

SB0371/373821/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 371
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “**Provider Agencies and**”; in line 3, strike “**Reimbursement and**”; strike line 4 in its entirety; in line 5, strike “provider” and substitute “residential service”; strike beginning with “requiring” in line 6 down through “services” in line 8 and substitute “requiring the Maryland Department of Health to report to certain committees of the General Assembly within a certain time period after the release of the final federal Ensuring Access to Medicaid Services rule on an overview of the final rule and plans or steps that the Department will take to operationalize the rule”; in line 20, strike “(1)”; strike beginning with the first “THE” in line 20 down through “CARE” in line 22 and substitute “, **PERSONAL CARE**”; and in line 23, after “SERVICES” insert “**THROUGH A RESIDENTIAL SERVICE AGENCY**”.

On page 2, strike in their entirety lines 1 through 4, inclusive; in line 6, after “PROVIDED” insert “**THROUGH A RESIDENTIAL SERVICE AGENCY**”; and in lines 13, 18, and 27, in each instance, strike “PROVIDER” and substitute “**RESIDENTIAL SERVICE**”.

AMENDMENT NO. 2

On pages 2 through 4, strike in their entirety the lines beginning with line 28 on page 2 through line 18 on page 4, inclusive.

On page 4, after line 18, insert:

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

(a) On or before the 180th day after the release of the final federal Ensuring Access to Medicaid Services rule, the Maryland Department of Health shall report to

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the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2-1257 of the State Government Article, on an overview of the final rule and plans or steps that the Department will take to operationalize the rule.

(b) The report required under subsection (a) of this section shall include:

(1) the process that the Department will use to review wage reports of personal care aides; and

(2) how the data will be used to review Medicaid reimbursement rates as outlined in the rule.”;

and in line 19, strike “2.” and substitute “3.”.