

SB0974/597279/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 974
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 4, strike “authorizing” and substitute “requiring”; in line 7, after “Plan;” insert “requiring”; in lines 8 and 13, in each instance, strike “requiring”; in line 11, after “purchasers;” insert “requiring”; strike beginning with “revenue” in line 13 down through “and” in line 14 and substitute “included in the reasonable costs of each hospital when establishing the hospital’s rates, is”; in line 14, after “determinations” insert “, and is not less than a certain percentage of net patient revenue”; in line 17, after “revenue;” insert “providing that funds generated from the assessment may be used only for certain purposes;”; in line 22, strike “requiring that” and substitute “authorizing”; in line 23, strike “the” and substitute “a certain”; and in the same line, strike “be used only for certain purposes” and substitute “to be used for a certain purpose notwithstanding certain provisions of law; requiring the Commission to ensure that a certain assessment does not exceed certain savings”.

AMENDMENT NO. 2

On page 3, in line 7, strike “**THE**” and substitute “**EACH YEAR, THE**”; and in the same line, strike “**MAY**” and substitute “**SHALL**”.

On page 4, strike in their entirety lines 3 and 4 and substitute:

“1. SHALL BE INCLUDED IN THE REASONABLE COSTS OF EACH HOSPITAL WHEN ESTABLISHING THE HOSPITAL’S RATES;”;

after line 7, insert:

(Over)

“3. MAY NOT BE LESS AS A PERCENTAGE OF NET PATIENT REVENUE THAN THE ASSESSMENT OF .8182% THAT WAS IN EXISTENCE ON JULY 1, 2007; AND”;

and after line 16, insert:

“(5) FUNDS GENERATED FROM THE ASSESSMENT UNDER THIS SUBSECTION MAY BE USED ONLY TO:

(I) SUPPLEMENT COVERAGE UNDER THE MEDICAL ASSISTANCE PROGRAM BEYOND THE ELIGIBILITY REQUIREMENTS IN EXISTENCE ON JANUARY 1, 2008; AND

(II) PROVIDE FUNDING FOR THE OPERATION AND ADMINISTRATION OF THE MARYLAND HEALTH INSURANCE PLAN.”.

AMENDMENT NO. 3

On page 6, strike beginning with “funds” in line 8 down through “2008” in line 14 and substitute “notwithstanding § 19-214(d)(1), (2), and (5) of the Health – General Article, as enacted by Section 1 of this Act, § 15-701 of the Health – General Article, or a delay in the expansion of health care coverage beyond July 1, 2008, under Chapter 7 of the Acts of the 2007 Special Session of the General Assembly:

(1) funds generated from the assessment under § 19-214(d)(1)(i) of the Health – General Article, as enacted by Section 1 of this Act, may be used to pay for the elimination of Medicaid day limits on hospital services for the period of July 1, 2008, through December 31, 2008; and

(2) the Health Services Cost Review Commission shall ensure that the assessment under § 19-214(d)(1)(i) of the Health – General Article, as enacted by

Section 1 of this Act, does not exceed the savings realized in averted hospital uncompensated care from:

- (i) the health care coverage expansion; and
- (ii) the elimination of Medicaid day limits on hospital services for the period of July 1, 2008, through December 31, 2008”.