
Assigned to: Finance

A BILL ENTITLED

- 1 AN ACT concerning
- 2 Health and Health Insurance Maryland Health Care Commission Primary Care Reform Commission Spending Report and Workgroup
- 3 FOR the purpose of establishing the Primary Care Reform requiring the Maryland Health Care Commission to review, examine,
- 4 and make certain determinations and recommendations provide an annual report to the Governor and the General Assembly regarding primary care
- 5 spending by certain payors of health care services and improvements to the quality
- 6 of and access to primary care services; requiring the Commission to form a workgroup to develop the report; and generally relating to the Primary Care
- 7 Reform Maryland Health Care Commission and primary care spending.
- 8 BY adding to
- 9 Article Health General
- 10 Section 20-2201 and 20-2202 to be under the new subtitle "Subtitle 22. Primary
- 11 Care Reform Commission" 19-108.4
- 12 Annotated Code of Maryland
- 13 (2019 Replacement Volume and 2021 Supplement)
- 14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
- 15 That the Laws of Maryland read as follows:
- 16 Article Health General
- 17 Subtitle 22. Primary Care Reform Commission.
- 18 **20-2201.**
- 19 (A) In this subtitle the following words have the meanings
- 20 INDICATED.
- 21 (B) "COMMISSION" MEANS THE PRIMARY CARE REFORM COMMISSION.

	` '	UNOFFICIAL COPY OF SENATE BILL 734 PRIMARY CARE" MEANS HEALTH CARE PROVIDED IN THE FOLLOWING FPATIENT SETTINGS:
3	(1)	Family practice;
4	(2)	General pediatrics;
5	(3)	PRIMARY CARE INTERNAL MEDICINE; AND
6	(4)	Primary care obstetrics and gynecology.
9	BY THIRD-I PAYING FOI	Primary care spending" means any expenditure of funds made party payors, public entities, or the State for the purpose of primary care services or supporting primary care providers of payment methodology.
11	20-2202.	
12	(A) 7	FHERE IS A PRIMARY CARE REFORM COMMISSION.
13	(B) (THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:
14	(1	THREE MEMBERS APPOINTED BY THE GOVERNOR;
15 16	Senate;	FOUR MEMBERS APPOINTED BY THE PRESIDENT OF THE
17 18	House;	THREE MEMBERS APPOINTED BY THE SPEAKER OF THE
19 20	Associati	ONE MEMBER DESIGNATED BY THE MARYLAND HOSPITAL ION;
21 22	Associati	V) ONE MEMBER DESIGNATED BY THE MARYLAND NURSES
23 24		ONE MEMBER DESIGNATED BY MEDCHI, THE MARYLAND COICAL SOCIETY.
25	(9)	To mus sympatr dracticaries mus memberchin of the

26 Commission shall:

3 1 2	UNOFFICIAL COPY OF SENATE BILL 734 (i) Have experience in health care financing, reimbursement, and regulation;
3	(H) BE COMPOSED OF:
4	1. Practicing primary care providers;
5 6	2. Representatives of Federally Qualified Health centers;
7 8	3. Providers from Professional Practice Groups;
9	4. Primary care advocates;
10	5. Primary care consumer advocates;
11	6. Representatives of businesses;
12	7. Health plan representatives; and
13 14	8. Representatives of hospitals or health systems; and
15	(III) REFLECT THE GEOGRAPHIC DIVERSITY OF THE STATE.
16 17	(c) A CHAIR OF THE COMMISSION SHALL BE SELECTED BY A VOTE OF THE MEMBERS OF THE COMMISSION.
18 19	(d) The Maryland Insurance Administration and the Department shall provide staff for the Commission.
20	(E) (1) THE TERM OF A MEMBER OF THE COMMISSION IS 4 YEARS.
21 22	(2) The terms of the members are staggered as required by the terms for members of the Commission on October 1, 2022.
23 24	(3) A VACANCY IN THE COMMISSION SHALL BE FILLED IN THE SAME MANNER AS THE MEMBER BEING SUCCEEDED WAS APPOINTED.
25	(F) (1) THE COMMISSION SHALL MEET AS OFTEN AS ITS DUTIES

26 REQUIRE, BUT NOT LESS THAN QUARTERLY.

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1	(2) THE CHAIR OF THE COMMISSION SHALL PROVIDE ALL MEMBERS
2	WITH NOTICE OF A MEETING AT LEAST 1 WEEK BEFORE THE DATE OF THE MEETING.
3	(3) THE CHAIR OF THE COMMISSION SHALL CALL A MEETING AT THE
4	REQUEST OF A MAJORITY OF THE COMMISSION MEMBERS.
5	(4) Seven members of the Commission constitute a quorum.
6	(5) Action by the Commission requires the affirmative vote
7	OF A MAJORITY OF THOSE PRESENT ONCE A QUORUM IS MET.
8	(G) A MEMBER OF THE COMMISSION:
9	(1) May not receive compensation as a member of the
-	Commission; But
10	COMMISSION, BUT
11	(2) Is entitled to reimbursement for expenses under the
12	STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.
13	(H) THE COMMISSION SHALL:
1.4	(1) Review, examine, and make determinations regarding
	PRIMARY CARE SPENDING BY ALL PAYORS IN THE CONTEXT OF OVERALL HEALTH
	CARE SPENDING IN THE STATE; AND
10	CARE SI ENDING IN THE STATE, AND
17	(2) Make recommendations regarding:
18	(1) Ways to improve the quality of and access to
	PRIMARY CARE SERVICES, WITH SPECIAL ATTENTION TO INCREASING HEALTH CARE
20	EQUITY, REDUCING HEALTH CARE DISPARITIES, AND AVOIDING INCREASED COSTS
21	TO PATIENTS AND THE HEALTH CARE SYSTEM;
20	(-) N(
22	(II) MEANS OF REDUCING BARRIERS TO PRIMARY CARE ACCESS
23	AND UTILIZATION IDENTIFIED BY THE COMMISSION;
24	(III) Proposed changes to the definition of "primary
25	CARE" FOR THE PURPOSES OF THE COMMISSION'S FUTURE WORK; AND
	,
26	(IV) RECOMMENDATIONS TO INCREASE SPENDING ON PRIMARY
	CARE BY THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND HEALTH INSURERS,
28	NONPROFIT HEALTH SERVICE PLANS, AND HEALTH MAINTENANCE ORGANIZATIONS.

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1	(-) (-) (-)
2	THE MARYLAND MEDICAL ASSISTANCE PROGRAM SHALL PROVIDE THE
3	FOLLOWING INFORMATION TO THE COMMISSION:
	1 For 2017 2010 2010 2020 2021 202
4	1. For 2017, 2018, 2019, 2020, AND 2021, AND FOR
Э	EACH SUBSEQUENT YEAR ON THE REQUEST OF THE COMMISSION:
6	A. THE AMOUNT THE MANAGED CARE ORGANIZATION
7	SPENT ON PRIMARY CARE SERVICES FOR ENROLLEES; AND
8	B. THE TOTAL AMOUNT THAT THE MANAGED CARE
9	ORGANIZATION SPENT ON HEALTH CARE SERVICES FOR ENROLLEES; AND
	2 4
10	
11	Commission.
12	(II) THE SECRETARY SHALL:
14	(II) THE DECKLIART SHALL.
13	1. Enforce the provisions of subparagraph (i) of
	THIS PARAGRAPH; AND
15	2. Adopt regulations to protect the
	CONFIDENTIALITY OF ANY PROPRIETARY INFORMATION PROVIDED TO THE
17	Commission under this paragraph.
18	, , ,
	HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES HOSPITAL, MEDICAL, OR
	SURGICAL BENEFITS TO INDIVIDUALS UNDER HEALTH INSURANCE POLICIES OR
	CONTRACTS THAT ARE DELIVERED IN THE STATE SHALL PROVIDE THE FOLLOWING
22	INFORMATION TO THE COMMISSION:
23	1. For 2017, 2018, 2019, 2020, and 2021, and for
_	EACH SUBSEQUENT YEAR ON THE REQUEST OF THE COMMISSION:
24	EACH SUBSEQUENT TEAR ON THE REQUEST OF THE COMMISSION.
25	A. THE AMOUNT THE ENTITY SPENT ON PRIMARY CARE
	SERVICES FOR ENROLLEES; AND
-0	SERVICE TO A ELICOPPENDO INTO
27	B. THE TOTAL AMOUNT THAT THE ENTITY SPENT ON
28	HEALTH CARE SERVICES FOR ENROLLEES; AND
29	2. Any other information requested by the

30 Commission.

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1	(II) THE MARYLAND INSURANCE COMMISSIONER SHALL:
2 3	1. Enforce the provisions of subparagraph (i) of this paragraph; and
	2. Adopt regulations to protect the confidentiality of any proprietary information provided to the Commission under this paragraph.
7 8	(J) THE COMMISSION MAY ACCEPT FUNDING OR GRANTS TO AID IN THE WORK OF THE COMMISSION.
	<u>19-108.4.</u>
11	(K) (A) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2023, THE COMMISSION SHALL PROVIDE A REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY THAT INCLUDES:
15	(1) An analysis of primary care spending over the immediately preceding year, including data stratified by zip code and county, in relation to total health care spending over the previous year; and
17	(2) Any findings and recommendations of the Commission.
	(B) (1) THE COMMISSION SHALL FORM A WORKGROUP TO DEVELOP THE REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, INCLUDING BY INTERPRETING THE RESULTS OF THE REQUIRED ANALYSIS AND MAKING THE RECOMMENDATIONS.
	(2) The workgroup required under this subsection shall include representatives from the Maryland Primary Care Program, the Health Services Review Commission, the Maryland Insurance Administration, the primary care community, and health services researchers with expertise in primary care.
18 19	SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the initial members of the Primary Care Reform Commission shall expire as follows:
20	(1) four members in 2024:

23 SECTION 3. 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 24 October 1, 2022.

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(2) four members in 2025; and

(3) five members in 2026.