SENATE BILL 776

J5, J3 (5lr3286)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by Senator Beidle

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introduced by Senator Beitie						
Read and	Examined	by Proo	freaders:			
					Proofre	ader.
					Proofre	ader.
Sealed with the Great Seal and	presented	to the	Governor,	for his	approval	this
day of	at			_ o'clocl	k,	M.
	CIIA DWED				Presi	dent.
AN ACT concerning	CHAPTER					
Workgroup to Study the Rise Syst	in Advers tem – Esta			State H	ealth Ca	re
FOR the purpose of establishing the the State Health Care System Rise in Adverse Decisions in t	ı; and genei	ally rela	ating to the			
SECTION 1. BE IT ENACTE That:	D BY THE	GENE	RAL ASSEN	MBLY OF	F MARYL	AND,
(a) There is a Workgroup Health Care System.	to Study t	he Rise	in Adverse	Decision	ns in the	State
(b) The Workgroup consist	s of the foll	owing n	nembers:			

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

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

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

Italics indicate opposite chamber/conference committee amendments.



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1 2	the Senate;	(1)	one n	nember of the Senate of Maryland, appointed by the President of
3 4	House;	(2)	one m	nember of the House of Delegates, appointed by the Speaker of the
5 6	designee;	(3)	the	Maryland Insurance Commissioner, or the Commissioner's
7		(4)	the S	ecretary of Health, or the Secretary's designee;
8 9	Secretary's o			eputy Secretary of the Maryland Medicaid Program, or the Deputy
10 11	or the Execu	. ,	- '	xecutive Director of the Health Services Cost Review Commission, s's designee;
12 13	Executive D		='	xecutive Director of the Maryland Health Care Commission, or the gnee;
14 15	for our Patie		='	xecutive Director of the Chesapeake Regional Information System xecutive Director's designee; and
16 17	the Attorney	<u>(8)</u> y Gene		irector of the Health Education and Advocacy Unit of the Office of the Director's designee; and
18 19	Speaker of t	(9) he Hot		ollowing members, appointed by the President of the Senate and vernor :
20			(i)	one representative of the Maryland Hospital Association;
21			(ii)	one representative of the League of Life and Health Insurers;
22			(iii)	one representative of a managed care plan;
23 24 25	representati hospital;	ve fro	(iv) m a la	two representatives of Maryland hospitals, with one arge hospital system and one representative from a community
26			(v)	one pharmacy services provider;
27			(vi)	one behavioral health provider;
28			(vii)	one representative of a commercial carrier; and
29			(viii)	one representative of a patient advocacy organization;

1		<u>(ix)</u>	one p	hysician two physicians;
2		<u>(x)</u>	one re	epresentative of MedChi; and
3		<u>(xi)</u>	one re	epresentative of a federally qualified health center.
4	(c) The	Workgr	oup me	embers shall elect the chair of the Workgroup.
5 6 7	` '	ointly a	nd in c	es Cost Review Commission and the Maryland Insurance consultation with the Maryland Hospital Association, shall.
8	(e) A me	ember o	f the W	Vorkgroup:
9	(1)	may r	not rece	eive compensation as a member of the Workgroup; but
10 11	(2) Travel Regulation			o reimbursement for expenses under the Standard State in the State budget.
12	(f) The	Workgr	oup sh	all:
13 14	(1) health payers in t			ing State adverse decision reporting requirements for all nclude in its final report:
15 16	claims processed	(i) each yea		umber of adverse decisions compared to the total number of verage;
17		(ii)	the nu	umber of enrollees in each health plan offered in the State;
18 19	decision;	(iii)	the d	liagnostic and procedure information for each adverse
20 21	accessibility; and	(iv)	netwo	ork adequacy, including provider ratios and geographic
22 23	adverse decisions	(v)	any o	ther data used to inform the Workgroup's goal of reducing
24 25	(2) decisions, including			mmendations to improve State reporting on adverse ations regarding:
26		(i)	stand	ardized definitions of:
27			1.	medical service categories;
28			2.	health settings:

1	3. adverse decisions; and
2	4. medical necessity;
3 4	(ii) a standardized method for categorizing adverse decisions and prior authorization denials;
5 6	(iii) a standardized process for reporting grievances or filing complaints and appealing adverse decisions; and
7 8 9	(iv) a standardized method for reporting clinical outcomes, including National Committee for Quality Assurance ratings and Centers for Medicare and Medicaid Services star ratings;
10 11	(3) develop strategies for, and make recommendations to reduce, the number of adverse decisions; and
12 13 14	(4) develop recommendations for legislation to address the rise in adverse decisions and standardize State reporting requirements regarding adverse decisions across all payers.
15 16 17	(g) On or before December 1, 2025, the Workgroup shall report its findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article.
19 20 21 22	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2025. It shall remain effective for a period of 1 year and 1 month and, at the end of June 30, 2026, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.
	Approved:
	Governor.
	President of the Senate.
	Speaker of the House of Delegates.