SB0896/207678/1

BY: Finance Committee

<u>AMENDMENTS TO SENATE BILL 896</u> (First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike "Public Health" and substitute "<u>Maryland Health Care</u> <u>Commission</u>"; in the same line, strike "Clearinghouse – Pilot" and substitute "<u>Integration</u>"; in the same line, after "Program" insert "<u>Advisory Committee</u>"; in lines 3 and 4, strike ", subject to certain limitations,"; strike beginning with the first "and" in line 4 down through the semicolon in line 18 and substitute "<u>a Maryland Health Record</u> and Payment Integration Program Advisory Committee; requiring the Commission to select members of the Advisory Committee from certain persons; requiring the Advisory <u>Committee to study the feasibility of creating a health record and payment integration</u> program, certain approaches, and certain other issues; authorizing the Advisory <u>Committee, to the extent allowed by law, to use certain information in carrying out its</u> <u>duties;</u>"; in line 19, after "to" insert "<u>submit a certain</u>"; in line 20, strike "defining a certain term;"; in line 21, strike "health record and payment clearinghouse" and substitute "<u>Health Record and Payment Integration Program Advisory Committee</u>"; and strike in their entirety lines 22 through 27, inclusive.

AMENDMENT NO. 2

On page 2, in line 9, strike "approximately" and substitute "<u>between 3.1% and</u>"; in the same line, after "of" insert "<u>every dollar spent on</u>"; in the same line, strike "expenditures"; in line 10, strike the second comma and substitute "<u>and</u>"; in the same line, strike ", and record–sharing"; strike in their entirety lines 16 through 22, inclusive; in lines 23 and 24, strike "and services"; in line 23, after "approximately" insert "<u>16%</u> <u>to</u>"; in line 26, strike ", providing benefits well beyond the field of health care"; after line 26, insert:

"<u>WHEREAS</u>, The benefits of streamlining the administration of health care extend well beyond the field of health care; and";

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in line 29, strike "and access to"; and after line 29, insert:

"<u>WHEREAS</u>, <u>Reductions in the cost of health care will improve access to health</u> <u>care; and</u>".

On page 3, in lines 3 and 4, strike "an estimated \$70,000,000 reduction in" and substitute "<u>reducing</u>"; in line 4, strike "once implemented as well as from" and substitute "<u>and</u>"; in line 10, strike "and payers shall" and substitute "<u>can</u>"; in line 19, strike "the Laws of Maryland read as follows"; and after line 19, insert:

"(a) <u>The Maryland Health Care Commission shall establish a Health Record</u> and Payment Integration Program Advisory Committee.

(b) <u>The Commission shall select the members of the Health Record and</u> <u>Payment Integration Program Advisory Committee from:</u>

(1) managed care organizations, as defined in § 15–101 of the Health – General Article;

(2) <u>individuals licensed, certified, or registered under the Health</u> Occupations Article to provide health care;

- (3) facilities that provide health care to individuals; and
- (4) persons that provide health care supplies or medications.

(c) <u>The Health Record and Payment Integration Program Advisory</u> <u>Committee shall study:</u>

(1) the feasibility of creating a health record and payment integration program, including:

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(i) the feasibility of incorporating administrative health care claim transactions into the State-designated health information exchange established under § 19–143 of the Health – General Article for the purpose of improving health care coordination and encounter notification;

(ii) the feasibility of establishing a free and secure web-based portal that providers can use, regardless of the method of payment being used for health care services, to:

- <u>1.</u> <u>create and maintain health records; and</u>
- <u>2.</u> <u>file for payment for health care services provided; and</u>

(iii) the feasibility of incorporating prescription drug monitoring program data into the State-designated health information exchange so that prescription drug data can be entered and retrieved;

(2) approaches for accelerating the adjudication of clean claims; and

(3) any other issue that the Commission considers appropriate to study to further health and payment record integration.

(d) The Health Record and Payment Integration Program Advisory Committee, to the extent allowed under law, may use the information collected by the State-designated health information exchange established under § 19–143(b) of the Health – General Article in carrying out its duties under subsection (c) of this section.

(e) (1) On or before November 1, 2019, the Commission shall submit the findings and recommendations of the Health Record and Payment Integration Program Advisory Committee to report to the Governor and, in accordance with § 2–1246 of the State Government Article, the General Assembly.

(Over)

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(2) If the Health Record and Payment Integration Program Advisory Committee recommends the creation of a health record and payment integration program, the report submitted under paragraph (1) of this subsection shall include:

(i) recommendations regarding statutory language to establish and maintain the health record and payment integration program; and

(ii) an estimate of the funding required to support the health record and payment integration program.".

On pages 3 through 8, strike in their entirety the lines beginning with line 20 on page 3 through line 26 on page 8, inclusive.

On page 8, in line 27, strike "3." and substitute "<u>2</u>."; in line 28, strike "Section 1 of this" and substitute "<u>This</u>"; in the same line, strike "6" and substitute "<u>2</u>"; in line 29, strike "2024" and substitute "<u>2020</u>"; in the same line, strike "Section 1 of"; and strike beginning with "Section" in line 30 down through the period in line 33.