

SENATE BILL 1002

J1, C3

8lr1258
CF 8lr3850

By: **Senators Pinsky, Manno, Conway, Guzzone, Smith, Young, and Zucker**

Introduced and read first time: February 5, 2018

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Healthy Maryland Program – Establishment**
3 **(Healthy Maryland Act of 2018)**

4 FOR the purpose of establishing Healthy Maryland as a public corporation and a unit of
5 State government; providing that the exercise by Healthy Maryland of its authority
6 under this Act is an essential government function; expressing certain findings and
7 a certain intent of the General Assembly; providing for the construction and effect of
8 this Act; prohibiting Healthy Maryland and certain agencies and employees from
9 providing or disclosing certain information for certain purposes; prohibiting certain
10 law enforcement agencies from using certain funds, facilities, property, equipment,
11 and personnel to investigate, enforce, or assist in the investigation or enforcement of
12 certain violations and warrants; requiring Healthy Maryland to provide certain
13 services, a certain system, certain choice and access to certain coordinators and
14 certain providers, and certain financing for residents of the State on or before a
15 certain date; requiring Healthy Maryland to establish certain mechanisms for a
16 certain purpose; establishing that Healthy Maryland is subject to certain provisions
17 of law; establishing the Healthy Maryland Board; providing for the qualifications,
18 appointment, terms, and removal of members of the Board; prohibiting a member of
19 the Board and a staff member of the Board from having a certain affiliation with or
20 being a representative of certain persons or entities; prohibiting a member of the
21 Board from accepting employment or receiving compensation from certain persons
22 for a certain period after the end of a certain term; prohibiting a member of the Board
23 or a staff member of the Board from being a member, board member, or an employee
24 of certain associations under certain circumstances; establishing certain
25 requirements for members of the Board; providing for certain procedures of the
26 Board; prohibiting members of the Board from receiving certain compensation, but
27 authorizing the reimbursement of certain expenses; requiring a member of the Board
28 to perform the member's duties in accordance with certain standards; requiring that
29 a member of the Board be subject to certain laws, disclose certain matters and certain
30 relationships to the Board and to the public, and adhere strictly to certain provisions
31 of law relating to conflicts of interest; providing that a member of the Board may not

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 be liable personally for certain actions taken as a member; establishing certain
2 powers and duties of the Board; authorizing the Board to contract with certain
3 organizations; requiring the Board to appoint an Executive Director of Healthy
4 Maryland, and to determine the Executive Director's compensation; authorizing the
5 Board to delegate certain duties to the Executive Director; establishing the duties of
6 the Executive Director; authorizing the Executive Director to employ and retain a
7 certain staff; authorizing the Executive Director to perform certain functions
8 relating to the employment or contracting of certain staff for Healthy Maryland;
9 requiring the Executive Director to perform certain hiring, contracting, and
10 employment functions in a certain manner under certain circumstances; requiring
11 the Secretary of Budget and Management to perform certain functions relating to
12 the employment and contracting of staff for Healthy Maryland; providing that an
13 employee or independent contractor of Healthy Maryland is not subject to certain
14 laws, regulations, or executive orders; providing for the implementation of Healthy
15 Maryland; requiring the Board to develop, adopt, establish, maintain, and
16 implement certain rules, regulations, procedures, and standards; prohibiting a
17 carrier from offering certain benefits and certain services; authorizing certain
18 carriers to offer certain benefits; requiring the Board to submit a certain report to
19 the Governor and the General Assembly on or before a certain date; requiring the
20 Board to develop certain proposals in a certain manner; requiring the Board to
21 require, enforce, and provide for and make available the collection of certain data for
22 certain purposes; requiring that certain data be reported to the Maryland Health
23 Services Cost Review Commission; requiring the Board to make certain data publicly
24 available through certain means; establishing the Healthy Maryland Public
25 Advisory Committee; providing for the qualifications, appointment, terms, and
26 removal of members of the Advisory Committee; establishing certain requirements
27 for the Advisory Committee; prohibiting members of the Advisory Committee and
28 certain individuals from using certain information for a certain purpose; establishing
29 certain procedures for the Advisory Committee; prohibiting members of the Advisory
30 Committee from receiving certain compensation, but authorizing the reimbursement
31 of certain expenses; requiring a member of the Advisory Committee to perform the
32 member's duties in accordance with certain standards; requiring that a member of
33 the Advisory Committee be subject to certain laws, disclose certain matters and
34 certain relationships to the Board and to the public, and adhere strictly to certain
35 provisions of law relating to conflicts of interest; providing that a member of the
36 Advisory Committee may not be held personally liable for certain actions taken as a
37 member; establishing certain eligibility standards for enrollment in Healthy
38 Maryland; prohibiting certain health care providers and care coordinators from
39 engaging in certain conduct; authorizing certain institutions of higher education to
40 purchase certain coverage for certain individuals; establishing certain requirements
41 for certain employers and certain employees relating to the payment of certain
42 premiums; authorizing certain residents of the State to receive certain benefits
43 through certain employers and to opt out of participation in Healthy Maryland;
44 providing that certain contributions made by employers on behalf of certain
45 employees may not be abridged by this Act; authorizing certain persons to take
46 certain credits against certain premiums; providing for the distribution, application,
47 and amount of the credits; establishing the benefits covered under Healthy

1 Maryland; establishing that a certain physician has a certain approval under certain
2 provisions of this Act; requiring the Board to perform a certain evaluation in a
3 certain manner; authorizing health care providers and members of Healthy
4 Maryland to petition the Board for a certain purpose; establishing certain
5 qualifications for health care providers to participate in Healthy Maryland;
6 authorizing certain health care providers to provide certain services under Healthy
7 Maryland; authorizing a member of Healthy Maryland to receive certain services
8 from certain health care providers under certain circumstances; providing for the
9 enrollment with and withdrawal from certain health care delivery systems, medical
10 practices, and community providers for certain individuals and members of Healthy
11 Maryland; requiring certain care coordinators to provide certain care coordination to
12 members of Healthy Maryland; authorizing care coordinators to employ or utilize
13 certain services of certain persons for a certain purpose; establishing certain
14 requirements and certain qualifications for care coordinators; providing that a
15 certain referral is not required for a member of Healthy Maryland to see a certain
16 health care provider; prohibiting certain reimbursement from Healthy Maryland for
17 certain services under certain circumstances; requiring Healthy Maryland to require
18 members of Healthy Maryland to enroll with a care coordinator before receiving
19 certain services; requiring Healthy Maryland to assist a member of Healthy
20 Maryland in enrolling with a care coordinator under certain circumstances;
21 establishing certain rights of members of Healthy Maryland; authorizing the Board
22 to adopt certain regulations; prohibiting the Board from adopting certain
23 regulations; requiring the Board to adopt certain payment methodologies and
24 procedures; establishing certain requirements for the payment of certain services
25 under Healthy Maryland; prohibiting certain health care providers from charging
26 certain rates and soliciting or accepting certain payment from certain persons for
27 certain health care services; establishing certain requirements for payment of
28 certain capital-related expenses; requiring Healthy Maryland to engage in certain
29 negotiations with certain representatives; requiring the Board to establish a certain
30 formulary; requiring Healthy Maryland to have a certain standard of health care for
31 residents of the State; prohibiting certain payments under Healthy Maryland from
32 being calculated in a certain manner; establishing certain requirements and duties
33 for health care providers who participate in Healthy Maryland; requiring certain
34 health care providers and certain care coordinators to report certain information to
35 the Health Services Cost Review Commission on a certain basis for a certain purpose;
36 requiring the Board to seek and negotiate certain waivers, approvals, and
37 arrangements, and to submit certain State plan amendments to operate Healthy
38 Maryland in a certain manner; requiring the Board, on or before a certain date, to
39 apply for certain waivers of certain requirements and make certain arrangements
40 under certain programs for a certain purpose; authorizing the Board to require
41 certain individuals to provide certain information for a certain purposes; authorizing
42 the Board to take certain actions relating to certain implementation for Healthy
43 Maryland and certain administration of Medicare in the State; establishing certain
44 requirements for Healthy Maryland regarding certain supplemental insurance
45 coverage and certain drug coverage; authorizing the Board to waive or modify the
46 applicability of certain provisions of this Act under certain circumstances;
47 authorizing the Board to apply for coverage for certain members of Healthy

1 Maryland and enroll those members in certain programs; requiring the Board to take
2 certain action under certain circumstances to reduce or eliminate certain obligations
3 of members of Healthy Maryland and to increase certain eligibility of those members
4 for certain financial support; requiring certain members of Healthy Maryland to
5 enroll in certain coverage as a condition of certain eligibility for certain health care
6 services; requiring members of Healthy Maryland to provide and authorize Healthy
7 Maryland to obtain certain information; authorizing the termination of certain
8 coverage under certain circumstances; requiring Healthy Maryland to assume
9 responsibility for providing certain benefits and certain health care services in a
10 certain manner; establishing the Healthy Maryland Trust Fund as a special,
11 nonlapsing fund; specifying the contents and purpose of the Fund; requiring the
12 Board to administer the Fund; prohibiting certain transfers of money in the Fund;
13 establishing certain requirements relating to the administration of the Fund;
14 requiring certain earnings of the Fund to be credited to the Fund; prohibiting the
15 Board and staff of the Board from utilizing certain funds in a certain manner;
16 establishing a Healthy Maryland Federal Funds Account within the Fund; requiring
17 placement of certain funds in the Account; authorizing certain health care providers
18 to meet and communicate for the purpose of collectively negotiating with Healthy
19 Maryland on certain matters; establishing certain rights and requirements relating
20 to certain negotiations with Healthy Maryland; requiring a certain representative to
21 pay a certain fee to the Board for a certain purpose; requiring the Board to set the
22 fee at a certain amount; prohibiting certain concerted action and the negotiation of
23 certain agreements by certain representatives; repealing the Board of Trustees of
24 the Maryland Health Benefit Exchange; requiring the Healthy Maryland Board to
25 oversee the administration of the Maryland Health Benefit Exchange under certain
26 circumstances; repealing a requirement that the Board of Trustees of the Maryland
27 Health Benefit Exchange appoint an Executive Director of the Exchange, with the
28 approval of the Governor, and determine certain compensation for the Executive
29 Director; requiring the Executive Director of Healthy Maryland to serve as the
30 Executive Director of the Maryland Health Benefit Exchange under certain
31 circumstances; making the provisions of this Act severable; defining certain terms;
32 and generally relating to Healthy Maryland.

33 BY adding to

34 Article – Health – General

35 Section 25–101 through 25–1204 to be under the new title “Title 25. Healthy
36 Maryland”

37 Annotated Code of Maryland

38 (2015 Replacement Volume and 2017 Supplement)

39 BY repealing and reenacting, with amendments,

40 Article – Insurance

41 Section 31–101(b)

42 Annotated Code of Maryland

43 (2017 Replacement Volume)

44 BY repealing

1 Article – Insurance
2 Section 31–104 and 31–105(a)
3 Annotated Code of Maryland
4 (2017 Replacement Volume)

5 BY adding to
6 Article – Insurance
7 Section 31–104 and 31–105(a)
8 Annotated Code of Maryland
9 (2017 Replacement Volume)

10 BY repealing and reenacting, without amendments,
11 Article – State Finance and Procurement
12 Section 6–226(a)(2)(i)
13 Annotated Code of Maryland
14 (2015 Replacement Volume and 2017 Supplement)

15 BY repealing and reenacting, with amendments,
16 Article – State Finance and Procurement
17 Section 6–226(a)(2)(ii)101. and 102.
18 Annotated Code of Maryland
19 (2015 Replacement Volume and 2017 Supplement)

20 BY adding to
21 Article – State Finance and Procurement
22 Section 6–226(a)(2)(ii)103.
23 Annotated Code of Maryland
24 (2015 Replacement Volume and 2017 Supplement)

25 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
26 That the Laws of Maryland read as follows:

27 **Article – Health – General**

28 **TITLE 25. HEALTHY MARYLAND.**

29 **SUBTITLE 1. DEFINITIONS, PURPOSE, INTENT, AND PROHIBITED CONDUCT.**

30 **25–101.**

31 **(A) IN THIS TITLE THE FOLLOWING WORDS HAVE THE MEANINGS**
32 **INDICATED.**

33 **(B) “AFFORDABLE CARE ACT” OR “PPACA” MEANS THE FEDERAL**
34 **PATIENT PROTECTION AND AFFORDABLE CARE ACT AND ANY REGULATIONS OR**
35 **GUIDANCE ISSUED UNDER THE ACT.**

1 (C) (1) "ALLIED HEALTH PRACTITIONER" MEANS A HEALTH
2 PROFESSIONAL WHO:

3 (I) APPLIES THE HEALTH PROFESSIONAL'S EXPERTISE TO:

4 1. PREVENT DISEASE TRANSMISSION; AND

5 2. DIAGNOSE, TREAT, AND REHABILITATE INDIVIDUALS
6 OF ALL AGES; AND

7 (II) WITH A RANGE OF TECHNICAL AND SUPPORT STAFF, MAY
8 DELIVER DIRECT PATIENT CARE, REHABILITATION, TREATMENT, DIAGNOSTICS, AND
9 HEALTH IMPROVEMENT INTERVENTIONS TO RESTORE AND MAINTAIN OPTIMAL
10 PHYSICAL, SENSORY, PSYCHOLOGICAL, COGNITIVE, OR SOCIAL FUNCTIONS.

11 (2) "ALLIED HEALTH PRACTITIONER" INCLUDES AN AUDIOLOGIST,
12 AN OCCUPATIONAL THERAPIST, A SOCIAL WORKER, AND A RADIOGRAPHER.

13 (D) "BOARD" MEANS THE HEALTHY MARYLAND BOARD.

14 (E) "CARE COORDINATION" MEANS SERVICES PROVIDED BY A CARE
15 COORDINATOR.

16 (F) "CARE COORDINATOR" MEANS AN INDIVIDUAL OR ENTITY APPROVED
17 BY THE BOARD TO PROVIDE CARE COORDINATION.

18 (G) "CARRIER" HAS THE MEANING STATED IN § 15-112(A)(4)(I) OF THE
19 INSURANCE ARTICLE.

20 (H) "COMMITTEE" MEANS THE HEALTHY MARYLAND PUBLIC ADVISORY
21 COMMITTEE.

22 (I) "ESSENTIAL COMMUNITY PROVIDER" MEANS A PERSON ACTING AS:

23 (1) A SAFETY NET CLINIC;

24 (2) A SAFETY NET HEALTH CARE PROVIDER; OR

25 (3) A RURAL HOSPITAL.

26 (J) "FEDERALLY MATCHED PUBLIC HEALTH PROGRAM" MEANS:

1 **(1) THE MARYLAND MEDICAL ASSISTANCE PROGRAM UNDER TITLE**
2 **XIX OF THE FEDERAL SOCIAL SECURITY ACT; OR**

3 **(2) THE MARYLAND CHILDREN’S HEALTH INSURANCE PROGRAM**
4 **UNDER TITLE XXI OF THE FEDERAL SOCIAL SECURITY ACT.**

5 **(K) “FUND” MEANS THE HEALTHY MARYLAND TRUST FUND.**

6 **(L) “HEALTH CARE PROVIDER” MEANS:**

7 **(1) AN ACUPUNCTURIST;**

8 **(2) AN AUDIOLOGIST;**

9 **(3) A CHIROPRACTOR;**

10 **(4) A DIETITIAN;**

11 **(5) A DENTIST;**

12 **(6) AN ELECTROLOGIST;**

13 **(7) A HEALTH CARE FACILITY THAT IS:**

14 **(I) A FREESTANDING AMBULATORY CARE FACILITY AS**
15 **DEFINED UNDER § 19–3B–01 OF THIS ARTICLE;**

16 **(II) A FREESTANDING MEDICAL FACILITY AS DEFINED UNDER §**
17 **19–3A–01 OF THIS ARTICLE;**

18 **(III) A HEALTH CARE FACILITY AS DEFINED UNDER § 10–101 OF**
19 **THIS ARTICLE;**

20 **(IV) A HOSPITAL AS DEFINED UNDER § 19–301 OF THIS ARTICLE;**

21 **(V) A LIMITED SERVICE HOSPITAL AS DEFINED UNDER § 19–301**
22 **OF THIS ARTICLE;**

23 **(VI) A RELATED INSTITUTION AS DEFINED UNDER § 19–301 OF**
24 **THIS ARTICLE; OR**

25 **(VII) A RESIDENTIAL TREATMENT CENTER AS DEFINED UNDER §**
26 **19–301 OF THIS ARTICLE;**

- 1 **(8) A MASSAGE THERAPIST;**
- 2 **(9) A MORTICIAN;**
- 3 **(10) A REGISTERED NURSE;**
- 4 **(11) A NUTRITIONIST;**
- 5 **(12) AN OCCUPATIONAL THERAPIST;**
- 6 **(13) AN OPTOMETRIST;**
- 7 **(14) A PHYSICAL THERAPIST;**
- 8 **(15) A PHYSICIAN;**
- 9 **(16) A PODIATRIST;**
- 10 **(17) A PROFESSIONAL COUNSELOR;**
- 11 **(18) A PSYCHOLOGIST;**
- 12 **(19) A SOCIAL WORKER; OR**
- 13 **(20) A SPEECH–LANGUAGE PATHOLOGIST.**

14 **(M) “HEALTH CARE SERVICE” MEANS ANY HEALTH CARE SERVICE,**
15 **INCLUDING CARE COORDINATION, THAT IS INCLUDED AS A BENEFIT UNDER**
16 **HEALTHY MARYLAND.**

17 **(N) “HEALTHY MARYLAND” MEANS THE HEALTHY MARYLAND PROGRAM.**

18 **(O) “IMPLEMENTATION PERIOD” MEANS THE PERIOD SPECIFIED UNDER §**
19 **25–304 OF THIS TITLE DURING WHICH THE PROGRAM IS SUBJECT TO SPECIAL**
20 **ELIGIBILITY AND FINANCING PROVISIONS UNTIL IT IS FULLY IMPLEMENTED UNDER**
21 **THAT SECTION.**

22 **(P) (1) “LONG–TERM SERVICES AND SUPPORTS” MEANS LONG–TERM**
23 **CARE, TREATMENT, MAINTENANCE, OR SERVICES RELATED TO HEALTH**
24 **CONDITIONS, INJURY, OR AGE NOT COVERED UNDER THE MARYLAND CHILDREN’S**
25 **HEALTH INSURANCE PROGRAM.**

1 **(2) “LONG-TERM CARE” DOES NOT INCLUDE SHORT-TERM**
2 **REHABILITATION SERVICES, AS DEFINED BY THE BOARD.**

3 **(Q) “MEDICAID” OR “MEDICAL ASSISTANCE” MEANS A PROGRAM THAT IS**
4 **ONE OF THE FOLLOWING:**

5 **(1) THE MARYLAND MEDICAL ASSISTANCE PROGRAM UNDER TITLE**
6 **XIX OF THE FEDERAL SOCIAL SECURITY ACT; OR**

7 **(2) THE MARYLAND CHILDREN’S HEALTH INSURANCE PROGRAM**
8 **UNDER TITLE XXI OF THE FEDERAL SOCIAL SECURITY ACT.**

9 **(R) “MEDICARE” MEANS TITLE XVIII OF THE FEDERAL SOCIAL SECURITY**
10 **ACT AND THE PROGRAMS THEREUNDER.**

11 **(S) “MEMBER” MEANS AN INDIVIDUAL WHO IS ENROLLED IN HEALTHY**
12 **MARYLAND.**

13 **(T) “OUT-OF-STATE HEALTH CARE SERVICE” MEANS A HEALTH CARE**
14 **SERVICE PROVIDED IN PERSON TO A MEMBER WHILE THE MEMBER IS TEMPORARILY**
15 **AND PHYSICALLY LOCATED OUT OF THE STATE BECAUSE:**

16 **(1) IT IS MEDICALLY NECESSARY THAT THE HEALTH CARE SERVICE**
17 **BE PROVIDED WHILE THE MEMBER PHYSICALLY IS OUT OF THE STATE; OR**

18 **(2) THE HEALTH CARE SERVICE:**

19 **(I) IS CLINICALLY APPROPRIATE AND NECESSARY; AND**

20 **(II) CAN BE PROVIDED ONLY BY A PARTICULAR HEALTH CARE**
21 **PROVIDER PHYSICALLY LOCATED OUTSIDE THE STATE.**

22 **(U) “PARTICIPATING PROVIDER” MEANS ANY INDIVIDUAL OR ENTITY THAT**
23 **IS A HEALTH CARE PROVIDER QUALIFIED UNDER § 25-601 OF THIS TITLE THAT**
24 **PROVIDES HEALTH CARE SERVICES TO MEMBERS UNDER HEALTHY MARYLAND.**

25 **(V) “PRESCRIPTION DRUGS” MEANS PRESCRIPTION DRUGS AS DEFINED IN**
26 **§ 21-201 OF THIS ARTICLE.**

27 **(W) “PROGRAM” MEANS THE HEALTHY MARYLAND PROGRAM.**

28 **(X) “RESIDENT” MEANS AN INDIVIDUAL WITHOUT REGARD TO THE**
29 **INDIVIDUAL’S IMMIGRATION STATUS:**

1 (1) **WHOSE PRIMARY PLACE OF ABODE IS IN THE STATE; AND**

2 (2) **WHO MEETS THE STATE RESIDENCE REQUIREMENTS ADOPTED BY**
3 **THE BOARD UNDER § 25-304(B) OF THIS TITLE.**

4 (Y) **“TEMPORARILY” MEANS FOR A PERIOD OF TIME THAT IS NOT MORE**
5 **THAN 90 DAYS.**

6 **25-102.**

7 (A) **THE GENERAL ASSEMBLY FINDS THAT:**

8 (1) **ALL RESIDENTS OF THE STATE HAVE THE RIGHT TO HEALTH**
9 **CARE;**

10 (2) **RESIDENTS OF THE STATE, AS INDIVIDUALS, EMPLOYERS, AND**
11 **TAXPAYERS, HAVE EXPERIENCED:**

12 (I) **A RISE IN THE COST OF HEALTH CARE AND HEALTH CARE**
13 **COVERAGE IN RECENT YEARS, INCLUDING RISING PREMIUMS, DEDUCTIBLES, AND**
14 **COPAYS; AND**

15 (II) **RESTRICTED PROVIDER NETWORKS AND HIGH**
16 **OUT-OF-NETWORK CHARGES;**

17 (3) **BUSINESSES HAVE EXPERIENCED INCREASES IN THE COSTS OF**
18 **HEALTH CARE BENEFITS FOR EMPLOYEES, AND MANY EMPLOYERS ARE SHIFTING A**
19 **LARGER SHARE OF THE COST OF COVERAGE TO EMPLOYEES OR DROPPING**
20 **COVERAGE ENTIRELY;**

21 (4) **INDIVIDUALS OFTEN FIND THAT THE INDIVIDUALS ARE DEPRIVED**
22 **OF AFFORDABLE CARE AND CHOICE BECAUSE OF DECISIONS BY HEALTH BENEFIT**
23 **PLANS GUIDED BY THE PLAN’S ECONOMIC NEEDS RATHER THAN CONSUMERS’**
24 **HEALTH CARE NEEDS; AND**

25 (5) **TO ADDRESS THE FISCAL CRISIS FACING THE STATE AND ENSURE**
26 **THAT RESIDENTS OF THE STATE MAY EXERCISE THE RESIDENTS’ RIGHT TO HEALTH**
27 **CARE, COMPREHENSIVE HEALTH CARE COVERAGE NEEDS TO BE PROVIDED.**

28 (B) **IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT:**

29 (1) **THERE BE A COMPREHENSIVE UNIVERSAL SINGLE-PAYER**

1 HEALTH CARE COVERAGE PROGRAM AND A HEALTH CARE COST CONTROL SYSTEM
2 FOR THE BENEFIT OF ALL RESIDENTS OF THE STATE;

3 (2) HEALTHY MARYLAND BE ESTABLISHED TO PROVIDE
4 COMPREHENSIVE UNIVERSAL HEALTH COVERAGE FOR EVERY MARYLAND
5 RESIDENT, AND FUNDED BY BROAD-BASED REVENUE;

6 (3) THE STATE SEEK TO OBTAIN WAIVERS AND OTHER APPROVALS
7 RELATING TO MEDICAID, THE MARYLAND CHILDREN'S HEALTH INSURANCE
8 PROGRAM, MEDICARE, THE FEDERAL PATIENT PROTECTION AND AFFORDABLE
9 CARE ACT, AND ANY OTHER FEDERAL PROGRAMS PERTAINING TO THE PROVISION
10 OF HEALTH CARE SO THAT ANY FEDERAL FUNDS AND OTHER SUBSIDIES THAT
11 WOULD OTHERWISE BE PAID TO THE STATE, STATE RESIDENTS, AND HEALTH CARE
12 PROVIDERS ARE PAID BY THE FEDERAL GOVERNMENT TO THE STATE AND
13 DEPOSITED IN THE HEALTHY MARYLAND TRUST FUND;

14 (4) THE STATE WORK TO INCORPORATE HEALTH CARE COVERAGE OF
15 STATE RESIDENTS WHO ARE EMPLOYED IN OTHER JURISDICTIONS INTO WAIVERS
16 AND OTHER APPROVALS RELATING TO MEDICAID, THE MARYLAND CHILDREN'S
17 HEALTH INSURANCE PROGRAM, MEDICARE, THE FEDERAL PATIENT PROTECTION
18 AND AFFORDABLE CARE ACT, AND ANY OTHER FEDERAL PROGRAMS RELATED TO
19 THE PROVISION OF HEALTH CARE;

20 (5) ANY FUNDS OBTAINED UNDER WAIVERS AND APPROVALS
21 RELATING TO MEDICAID, THE MARYLAND CHILDREN'S HEALTH INSURANCE
22 PROGRAM, MEDICARE, THE PPACA, AND ANY OTHER FEDERAL PROGRAMS SHALL
23 BE USED:

24 (I) FOR HEALTH COVERAGE THAT PROVIDES HEALTH
25 BENEFITS EQUAL TO OR EXCEEDING THOSE PROGRAMS; AND

26 (II) TO ELIMINATE ANY COST-SHARING OR INSURANCE
27 PREMIUM OBLIGATIONS ON RESIDENTS OF THE STATE;

28 (6) (I) HEALTHY MARYLAND REPLACE THE MARYLAND MEDICAL
29 ASSISTANCE PROGRAM, THE MARYLAND CHILDREN'S HEALTH INSURANCE
30 PROGRAM, MEDICARE, THE PPACA, AND ANY OTHER FEDERAL PROGRAMS; AND

31 (II) THOSE PROGRAMS BE MERGED INTO HEALTHY MARYLAND,
32 WHICH WILL OPERATE AS A TRUE SINGLE-PAYER PROGRAM;

33 (7) IF ANY NECESSARY WAIVERS OR APPROVALS ARE NOT OBTAINED,
34 THE STATE USE STATE PLAN AMENDMENTS AND SEEK WAIVERS AND APPROVALS TO

1 MAXIMIZE, AND MAKE AS SEAMLESS AS POSSIBLE, THE USE OF FEDERALLY
2 MATCHED PUBLIC HEALTH PROGRAMS AND FEDERAL HEALTH PROGRAMS IN
3 HEALTHY MARYLAND;

4 (8) IF PROGRAMS SUCH AS MEDICAID OR MEDICARE CONTRIBUTE TO
5 PAYING FOR HEALTH CARE SERVICES:

6 (I) HEALTH CARE COVERAGE BE DELIVERED BY HEALTHY
7 MARYLAND; AND

8 (II) TO THE GREATEST EXTENT POSSIBLE, THE MULTIPLE
9 SOURCES OF FUNDING:

10 1. BE POOLED WITH OTHER HEALTHY MARYLAND
11 FUNDS; AND

12 2. NOT BE APPARENT TO HEALTHY MARYLAND
13 MEMBERS OR PARTICIPATING PROVIDERS;

14 (9) THIS TITLE ADDRESS THE HIGH COST OF PRESCRIPTION DRUGS
15 AND ENSURE THAT PRESCRIPTION DRUGS ARE AFFORDABLE FOR PATIENTS;

16 (10) NEITHER HEALTH INFORMATION TECHNOLOGY NOR CLINICAL
17 PRACTICE GUIDELINES LIMIT THE EFFECTIVE EXERCISE OF THE PROFESSIONAL
18 JUDGMENT OF PHYSICIANS AND REGISTERED NURSES;

19 (11) PHYSICIANS AND REGISTERED NURSES MAY OVERRIDE HEALTH
20 INFORMATION TECHNOLOGY AND CLINICAL PRACTICE GUIDELINES IF THE
21 OVERRIDE:

22 (I) IS CONSISTENT WITH THE TREATING PHYSICIAN'S
23 DETERMINATION OF MEDICAL NECESSITY; AND

24 (II) IN THE PROFESSIONAL JUDGMENT OF THE PHYSICIAN OR
25 REGISTERED NURSE, IS IN THE BEST INTEREST OF THE PATIENT AND CONSISTENT
26 WITH THE PATIENT'S WISHES;

27 (12) (I) LEGISLATION BE ENACTED TO DEVELOP A REVENUE PLAN
28 FOR THE HEALTHY MARYLAND PROGRAM, TAKING INTO CONSIDERATION
29 ANTICIPATED FEDERAL REVENUE AVAILABLE FOR THE PROGRAM;

30 (II) THE REVENUE PLAN INCLUDE PAYROLL PREMIUMS; AND

1 **(III) IN DEVELOPING THE REVENUE PLAN, THE GOVERNOR AND**
2 **THE GENERAL ASSEMBLY CONSULT WITH APPROPRIATE OFFICIALS AND**
3 **STAKEHOLDERS; AND**

4 **(13) LEGISLATION BE ENACTED REQUIRING THAT ALL STATE**
5 **REVENUES FROM THE HEALTHY MARYLAND PROGRAM BE DEPOSITED IN AN**
6 **ACCOUNT WITHIN THE HEALTHY MARYLAND TRUST FUND TO BE KNOWN AS THE**
7 **HEALTHY MARYLAND TRUST FUND ACCOUNT.**

8 **25-103.**

9 **(A) THIS TITLE MAY NOT BE CONSTRUED TO CREATE ANY EMPLOYMENT**
10 **BENEFIT, OR TO REQUIRE, PROHIBIT, OR LIMIT THE PROVISION OF ANY**
11 **EMPLOYMENT BENEFIT.**

12 **(B) THIS TITLE DOES NOT CHANGE OR IMPACT IN ANY WAY THE ROLE OR**
13 **AUTHORITY OF ANY LICENSING BOARD OR STATE AGENCY THAT REGULATES THE**
14 **STANDARDS FOR OR PROVISION OF HEALTH CARE AND THE STANDARDS FOR**
15 **HEALTH CARE PROVIDERS AS ESTABLISHED UNDER STATE LAW AS OF JANUARY 1,**
16 **2018, INCLUDING:**

17 **(1) THE HEALTH OCCUPATIONS ARTICLE; AND**

18 **(2) TITLE 19 OF THIS ARTICLE.**

19 **(C) THIS TITLE DOES NOT AUTHORIZE HEALTHY MARYLAND, THE HEALTHY**
20 **MARYLAND BOARD, OR THE SECRETARY OF HEALTH TO ESTABLISH OR REVISE**
21 **LICENSURE STANDARDS FOR HEALTH CARE PROVIDERS.**

22 **(D) THIS TITLE DOES NOT AUTHORIZE HEALTHY MARYLAND TO CARRY OUT**
23 **ANY FUNCTION NOT AUTHORIZED BY WAIVERS.**

24 **(E) THIS TITLE MAY NOT BE CONSTRUED TO PREEMPT OR PREVAIL OVER**
25 **ANY CITY, COUNTY, OR OTHER LOCAL GOVERNMENT ORDINANCE, RESOLUTION,**
26 **LAW, OR RULE THAT PROVIDES MORE PROTECTIONS AND BENEFITS TO RESIDENTS**
27 **OF THE STATE THAN PROVIDED UNDER THIS TITLE.**

28 **25-104.**

29 **(A) HEALTHY MARYLAND OR ANY STATE AGENCY, LOCAL AGENCY, OR**
30 **PUBLIC EMPLOYEE ACTING ON BEHALF OF HEALTHY MARYLAND MAY NOT PROVIDE**
31 **OR DISCLOSE TO ANYONE, INCLUDING THE FEDERAL GOVERNMENT, FOR LAW**
32 **ENFORCEMENT PURPOSES ANY PERSONALLY IDENTIFIABLE INFORMATION**

1 OBTAINED ABOUT AN INDIVIDUAL, INCLUDING AN INDIVIDUAL'S RELIGIOUS
2 BELIEFS, PRACTICES, OR AFFILIATION, NATIONAL ORIGIN, ETHNICITY, OR
3 IMMIGRATION STATUS.

4 (B) A LAW ENFORCEMENT AGENCY IN THE STATE MAY NOT USE HEALTHY
5 MARYLAND FUNDS, FACILITIES, PROPERTY, EQUIPMENT, OR PERSONNEL TO
6 INVESTIGATE, ENFORCE, OR ASSIST IN THE INVESTIGATION OR ENFORCEMENT OF
7 ANY CRIMINAL, CIVIL, OR ADMINISTRATIVE VIOLATION OR WARRANT FOR A
8 VIOLATION OF ANY REQUIREMENT THAT INDIVIDUALS REGISTER WITH THE
9 FEDERAL GOVERNMENT OR ANY FEDERAL AGENCY BASED ON RELIGION, NATIONAL
10 ORIGIN, ETHNICITY, OR IMMIGRATION STATUS.

11 SUBTITLE 2. HEALTHY MARYLAND.

12 25-201.

13 (A) THERE IS A HEALTHY MARYLAND PROGRAM.

14 (B) (1) HEALTHY MARYLAND IS A BODY POLITIC AND CORPORATE AND IS
15 AN INSTRUMENTALITY OF THE STATE.

16 (2) HEALTHY MARYLAND IS A PUBLIC CORPORATION AND A UNIT OF
17 STATE GOVERNMENT.

18 (3) THE EXERCISE BY HEALTHY MARYLAND OF ITS AUTHORITY
19 UNDER THIS TITLE IS AN ESSENTIAL GOVERNMENT FUNCTION.

20 (C) ON OR BEFORE JANUARY 1, 2020, HEALTHY MARYLAND SHALL:

21 (1) PROVIDE:

22 (I) COMPREHENSIVE UNIVERSAL SINGLE-PAYER HEALTH
23 CARE SERVICES FOR ALL RESIDENTS OF THE STATE;

24 (II) A HEALTH CARE COST CONTROL SYSTEM FOR THE BENEFIT
25 OF ALL RESIDENTS OF THE STATE;

26 (III) CHOICE AND ACCESS TO HEALTH CARE COORDINATORS
27 AND HEALTH CARE PROVIDERS TO ALL RESIDENTS OF THE STATE; AND

28 (IV) BROAD-BASED PUBLIC FINANCING OF HEALTH CARE
29 SERVICES FOR ALL RESIDENTS OF THE STATE; AND

1 **(2) ESTABLISH MECHANISMS TO:**

2 **(I) ENABLE HEALTH CARE PROVIDERS TO COLLECTIVELY**
3 **NEGOTIATE WITH HEALTHY MARYLAND REGARDING ANY MATTER RELATING TO**
4 **HEALTHY MARYLAND, INCLUDING:**

5 **1. RATES OF PAYMENT FOR HEALTH CARE SERVICES;**

6 **2. RATES OF PAYMENT FOR PRESCRIPTION AND**
7 **NONPRESCRIPTION DRUGS; AND**

8 **3. PAYMENT METHODOLOGIES;**

9 **(II) ENSURE TRANSPARENCY AND ACCOUNTABILITY TO THE**
10 **PUBLIC; AND**

11 **(III) PROVIDE FOR THE COLLECTION OF DATA TO:**

12 **1. PROMOTE TRANSPARENCY;**

13 **2. ASSESS ADHERENCE TO PATIENT CARE STANDARDS**
14 **ESTABLISHED UNDER SUBTITLE 8 OF THIS TITLE; AND**

15 **3. COMPARE PATIENT OUTCOMES AND REVIEW**
16 **UTILIZATION OF HEALTH CARE SERVICES PAID FOR BY HEALTHY MARYLAND.**

17 **(D) HEALTHY MARYLAND IS SUBJECT TO:**

18 **(1) TITLES 3, 4, AND 5 OF THE GENERAL PROVISIONS ARTICLE;**

19 **(2) THE FOLLOWING PROVISIONS OF THE STATE FINANCE AND**
20 **PROCUREMENT ARTICLE:**

21 **(I) TITLE 3A, SUBTITLE 3, TO THE EXTENT THAT THE**
22 **SECRETARY OF INFORMATION TECHNOLOGY DETERMINES THAT AN INFORMATION**
23 **TECHNOLOGY PROJECT OF HEALTHY MARYLAND IS A MAJOR INFORMATION**
24 **TECHNOLOGY DEVELOPMENT PROJECT;**

25 **(II) TITLE 12, SUBTITLE 4; AND**

26 **(III) TITLE 14, SUBTITLE 3;**

27 **(3) THE FOLLOWING PROVISIONS OF THE STATE GOVERNMENT**

1 **ARTICLE:**2 (I) **TITLE 10, SUBTITLE 1; AND**3 (II) **TITLE 12; AND**4 (4) **TITLE 5, SUBTITLE 3 OF STATE AND PERSONNEL AND PENSIONS**5 **ARTICLE.**6 **SUBTITLE 3. HEALTHY MARYLAND BOARD.**7 **25-301.**8 (A) **THERE IS A HEALTHY MARYLAND BOARD.**9 (B) **THE BOARD CONSISTS OF THE FOLLOWING MEMBERS:**10 (1) **THE SECRETARY, OR THE SECRETARY'S DESIGNEE, AS AN EX**
11 **OFFICIO MEMBER OF THE BOARD;**12 (2) **FOUR MEMBERS APPOINTED BY THE GOVERNOR, WITH THE**
13 **ADVICE AND CONSENT OF THE SENATE;**14 (3) **TWO MEMBERS APPOINTED BY THE PRESIDENT OF THE SENATE;**
15 **AND**16 (4) **TWO MEMBERS APPOINTED BY THE SPEAKER OF THE HOUSE.**17 (C) (1) **EXCEPT FOR THE EX OFFICIO MEMBER, THE TERM OF A MEMBER**
18 **IS 4 YEARS.**19 (2) **THE TERMS OF APPOINTED MEMBERS ARE STAGGERED AS**
20 **REQUIRED BY THE TERMS PROVIDED FOR MEMBERS OF THE BOARD ON JULY 1,**
21 **2018.**22 (3) **AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL**
23 **A SUCCESSOR IS APPOINTED AND QUALIFIES.**24 (4) **A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES**
25 **ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND**
26 **QUALIFIES.**27 (5) (I) **IF A VACANCY OCCURS AMONG THE MEMBERS APPOINTED**

1 BY THE GOVERNOR, THE GOVERNOR SHALL PROMPTLY APPOINT A SUCCESSOR WHO
2 SHALL SERVE UNTIL THE TERM EXPIRES.

3 (II) A MEMBER APPOINTED UNDER SUBPARAGRAPH (I) OF THIS
4 PARAGRAPH MAY BE REAPPOINTED FOR A FULL TERM.

5 (6) A MEMBER MAY NOT SERVE FOR MORE THAN TWO CONSECUTIVE
6 TERMS.

7 (7) FROM AMONG ITS MEMBERS, THE HEALTHY MARYLAND BOARD
8 SHALL ELECT A CHAIR AND VICE CHAIR EACH YEAR.

9 (D) IN APPOINTING MEMBERS UNDER SUBSECTION (B) OF THIS SECTION,
10 THE APPOINTING AUTHORITY SHALL:

11 (1) ENSURE THAT THE APPOINTEE HAS DEMONSTRATED AND
12 ACKNOWLEDGED EXPERTISE IN HEALTH CARE;

13 (2) CONSIDER THE EXPERTISE OF THE OTHER MEMBERS OF THE
14 BOARD AND ATTEMPT TO MAKE APPOINTMENTS SO THAT THE BOARD'S
15 COMPOSITION REFLECTS A DIVERSITY OF EXPERTISE IN VARIOUS ASPECTS OF
16 HEALTH CARE;

17 (3) CONSIDER THE CULTURAL, ETHNIC, AND GEOGRAPHICAL
18 DIVERSITY OF THE STATE SO THAT THE BOARD'S COMPOSITION REFLECTS THE
19 COMMUNITIES OF THE STATE; AND

20 (4) ENSURE THAT THE BOARD'S COMPOSITION INCLUDES:

21 (I) AT LEAST ONE REPRESENTATIVE OF A LABOR
22 ORGANIZATION REPRESENTING REGISTERED NURSES;

23 (II) AT LEAST ONE REPRESENTATIVE OF THE GENERAL PUBLIC;

24 (III) AT LEAST ONE REPRESENTATIVE OF A LABOR
25 ORGANIZATION; AND

26 (IV) AT LEAST ONE REPRESENTATIVE OF THE MEDICAL
27 PROVIDER COMMUNITY.

28 (E) (1) (I) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE
29 MEANINGS INDICATED.

1 (II) "AFFILIATION" MEANS:

2 1. A FINANCIAL INTEREST;

3 2. A POSITION OF GOVERNANCE, INCLUDING
4 MEMBERSHIP ON A BOARD OF DIRECTORS, REGARDLESS OF COMPENSATION;

5 3. A RELATIONSHIP THROUGH WHICH COMPENSATION
6 IS RECEIVED; OR

7 4. A RELATIONSHIP FOR THE PROVISION OF SERVICES
8 AS A REGULATED LOBBYIST.

9 (III) "COMPENSATION" HAS THE MEANING STATED IN § 5-101 OF
10 THE GENERAL PROVISIONS ARTICLE.

11 (IV) "FINANCIAL INTEREST" HAS THE MEANING STATED IN §
12 5-101 OF THE GENERAL PROVISIONS ARTICLE.

13 (V) "REGULATED LOBBYIST" HAS THE MEANING STATED IN §
14 5-101 OF THE GENERAL PROVISIONS ARTICLE.

15 (2) A MEMBER OF THE HEALTHY MARYLAND BOARD, WITHIN THE
16 2-YEAR PERIOD IMMEDIATELY PRECEDING THE MEMBER'S APPOINTMENT AND
17 WHILE SERVING ON THE BOARD, OR A MEMBER OF THE STAFF OF THE BOARD MAY
18 NOT BE EMPLOYED, OR HAVE BEEN EMPLOYED, IN ANY CAPACITY BY A CONSULTANT
19 TO A MEMBER OF THE BOARD OF DIRECTORS OF, HAVE AN AFFILIATION WITH, OR
20 OTHERWISE BE A REPRESENTATIVE OF:

21 (I) A HEALTH CARE PROVIDER;

22 (II) A HEALTH CARE FACILITY;

23 (III) A HEALTH CLINIC;

24 (IV) A PHARMACEUTICAL COMPANY;

25 (V) A MEDICAL EQUIPMENT COMPANY; OR

26 (VII) A CARRIER, AN INSURANCE PRODUCER, A THIRD-PARTY
27 ADMINISTRATOR, A MANAGED CARE ORGANIZATION, OR ANY OTHER PERSON
28 CONTRACTING DIRECTLY WITH THOSE PERSONS.

1 **(3) A MEMBER OF THE BOARD MAY NOT ACCEPT EMPLOYMENT WITH**
2 **OR RECEIVE COMPENSATION FROM A PERSON LISTED IN PARAGRAPH (2) OF THIS**
3 **SUBSECTION FOR 2 YEARS IMMEDIATELY FOLLOWING THE END OF THE MEMBER'S**
4 **TERM.**

5 **(4) A MEMBER OF THE BOARD OR A STAFF MEMBER OF THE BOARD**
6 **MAY NOT BE A MEMBER, A BOARD MEMBER, OR AN EMPLOYEE OF A TRADE**
7 **ASSOCIATION OF HEALTH FACILITIES, HEALTH CLINICS, HEALTH CARE PROVIDERS,**
8 **CARRIERS, INSURANCE PRODUCERS, THIRD-PARTY ADMINISTRATORS, MANAGED**
9 **CARE ORGANIZATIONS, OR ANY OTHER ASSOCIATION OF ENTITIES IN A POSITION TO**
10 **CONTRACT DIRECTLY WITH HEALTHY MARYLAND UNLESS THE MEMBER OR STAFF**
11 **OF THE BOARD:**

12 **(I) RECEIVES NO COMPENSATION FOR RENDERING SERVICES**
13 **AS A HEALTH CARE PROVIDER; AND**

14 **(II) DOES NOT HAVE AN OWNERSHIP INTEREST IN A HEALTH**
15 **CARE PRACTICE.**

16 **(F) A MEMBER SHALL:**

17 **(1) MEET THE REQUIREMENTS OF THIS TITLE, THE AFFORDABLE**
18 **CARE ACT, AND ALL APPLICABLE STATE AND FEDERAL LAWS AND REGULATIONS;**

19 **(2) SERVE THE PUBLIC INTEREST OF THE INDIVIDUALS, EMPLOYERS,**
20 **AND TAXPAYERS SEEKING HEALTH CARE COVERAGE THROUGH HEALTHY**
21 **MARYLAND; AND**

22 **(3) ENSURE THE SOUND OPERATION AND FISCAL SOLVENCY OF**
23 **HEALTHY MARYLAND.**

24 **(G) (1) THE BOARD SHALL DETERMINE THE TIMES, PLACES, AND**
25 **FREQUENCY OF ITS MEETINGS.**

26 **(2) FIVE MEMBERS OF THE BOARD CONSTITUTE A QUORUM.**

27 **(3) ACTION BY THE BOARD REQUIRES THE AFFIRMATIVE VOTE OF AT**
28 **LEAST FIVE MEMBERS.**

29 **(H) A MEMBER OF THE BOARD:**

30 **(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF BOARD; BUT**

1 **(2) IS ENTITLED TO:**

2 **(I) A PER DIEM AS PROVIDED IN THE STATE BUDGET FOR**
3 **ATTENDING SCHEDULED MEETINGS OF HEALTHY MARYLAND; AND**

4 **(II) REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD**
5 **STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.**

6 **(I) A MEMBER OF THE BOARD SHALL PERFORM THE MEMBER'S DUTIES:**

7 **(1) IN GOOD FAITH;**

8 **(2) IN THE MANNER THE MEMBER REASONABLY BELIEVES TO BE IN**
9 **THE BEST INTEREST OF HEALTHY MARYLAND, HEALTHY MARYLAND MEMBERS,**
10 **AND RESIDENTS OF THE STATE; AND**

11 **(3) WITHOUT INTENTIONAL OR RECKLESS DISREGARD OF THE CARE**
12 **AN ORDINARILY PRUDENT PERSON IN A LIKE POSITION WOULD USE UNDER SIMILAR**
13 **CIRCUMSTANCES.**

14 **(J) (1) (I) A MEMBER OF THE BOARD SHALL BE SUBJECT TO TITLE 5,**
15 **SUBTITLES 1 THROUGH 7 OF THE GENERAL PROVISIONS ARTICLE.**

16 **(II) IN ADDITION TO THE DISCLOSURE REQUIRED UNDER TITLE**
17 **5, SUBTITLE 6 OF THE GENERAL PROVISIONS ARTICLE, A MEMBER OF THE BOARD**
18 **SHALL DISCLOSE TO THE BOARD AND TO THE PUBLIC ANY RELATIONSHIP NOT**
19 **ADDRESSED IN THE REQUIRED FINANCIAL DISCLOSURE THAT THE MEMBER HAS**
20 **WITH A HEALTH CARE PROVIDER, A HEALTH CLINIC, A PHARMACEUTICAL COMPANY,**
21 **A MEDICAL EQUIPMENT COMPANY, A CARRIER, AN INSURANCE PRODUCER, A**
22 **THIRD-PARTY ADMINISTRATOR, A MANAGED CARE ORGANIZATION, OR ANY OTHER**
23 **ENTITY IN AN INDUSTRY INVOLVED IN MATTERS LIKELY TO COME BEFORE THE**
24 **BOARD.**

25 **(2) ON ALL MATTERS THAT COME BEFORE THE BOARD, THE MEMBER**
26 **SHALL:**

27 **(I) ADHERE STRICTLY TO THE CONFLICT OF INTEREST**
28 **PROVISIONS UNDER TITLE 5, SUBTITLE 5 OF THE GENERAL PROVISIONS ARTICLE**
29 **RELATING TO RESTRICTIONS ON PARTICIPATION, EMPLOYMENT, AND FINANCIAL**
30 **INTERESTS; AND**

31 **(II) PROVIDE FULL DISCLOSURE TO THE BOARD AND THE**
32 **PUBLIC ON:**

1 1. ANY MATTER THAT GIVES RISE TO A POTENTIAL
2 CONFLICT OF INTEREST; AND

3 2. THE MANNER IN WHICH THE MEMBER WILL COMPLY
4 WITH THE PROVISIONS OF TITLE 5, SUBTITLE 5 OF THE GENERAL PROVISIONS
5 ARTICLE TO AVOID ANY CONFLICT OF INTEREST OR APPEARANCE OF A CONFLICT
6 OF INTEREST.

7 (K) A MEMBER OF THE BOARD WHO PERFORMS THE MEMBER'S DUTIES IN
8 ACCORDANCE WITH THE STANDARD ESTABLISHED UNDER SUBSECTION (I) OF THIS
9 SECTION MAY NOT BE LIABLE PERSONALLY FOR ACTIONS TAKEN AS A MEMBER
10 WHEN DONE IN GOOD FAITH, WITHOUT INTENT TO DEFRAUD, AND IN CONNECTION
11 WITH THE ADMINISTRATION, MANAGEMENT, OR CONDUCT OF THIS TITLE OR
12 ACTIONS RELATED TO THIS TITLE.

13 (L) A MEMBER OF THE BOARD MAY BE REMOVED FOR INCOMPETENCE,
14 MISCONDUCT, OR FAILURE TO PERFORM THE DUTIES OF THE POSITION.

15 **25-302.**

16 (A) (1) THE BOARD SHALL APPOINT AN EXECUTIVE DIRECTOR OF
17 HEALTHY MARYLAND.

18 (2) THE EXECUTIVE DIRECTOR SHALL SERVE AT THE PLEASURE OF
19 THE BOARD.

20 (3) THE BOARD SHALL DETERMINE THE APPROPRIATE
21 COMPENSATION FOR THE EXECUTIVE DIRECTOR.

22 (B) UNDER THE DIRECTION OF THE BOARD, THE EXECUTIVE DIRECTOR
23 SHALL:

24 (1) BE THE CHIEF ADMINISTRATIVE OFFICER OF HEALTHY
25 MARYLAND, INCLUDING THE HEALTHY MARYLAND TRUST FUND;

26 (2) DIRECT, ORGANIZE, ADMINISTER, AND MANAGE THE OPERATIONS
27 OF HEALTHY MARYLAND AND THE BOARD; AND

28 (3) PERFORM ALL DUTIES NECESSARY TO COMPLY WITH AND CARRY
29 OUT THE PROVISIONS OF THIS TITLE, OTHER APPLICABLE STATE LAWS AND
30 REGULATIONS, AND THE AFFORDABLE CARE ACT.

1 **(C) (1) IN ACCORDANCE WITH THE STATE BUDGET, THE EXECUTIVE**
2 **DIRECTOR, OR THE EXECUTIVE DIRECTOR'S DESIGNEE, MAY EMPLOY AND RETAIN**
3 **A STAFF FOR HEALTHY MARYLAND TO IMPLEMENT THE PURPOSES AND INTENT OF**
4 **THIS TITLE.**

5 **(2) (I) THE EXECUTIVE DIRECTOR MAY SET THE COMPENSATION**
6 **OF A HEALTHY MARYLAND EMPLOYEE OR INDEPENDENT CONTRACTOR OF THE**
7 **HEALTHY MARYLAND PROGRAM WHO IS IN A POSITION THAT:**

8 **1. IS UNIQUE TO HEALTHY MARYLAND;**

9 **2. REQUIRES SPECIFIC SKILLS OR EXPERIENCE TO**
10 **PERFORM THE DUTIES OF THE POSITION; AND**

11 **3. DOES NOT REQUIRE THE EMPLOYEE TO PERFORM**
12 **FUNCTIONS THAT ARE COMPARABLE TO FUNCTIONS PERFORMED IN OTHER UNITS**
13 **OF THE EXECUTIVE BRANCH OF STATE GOVERNMENT.**

14 **(II) THE SECRETARY OF BUDGET AND MANAGEMENT, IN**
15 **CONSULTATION WITH THE EXECUTIVE DIRECTOR, SHALL DETERMINE THE**
16 **POSITIONS AND TYPES OF INDEPENDENT CONTRACTORS FOR WHICH THE**
17 **EXECUTIVE DIRECTOR MAY SET COMPENSATION UNDER SUBPARAGRAPH (I) OF**
18 **THIS PARAGRAPH.**

19 **(3) IN HIRING STAFF FOR FUNCTIONS THAT MUST BE PERFORMED BY**
20 **STATE PERSONNEL UNDER THE AFFORDABLE CARE ACT OR OTHER APPLICABLE**
21 **FEDERAL OR STATE LAWS, THE EXECUTIVE DIRECTOR'S APPOINTMENT,**
22 **RETENTION, AND REMOVAL OF STAFF SHALL BE IN ACCORDANCE WITH DIVISION I**
23 **OF THE STATE PERSONNEL AND PENSIONS ARTICLE.**

24 **(4) IN HIRING STAFF FOR FUNCTIONS THAT HAVE BEEN AND**
25 **CURRENTLY ARE PERFORMED BY STATE PERSONNEL, THE EXECUTIVE DIRECTOR'S**
26 **APPOINTMENT, RETENTION, AND REMOVAL OF STAFF SHALL BE IN ACCORDANCE**
27 **WITH DIVISION I OF THE STATE PERSONNEL AND PENSIONS ARTICLE.**

28 **(5) EXCEPT AS PROVIDED IN PARAGRAPH (6) OF THIS SUBSECTION,**
29 **STAFF FOR ALL OTHER POSITIONS NECESSARY TO CARRY OUT THE PURPOSES OF**
30 **THIS TITLE SHALL BE POSITIONS IN THE EXECUTIVE SERVICE OR MANAGEMENT**
31 **SERVICE, OR SPECIAL APPOINTMENTS OF THE SKILLED SERVICE OR THE**
32 **PROFESSIONAL SERVICE IN THE STATE PERSONNEL MANAGEMENT SYSTEM.**

33 **(6) THE EXECUTIVE DIRECTOR MAY RETAIN AS INDEPENDENT**
34 **CONTRACTORS ATTORNEYS, FINANCIAL CONSULTANTS, AND ANY OTHER**

1 PROFESSIONALS OR CONSULTANTS NECESSARY TO CARRY OUT THE PLANNING,
2 DEVELOPMENT, AND OPERATIONS OF THE HEALTHY MARYLAND PROGRAM, AND
3 THE PROVISIONS OF THIS TITLE.

4 (7) THE EXECUTIVE DIRECTOR, OR THE EXECUTIVE DIRECTOR'S
5 DESIGNEE, SHALL GIVE PREFERENCE IN HIRING UNDER THIS SUBSECTION TO ALL
6 INDIVIDUALS DISPLACED OR UNEMPLOYED AS A DIRECT RESULT OF THE
7 IMPLEMENTATION OF THE HEALTHY MARYLAND PROGRAM.

8 (D) THE EXECUTIVE DIRECTOR SHALL DETERMINE THE CLASSIFICATION,
9 GRADE, AND COMPENSATION OF THOSE POSITIONS DESIGNATED UNDER
10 SUBSECTION (C)(2) OF THIS SECTION:

11 (1) IN CONSULTATION WITH THE SECRETARY OF BUDGET AND
12 MANAGEMENT;

13 (2) WITH THE APPROVAL OF THE BOARD; AND

14 (3) WHEN POSSIBLE, IN ACCORDANCE WITH THE STATE PAY PLAN.

15 (E) (1) THE EXECUTIVE DIRECTOR SHALL SUBMIT TO THE SECRETARY
16 OF BUDGET AND MANAGEMENT, AT LEAST 45 DAYS BEFORE THE EFFECTIVE DATE
17 OF THE CHANGE, EACH CHANGE TO HEALTHY MARYLAND'S SALARY PLANS THAT
18 INVOLVE INCREASES OR DECREASES IN SALARY RANGES OTHER THAN THOSE
19 ASSOCIATED WITH ROUTINE RECLASSIFICATIONS AND PROMOTIONS OR GENERAL
20 SALARY INCREASES APPROVED BY THE GENERAL ASSEMBLY.

21 (2) CHANGES REQUIRED TO BE REPORTED UNDER PARAGRAPH (1) OF
22 THIS SUBSECTION INCLUDE:

23 (I) THE CREATION OR ABOLITION OF CLASSES;

24 (II) THE REGRADING OF CLASSES FROM ONE ESTABLISHED
25 RANGE TO ANOTHER; AND

26 (III) THE CREATION OF NEW PAY SCHEDULES OR RANGES.

27 (3) THE SECRETARY OF BUDGET AND MANAGEMENT SHALL:

28 (I) REVIEW THE PROPOSED CHANGE; AND

29 (II) AT LEAST 15 DAYS BEFORE THE EFFECTIVE DATE OF THE
30 PROPOSED CHANGE:

1 1. ADVISE THE EXECUTIVE DIRECTOR WHETHER THE
2 CHANGE WOULD HAVE AN ADVERSE EFFECT ON COMPARABLE STATE JOBS; AND

3 2. IF THERE WOULD BE AN ADVERSE EFFECT,
4 RECOMMEND AN ALTERNATIVE CHANGE THAT WOULD NOT HAVE AN ADVERSE
5 EFFECT ON COMPARABLE STATE JOBS.

6 (4) FAILURE OF THE SECRETARY OF BUDGET AND MANAGEMENT TO
7 RESPOND TO THE PROPOSED CHANGE IN A TIMELY MANNER SHALL BE CONSIDERED
8 TO BE AGREEMENT WITH THE CHANGE AS SUBMITTED.

9 (F) EXCEPT AS OTHERWISE PROVIDED IN THIS TITLE, AN EMPLOYEE OR
10 INDEPENDENT CONTRACTOR OF HEALTHY MARYLAND IS NOT SUBJECT TO ANY LAW,
11 REGULATION, OR EXECUTIVE ORDER GOVERNING STATE COMPENSATION,
12 INCLUDING:

13 (1) FURLOUGHS;

14 (2) PAY CUTS; OR

15 (3) ANY OTHER GENERAL FUND COST SAVINGS MEASURE.

16 **25-303.**

17 (A) SUBJECT TO ANY LIMITATIONS UNDER THIS TITLE OR OTHER
18 APPLICABLE LAW, THE HEALTHY MARYLAND BOARD SHALL HAVE ALL POWERS
19 NECESSARY OR CONVENIENT TO CARRY OUT THE FUNCTIONS AUTHORIZED BY THE
20 AFFORDABLE CARE ACT AND CONSISTENT WITH THE PURPOSES OF HEALTHY
21 MARYLAND.

22 (B) THE ENUMERATION OF SPECIFIC POWERS IN THIS TITLE IS NOT
23 INTENDED TO RESTRICT THE BOARD'S POWER TO TAKE ANY LAWFUL ACTION THAT
24 THE BOARD DETERMINES IS NECESSARY OR CONVENIENT TO CARRY OUT THE
25 FUNCTIONS AUTHORIZED BY THE AFFORDABLE CARE ACT AND CONSISTENT WITH
26 THE PURPOSES OF HEALTHY MARYLAND.

27 (C) IN ADDITION TO THE POWERS SET FORTH ELSEWHERE IN THIS TITLE,
28 THE BOARD MAY:

29 (1) ADOPT AND ALTER AN OFFICIAL SEAL;

30 (2) ORGANIZE, ADMINISTER, AND MARKET HEALTHY MARYLAND AND

1 **HEALTHY MARYLAND SERVICES AS A SINGLE-PAYER PROGRAM UNDER THE NAME**
2 **“HEALTHY MARYLAND” OR ANY OTHER NAME AS THE BOARD DETERMINES;**

3 **(3) SUE, BE SUED, PLEAD, AND BE IMPEADED;**

4 **(4) ADOPT BYLAWS, RULES, AND POLICIES;**

5 **(5) ADOPT REGULATIONS TO CARRY OUT THIS TITLE:**

6 **(I) IN ACCORDANCE WITH TITLE 10, SUBTITLE 1 OF THE STATE**
7 **GOVERNMENT ARTICLE; AND**

8 **(II) THAT DO NOT CONFLICT WITH OR PREVENT THE**
9 **APPLICATION OF REGULATIONS ADOPTED BY THE SECRETARY OF THE FEDERAL**
10 **DEPARTMENT OF HEALTH AND HUMAN SERVICES UNDER TITLE 1, SUBTITLE D OF**
11 **THE AFFORDABLE CARE ACT;**

12 **(6) MAINTAIN AN OFFICE AT THE PLACE DESIGNATED BY THE BOARD;**

13 **(7) CREATE COMMITTEES FROM AMONG ITS MEMBERS;**

14 **(8) MAKE AGREEMENTS WITH A GRANTOR OR PAYOR OF FUNDS,**
15 **PROPERTY, OR SERVICES, INCLUDING AN AGREEMENT TO MAKE ANY STUDY, PLAN,**
16 **DEMONSTRATION, OR PROJECT;**

17 **(9) ENTER INTO ANY AGREEMENTS OR CONTRACTS AND EXECUTE**
18 **THE INSTRUMENTS NECESSARY OR CONVENIENT TO MANAGE ITS OWN AFFAIRS AND**
19 **CARRY OUT THE PURPOSES OF THIS TITLE, INCLUDING CONTRACTS WITH:**

20 **(I) HEALTH CARE PROVIDERS;**

21 **(II) INTEGRATED HEALTH CARE DELIVERY SYSTEMS; AND**

22 **(III) CARE COORDINATORS;**

23 **(10) APPLY FOR AND RECEIVE GIFTS, GRANTS, DONATIONS,**
24 **CONTRACTS, OR OTHER FUNDING FROM ANY AGENCY OF THE FEDERAL**
25 **GOVERNMENT, ANY AGENCY OF THE STATE, AND ANY MUNICIPALITY, COUNTY, OR**
26 **OTHER POLITICAL SUBDIVISION OF THE STATE;**

27 **(11) APPLY FOR AND RECEIVE GIFTS, GRANTS, DONATIONS,**
28 **CONTRACTS, OR OTHER PRIVATE OR PUBLIC FUNDING FROM INDIVIDUALS,**
29 **ASSOCIATIONS, PRIVATE FOUNDATIONS, AND CORPORATIONS, IN COMPLIANCE**

1 WITH TITLE 5, SUBTITLES 1 THROUGH 7 OF THE GENERAL PROVISIONS ARTICLE;

2 (12) SHARE INFORMATION WITH RELEVANT STATE ENTITIES,
3 CONSISTENT WITH THE CONFIDENTIALITY PROVISIONS IN THIS TITLE AND AS
4 NECESSARY FOR THE ADMINISTRATION OF HEALTHY MARYLAND; AND

5 (13) SUBJECT TO THE LIMITATIONS OF THIS TITLE, EXERCISE ANY
6 OTHER POWER THAT IS REASONABLY NECESSARY OR CONVENIENT TO CARRY OUT
7 THE PURPOSES OF THIS TITLE.

8 (D) (1) TO CARRY OUT THE PURPOSES OF THIS TITLE OR PERFORM ANY
9 OF ITS FUNCTIONS UNDER THIS TITLE, THE BOARD MAY CONTRACT OR ENTER INTO
10 MEMORANDA OF UNDERSTANDING WITH ELIGIBLE ENTITIES.

11 (2) THE OPERATIONS OF HEALTHY MARYLAND ARE SUBJECT TO THE
12 PROVISIONS OF THIS TITLE WHETHER THE OPERATIONS ARE PERFORMED DIRECTLY
13 BY HEALTHY MARYLAND OR THROUGH AN ENTITY UNDER A CONTRACT WITH
14 HEALTHY MARYLAND.

15 (3) THE BOARD SHALL ENSURE THAT ANY ENTITY UNDER A
16 CONTRACT WITH HEALTHY MARYLAND COMPLIES WITH THE PROVISIONS OF THIS
17 TITLE WHEN PERFORMING SERVICES THAT ARE SUBJECT TO THIS TITLE ON BEHALF
18 OF HEALTHY MARYLAND.

19 (E) (1) IN ACCORDANCE WITH TITLE 12, SUBTITLE 4 OF THE STATE
20 FINANCE AND PROCUREMENT ARTICLE, THE BOARD SHALL ADOPT WRITTEN
21 POLICIES AND PROCEDURES GOVERNING ALL PROCUREMENTS OF HEALTHY
22 MARYLAND.

23 (2) TO THE FULLEST EXTENT PRACTICABLE AND IN A MANNER THAT
24 DOES NOT IMPAIR HEALTHY MARYLAND'S ABILITY TO CARRY OUT THE PURPOSES
25 OF THIS TITLE, THE BOARD'S PROCUREMENT POLICIES AND PROCEDURES SHALL
26 ESTABLISH AN OPEN AND TRANSPARENT PROCESS THAT:

27 (I) PROMOTES PUBLIC CONFIDENCE IN THE PROCUREMENTS
28 OF HEALTHY MARYLAND;

29 (II) ENSURES FAIR AND EQUITABLE TREATMENT OF ALL
30 PERSONS AND ENTITIES THAT PARTICIPATE IN THE PROCUREMENT SYSTEM OF
31 HEALTHY MARYLAND;

32 (III) FOSTERS APPROPRIATE COMPETITION AND PROVIDES
33 SAFEGUARDS FOR MAINTAINING A PROCUREMENT SYSTEM OF QUALITY AND

1 INTEGRITY;

2 (IV) PROMOTES INCREASED ECONOMIC EFFICIENCY AND
3 RESPONSIBILITY ON THE PART OF HEALTHY MARYLAND;

4 (V) ACHIEVES THE MAXIMUM BENEFIT FROM THE PURCHASING
5 POWER OF HEALTHY MARYLAND; AND

6 (VI) PROVIDES CLARITY AND SIMPLICITY IN THE RULES AND
7 PROCEDURES GOVERNING THE PROCUREMENTS OF HEALTHY MARYLAND.

8 (F) TO CARRY OUT THE PURPOSES OF THIS TITLE, THE BOARD SHALL:

9 (1) CONSULT WITH AND SOLICIT INPUT FROM THE HEALTHY
10 MARYLAND PUBLIC ADVISORY COMMITTEE AND ANY OTHER PERSON AS THE
11 BOARD DETERMINES IS APPROPRIATE;

12 (2) PROMOTE THE PUBLIC UNDERSTANDING AND AWARENESS OF
13 AVAILABLE BENEFITS AND PROGRAMS OF HEALTHY MARYLAND;

14 (3) AVOID JEOPARDIZING FEDERAL FINANCIAL PARTICIPATION IN
15 THE PROGRAMS THAT ARE INCORPORATED INTO HEALTHY MARYLAND;

16 (4) ENSURE THAT THERE IS ADEQUATE FUNDING TO MEET THE
17 HEALTH CARE NEEDS OF RESIDENTS AND TO COMPENSATE HEALTH CARE
18 PROVIDERS THAT PARTICIPATE IN HEALTHY MARYLAND;

19 (5) EVALUATE REQUESTS FOR CAPITAL EXPENSES REQUIRED TO
20 MEET THE HEALTH CARE NEEDS OF RESIDENTS;

21 (6) APPROVE THE BENEFITS PROVIDED BY HEALTHY MARYLAND;

22 (7) EVALUATE THE PERFORMANCE OF HEALTHY MARYLAND;

23 (8) EVALUATE AND MAKE RECOMMENDATIONS TO THE GENERAL
24 ASSEMBLY ON ANY LEGISLATION RELATED TO HEALTHY MARYLAND;

25 (9) GUARANTEE THAT MECHANISMS FOR PUBLIC FEEDBACK ARE
26 ACCESSIBLE AND NONDISCRIMINATORY; AND

27 (10) DEVELOP A PLAN TO COORDINATE THE ACTIVITIES OF HEALTHY
28 MARYLAND WITH THE ACTIVITIES OF THE MARYLAND HEALTH CARE COMMISSION,
29 THE HEALTH SERVICES COST REVIEW COMMISSION, AND THE DEPARTMENT TO

1 ENSURE APPROPRIATE PLANNING FOR THE EFFECTIVE DELIVERY AND EQUITABLE
2 DISTRIBUTION OF HEALTH CARE SERVICES THROUGHOUT THE STATE.

3 (G) THE BOARD SHALL PROVIDE GRANTS FROM FUNDS IN THE HEALTHY
4 MARYLAND TRUST FUND OR FUNDS OTHERWISE APPROPRIATED FOR HEALTH
5 PLANNING TO THE HEALTH PLANNING PROGRAMS ESTABLISHED BY THE MARYLAND
6 HEALTH CARE COMMISSION TO SUPPORT THE OPERATION OF THOSE PROGRAMS.

7 (H) THE BOARD SHALL PROVIDE FUNDS FROM THE HEALTHY MARYLAND
8 TRUST FUND OR FUNDS OTHERWISE APPROPRIATED FOR THE PURPOSE OF WORKER
9 RETRAINING AND JOB TRANSITION ASSISTANCE TO THE DEPARTMENT OF LABOR,
10 LICENSING AND REGULATION FOR:

11 (1) A PROGRAM FOR RETRAINING AND ASSISTING JOB TRANSITION
12 FOR INDIVIDUALS EMPLOYED OR PREVIOUSLY EMPLOYED IN THE FIELDS OF
13 HEALTH INSURANCE, HEALTH CARE SERVICE PLANS, AND OTHER THIRD-PARTY
14 PAYMENTS FOR HEALTH CARE; AND

15 (2) A PROGRAM FOR RETRAINING AND ASSISTING JOB TRANSITION
16 FOR THOSE INDIVIDUALS EMPLOYED OR PREVIOUSLY EMPLOYED IN FIELDS
17 PROVIDING SERVICES TO HEALTH CARE PROVIDERS TO DEAL WITH THIRD-PARTY
18 PAYERS FOR HEALTH CARE, WHOSE JOBS MAY BE OR HAVE BEEN ENDED AS A
19 RESULT OF THE IMPLEMENTATION OF HEALTHY MARYLAND.

20 (I) THE BOARD SHALL CARRY OUT THE FUNCTIONS REQUIRED OF THE
21 BOARD UNDER TITLE 31 OF THE INSURANCE ARTICLE UNTIL THE MARYLAND
22 HEALTH BENEFIT EXCHANGE CEASES TO OPERATE IN THE STATE.

23 (J) THE BOARD MAY CONTRACT WITH NONPROFIT ORGANIZATIONS TO
24 PROVIDE:

25 (1) ASSISTANCE TO CONSUMERS IN THE SELECTION OF A CARE
26 COORDINATOR, ENROLLING, OBTAINING HEALTH CARE SERVICES, DISENROLLING,
27 AND OTHER MATTERS RELATING TO HEALTHY MARYLAND; AND

28 (2) ASSISTANCE TO HEALTH CARE PROVIDERS PROVIDING, SEEKING,
29 OR CONSIDERING WHETHER TO PROVIDE HEALTH CARE SERVICES UNDER THE
30 PROGRAM.

31 (K) THE BOARD MAY DELEGATE TO THE EXECUTIVE DIRECTOR ANY OF ITS
32 DUTIES UNDER THIS SECTION.

33 25-304.

1 (A) (1) SUBJECT TO § 25-201(C) OF THIS TITLE, THE BOARD SHALL
2 DETERMINE WHEN INDIVIDUALS MAY BEGIN ENROLLING IN HEALTHY MARYLAND.

3 (2) HEALTHY MARYLAND SHALL HAVE AN IMPLEMENTATION PERIOD
4 THAT SHALL:

5 (i) BEGIN ON THE DATE THAT INDIVIDUALS MAY BEGIN
6 ENROLLING IN HEALTHY MARYLAND UNDER PARAGRAPH (1) OF THIS SUBSECTION;
7 AND

8 (ii) END ON A DATE DETERMINED BY THE BOARD.

9 (B) (1) THE BOARD SHALL ADOPT RULES OR REGULATIONS ON STATE
10 RESIDENCE REQUIREMENTS UNDER THE HEALTHY MARYLAND PROGRAM.

11 (2) IN ADOPTING RULES OR REGULATIONS UNDER PARAGRAPH (1) OF
12 THIS SUBSECTION, THE BOARD SHALL BE GUIDED BY THE PRINCIPLES AND
13 REQUIREMENTS SET FORTH FOR THE HEALTHY MARYLAND PROGRAM UNDER THIS
14 TITLE.

15 (C) A CARRIER MAY NOT OFFER BENEFITS OR COVER ANY SERVICES FOR
16 WHICH COVERAGE IS OFFERED TO INDIVIDUALS UNDER HEALTHY MARYLAND.

17 (D) A CARRIER THAT IS ISSUED A CERTIFICATE OF AUTHORITY BY THE
18 MARYLAND INSURANCE COMMISSIONER MAY OFFER:

19 (1) BENEFITS THAT DO NOT DUPLICATE THE HEALTH CARE SERVICES
20 COVERED BY HEALTHY MARYLAND;

21 (2) BENEFITS TO OR FOR INDIVIDUALS, INCLUDING THE
22 INDIVIDUALS' FAMILIES, WHO ARE EMPLOYED OR SELF-EMPLOYED IN THE STATE
23 BUT WHO ARE NOT RESIDENTS OF THE STATE; AND

24 (3) BENEFITS DURING THE IMPLEMENTATION PERIOD TO
25 INDIVIDUALS WHO ENROLLED OR MAY ENROLL AS MEMBERS OF HEALTHY
26 MARYLAND.

27 (E) THIS TITLE DOES NOT PROHIBIT A RESIDENT WHO IS EMPLOYED
28 OUTSIDE THE STATE FROM CHOOSING TO RECEIVE HEALTH INSURANCE BENEFITS
29 THROUGH THE RESIDENT'S EMPLOYER AND OPTING OUT OF PARTICIPATION IN
30 HEALTHY MARYLAND.

1 (F) AFTER THE END OF THE IMPLEMENTATION PERIOD, EACH BOARD
2 MEMBER SHALL ENROLL AS A MEMBER OF HEALTHY MARYLAND.

3 (G) (1) ON OR BEFORE DECEMBER 1, 2018, THE BOARD SHALL SUBMIT
4 TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE
5 GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY A REPORT ON ANY CHANGES TO
6 THE LAWS OF THE STATE AND UNITS OF STATE GOVERNMENT NECESSARY TO
7 EFFECTIVELY CARRY OUT THE PROVISIONS OF THIS TITLE.

8 (2) THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS
9 SUBSECTION SHALL INCLUDE RECOMMENDATIONS ON THE REPEAL OR AMENDMENT
10 OF ANY LAWS OF THE STATE THAT ARE INCONSISTENT WITH THIS ACT.

11 (H) ON OR BEFORE DECEMBER 1, 2018, THE BOARD SHALL APPLY FOR ALL
12 WAIVERS FROM THE PROVISIONS OF THE EMPLOYMENT RETIREMENT INCOME
13 SECURITY ACT THAT ARE NECESSARY TO ENSURE THE PARTICIPATION OF ALL
14 RESIDENTS OF THE STATE IN HEALTHY MARYLAND.

15 (I) (1) ON OR BEFORE JULY 1, 2020, THE BOARD SHALL DEVELOP A
16 PROPOSAL, CONSISTENT WITH THE PRINCIPLES OF THIS TITLE, FOR THE PROVISION
17 BY THE PROGRAM OF LONG-TERM SERVICES AND SUPPORTS COVERAGE,
18 INCLUDING THE DEVELOPMENT OF A PROPOSAL, CONSISTENT WITH THE
19 PRINCIPLES OF THIS TITLE, FOR ITS FUNDING.

20 (2) ON OR BEFORE JULY 1, 2023, THE BOARD SHALL ADOPT A
21 PROPOSAL, CONSISTENT WITH THE PRINCIPLES OF THIS TITLE AND DEVELOPED AS
22 REQUIRED UNDER THIS SUBSECTION, FOR THE PROVISION BY THE PROGRAM OF
23 LONG-TERM SERVICES AND SUPPORTS COVERAGE.

24 (3) IN DEVELOPING THE PROPOSAL REQUIRED UNDER PARAGRAPH
25 (1) OF THIS SUBSECTION, THE BOARD SHALL CONSULT WITH AN ADVISORY
26 COMMITTEE ON LONG-TERM SERVICES AND SUPPORTS, APPOINTED BY THE CHAIR
27 OF THE BOARD, THAT INCLUDES:

28 (I) REPRESENTATIVES OF CONSUMERS AND POTENTIAL
29 CONSUMERS OF LONG-TERM SERVICES AND SUPPORTS;

30 (II) MEMBERS OR REPRESENTATIVES OF PARENTS OF
31 CHILDREN WITH DISABILITIES AND OTHER GROUPS THAT REFLECT THE DIVERSITY,
32 INCLUDING GENDER, RACIAL, AND ETHNIC DIVERSITY, OF THE STATE;

33 (III) PROVIDERS OF LONG-TERM SERVICES AND SUPPORTS IN
34 PUBLIC AND PRIVATE SECTORS, INCLUDING FAMILY ATTENDANTS;

- 1 (IV) DISABILITY RIGHTS ORGANIZATIONS;
- 2 (V) MEMBERS OF ORGANIZED LABOR;
- 3 (VI) SENIOR GROUPS;
- 4 (VII) RELEVANT ACADEMIC INSTITUTIONS AND RESEARCHERS;
- 5 AND
- 6 (VIII) OTHER INTERESTED PARTIES.

7 (4) IN DEVELOPING THE PROPOSAL REQUIRED UNDER PARAGRAPH
8 (1) OF THIS SUBSECTION, THE BOARD SHALL DEVELOP LONG-TERM SERVICES AND
9 SUPPORTS COVERAGE UNDER THE PROGRAM TO:

10 (I) PROVIDE COVERAGE OF A BROAD SPECTRUM OF
11 LONG-TERM SERVICES AND SUPPORTS IN A VARIETY OF SETTINGS;

12 (II) PROVIDE COVERAGE THAT MEETS THE PHYSICAL, MENTAL,
13 AND SOCIAL NEEDS OF RECIPIENTS WHILE ALLOWING RECIPIENTS THEIR MAXIMUM
14 POSSIBLE AUTONOMY;

15 (III) EMPHASIZE HOME AND COMMUNITY-BASED CARE FOR
16 RECIPIENTS OF ALL AGES AND DISABILITIES;

17 (IV) PROVIDE LONG-TERM SERVICES AND SUPPORTS THAT ARE
18 EQUALLY ACCESSIBLE ACROSS THE STATE; AND

19 (V) ENSURE THAT LONG-TERM SERVICES AND SUPPORTS
20 PROVIDES TO RECIPIENTS THE OPTION OF SELF-DIRECTION OF SERVICES FROM
21 EITHER THE RECIPIENTS OR ORGANIZATIONS.

22 (J) THE BOARD SHALL DEVELOP PROPOSALS FOR ACCOMMODATING
23 EMPLOYER RETIREE HEALTH BENEFITS FOR:

24 (1) INDIVIDUALS WHO HAVE BEEN MEMBERS OF HEALTHY
25 MARYLAND BUT LIVE AS RETIREES OUTSIDE THE STATE; AND

26 (2) INDIVIDUALS WHO EARNED OR ACCRUED THOSE BENEFITS WHILE
27 RESIDING IN THE STATE BEFORE THE IMPLEMENTATION OF HEALTHY MARYLAND
28 AND LIVE AS RETIREES OUTSIDE THE STATE.

1 **(K) THE BOARD SHALL DEVELOP A PROPOSAL FOR HEALTHY MARYLAND**
2 **COVERAGE OF HEALTH CARE SERVICES CURRENTLY COVERED UNDER THE STATE**
3 **WORKERS' COMPENSATION SYSTEM, INCLUDING WHETHER AND HOW TO:**

4 **(1) CONTINUE FUNDING FOR THOSE SERVICES UNDER THE WORKERS'**
5 **COMPENSATION SYSTEM; AND**

6 **(2) INCORPORATE AN ELEMENT OF EXPERIENCE RATING.**

7 **25-305.**

8 **(A) THE HEALTHY MARYLAND BOARD SHALL REQUIRE AND ENFORCE THE**
9 **COLLECTION AND AVAILABILITY OF ALL THE FOLLOWING DATA TO PROMOTE**
10 **TRANSPARENCY, ASSESS ADHERENCE TO PATIENT CARE STANDARDS, COMPARE**
11 **PATIENT OUTCOMES, AND REVIEW UTILIZATION OF HEALTH CARE SERVICES PAID**
12 **FOR BY HEALTHY MARYLAND:**

13 **(1) INPATIENT DISCHARGE DATA, INCLUDING ACUITY AND RISK OF**
14 **MORTALITY;**

15 **(2) EMERGENCY DEPARTMENT, AMBULATORY SURGERY, AND OTHER**
16 **OUTPATIENT DEPARTMENTS DATA, INCLUDING CHARGE DATA, LENGTH OF STAY,**
17 **AND PATIENTS' UNIT OF OBSERVATION;**

18 **(3) HOSPITAL ANNUAL FINANCIAL DATA, INCLUDING:**

19 **(I) COMMUNITY BENEFITS BY HOSPITAL IN DOLLAR VALUE;**

20 **(II) NUMBER OF EMPLOYEES AND CLASSIFICATION BY**
21 **HOSPITAL UNIT;**

22 **(III) NUMBER OF HOURS WORKED BY HOSPITAL UNIT;**

23 **(IV) EMPLOYEE WAGE INFORMATION BY JOB TITLE AND**
24 **HOSPITAL UNIT;**

25 **(V) NUMBER OF REGISTERED NURSES PER STAFFED BED BY**
26 **HOSPITAL UNIT;**

27 **(VI) TYPE AND VALUE OF HEALTH INFORMATION TECHNOLOGY;**
28 **AND**

29 **(VII) ANNUAL SPENDING ON HEALTH INFORMATION**

1 TECHNOLOGY, INCLUDING PURCHASES, UPGRADES, AND MAINTENANCE;

2 (4) PHYSICIAN SERVICES AND OFFICE VISITS, INCLUDING CHARGE
3 DATA; AND

4 (5) PRESCRIPTION DRUG COST AND CHARGE DATA FOR
5 PRESCRIPTION DRUGS PRESCRIBED AND DISPENSED THROUGH HOSPITALS OR A
6 PHYSICIAN'S OFFICE.

7 (B) DATA COLLECTED UNDER SUBSECTION (A) OF THIS SECTION SHALL BE
8 REPORTED TO THE HEALTH SERVICES COST REVIEW COMMISSION.

9 (C) THE BOARD SHALL MAKE ALL DISCLOSED DATA COLLECTED UNDER
10 SUBSECTION (A) OF THIS SECTION PUBLICLY AVAILABLE THROUGH:

11 (1) A SEARCHABLE INTERNET WEBSITE; AND

12 (2) THE HEALTH SERVICES COST REVIEW COMMISSION.

13 (D) THE BOARD SHALL, DIRECTLY AND THROUGH GRANTS TO NONPROFIT
14 ORGANIZATIONS, CONDUCT PROGRAMS USING DATA COLLECTED THROUGH
15 HEALTHY MARYLAND TO PROMOTE AND PROTECT PUBLIC, ENVIRONMENTAL, AND
16 OCCUPATIONAL HEALTH, INCLUDING COOPERATION WITH OTHER DATA
17 COLLECTION AND RESEARCH PROGRAMS OF THE MARYLAND HEALTH CARE
18 COMMISSION, THE HEALTH SERVICES COST REVIEW COMMISSION, AND THE
19 DEPARTMENT CONSISTENT WITH THIS TITLE AND OTHERWISE APPLICABLE LAW.

20 (E) BEFORE FULL IMPLEMENTATION OF HEALTHY MARYLAND, THE BOARD
21 SHALL PROVIDE FOR THE COLLECTION AND AVAILABILITY OF DATA ON THE NUMBER
22 OF PATIENTS SERVED BY HOSPITALS AND THE DOLLAR VALUE OF THE CARE
23 PROVIDED, AT COST, FOR ALL OF THE FOLLOWING CATEGORIES OF DATA ITEMS:

24 (1) PATIENTS RECEIVING CHARITY CARE;

25 (2) CONTRACTUAL ADJUSTMENTS OF COUNTY AND INDIGENT
26 PROGRAMS, INCLUDING TRADITIONAL AND MANAGED CARE; AND

27 (3) BAD DEBTS.

28 SUBTITLE 4. HEALTHY MARYLAND PUBLIC ADVISORY COMMITTEE.

29 25-401.

1 **(A) THERE IS A HEALTHY MARYLAND PUBLIC ADVISORY COMMITTEE.**

2 **(B) THE COMMITTEE CONSISTS OF THE FOLLOWING MEMBERS:**

3 **(1) FOUR PHYSICIANS WHO ARE BOARD CERTIFIED IN THE**
4 **PHYSICIANS' RESPECTIVE FIELDS:**

5 **(I) AT LEAST ONE OF WHOM SHALL BE A PSYCHIATRIST;**

6 **(II) ONE OF WHOM SHALL BE APPOINTED BY THE PRESIDENT OF**
7 **THE SENATE;**

8 **(III) ONE OF WHOM SHALL BE APPOINTED BY THE GOVERNOR;**
9 **AND**

10 **(IV) TWO OF WHOM SHALL BE:**

11 1. **APPOINTED BY THE SPEAKER OF THE HOUSE; AND**

12 2. **PRIMARY CARE PROVIDERS;**

13 **(2) TWO REGISTERED NURSES, APPOINTED BY THE PRESIDENT OF**
14 **THE SENATE;**

15 **(3) ONE LICENSED ALLIED HEALTH PRACTITIONER, APPOINTED BY**
16 **THE SPEAKER OF THE HOUSE;**

17 **(4) ONE BEHAVIORAL HEALTH CARE PROVIDER, APPOINTED BY THE**
18 **PRESIDENT OF THE SENATE;**

19 **(5) ONE DENTIST, APPOINTED BY THE GOVERNOR;**

20 **(6) ONE REPRESENTATIVE OF PRIVATE HOSPITALS, APPOINTED BY**
21 **THE GOVERNOR;**

22 **(7) ONE REPRESENTATIVE OF PUBLIC HOSPITALS, APPOINTED BY**
23 **THE GOVERNOR;**

24 **(8) ONE REPRESENTATIVE OF AN INTEGRATED HEALTH CARE**
25 **DELIVERY SYSTEM, APPOINTED BY THE GOVERNOR;**

26 **(9) FOUR CONSUMERS OF HEALTH CARE:**

1 **(I) TWO OF WHOM SHALL BE APPOINTED BY THE GOVERNOR,**
2 **INCLUDING ONE WHO IS A MEMBER OF THE DISABLED COMMUNITY;**

3 **(II) ONE OF WHOM SHALL BE:**

4 **1. APPOINTED BY THE PRESIDENT OF THE SENATE; AND**

5 **2. A MEMBER OF HEALTHY MARYLAND WHO IS 65**
6 **YEARS OF AGE OR OLDER; AND**

7 **(III) ONE OF WHOM SHALL BE APPOINTED BY THE SPEAKER OF**
8 **THE HOUSE;**

9 **(10) TWO REPRESENTATIVES OF ORGANIZED LABOR:**

10 **(I) ONE OF WHOM SHALL BE APPOINTED BY THE PRESIDENT OF**
11 **THE SENATE; AND**

12 **(II) ONE OF WHOM SHALL BE APPOINTED BY THE SPEAKER OF**
13 **THE HOUSE;**

14 **(11) ONE REPRESENTATIVE OF ESSENTIAL COMMUNITY PROVIDERS,**
15 **APPOINTED BY THE PRESIDENT OF THE SENATE;**

16 **(12) ONE REPRESENTATIVE OF A SMALL BUSINESS THAT EMPLOYS**
17 **FEWER THAN 25 EMPLOYEES, APPOINTED BY THE GOVERNOR;**

18 **(13) ONE REPRESENTATIVE OF A LARGE BUSINESS THAT EMPLOYS**
19 **MORE THAN 250 EMPLOYEES, APPOINTED BY THE SPEAKER OF THE HOUSE; AND**

20 **(14) ONE PHARMACIST, APPOINTED BY THE SPEAKER OF THE HOUSE.**

21 **(C) EACH APPOINTED COMMITTEE MEMBER SHALL HAVE WORKED IN THE**
22 **FIELD THE MEMBER REPRESENTS ON THE COMMITTEE FOR A PERIOD OF AT LEAST**
23 **2 YEARS BEFORE BEING APPOINTED TO THE COMMITTEE.**

24 **(D) (1) THE TERM OF A MEMBER IS 4 YEARS.**

25 **(2) THE TERMS OF APPOINTED MEMBERS ARE STAGGERED AS**
26 **REQUIRED BY THE TERMS PROVIDED FOR MEMBERS OF THE HEALTHY MARYLAND**
27 **PUBLIC ADVISORY COMMITTEE ON JULY 1, 2018.**

28 **(3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL**

1 A SUCCESSOR IS APPOINTED AND QUALIFIES.

2 (4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES
3 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND
4 QUALIFIES.

5 (5) (I) IF A VACANCY OCCURS, THE APPOINTING AUTHORITY
6 SHALL PROMPTLY APPOINT A SUCCESSOR WHO SHALL SERVE UNTIL THE TERM
7 EXPIRES.

8 (II) A MEMBER APPOINTED UNDER SUBPARAGRAPH (I) OF THIS
9 PARAGRAPH MAY BE REAPPOINTED FOR A FULL TERM.

10 (6) A MEMBER MAY NOT SERVE FOR MORE THAN 2 CONSECUTIVE
11 TERMS.

12 (7) FROM AMONG ITS MEMBERS, THE COMMITTEE SHALL ELECT A
13 CHAIR WHO SHALL SERVE 2 YEARS AND WHO MAY BE REELECTED FOR AN
14 ADDITIONAL 2 YEARS.

15 (E) IN MAKING APPOINTMENTS OF MEMBERS UNDER SUBSECTION (B) OF
16 THIS SECTION, THE APPOINTING AUTHORITY SHALL MAKE GOOD FAITH EFFORTS TO
17 ENSURE THAT THE APPOINTMENTS, AS A WHOLE, REFLECT, TO THE GREATEST
18 EXTENT FEASIBLE, THE SOCIAL AND GEOGRAPHIC DIVERSITY OF THE STATE.

19 (F) THE COMMITTEE SHALL ADVISE THE BOARD ON ALL MATTERS OF
20 POLICY RELATED TO HEALTHY MARYLAND.

21 (G) A COMMITTEE MEMBER OR ANY OF THE MEMBER'S ASSISTANTS,
22 CLERKS, OR DEPUTIES MAY NOT USE FOR PERSONAL BENEFIT ANY INFORMATION
23 THAT IS:

24 (1) FILED WITH, OR OBTAINED BY, THE COMMITTEE; AND

25 (2) NOT GENERALLY AVAILABLE TO THE PUBLIC.

26 (H) (1) THE COMMITTEE SHALL MEET AT LEAST SIX TIMES PER YEAR IN
27 A PLACE CONVENIENT TO THE PUBLIC SUBJECT TO TITLE 3 OF THE GENERAL
28 PROVISIONS ARTICLE.

29 (2) TWELVE MEMBERS OF THE COMMITTEE CONSTITUTE A QUORUM.

30 (3) ACTION BY THE COMMITTEE REQUIRES THE AFFIRMATIVE VOTE

1 OF AT LEAST 13 MEMBERS.

2 (I) A MEMBER OF THE COMMITTEE:

3 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE
4 COMMITTEE; BUT

5 (2) IS ENTITLED TO:

6 (I) A PER DIEM AS PROVIDED IN THE STATE BUDGET FOR
7 ATTENDING SCHEDULED MEETINGS OF THE COMMITTEE; AND

8 (II) REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD
9 STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

10 (J) A MEMBER OF THE COMMITTEE SHALL PERFORM THE MEMBER'S
11 DUTIES:

12 (1) IN GOOD FAITH;

13 (2) IN THE MANNER THE MEMBER REASONABLY BELIEVES TO BE IN
14 THE BEST INTEREST OF HEALTHY MARYLAND; AND

15 (3) WITHOUT INTENTIONAL OR RECKLESS DISREGARD OF THE CARE
16 AN ORDINARILY PRUDENT PERSON IN A LIKE POSITION WOULD USE UNDER SIMILAR
17 CIRCUMSTANCES.

18 (K) (1) (I) A MEMBER OF THE COMMITTEE SHALL BE SUBJECT TO
19 TITLE 5, SUBTITLES 1 THROUGH 7 OF THE GENERAL PROVISIONS ARTICLE.

20 (II) IN ADDITION TO THE DISCLOSURE REQUIRED UNDER TITLE
21 5, SUBTITLE 6 OF THE GENERAL PROVISIONS ARTICLE, A MEMBER OF THE
22 COMMITTEE SHALL DISCLOSE TO THE COMMITTEE AND TO THE PUBLIC ANY
23 RELATIONSHIP NOT ADDRESSED IN THE REQUIRED FINANCIAL DISCLOSURE THAT
24 THE MEMBER HAS WITH:

25 1. A HEALTH CARE PROVIDER;

26 2. A HEALTH CLINIC;

27 3. A PHARMACEUTICAL COMPANY;

28 4. A MEDICAL EQUIPMENT COMPANY;

- 1 **5. A CARRIER;**
- 2 **6. AN INSURANCE PRODUCER;**
- 3 **7. A THIRD-PARTY ADMINISTRATOR;**
- 4 **8. A MANAGED CARE ORGANIZATION; OR**
- 5 **9. ANY OTHER ENTITY IN AN INDUSTRY INVOLVED IN**
6 **MATTERS LIKELY TO COME BEFORE THE COMMITTEE.**

7 **(2) ON ALL MATTERS THAT COME BEFORE THE COMMITTEE, A**
8 **MEMBER SHALL:**

9 **(i) ADHERE STRICTLY TO THE CONFLICT OF INTEREST**
10 **PROVISIONS UNDER TITLE 5, SUBTITLE 5 OF THE GENERAL PROVISIONS ARTICLE**
11 **RELATING TO RESTRICTIONS ON PARTICIPATION, EMPLOYMENT, AND FINANCIAL**
12 **INTERESTS; AND**

13 **(ii) PROVIDE FULL DISCLOSURE TO THE COMMITTEE AND THE**
14 **PUBLIC ON:**

15 **1. ANY MATTER THAT GIVES RISE TO A POTENTIAL**
16 **CONFLICT OF INTEREST; AND**

17 **2. THE MANNER IN WHICH THE MEMBER WILL COMPLY**
18 **WITH THE PROVISIONS OF TITLE 5, SUBTITLE 5 OF THE GENERAL PROVISIONS**
19 **ARTICLE TO AVOID ANY CONFLICT OF INTEREST OR APPEARANCE OF A CONFLICT**
20 **OF INTEREST.**

21 **(L) A MEMBER OF THE COMMITTEE WHO PERFORMS THE MEMBER'S DUTIES**
22 **IN ACCORDANCE WITH THE STANDARD ESTABLISHED UNDER SUBSECTION (K) OF**
23 **THIS SECTION MAY NOT BE LIABLE PERSONALLY FOR ACTIONS TAKEN AS A MEMBER**
24 **WHEN DONE IN GOOD FAITH, WITHOUT INTENT TO DEFRAUD, AND IN CONNECTION**
25 **WITH THE ADMINISTRATION, MANAGEMENT, OR CONDUCT OF THIS TITLE OR**
26 **ACTIONS RELATED TO THIS TITLE.**

27 **(M) A MEMBER OF THE COMMITTEE MAY BE REMOVED FOR INCOMPETENCE,**
28 **MISCONDUCT, OR FAILURE TO PERFORM THE DUTIES OF THE POSITION.**

29 **SUBTITLE 5. ELIGIBILITY AND ENROLLMENT.**

1 **25-501.**

2 (A) EACH RESIDENT OF THE STATE IS ELIGIBLE TO:

3 (1) ENROLL AS A MEMBER OF HEALTHY MARYLAND; AND

4 (2) RECEIVE BENEFITS FOR HEALTH CARE SERVICES COVERED BY
5 HEALTHY MARYLAND.

6 (B) MEMBERS OF HEALTHY MARYLAND ARE NOT REQUIRED TO PAY ANY
7 FEE, PAYMENT, OR OTHER CHARGE FOR ENROLLING IN OR BEING A MEMBER UNDER
8 HEALTHY MARYLAND.

9 (C) A PARTICIPATING HEALTH CARE PROVIDER OR PARTICIPATING CARE
10 COORDINATOR MAY NOT:

11 (1) REQUIRE HEALTHY MARYLAND MEMBERS TO PAY ANY PREMIUM,
12 COPAYMENT, COINSURANCE, DEDUCTIBLE, OR ANY OTHER FORM OF COST SHARING
13 FOR ANY COVERED BENEFITS;

14 (2) USE PREEXISTING MEDICAL CONDITIONS TO DETERMINE THE
15 ELIGIBILITY OF A MEMBER TO RECEIVE BENEFITS FOR HEALTH CARE SERVICES
16 COVERED BY HEALTHY MARYLAND; OR

17 (3) REFUSE TO PROVIDE HEALTH CARE SERVICES TO A MEMBER ON
18 THE BASIS OF:

19 (I) RACE;

20 (II) COLOR;

21 (III) RELIGION OR CREED;

22 (IV) SEX;

23 (V) AGE;

24 (VI) ANCESTRY OR NATIONAL ORIGIN;

25 (VII) MARITAL STATUS;

26 (VIII) MENTAL OR PHYSICAL DISABILITY;

- 1 **(IX) SEXUAL ORIENTATION;**
- 2 **(X) GENDER IDENTITY OR EXPRESSION;**
- 3 **(XI) CITIZENSHIP;**
- 4 **(XII) IMMIGRATION STATUS;**
- 5 **(XIII) PRIMARY LANGUAGE;**
- 6 **(XIV) MEDICAL CONDITION;**
- 7 **(XV) GENETIC INFORMATION;**
- 8 **(XVI) FAMILIAL STATUS;**
- 9 **(XVII) MILITARY OR VETERAN STATUS;**
- 10 **(XVIII) GEOGRAPHY; OR**
- 11 **(XIV) SOURCE OF INCOME.**

12 **(D) A COLLEGE, UNIVERSITY, OR OTHER INSTITUTION OF HIGHER**
13 **EDUCATION IN THE STATE MAY PURCHASE COVERAGE UNDER HEALTHY MARYLAND**
14 **FOR A STUDENT, OR A STUDENT'S DEPENDENT, WHO IS NOT A RESIDENT OF THE**
15 **STATE.**

16 **25-502.**

17 **(A) IF A STATE RESIDENT IS EMPLOYED OUTSIDE THE STATE BY AN**
18 **EMPLOYER THAT IS SUBJECT TO STATE LAW, THE EMPLOYER AND EMPLOYEE SHALL**
19 **PAY ANY PAYROLL PREMIUM ADOPTED UNDER THIS TITLE AS TO THAT EMPLOYEE**
20 **AS IF THE EMPLOYMENT WERE IN THE STATE.**

21 **(B) IF A STATE RESIDENT IS EMPLOYED OUTSIDE THE STATE BY AN**
22 **EMPLOYER THAT IS NOT SUBJECT TO STATE LAW, EITHER:**

23 **(1) THE EMPLOYER AND EMPLOYEE SHALL VOLUNTARILY PAY ANY**
24 **PAYROLL PREMIUM ADOPTED UNDER THIS TITLE AS TO THAT EMPLOYEE AS IF THE**
25 **EMPLOYMENT WERE IN THE STATE; OR**

26 **(2) THE EMPLOYEE SHALL PAY THE PAYROLL PREMIUM ADOPTED**
27 **UNDER THIS TITLE AS IF THE EMPLOYEE WERE SELF-EMPLOYED.**

1 (C) ANY PAYROLL PREMIUM ADOPTED UNDER THIS TITLE APPLIES TO:

2 (1) AN OUT-OF-STATE RESIDENT EMPLOYED IN THE STATE; AND

3 (2) AN OUT-OF-STATE RESIDENT SELF-EMPLOYED IN THE STATE.

4 (D) (1) A STATE RESIDENT WHO IS EMPLOYED OUTSIDE THE STATE MAY
5 CHOOSE TO RECEIVE HEALTH INSURANCE BENEFITS THROUGH THE RESIDENT'S
6 EMPLOYER AND OPT OUT OF PARTICIPATION IN HEALTHY MARYLAND.

7 (2) THE BOARD SHALL DEVELOP AND IMPLEMENT RULES
8 ESTABLISHING PROCEDURES FOR STATE RESIDENTS EMPLOYED OUTSIDE THE
9 STATE TO OPT OUT OF PARTICIPATION IN HEALTHY MARYLAND.

10 (E) NEGOTIATED HEALTH INSURANCE CONTRIBUTIONS MADE BY
11 EMPLOYERS ON BEHALF OF EMPLOYEES WHO ARE WORKING IN THE STATE BUT
12 RESIDING OUTSIDE THE STATE MAY NOT BE ABRIDGED BY THIS TITLE.

13 25-503.

14 (A) (1) IF AN OUT-OF-STATE RESIDENT IS EMPLOYED IN THE STATE, THE
15 OUT-OF-STATE RESIDENT AND THEIR EMPLOYER MAY TAKE A CREDIT AGAINST ANY
16 PAYROLL PREMIUM ADOPTED UNDER THIS TITLE THAT THE INDIVIDUAL OR THEIR
17 EMPLOYER WOULD OTHERWISE PAY AS TO THAT INDIVIDUAL.

18 (2) THE CREDIT TAKEN UNDER THIS SUBSECTION IS FOR AMOUNTS
19 SPENT ON HEALTH BENEFITS FOR THE INDIVIDUAL THAT WOULD OTHERWISE BE
20 COVERED BY HEALTHY MARYLAND IF THAT INDIVIDUAL WERE A MEMBER OF
21 HEALTHY MARYLAND.

22 (3) THE CREDIT TAKEN UNDER THIS SUBSECTION SHALL BE
23 DISTRIBUTED BETWEEN THE INDIVIDUAL AND EMPLOYER IN THE SAME
24 PROPORTION AS THE SPENDING BY EACH FOR THE HEALTH BENEFIT.

25 (4) AN EMPLOYER AND EMPLOYEE MAY APPLY THEIR RESPECTIVE
26 PORTION OF THE CREDIT AVAILABLE UNDER THIS SUBSECTION TO THEIR
27 RESPECTIVE PORTION OF THE PAYROLL PREMIUM ADOPTED UNDER THIS TITLE.

28 (B) (1) IF AN OUT-OF-STATE RESIDENT IS SELF-EMPLOYED IN THE
29 STATE, THE INDIVIDUAL MAY TAKE A CREDIT AGAINST ANY PAYROLL PREMIUM
30 ADOPTED UNDER THIS TITLE THAT THE INDIVIDUAL WOULD OTHERWISE PAY.

1 **(2) A CREDIT TAKEN UNDER PARAGRAPH (1) OF THIS SUBSECTION IS**
2 **FOR AMOUNTS THE INDIVIDUAL SPENDS ON HEALTH BENEFITS THAT WOULD**
3 **OTHERWISE BE COVERED BY HEALTHY MARYLAND IF THE INDIVIDUAL WERE A**
4 **MEMBER OF HEALTHY MARYLAND.**

5 **(C) (1) A CREDIT TAKEN BY INDIVIDUALS UNDER SUBSECTION (B) OF**
6 **THIS SECTION IS LIMITED TO SPENDING FOR HEALTH BENEFITS.**

7 **(2) AN INDIVIDUAL MAY NOT TAKE A CREDIT UNDER SUBSECTION (B)**
8 **OF THIS SECTION FOR OUT-OF-POCKET HEALTH SPENDING.**

9 **(D) A CREDIT UNDER THIS SECTION IS AVAILABLE REGARDLESS OF:**

10 **(1) THE COST OR COMPREHENSIVENESS OF THE HEALTH BENEFIT;**
11 **AND**

12 **(2) THE FORM OF THE HEALTH BENEFIT.**

13 **(E) (1) AN EMPLOYER OR INDIVIDUAL MAY TAKE A CREDIT UNDER THIS**
14 **SECTION ONLY AGAINST PAYROLL PREMIUMS ADOPTED UNDER THIS TITLE.**

15 **(2) AN EMPLOYER OR INDIVIDUAL MAY NOT APPLY ANY HEALTH**
16 **BENEFIT SPENDING IN EXCESS OF THE PAYROLL PREMIUM TO OTHER TAX LIABILITY.**

17 **SUBTITLE 6. BENEFITS.**

18 **25-601.**

19 **(A) (1) COVERED HEALTH CARE BENEFITS UNDER HEALTHY MARYLAND**
20 **SHALL INCLUDE ALL MEDICAL CARE PROVIDED TO A MEMBER THAT IS MEDICALLY**
21 **NECESSARY AS DETERMINED BY THE MEMBER'S TREATING PHYSICIAN IN**
22 **ACCORDANCE WITH THE PROGRAM STANDARDS ESTABLISHED IN SUBTITLE 8 OF**
23 **THIS TITLE AND BY THE BOARD.**

24 **(2) A MEMBER'S TREATING PHYSICIAN IS AN APPROVED HEALTH**
25 **CARE PROVIDER UNDER § 25-701 OF THIS TITLE.**

26 **(B) COVERED HEALTH CARE BENEFITS FOR MEMBERS INCLUDE:**

27 **(1) INPATIENT AND OUTPATIENT MEDICAL AND HEALTH FACILITY**
28 **SERVICES;**

29 **(2) INPATIENT AND OUTPATIENT PROFESSIONAL HEALTH CARE**

1 PROVIDER MEDICAL SERVICES;

2 (3) DIAGNOSTIC IMAGING, LABORATORY SERVICES, AND OTHER
3 DIAGNOSTIC AND EVALUATIVE SERVICES;

4 (4) (I) MEDICAL EQUIPMENT, APPLIANCES, AND ASSISTIVE
5 TECHNOLOGY, INCLUDING:

6 1. PROSTHETICS;

7 2. EYEGLASSES; AND

8 3. HEARING AIDS; AND

9 (II) THE REPAIR, TECHNICAL SUPPORT, AND CUSTOMIZATION
10 NEEDED FOR INDIVIDUAL USE OF MEDICAL EQUIPMENT, APPLIANCES, AND
11 ASSISTIVE TECHNOLOGY;

12 (5) INPATIENT AND OUTPATIENT REHABILITATIVE CARE;

13 (6) EMERGENCY CARE SERVICES;

14 (7) EMERGENCY TRANSPORTATION;

15 (8) NECESSARY TRANSPORTATION FOR HEALTH CARE SERVICES FOR
16 PERSONS WITH DISABILITIES OR WHO MAY QUALIFY AS LOW INCOME;

17 (9) CHILD AND ADULT IMMUNIZATIONS AND PREVENTIVE CARE;

18 (10) HEALTH AND WELLNESS EDUCATION;

19 (11) HOSPICE CARE;

20 (12) CARE IN A SKILLED NURSING FACILITY;

21 (13) HOME HEALTH CARE, INCLUDING HEALTH CARE PROVIDED IN AN
22 ASSISTED LIVING FACILITY;

23 (14) MENTAL HEALTH SERVICES;

24 (15) SUBSTANCE ABUSE TREATMENT;

25 (16) DENTAL CARE;

- 1 **(17) VISION CARE;**
- 2 **(18) PRESCRIPTION DRUGS;**
- 3 **(19) PEDIATRIC CARE;**
- 4 **(20) PRENATAL AND POSTNATAL CARE;**
- 5 **(21) PODIATRIC CARE;**
- 6 **(22) CHIROPRACTIC CARE;**
- 7 **(23) ACUPUNCTURE;**
- 8 **(24) THERAPIES THAT ARE SHOWN BY THE NATIONAL INSTITUTES OF**
9 **HEALTH, NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH**
10 **TO BE SAFE AND EFFECTIVE;**
- 11 **(25) BLOOD AND BLOOD PRODUCTS;**
- 12 **(26) DIALYSIS;**
- 13 **(27) ADULT DAY CARE;**
- 14 **(28) HABILITATIVE AND REHABILITATIVE SERVICES;**
- 15 **(29) ANCILLARY HEALTH CARE OR SOCIAL SERVICES PREVIOUSLY**
16 **COVERED BY THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM UNDER §**
17 **19-1B-02 OF THE HEALTH – GENERAL ARTICLE;**
- 18 **(30) CASE MANAGEMENT AND CARE COORDINATION;**
- 19 **(31) LANGUAGE INTERPRETATION AND TRANSLATION FOR HEALTH**
20 **CARE SERVICES, INCLUDING SIGN LANGUAGE, BRAILLE, AND OTHER SERVICES**
21 **NEEDED FOR INDIVIDUALS WITH COMMUNICATION BARRIERS;**
- 22 **(32) HEALTH CARE AND LONG-TERM SERVICES AND SUPPORTS**
23 **COVERED UNDER MEDICAID OR THE MARYLAND CHILDREN’S HEALTH INSURANCE**
24 **PROGRAM ON JANUARY 1, 2017;**
- 25 **(33) ALL HEALTH CARE SERVICES FOR WHICH COVERAGE IS**
26 **REQUIRED BY OR UNDER ANY OF THE FOLLOWING PROGRAMS OR ENTITIES,**

1 WITHOUT REGARD TO WHETHER THE MEMBER WOULD OTHERWISE BE ELIGIBLE FOR
2 OR COVERED BY THE PROGRAM OR SOURCE REFERRED TO:

3 (I) THE CHILDREN'S HEALTH INSURANCE PROGRAM UNDER
4 TITLE XXI OF THE FEDERAL SOCIAL SECURITY ACT;

5 (II) MEDICAID;

6 (III) MEDICARE; AND

7 (IV) CARRIERS;

8 (34) ANY HEALTH CARE SERVICES ADDED TO HEALTHY MARYLAND
9 BENEFITS BY THE BOARD, AS AUTHORIZED UNDER THIS TITLE; AND

10 (35) ALL ESSENTIAL HEALTH BENEFITS MANDATED BY THE PPACA AS
11 OF JANUARY 1, 2017.

12 25-602.

13 (A) ON A REGULAR BASIS, THE BOARD SHALL EVALUATE WHETHER
14 COVERED BENEFITS UNDER THE HEALTHY MARYLAND PROGRAM SHOULD BE
15 IMPROVED OR ADJUSTED TO:

16 (1) PROMOTE THE HEALTH OF BENEFICIARIES;

17 (2) ACCOUNT FOR CHANGES IN MEDICAL PRACTICE OR NEW
18 INFORMATION FROM MEDICAL RESEARCH; OR

19 (3) RESPOND TO OTHER RELEVANT DEVELOPMENTS IN HEALTH
20 SCIENCE.

21 (B) IN CARRYING OUT SUBSECTION (A) OF THIS SECTION, THE BOARD
22 SHALL CONSULT WITH THE PERSONS DESCRIBED IN SUBSECTION (C) OF THIS
23 SECTION ON:

24 (1) IDENTIFYING SPECIFIC COMPLEMENTARY AND INTEGRATIVE
25 MEDICINE PRACTICES THAT, ON THE BASIS OF RESEARCH FINDINGS OR PROMISING
26 CLINICAL INTERVENTIONS, ARE APPROPRIATE TO INCLUDE IN THE BENEFITS
27 PACKAGE; AND

28 (2) IDENTIFYING:

1 (I) BARRIERS TO THE EFFECTIVE PROVISION AND
2 INTEGRATION OF SUCH PRACTICES INTO THE DELIVERY OF HEALTH CARE; AND

3 (II) MECHANISMS FOR OVERCOMING SUCH BARRIERS.

4 (C) IN ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION, THE BOARD
5 SHALL CONSULT WITH:

6 (1) INSTITUTIONS OF HIGHER EDUCATION, PRIVATE RESEARCH
7 INSTITUTES, AND INDIVIDUAL RESEARCHERS WITH EXTENSIVE EXPERIENCE IN
8 COMPLEMENTARY AND ALTERNATIVE MEDICINE AND THE INTEGRATION OF SUCH
9 PRACTICES INTO THE DELIVERY OF HEALTH CARE;

10 (2) NATIONALLY RECOGNIZED PROVIDERS OF COMPLEMENTARY AND
11 INTEGRATIVE MEDICINE; AND

12 (3) OTHER OFFICIALS, ENTITIES, AND INDIVIDUALS WITH EXPERTISE
13 ON COMPLEMENTARY AND INTEGRATIVE MEDICINE AS THE BOARD DETERMINES
14 APPROPRIATE.

15 (D) (1) HEALTH CARE PROVIDERS AND MEMBERS MAY PETITION THE
16 BOARD TO IMPROVE OR ADJUST COVERED BENEFITS UNDER HEALTHY MARYLAND.

17 (2) THE BOARD SHALL DEVELOP AND IMPLEMENT PROCEDURES FOR
18 MEMBERS TO PETITION THE BOARD TO IMPROVE OR ADJUST COVERED BENEFITS
19 UNDER HEALTHY MARYLAND.

20 SUBTITLE 7. DELIVERY OF CARE.

21 25-701.

22 (A) (1) ANY HEALTH CARE PROVIDER IS QUALIFIED TO PARTICIPATE IN
23 THE HEALTHY MARYLAND PROGRAM IF:

24 (I) THE HEALTH CARE PROVIDER IS LICENSED TO PRACTICE IN
25 THE STATE AND IS IN GOOD STANDING;

26 (II) THE HEALTH CARE PROVIDER'S SERVICES ARE PERFORMED
27 WHILE PHYSICALLY PRESENT WITHIN THE STATE; AND

28 (III) THE HEALTH CARE PROVIDER AGREES TO ACCEPT
29 HEALTHY MARYLAND PROGRAM RATES AS PAYMENT IN FULL FOR ALL COVERED
30 SERVICES.

1 **(2) THE BOARD SHALL ESTABLISH AND MAINTAIN PROCEDURES AND**
2 **STANDARDS FOR RECOGNIZING HEALTH CARE PROVIDERS LOCATED OUTSIDE THE**
3 **STATE FOR PURPOSES OF PROVIDING COVERAGE UNDER HEALTHY MARYLAND FOR**
4 **MEMBERS WHO REQUIRE OUT-OF-STATE HEALTH CARE SERVICES AND FOR**
5 **MEMBERS WHILE TEMPORARILY LOCATED OUTSIDE THE STATE.**

6 **(B) ANY HEALTH CARE PROVIDER QUALIFIED TO PARTICIPATE UNDER THIS**
7 **SECTION MAY PROVIDE COVERED HEALTH CARE SERVICES UNDER HEALTHY**
8 **MARYLAND IF THE HEALTH CARE PROVIDER IS LEGALLY AUTHORIZED TO PERFORM**
9 **THE HEALTH CARE SERVICE FOR THE INDIVIDUAL UNDER THE CIRCUMSTANCES**
10 **INVOLVED.**

11 **(C) A MEMBER MAY RECEIVE HEALTH CARE SERVICES UNDER HEALTHY**
12 **MARYLAND FROM ANY PARTICIPATING HEALTH CARE PROVIDER IF THE RECEIPT OF**
13 **THE HEALTH CARE SERVICES IS CONSISTENT WITH:**

14 **(1) THE REQUIREMENTS OF THIS SECTION AND ANY PROCEDURES OR**
15 **STANDARDS ESTABLISHED BY THE BOARD UNDER THIS SECTION;**

16 **(2) THE WILLINGNESS OR AVAILABILITY OF THE PROVIDER TO**
17 **PROVIDE THE HEALTH CARE SERVICES TO THE MEMBER;**

18 **(3) PROVISIONS OF THIS TITLE RELATING TO DISCRIMINATION; AND**

19 **(4) THE APPROPRIATE CLINICALLY RELEVANT CIRCUMSTANCES AND**
20 **STANDARDS.**

21 **(D) (1) A HEALTH CARE PROVIDER MAY NOT USE HEALTH INFORMATION**
22 **TECHNOLOGY OR CLINICAL PRACTICE GUIDELINES THAT LIMIT THE EFFECTIVE**
23 **EXERCISE OF THE PROFESSIONAL JUDGMENT OF PHYSICIANS AND REGISTERED**
24 **NURSES.**

25 **(2) A PHYSICIAN OR REGISTERED NURSE MAY OVERRIDE HEALTH**
26 **INFORMATION TECHNOLOGY AND CLINICAL PRACTICE GUIDELINES USED BY A**
27 **HEALTH CARE PROVIDER IF THE OVERRIDE:**

28 **(I) IS CONSISTENT WITH THE TREATING PHYSICIAN'S OR**
29 **REGISTERED NURSE'S DETERMINATION OF MEDICAL NECESSITY; AND**

30 **(II) IN THE PROFESSIONAL JUDGMENT OF THE PHYSICIAN OR**
31 **REGISTERED NURSE, IS IN THE BEST INTEREST OF THE PATIENT AND CONSISTENT**
32 **WITH THE PATIENT'S WISHES.**

1 **25-702.**

2 (A) (1) CARE COORDINATORS SHALL PROVIDE CARE COORDINATION TO
3 MEMBERS.

4 (2) CARE COORDINATION INCLUDES ADMINISTRATIVE TRACKING
5 AND MEDICAL RECORD-KEEPING SERVICES FOR MEMBERS.

6 (B) (1) A CARE COORDINATOR MAY EMPLOY OR USE THE SERVICES OF
7 OTHER INDIVIDUALS OR ENTITIES TO ASSIST IN PROVIDING CARE COORDINATION
8 FOR A MEMBER IF THE ASSISTANCE IS CONSISTENT WITH:

9 (I) REGULATIONS ADOPTED BY THE BOARD; AND

10 (II) ANY LICENSURE REQUIREMENTS IN STATUTES OR
11 REGULATIONS TO WHICH THE CARE COORDINATOR IS SUBJECT.

12 (2) A CARE COORDINATOR SHALL GIVE PREFERENCE TO THOSE
13 INDIVIDUALS DESCRIBED IN § 25-303(H) OF THIS TITLE WHEN EMPLOYING OR
14 USING THE SERVICES OF OTHER INDIVIDUALS OR ENTITIES UNDER THIS
15 SUBSECTION.

16 (C) A CARE COORDINATOR SHALL COMPLY WITH ALL FEDERAL AND STATE
17 PRIVACY LAWS, INCLUDING:

18 (1) THE FEDERAL HEALTH INSURANCE PORTABILITY AND
19 ACCOUNTABILITY ACT AND ITS IMPLEMENTING REGULATIONS, AND

20 (2) TITLE 4, SUBTITLE 3 OF THIS ARTICLE.

21 (D) A REFERRAL FROM A CARE COORDINATOR IS NOT REQUIRED FOR A
22 MEMBER TO SEE ANY ELIGIBLE PROVIDER.

23 (E) A CARE COORDINATOR MAY BE AN INDIVIDUAL OR ENTITY APPROVED
24 BY THE BOARD THAT IS ANY OF THE FOLLOWING:

25 (1) A HEALTH CARE PRACTITIONER WHO IS:

26 (I) THE MEMBER'S PRIMARY CARE PROVIDER;

27 (II) THE MEMBER'S PROVIDER OF PRIMARY GYNECOLOGICAL
28 CARE; OR

1 (III) AT THE OPTION OF A MEMBER WHO HAS A CHRONIC
2 CONDITION THAT REQUIRES SPECIALTY CARE, A SPECIALIST HEALTH CARE
3 PRACTITIONER WHO REGULARLY AND CONTINUALLY PROVIDES TREATMENT TO THE
4 MEMBER FOR THAT CONDITION;

5 (2) AN ENTITY THAT IS:

6 (I) A HOSPITAL LICENSED UNDER TITLE 19, SUBTITLE 3 OF
7 THIS ARTICLE;

8 (II) A LIMITED SERVICE HOSPITAL LICENSED UNDER TITLE 19,
9 SUBTITLE 3 OF THIS ARTICLE;

10 (III) A RESIDENTIAL TREATMENT CENTER LICENSED UNDER
11 TITLE 19, SUBTITLE 3 OF THIS ARTICLE;

12 (IV) A RELATED INSTITUTION LICENSED UNDER TITLE 19,
13 SUBTITLE 3 OF THIS ARTICLE;

14 (V) A FREESTANDING MEDICAL FACILITY LICENSED UNDER
15 TITLE 19, SUBTITLE 3A OF THIS ARTICLE;

16 (VI) A FREESTANDING AMBULATORY CARE FACILITY LICENSED
17 UNDER TITLE 19, SUBTITLE 3B OF THIS ARTICLE;

18 (VII) A HOME HEALTH AGENCY LICENSED UNDER TITLE 19,
19 SUBTITLE 4 OF THIS ARTICLE;

20 (VIII) A HOSPICE CARE FACILITY LICENSED UNDER TITLE 19,
21 SUBTITLE 9 OF THIS ARTICLE;

22 (IX) A COMPREHENSIVE PHYSICAL REHABILITATION FACILITY
23 LICENSED UNDER TITLE 19, SUBTITLE 12 OF THIS ARTICLE;

24 (X) A NURSING HOME LICENSED UNDER TITLE 19, SUBTITLE 14
25 OF THIS ARTICLE;

26 (XI) AN ASSISTED LIVING PROGRAM FACILITY LICENSED UNDER
27 TITLE 19, SUBTITLE 18 OF THIS ARTICLE;

28 (XII) AN ADULT MEDICAL DAY CARE FACILITY LICENSED UNDER
29 TITLE 14, SUBTITLE 2 OF THIS ARTICLE;

1 (XIII) A GROUP HOME LICENSED UNDER TITLE 7 OF THIS
2 ARTICLE;

3 (XIV) AN ALTERNATIVE LIVING UNIT AS DEFINED IN § 7-101 OF
4 THIS ARTICLE;

5 (XV) A STATE RESIDENTIAL CARE CENTER AS DEFINED IN §
6 7-101 OF THIS ARTICLE; OR

7 (XVI) A HEALTH HOME AS DEFINED IN COMAR 10.09.33.01; AND

8 (3) ANY NONPROFIT ORGANIZATION OR GOVERNMENTAL ENTITY
9 APPROVED BY HEALTHY MARYLAND.

10 (F) (1) HEALTHY MARYLAND MAY NOT REIMBURSE A HEALTH CARE
11 PROVIDER FOR SERVICES PROVIDED TO A MEMBER UNLESS THE MEMBER IS
12 ENROLLED WITH A CARE COORDINATOR AT THE TIME THE HEALTH CARE SERVICE IS
13 PROVIDED TO THE MEMBER.

14 (2) (I) HEALTHY MARYLAND SHALL REQUIRE ALL MEMBERS TO
15 ENROLL WITH A CARE COORDINATOR BEFORE RECEIVING HEALTH CARE SERVICES
16 UNDER THE PROGRAM.

17 (II) A MEMBER WHO IS ENROLLED IN HEALTHY MARYLAND ON
18 THE PROGRAM IMPLEMENTATION DATE SHALL ENROLL WITH A CARE
19 COORDINATOR WITHIN 60 DAYS AFTER IMPLEMENTATION OF THE PROGRAM.

20 (III) A MEMBER WHO ENROLLS IN HEALTHY MARYLAND AFTER
21 THE PROGRAM IMPLEMENTATION DATE SHALL ENROLL WITH A CARE
22 COORDINATOR WITHIN 60 DAYS AFTER THE MEMBER'S ENROLLMENT IN THE
23 PROGRAM.

24 (3) IF A MEMBER RECEIVES HEALTH CARE SERVICES BEFORE
25 ENROLLING WITH A CARE COORDINATOR, HEALTHY MARYLAND, WHEN
26 APPROPRIATE, SHALL ASSIST THE MEMBER IN ENROLLING WITH A CARE
27 COORDINATOR.

28 (4) A MEMBER SHALL REMAIN ENROLLED WITH A CARE
29 COORDINATOR UNTIL THE MEMBER:

30 (I) ENROLLS WITH A DIFFERENT CARE COORDINATOR; OR

1 **(II) CEASES TO BE A MEMBER.**

2 **(5) A MEMBER HAS THE RIGHT TO CHANGE THE MEMBER'S CARE**
3 **COORDINATOR.**

4 **(H) THIS SUBTITLE DOES NOT AUTHORIZE AN INDIVIDUAL TO ENGAGE IN**
5 **ANY ACT IN VIOLATION OF THE HEALTH OCCUPATIONS ARTICLE.**

6 **(I) AN INDIVIDUAL OR ENTITY MAY NOT BE A CARE COORDINATOR UNLESS**
7 **THE SERVICES INCLUDED IN CARE COORDINATION ARE WITHIN THE INDIVIDUAL'S**
8 **PROFESSIONAL SCOPE OF PRACTICE OR THE ENTITY'S LEGAL AUTHORITY.**

9 **(J) (1) THE BOARD SHALL DEVELOP AND IMPLEMENT PROCEDURES AND**
10 **STANDARDS RELATING TO CARE COORDINATION, INCLUDING:**

11 **(i) PROCEDURES AND STANDARDS FOR AN INDIVIDUAL OR**
12 **ENTITY TO BE APPROVED AS A CARE COORDINATOR IN HEALTHY MARYLAND; AND**

13 **(ii) PROCEDURES AND STANDARDS RELATING TO THE**
14 **REVOCAION, SUSPENSION, LIMITATION, OR ANNULMENT OF APPROVAL ON A**
15 **DETERMINATION THAT THE INDIVIDUAL OR ENTITY:**

16 **1. IS INCOMPETENT TO BE A CARE COORDINATOR;**

17 **2. HAS EXHIBITED A COURSE OF CONDUCT THAT IS**
18 **INCONSISTENT WITH PROGRAM STANDARDS AND REGULATIONS AND EXHIBITS AN**
19 **UNWILLINGNESS TO MEET THOSE STANDARDS AND REGULATIONS; OR**

20 **3. IS A POTENTIAL THREAT TO THE PUBLIC HEALTH OR**
21 **SAFETY.**

22 **(2) THE PROCEDURES AND STANDARDS IMPLEMENTED BY THE**
23 **BOARD UNDER THIS SUBSECTION SHALL BE CONSISTENT WITH PROFESSIONAL**
24 **PRACTICE, LICENSURE STANDARDS, AND REGULATIONS ESTABLISHED UNDER THIS**
25 **ARTICLE, THE HEALTH OCCUPATIONS ARTICLE, AND THE INSURANCE ARTICLE, AS**
26 **APPLICABLE.**

27 **(3) IN DEVELOPING AND IMPLEMENTING PROCEDURES AND**
28 **STANDARDS FOR THE APPROVAL OF CARE COORDINATORS FOR INDIVIDUALS**
29 **RECEIVING CHRONIC MENTAL HEALTH CARE SERVICES, THE BOARD SHALL**
30 **CONSULT WITH THE DEVELOPMENTAL DISABILITIES ADMINISTRATION AND THE**
31 **BEHAVIORAL HEALTH ADMINISTRATION.**

1 **(K) TO MAINTAIN APPROVAL UNDER THE PROGRAM, A CARE COORDINATOR**
2 **SHALL:**

3 **(1) RENEW THE COORDINATOR'S STATUS EVERY 3 YEARS UNDER**
4 **REGULATIONS ADOPTED BY THE BOARD; AND**

5 **(2) PROVIDE TO HEALTHY MARYLAND ANY DATA REQUIRED BY THE**
6 **MARYLAND HEALTH CARE COMMISSION, THE HEALTH SERVICES COST REVIEW**
7 **COMMISSION, AND THE DEPARTMENT, AS REQUIRED BY THE BOARD, THAT WOULD**
8 **ENABLE THE BOARD TO EVALUATE THE IMPACT OF CARE COORDINATORS ON**
9 **QUALITY, OUTCOMES, AND COST OF HEALTH CARE.**

10 **(L) (1) THE BOARD MAY ADOPT REGULATIONS RELATING TO CARE**
11 **COORDINATOR COMPLIANCE WITH THE PROGRAM.**

12 **(2) THE BOARD MAY NOT ADOPT REGULATIONS THAT ALTER IN ANY**
13 **WAY THE PROFESSIONAL PRACTICE OF HEALTH CARE PROVIDERS OR THE HEALTH**
14 **CARE PROVIDERS' LICENSURE STANDARDS ESTABLISHED UNDER THE HEALTH**
15 **OCCUPATIONS ARTICLE.**

16 **(M) THIS TITLE MAY NOT BE CONSTRUED TO ALTER IN ANY WAY THE**
17 **PROFESSIONAL PRACTICE OF HEALTH CARE PROVIDERS OR THE HEALTH CARE**
18 **PROVIDERS' LICENSURE STANDARDS ESTABLISHED UNDER THE HEALTH**
19 **OCCUPATIONS ARTICLE.**

20 **(N) (1) A CARE COORDINATOR MAY NOT USE HEALTH INFORMATION**
21 **TECHNOLOGY OR CLINICAL PRACTICE GUIDELINES THAT LIMIT THE EFFECTIVE**
22 **EXERCISE OF THE PROFESSIONAL JUDGMENT OF PHYSICIANS AND REGISTERED**
23 **NURSES.**

24 **(2) A PHYSICIAN OR REGISTERED NURSE MAY OVERRIDE HEALTH**
25 **INFORMATION TECHNOLOGY AND CLINICAL PRACTICE GUIDELINES USED BY A CARE**
26 **COORDINATOR IF THE OVERRIDE:**

27 **(I) IS CONSISTENT WITH THE TREATING PHYSICIAN'S OR**
28 **REGISTERED NURSE'S DETERMINATION OF MEDICAL NECESSITY; AND**

29 **(II) IN THE PROFESSIONAL JUDGMENT OF THE PHYSICIAN OR**
30 **REGISTERED NURSE, IS IN THE BEST INTEREST OF THE PATIENT AND CONSISTENT**
31 **WITH THE PATIENT'S WISHES.**

32 **SUBTITLE 8. PAYMENT FOR HEALTH CARE SERVICES AND CARE COORDINATION.**

1 25-801.

2 (A) (1) THE BOARD SHALL ADOPT REGULATIONS REGARDING
3 CONTRACTING AND ESTABLISHING PAYMENT METHODOLOGIES FOR COVERED
4 HEALTH CARE SERVICES AND CARE COORDINATION PROVIDED TO MEMBERS UNDER
5 HEALTHY MARYLAND BY PARTICIPATING PROVIDERS AND CARE COORDINATORS.

6 (2) THE BOARD MAY ADOPT A VARIETY OF PAYMENT
7 METHODOLOGIES, INCLUDING PAYMENT METHODOLOGIES ESTABLISHED ON A
8 DEMONSTRATION BASIS.

9 (3) PAYMENT RATES UNDER THE PROGRAM SHALL BE REASONABLE
10 AND REASONABLY RELATED TO:

11 (I) THE COST OF EFFICIENTLY PROVIDING THE HEALTH CARE
12 SERVICE; AND

13 (II) ENSURING AN ADEQUATE AND ACCESSIBLE SUPPLY OF
14 HEALTH CARE SERVICES.

15 (B) (1) EXCEPT FOR CARE COORDINATION, HEALTH CARE SERVICES
16 PROVIDED TO MEMBERS UNDER HEALTHY MARYLAND SHALL BE PAID FOR ON A
17 FEE-FOR-SERVICE BASIS UNLESS AND UNTIL THE BOARD ESTABLISHES ANOTHER
18 PAYMENT METHODOLOGY.

19 (2) THERE IS A REBUTTABLE PRESUMPTION THAT THE MEDICARE
20 RATE OF REIMBURSEMENT CONSTITUTES A REASONABLE FEE-FOR-SERVICE
21 PAYMENT RATE.

22 (C) NOTWITHSTANDING SUBSECTION (B) OF THIS SECTION, INTEGRATED
23 HEALTH CARE DELIVERY SYSTEMS, ESSENTIAL COMMUNITY PROVIDERS, AND
24 GROUP MEDICAL PRACTICES THAT PROVIDE COMPREHENSIVE AND COORDINATED
25 SERVICES SHALL BE REIMBURSED ON THE BASIS OF A CAPITATED OR
26 NONCAPITATED SYSTEM OPERATING BUDGET.

27 (D) (1) PAYMENT FOR HEALTH CARE SERVICES ESTABLISHED UNDER
28 THIS TITLE SHALL BE CONSIDERED PAYMENT IN FULL.

29 (2) A PARTICIPATING HEALTH CARE PROVIDER MAY NOT:

30 (I) CHARGE ANY RATE IN EXCESS OF THE PAYMENT
31 ESTABLISHED UNDER THIS TITLE FOR ANY HEALTH CARE SERVICE PROVIDED TO A
32 MEMBER UNDER HEALTHY MARYLAND; OR

1 **(II) EXCEPT AS PROVIDED UNDER A FEDERAL PROGRAM,**
2 **SOLICIT OR ACCEPT PAYMENT FROM ANY MEMBER OR THIRD PARTY FOR ANY**
3 **HEALTH CARE SERVICE.**

4 **(3) THIS SECTION DOES NOT PRECLUDE HEALTHY MARYLAND FROM**
5 **ACTING AS A PRIMARY OR SECONDARY PAYER IN CONJUNCTION WITH ANOTHER**
6 **THIRD-PARTY PAYER WHEN ALLOWED BY A FEDERAL PROGRAM.**

7 **(E) (1) HEALTHY MARYLAND MAY ADOPT, BY REGULATION, PAYMENT**
8 **METHODOLOGIES FOR THE PAYMENT OF CAPITAL-RELATED EXPENSES FOR**
9 **SPECIFICALLY IDENTIFIED CAPITAL EXPENDITURES INCURRED BY A HEALTH CARE**
10 **FACILITY AS DEFINED IN § 19-114 OF THIS ARTICLE.**

11 **(2) ANY CAPITAL-RELATED EXPENSE GENERATED BY A CAPITAL**
12 **EXPENDITURE THAT REQUIRES PRIOR APPROVAL BY HEALTHY MARYLAND MUST**
13 **HAVE RECEIVED APPROVAL TO BE PAID BY HEALTHY MARYLAND.**

14 **(3) APPROVAL OF A CAPITAL EXPENDITURE SHALL BE BASED ON**
15 **ACHIEVEMENT OF THE PROGRAM STANDARDS DESCRIBED IN SUBTITLE 9 OF THIS**
16 **TITLE.**

17 **(F) THE PAYMENT METHODOLOGIES AND RATES ESTABLISHED BY THE**
18 **BOARD UNDER THIS SECTION SHALL INCLUDE A DISTINCT COMPONENT OF**
19 **REIMBURSEMENT FOR DIRECT AND INDIRECT GRADUATE MEDICAL EDUCATION.**

20 **(G) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE BOARD**
21 **SHALL ADOPT, BY REGULATION, PAYMENT METHODOLOGIES AND PROCEDURES FOR**
22 **PAYING FOR HEALTH CARE SERVICES PROVIDED TO A MEMBER WHILE THE MEMBER**
23 **IS TEMPORARILY LOCATED OUTSIDE THE STATE.**

24 **(2) THE PAYMENT METHODOLOGIES AND PROCEDURES**
25 **ESTABLISHED BY THE BOARD UNDER THIS SUBSECTION SHALL:**

26 **(I) PROVIDE FOR THE PAYMENT OF HEALTH CARE SERVICES**
27 **THAT ARE:**

28 **1. MEDICALLY NECESSARY AS DETERMINED BY THE**
29 **MEMBER'S TREATING PHYSICIAN; AND**

30 **2. IN ACCORDANCE WITH THE PROGRAM STANDARDS**
31 **ESTABLISHED UNDER SUBTITLE 9 OF THIS TITLE AND BY THE BOARD; AND**

1 **(II) PROVIDE FOR THE PAYMENT OF HEALTH CARE SERVICES**
2 **PROVIDED BY A MEMBER'S TREATING PHYSICIAN AS AN APPROVED HEALTH CARE**
3 **PROVIDER UNDER § 25-701 OF THIS TITLE.**

4 **25-802.**

5 **(A) HEALTHY MARYLAND SHALL ENGAGE IN GOOD FAITH NEGOTIATIONS**
6 **WITH HEALTH CARE PROVIDER REPRESENTATIVES UNDER SUBTITLE 12 OF THIS**
7 **TITLE ON:**

8 **(1) RATES OF PAYMENT FOR HEALTH CARE SERVICES;**

9 **(2) RATES OF PAYMENT FOR PRESCRIPTION AND NONPRESCRIPTION**
10 **DRUGS; AND**

11 **(3) PAYMENT METHODOLOGIES.**

12 **(B) THE NEGOTIATIONS REQUIRED UNDER SUBSECTION (A) OF THIS**
13 **SECTION SHALL BE CONDUCTED ANNUALLY THROUGH A SINGLE ENTITY ON BEHALF**
14 **OF HEALTHY MARYLAND FOR PRESCRIPTION AND NONPRESCRIPTION DRUGS.**

15 **(C) (1) THE BOARD SHALL ESTABLISH A PRESCRIPTION DRUG**
16 **FORMULARY.**

17 **(2) THE FORMULARY ESTABLISHED UNDER THIS SUBSECTION SHALL:**

18 **(I) DISCOURAGE THE USE OF INEFFECTIVE, DANGEROUS, OR**
19 **EXCESSIVELY COSTLY MEDICATIONS WHEN BETTER ALTERNATIVES ARE AVAILABLE;**
20 **AND**

21 **(II) PROMOTE THE USE OF GENERIC MEDICATIONS TO THE**
22 **GREATEST EXTENT POSSIBLE.**

23 **(3) CLINICIANS AND PATIENTS MAY PETITION THE BOARD TO ADD**
24 **NEW PHARMACEUTICALS OR TO REMOVE INEFFECTIVE OR DANGEROUS**
25 **MEDICATIONS FROM THE FORMULARY.**

26 **(4) THE BOARD SHALL DEVELOP AND IMPLEMENT RULES**
27 **REGARDING THE USE OF OFF-FORMULARY MEDICATIONS WHICH ALLOW FOR**
28 **PATIENT ACCESS BUT DO NOT COMPROMISE THE FORMULARY.**

29 **SUBTITLE 9. PROGRAM STANDARDS.**

1 **25-901.**

2 (A) **HEALTHY MARYLAND SHALL HAVE A SINGLE STANDARD OF SAFE AND**
3 **THERAPEUTIC HEALTH CARE FOR ALL RESIDENTS OF THE STATE.**

4 (B) **THE BOARD SHALL ESTABLISH REQUIREMENTS AND STANDARDS, BY**
5 **REGULATION, FOR THE PROGRAM, CARE COORDINATORS, AND HEALTH CARE**
6 **PROVIDERS THAT ARE CONSISTENT WITH THIS TITLE AND THE APPLICABLE**
7 **PROFESSIONAL PRACTICE AND LICENSURE STANDARDS FOR HEALTH CARE**
8 **PROVIDERS ESTABLISHED UNDER TITLE 19 OF THIS ARTICLE, THE HEALTH**
9 **OCCUPATIONS ARTICLE, AND THE INSURANCE ARTICLE, INCLUDING**
10 **REQUIREMENTS AND STANDARDS, AS APPLICABLE, FOR:**

11 (1) **THE SCOPE, QUALITY, AND ACCESSIBILITY OF HEALTH CARE**
12 **SERVICES;**

13 (2) **RELATIONS BETWEEN HEALTH CARE PROVIDERS AND MEMBERS;**
14 **AND**

15 (3) **RELATIONS BETWEEN CARE COORDINATORS AND HEALTH CARE**
16 **PROVIDERS, INCLUDING TERMS, METHODS, AND RATES OF PAYMENT.**

17 (C) **THE BOARD SHALL ESTABLISH REQUIREMENTS AND STANDARDS, BY**
18 **REGULATION, FOR HEALTHY MARYLAND THAT INCLUDE PROVISIONS TO PROMOTE:**

19 (1) **SIMPLIFICATION, TRANSPARENCY, UNIFORMITY, AND FAIRNESS**
20 **IN HEALTH CARE PROVIDER CREDENTIALING AND PARTICIPATION IN HEALTH CARE**
21 **ORGANIZATION NETWORKS, REFERRALS, PAYMENT PROCEDURES AND RATES,**
22 **CLAIMS PROCESSING, AND APPROVAL OF HEALTH CARE SERVICES, AS APPLICABLE;**

23 (2) **IN-PERSON PRIMARY AND PREVENTIVE CARE, CARE**
24 **COORDINATION, EFFICIENT AND EFFECTIVE HEALTH CARE SERVICES, QUALITY**
25 **ASSURANCE, AND PROMOTION OF PUBLIC, ENVIRONMENTAL, AND OCCUPATIONAL**
26 **HEALTH;**

27 (3) **ELIMINATION OF HEALTH CARE DISPARITIES, INCLUDING**
28 **GEOGRAPHIC, RACIAL, INCOME-BASED, GENDER-BASED, SEX-BASED, AND OTHER**
29 **DISPARITIES;**

30 (4) **CONSISTENT WITH TITLE 20 OF THE STATE GOVERNMENT**
31 **ARTICLE, TITLE 19 OF THE STATE FINANCE AND PROCUREMENT ARTICLE, AND**
32 **OTHER NONDISCRIMINATION LAWS, NONDISCRIMINATION WITH RESPECT TO**
33 **MEMBERS AND HEALTH CARE PROVIDERS ON THE BASIS OF RACE, COLOR, RELIGION**

1 OR CREED, SEX, AGE, ANCESTRY OR NATIONAL ORIGIN, MARITAL STATUS, MENTAL
2 OR PHYSICAL DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY OR
3 EXPRESSION, CITIZENSHIP, IMMIGRATION STATUS, PRIMARY LANGUAGE, MEDICAL
4 CONDITION, GENETIC INFORMATION, FAMILIAL STATUS, MILITARY OR VETERAN
5 STATUS, OR SOURCE OF INCOME;

6 (5) THE PROVISION OF HEALTH CARE SERVICES UNDER HEALTHY
7 MARYLAND THAT IS APPROPRIATE TO THE PATIENT'S CLINICALLY RELEVANT
8 CIRCUMSTANCES;

9 (6) ACCESSIBILITY OF CARE COORDINATION, HEALTH CARE
10 ORGANIZATION SERVICES, AND HEALTH CARE SERVICES, INCLUDING
11 ACCESSIBILITY FOR PEOPLE WITH DISABILITIES AND PEOPLE WITH LIMITED
12 ABILITY TO SPEAK OR UNDERSTAND ENGLISH; AND

13 (7) THE PROVISION OF CARE COORDINATION, HEALTH CARE
14 ORGANIZATION SERVICES, AND HEALTH CARE SERVICES IN A CULTURALLY
15 COMPETENT MANNER.

16 (D) THE BOARD SHALL ESTABLISH REQUIREMENTS AND STANDARDS, BY
17 REGULATION AND TO THE EXTENT AUTHORIZED BY FEDERAL LAW, FOR REPLACING
18 AND MERGING WITH HEALTHY MARYLAND ANY HEALTH CARE SERVICES AND
19 ANCILLARY SERVICES CURRENTLY PROVIDED BY OTHER PROGRAMS, INCLUDING:

20 (1) MEDICARE;

21 (2) THE AFFORDABLE CARE ACT; AND

22 (3) FEDERALLY MATCHED PUBLIC HEALTH PROGRAMS.

23 (E) (1) ANY PARTICIPATING PROVIDER OR CARE COORDINATOR THAT IS
24 ORGANIZED AS A FOR-PROFIT ENTITY SHALL BE REQUIRED TO MEET THE SAME
25 REQUIREMENTS AND STANDARDS AS ENTITIES ORGANIZED AS NONPROFIT
26 ENTITIES.

27 (2) PAYMENTS UNDER HEALTHY MARYLAND TO FOR-PROFIT
28 ENTITIES MAY NOT BE CALCULATED TO ACCOMMODATE THE GENERATION OF
29 PROFIT, EXCESS REVENUE, REVENUE FOR DIVIDENDS, OR OTHER RETURN ON
30 INVESTMENT OR THE PAYMENT OF TAXES THAT WOULD NOT BE PAID BY A
31 NONPROFIT ENTITY.

32 (F) (1) A HEALTH CARE PROVIDER WHO PARTICIPATES IN HEALTHY
33 MARYLAND SHALL:

1 (I) PROVIDE INFORMATION AS REQUIRED BY:

2 1. THE MARYLAND HEALTH CARE COMMISSION;

3 2. THE HEALTH SERVICES COST REVIEW COMMISSION;

4 AND

5 3. THE DEPARTMENT; AND

6 (II) PERMIT EXAMINATION OF THE INFORMATION BY HEALTHY
7 MARYLAND AS MAY BE REASONABLY REQUIRED FOR PURPOSES OF REVIEWING
8 ACCESSIBILITY AND UTILIZATION OF HEALTH CARE SERVICES, QUALITY
9 ASSURANCE, COST CONTAINMENT, THE MAKING OF PAYMENTS, AND STATISTICAL OR
10 OTHER STUDIES OF THE OPERATION OF THE PROGRAM OR FOR PROTECTION AND
11 PROMOTION OF PUBLIC, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH.

12 (2) THE BOARD SHALL USE DATA COLLECTED UNDER THIS
13 SUBSECTION TO ENSURE THAT CLINICAL PRACTICES MEET THE UTILIZATION,
14 QUALITY, AND ACCESS STANDARDS OF HEALTHY MARYLAND.

15 (G) IN DEVELOPING REQUIREMENTS AND STANDARDS AND MAKING OTHER
16 POLICY DETERMINATIONS UNDER THIS TITLE, THE BOARD SHALL CONSULT WITH
17 REPRESENTATIVES OF MEMBERS, HEALTH CARE PROVIDERS, CARE COORDINATORS,
18 HEALTH CARE ORGANIZATIONS, LABOR ORGANIZATIONS REPRESENTING HEALTH
19 CARE EMPLOYEES, AND OTHER INTERESTED PARTIES.

20 25-902.

21 (A) AS PART OF A HEALTH CARE PROVIDER'S DUTY TO EXERCISE A
22 PROFESSIONAL STANDARD OF CARE WHEN EVALUATING A PATIENT'S MEDICAL
23 CONDITION, A HEALTH CARE PROVIDER UNDER HEALTHY MARYLAND HAS A DUTY
24 TO:

25 (1) ADVOCATE FOR MEDICALLY NECESSARY HEALTH CARE FOR THE
26 HEALTH CARE PROVIDER'S PATIENTS; AND

27 (2) ACT IN THE EXCLUSIVE INTEREST OF THE HEALTH CARE
28 PROVIDER'S PATIENTS.

29 (B) CONSISTENT WITH SUBSECTION (A) OF THIS SECTION AND WITH
30 PROFESSIONAL STANDARDS OF CARE UNDER THE HEALTH OCCUPATIONS ARTICLE:

1 **(1) A PATIENT’S TREATING PHYSICIAN OR OTHER HEALTH CARE**
2 **PROVIDER WHO, ACCORDING TO THE HEALTH CARE PROVIDER’S SCOPE OF**
3 **PRACTICE AND LICENSE IS AUTHORIZED TO ESTABLISH A MEDICAL DIAGNOSIS, IS**
4 **RESPONSIBLE FOR THE DETERMINATION OF THE HEALTH CARE SERVICES**
5 **MEDICALLY NECESSARY FOR THE PATIENT;**

6 **(2) A CARE COORDINATOR AND A HEALTH CARE PROVIDER:**

7 **(I) SHALL USE REASONABLE CARE AND DILIGENCE IN**
8 **SAFEGUARDING THEIR PATIENT; AND**

9 **(II) MAY NOT IMPAIR A HEALTH CARE PROVIDER’S DUTY TO**
10 **ADVOCATE FOR MEDICALLY APPROPRIATE HEALTH CARE FOR THE HEALTH CARE**
11 **PROVIDER’S PATIENTS;**

12 **(3) ANY PECUNIARY INTEREST OR RELATIONSHIP OF A HEALTH CARE**
13 **PROVIDER, INCLUDING ANY INTEREST OR RELATIONSHIP DISCLOSED UNDER**
14 **SUBSECTION (C) OF THIS SECTION, THAT IMPAIRS THE HEALTH CARE PROVIDER’S**
15 **OWN ABILITY TO PROVIDE MEDICALLY NECESSARY HEALTH CARE TO THE HEALTH**
16 **CARE PROVIDER’S PATIENT VIOLATES THE HEALTH CARE PROVIDER’S DUTY TO**
17 **ADVOCATE FOR MEDICALLY NECESSARY HEALTH CARE FOR THE PATIENT; AND**

18 **(4) A HEALTH CARE PROVIDER VIOLATES THE DUTY TO PROVIDE**
19 **MEDICALLY NECESSARY CARE UNDER THIS SECTION IF THE HEALTH CARE**
20 **PROVIDER ACCEPTS ANY BONUS, INCENTIVE PAYMENT, OR COMPENSATION BASED**
21 **ON:**

22 **(I) A PATIENT’S UTILIZATION OF SERVICES;**

23 **(II) THE FINANCIAL RESULTS OF ANY OTHER HEALTH CARE**
24 **PROVIDER OR CARE COORDINATOR WITH WHICH THE HEALTH CARE PROVIDER HAS**
25 **A PECUNIARY INTEREST OR CONTRACTUAL RELATIONSHIP, INCLUDING**
26 **EMPLOYMENT OR OTHER COMPENSATION–BASED RELATIONSHIP; OR**

27 **(III) THE FINANCIAL RESULTS OF ANY INTEGRATED HEALTH**
28 **CARE DELIVERY SYSTEM, ESSENTIAL COMMUNITY PROVIDER, OR GROUP MEDICAL**
29 **PRACTICE THAT RECEIVES CAPITATED PAYMENTS FROM HEALTHY MARYLAND.**

30 **(C) TO EVALUATE AND REVIEW COMPLIANCE BY HEALTH CARE PROVIDERS**
31 **AND CARE COORDINATORS WITH THIS SECTION, HEALTH CARE PROVIDERS AND**
32 **CARE COORDINATORS UNDER HEALTHY MARYLAND SHALL REPORT, AT LEAST**
33 **ANNUALLY, TO THE HEALTH SERVICES COST REVIEW COMMISSION:**

1 **(1) ANY BENEFICIAL INTEREST OR COMPENSATION ARRANGEMENT**
2 **REQUIRED TO BE DISCLOSED TO A PATIENT UNDER §§ 1-303 OR 1-304 OF THE**
3 **HEALTH OCCUPATIONS ARTICLE;**

4 **(2) ANY MEMBERSHIP, PROPRIETARY INTEREST, OR CO-OWNERSHIP**
5 **IN ANY FORM IN OR WITH A CLINICAL OR BIOANALYTICAL LABORATORY;**

6 **(3) ANY PAYMENTS TO A CLINICAL OR BIOANALYTICAL LABORATORY**
7 **REQUIRED TO BE DISCLOSED TO A PATIENT UNDER § 14-404(A)(16) OF THE HEALTH**
8 **OCCUPATIONS ARTICLE;**

9 **(4) ANY PROFIT-SHARING ARRANGEMENT WITH A CLINICAL OR**
10 **BIOANALYTICAL LABORATORY;**

11 **(5) ANY CONTRACTS OR SUBCONTRACTS ENTERED INTO:**

12 **(I) THAT CONTAIN INCENTIVE PLANS;**

13 **(II) THAT INVOLVE GENERAL PAYMENTS, SUCH AS CAPITATION**
14 **PAYMENTS OR SHARED RISK AGREEMENTS;**

15 **(III) THAT ARE NOT TIED TO SPECIFIC MEDICAL DECISIONS**
16 **INVOLVING SPECIFIC ENROLLEES OR GROUPS OF ENROLLEES WITH SIMILAR**
17 **MEDICAL CONDITIONS; OR**

18 **(IV) UNDER § 15-113 OF THE INSURANCE ARTICLE;**

19 **(6) ANY BONUS, INCENTIVE AGREEMENTS, OR COMPENSATION**
20 **ARRANGEMENTS WITH ANY HEALTH CARE PROVIDER;**

21 **(7) ANY BONUS, INCENTIVE AGREEMENTS, OR COMPENSATION**
22 **ARRANGEMENTS WITH A CLINICALLY INTEGRATED ORGANIZATION AS DEFINED IN §**
23 **15-1901 OF THE INSURANCE ARTICLE; AND**

24 **(8) ANY OFFER, DELIVERY, RECEIPT, OR ACCEPTANCE OF A REBATE,**
25 **REFUND, COMMISSION, PREFERENCE, PATRONAGE DIVIDEND, DISCOUNT, OR OTHER**
26 **CONSIDERATION FOR A REFERRAL MADE UNDER § 1-302(D) OF THE HEALTH**
27 **OCCUPATIONS ARTICLE.**

28 **(D) AS NECESSARY, THE BOARD MAY ADOPT RULES AND REGULATIONS TO:**

29 **(1) IMPLEMENT AND ENFORCE THIS SECTION; AND**

1 **(2) EXPAND REPORTING REQUIREMENTS UNDER THIS SECTION.**

2 **SUBTITLE 10. FUNDING.**

3 **25-1001.**

4 **(A) THE BOARD SHALL SEEK ALL FEDERAL WAIVERS AND OTHER FEDERAL**
5 **APPROVALS AND ARRANGEMENTS AND SUBMIT STATE PLAN AMENDMENTS AS**
6 **NECESSARY TO OPERATE HEALTHY MARYLAND CONSISTENT WITH THIS TITLE.**

7 **(B) (1) ON OR BEFORE DECEMBER 1, 2018, THE BOARD SHALL APPLY TO**
8 **THE UNITED STATES SECRETARY OF HEALTH AND HUMAN SERVICES OR OTHER**
9 **APPROPRIATE FEDERAL OFFICIAL FOR ALL WAIVERS OF REQUIREMENTS, AND MAKE**
10 **OTHER ARRANGEMENTS, UNDER MEDICARE, ANY FEDERALLY MATCHED PUBLIC**
11 **HEALTH PROGRAM, THE AFFORDABLE CARE ACT, AND ANY OTHER FEDERAL**
12 **PROGRAMS PERTAINING TO THE PROVISION OF HEALTH CARE THAT PROVIDE**
13 **FEDERAL FUNDS FOR PAYMENT FOR HEALTH CARE SERVICES THAT ARE NECESSARY**
14 **TO:**

15 **(I) ENABLE ALL MEMBERS TO RECEIVE ALL BENEFITS**
16 **THROUGH HEALTHY MARYLAND;**

17 **(II) ENABLE THE STATE TO IMPLEMENT THIS TITLE;**

18 **(III) ALLOW THE STATE TO RECEIVE AND DEPOSIT ALL FEDERAL**
19 **PAYMENTS UNDER THOSE PROGRAMS, INCLUDING FUNDS THAT MAY BE PROVIDED**
20 **IN LIEU OF PREMIUM TAX CREDITS, COST-SHARING SUBSIDIES, AND SMALL**
21 **BUSINESS TAX CREDITS, IN THE STATE TREASURY TO THE CREDIT OF THE HEALTHY**
22 **MARYLAND TRUST FUND, CREATED UNDER SUBTITLE 10 OF THIS TITLE; AND**

23 **(IV) USE FUNDS DEPOSITED IN THE HEALTHY MARYLAND**
24 **TRUST FUND FOR HEALTHY MARYLAND AND OTHER PROVISIONS UNDER THIS**
25 **TITLE.**

26 **(2) TO THE FULLEST EXTENT POSSIBLE, THE BOARD SHALL**
27 **NEGOTIATE ARRANGEMENTS WITH THE FEDERAL GOVERNMENT TO ENSURE THAT**
28 **FEDERAL PAYMENTS ARE PAID TO HEALTHY MARYLAND IN PLACE OF FEDERAL**
29 **FUNDING OF, OR TAX BENEFITS FOR, FEDERALLY MATCHED PUBLIC HEALTH**
30 **PROGRAMS OR FEDERAL HEALTH PROGRAMS.**

31 **(3) (I) THE BOARD MAY REQUIRE MEMBERS OR APPLICANTS TO**
32 **PROVIDE INFORMATION NECESSARY FOR HEALTHY MARYLAND TO COMPLY WITH**
33 **ANY WAIVER OR ARRANGEMENT UNDER THIS TITLE.**

1 **(II) INFORMATION PROVIDED BY MEMBERS OR APPLICANTS TO**
2 **THE BOARD FOR THE PURPOSES OF THIS PARAGRAPH MAY NOT BE USED FOR ANY**
3 **OTHER PURPOSE.**

4 **(4) THE BOARD MAY TAKE ANY ACTION NECESSARY TO EFFECTIVELY**
5 **IMPLEMENT HEALTHY MARYLAND TO THE MAXIMUM EXTENT POSSIBLE AS A**
6 **SINGLE-PAYER PROGRAM CONSISTENT WITH THIS TITLE.**

7 **(C) (1) THE BOARD MAY TAKE ANY ACTION CONSISTENT WITH THIS**
8 **ARTICLE TO ENABLE THE PROGRAM TO ADMINISTER MEDICARE IN THE STATE.**

9 **(2) HEALTHY MARYLAND SHALL:**

10 **(I) BE A PROVIDER OF SUPPLEMENTAL INSURANCE COVERAGE**
11 **(MEDICARE PART B); AND**

12 **(II) PROVIDE PREMIUM ASSISTANCE DRUG COVERAGE UNDER**
13 **MEDICARE PART D FOR ELIGIBLE MEMBERS OF THE PROGRAM.**

14 **(D) THE BOARD MAY WAIVE OR MODIFY THE APPLICABILITY OF ANY**
15 **PROVISIONS OF THIS SUBTITLE RELATING TO ANY FEDERALLY MATCHED PUBLIC**
16 **HEALTH PROGRAM OR MEDICARE, AS NECESSARY, TO:**

17 **(1) IMPLEMENT ANY WAIVER ARRANGEMENT UNDER THIS SUBTITLE;**
18 **OR**

19 **(2) MAXIMIZE THE FEDERAL BENEFITS TO HEALTHY MARYLAND**
20 **UNDER THIS SUBTITLE.**

21 **(E) (1) THE BOARD MAY APPLY FOR COVERAGE FOR, AND ENROLL, ANY**
22 **ELIGIBLE MEMBER UNDER ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM**
23 **OR MEDICARE.**

24 **(2) ENROLLMENT IN A FEDERALLY MATCHED PUBLIC HEALTH**
25 **PROGRAM OR MEDICARE MAY NOT:**

26 **(I) CAUSE ANY MEMBER TO LOSE ANY HEALTH CARE SERVICE**
27 **PROVIDED BY HEALTHY MARYLAND; OR**

28 **(II) DIMINISH ANY RIGHT THE MEMBER WOULD OTHERWISE**
29 **HAVE UNDER ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM OR MEDICARE.**

1 **(F) NOTWITHSTANDING ANY OTHER LAW, THE BOARD SHALL TAKE ACTION**
2 **NECESSARY TO INCORPORATE HEALTH CARE COVERAGE OF STATE RESIDENTS WHO**
3 **ARE EMPLOYED IN THE OTHER JURISDICTIONS INTO WAIVERS AND OTHER**
4 **APPROVALS APPLIED FOR OR OBTAINED UNDER THIS SECTION.**

5 **(G) (1) NOTWITHSTANDING ANY OTHER LAW, THE BOARD SHALL TAKE**
6 **NECESSARY ACTION TO REDUCE OR ELIMINATE HEALTHY MARYLAND MEMBER**
7 **COINSURANCE, COST-SHARING, OR PREMIUM OBLIGATIONS AND INCREASE**
8 **MEMBER ELIGIBILITY FOR ANY FEDERAL FINANCIAL SUPPORT RELATED TO**
9 **MEDICARE OR THE AFFORDABLE CARE ACT.**

10 **(2) THE BOARD MAY ACT UNDER PARAGRAPH (1) OF THIS**
11 **SUBSECTION ONLY UPON A FINDING APPROVED BY THE SECRETARY OF BUDGET**
12 **AND MANAGEMENT AND THE BOARD THAT THE ACTION:**

13 **(I) WILL HELP TO INCREASE THE NUMBER OF MEMBERS WHO**
14 **ARE ELIGIBLE FOR AND ENROLLED IN FEDERALLY MATCHED PUBLIC HEALTH**
15 **PROGRAMS, OR OTHER PROGRAMS, TO REDUCE OR ELIMINATE MEMBER**
16 **COINSURANCE, COST-SHARING, OR PREMIUM OBLIGATIONS OR INCREASE MEMBER**
17 **ELIGIBILITY FOR ANY FEDERAL FINANCIAL SUPPORT RELATED TO MEDICARE OR**
18 **THE AFFORDABLE CARE ACT;**

19 **(II) WILL NOT DIMINISH ANY MEMBER'S ACCESS TO ANY**
20 **HEALTH CARE SERVICE OR RIGHT THE MEMBER WOULD OTHERWISE HAVE UNDER**
21 **ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM OR MEDICARE;**

22 **(III) IS IN THE INTEREST OF HEALTHY MARYLAND; AND**

23 **(IV) DOES NOT REQUIRE OR HAS RECEIVED ANY NECESSARY**
24 **FEDERAL WAIVERS OR APPROVALS TO ENSURE FEDERAL FINANCIAL**
25 **PARTICIPATION.**

26 **(3) ACTION THAT THE BOARD MAY TAKE UNDER PARAGRAPH (1) OF**
27 **THIS SUBSECTION MAY INCLUDE:**

28 **(I) AN INCREASE TO INCOME ELIGIBILITY LEVELS RELATED TO**
29 **MEDICARE OR THE AFFORDABLE CARE ACT;**

30 **(II) AN INCREASE TO OR AN ELIMINATION OF THE RESOURCE**
31 **TEST FOR ELIGIBILITY RELATED TO MEDICARE OR THE AFFORDABLE CARE ACT;**

32 **(III) SIMPLIFICATION OF ANY PROCEDURAL OR**
33 **DOCUMENTATION REQUIREMENT FOR ENROLLMENT RELATED TO MEDICARE OR**

1 THE AFFORDABLE CARE ACT; AND

2 (IV) AN INCREASE IN THE BENEFITS FOR ANY FEDERALLY
3 MATCHED PUBLIC HEALTH PROGRAM AND FOR ANY OTHER PROGRAM TO REDUCE
4 OR ELIMINATE MEMBER COINSURANCE, COST-SHARING, OR PREMIUM OBLIGATIONS
5 OR INCREASE MEMBER ELIGIBILITY FOR ANY FEDERAL FINANCIAL SUPPORT
6 RELATED TO MEDICARE OR THE AFFORDABLE CARE ACT.

7 (4) ACTIONS UNDER THIS SUBSECTION MAY NOT APPLY TO
8 ELIGIBILITY FOR PAYMENT FOR LONG-TERM SERVICES AND SUPPORTS.

9 (H) TO ENABLE THE BOARD TO APPLY FOR COVERAGE FOR, AND ENROLL,
10 ANY ELIGIBLE MEMBER UNDER ANY FEDERALLY MATCHED PUBLIC HEALTH
11 PROGRAM, MEDICARE, OR ANY PROGRAM OR BENEFIT UNDER MEDICARE, THE
12 BOARD MAY REQUIRE THAT ALL MEMBERS OR APPLICANTS FOR SUCH COVERAGE
13 OR BENEFITS UNDER THOSE PROGRAMS PROVIDE THE INFORMATION NECESSARY
14 TO ENABLE THE BOARD TO DETERMINE WHETHER THE MEMBERS OR APPLICANTS
15 ARE ELIGIBLE FOR COVERAGE OR BENEFITS UNDER THOSE PROGRAMS.

16 (I) AS A CONDITION OF CONTINUED ELIGIBILITY FOR HEALTH CARE
17 SERVICES UNDER HEALTHY MARYLAND, A MEMBER WHO IS ELIGIBLE FOR BENEFITS
18 UNDER MEDICARE SHALL ENROLL IN MEDICARE, INCLUDING PARTS A, B, AND D.

19 (J) (1) HEALTHY MARYLAND SHALL PROVIDE PREMIUM ASSISTANCE
20 FOR ALL MEMBERS ENROLLING IN A MEDICARE PART D DRUG COVERAGE PLAN
21 UNDER TITLE XVIII, § 1860D OF THE FEDERAL SOCIAL SECURITY ACT.

22 (2) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE
23 PREMIUM ASSISTANCE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION IS
24 LIMITED TO THE LOW-INCOME BENCHMARK PREMIUM AMOUNT ESTABLISHED BY
25 THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AND ANY OTHER AMOUNT
26 THE FEDERAL AGENCY ESTABLISHES UNDER ITS DE MINIMUS PREMIUM POLICY.

27 (II) PREMIUM ASSISTANCE PAYMENTS MADE UNDER
28 PARAGRAPH (1) OF THIS SUBSECTION ON BEHALF OF MEMBERS ENROLLED IN A
29 MEDICARE ADVANTAGE PLAN MAY EXCEED THE LOW-INCOME BENCHMARK
30 PREMIUM AMOUNT IF DETERMINED TO BE COST EFFECTIVE TO HEALTHY
31 MARYLAND.

32 (K) IF HEALTHY MARYLAND HAS REASONABLE GROUNDS TO BELIEVE THAT
33 A MEMBER MAY BE ELIGIBLE FOR AN INCOME-RELATED SUBSIDY UNDER TITLE
34 XVIII, § 1860D-14 OF THE FEDERAL SOCIAL SECURITY ACT:

1 **(1) THE MEMBER SHALL PROVIDE AND AUTHORIZE THE PROGRAM TO**
2 **OBTAIN ANY INFORMATION OR DOCUMENTATION REQUIRED TO ESTABLISH THE**
3 **MEMBER'S ELIGIBILITY FOR THAT SUBSIDY; AND**

4 **(2) HEALTHY MARYLAND SHALL ATTEMPT TO OBTAIN AS MUCH OF**
5 **THE INFORMATION AND DOCUMENTATION REQUIRED TO BE PROVIDED UNDER**
6 **PARAGRAPH (1) OF THIS SUBSECTION AS POSSIBLE.**

7 **(L) (1) HEALTHY MARYLAND SHALL MAKE A REASONABLE EFFORT TO**
8 **NOTIFY EACH MEMBER OF THE MEMBER'S OBLIGATIONS UNDER THIS SECTION.**

9 **(2) IF A REASONABLE EFFORT HAS BEEN MADE TO CONTACT THE**
10 **MEMBER AND THE MEMBER HAS NOT PROVIDED INFORMATION REQUIRED UNDER**
11 **THIS SECTION, THE MEMBER SHALL BE NOTIFIED BY THE PROGRAM IN WRITING**
12 **THAT THE MEMBER HAS 60 DAYS TO PROVIDE THE REQUIRED INFORMATION.**

13 **(3) IF THE MEMBER DOES NOT PROVIDE THE REQUIRED**
14 **INFORMATION WITHIN 60 DAYS AFTER RECEIPT OF THE NOTIFICATION UNDER**
15 **PARAGRAPH (2) OF THIS SUBSECTION, THE MEMBER'S COVERAGE UNDER HEALTHY**
16 **MARYLAND MAY BE TERMINATED.**

17 **(4) INFORMATION PROVIDED BY MEMBERS OR APPLICANTS TO THE**
18 **BOARD FOR THE PURPOSES OF THIS SECTION MAY NOT BE USED FOR ANY OTHER**
19 **PURPOSE.**

20 **(M) HEALTHY MARYLAND SHALL ASSUME RESPONSIBILITY FOR PROVIDING**
21 **ALL BENEFITS AND HEALTH CARE SERVICES PAID FOR BY THE FEDERAL**
22 **GOVERNMENT WITH THE FEDERAL FUNDS PROVIDED FOR THOSE BENEFITS AND**
23 **SERVICES.**

24 **SUBTITLE 11. HEALTHY MARYLAND TRUST FUND.**

25 **25-1101.**

26 **(A) THERE IS A HEALTHY MARYLAND TRUST FUND.**

27 **(B) THE PURPOSE OF THE FUND IS TO IMPLEMENT THE PURPOSES OF**
28 **HEALTHY MARYLAND UNDER THIS TITLE.**

29 **(C) THE HEALTHY MARYLAND BOARD SHALL ADMINISTER THE FUND.**

30 **(D) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT TO**
31 **§ 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.**

1 **(E) THE FUND SHALL CONSIST OF:**

2 **(1) MONEY APPROPRIATED IN THE STATE BUDGET TO THE FUND;**

3 **(2) MONEY FROM ANY PAYROLL PREMIUM ADOPTED UNDER THIS**
4 **TITLE;**

5 **(3) MONEY TRANSFERRED TO THE FUND THAT IS ATTRIBUTABLE TO**
6 **STATE AND FEDERAL FINANCIAL PARTICIPATION IN MEDICAID, THE MARYLAND**
7 **CHILDREN'S HEALTH PROGRAM, OR MEDICARE;**

8 **(4) FEDERAL PAYMENTS RECEIVED BY THE STATE AS A RESULT OF**
9 **ANY WAIVER OF REQUIREMENTS GRANTED OR OTHER ARRANGEMENTS AGREED TO**
10 **BY THE UNITED STATES SECRETARY OF HEALTH AND HUMAN SERVICES OR OTHER**
11 **APPROPRIATE FEDERAL OFFICIAL FOR HEALTH CARE PROGRAMS ESTABLISHED**
12 **UNDER MEDICARE, ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM, OR THE**
13 **AFFORDABLE CARE ACT;**

14 **(5) FEDERAL AND STATE FUNDS FOR PURPOSES OF THE PROVISION**
15 **OF SERVICES AUTHORIZED UNDER TITLE XX OF THE FEDERAL SOCIAL SECURITY**
16 **ACT THAT WOULD OTHERWISE BE COVERED UNDER HEALTHY MARYLAND;**

17 **(6) MONEY FROM OTHER FEDERAL PROGRAMS THAT PROVIDE FUNDS**
18 **FOR THE PAYMENT OF HEALTH CARE SERVICES THAT ARE PROVIDED UNDER THIS**
19 **TITLE;**

20 **(7) STATE AND LOCAL FUNDS APPROPRIATED FOR HEALTH CARE**
21 **SERVICES AND BENEFITS THAT ARE PROVIDED UNDER THIS TITLE;**

22 **(8) THE AMOUNTS PAID BY THE STATE THAT ARE EQUIVALENT TO**
23 **THOSE AMOUNTS THAT ARE PAID ON BEHALF OF RESIDENTS OF THE STATE UNDER**
24 **MEDICARE, ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM, OR THE**
25 **AFFORDABLE CARE ACT FOR HEALTH BENEFITS THAT ARE EQUIVALENT TO HEALTH**
26 **BENEFITS COVERED UNDER HEALTHY MARYLAND; AND**

27 **(9) INVESTMENT EARNINGS OF THE FUND.**

28 **(F) NOTWITHSTANDING ANY OTHER LAW, MONEY IN THE FUND MAY NOT BE**
29 **TRANSFERRED TO:**

30 **(1) THE GENERAL FUND OR A SPECIAL FUND OF THE STATE; OR**

1 **(2) ANY FUND OF A COUNTY OR MUNICIPALITY.**

2 **(G) THE FUND MAY BE USED ONLY FOR HEALTHY MARYLAND AS**
3 **ESTABLISHED BY THIS TITLE.**

4 **(H) (1) THE STATE TREASURER SHALL INVEST THE MONEY IN THE FUND**
5 **IN THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.**

6 **(2) ANY INVESTMENT EARNINGS OF THE FUND SHALL BE PAID INTO**
7 **THE FUND.**

8 **(I) THE BOARD SHALL ESTABLISH AND MAINTAIN A PRUDENT RESERVE IN**
9 **THE FUND.**

10 **(J) THE BOARD OR STAFF OF THE BOARD MAY NOT USE ANY FUNDS**
11 **INTENDED FOR THE ADMINISTRATIVE AND OPERATIONAL EXPENSES OF THE BOARD**
12 **FOR STAFF RETREATS, PROMOTIONAL GIVEAWAYS, EXCESSIVE EXECUTIVE**
13 **COMPENSATION, OR PROMOTION OF FEDERAL OR STATE LEGISLATIVE OR**
14 **REGULATORY MODIFICATIONS.**

15 **(K) (1) THERE IS A HEALTHY MARYLAND FEDERAL FUNDS ACCOUNT**
16 **WITHIN THE FUND.**

17 **(2) ALL FEDERAL MONEY SHALL BE PLACED INTO THE HEALTHY**
18 **MARYLAND FEDERAL FUNDS ACCOUNT.**

19 **SUBTITLE 12. COLLECTIVE NEGOTIATION WITH HEALTHY MARYLAND.**

20 **25-1201.**

21 **(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS**
22 **INDICATED.**

23 **(B) (1) "HEALTH CARE PROVIDER" MEANS AN INDIVIDUAL OR ENTITY**
24 **THAT IS:**

25 **(I) LICENSED, CERTIFIED, REGISTERED, OR AUTHORIZED TO**
26 **PRACTICE A HEALTH CARE PROFESSION IN THE STATE; AND**

27 **(II) APPROVED TO PARTICIPATE IN HEALTHY MARYLAND**
28 **UNDER § 25-701 OF THIS TITLE.**

29 **(2) "HEALTH CARE PROVIDER" INCLUDES:**

1 (I) AN INDIVIDUAL WHO PRACTICES A HEALTH CARE
2 PROFESSION AS AN INDEPENDENT CONTRACTOR;

3 (II) AN OWNER, OFFICER, SHAREHOLDER, OR PROPRIETOR OF A
4 HEALTH CARE PROVIDER; AND

5 (III) AN ENTITY THAT EMPLOYS OR UTILIZES HEALTH CARE
6 PROVIDERS TO PROVIDE HEALTH CARE SERVICES, INCLUDING A HEALTH CARE
7 FACILITY AS DEFINED IN § 19-114 OF THIS ARTICLE.

8 (3) “HEALTH CARE PROVIDER” DOES NOT INCLUDE AN INDIVIDUAL
9 WHO PRACTICES A HEALTH CARE PROFESSION AS AN EMPLOYEE OF ANOTHER
10 HEALTH CARE PROVIDER.

11 (C) “HEALTH CARE PROVIDERS’ REPRESENTATIVE” MEANS A THIRD PARTY
12 THAT IS AUTHORIZED BY HEALTH CARE PROVIDERS TO NEGOTIATE ON THE HEALTH
13 CARE PROVIDERS’ BEHALF WITH HEALTHY MARYLAND OVER TERMS AND
14 CONDITIONS AFFECTING THOSE HEALTH CARE PROVIDERS.

15 **25-1202.**

16 (A) HEALTH CARE PROVIDERS MAY MEET AND COMMUNICATE FOR THE
17 PURPOSE OF COLLECTIVELY NEGOTIATING WITH HEALTHY MARYLAND ON ANY
18 MATTER RELATING TO HEALTHY MARYLAND INCLUDING:

19 (1) RATES OF PAYMENT FOR HEALTH CARE SERVICES;

20 (2) RATES OF PAYMENT FOR PRESCRIPTION AND NONPRESCRIPTION
21 DRUGS; AND

22 (3) PAYMENT METHODOLOGIES.

23 (B) THIS SUBTITLE MAY NOT BE CONSTRUED TO:

24 (1) ALLOW A STRIKE OF HEALTHY MARYLAND BY HEALTH CARE
25 PROVIDERS RELATED TO THE COLLECTIVE NEGOTIATIONS; OR

26 (2) ALLOW OR AUTHORIZE TERMS OR CONDITIONS THAT WOULD
27 IMPEDE THE ABILITY OF HEALTHY MARYLAND TO:

28 (1) OBTAIN OR RETAIN ACCREDITATION BY THE NATIONAL
29 COMMITTEE FOR QUALITY ASSURANCE OR A SIMILAR BODY; OR

1 (II) COMPLY WITH APPLICABLE STATE OR FEDERAL LAW.

2 25-1203.

3 (A) A HEALTH CARE PROVIDERS' REPRESENTATIVE IS THE ONLY PARTY
4 AUTHORIZED TO NEGOTIATE WITH HEALTHY MARYLAND ON BEHALF OF THE
5 HEALTH CARE PROVIDERS AS A GROUP.

6 (B) A HEALTH CARE PROVIDER MAY BE BOUND BY THE TERMS AND
7 CONDITIONS NEGOTIATED BY THE HEALTH CARE PROVIDERS' REPRESENTATIVE.

8 (C) DURING COLLECTIVE NEGOTIATIONS, HEALTH CARE PROVIDERS MAY
9 COMMUNICATE WITH:

10 (1) OTHER HEALTH CARE PROVIDERS REGARDING THE TERMS AND
11 CONDITIONS TO BE NEGOTIATED WITH HEALTHY MARYLAND; AND

12 (2) HEALTH CARE PROVIDERS' REPRESENTATIVES.

13 (D) HEALTHY MARYLAND MAY:

14 (1) COMMUNICATE AND NEGOTIATE WITH THE HEALTH CARE
15 PROVIDERS' REPRESENTATIVE; AND

16 (2) OFFER AND PROVIDE DIFFERENT TERMS AND CONDITIONS TO
17 INDIVIDUAL COMPETING HEALTH CARE PROVIDERS.

18 (E) THIS SECTION DOES NOT AFFECT OR LIMIT THE RIGHT OF A HEALTH
19 CARE PROVIDER OR GROUP OF HEALTH CARE PROVIDERS TO COLLECTIVELY
20 PETITION A GOVERNMENTAL ENTITY FOR A CHANGE IN A LAW, RULE, OR
21 REGULATION.

22 (F) THIS SECTION DOES NOT AFFECT OR LIMIT:

23 (1) COLLECTIVE ACTION OR COLLECTIVE BARGAINING ON THE PART
24 OF A HEALTH CARE PROVIDER WITH THE HEALTH CARE PROVIDER'S EMPLOYER; OR

25 (2) ANY OTHER LAWFUL COLLECTIVE ACTION OR COLLECTIVE
26 BARGAINING BY HEALTH CARE PROVIDERS.

27 (G) BEFORE ENGAGING IN COLLECTIVE NEGOTIATIONS WITH HEALTHY
28 MARYLAND ON BEHALF OF HEALTH CARE PROVIDERS, A HEALTH CARE PROVIDERS'

1 REPRESENTATIVE SHALL FILE WITH THE BOARD, IN THE MANNER PRESCRIBED BY
2 THE BOARD, INFORMATION IDENTIFYING:

3 (1) THE REPRESENTATIVE;

4 (2) THE REPRESENTATIVE'S PLAN OF OPERATION; AND

5 (3) THE REPRESENTATIVE'S PROCEDURES TO ENSURE COMPLIANCE
6 WITH THIS SUBTITLE.

7 (H) (1) A PERSON WHO ACTS AS THE REPRESENTATIVE OF NEGOTIATING
8 PARTIES UNDER THIS SUBTITLE SHALL PAY A FEE TO THE BOARD TO ACT AS A
9 REPRESENTATIVE.

10 (2) THE BOARD SHALL PLACE THE FEE REQUIRED UNDER
11 PARAGRAPH (1) OF THIS SUBSECTION IN AN AMOUNT DETERMINED TO BE
12 REASONABLE AND NECESSARY TO COVER THE COSTS INCURRED BY THE BOARD IN
13 ADMINISTERING THIS SUBTITLE.

14 **25-1204.**

15 (A) EXCEPT AS AUTHORIZED BY OTHER LAW, THIS SUBTITLE DOES NOT
16 AUTHORIZE COMPETING HEALTH CARE PROVIDERS TO ACT IN CONCERT IN
17 RESPONSE TO A HEALTH CARE PROVIDERS' REPRESENTATIVE'S DISCUSSIONS OR
18 NEGOTIATIONS WITH HEALTHY MARYLAND.

19 (B) A HEALTH CARE PROVIDERS' REPRESENTATIVE MAY NOT NEGOTIATE
20 ANY AGREEMENT THAT EXCLUDES, LIMITS THE PARTICIPATION OR
21 REIMBURSEMENT OF, OR OTHERWISE LIMITS THE SCOPE OF SERVICES TO BE
22 PROVIDED BY ANY HEALTH CARE PROVIDER OR GROUP OF HEALTH CARE
23 PROVIDERS WITH RESPECT TO THE PERFORMANCE OF SERVICES THAT ARE WITHIN
24 THE HEALTH CARE PROVIDER'S SCOPE OF PRACTICE, LICENSE, REGISTRATION, OR
25 CERTIFICATE.

26 **Article - Insurance**

27 **31-101.**

28 (b) "Board" means the [Board of Trustees of the Exchange] **HEALTHY**
29 **MARYLAND BOARD, ESTABLISHED UNDER TITLE 25, SUBTITLE 3 OF THE HEALTH -**
30 **GENERAL ARTICLE.**

31 **[31-104.**

1 (a) There is a Board of Trustees of the Exchange.

2 (b) The Board consists of the following members:

3 (1) the Secretary of Health;

4 (2) the Commissioner;

5 (3) the Executive Director of the Maryland Health Care Commission; and

6 (4) the following members appointed by the Governor, with the advice and
7 consent of the Senate:

8 (i) three members who:

9 1. represent the interests of employers and individual
10 consumers of products offered by the Exchange; and

11 2. may have public health research expertise; and

12 (ii) three members who have demonstrated knowledge and expertise
13 in at least two of the following areas:

14 1. individual health care coverage;

15 2. small employer–sponsored health care coverage;

16 3. health benefit plan administration;

17 4. health care finance;

18 5. administration of public or private health care delivery
19 systems;

20 6. purchasing and facilitating enrollment in health plan
21 coverage, including demonstrated knowledge and expertise about the role of licensed health
22 insurance producers and third–party administrators in connecting employers and
23 individual consumers to health plan coverage; and

24 7. public health and public health research, including
25 knowledge about the health needs and health disparities among the State’s diverse
26 communities.

27 (c) In making appointments of members under subsection (b)(4) of this section,
28 the Governor shall assure that:

29 (1) the Board’s composition reflects a diversity of expertise;

1 (2) the Board's composition reflects the gender, racial, and ethnic diversity
2 of the State; and

3 (3) the geographic areas of the State are represented.

4 (d) (1) For purposes of this subsection, "affiliation" means:

5 (i) a financial interest, as defined in § 5-101 of the General
6 Provisions Article;

7 (ii) a position of governance, including membership on a board of
8 directors, regardless of compensation;

9 (iii) a relationship through which compensation, as defined in §
10 5-101 of the General Provisions Article, is received; or

11 (iv) a relationship for the provision of services as a regulated lobbyist,
12 as defined in § 5-101 of the General Provisions Article.

13 (2) A member of the Board or of the staff of the Exchange, while serving on
14 the Board or the staff, may not have an affiliation with:

15 (i) a carrier, an insurance producer, a third-party administrator, a
16 managed care organization, or any other person contracting directly with the Exchange;

17 (ii) a trade association of carriers, insurance producers, third-party
18 administrators, or managed care organizations; or

19 (iii) any other association of entities in a position to contract directly
20 with the Exchange.

21 (e) (1) The term of a member appointed by the Governor is 4 years.

22 (2) The terms of members appointed by the Governor are staggered as
23 required by the terms provided for members of the Board on June 1, 2011.

24 (3) At the end of a term, a member continues to serve until a successor is
25 appointed and qualifies.

26 (4) A member who is appointed after a term has begun serves only for the
27 rest of the term and until a successor is appointed and qualifies.

28 (f) An appointed member of the Board may not serve more than two consecutive
29 full terms.

30 (g) The Governor shall designate a chair of the Board.

1 (h) (1) The Board shall determine the times, places, and frequency of its
2 meetings.

3 (2) Five members of the Board constitute a quorum.

4 (3) Action by the Board requires the affirmative vote of at least five
5 members.

6 (i) A member of the Board is entitled to reimbursement for expenses under the
7 Standard State Travel Regulations, as provided in the State budget.

8 (j) A member shall:

9 (1) meet the requirements of this title, the Affordable Care Act, and all
10 applicable State and federal laws and regulations;

11 (2) serve the public interest of the individuals and qualified employers
12 seeking health care coverage through the Exchange; and

13 (3) ensure the sound operation and fiscal solvency of the Exchange.

14 (k) A member of the Board shall perform the member's duties:

15 (1) in good faith;

16 (2) in the manner the member reasonably believes to be in the best
17 interests of the Exchange; and

18 (3) without intentional or reckless disregard of the care an ordinarily
19 prudent person in a like position would use under similar circumstances.

20 (l) A member of the Board who performs the member's duties in accordance with
21 the standard provided in subsection (k) of this section may not be liable personally for
22 actions taken as a member.

23 (m) A member of the Board may be removed for incompetence, misconduct, or
24 failure to perform the duties of the position.

25 (n) (1) (i) A member of the Board shall be subject to the Maryland Public
26 Ethics Law, Title 5, Subtitles 1 through 7 of the General Provisions Article.

27 (ii) In addition to the disclosure required under Title 5, Subtitle 6 of
28 the General Provisions Article, a member of the Board shall disclose to the Board and to
29 the public any relationship not addressed in the required financial disclosure that the
30 member has with a carrier, insurance producer, third-party administrator, managed care
31 organization, or other entity in an industry involved in matters likely to come before the

1 Board.

2 (2) On all matters that come before the Board, the member shall:

3 (i) adhere strictly to the conflict of interest provisions under Title 5,
4 Subtitle 5 of the General Provisions Article relating to restrictions on participation,
5 employment, and financial interests; and

6 (ii) provide full disclosure to the Board and the public on:

7 1. any matter that gives rise to a potential conflict of interest;
8 and

9 2. the manner in which the member will comply with the
10 provisions of Title 5, Subtitle 5 of the General Provisions Article to avoid any conflict of
11 interest or appearance of a conflict of interest.]

12 **31-104.**

13 **THE HEALTHY MARYLAND BOARD SHALL OVERSEE THE ADMINISTRATION OF**
14 **THE EXCHANGE UNTIL THE EXCHANGE CEASES TO OPERATE IN THE STATE.**

15 31-105.

16 [(a) (1) With the approval of the Governor, the Board shall appoint an
17 Executive Director of the Exchange.

18 (2) The Executive Director shall serve at the pleasure of the Board.

19 (3) The Board shall determine the appropriate compensation for the
20 Executive Director.]

21 **(A) THE EXECUTIVE DIRECTOR OF HEALTHY MARYLAND, APPOINTED BY**
22 **THE BOARD UNDER § 25-302 OF THE HEALTH – GENERAL ARTICLE, SHALL SERVE**
23 **AS THE EXECUTIVE DIRECTOR OF THE EXCHANGE UNTIL THE EXCHANGE CEASES**
24 **TO OPERATE IN THE STATE.**

25 **Article – State Finance and Procurement**

26 6-226.

27 (a) (2) (i) Notwithstanding any other provision of law, and unless
28 inconsistent with a federal law, grant agreement, or other federal requirement or with the
29 terms of a gift or settlement agreement, net interest on all State money allocated by the
30 State Treasurer under this section to special funds or accounts, and otherwise entitled to
31 receive interest earnings, as accounted for by the Comptroller, shall accrue to the General

1 Fund of the State.

2 (ii) The provisions of subparagraph (i) of this paragraph do not apply
3 to the following funds:

4 101. the Advance Directive Program Fund; [and]

5 102. the Make Office Vacancies Extinct Matching Fund; AND

6 **103. THE HEALTHY MARYLAND TRUST FUND.**

7 SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the initial
8 appointed members of:

9 (1) the Healthy Maryland Board shall expire as follows:

10 (i) two members in 2019;

11 (ii) two members in 2020;

12 (iii) two members in 2021; and

13 (iv) two members in 2022; and

14 (2) the Healthy Maryland Public Advisory Committee of Healthy Maryland
15 shall expire as follows:

16 (i) five members in 2019;

17 (ii) five members in 2020;

18 (iii) six members in 2021; and

19 (iv) six members in 2022.

20 SECTION 3. AND BE IT FURTHER ENACTED, That, if any provision of this Act or
21 the application thereof to any person or circumstance is held invalid for any reason in a
22 court of competent jurisdiction, the invalidity does not affect other provisions or any other
23 application of this Act that can be given effect without the invalid provision or application,
24 and for this purpose the provisions of this Act are declared severable.

25 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July
26 1, 2018.