

SB0515/693521/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 515
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, at the top of the page, strike “EMERGENCY BILL”; in line 2, strike “**Jurisdiction and**”; strike beginning with “altering” in line 4 down through “Commission;” in line 5; in line 5, strike “requiring” and substitute “authorizing”; in line 7, after “all” insert “reasonable”; after line 9, insert:

“BY repealing and reenacting, without amendments,

Article – Health – General

Section 19–211(a) and 19–219(a)

Annotated Code of Maryland

(2023 Replacement Volume and 2025 Supplement)”;

in line 12, strike “19–211(a),”; in the same line, strike the second comma; and strike in their entirety lines 15 through 19, inclusive.

AMENDMENT NO. 2

On page 2, in line 3, strike the brackets; in the same line, strike the colon; in line 4, strike “**(I)**”; in the same line, strike “**HOSPITAL**”; strike beginning with “; **AND**” in line 4 down through “**REVENUE**” in line 8; and in line 23, after “**ALL**” insert “**REASONABLE**”.

On page 3, in line 25, strike the brackets; in line 26, strike “**MAY review**” and substitute “**REVIEW**”; in line 28, strike “**SHALL TAKE**” and substitute “**TAKE**”; and in the same line, after “**ALL**” insert “**REASONABLE**”.

On page 4, after line 8, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before June 1, 2027, the Health Services Cost Review Commission, in coordination with the Maryland Department of Health, the Maryland Insurance Administration, and the Maryland Health Care Commission, shall report to the Senate Finance Committee and the House Health Committee, in accordance with § 2-1257 of the State Government Article, on the status of efforts to:

(1) collect and analyze data on costs incurred by hospitals to employ or contract with physicians and other professional providers for which hospitals do not receive corresponding offsetting professional revenue; and

(2) develop and implement a policy to address the costs identified under item (1) of this subsection.

(b) If the Commission attempts to develop a policy under paragraph (a)(2) of this section, the policy developed by the Commission shall seek to:

(1) ensure reasonable funding for physicians and other professional provider services essential to the delivery of clinical care and the operations of a hospital;

(2) maintain access to providers in hospitals and nonhospital based settings; and

(3) ensure the State’s ability to meet its commitments under the Achieving Health Efficiency through Accountable Design (AHEAD) model.”;

in line 9, strike “2.” and substitute “3.”; in the same line, after “Act” insert “shall take effect June 1, 2026.”; and strike beginning with “is” in line 9 down through “enacted.” in line 13.