SB0387/313323/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 387
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, 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; in line 18, strike "two" and substitute "one"; 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;

(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) two representatives who are emergency department personnel, including:

1. one licensed physician; and

2. one licensed nurse;

(vi) one provider of behavioral health services; and

(vii) one high volume emergency medical services provider".

AMENDMENT NO. 3

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)";

in line 14, strike "(iii)" and substitute "(iv)"; and strike beginning with "and" in line 15 down through "State" in line 17 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

(6) make recommendations, including legislative, regulatory, or other policy initiatives, regarding best practices for reducing emergency department wait times that should be implemented in the State".