



Weekly Policy Highlights

For week ending January 28, 2011

Key Committee Codes:

B&T = Senate Budget and Taxation

EHEA = Senate Education, Health & Environmental Affairs

FIN = Senate Finance Committee

JPR = Senate Judicial Proceedings Committee

APR = House Appropriations

ECM = House Economic Matters

ENV = House Environmental Matters

HGO = House Health & Government Operations

JUD = House Judiciary Committee

All bills can be reviewed under the General Assembly Website at www.mlis.state.md.us by clicking “Bill Information and Status”. Type the bill number by SB or HB plus the bill number (e.g., SB101 or HB9).

2011 GENERAL ASSEMBLY SESSION NEWS --

The 2011 General Assembly convened at 12:00 PM on Wednesday, January 12th. Only a small number of bills have been introduced. The Governor’s proposed FY2011 budget will be introduced next week on Friday, January 21st. The following briefings have been scheduled:

1. Briefing on NH Eligibility Process – February 1st 11:00 AM HGO and APP health subcommittees and 3:00 PM FIN

The following budget hearings have been scheduled. This Session, the House will first approve the budget and then send it to the Senate for approval or modification. The budget will then go to conference committee for final resolution.

1. Medicaid: March 3rd House and March 7th Senate
2. Department of Aging: February 3rd Senate and February 9th Senate
3. Office of Health Care Quality: February 17th senate and February 23rd House

4. DHMH Health Regulatory Commissions: February 4th Senate B&T Subcommittee

BUDGET BILLS:

- ✓ **SB85/HB70:** Budget Bill
- ✓ **SB87/HB72:** BRFA of 2011 – page 22 increases the provider tax from 4% to 5.5% and continues to allow 35% of the revenues to go to the State General Fund. Page 58 removes the sunset to make it continuous. Based on information from DHMH, LifeSpan is analyzing the model and LifeSpan’s Reimbursement Committee will discuss the impact and our position.
- ✓ **Medical Adult Day Care Budget:** 1% cut in provider rates; reduction in medical adult day care program of approximately \$366K. MAADS has requested additional information on the grant cut – what is it, how many participates, number of providers, overall budget, etc.
- ✓ **Other Home and Community Based Services –** 1% cut in provider rates (Older Adults Waiver)

INTRODUCED BILLS:

Affected Industry	Business Bills	Hearing	Position
ALL	SB1/HB40: Joint Committee on Worker’s Compensation Benefit and Insurance Oversight – Membership (Middleton/Feldman): Adds a self-insured local gov’t entity to the membership. Currently, the membership consists of legislators and representatives from the business community, labor organizations, the public, Med-Chi (physicians association), worker’s compensation rate organization, Maryland rehabilitation service provider and the Bar of the Court of Appeals of Maryland.		No Position
ALL	SB132/HB87 Job Fairness Act (Pugh/Reznick): An employer may not use an applicant’s or employee’s credit report or credit history in determining whether to: (1) deny employment to the applicant; (2) discharge the employee; or (3) determine compensation or the terms, conditions, or privileges of employment. An employer may request or consider an applicant’s or employee’s credit report or credit history if: (1) (i) the applicant has received an offer of employment; and (ii) the credit report or credit history will be used for a purpose other than a purpose prohibited by subsection (b) of this section; or (2) the employer has a bona fide purpose for obtaining or using information in the credit report or credit history that is: (i) substantially job-related; and (ii) disclosed in writing to the employee or applicant. If an employer violates of this section, the applicant or employee may bring an action for injunctive relief, damages, or other relief. This section may not be construed to prohibit an employer from performing an employment-related background investigation that: (1) includes use of a consumer report or investigative consumer report; (2) is authorized under the federal fair credit reporting act; and (3) does not involve investigation of credit information.	2/10 FIN	

ALL	<p>SB182/HB166: Maryland Health Benefit Exchange Program of 2011 (Governor): This creates a Maryland Health Benefit Exchange Program. The purposes of the exchange are to: (1) reduce the number of uninsured in the state; (2) facilitate the purchase and sale of qualified health plans in the individual market in the state by providing a transparent marketplace; (3) assist qualified employers in the state in facilitating the enrollment of their employees in qualified health plans in the small group market in the state and in accessing small business tax credits; and(4) assist individuals in accessing public programs, premium tax credits, and cost-sharing reductions. NOTE: Please have your HR Department review this bill at http://mlis.state.md.us/2011rs/bills/sb/sb0182f.pdf.</p>		
	<p>SB175/165: Maryland Health Care Quality and Cost Council (Governor): This creates a council consisting of insurers, providers, consumers and experts in quality and cost control. The purposes of the council are to: (1) coordinate and facilitate collaboration on health care quality improvement and cost containment initiatives among: (i) medical groups, hospitals, and other health care providers; (ii) health insurance carriers and other health care purchasers; (iii) units of state and local government; (iv) health care professional boards; and (v) academic experts in health care. The council is to make recommendations on health care quality and cost containment priorities and initiatives to: (i) the Governor and General Assembly; (ii) other units of state and local government, independent commissions, and policymakers; (iii) health care professional boards; (iv) the Maryland Patient Safety Center; (v) health care industry groups; (vi) health care consumers; and (vii) other public and private stakeholders. The council is to develop strategies to improve the quality and cost-effectiveness of care for individuals with chronic illness or at risk of chronic illness; support ongoing efforts to expand the use of health information technology in health care systems; explore strategies, including financial, performance-based incentives, to reduce and eliminate health disparities, and make recommendations regarding the development and implementation of those strategies; seek to leverage opportunities for demonstration projects, federal grant funding, and other initiatives to improve quality and contain costs made available by the affordable care act; assess options and make recommendations regarding strategies for collecting and disseminating patient-centered outcomes research to promote evidence-based practices among health care providers in the state; and examine and make recommendations on other issues relating generally to the mission of the council to improve health care quality and contain health care costs.</p>		
Affected Industry	<p>Long Term Care Bills</p>		
ALL	<p>HB3: Pharmacies – Taking Back and Disposing of Unused Drugs (Valderrama): Requires pharmacies to take back and dispose of unused prescription and nonprescription drugs in accordance with guidelines by the United States FDA. NOTE: It is unclear how this would be implemented. No details are in the bill and there is no language regarding how and under what circumstances a pharmacy would “take back” drugs. The FDA has a consumer policy for disposal at http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm and the</p>	1/27 HGO	Letter of Concern regarding ambiguities in the

	federal guidelines are http://www.whitehousedrugpolicy.gov/publications/pdf/prescrip_disposal.pdf . It appears that this bill may be trying to give pharmacies the authorization to develop “take back” programs but it is very vague and unclear.		legislation – how, when, who, etc.
NF	SB57: Maryland Health Care Commission – Certificate of Need Requirements (DHMH – MHCC): Expands the CON exemption for closures to other health care facilities. The legislation would state that a CON is not required to close any health care facility or part of a health care facility as long as certain procedures are followed. Currently, this law only applies to hospitals. The legislation would authorize the MHCC to require a health care facility other than a hospital to hold a public informational hearing within 30 days after filing a notice of its proposed closure or partial closure with the Commission.	1/25 FIN	Support
NF	SB93/HB64: Board of Examiners for Nursing Home Administrators – Sunset Extension (DHMH): This bill extends the BENHA to July 1, 2017. On or before October 1, 2011, the Board must submit a report to the General Assembly on: (1) a plan to improve the timeliness and functioning of its disciplinary process, including the complaint investigation process; (2) a jointly developed plan to improve communication between the Board and the Department of Aging’s Long Term Care Ombudsman Program; (3) a review of trends in licensing, with a focus on new licenses issued, the stability of renewal of licenses, and licensees on inactive status; (4) implementation of an online renewal process; (5) implementation of the planned database to track deficiency survey reports; (6) implementation of new and revised regulations proposed through the Regulatory Review and Evaluation Process in 2009, including those relating to the Administrator-in-Training program, the disciplinary process, and new causes for disciplinary action; and (7) the additional revenue generated from alterations to the fee structure through proposed regulatory changes.	2/1 FIN 2/2 HGO	
NH and ALFs	SB203/HB82: Health Care Decisions Act: Medical Orders Life Sustaining Treatment Form (Montgomery/Morhaim and Kipke). This is a bill being put forth by OHCQ, MIEMSS, MEMA and other state agencies. Meetings were held during the summer on the topic, which LifeSpan representatives participated in. The legislation mandates the development of a medical order life sustaining treatment form and instructions for completing and using the form. It must be used in health care facilities, including ALFs and NHs. It is not an advance directive. Upon admission, a health care facility must complete it or ask for a completed one upon admission. The health care facility must update per the instructions and offer a patient, agent or surrogate decision maker the opportunity to participate in the completion and document if the person declines to participate. It must include the known decisions of the patient or decision maker and any known advance directive if the person is not competent. Other health care providers can use the form but must also allow a patient to participate in the completion of it.	2/8 HGO	

	<p>The MOLST form must be kept in the patient’s medical record, physically accompany the patient or be transmitted electronically or by fax when the person transfers to a health care facility, and be given to the patient, health care agent or surrogate if the patient resides at home or is discharged from the health care facility to home.</p> <p>A health care facility must comply with all medical orders in the MOLST form, regardless of whether the signing physician or nurse practitioner has admitting privileges at the facility. The most recent MOLST form controls if there are conflicts between MOLST forms. A health care provider may rely in good faith in the presumed validity of the form.</p> <p>*** The form takes effect October 1, 2011 but states that by February 1, 2012, a health care facility (NF and ALF) must complete a MOLST form for each patient who was admitted to the health care facility BEFORE October 1, 2011 and offer the patient, agent or surrogate decision maker the opportunity to participate.</p> <p>The DRAFT form, guide and instructions can be found on the OHCQ website at http://dhmh.maryland.gov/ohcq/news_media/molst.htm</p>		
NFs	HB216: Maryland Health Care Commission – User Fee – Increase (MHCC): This bill increases the user fee assessment on hospitals and related institutions from \$5.5 million to \$7 million.		
	FYI – Other Health Care Bills Unrelated to LTC Per Se		
	SB44/HB266: Insurance – Qualified State LTC Insurance Partnership Program – Reporting (Middleton): Clarifies that the annual report on the program only includes information on the number of LTC policies offered in the State under this program rather than all LTC policies in the State.	SB44 FWA (technical)	
	SB56: Health Insurance – Evaluation of Quality of Care and Performance of Health Benefit Plans (DHMH): Expands the HMO Report Card to other health insurers and nonprofit health service plans.	1/25	

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