

HB0274/183228/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 274
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “**and Kaiser**” and substitute “**Kaiser, Pena-Melnyk, Cullison, Rosenberg, Alston, Bagnall, Martinez, Woods, R. Lewis, M. Morgan, Chisholm, Guzzone, Szeliga, Reilly, Hutchinson, Hill, White, Kerr, Kipke, Lopez, and Taveras**”; and in line 4, strike “best practices” and substitute “and make recommendations”.

AMENDMENT NO. 2

On page 1, in line 15, strike “and” and substitute:

“(4) the Executive Director of the Maryland Institute for Emergency Medical Services Systems, or the Executive Director’s designee;

(5) the Executive Director of the Health Services Cost Review Commission or the Executive Director’s designee;

(6) the Executive Director of the Maryland Health Care Commission, or the Executive Director’s designee; and”;

in line 16, strike “(4)” and substitute “(7)”; in the same line, strike “four”; strike beginning with “one” in line 17 down through “(ii)” in line 18; and strike beginning with “and” in line 18 down through “department” in line 20 and substitute:

“(ii) two representatives of hospitals, one of whom represents a hospital in a rural setting;

HB0274/183228/01 Health and Government Operations Committee
Amendments to HB 274
Page 2 of 4

(iii) one representative of a hospital with a pediatric emergency department;

(iv) one representative from a specialty psychiatric provider that provides both inpatient and outpatient services;

(v) four representatives who are emergency department personnel, including:

1. two licensed physicians;

2. one licensed nurse; and

3. one individual who provides direct care to pediatric patients in a specialized pediatric emergency department;

(vi) one provider of behavioral health services;

(vii) one high volume emergency medical services provider;

(viii) one representative of the nursing home industry;

(ix) one registered nurse employed in an emergency department who is a member of an employee organization that is an exclusive bargaining representative for health care workers; and

(x) one service employee employed in an emergency department who interacts with patients and is a member of an employee organization that is an exclusive bargaining representative for health care workers”.

AMENDMENT NO. 3

**HB0274/183228/01 Health and Government Operations Committee
Amendments to HB 274
Page 3 of 4**

On page 2, in line 2, strike “Maryland Department of Health” and substitute “Maryland Institute for Emergency Medical Services Systems”; in line 8, strike “potential solutions to reduce excessive” and substitute “root causes of”; in line 9, after “State” insert “, including”:

(i) an analysis of health system capacity, including:

1. inpatient hospital;

2. urgent care;

3. inpatient and community behavioral health;

4. primary care; and

5. other health facility or community capacity considered necessary by the Task Force;

(ii) an analysis of health care workforce supply and unmet need;

(iii) an analysis of changes in acuity over time in hospitalizations and emergency department visits; and

(iv) the availability of post-hospitalization care options and barriers to accessing those care options”;

in line 10, strike “best practices for emergency department staffing, triage, and” and substitute “the regulatory environment, access and availability of health care services, and inpatient”; in line 13, after “(ii)” insert “are similar in hospital density and care pattern utilization”;

(iii)”;

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HB0274/183228/01 Health and Government Operations Committee
Amendments to HB 274
Page 4 of 4

in line 14, strike “(iii)” and substitute “(iv)”; in line 15, strike “and” and substitute:

“(3) coordinate with other State commissions examining issues related to workforce shortage and behavioral health capacity;

(4) review studies and recommendations on addressing workforce capacity issues;

(5) conduct an analysis of reimbursement policies and the effect of those policies on hospital reimbursement; and”;

in line 16, strike “(3)” and substitute “(6)”; and in the same line, after “recommendations” insert “, including legislative, regulatory, or other policy initiatives.”.