C3, J3

(1lr1340)

ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by **Delegates Hubbard and Hammen**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

_____ day of ______ at _____ o'clock, _____M.

Speaker.

CHAPTER _____

1 AN ACT concerning

Maryland Community Health Resources Commission – Health Care Reform – Safety Net Providers <u>Implementation</u>

FOR the purpose of authorizing the Maryland Community Health Resources 4 $\mathbf{5}$ Commission to provide certain assistance to safety net providers community 6 health resources in preparing to implement certain health care reform; 7 authorizing the Commission to examine certain issues and potential challenges 8 for safety net providers community health resources in preparing to implement 9 certain health care reform; requiring the Commission to develop a certain business plan for the provision by the State of certain assistance to safety net 10 providers community health resources; requiring the Commission to make 11 12certain recommendations to the Governor and certain committees of the 13 General Assembly on or before a certain date; altering a certain definition; 14defining certain terms; and generally relating to the Maryland Community

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

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

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

Italics indicate opposite chamber/conference committee amendments.



	2		HOUSE BILL 450			
$\frac{1}{2}$	Health Resources Commission and the implementation of health care reform by safety net providers .					
3 4 5 6 7	BY repealing and reenacting, with amendments, Article – Health – General Section 19–2101 and 19–2107(a) Annotated Code of Maryland (2009 Replacement Volume and 2010 Supplement)					
8 9	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:					
10	Article – Health – General					
11	19–2101.					
12	(a) In thi	is subti	tle the following words have the meanings indicated.			
$13 \\ 14 \\ 15 \\ 16$	PROTECTION AN HEALTH CARE	AND H	BLE CARE ACT" MEANS THE FEDERAL PATIENT FORDABLE CARE ACT, AS AMENDED BY THE FEDERAL EDUCATION RECONCILIATION ACT OF 2010, AND ANY D OR GUIDANCE ISSUED UNDER THE ACTS.			
17 18	[(b)] (C) Commission.	"Com	mission" means the Maryland Community Health Resources			
19 20 21 22	[(c)] (D) (1) "Community health resource" means a nonprofit or for profit health care center or program that offers the primary health care services required by the Commission under § $19-2109(a)(2)$ of this subtitle to an individual on a sliding scale fee schedule and without regard to an individual's ability to pay.					
23	(2)	"Com	munity health resource" includes:			
24		(i)	A federally qualified health center;			
25		(ii)	A federally qualified health center "look-alike";			
26		(iii)	A community health center;			
27		(iv)	A migrant health center;			
28		(v)	A health care program for the homeless;			
29		(vi)	A primary care program for a public housing project;			

 $\mathbf{2}$

$\frac{1}{2}$	program;	(vii)	A local nonprofit and community-owned health care
3		(viii)	A school-based health center;
4		(ix)	A teaching clinic;
5		(x)	A wellmobile;
6		(xi)	A health center controlled operating network;
7		(xii)	A historic Maryland primary care provider;
8 9	PROGRAM; and	(xiii)	An outpatient [mental health clinic] BEHAVIORAL HEALTH
10 11	as a community he	(xiv) ealth re	
$12 \\ 13 \\ 14$	SIGNIFICANT LE	VEL OI	TET PROVIDER" MEANS A PROVIDER THAT DELIVERS A F HEALTH CARE TO THE UNINSURED, ENROLLEES IN THE PROGRAM, OR OTHER VULNERABLE PATIENTS.
15	19–2107.		
$\begin{array}{c} 16 \\ 17 \end{array}$	(a) In a Commission may:	ddition	to the powers set forth elsewhere in this subtitle, the
18	(1)	Adop	t regulations to carry out the provisions of this subtitle;
19	(2)	Creat	te committees from among its members;
$\begin{array}{c} 20\\ 21 \end{array}$	(3) representatives of		int advisory committees, which may include individuals and sted public or private organizations;
$\begin{array}{c} 22\\ 23 \end{array}$	(4) person or governm		y for and accept any funds, property, or services from any ency;
$\begin{array}{c} 24 \\ 25 \end{array}$	(5) services, including		e agreements with a grantor or payor of funds, property, or reement to make any study, plan, demonstration, or project;
26 27 28	(6) access to health ca in the public inter	are thr	sh and give out any information that relates to expanding ough community health resources that is considered desirable nd]

	4 HOUSE BILL 450					
$egin{array}{c} 1 \ 2 \end{array}$	(7) Subject to the limitations of this subtitle, exercise any other power that is reasonably necessary to carry out the purposes of this subtitle; AND					
$\frac{3}{4}$	(8) ASSIST SAFETY NET PROVIDERS <u>COMMUNITY HEALTH</u> <u>RESOURCES</u> IN PREPARING TO IMPLEMENT THE AFFORDABLE CARE ACT.					
5	SECTION 2. AND BE IT FURTHER ENACTED, That:					
6 7 8	(a) In this section, "Affordable Care Act" and " safety net provider <u>community</u> <u>health resource</u> " have the meanings stated in § 19–2101 of the Health – General Article, as enacted by Section 1 of this Act.					
9	(b) The Maryland Community Health Resources Commission shall:					
$10 \\ 11 \\ 12$	(1) examine issues and potential challenges for safety net providers <u>community health resources</u> in preparing to implement health care reform associated with the Affordable Care Act, including:					
$13 \\ 14 \\ 15 \\ 16$	(i) the administrative infrastructure and information technology capacity of safety net providers <u>community health resources</u> and any barriers to safety net providers <u>community health resources</u> achieving meaningful use of the information technology;					
$17 \\ 18 \\ 19$	(ii) whether common administrative and information technology systems and technical assistance would help safety net providers <u>community health</u> <u>resources</u> in contracting with managed care organizations and commercial insurers;					
$\begin{array}{c} 20\\ 21 \end{array}$	(iii) opportunities for safety net providers <u>community health</u> <u>resources</u> to partner to achieve efficient administrative economies of scale;					
$22 \\ 23 \\ 24$	(iv) methods to assist safety net providers to obtain reimbursement from <u>barriers to safety net providers</u> <u>community health resources</u> <u>contracting with and billing</u> third-party payors;					
$\frac{25}{26}$	(v) assistance in positioning safety net providers <u>community</u> <u>health resources</u> to obtain resources available under health care reform; and					
$\begin{array}{c} 27\\ 28 \end{array}$	(vi) barriers that may impede safety net providers <u>community</u> <u>health resources</u> from sustaining their service delivery; and					
29 30 31	(2) develop a business plan for the State to provide ongoing assistance to safety net providers <u>community health resources</u> to assist the providers <u>community</u> <u>health resources</u> in :					
32	(i) obtaining reimbursement from third-party payors; and					

1

(ii) sustaining and enhancing their service delivery.

2 (c) On or before January 1, 2012, the Maryland Community Health 3 Resources Commission shall make recommendations for a plan to assist safety net 4 providers <u>community health resources</u> in implementing health care reform associated 5 with the Affordable Care Act to the Governor and, in accordance with § 2–1246 of the 6 State Government Article, the Senate Finance Committee and the House Health and 7 Government Operations Committee.

8 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect 9 July 1, 2011.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.