

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 649

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in lines 4 and 5, in each instance, strike “statements” and substitute “representations”.

AMENDMENT NO. 2

On page 2, in line 19, strike “STATEMENTS” and substitute “REPRESENTATIONS”.

On page 3, strike in their entirety lines 5 through 22, inclusive, and substitute:

“(3) “FALSE REPRESENTATION” MEANS:

(I) KNOWINGLY AND WILLFULLY CONCEALING, FALSIFYING, OR OMITTING A MATERIAL FACT; OR

(II) KNOWINGLY AND WILLFULLY MAKING A MATERIALLY FALSE OR FRAUDULENT STATEMENT OR USING A DOCUMENT THAT CONTAINS A MATERIALLY FALSE OR FRAUDULENT STATEMENT.

(4) “HEALTH CARE SERVICE” MEANS ANY HEALTH OR MEDICAL CARE PROCEDURE OR SERVICE RENDERED BY A HEALTH CARE PROVIDER THAT:

(I) PROVIDES TESTING, DIAGNOSIS, OR TREATMENT OF HUMAN DISEASE OR DYSFUNCTION; OR

(II) DISPENSES DRUGS, MEDICAL DEVICES, MEDICAL APPLIANCES, OR MEDICAL GOODS FOR THE TREATMENT OF HUMAN DISEASE OR DYSFUNCTION.

(Over)

(5) (I) “MEDICAID HEALTH PLAN” MEANS:

1. A STATE PLAN ESTABLISHED BY TITLE XIX OF THE SOCIAL SECURITY ACT; OR

2. A PRIVATE HEALTH INSURANCE CARRIER, HEALTH MAINTENANCE ORGANIZATION, MANAGED CARE ORGANIZATION AS DEFINED IN § 15-101(E) OF THIS SUBTITLE, HEALTH CARE COOPERATIVE OR ALLIANCE, OR OTHER PERSON THAT PROVIDES OR CONTRACTS TO PROVIDE HEALTH CARE SERVICES THAT, IN WHOLE OR IN PART, ARE REIMBURSED BY OR ARE A REQUIRED BENEFIT OF A STATE PLAN ESTABLISHED BY TITLE XIX OF THE SOCIAL SECURITY ACT.

(II) “MEDICAID HEALTH PLAN” INCLUDES A PERSON THAT PROVIDES OR CONTRACTS OR SUBCONTRACTS TO PROVIDE HEALTH CARE SERVICES FOR AN ENTITY DESCRIBED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH.”;

in lines 23, 31, and 36, strike “(5)”, “(6)”, and “(7)”, respectively, and substitute “(6)”, “(7)”, and “(8)”, respectively; in line 26, strike “GOODS OR”; in the same line, after “SERVICES” insert “INCLUDING DEFRAUDING OR ATTEMPTING TO DEFRAUD A MEDICAID HEALTH PLAN OF THE RIGHT TO HONEST SERVICES”; and strike in their entirety lines 27 through 30, inclusive, and substitute:

“(II) KNOWINGLY AND WILLFULLY OBTAINING OR ATTEMPTING TO OBTAIN, BY MEANS OF A FALSE REPRESENTATION, MONEY, PROPERTY, OR ANY THING OF VALUE IN CONNECTION WITH THE DELIVERY OF OR PAYMENT FOR HEALTH CARE SERVICES THAT, IN WHOLE OR IN PART, ARE REIMBURSED BY OR ARE A REQUIRED BENEFIT OF A MEDICAID HEALTH PLAN.”.

On page 4, in line 7, after “\$500” insert “IN THE AGGREGATE”; in lines 6 and 10, in each instance, strike “, GOODS, OR SERVICES” and substitute “OR HEALTH CARE SERVICES”; in line 14, strike “STATEMENTS” and substitute “REPRESENTATIONS”; in line 19, after “INJURY” insert “TO AN INDIVIDUAL”; in line 23, after “IN” insert “THE”; in the same line, after “DEATH” insert “OF AN INDIVIDUAL”; in line 28, strike “WHO” and substitute “THAT IS NOT AN INDIVIDUAL AND THAT”; in line 30, strike “\$50,000” and substitute “\$100,000”; in line 32, strike “SUBSECTIONS” and substitute “SUBSECTION”; in line 33, strike “SHALL” and substitute “MAY BE REQUIRED TO”; in the same line, strike “, GOODS, SERVICES,”; and in line 34, strike “GOODS OR SERVICES” and substitute “HEALTH CARE SERVICES”.

