HOUSE BILL 534

J1 1lr1779
HB 1648/20 – HRU

By: **Delegate Acevero**
Introduced and read first time: January 15, 2021
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

Public Health – Healthy Maryland Program – Establishment

FOR the purpose of establishing the Healthy Maryland Program as a public corporation and a unit of State government; providing that the exercise by Healthy Maryland of its authority under this Act is an essential governmental function; stating the findings and intent of the General Assembly; providing for the construction and effect of this Act; prohibiting Healthy Maryland and certain agencies and employees from providing or disclosing certain information for certain purposes; prohibiting certain law enforcement agencies from using certain funds, facilities, property, equipment, and personnel to investigate, enforce, or assist in the investigation or enforcement of certain violations and warrants; providing for the duties of Healthy Maryland; establishing that Healthy Maryland is subject to certain provisions of law; establishing the Healthy Maryland Board; providing for the duties of Board members; establishing certain requirements and prohibitions for Board members regarding conflicts of interest; prohibiting a member of the Board from being held personally liable for certain actions taken as a member; establishing the powers and duties of the Board; requiring the Board to appoint an Executive Director of Healthy Maryland; establishing the powers and duties of the Executive Director; requiring the Secretary of Budget and Management to perform certain functions relating to the employment and contracting of staff for Healthy Maryland; providing that an employee or independent contractor of Healthy Maryland is not subject to certain laws, regulations, or executive orders; providing for the implementation of Healthy Maryland; requiring the Board to provide a certain percentage of the annual budget of Healthy Maryland to provide certain assistance to certain programs for a certain time period; prohibiting a carrier from offering certain benefits and certain services; authorizing certain carriers to offer certain benefits; requiring that certain data be reported to the Health Services Cost Review Commission; providing that a certain provision of law does not impact certain provider reporting requirements; establishing the Healthy Maryland Public Advisory Committee; establishing certain requirements and prohibitions for Advisory Committee members regarding conflicts of interest; establishing the powers and duties of the Advisory Committee;

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

prohibiting a member of the Advisory Committee from being held personally liable for certain actions taken as a member; establishing certain eligibility standards for enrollment in Healthy Maryland; prohibiting certain participating providers from engaging in certain conduct; authorizing certain institutions of higher education to purchase certain coverage for certain individuals; establishing certain requirements for certain employers and certain employees relating to the payment of certain premiums; authorizing certain residents of the State to receive certain benefits through certain employers and to opt out of participation in Healthy Maryland; providing that certain contributions made by employers on behalf of certain employees may not be abridged by this Act; authorizing certain persons to take certain credits against certain premiums; providing for the distribution, application, and amount of the credits; establishing the benefits covered under Healthy Maryland; establishing that a certain physician or health care provider has a certain approval under certain provisions of this Act and is authorized to establish a certain diagnosis and assessment; requiring the Board to perform a certain evaluation in a certain manner; authorizing health care providers and members of Healthy Maryland to petition the Board for a certain purpose; providing for the manner in which long–term services and supports are to be provided under Healthy Maryland; establishing certain qualifications and requirements that must be met for health care providers to participate in Healthy Maryland; authorizing and requiring participating providers to provide certain services and take certain actions under Healthy Maryland; authorizing a member of Healthy Maryland to receive certain services from certain health care providers under certain circumstances; providing for the enrollment with and withdrawal from certain health care delivery systems, medical practices, and community providers for certain individuals and members of Healthy Maryland; prohibiting certain entities from furnishing certain items and services under certain circumstances; prohibiting participating providers from taking certain actions; requiring that a certain contract contain certain provisions; providing that a certain contract is null and void; prohibiting certain payments under certain circumstances; prohibiting the Board from terminating a certain participation agreement or from certain discrimination against certain individuals under certain circumstances; authorizing a certain provider or authorized representative of a provider to seek certain relief; prohibiting a certain employer from terminating or otherwise discriminating against a certain employee under certain circumstances; authorizing a certain employee to file a certain civil action; providing that certain rights, privileges, and remedies may not be waived under certain circumstances; establishing certain requirements for the payment of certain services under Healthy Maryland; prohibiting participating providers from charging certain rates and soliciting or accepting certain payment from certain persons for certain health care services; establishing certain requirements for payment of certain capital–related expenses; requiring the Board to pay a certain global budget payment to a certain provider within a certain time period; prohibiting certain payment amounts from taking into account certain factors; allowing certain operating expenses of a certain provider to include certain costs; requiring Healthy Maryland to engage in certain negotiations with certain representatives; requiring the Board to establish a certain formulary; requiring the Board to establish certain rates; prohibiting certain payments from taking into account, allowing, or including

any process for the provision of certain funding; requiring Healthy Maryland to have a certain standard of health care for residents of the State; prohibiting certain payments under Healthy Maryland from being calculated in a certain manner; establishing certain requirements and duties for health care providers who participate in Healthy Maryland; requiring the Board, on or before a certain date, to apply for certain waivers of certain requirements and make certain arrangements under certain programs for a certain purpose; authorizing the Board to take certain actions relating to certain implementation for Healthy Maryland and certain administration of Medicare in the State; establishing certain requirements for Healthy Maryland regarding certain supplemental insurance coverage and certain drug coverage; authorizing the Board to waive or modify the applicability of certain provisions of this Act under certain circumstances; authorizing the Board to apply for coverage for certain members of Healthy Maryland and enroll those members in certain programs; requiring certain members of Healthy Maryland to enroll in certain coverage as a condition of certain eligibility for certain health care services; requiring members of Healthy Maryland to provide and authorize Healthy Maryland to obtain certain information; authorizing the termination of coverage under Healthy Maryland under certain circumstances; requiring Healthy Maryland to assume responsibility for providing certain benefits and certain health care services in a certain manner; establishing the Healthy Maryland Trust Fund as a special, nonlapsing fund; requiring interest earnings of the Fund to be credited to the Fund; exempting the Fund from a certain provision of law requiring interest earning on State money to accrue to the General Fund of the State; authorizing certain health care providers to meet and communicate for the purpose of collectively negotiating with Healthy Maryland on certain matters; establishing certain rights and requirements relating to certain negotiations with Healthy Maryland; requiring a certain representative to pay a certain fee to the Board for a certain purpose; requiring the Board to set the fee at a certain amount; prohibiting certain concerted action and the negotiation of certain agreements by certain representatives; repealing the Board of Trustees of the Maryland Health Benefit Exchange; requiring the Healthy Maryland Board to oversee the administration of the Maryland Health Benefit Exchange under certain circumstances; repealing a requirement that the Board of Trustees of the Maryland Health Benefit Exchange appoint an Executive Director of the Exchange, with the approval of the Governor, and determine certain compensation for the Executive Director; requiring the Executive Director of Healthy Maryland to serve as the Executive Director of the Maryland Health Benefit Exchange under certain circumstances; making the provisions of this Act severable; defining certain terms; and generally relating to Healthy Maryland.

BY adding to
Article – Health – General
Section 25–101 through 25–1204 to be under the new title "Title 25. Healthy Maryland"
Annotated Code of Maryland
(2019 Replacement Volume and 2020 Supplement)

BY repealing and reenacting, without amendments,

Article – Insurance
Section 31–101(a)
Annotated Code of Maryland
(2017 Replacement Volume and 2020 Supplement)

BY repealing and reenacting, with amendments,
Article – Insurance
Section 31–101(b)
Annotated Code of Maryland
(2017 Replacement Volume and 2020 Supplement)

BY repealing
Article – Insurance
Section 31–104 and 31–105(a)
Annotated Code of Maryland
(2017 Replacement Volume and 2020 Supplement)

BY adding to
Article – Insurance
Section 31–104 and 31–105(a)
Annotated Code of Maryland
(2017 Replacement Volume and 2020 Supplement)

BY repealing and reenacting, without amendments,
Article – State Finance and Procurement
Section 6–226(a)(2)(i)
Annotated Code of Maryland
(2015 Replacement Volume and 2020 Supplement)

BY repealing and reenacting, with amendments,
Article – State Finance and Procurement
Section 6–226(a)(2)(ii)122. and 123.
Annotated Code of Maryland
(2015 Replacement Volume and 2020 Supplement)

BY adding to
Article – State Finance and Procurement
Section 6–226(a)(2)(ii)124.
Annotated Code of Maryland
(2015 Replacement Volume and 2020 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

TITLE 25. HEALTHY MARYLAND.

SUBTITLE 1. DEFINITIONS; GENERAL PROVISIONS.

25–101.

(A) IN THIS TITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) (1) "ACTIVITIES OF DAILY LIVING" MEANS BASIC EVERYDAY SELF–CARE ACTIVITIES.

(2) "ACTIVITIES OF DAILY LIVING" INCLUDES EATING, TOILETING, GROOMING, DRESSING, BATHING, AND TRANSFERRING.

(C) "AFFORDABLE CARE ACT" MEANS THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT AND ANY REGULATIONS OR GUIDANCE ISSUED UNDER THE ACT.

(D) (1) "ALLIED HEALTH PRACTITIONER" MEANS A HEALTH PROFESSIONAL WHO:

(I) APPLIES THE HEALTH PROFESSIONAL'S EXPERTISE TO:

1. PREVENT DISEASE TRANSMISSION; AND

2. DIAGNOSE, TREAT, AND REHABILITATE INDIVIDUALS OF ALL AGES; AND

(II) WITH A RANGE OF TECHNICAL AND SUPPORT STAFF, MAY DELIVER DIRECT PATIENT CARE, REHABILITATION, TREATMENT, DIAGNOSTICS, AND HEALTH IMPROVEMENT INTERVENTIONS TO RESTORE AND MAINTAIN OPTIMAL PHYSICAL, SENSORY, PSYCHOLOGICAL, COGNITIVE, OR SOCIAL FUNCTIONS.

(2) "ALLIED HEALTH PRACTITIONER" INCLUDES AN AUDIOLOGIST, AN OCCUPATIONAL THERAPIST, A SOCIAL WORKER, AND A RADIOGRAPHER.

(E) "BOARD" MEANS THE HEALTHY MARYLAND BOARD.

(F) "CARRIER" HAS THE MEANING STATED IN § 15–112(A)(4)(I) OF THE INSURANCE ARTICLE.

(G) "COMMITTEE" MEANS THE HEALTHY MARYLAND PUBLIC ADVISORY COMMITTEE.

(H) (1) "ESSENTIAL COMMUNITY PROVIDER" HAS THE MEANING STATED IN 45 C.F.R. § 156.235(C).

(2) "ESSENTIAL COMMUNITY PROVIDER" INCLUDES A PERSON ACTING AS:

(I) A SAFETY NET CLINIC;

(II) A SAFETY NET HEALTH CARE PROVIDER; OR

(III) A RURAL HOSPITAL.

(I) "FEDERALLY MATCHED PUBLIC HEALTH PROGRAM" MEANS:

(1) THE MARYLAND MEDICAL ASSISTANCE PROGRAM UNDER TITLE XIX OF THE FEDERAL SOCIAL SECURITY ACT; OR

(2) THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM UNDER TITLE XXI OF THE SOCIAL SECURITY ACT.

(J) "FUND" MEANS THE HEALTHY MARYLAND TRUST FUND.

(K) "HEALTH CARE PROVIDER" MEANS:

(1) AN ACUPUNCTURIST;

(2) AN AUDIOLOGIST;

(3) A CHIROPRACTOR;

(4) A DIETITIAN;

(5) A DENTIST;

(6) AN ELECTROLOGIST;

(7) A HEALTH CARE FACILITY THAT IS:

(I) A FREESTANDING AMBULATORY CARE FACILITY AS DEFINED IN § 19–3B–01 OF THIS ARTICLE;

(II) A FREESTANDING MEDICAL FACILITY AS DEFINED IN §

19–3A–01 OF THIS ARTICLE;

(III) A HEALTH CARE FACILITY AS DEFINED IN § 10–101 OF THIS ARTICLE;

(IV) A HOSPITAL AS DEFINED IN § 19–301 OF THIS ARTICLE;

(V) A LIMITED SERVICE HOSPITAL AS DEFINED IN § 19–301 OF THIS ARTICLE;

(VI) A RELATED INSTITUTION AS DEFINED IN § 19–301 OF THIS ARTICLE; OR

(VII) A RESIDENTIAL TREATMENT CENTER AS DEFINED IN § 19–301 OF THIS ARTICLE;

(8) A MASSAGE THERAPIST;

(9) A REGISTERED NURSE;

(10) A NUTRITIONIST;

(11) AN OCCUPATIONAL THERAPIST;

(12) AN OPTOMETRIST;

(13) A PHYSICAL THERAPIST;

(14) A PHYSICIAN;

(15) A PODIATRIST;

(16) A PROFESSIONAL COUNSELOR;

(17) A PSYCHOLOGIST;

(18) A SOCIAL WORKER; OR

(19) A SPEECH–LANGUAGE PATHOLOGIST.

(L) "HEALTH CARE SERVICE" MEANS ANY HEALTH CARE SERVICE THAT IS INCLUDED AS A BENEFIT UNDER HEALTHY MARYLAND.

(M) "HEALTHY MARYLAND" MEANS THE HEALTHY MARYLAND PROGRAM.

(N) "HOME– AND COMMUNITY–BASED SERVICES" MEANS THE HOME– AND COMMUNITY–BASED SERVICES ESTABLISHED UNDER § 1915(C), (D), (I), AND (K) OF THE SOCIAL SECURITY ACT AND AS DEFINED IN THE HOME– AND COMMUNITY–BASED SERVICES SETTINGS RULE UNDER 42 C.F.R. § 441.530 AND 42 C.F.R. § 441.656.

(O) "IMPLEMENTATION PERIOD" MEANS THE PERIOD SPECIFIED UNDER § 25–304 OF THIS TITLE DURING WHICH HEALTHY MARYLAND IS SUBJECT TO SPECIAL ELIGIBILITY AND FINANCING PROVISIONS UNTIL IT IS FULLY IMPLEMENTED UNDER THAT SECTION.

(P) "INSTITUTIONAL PROVIDER" HAS THE MEANING STATED IN § 1861(U) OF THE SOCIAL SECURITY ACT.

(Q) (1) "INSTRUMENTAL ACTIVITIES OF DAILY LIVING" MEANS ACTIVITIES RELATED TO LIVING INDEPENDENTLY IN THE COMMUNITY.

(2) "INSTRUMENTAL ACTIVITIES OF DAILY LIVING" INCLUDES MEAL PLANNING AND PREPARATION, PERSONAL FINANCIAL MANAGEMENT, SHOPPING, HOUSEKEEPING, COMMUNICATING BY PHONE OR OTHER MEDIA, AND TRANSPORTATION.

(R) (1) "LONG–TERM SERVICES AND SUPPORTS" MEANS LONG–TERM CARE, TREATMENT, MAINTENANCE, OR SERVICES NEEDED TO SUPPORT THE ACTIVITIES OF DAILY LIVING AND THE INSTRUMENTAL ACTIVITIES OF DAILY LIVING FOR AN INDIVIDUAL WITH A DISABILITY, INCLUDING:

(I) ANY LONG–TERM SERVICES AND SUPPORTS AVAILABLE UNDER § 1915 OF THE SOCIAL SECURITY ACT;

(II) HOME– AND COMMUNITY–BASED SERVICES; AND

(III) ANY ADDITIONAL SERVICES AND SUPPORTS IDENTIFIED BY THE SECRETARY TO SUPPORT INDIVIDUALS WITH DISABILITIES TO LIVE, WORK, AND PARTICIPATE IN THEIR COMMUNITIES.

(2) "LONG–TERM SERVICES AND SUPPORTS" DOES NOT INCLUDE SHORT–TERM REHABILITATION SERVICES, AS DEFINED BY THE BOARD.

(S) "MEDICAID" OR "MEDICAL ASSISTANCE" MEANS A PROGRAM THAT IS ONE OF THE FOLLOWING:

(1) THE MARYLAND MEDICAL ASSISTANCE PROGRAM UNDER TITLE XIX OF THE SOCIAL SECURITY ACT; OR

(2) THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM UNDER TITLE XXI OF THE SOCIAL SECURITY ACT.

(T) "MEDICALLY NECESSARY" MEANS THE HEALTH CARE ITEMS OR SERVICES:

(1) NEEDED TO PREVENT, DIAGNOSE, OR TREAT AN ILLNESS, AN INJURY, A CONDITION, A DISEASE, OR ITS SYMPTOMS; AND

(2) THAT MEET ACCEPTED STANDARDS OF CARE AS DETERMINED BY A PATIENT'S TREATING PHYSICIAN OR OTHER INDIVIDUAL HEALTH CARE PROVIDER WHO, ACCORDING TO THAT HEALTH CARE PROVIDER'S SCOPE OF PRACTICE AND LICENSURE IN THE STATE, IS AUTHORIZED TO ESTABLISH A MEDICAL DIAGNOSIS AND HAS MADE A MEDICAL ASSESSMENT OF THE PATIENT'S CONDITION.

(U) "MEDICARE" MEANS TITLE XVIII OF THE SOCIAL SECURITY ACT AND THE PROGRAMS THEREUNDER.

(V) "MEMBER" MEANS AN INDIVIDUAL WHO IS ENROLLED IN HEALTHY MARYLAND.

(W) "OUT–OF–STATE HEALTH CARE SERVICE" MEANS A HEALTH CARE SERVICE PROVIDED IN PERSON TO A MEMBER WHILE THE MEMBER IS TEMPORARILY AND PHYSICALLY LOCATED OUTSIDE THE STATE BECAUSE:

(1) IT IS MEDICALLY NECESSARY THAT THE HEALTH CARE SERVICE BE PROVIDED WHILE THE MEMBER PHYSICALLY IS OUTSIDE THE STATE; OR

(2) THE HEALTH CARE SERVICE:

(I) IS CLINICALLY APPROPRIATE AND NECESSARY; AND

(II) CAN BE PROVIDED ONLY BY A PARTICULAR HEALTH CARE PROVIDER PHYSICALLY LOCATED OUTSIDE THE STATE.

(X) "PARTICIPATING PROVIDER" MEANS ANY INDIVIDUAL OR ENTITY THAT IS A HEALTH CARE PROVIDER QUALIFIED UNDER § 25–701 OF THIS TITLE THAT PROVIDES HEALTH CARE SERVICES TO MEMBERS UNDER HEALTHY MARYLAND.

(Y) "PRESCRIPTION DRUGS" HAS THE MEANING STATED IN § 21–201 OF THIS ARTICLE.

(Z) "RESIDENT" MEANS AN INDIVIDUAL WITHOUT REGARD TO THE INDIVIDUAL'S IMMIGRATION STATUS:

(1) WHOSE PRIMARY PLACE OF ABODE IS IN THE STATE; AND

(2) WHO MEETS THE STATE RESIDENCE REQUIREMENTS ADOPTED BY THE BOARD UNDER § 25–304(B) OF THIS TITLE.

(AA) "TEMPORARILY" MEANS FOR A PERIOD OF TIME THAT IS NOT MORE THAN 90 DAYS.

25–102.

(A) THE GENERAL ASSEMBLY FINDS THAT:

(1) ALL RESIDENTS OF THE STATE HAVE THE RIGHT TO HEALTH CARE;

(2) RESIDENTS OF THE STATE, AS INDIVIDUALS, EMPLOYERS, AND TAXPAYERS, HAVE EXPERIENCED:

(I) A RISE IN THE COST OF HEALTH CARE AND HEALTH CARE COVERAGE IN RECENT YEARS, INCLUDING RISING PREMIUMS, DEDUCTIBLES, AND COPAYS; AND

(II) RESTRICTED PROVIDER NETWORKS AND HIGH OUT–OF–NETWORK CHARGES;

(3) BUSINESSES HAVE EXPERIENCED INCREASES IN THE COSTS OF HEALTH CARE BENEFITS FOR EMPLOYEES, AND MANY EMPLOYERS ARE SHIFTING A LARGER SHARE OF THE COST OF COVERAGE TO EMPLOYEES OR DROPPING COVERAGE ENTIRELY;

(4) INDIVIDUALS OFTEN FIND THAT THE INDIVIDUALS ARE DEPRIVED OF AFFORDABLE CARE AND CHOICE BECAUSE OF DECISIONS BY HEALTH BENEFIT PLANS GUIDED BY THE PLAN'S ECONOMIC NEEDS RATHER THAN INDIVIDUALS' HEALTH CARE NEEDS;

(5) TO ADDRESS THE FISCAL CRISIS FACING THE STATE AND ENSURE THAT RESIDENTS OF THE STATE MAY EXERCISE THE RESIDENTS' RIGHT TO HEALTH

CARE, COMPREHENSIVE HEALTH CARE COVERAGE NEEDS TO BE PROVIDED;

(6) PROFIT–MAKING HEALTH CARE PROVIDERS HAVE INCREASINGLY DEVASTATED THE LIVES OF THOUSANDS OF MARYLAND RESIDENTS; AND

(7) MILLIONS OF DOLLARS THAT COULD BE SPENT ON CARE TO MARYLAND RESIDENTS ARE DIVERTED TO PROFIT OR ARE WASTED ON ADMINISTRATIVE COSTS NECESSARY IN A MULTIPAYER HEALTH CARE SYSTEM.

(B) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT:

(1) THERE BE A COMPREHENSIVE UNIVERSAL SINGLE–PAYER HEALTH CARE COVERAGE PROGRAM AND A HEALTH CARE COST CONTROL SYSTEM FOR THE BENEFIT OF ALL RESIDENTS OF THE STATE;

(2) HEALTHY MARYLAND BE ESTABLISHED TO PROVIDE COMPREHENSIVE UNIVERSAL HEALTH COVERAGE FOR EVERY MARYLAND RESIDENT, AND FUNDED BY BROAD–BASED REVENUE;

(3) THE STATE SEEK TO OBTAIN WAIVERS AND OTHER APPROVALS RELATING TO MEDICAID, THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM, MEDICARE, THE AFFORDABLE CARE ACT, AND ANY OTHER FEDERAL PROGRAMS RELATED TO THE PROVISION OF HEALTH CARE SO THAT ANY FEDERAL FUNDS AND OTHER SUBSIDIES THAT WOULD OTHERWISE BE PAID TO THE STATE, STATE RESIDENTS, AND HEALTH CARE PROVIDERS ARE PAID BY THE FEDERAL GOVERNMENT TO THE STATE AND DEPOSITED IN THE HEALTHY MARYLAND TRUST FUND;

(4) THE STATE WORK TO INCORPORATE HEALTH CARE COVERAGE OF STATE RESIDENTS WHO ARE EMPLOYED IN OTHER JURISDICTIONS INTO WAIVERS AND OTHER APPROVALS RELATING TO MEDICAID, THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM, MEDICARE, THE AFFORDABLE CARE ACT, AND ANY OTHER FEDERAL PROGRAMS RELATED TO THE PROVISION OF HEALTH CARE;

(5) ANY FUNDS OBTAINED UNDER WAIVERS AND APPROVALS RELATING TO MEDICAID, THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM, MEDICARE, THE AFFORDABLE CARE ACT, AND ANY OTHER FEDERAL PROGRAMS RELATED TO THE PROVISION OF HEALTH CARE SHALL BE USED:

(I) FOR HEALTH COVERAGE THAT PROVIDES HEALTH BENEFITS EQUAL TO OR EXCEEDING THOSE PROGRAMS; AND

(II) TO ELIMINATE ANY COST–SHARING OR INSURANCE

PREMIUM OBLIGATIONS OF RESIDENTS OF THE STATE;

(6) (I) HEALTHY MARYLAND REPLACE THE MARYLAND MEDICAL ASSISTANCE PROGRAM, THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM, MEDICARE, THE AFFORDABLE CARE ACT, AND ANY OTHER FEDERAL PROGRAMS RELATED TO THE PROVISION OF HEALTH CARE; AND

(II) THOSE PROGRAMS BE MERGED INTO HEALTHY MARYLAND, WHICH WILL OPERATE AS A TRUE SINGLE–PAYER PROGRAM;

(7) IF ANY NECESSARY WAIVERS OR APPROVALS ARE NOT OBTAINED, THE STATE USE STATE PLAN AMENDMENTS AND SEEK WAIVERS AND APPROVALS TO MAXIMIZE, AND MAKE AS SEAMLESS AS POSSIBLE, THE USE OF FUNDING FROM FEDERALLY MATCHED PUBLIC HEALTH PROGRAMS AND OTHER FEDERAL HEALTH PROGRAMS IN HEALTHY MARYLAND;

(8) IF PROGRAMS SUCH AS MEDICAID OR MEDICARE CONTRIBUTE TO PAYING FOR HEALTH CARE SERVICES:

(I) HEALTH CARE COVERAGE BE DELIVERED BY HEALTHY MARYLAND; AND

(II) TO THE GREATEST EXTENT POSSIBLE, THE MULTIPLE SOURCES OF FUNDING:

1. BE POOLED WITH OTHER HEALTHY MARYLAND FUNDS; AND

2. NOT BE APPARENT TO HEALTHY MARYLAND MEMBERS OR PARTICIPATING PROVIDERS;

(9) THIS TITLE ADDRESS THE HIGH COST OF PRESCRIPTION DRUGS AND ENSURE THAT PRESCRIPTION DRUGS ARE AFFORDABLE FOR PATIENTS;

(10) NEITHER HEALTH INFORMATION TECHNOLOGY NOR CLINICAL PRACTICE GUIDELINES LIMIT THE EFFECTIVE EXERCISE OF THE PROFESSIONAL JUDGMENT OF PHYSICIANS, REGISTERED NURSES, AND OTHER LICENSED HEALTH CARE PROVIDERS;

(11) PHYSICIANS, REGISTERED NURSES, AND OTHER LICENSED HEALTH CARE PROVIDERS MAY OVERRIDE HEALTH INFORMATION TECHNOLOGY AND CLINICAL PRACTICE GUIDELINES IF THE OVERRIDE:

(I) IS CONSISTENT WITH THE TREATING PHYSICIAN'S DETERMINATION OF MEDICAL NECESSITY; AND

(II) IN THE PROFESSIONAL JUDGMENT OF THE PHYSICIAN OR REGISTERED NURSE, IS IN THE BEST INTEREST OF THE PATIENT AND CONSISTENT WITH THE PATIENT'S WISHES;

(12) (I) LEGISLATION BE ENACTED TO DEVELOP A REVENUE PLAN FOR HEALTHY MARYLAND, TAKING INTO CONSIDERATION ANTICIPATED FEDERAL REVENUE AVAILABLE FOR HEALTHY MARYLAND; AND

(II) IN DEVELOPING THE REVENUE PLAN, THE GOVERNOR AND THE GENERAL ASSEMBLY CONSULT WITH APPROPRIATE OFFICIALS AND STAKEHOLDERS; AND

(13) LEGISLATION BE ENACTED REQUIRING THAT ALL STATE REVENUES FROM THE HEALTHY MARYLAND PROGRAM BE DEPOSITED IN AN ACCOUNT WITHIN THE HEALTHY MARYLAND TRUST FUND TO BE KNOWN AS THE HEALTHY MARYLAND TRUST FUND ACCOUNT.

25–103.

(A) THIS TITLE MAY NOT BE CONSTRUED TO CREATE ANY EMPLOYMENT BENEFIT, OR TO REQUIRE, PROHIBIT, OR LIMIT THE PROVISION OF ANY EMPLOYMENT BENEFIT.

(B) THIS TITLE DOES NOT CHANGE OR IMPACT IN ANY WAY THE ROLE OR AUTHORITY OF ANY LICENSING BOARD OR STATE AGENCY THAT REGULATES THE STANDARDS FOR OR PROVISION OF HEALTH CARE AND THE STANDARDS FOR HEALTH CARE PROVIDERS AS ESTABLISHED UNDER STATE LAW AS OF JANUARY 1, 2021, INCLUDING:

(1) THE HEALTH OCCUPATIONS ARTICLE; AND

(2) TITLE 19 OF THIS ARTICLE.

(C) THIS TITLE DOES NOT AUTHORIZE HEALTHY MARYLAND, THE HEALTHY MARYLAND BOARD, OR THE SECRETARY TO ESTABLISH OR REVISE LICENSURE STANDARDS FOR HEALTH CARE PROVIDERS.

(D) THIS TITLE DOES NOT AUTHORIZE HEALTHY MARYLAND TO CARRY OUT ANY FUNCTION NOT AUTHORIZED BY WAIVERS.

(E) THIS TITLE MAY NOT BE CONSTRUED TO PREEMPT OR PREVAIL OVER ANY CITY, COUNTY, OR OTHER LOCAL GOVERNMENT ORDINANCE, RESOLUTION, LAW, OR RULE THAT PROVIDES MORE PROTECTIONS AND BENEFITS TO RESIDENTS OF THE STATE THAN PROVIDED UNDER THIS TITLE.

25–104.

(A) HEALTHY MARYLAND OR ANY STATE AGENCY, LOCAL AGENCY, OR PUBLIC EMPLOYEE ACTING ON BEHALF OF HEALTHY MARYLAND MAY NOT PROVIDE OR DISCLOSE TO ANYONE, INCLUDING THE FEDERAL GOVERNMENT, FOR LAW ENFORCEMENT PURPOSES ANY PERSONALLY IDENTIFIABLE INFORMATION OBTAINED ABOUT AN INDIVIDUAL, INCLUDING AN INDIVIDUAL'S RELIGIOUS BELIEFS, PRACTICES, OR AFFILIATION, NATIONAL ORIGIN, ETHNICITY, OR IMMIGRATION STATUS.

(B) A LAW ENFORCEMENT AGENCY IN THE STATE MAY NOT USE HEALTHY MARYLAND FUNDS, FACILITIES, PROPERTY, EQUIPMENT, OR PERSONNEL TO INVESTIGATE, ENFORCE, OR ASSIST IN THE INVESTIGATION OR ENFORCEMENT OF ANY CRIMINAL, CIVIL, OR ADMINISTRATIVE VIOLATION OR WARRANT FOR A VIOLATION OF ANY REQUIREMENT THAT INDIVIDUALS REGISTER WITH THE FEDERAL GOVERNMENT OR ANY FEDERAL AGENCY BASED ON RELIGION, NATIONAL ORIGIN, ETHNICITY, IMMIGRATION STATUS, OR OTHER PROTECTED CATEGORY UNDER § 20–304 OF THE STATE GOVERNMENT ARTICLE.

SUBTITLE 2. HEALTHY MARYLAND PROGRAM.

25–201.

(A) THERE IS A HEALTHY MARYLAND PROGRAM.

(B) (1) HEALTHY MARYLAND IS A BODY POLITIC AND CORPORATE AND IS AN INSTRUMENTALITY OF THE STATE.

(2) HEALTHY MARYLAND IS A PUBLIC CORPORATION AND A UNIT OF STATE GOVERNMENT.

(3) THE EXERCISE BY HEALTHY MARYLAND OF ITS AUTHORITY UNDER THIS TITLE IS AN ESSENTIAL GOVERNMENTAL FUNCTION.

(C) ON OR BEFORE JANUARY 1, 2023, HEALTHY MARYLAND SHALL:

(1) PROVIDE:

(I) COMPREHENSIVE UNIVERSAL SINGLE–PAYER HEALTH CARE SERVICES FOR ALL RESIDENTS OF THE STATE;

(II) A HEALTH CARE COST CONTROL SYSTEM FOR THE BENEFIT OF ALL RESIDENTS OF THE STATE;

(III) CHOICE AND ACCESS TO HEALTH CARE COORDINATORS AND HEALTH CARE PROVIDERS TO ALL RESIDENTS OF THE STATE; AND

(IV) BROAD–BASED PUBLIC FINANCING OF HEALTH CARE SERVICES FOR ALL RESIDENTS OF THE STATE; AND

(2) ESTABLISH MECHANISMS TO:

(I) ENABLE HEALTH CARE PROVIDERS TO COLLECTIVELY NEGOTIATE WITH HEALTHY MARYLAND REGARDING ANY MATTER RELATING TO HEALTHY MARYLAND, INCLUDING:

1. RATES OF PAYMENT FOR HEALTH CARE SERVICES;

2. RATES OF PAYMENT FOR PRESCRIPTION AND NONPRESCRIPTION DRUGS; AND

3. PAYMENT METHODOLOGIES;

(II) ENSURE TRANSPARENCY AND ACCOUNTABILITY TO THE PUBLIC; AND

(III) PROVIDE FOR THE COLLECTION OF DATA TO:

1. PROMOTE TRANSPARENCY;

2. ASSESS ADHERENCE TO PATIENT CARE STANDARDS ESTABLISHED UNDER SUBTITLE 9 OF THIS TITLE; AND

3. COMPARE PATIENT OUTCOMES AND REVIEW UTILIZATION OF HEALTH CARE SERVICES PAID FOR BY HEALTHY MARYLAND.

(D) HEALTHY MARYLAND IS SUBJECT TO:

(1) TITLES 3, 4, AND 5 OF THE GENERAL PROVISIONS ARTICLE;

(2) THE FOLLOWING PROVISIONS OF THE STATE FINANCE AND

PROCUREMENT ARTICLE:

(I) TITLE 3A, SUBTITLE 3, TO THE EXTENT THAT THE SECRETARY OF INFORMATION TECHNOLOGY DETERMINES THAT AN INFORMATION TECHNOLOGY PROJECT OF HEALTHY MARYLAND IS A MAJOR INFORMATION TECHNOLOGY DEVELOPMENT PROJECT;

(II) TITLE 12, SUBTITLE 4; AND

(III) TITLE 14, SUBTITLE 3;

(3) THE FOLLOWING PROVISIONS OF THE STATE GOVERNMENT ARTICLE:

(I) TITLE 10, SUBTITLE 1; AND

(II) TITLE 12; AND

(4) TITLE 5, SUBTITLE 3 OF THE STATE PERSONNEL AND PENSIONS ARTICLE.

SUBTITLE 3. HEALTHY MARYLAND BOARD.

25–301.

(A) THERE IS A HEALTHY MARYLAND BOARD.

(B) THE BOARD CONSISTS OF THE FOLLOWING MEMBERS:

(1) THE SECRETARY, OR THE SECRETARY'S DESIGNEE, AS AN EX OFFICIO MEMBER OF THE BOARD;

(2) FOUR MEMBERS APPOINTED BY THE GOVERNOR, WITH THE ADVICE AND CONSENT OF THE SENATE;

(3) TWO MEMBERS APPOINTED BY THE PRESIDENT OF THE SENATE; AND

(4) TWO MEMBERS APPOINTED BY THE SPEAKER OF THE HOUSE.

(C) (1) THE TERM OF AN APPOINTED MEMBER IS 4 YEARS.

(2) THE TERMS OF APPOINTED MEMBERS ARE STAGGERED AS

REQUIRED BY THE TERMS PROVIDED FOR MEMBERS OF THE BOARD ON JULY 1, 2021.

(3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(5) (I) IF A VACANCY OCCURS AMONG THE MEMBERS APPOINTED BY THE GOVERNOR, THE GOVERNOR SHALL PROMPTLY APPOINT A SUCCESSOR WHO SHALL SERVE UNTIL THE TERM EXPIRES.

(II) A MEMBER APPOINTED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY BE REAPPOINTED FOR A FULL TERM.

(6) A MEMBER MAY NOT SERVE FOR MORE THAN TWO CONSECUTIVE TERMS.

(7) FROM AMONG ITS MEMBERS, THE BOARD SHALL ELECT A CHAIR AND VICE CHAIR EACH YEAR.

(D) IN APPOINTING MEMBERS UNDER SUBSECTION (B) OF THIS SECTION, THE APPOINTING AUTHORITY SHALL:

(1) ENSURE THAT THE APPOINTEE HAS DEMONSTRATED AND ACKNOWLEDGED EXPERTISE IN HEALTH CARE;

(2) CONSIDER THE EXPERTISE OF THE OTHER MEMBERS OF THE BOARD AND ATTEMPT TO MAKE APPOINTMENTS SO THAT THE BOARD'S COMPOSITION REFLECTS A DIVERSITY OF EXPERTISE IN VARIOUS ASPECTS OF HEALTH CARE;

(3) CONSIDER THE CULTURAL, ETHNIC, AND GEOGRAPHICAL DIVERSITY OF THE STATE SO THAT THE BOARD'S COMPOSITION REFLECTS THE COMMUNITIES OF THE STATE; AND

(4) ENSURE THAT THE BOARD'S COMPOSITION INCLUDES:

(I) AT LEAST ONE REPRESENTATIVE OF A LABOR ORGANIZATION REPRESENTING REGISTERED NURSES;

(II) AT LEAST ONE REPRESENTATIVE OF THE GENERAL PUBLIC;

(III) AT LEAST ONE REPRESENTATIVE OF A LABOR ORGANIZATION; AND

(IV) AT LEAST ONE REPRESENTATIVE OF THE MEDICAL PROVIDER COMMUNITY.

(E) (1) (I) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(II) "AFFILIATION" MEANS:

1. A FINANCIAL INTEREST;

2. A POSITION OF GOVERNANCE, INCLUDING MEMBERSHIP ON A BOARD OF DIRECTORS, REGARDLESS OF COMPENSATION;

3. A RELATIONSHIP THROUGH WHICH COMPENSATION IS RECEIVED; OR

4. A RELATIONSHIP FOR THE PROVISION OF SERVICES AS A REGULATED LOBBYIST.

(III) "COMPENSATION" HAS THE MEANING STATED IN § 5–101 OF THE GENERAL PROVISIONS ARTICLE.

(IV) "FINANCIAL INTEREST" HAS THE MEANING STATED IN § 5–101 OF THE GENERAL PROVISIONS ARTICLE.

(V) "REGULATED LOBBYIST" HAS THE MEANING STATED IN § 5–101 OF THE GENERAL PROVISIONS ARTICLE.

(2) A MEMBER OF THE BOARD, WITHIN THE 2–YEAR PERIOD IMMEDIATELY PRECEDING THE MEMBER'S APPOINTMENT AND WHILE SERVING ON THE BOARD, OR A MEMBER OF THE STAFF OF THE BOARD MAY NOT BE EMPLOYED, OR HAVE BEEN EMPLOYED, IN ANY CAPACITY BY A CONSULTANT TO A MEMBER OF THE BOARD OF DIRECTORS OF, HAVE AN AFFILIATION WITH, OR OTHERWISE BE A REPRESENTATIVE OF:

(I) A HEALTH CARE PROVIDER;

(II) A HEALTH CARE FACILITY;

(III) A HEALTH CLINIC;

(IV) A PHARMACEUTICAL COMPANY;

(V) A MEDICAL EQUIPMENT COMPANY; OR

(VI) A CARRIER, AN INSURANCE PRODUCER, A THIRD–PARTY ADMINISTRATOR, A MANAGED CARE ORGANIZATION, OR ANY OTHER PERSON CONTRACTING DIRECTLY WITH THOSE PERSONS.

(3) A MEMBER OF THE BOARD MAY NOT ACCEPT EMPLOYMENT WITH OR RECEIVE COMPENSATION FROM A PERSON LISTED IN PARAGRAPH (2) OF THIS SUBSECTION FOR 2 YEARS IMMEDIATELY FOLLOWING THE END OF THE MEMBER'S TERM.

(4) A MEMBER OF THE BOARD OR A STAFF MEMBER OF THE BOARD MAY NOT BE A MEMBER, A BOARD MEMBER, OR AN EMPLOYEE OF A TRADE ASSOCIATION OF HEALTH FACILITIES, HEALTH CLINICS, HEALTH CARE PROVIDERS, CARRIERS, INSURANCE PRODUCERS, THIRD–PARTY ADMINISTRATORS, MANAGED CARE ORGANIZATIONS, OR ANY OTHER ASSOCIATION OF ENTITIES IN A POSITION TO CONTRACT DIRECTLY WITH HEALTHY MARYLAND UNLESS THE MEMBER OR STAFF MEMBER OF THE BOARD:

(I) RECEIVES NO COMPENSATION FOR RENDERING SERVICES AS A HEALTH CARE PROVIDER; AND

(II) DOES NOT HAVE AN OWNERSHIP INTEREST IN A HEALTH CARE PRACTICE.

(F) A MEMBER OF THE BOARD SHALL:

(1) MEET THE REQUIREMENTS OF THIS TITLE AND ALL APPLICABLE STATE AND FEDERAL LAWS AND REGULATIONS;

(2) SERVE THE PUBLIC INTEREST OF THE INDIVIDUALS, EMPLOYERS, AND TAXPAYERS SEEKING HEALTH CARE COVERAGE THROUGH HEALTHY MARYLAND; AND

(3) ENSURE THE SOUND OPERATION AND FISCAL SOLVENCY OF HEALTHY MARYLAND.

(G) (1) THE BOARD SHALL DETERMINE THE TIMES, PLACES, AND

FREQUENCY OF ITS MEETINGS.

(2) FIVE MEMBERS OF THE BOARD CONSTITUTE A QUORUM.

(3) ACTION BY THE BOARD REQUIRES THE AFFIRMATIVE VOTE OF AT LEAST FIVE MEMBERS.

(H) A MEMBER OF THE BOARD:

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE BOARD; BUT

(2) IS ENTITLED TO:

(I) A PER DIEM RATE AS PROVIDED IN THE STATE BUDGET FOR ATTENDING SCHEDULED MEETINGS OF HEALTHY MARYLAND; AND

(II) REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(I) A MEMBER OF THE BOARD SHALL PERFORM THE MEMBER'S DUTIES:

(1) IN GOOD FAITH;

(2) IN THE MANNER THE MEMBER REASONABLY BELIEVES TO BE IN THE BEST INTEREST OF HEALTHY MARYLAND, HEALTHY MARYLAND MEMBERS, AND RESIDENTS OF THE STATE; AND

(3) WITHOUT INTENTIONAL OR RECKLESS DISREGARD OF THE CARE AN ORDINARILY PRUDENT PERSON IN A LIKE POSITION WOULD USE UNDER SIMILAR CIRCUMSTANCES.

(J) (1) (I) A MEMBER OF THE BOARD SHALL BE SUBJECT TO TITLE 5, SUBTITLES 1 THROUGH 7 OF THE GENERAL PROVISIONS ARTICLE.

(II) IN ADDITION TO THE DISCLOSURE REQUIRED UNDER TITLE 5, SUBTITLE 6 OF THE GENERAL PROVISIONS ARTICLE, A MEMBER OF THE BOARD SHALL DISCLOSE TO THE BOARD AND TO THE PUBLIC ANY RELATIONSHIP NOT ADDRESSED IN THE REQUIRED FINANCIAL DISCLOSURE THAT THE MEMBER HAS WITH A HEALTH CARE PROVIDER, A HEALTH CLINIC, A PHARMACEUTICAL COMPANY, A MEDICAL EQUIPMENT COMPANY, A CARRIER, AN INSURANCE PRODUCER, A THIRD–PARTY ADMINISTRATOR, A MANAGED CARE ORGANIZATION, OR ANY OTHER ENTITY IN AN INDUSTRY INVOLVED IN MATTERS LIKELY TO COME BEFORE THE

BOARD.

(2) ON ALL MATTERS THAT COME BEFORE THE BOARD, THE MEMBER SHALL:

(I) ADHERE STRICTLY TO THE CONFLICT OF INTEREST PROVISIONS UNDER TITLE 5, SUBTITLE 5 OF THE GENERAL PROVISIONS ARTICLE RELATING TO RESTRICTIONS ON PARTICIPATION, EMPLOYMENT, AND FINANCIAL INTERESTS; AND

(II) PROVIDE FULL DISCLOSURE TO THE BOARD AND THE PUBLIC ON:

1. ANY MATTER THAT GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST; AND

2. THE MANNER IN WHICH THE MEMBER WILL COMPLY WITH THE PROVISIONS OF TITLE 5, SUBTITLE 5 OF THE GENERAL PROVISIONS ARTICLE TO AVOID ANY CONFLICT OF INTEREST OR APPEARANCE OF A CONFLICT OF INTEREST.

(K) A MEMBER OF THE BOARD WHO PERFORMS THE MEMBER'S DUTIES IN ACCORDANCE WITH THE STANDARD ESTABLISHED UNDER SUBSECTION (I) OF THIS SECTION MAY NOT BE LIABLE PERSONALLY FOR ACTIONS TAKEN AS A MEMBER WHEN DONE IN GOOD FAITH, WITHOUT INTENT TO DEFRAUD, AND IN CONNECTION WITH THE ADMINISTRATION, MANAGEMENT, OR CONDUCT OF THIS TITLE OR ACTIONS RELATED TO THIS TITLE.

(L) A MEMBER OF THE BOARD MAY BE REMOVED FOR INCOMPETENCE, MISCONDUCT, OR FAILURE TO PERFORM THE DUTIES OF THE POSITION.

25–302.

(A) (1) THE BOARD SHALL APPOINT AN EXECUTIVE DIRECTOR OF HEALTHY MARYLAND.

(2) THE EXECUTIVE DIRECTOR SHALL SERVE AT THE PLEASURE OF THE BOARD.

(3) THE BOARD SHALL DETERMINE THE APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR.

(B) UNDER THE DIRECTION OF THE BOARD, THE EXECUTIVE DIRECTOR

SHALL:

(1) BE THE CHIEF ADMINISTRATIVE OFFICER OF HEALTHY MARYLAND, INCLUDING THE HEALTHY MARYLAND TRUST FUND;

(2) DIRECT, ORGANIZE, ADMINISTER, AND MANAGE THE OPERATIONS OF HEALTHY MARYLAND AND THE BOARD; AND

(3) PERFORM ALL DUTIES NECESSARY TO COMPLY WITH AND CARRY OUT THE PROVISIONS OF THIS TITLE, OTHER APPLICABLE STATE LAWS AND REGULATIONS, AND THE AFFORDABLE CARE ACT.

(C) (1) IN ACCORDANCE WITH THE STATE BUDGET, THE EXECUTIVE DIRECTOR, OR THE EXECUTIVE DIRECTOR'S DESIGNEE, MAY EMPLOY AND RETAIN A STAFF FOR HEALTHY MARYLAND TO IMPLEMENT THE PURPOSES AND INTENT OF THIS TITLE.

(2) (I) THE EXECUTIVE DIRECTOR MAY SET THE COMPENSATION OF A HEALTHY MARYLAND EMPLOYEE OR AN INDEPENDENT CONTRACTOR OF HEALTHY MARYLAND WHO IS IN A POSITION THAT:

1. IS UNIQUE TO HEALTHY MARYLAND;

2. REQUIRES SPECIFIC SKILLS OR EXPERIENCE TO PERFORM THE DUTIES OF THE POSITION; AND

3. DOES NOT REQUIRE THE EMPLOYEE TO PERFORM FUNCTIONS THAT ARE COMPARABLE TO FUNCTIONS PERFORMED IN OTHER UNITS OF THE EXECUTIVE BRANCH OF STATE GOVERNMENT.

(II) THE SECRETARY OF BUDGET AND MANAGEMENT, IN CONSULTATION WITH THE EXECUTIVE DIRECTOR, SHALL DETERMINE THE POSITIONS AND TYPES OF INDEPENDENT CONTRACTORS FOR WHICH THE EXECUTIVE DIRECTOR MAY SET COMPENSATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH.

(3) IN HIRING STAFF FOR FUNCTIONS THAT MUST BE PERFORMED BY STATE PERSONNEL UNDER THE AFFORDABLE CARE ACT OR OTHER APPLICABLE FEDERAL OR STATE LAWS, THE EXECUTIVE DIRECTOR'S APPOINTMENT, RETENTION, AND REMOVAL OF STAFF SHALL BE IN ACCORDANCE WITH DIVISION I OF THE STATE PERSONNEL AND PENSIONS ARTICLE.

(4) IN HIRING STAFF FOR FUNCTIONS THAT HAVE BEEN AND

CURRENTLY ARE PERFORMED BY STATE PERSONNEL, THE EXECUTIVE DIRECTOR'S APPOINTMENT, RETENTION, AND REMOVAL OF STAFF SHALL BE IN ACCORDANCE WITH DIVISION I OF THE STATE PERSONNEL AND PENSIONS ARTICLE.

(5) EXCEPT AS PROVIDED IN PARAGRAPH (6) OF THIS SUBSECTION, STAFF FOR ALL OTHER POSITIONS NECESSARY TO CARRY OUT THE PURPOSES OF THIS TITLE SHALL BE POSITIONS IN THE EXECUTIVE SERVICE OR MANAGEMENT SERVICE, OR SPECIAL APPOINTMENTS OF THE SKILLED SERVICE OR THE PROFESSIONAL SERVICE IN THE STATE PERSONNEL MANAGEMENT SYSTEM.

(6) THE EXECUTIVE DIRECTOR MAY RETAIN AS INDEPENDENT CONTRACTORS ATTORNEYS, FINANCIAL CONSULTANTS, AND ANY OTHER PROFESSIONALS OR CONSULTANTS NECESSARY TO CARRY OUT THE PLANNING, DEVELOPMENT, AND OPERATIONS OF THE HEALTHY MARYLAND PROGRAM, AND THE PROVISIONS OF THIS TITLE.

(7) THE EXECUTIVE DIRECTOR, OR THE EXECUTIVE DIRECTOR'S DESIGNEE, SHALL GIVE PREFERENCE IN HIRING UNDER THIS SUBSECTION TO ALL INDIVIDUALS DISPLACED OR UNEMPLOYED AS A DIRECT RESULT OF THE IMPLEMENTATION OF HEALTHY MARYLAND.

(D) THE EXECUTIVE DIRECTOR SHALL DETERMINE THE CLASSIFICATION, GRADE, AND COMPENSATION OF THE POSITIONS DESIGNATED UNDER SUBSECTION (C)(2) OF THIS SECTION:

(1) IN CONSULTATION WITH THE SECRETARY OF BUDGET AND MANAGEMENT;

(2) WITH THE APPROVAL OF THE BOARD; AND

(3) WHEN POSSIBLE, IN ACCORDANCE WITH THE STATE PAY PLAN.

(E) (1) THE EXECUTIVE DIRECTOR SHALL SUBMIT TO THE SECRETARY OF BUDGET AND MANAGEMENT, AT LEAST 45 DAYS BEFORE THE EFFECTIVE DATE OF THE CHANGE, EACH CHANGE TO HEALTHY MARYLAND'S SALARY PLANS THAT INVOLVE INCREASES OR DECREASES IN SALARY RANGES OTHER THAN THOSE ASSOCIATED WITH ROUTINE RECLASSIFICATIONS AND PROMOTIONS OR GENERAL SALARY INCREASES APPROVED BY THE GENERAL ASSEMBLY.

(2) CHANGES REQUIRED TO BE REPORTED UNDER PARAGRAPH (1) OF THIS SUBSECTION INCLUDE:

(I) THE CREATION OR ABOLITION OF CLASSES;

(II) THE REGRADING OF CLASSES FROM ONE ESTABLISHED RANGE TO ANOTHER; AND

(III) THE CREATION OF NEW PAY SCHEDULES OR RANGES.

(3) THE SECRETARY OF BUDGET AND MANAGEMENT SHALL:

(I) REVIEW THE PROPOSED CHANGE; AND

(II) AT LEAST 15 DAYS BEFORE THE EFFECTIVE DATE OF THE PROPOSED CHANGE:

1. ADVISE THE EXECUTIVE DIRECTOR WHETHER THE CHANGE WOULD HAVE AN ADVERSE EFFECT ON COMPARABLE STATE JOBS; AND

2. IF THERE WOULD BE AN ADVERSE EFFECT, RECOMMEND AN ALTERNATIVE CHANGE THAT WOULD NOT HAVE AN ADVERSE EFFECT ON COMPARABLE STATE JOBS.

(4) FAILURE OF THE SECRETARY OF BUDGET AND MANAGEMENT TO RESPOND TO THE PROPOSED CHANGE IN A TIMELY MANNER SHALL BE CONSIDERED TO BE AGREEMENT WITH THE CHANGE AS SUBMITTED.

(F) EXCEPT AS OTHERWISE PROVIDED IN THIS TITLE, AN EMPLOYEE OR INDEPENDENT CONTRACTOR OF HEALTHY MARYLAND IS NOT SUBJECT TO ANY LAW, REGULATION, OR EXECUTIVE ORDER GOVERNING STATE COMPENSATION, INCLUDING:

(1) FURLOUGHS;

(2) PAY CUTS; AND

(3) ANY OTHER GENERAL FUND COST–SAVINGS MEASURE.

25–303.

(A) SUBJECT TO ANY LIMITATIONS UNDER THIS TITLE OR OTHER APPLICABLE LAW, THE BOARD SHALL HAVE ALL POWERS NECESSARY OR CONVENIENT TO CARRY OUT THE FUNCTIONS AUTHORIZED BY THE AFFORDABLE CARE ACT AND CONSISTENT WITH THE PURPOSES OF HEALTHY MARYLAND.

(B) THE ENUMERATION OF SPECIFIC POWERS IN THIS TITLE IS NOT

INTENDED TO RESTRICT THE BOARD'S POWER TO TAKE ANY LAWFUL ACTION THAT THE BOARD DETERMINES IS NECESSARY OR CONVENIENT TO CARRY OUT THE FUNCTIONS AUTHORIZED BY THE AFFORDABLE CARE ACT AND CONSISTENT WITH THE PURPOSES OF HEALTHY MARYLAND.

(C) IN ADDITION TO THE POWERS SET FORTH ELSEWHERE IN THIS TITLE, THE BOARD MAY:

(1) ADOPT AND ALTER AN OFFICIAL SEAL;

(2) ORGANIZE, ADMINISTER, AND MARKET HEALTHY MARYLAND AND HEALTHY MARYLAND SERVICES AS A SINGLE–PAYER PROGRAM UNDER THE NAME "HEALTHY MARYLAND" OR ANY OTHER NAME AS THE BOARD DETERMINES;

(3) SUE, BE SUED, PLEAD, AND BE IMPLEADED;

(4) ADOPT BYLAWS, RULES, AND POLICIES;

(5) ADOPT REGULATIONS TO CARRY OUT THIS TITLE:

(I) IN ACCORDANCE WITH TITLE 10, SUBTITLE 1 OF THE STATE GOVERNMENT ARTICLE; AND

(II) THAT DO NOT CONFLICT WITH OR PREVENT THE APPLICATION OF REGULATIONS ADOPTED BY THE UNITED STATES SECRETARY OF HEALTH AND HUMAN SERVICES UNDER TITLE 1, SUBTITLE D OF THE AFFORDABLE CARE ACT;

(6) MAINTAIN AN OFFICE AT THE PLACE DESIGNATED BY THE BOARD;

(7) CREATE COMMITTEES FROM AMONG ITS MEMBERS;

(8) MAKE AGREEMENTS WITH A GRANTOR OR PAYOR OF FUNDS, PROPERTY, OR SERVICES;

(9) ENTER INTO ANY AGREEMENTS OR CONTRACTS AND EXECUTE THE INSTRUMENTS NECESSARY OR CONVENIENT TO MANAGE ITS OWN AFFAIRS AND CARRY OUT THE PURPOSES OF THIS TITLE, INCLUDING CONTRACTS WITH HEALTH CARE PROVIDERS;

(10) APPLY FOR AND RECEIVE GIFTS, GRANTS, DONATIONS, CONTRACTS, OR OTHER FUNDING FROM ANY AGENCY OF THE FEDERAL GOVERNMENT, ANY AGENCY OF THE STATE, AND ANY MUNICIPALITY, COUNTY, OR

OTHER POLITICAL SUBDIVISION OF THE STATE;

(11) APPLY FOR AND RECEIVE GIFTS, GRANTS, DONATIONS, CONTRACTS, OR OTHER PRIVATE OR PUBLIC FUNDING FROM INDIVIDUALS, ASSOCIATIONS, PRIVATE FOUNDATIONS, AND CORPORATIONS, IN COMPLIANCE WITH TITLE 5, SUBTITLES 1 THROUGH 7 OF THE GENERAL PROVISIONS ARTICLE;

(12) SHARE INFORMATION WITH RELEVANT STATE ENTITIES, CONSISTENT WITH THE CONFIDENTIALITY PROVISIONS IN THIS TITLE AND AS NECESSARY FOR THE ADMINISTRATION OF HEALTHY MARYLAND; AND

(13) SUBJECT TO THE LIMITATIONS OF THIS TITLE, EXERCISE ANY OTHER POWER THAT IS REASONABLY NECESSARY OR CONVENIENT TO CARRY OUT THE PURPOSES OF THIS TITLE.

(D) (1) TO CARRY OUT THE PURPOSES OF THIS TITLE OR PERFORM ANY OF ITS FUNCTIONS UNDER THIS TITLE, THE BOARD MAY CONTRACT OR ENTER INTO MEMORANDA OF UNDERSTANDING WITH ELIGIBLE ENTITIES.

(2) THE OPERATIONS OF HEALTHY MARYLAND ARE SUBJECT TO THE PROVISIONS OF THIS TITLE WHETHER THE OPERATIONS ARE PERFORMED DIRECTLY BY HEALTHY MARYLAND OR THROUGH AN ENTITY UNDER A CONTRACT WITH HEALTHY MARYLAND.

(3) THE BOARD SHALL ENSURE THAT ANY ENTITY UNDER A CONTRACT WITH HEALTHY MARYLAND COMPLIES WITH THE PROVISIONS OF THIS TITLE WHEN PERFORMING SERVICES THAT ARE SUBJECT TO THIS TITLE ON BEHALF OF HEALTHY MARYLAND.

(E) (1) IN ACCORDANCE WITH TITLE 12, SUBTITLE 4 OF THE STATE FINANCE AND PROCUREMENT ARTICLE, THE BOARD SHALL ADOPT WRITTEN POLICIES AND PROCEDURES GOVERNING ALL PROCUREMENTS OF HEALTHY MARYLAND.

(2) TO THE FULLEST EXTENT PRACTICABLE AND IN A MANNER THAT DOES NOT IMPAIR HEALTHY MARYLAND'S ABILITY TO CARRY OUT THE PURPOSES OF THIS TITLE, THE BOARD'S PROCUREMENT POLICIES AND PROCEDURES SHALL ESTABLISH AN OPEN AND TRANSPARENT PROCESS THAT:

(I) PROMOTES PUBLIC CONFIDENCE IN THE PROCUREMENTS OF HEALTHY MARYLAND;

(II) ENSURES FAIR AND EQUITABLE TREATMENT OF ALL

PERSONS AND ENTITIES THAT PARTICIPATE IN THE PROCUREMENT SYSTEM OF HEALTHY MARYLAND;

(III) FOSTERS APPROPRIATE COMPETITION AND PROVIDES SAFEGUARDS FOR MAINTAINING A PROCUREMENT SYSTEM OF QUALITY AND INTEGRITY;

(IV) PROMOTES INCREASED ECONOMIC EFFICIENCY AND RESPONSIBILITY ON THE PART OF HEALTHY MARYLAND;

(V) ACHIEVES THE MAXIMUM BENEFIT FROM THE PURCHASING POWER OF HEALTHY MARYLAND; AND

(VI) PROVIDES CLARITY AND SIMPLICITY IN THE RULES AND PROCEDURES GOVERNING THE PROCUREMENTS OF HEALTHY MARYLAND.

(F) TO CARRY OUT THE PURPOSES OF THIS TITLE, THE BOARD SHALL:

(1) CONSULT WITH AND SOLICIT INPUT FROM THE COMMITTEE AND ANY OTHER PERSON AS THE BOARD DETERMINES IS APPROPRIATE;

(2) PROMOTE THE PUBLIC UNDERSTANDING AND AWARENESS OF AVAILABLE BENEFITS AND PROGRAMS OF HEALTHY MARYLAND;

(3) AVOID JEOPARDIZING FEDERAL FINANCIAL PARTICIPATION IN THE PROGRAMS THAT ARE INCORPORATED INTO HEALTHY MARYLAND;

(4) ENSURE THAT THERE IS ADEQUATE FUNDING TO MEET THE HEALTH CARE NEEDS OF RESIDENTS AND TO COMPENSATE HEALTH CARE PROVIDERS THAT PARTICIPATE IN HEALTHY MARYLAND;

(5) EVALUATE REQUESTS FOR CAPITAL EXPENSES REQUIRED TO MEET THE HEALTH CARE NEEDS OF RESIDENTS;

(6) APPROVE THE BENEFITS PROVIDED BY HEALTHY MARYLAND;

(7) EVALUATE THE PERFORMANCE OF HEALTHY MARYLAND;

(8) EVALUATE AND MAKE RECOMMENDATIONS TO THE GENERAL ASSEMBLY ON ANY LEGISLATION RELATED TO HEALTHY MARYLAND;

(9) GUARANTEE THAT MECHANISMS FOR PUBLIC FEEDBACK ARE ACCESSIBLE AND NONDISCRIMINATORY; AND

(10) DEVELOP A PLAN TO COORDINATE THE ACTIVITIES OF HEALTHY MARYLAND WITH THE ACTIVITIES OF THE MARYLAND HEALTH CARE COMMISSION, THE HEALTH SERVICES COST REVIEW COMMISSION, AND THE DEPARTMENT TO ENSURE APPROPRIATE PLANNING FOR THE EFFECTIVE DELIVERY AND EQUITABLE DISTRIBUTION OF HEALTH CARE SERVICES THROUGHOUT THE STATE.

(G) THE BOARD SHALL PROVIDE GRANTS FROM FUNDS IN THE HEALTHY MARYLAND TRUST FUND OR FUNDS OTHERWISE APPROPRIATED FOR HEALTH PLANNING TO THE HEALTH PLANNING PROGRAMS ESTABLISHED BY THE MARYLAND HEALTH CARE COMMISSION TO SUPPORT THE OPERATION OF THOSE PROGRAMS.

(H) THE BOARD SHALL PROVIDE FUNDS FROM THE FUND OR FUNDS OTHERWISE APPROPRIATED FOR THE PURPOSE OF WORKER RETRAINING AND JOB TRANSITION ASSISTANCE TO THE MARYLAND DEPARTMENT OF LABOR FOR:

(1) A PROGRAM FOR RETRAINING AND ASSISTING JOB TRANSITION FOR INDIVIDUALS EMPLOYED OR PREVIOUSLY EMPLOYED IN THE FIELDS OF HEALTH INSURANCE, HEALTH CARE SERVICE PLANS, AND OTHER THIRD–PARTY PAYMENTS FOR HEALTH CARE; AND

(2) A PROGRAM FOR RETRAINING AND ASSISTING JOB TRANSITION FOR THOSE INDIVIDUALS EMPLOYED OR PREVIOUSLY EMPLOYED IN FIELDS PROVIDING SERVICES TO HEALTH CARE PROVIDERS TO DEAL WITH THIRD–PARTY PAYORS FOR HEALTH CARE, WHOSE JOBS MAY BE OR HAVE BEEN ENDED AS A RESULT OF THE IMPLEMENTATION OF HEALTHY MARYLAND.

(I) (1) FOR UP TO 5 YEARS FOLLOWING THE DATE ON WHICH BENEFITS FIRST BECOME AVAILABLE UNDER HEALTHY MARYLAND, THE BOARD SHALL PROVIDE AT LEAST 1% OF THE ANNUAL BUDGET OF HEALTHY MARYLAND TO PROGRAMS PROVIDING ASSISTANCE TO WORKERS WHO PERFORM FUNCTIONS IN THE ADMINISTRATION OF HEALTH INSURANCE OR OTHERS WHO MAY BE AFFECTED BY THE IMPLEMENTATION OF HEALTHY MARYLAND AND WHO MAY EXPERIENCE ECONOMIC DISLOCATION AS A RESULT OF THE IMPLEMENTATION OF THIS TITLE.

(2) THE ASSISTANCE DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE WAGE REPLACEMENT, RETIREMENT BENEFITS, JOB TRAINING, AND EDUCATION BENEFITS.

(J) THE BOARD SHALL CARRY OUT THE FUNCTIONS REQUIRED OF THE BOARD UNDER TITLE 31 OF THE INSURANCE ARTICLE UNTIL THE MARYLAND HEALTH BENEFIT EXCHANGE CEASES TO OPERATE IN THE STATE.

(K) THE BOARD MAY CONTRACT WITH NONPROFIT ORGANIZATIONS TO PROVIDE:

(1) ASSISTANCE TO CONSUMERS IN ENROLLING, OBTAINING HEALTH CARE SERVICES, DISENROLLING, AND OTHER MATTERS RELATING TO HEALTHY MARYLAND; AND

(2) ASSISTANCE TO HEALTH CARE PROVIDERS PROVIDING, SEEKING, OR CONSIDERING WHETHER TO PROVIDE HEALTH CARE SERVICES UNDER THE HEALTHY MARYLAND PROGRAM.

(L) THE BOARD MAY DELEGATE TO THE EXECUTIVE DIRECTOR ANY OF ITS DUTIES UNDER THIS SECTION.

25–304.

(A) (1) SUBJECT TO § 25–201(C) OF THIS TITLE, THE BOARD SHALL DETERMINE WHEN INDIVIDUALS MAY BEGIN ENROLLING IN HEALTHY MARYLAND.

(2) HEALTHY MARYLAND SHALL HAVE AN IMPLEMENTATION PERIOD THAT SHALL:

(I) BEGIN ON THE DATE THAT INDIVIDUALS MAY BEGIN ENROLLING IN HEALTHY MARYLAND UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND

(II) END ON A DATE DETERMINED BY THE BOARD.

(B) (1) THE BOARD SHALL ADOPT RULES OR REGULATIONS ON STATE RESIDENCE REQUIREMENTS UNDER HEALTHY MARYLAND.

(2) IN ADOPTING RULES OR REGULATIONS UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE BOARD SHALL BE GUIDED BY THE STATE RESIDENCE REQUIREMENTS FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM.

(C) A CARRIER MAY NOT OFFER BENEFITS OR COVER ANY SERVICES FOR WHICH COVERAGE IS OFFERED TO INDIVIDUALS UNDER HEALTHY MARYLAND.

(D) A CARRIER THAT IS ISSUED A CERTIFICATE OF AUTHORITY BY THE MARYLAND INSURANCE COMMISSIONER MAY OFFER:

(1) BENEFITS THAT DO NOT DUPLICATE THE HEALTH CARE SERVICES

COVERED BY HEALTHY MARYLAND;

(2) BENEFITS TO OR FOR INDIVIDUALS, INCLUDING THE INDIVIDUALS' FAMILIES, WHO ARE EMPLOYED OR SELF–EMPLOYED IN THE STATE BUT WHO ARE NOT RESIDENTS OF THE STATE; AND

(3) BENEFITS DURING THE IMPLEMENTATION PERIOD TO INDIVIDUALS WHO ENROLLED OR MAY ENROLL AS MEMBERS OF HEALTHY MARYLAND.

(E) THIS TITLE DOES NOT PROHIBIT A RESIDENT WHO IS EMPLOYED OUTSIDE THE STATE FROM CHOOSING TO RECEIVE HEALTH INSURANCE BENEFITS THROUGH THE RESIDENT'S EMPLOYER AND OPTING OUT OF PARTICIPATION IN HEALTHY MARYLAND.

(F) AFTER THE END OF THE IMPLEMENTATION PERIOD, EACH BOARD MEMBER SHALL ENROLL AS A MEMBER OF HEALTHY MARYLAND.

(G) (1) ON OR BEFORE DECEMBER 1, 2021, THE BOARD SHALL SUBMIT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY A REPORT ON ANY CHANGES TO THE LAWS OF THE STATE AND UNITS OF STATE GOVERNMENT NECESSARY TO EFFECTIVELY CARRY OUT THE PROVISIONS OF THIS TITLE.

(2) THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE RECOMMENDATIONS ON THE REPEAL OR AMENDMENT OF ANY LAWS OF THE STATE THAT ARE INCONSISTENT WITH THIS ACT.

(H) ON OR BEFORE DECEMBER 1, 2021, THE BOARD SHALL APPLY FOR ALL WAIVERS FROM THE PROVISIONS OF THE EMPLOYMENT RETIREMENT INCOME SECURITY ACT THAT ARE NECESSARY TO ENSURE THE PARTICIPATION OF ALL RESIDENTS OF THE STATE IN HEALTHY MARYLAND.

(I) THE BOARD SHALL DEVELOP PROPOSALS FOR ACCOMMODATING EMPLOYER RETIREE HEALTH BENEFITS FOR:

(1) INDIVIDUALS WHO HAVE BEEN MEMBERS OF HEALTHY MARYLAND BUT LIVE AS RETIREES OUTSIDE THE STATE; AND

(2) INDIVIDUALS WHO EARNED OR ACCRUED THOSE BENEFITS WHILE RESIDING IN THE STATE BEFORE THE IMPLEMENTATION OF HEALTHY MARYLAND AND LIVE AS RETIREES OUTSIDE THE STATE.

(J) THE BOARD SHALL DEVELOP A PROPOSAL FOR HEALTHY MARYLAND COVERAGE OF HEALTH CARE SERVICES CURRENTLY COVERED UNDER THE STATE WORKERS' COMPENSATION SYSTEM, INCLUDING WHETHER AND HOW TO:

(1) CONTINUE FUNDING FOR THOSE SERVICES UNDER THE WORKERS' COMPENSATION SYSTEM; AND

(2) INCORPORATE AN ELEMENT OF EXPERIENCE RATING.

25–305.

(A) THE BOARD SHALL REQUIRE AND ENFORCE THE COLLECTION AND AVAILABILITY OF ALL THE FOLLOWING DATA TO PROMOTE TRANSPARENCY, ASSESS QUALITY OF PATIENT CARE, COMPARE PATIENT OUTCOMES, AND REVIEW UTILIZATION OF HEALTH CARE SERVICES PAID FOR BY HEALTHY MARYLAND:

(1) HOSPITAL INPATIENT DISCHARGE DATA FOR EACH DISCHARGE, INCLUDING SEVERITY OF ILLNESS, RISK OF MORTALITY, COST DATA, CHARGE DATA, LENGTH OF STAY DATA, AND PATIENT CARE UNIT DATA;

(2) EMERGENCY DEPARTMENT, AMBULATORY SURGERY CENTER, AND OTHER OUTPATIENT FACILITIES DATA FOR EACH MEMBER RECEIVING ITEMS AND SERVICES, INCLUDING COST DATA, CHARGE DATA, LENGTH OF STAY DATA, AND PATIENT CARE UNIT DATA;

(3) ANNUAL FINANCIAL DATA FOR ALL INSTITUTIONAL PROVIDERS RECEIVING PAYMENT UNDER § 25–802 OF THIS TITLE, INCLUDING:

(I) THE DOLLAR VALUE AT COST OF COMMUNITY BENEFITS ACTIVITIES, INCLUDING CHARITY CARE, PROVIDED BY THE INSTITUTIONAL PROVIDER;

(II) NUMBER OF EMPLOYEES BY JOB CLASSIFICATION FOR EACH HOSPITAL AND OUTPATIENT UNIT;

(III) NUMBER OF HOURS WORKED BY JOB CLASSIFICATION FOR EACH HOSPITAL AND OUTPATIENT UNIT;

(IV) EMPLOYEE WAGE INFORMATION BY JOB CLASSIFICATION FOR EACH HOSPITAL AND OUTPATIENT UNIT;

(V) NUMBER OF REGISTERED NURSES PER STAFFED BED BY HOSPITAL UNIT;

(VI) TYPE AND DOLLAR VALUE OF HEALTH INFORMATION TECHNOLOGY; AND

(VII) ANNUAL SPENDING ON HEALTH INFORMATION TECHNOLOGY, INCLUDING PURCHASES, UPGRADES, AND MAINTENANCE;

(4) RISK–ADJUSTED AND RAW DATA ON PATIENT OUTCOMES, INCLUDING DATA ON MEDICAL, SURGICAL, OBSTETRIC, AND OTHER PROCEDURES;

(5) PHYSICIAN SERVICES AND OFFICE VISITS, INCLUDING COST DATA AND CHARGE DATA;

(6) PRESCRIPTION DRUG COST DATA AND CHARGE DATA FOR PRESCRIPTION DRUGS PRESCRIBED AND DISPENSED THROUGH HOSPITALS, EMERGENCY DEPARTMENTS, AMBULATORY SURGERY CENTERS AND OTHER OUTPATIENT FACILITIES, OR A PHYSICIAN'S OFFICE; AND

(7) ANY OTHER DATA THAT THE PROVIDER REPORTS TO ANY OTHER STATE, LOCAL, OR FEDERAL AGENCY.

(B) DATA COLLECTED UNDER SUBSECTION (A) OF THIS SECTION SHALL BE REPORTED TO THE HEALTH SERVICES COST REVIEW COMMISSION.

(C) THIS SECTION DOES NOT CHANGE OR IMPACT IN ANY WAY PROVIDER REPORTING REQUIREMENTS TO ANY STATE, LOCAL, OR FEDERAL AGENCY AS ESTABLISHED UNDER STATE LAW.

(D) THE BOARD SHALL ESTABLISH REPORTING REQUIREMENTS AND STANDARDS NECESSARY TO EVALUATE AND ELIMINATE HEALTH CARE DISPARITIES, INCLUDING GEOGRAPHIC, RACIAL, INCOME–BASED, GENDER–BASED, SEX–BASED, AND OTHER DISPARITIES.

(E) THE BOARD SHALL MAKE ALL DISCLOSED DATA COLLECTED UNDER SUBSECTION (A) OF THIS SECTION PUBLICLY AVAILABLE THROUGH:

(1) A SEARCHABLE INTERNET WEBSITE; AND

(2) THE HEALTH SERVICES COST REVIEW COMMISSION.

(F) THE BOARD SHALL, DIRECTLY AND THROUGH GRANTS TO NONPROFIT ORGANIZATIONS, CONDUCT PROGRAMS USING DATA COLLECTED THROUGH HEALTHY MARYLAND TO PROMOTE AND PROTECT PUBLIC, ENVIRONMENTAL, AND

OCCUPATIONAL HEALTH, INCLUDING COOPERATION WITH OTHER DATA COLLECTION AND RESEARCH PROGRAMS OF THE MARYLAND HEALTH CARE COMMISSION, THE HEALTH SERVICES COST REVIEW COMMISSION, AND THE DEPARTMENT CONSISTENT WITH THIS TITLE AND OTHERWISE APPLICABLE LAW.

(G) BEFORE FULL IMPLEMENTATION OF HEALTHY MARYLAND, THE BOARD SHALL PROVIDE FOR THE COLLECTION AND AVAILABILITY OF THE FOLLOWING DATA FROM HOSPITALS AND OTHER PROVIDERS THAT SEEK TO PARTICIPATE IN HEALTHY MARYLAND:

(1) FINANCIAL DATA;

(2) THE NUMBER OF PATIENTS SERVED; AND

(3) THE ACTUAL EXPENDITURES AND DOLLAR VALUE OF THE CARE PROVIDED, AT COST, FOR THE FOLLOWING CATEGORIES OF DATA ITEMS:

(I) PATIENTS RECEIVING CHARITY CARE;

(II) CONTRACTUAL ADJUSTMENTS OF COUNTY AND INDIGENT PROGRAMS, INCLUDING TRADITIONAL AND MANAGED CARE; AND

(III) BAD DEBTS.

SUBTITLE 4. HEALTHY MARYLAND PUBLIC ADVISORY COMMITTEE.

25–401.

(A) THERE IS A HEALTHY MARYLAND PUBLIC ADVISORY COMMITTEE.

(B) THE COMMITTEE CONSISTS OF THE FOLLOWING MEMBERS:

(1) FOUR PHYSICIANS WHO ARE BOARD CERTIFIED IN THE PHYSICIANS' RESPECTIVE FIELDS:

(I) AT LEAST ONE OF WHOM SHALL BE A PSYCHIATRIST;

(II) ONE OF WHOM SHALL BE APPOINTED BY THE PRESIDENT OF THE SENATE;

(III) ONE OF WHOM SHALL BE APPOINTED BY THE GOVERNOR; AND

(IV) TWO OF WHOM SHALL BE:

1. APPOINTED BY THE SPEAKER OF THE HOUSE; AND

2. PRIMARY CARE PROVIDERS;

(2) TWO REGISTERED NURSES, APPOINTED BY THE PRESIDENT OF THE SENATE;

(3) ONE LICENSED ALLIED HEALTH PRACTITIONER, APPOINTED BY THE SPEAKER OF THE HOUSE;

(4) ONE BEHAVIORAL HEALTH CARE PROVIDER, APPOINTED BY THE PRESIDENT OF THE SENATE;

(5) ONE DENTIST, APPOINTED BY THE GOVERNOR;

(6) ONE REPRESENTATIVE OF PRIVATE HOSPITALS, APPOINTED BY THE GOVERNOR;

(7) ONE REPRESENTATIVE OF PUBLIC HOSPITALS, APPOINTED BY THE GOVERNOR;

(8) FOUR CONSUMERS OF HEALTH CARE:

(I) TWO OF WHOM SHALL BE APPOINTED BY THE GOVERNOR, INCLUDING ONE WHO IS A MEMBER OF THE DISABLED COMMUNITY;

(II) ONE OF WHOM SHALL BE:

1. APPOINTED BY THE PRESIDENT OF THE SENATE; AND

2. A MEMBER OF HEALTHY MARYLAND WHO IS AT LEAST 65 YEARS OLD; AND

(III) ONE OF WHOM SHALL BE APPOINTED BY THE SPEAKER OF THE HOUSE;

(9) TWO REPRESENTATIVES OF ORGANIZED LABOR:

(I) ONE OF WHOM SHALL BE APPOINTED BY THE PRESIDENT OF THE SENATE; AND

(II) ONE OF WHOM SHALL BE APPOINTED BY THE SPEAKER OF THE HOUSE;

(10) ONE REPRESENTATIVE OF ESSENTIAL COMMUNITY PROVIDERS, APPOINTED BY THE PRESIDENT OF THE SENATE;

(11) ONE REPRESENTATIVE OF A SMALL BUSINESS THAT EMPLOYS FEWER THAN 25 EMPLOYEES, APPOINTED BY THE GOVERNOR;

(12) ONE REPRESENTATIVE OF A LARGE BUSINESS THAT EMPLOYS MORE THAN 250 EMPLOYEES, APPOINTED BY THE SPEAKER OF THE HOUSE; AND

(13) ONE PHARMACIST, APPOINTED BY THE SPEAKER OF THE HOUSE.

(C) EACH COMMITTEE MEMBER SHALL HAVE WORKED IN THE FIELD THE MEMBER REPRESENTS ON THE COMMITTEE FOR A PERIOD OF AT LEAST 2 YEARS BEFORE BEING APPOINTED TO THE COMMITTEE.

(D) (1) THE TERM OF A MEMBER IS 4 YEARS.

(2) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED FOR MEMBERS OF THE COMMITTEE ON JULY 1, 2021.

(3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(5) (I) IF A VACANCY OCCURS, THE APPOINTING AUTHORITY PROMPTLY SHALL APPOINT A SUCCESSOR WHO SHALL SERVE UNTIL THE TERM EXPIRES.

(II) A MEMBER APPOINTED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY BE REAPPOINTED FOR A FULL TERM.

(6) A MEMBER MAY NOT SERVE FOR MORE THAN TWO CONSECUTIVE TERMS.

(7) FROM AMONG ITS MEMBERS, THE COMMITTEE SHALL ELECT A CHAIR WHO SHALL SERVE 2 YEARS AND WHO MAY BE REELECTED FOR AN ADDITIONAL 2 YEARS.

(E) IN MAKING APPOINTMENTS OF MEMBERS UNDER SUBSECTION (B) OF THIS SECTION, THE APPOINTING AUTHORITY SHALL MAKE GOOD FAITH EFFORTS TO ENSURE THAT THE APPOINTMENTS, AS A WHOLE, REFLECT, TO THE GREATEST EXTENT FEASIBLE, THE SOCIOECONOMIC AND GEOGRAPHIC DIVERSITY OF THE STATE.

(F) THE COMMITTEE SHALL ADVISE THE BOARD ON ALL MATTERS OF POLICY RELATED TO HEALTHY MARYLAND.

(G) A COMMITTEE MEMBER OR ANY OF THE MEMBER'S ASSISTANTS, CLERKS, OR DEPUTIES MAY NOT USE FOR PERSONAL BENEFIT ANY INFORMATION THAT IS:

(1) FILED WITH, OR OBTAINED BY, THE COMMITTEE; AND

(2) NOT GENERALLY AVAILABLE TO THE PUBLIC.

(H) (1) THE COMMITTEE SHALL MEET AT LEAST SIX TIMES PER YEAR IN A PLACE CONVENIENT TO THE PUBLIC SUBJECT TO TITLE 3 OF THE GENERAL PROVISIONS ARTICLE.

(2) ELEVEN MEMBERS OF THE COMMITTEE CONSTITUTE A QUORUM.

(3) ACTION BY THE COMMITTEE REQUIRES THE AFFIRMATIVE VOTE OF AT LEAST 12 MEMBERS.

(I) A MEMBER OF THE COMMITTEE:

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE COMMITTEE; BUT

(2) IS ENTITLED TO:

(I) A PER DIEM AS PROVIDED IN THE STATE BUDGET FOR ATTENDING SCHEDULED MEETINGS OF THE COMMITTEE; AND

(II) REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(J) A MEMBER OF THE COMMITTEE SHALL PERFORM THE MEMBER'S DUTIES:

(1) IN GOOD FAITH;

(2) IN THE MANNER THE MEMBER REASONABLY BELIEVES TO BE IN THE BEST INTEREST OF HEALTHY MARYLAND; AND

(3) WITHOUT INTENTIONAL OR RECKLESS DISREGARD OF THE CARE AN ORDINARILY PRUDENT PERSON IN A LIKE POSITION WOULD USE UNDER SIMILAR CIRCUMSTANCES.

(K) (1) (I) A MEMBER OF THE COMMITTEE SHALL BE SUBJECT TO TITLE 5, SUBTITLES 1 THROUGH 7 OF THE GENERAL PROVISIONS ARTICLE.

(II) IN ADDITION TO THE DISCLOSURE REQUIRED UNDER TITLE 5, SUBTITLE 6 OF THE GENERAL PROVISIONS ARTICLE, A MEMBER OF THE COMMITTEE SHALL DISCLOSE TO THE COMMITTEE AND TO THE PUBLIC ANY RELATIONSHIP NOT ADDRESSED IN THE REQUIRED FINANCIAL DISCLOSURE THAT THE MEMBER HAS WITH:

1. A HEALTH CARE PROVIDER;

2. A HEALTH CLINIC;

3. A PHARMACEUTICAL COMPANY;

4. A MEDICAL EQUIPMENT COMPANY;

5. A CARRIER;

6. AN INSURANCE PRODUCER;

7. A THIRD–PARTY ADMINISTRATOR;

8. A MANAGED CARE ORGANIZATION; OR

9. ANY OTHER ENTITY IN AN INDUSTRY INVOLVED IN MATTERS LIKELY TO COME BEFORE THE COMMITTEE.

(2) ON ALL MATTERS THAT COME BEFORE THE COMMITTEE, A MEMBER SHALL:

(I) ADHERE STRICTLY TO THE CONFLICT OF INTEREST PROVISIONS UNDER TITLE 5, SUBTITLE 5 OF THE GENERAL PROVISIONS ARTICLE RELATING TO RESTRICTIONS ON PARTICIPATION, EMPLOYMENT, AND FINANCIAL

INTERESTS; AND

(II) PROVIDE FULL DISCLOSURE TO THE COMMITTEE AND THE PUBLIC ON:

1. ANY MATTER THAT GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST; AND

2. THE MANNER IN WHICH THE MEMBER WILL COMPLY WITH THE PROVISIONS OF TITLE 5, SUBTITLE 5 OF THE GENERAL PROVISIONS ARTICLE TO AVOID ANY CONFLICT OF INTEREST OR APPEARANCE OF A CONFLICT OF INTEREST.

(L) A MEMBER OF THE COMMITTEE WHO PERFORMS THE MEMBER'S DUTIES IN ACCORDANCE WITH THE STANDARD ESTABLISHED UNDER SUBSECTION (J) OF THIS SECTION MAY NOT BE LIABLE PERSONALLY FOR ACTIONS TAKEN AS A MEMBER WHEN DONE IN GOOD FAITH, WITHOUT INTENT TO DEFRAUD, AND IN CONNECTION WITH THE ADMINISTRATION, MANAGEMENT, OR CONDUCT OF THIS TITLE OR ACTIONS RELATED TO THIS TITLE.

(M) A MEMBER OF THE COMMITTEE MAY BE REMOVED FOR INCOMPETENCE, MISCONDUCT, OR FAILURE TO PERFORM THE DUTIES OF THE POSITION.

SUBTITLE 5. ELIGIBILITY AND ENROLLMENT.

25–501.

(A) EACH RESIDENT OF THE STATE IS ELIGIBLE TO:

(1) ENROLL AS A MEMBER OF HEALTHY MARYLAND; AND

(2) RECEIVE BENEFITS FOR HEALTH CARE SERVICES COVERED BY HEALTHY MARYLAND.

(B) MEMBERS OF HEALTHY MARYLAND ARE NOT REQUIRED TO PAY ANY FEE, PAYMENT, OR OTHER CHARGE FOR ENROLLING IN OR BEING A MEMBER UNDER HEALTHY MARYLAND.

(C) A PARTICIPATING PROVIDER MAY NOT:

(1) REQUIRE HEALTHY MARYLAND MEMBERS TO PAY ANY PREMIUM, CO–PAYMENT, COINSURANCE, DEDUCTIBLE, OR OTHER FORM OF COST SHARING FOR ANY COVERED BENEFITS;

(2) USE PREEXISTING MEDICAL CONDITIONS TO DETERMINE THE ELIGIBILITY OF A MEMBER TO RECEIVE BENEFITS FOR HEALTH CARE SERVICES COVERED BY HEALTHY MARYLAND; OR

(3) REFUSE TO PROVIDE HEALTH CARE SERVICES TO A MEMBER ON THE BASIS OF:

(I) RACE;

(II) COLOR;

(III) RELIGION OR CREED;

(IV) SEX;

(V) AGE;

(VI) ANCESTRY OR NATIONAL ORIGIN;

(VII) MARITAL STATUS;

(VIII) MENTAL OR PHYSICAL DISABILITY;

(IX) SEXUAL ORIENTATION;

(X) GENDER IDENTITY OR EXPRESSION;

(XI) CITIZENSHIP;

(XII) IMMIGRATION STATUS;

(XIII) PRIMARY LANGUAGE;

(XIV) MEDICAL CONDITION;

(XV) GENETIC INFORMATION;

(XVI) FAMILIAL STATUS;

(XVII) MILITARY OR VETERAN STATUS;

(XVIII) GEOGRAPHY; OR

(XIX) SOURCE OF INCOME.

(D) A COLLEGE, A UNIVERSITY, OR ANY OTHER INSTITUTION OF HIGHER EDUCATION IN THE STATE MAY PURCHASE COVERAGE UNDER HEALTHY MARYLAND FOR A STUDENT, OR A STUDENT'S DEPENDENT, WHO IS NOT A RESIDENT OF THE STATE.

25–502.

(A) IF A STATE RESIDENT IS EMPLOYED OUTSIDE THE STATE BY AN EMPLOYER THAT IS SUBJECT TO STATE LAW, THE EMPLOYER AND EMPLOYEE SHALL PAY ANY PAYROLL PREMIUM ADOPTED UNDER THIS TITLE AS TO THAT EMPLOYEE AS IF THE EMPLOYMENT WERE IN THE STATE.

(B) IF A STATE RESIDENT IS EMPLOYED OUTSIDE THE STATE BY AN EMPLOYER THAT IS NOT SUBJECT TO STATE LAW, EITHER:

(1) THE EMPLOYER AND EMPLOYEE SHALL VOLUNTARILY PAY ANY PAYROLL PREMIUM ADOPTED UNDER THIS TITLE AS TO THAT EMPLOYEE AS IF THE EMPLOYMENT WERE IN THE STATE; OR

(2) THE EMPLOYEE SHALL PAY THE PAYROLL PREMIUM ADOPTED UNDER THIS TITLE AS IF THE EMPLOYEE WERE SELF–EMPLOYED.

(C) ANY PAYROLL PREMIUM ADOPTED UNDER THIS TITLE APPLIES TO:

(1) AN OUT–OF–STATE RESIDENT EMPLOYED IN THE STATE; AND

(2) AN OUT–OF–STATE RESIDENT SELF–EMPLOYED IN THE STATE.

(D) (1) A STATE RESIDENT WHO IS EMPLOYED OUTSIDE THE STATE MAY CHOOSE TO RECEIVE HEALTH INSURANCE BENEFITS THROUGH THE RESIDENT'S EMPLOYER AND OPT OUT OF PARTICIPATION IN HEALTHY MARYLAND.

(2) THE BOARD SHALL DEVELOP AND IMPLEMENT RULES ESTABLISHING PROCEDURES FOR STATE RESIDENTS EMPLOYED OUTSIDE THE STATE TO OPT OUT OF PARTICIPATION IN HEALTHY MARYLAND.

(E) NEGOTIATED HEALTH INSURANCE CONTRIBUTIONS MADE BY EMPLOYERS ON BEHALF OF EMPLOYEES WHO ARE WORKING IN THE STATE BUT RESIDING OUTSIDE THE STATE MAY NOT BE ABRIDGED BY THIS TITLE.

25–503.

(A) (1) IF AN OUT–OF–STATE RESIDENT IS EMPLOYED IN THE STATE, THE OUT–OF–STATE RESIDENT AND THE OUT–OF–STATE RESIDENT'S EMPLOYER MAY TAKE A CREDIT AGAINST ANY PAYROLL PREMIUM ADOPTED UNDER THIS TITLE THAT THE INDIVIDUAL OR THE INDIVIDUAL'S EMPLOYER WOULD OTHERWISE PAY AS TO THAT INDIVIDUAL.

(2) THE CREDIT TAKEN UNDER THIS SUBSECTION IS FOR AMOUNTS SPENT ON HEALTH BENEFITS FOR THE INDIVIDUAL THAT WOULD OTHERWISE BE COVERED BY HEALTHY MARYLAND IF THAT INDIVIDUAL WERE A MEMBER OF HEALTHY MARYLAND.

(3) THE CREDIT TAKEN UNDER THIS SUBSECTION SHALL BE DISTRIBUTED BETWEEN THE INDIVIDUAL AND EMPLOYER IN THE SAME PROPORTION AS THE SPENDING BY EACH FOR THE HEALTH BENEFITS.

(4) AN EMPLOYER AND EMPLOYEE MAY APPLY THEIR RESPECTIVE PORTION OF THE CREDIT AVAILABLE UNDER THIS SUBSECTION TO THEIR RESPECTIVE PORTION OF THE PAYROLL PREMIUM ADOPTED UNDER THIS TITLE.

(B) (1) IF AN OUT–OF–STATE RESIDENT IS SELF–EMPLOYED IN THE STATE, THE INDIVIDUAL MAY TAKE A CREDIT AGAINST ANY PAYROLL PREMIUM ADOPTED UNDER THIS TITLE THAT THE INDIVIDUAL WOULD OTHERWISE PAY.

(2) A CREDIT TAKEN UNDER PARAGRAPH (1) OF THIS SUBSECTION IS FOR AMOUNTS THE INDIVIDUAL SPENDS ON HEALTH BENEFITS THAT WOULD OTHERWISE BE COVERED BY HEALTHY MARYLAND IF THE INDIVIDUAL WERE A MEMBER OF HEALTHY MARYLAND.

(C) (1) A CREDIT TAKEN BY INDIVIDUALS UNDER SUBSECTION (B) OF THIS SECTION IS LIMITED TO SPENDING FOR HEALTH BENEFITS.

(2) AN INDIVIDUAL MAY NOT TAKE A CREDIT UNDER SUBSECTION (B) OF THIS SECTION FOR OUT–OF–POCKET HEALTH CARE SPENDING.

(D) A CREDIT UNDER THIS SECTION IS AVAILABLE REGARDLESS OF:

(1) THE COST OR COMPREHENSIVENESS OF THE HEALTH BENEFIT; AND

(2) THE FORM OF THE HEALTH BENEFIT.

(E) (1) AN EMPLOYER OR INDIVIDUAL MAY TAKE A CREDIT UNDER THIS SECTION ONLY AGAINST PAYROLL PREMIUMS ADOPTED UNDER THIS TITLE.

(2) AN EMPLOYER OR INDIVIDUAL MAY NOT APPLY ANY HEALTH BENEFIT SPENDING IN EXCESS OF THE PAYROLL PREMIUM TO OTHER TAX LIABILITY.

SUBTITLE 6. BENEFITS.

25–601.

(A) (1) COVERED HEALTH CARE BENEFITS UNDER HEALTHY MARYLAND SHALL INCLUDE ALL MEDICAL CARE PROVIDED TO A MEMBER THAT IS:

(I) MEDICALLY NECESSARY OR APPROPRIATE AS DETERMINED BY THE MEMBER'S:

1. TREATING PHYSICIAN; OR

2. HEALTH CARE PROVIDER WHO, IN ACCORDANCE WITH THE PROVIDER'S SCOPE OF PRACTICE AND LICENSURE, IS AUTHORIZED TO ESTABLISH A MEDICAL DIAGNOSIS AND HAS MADE A MEDICAL ASSESSMENT OF THE MEMBER'S CONDITION; AND

(II) IN ACCORDANCE WITH THE HEALTHY MARYLAND STANDARDS ESTABLISHED IN SUBTITLE 9 OF THIS TITLE AND BY THE BOARD.

(2) A MEMBER'S TREATING PHYSICIAN OR ANY OTHER HEALTH CARE PROVIDER TREATING THE MEMBER IS:

(I) AN APPROVED HEALTH CARE PROVIDER UNDER § 25–701 OF THIS TITLE; AND

(II) IN ACCORDANCE WITH THE PROVIDER'S SCOPE OF PRACTICE AND LICENSURE, AUTHORIZED TO ESTABLISH A MEDICAL DIAGNOSIS AND MAKE A MEDICAL ASSESSMENT OF THE MEMBER'S CONDITION.

(B) COVERED HEALTH CARE BENEFITS FOR MEMBERS INCLUDE:

(1) INPATIENT AND OUTPATIENT MEDICAL AND HEALTH FACILITY SERVICES;

(2) INPATIENT AND OUTPATIENT PROFESSIONAL HEALTH CARE PROVIDER MEDICAL SERVICES;

(3) DIAGNOSTIC IMAGING, LABORATORY SERVICES, AND OTHER DIAGNOSTIC AND EVALUATIVE SERVICES;

(4) (I) MEDICAL EQUIPMENT, APPLIANCES, AND ASSISTIVE TECHNOLOGY, INCLUDING:

1. PROSTHETICS;

2. EYEGLASSES; AND

3. HEARING AIDS; AND

(II) THE REPAIR, TECHNICAL SUPPORT, AND CUSTOMIZATION NEEDED FOR INDIVIDUAL USE OF MEDICAL EQUIPMENT, APPLIANCES, AND ASSISTIVE TECHNOLOGY;

(5) INPATIENT AND OUTPATIENT REHABILITATIVE CARE;

(6) EMERGENCY CARE SERVICES;

(7) EMERGENCY TRANSPORTATION;

(8) NECESSARY TRANSPORTATION FOR HEALTH CARE SERVICES FOR PERSONS WITH DISABILITIES OR WHO MAY QUALIFY AS LOW INCOME;

(9) CHILD AND ADULT IMMUNIZATIONS AND PREVENTIVE CARE;

(10) HEALTH AND WELLNESS EDUCATION;

(11) HOSPICE CARE;

(12) CARE IN A SKILLED NURSING FACILITY;

(13) HOME HEALTH CARE, INCLUDING HEALTH CARE PROVIDED IN AN ASSISTED LIVING FACILITY;

(14) MENTAL HEALTH SERVICES;

(15) SUBSTANCE ABUSE TREATMENT;

(16) DENTAL CARE;

(17) VISION CARE;

(18) PRESCRIPTION DRUGS;

(19) PEDIATRIC CARE;

(20) PRENATAL AND POSTNATAL CARE;

(21) PODIATRIC CARE;

(22) EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT SERVICES AS DEFINED IN § 1905(R) OF THE SOCIAL SECURITY ACT;

(23) DIETARY AND NUTRITIONAL THERAPIES APPROVED BY THE BOARD UNDER § 25–602 OF THIS SUBTITLE;

(24) ACUPUNCTURE;

(25) THERAPIES THAT ARE SHOWN BY THE NATIONAL INSTITUTES OF HEALTH, NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH TO BE SAFE AND EFFECTIVE;

(26) BLOOD AND BLOOD PRODUCTS;

(27) DIALYSIS;

(28) ADULT DAY CARE;

(29) HABILITATIVE AND REHABILITATIVE SERVICES;

(30) ANCILLARY HEALTH CARE OR SOCIAL SERVICES PREVIOUSLY COVERED BY THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM UNDER § 19–1B–02 OF THIS ARTICLE;

(31) CASE MANAGEMENT AND CARE COORDINATION;

(32) LANGUAGE INTERPRETATION AND TRANSLATION FOR HEALTH CARE SERVICES, INCLUDING SIGN LANGUAGE, BRAILLE, AND ANY OTHER SERVICES NEEDED FOR INDIVIDUALS WITH COMMUNICATION BARRIERS;

(33) HEALTH CARE AND LONG–TERM SERVICES AND SUPPORTS THAT ARE:

(I) COVERED UNDER MEDICAID OR THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM ON JANUARY 1, 2021; AND

(II) DESCRIBED IN § 25–603 OF THIS SUBTITLE;

(34) ALL HEALTH CARE SERVICES FOR WHICH COVERAGE IS REQUIRED BY OR UNDER ANY OF THE FOLLOWING PROGRAMS OR ENTITIES, WITHOUT REGARD TO WHETHER THE MEMBER WOULD OTHERWISE BE ELIGIBLE FOR OR COVERED BY THE PROGRAM OR SOURCE REFERRED TO:

(I) THE CHILDREN'S HEALTH INSURANCE PROGRAM UNDER TITLE XXI OF THE SOCIAL SECURITY ACT;

(II) MEDICAID; AND

(III) MEDICARE;

(35) ANY HEALTH CARE SERVICES ADDED TO HEALTHY MARYLAND BENEFITS BY THE BOARD, AS AUTHORIZED UNDER THIS TITLE; AND

(36) ALL ESSENTIAL HEALTH BENEFITS MANDATED BY THE AFFORDABLE CARE ACT AS OF JANUARY 1, 2017.

25–602.

(A) ON A REGULAR BASIS, THE BOARD SHALL EVALUATE WHETHER COVERED BENEFITS UNDER HEALTHY MARYLAND SHOULD BE IMPROVED OR ADJUSTED TO:

(1) PROMOTE THE HEALTH OF BENEFICIARIES;

(2) ACCOUNT FOR CHANGES IN MEDICAL PRACTICE OR NEW INFORMATION FROM MEDICAL RESEARCH; OR

(3) RESPOND TO OTHER RELEVANT DEVELOPMENTS IN HEALTH SCIENCE.

(B) IN CARRYING OUT SUBSECTION (A) OF THIS SECTION, THE BOARD SHALL CONSULT WITH THE PERSONS DESCRIBED IN SUBSECTION (C) OF THIS SECTION ON:

(1) IDENTIFYING SPECIFIC COMPLEMENTARY AND INTEGRATIVE MEDICINE PRACTICES THAT, ON THE BASIS OF RESEARCH FINDINGS OR PROMISING

CLINICAL INTERVENTIONS, ARE APPROPRIATE TO INCLUDE IN THE BENEFITS PACKAGE; AND

(2) IDENTIFYING:

(I) BARRIERS TO THE EFFECTIVE PROVISION AND INTEGRATION OF SUCH PRACTICES INTO THE DELIVERY OF HEALTH CARE; AND

(II) MECHANISMS FOR OVERCOMING SUCH BARRIERS.

(C) IN ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION, THE BOARD SHALL CONSULT WITH:

(1) INSTITUTIONS OF HIGHER EDUCATION, PRIVATE RESEARCH INSTITUTES, AND INDIVIDUAL RESEARCHERS WITH EXTENSIVE EXPERIENCE IN COMPLEMENTARY AND ALTERNATIVE MEDICINE AND THE INTEGRATION OF SUCH PRACTICES INTO THE DELIVERY OF HEALTH CARE;

(2) NATIONALLY RECOGNIZED PROVIDERS OF COMPLEMENTARY AND INTEGRATIVE MEDICINE; AND

(3) OTHER OFFICIALS, ENTITIES, AND INDIVIDUALS WITH EXPERTISE ON COMPLEMENTARY AND INTEGRATIVE MEDICINE AS THE BOARD DETERMINES APPROPRIATE.

(D) (1) HEALTH CARE PROVIDERS AND MEMBERS MAY PETITION THE BOARD TO IMPROVE OR ADJUST COVERED BENEFITS UNDER HEALTHY MARYLAND.

(2) THE BOARD SHALL DEVELOP AND IMPLEMENT PROCEDURES FOR MEMBERS TO PETITION THE BOARD TO IMPROVE OR ADJUST COVERED BENEFITS UNDER HEALTHY MARYLAND.

25–603.

(A) SUBJECT TO THE OTHER PROVISIONS OF THIS TITLE, A MEMBER IS ENTITLED TO PAYMENT BY HEALTHY MARYLAND TO AN ELIGIBLE HEALTH CARE PROVIDER FOR LONG–TERM SERVICES AND SUPPORTS, FOR MAINTENANCE OF HEALTH, OR FOR CARE, SERVICES, DIAGNOSIS, TREATMENT, OR REHABILITATION THAT IS RELATED TO A MEDICALLY DETERMINABLE CONDITION, WHETHER PHYSICAL OR MENTAL, OF HEALTH, INJURY, OR AGE THAT:

(1) CAUSES A FUNCTIONAL LIMITATION IN PERFORMING ONE OR MORE ACTIVITIES OF DAILY LIVING OR INSTRUMENTAL ACTIVITIES OF DAILY

LIVING; AND

(2) SUBSTANTIALLY LIMITS ONE OR MORE OF THE ENROLLEE'S MAJOR LIFE ACTIVITIES.

(B) AN INDIVIDUAL WHO QUALIFIES FOR DISABILITY BENEFITS UNDER TITLE II OR TITLE XVI OF THE SOCIAL SECURITY ACT IS ENTITLED TO LONG–TERM SERVICES AND SUPPORTS UNDER HEALTHY MARYLAND.

(C) ANY MEMBER WHO RECEIVES OR IS APPROVED TO RECEIVE BENEFITS UNDER TITLE II OR TITLE XVI OF THE SOCIAL SECURITY ACT IS ENTITLED TO PAYMENT BY HEALTHY MARYLAND FOR LONG–TERM SERVICES AND SUPPORTS.

(D) LONG–TERM SERVICES AND SUPPORTS SHALL:

(1) INCLUDE ANY LONG–TERM NURSING OR MEDICAL SERVICES FOR THE MEMBER, WHETHER PROVIDED IN AN INSTITUTION OR A HOME– AND COMMUNITY–BASED SETTING;

(2) PROVIDE COVERAGE FOR A BROAD SPECTRUM OF LONG–TERM SERVICES AND SUPPORTS, INCLUDING FOR HOME– AND COMMUNITY–BASED SERVICES AND OTHER CARE PROVIDED THROUGH NONINSTITUTIONAL SETTINGS;

(3) PROVIDE COVERAGE THAT MEETS THE PHYSICAL, MENTAL, AND SOCIAL NEEDS OF RECIPIENTS WHILE ALLOWING RECIPIENTS THEIR MAXIMUM POSSIBLE AUTONOMY AND THEIR MAXIMUM POSSIBLE CIVIC, SOCIAL, AND ECONOMIC PARTICIPATION;

(4) PRIORITIZE HOME– AND COMMUNITY–BASED SERVICES OVER INSTITUTIONALIZATION;

(5) BE PROVIDED WITH A PRESUMPTION THAT RECIPIENTS OF ALL AGES AND DISABILITIES WILL RECEIVE LONG–TERM SERVICES AND SUPPORTS THROUGH HOME– AND COMMUNITY–BASED SERVICES UNLESS THE INDIVIDUAL CHOOSES OTHERWISE;

(6) BE PROVIDED WITH THE GOAL OF ENABLING INDIVIDUALS WITH DISABILITIES TO RECEIVE SERVICES IN THE LEAST RESTRICTIVE AND MOST INTEGRATED SETTING APPROPRIATE TO THE INDIVIDUAL'S NEEDS;

(7) BE PROVIDED IN A MANNER THAT ALLOWS INDIVIDUALS WITH DISABILITIES TO MAINTAIN THEIR INDEPENDENCE, SELF–DETERMINATION, AND DIGNITY;

(8) PROVIDE LONG–TERM SERVICES AND SUPPORTS THAT ARE OF EQUAL QUALITY AND EQUALLY ACCESSIBLE ACROSS GEOGRAPHIC REGIONS;

(9) ENSURE THAT LONG–TERM SERVICES AND SUPPORTS PROVIDE MEMBERS THE OPTION OF SELF–DIRECTION OF SERVICES; AND

(10) PROVIDE SERVICES TO SUPPORT ACTIVITIES OF DAILY LIVING AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING FOR INDIVIDUALS WITH FUNCTION LIMITATIONS, WHETHER PHYSICAL OR COGNITIVE.

(E) IN DEVELOPING REGULATIONS TO IMPLEMENT THIS SECTION, THE BOARD SHALL CONSULT WITH RELEVANT STAKEHOLDERS, INCLUDING:

(1) INDIVIDUALS WITH DISABILITIES AND OLDER ADULTS WHO USE LONG–TERM SERVICES AND SUPPORTS;

(2) REPRESENTATIVES OF INDIVIDUALS WITH DISABILITIES OR OF OLDER ADULTS;

(3) GROUPS THAT REPRESENT THE DIVERSITY OF THE POPULATION OF INDIVIDUALS LIVING WITH DISABILITIES, INCLUDING GENDER, RACIAL, AND ECONOMIC DIVERSITY;

(4) PROVIDERS OF LONG–TERM SERVICES AND SUPPORTS, INCLUDING FAMILY ATTENDANTS AND FAMILY CAREGIVERS;

(5) DISABILITY RIGHTS ORGANIZATIONS;

(6) MEMBERS OF ORGANIZED LABOR;

(7) SENIOR GROUPS; AND

(8) RELEVANT ACADEMIC INSTITUTIONS AND RESEARCHERS.

SUBTITLE 7. DELIVERY OF CARE.

25–701.

(A) (1) ANY HEALTH CARE PROVIDER IS QUALIFIED TO PARTICIPATE IN HEALTHY MARYLAND IF:

(I) THE HEALTH CARE PROVIDER IS LICENSED TO PRACTICE IN

THE STATE AND IS IN GOOD STANDING;

(II) THE HEALTH CARE PROVIDER'S SERVICES ARE PERFORMED WHILE PHYSICALLY PRESENT WITHIN THE STATE;

(III) THE HEALTH CARE PROVIDER AGREES TO ACCEPT HEALTHY MARYLAND RATES AS PAYMENT IN FULL FOR ALL COVERED SERVICES; AND

(IV) THE HEALTH CARE PROVIDER HAS FILED WITH THE BOARD A PARTICIPATION AGREEMENT DESCRIBED IN § 25–702 OF THIS SUBTITLE.

(2) THE BOARD SHALL ESTABLISH AND MAINTAIN PROCEDURES AND STANDARDS FOR RECOGNIZING HEALTH CARE PROVIDERS LOCATED OUTSIDE THE STATE FOR PURPOSES OF PROVIDING COVERAGE UNDER HEALTHY MARYLAND FOR MEMBERS WHO REQUIRE OUT–OF–STATE HEALTH CARE SERVICES WHILE TEMPORARILY LOCATED OUTSIDE THE STATE.

(B) ANY HEALTH CARE PROVIDER QUALIFIED TO PARTICIPATE UNDER THIS SECTION MAY PROVIDE COVERED HEALTH CARE SERVICES UNDER HEALTHY MARYLAND IF THE HEALTH CARE PROVIDER IS LEGALLY AUTHORIZED TO PERFORM THE HEALTH CARE SERVICE FOR THE INDIVIDUAL UNDER THE CIRCUMSTANCES INVOLVED.

(C) A MEMBER MAY RECEIVE HEALTH CARE SERVICES UNDER HEALTHY MARYLAND FROM ANY PARTICIPATING HEALTH CARE PROVIDER IF THE RECEIPT OF THE HEALTH CARE SERVICES IS CONSISTENT WITH:

(1) THE REQUIREMENTS OF THIS SECTION AND ANY PROCEDURES OR STANDARDS ESTABLISHED BY THE BOARD UNDER THIS SECTION;

(2) THE WILLINGNESS OR AVAILABILITY OF THE PROVIDER TO PROVIDE THE HEALTH CARE SERVICES TO THE MEMBER;

(3) PROVISIONS OF THIS TITLE RELATING TO DISCRIMINATION; AND

(4) THE APPROPRIATE CLINICALLY RELEVANT CIRCUMSTANCES AND STANDARDS.

(D) (1) A HEALTH CARE PROVIDER MAY NOT USE HEALTH INFORMATION TECHNOLOGY OR CLINICAL PRACTICE GUIDELINES THAT LIMIT THE EFFECTIVE EXERCISE OF THE PROFESSIONAL JUDGMENT OF PHYSICIANS, REGISTERED NURSES, OR OTHER HEALTH CARE PROVIDERS OPERATING WITHIN THE SCOPE OF

PRACTICE OF THE PROVIDER UNDER THE HEALTH OCCUPATIONS ARTICLE.

(2) A PHYSICIAN, A REGISTERED NURSE, OR ANY OTHER HEALTH CARE PROVIDER MAY OVERRIDE HEALTH INFORMATION TECHNOLOGY AND CLINICAL PRACTICE GUIDELINES USED BY A HEALTH CARE PROVIDER IF THE OVERRIDE:

(I) IS CONSISTENT WITH THE HEALTH CARE PROVIDER'S DETERMINATION OF MEDICAL NECESSITY; AND

(II) IN THE PROFESSIONAL JUDGMENT OF THE HEALTH CARE PROVIDER, IS IN THE BEST INTEREST OF THE PATIENT AND CONSISTENT WITH THE PATIENT'S WISHES.

(E) AN ENTITY MAY NOT FURNISH COVERED ITEMS AND SERVICES UNDER THIS TITLE IF THE ENTITY PROVIDES NO ITEMS AND SERVICES DIRECTLY TO MEMBERS, INCLUDING:

(1) ENTITIES THAT ENTER INTO CONTRACTS WITH OTHER ENTITIES OR HEALTH CARE PROVIDERS TO PROVIDE ALL ITEMS AND SERVICES; AND

(2) ENTITIES THAT ARE APPROVED TO COORDINATE CARE PLANS UNDER PART C OF TITLE XVIII OF THE SOCIAL SECURITY ACT BUT DO NOT DIRECTLY PROVIDE THE ITEMS AND SERVICES AUTHORIZED BY THE CARE PLANS.

25–702.

(A) A HEALTH CARE PROVIDER SHALL ENTER INTO A PARTICIPATION AGREEMENT WITH THE BOARD IN ORDER TO QUALIFY AS A PARTICIPATING PROVIDER UNDER HEALTHY MARYLAND.

(B) A PARTICIPATION AGREEMENT BETWEEN THE BOARD AND A HEALTH CARE PROVIDER SHALL:

(1) REQUIRE THE HEALTH CARE PROVIDER TO PROVIDE SERVICES TO ELIGIBLE INDIVIDUALS WITHOUT DISCRIMINATION, IN ACCORDANCE WITH § 25–901(C)(4) OF THIS TITLE;

(2) PROHIBIT THE HEALTH CARE PROVIDER FROM CHARGING A MEMBER FOR ANY COVERED SERVICES OTHER THAN FOR PAYMENT AUTHORIZED BY THIS TITLE;

(3) REQUIRE THE HEALTH CARE PROVIDER TO PROVIDE

INFORMATION REQUESTED BY THE BOARD, IN ACCORDANCE WITH § 25–305 OF THIS TITLE, FOR:

(I) QUALITY REVIEW BY DESIGNATED ENTITIES;

(II) MAKING PAYMENTS UNDER THIS TITLE, INCLUDING THE EXAMINATION OF RECORDS AS MAY BE NECESSARY FOR THE VERIFICATION OF INFORMATION ON WHICH THE PAYMENTS ARE BASED;

(III) STATISTICAL OR OTHER STUDIES REQUIRED FOR THE IMPLEMENTATION OF THIS TITLE; AND

(IV) ANY OTHER PURPOSES REQUIRED BY THE BOARD;

(4) FOR AN INSTITUTIONAL PROVIDER, PROHIBIT THE PROVIDER FROM EMPLOYING OR USING FOR THE PROVISION OF HEALTH SERVICES ANY INDIVIDUAL HEALTH CARE PROVIDER THAT HAS HAD A PARTICIPATION AGREEMENT UNDER THIS SUBSECTION TERMINATED FOR CAUSE;

(5) FOR A HEALTH CARE PROVIDER PAID ON A FEE–FOR–SERVICE BASIS FOR ITEMS AND SERVICES PROVIDED UNDER THIS TITLE, REQUIRE THE PROVIDER TO SUBMIT BILLS AND ANY REQUIRED SUPPORTING DOCUMENTATION RELATING TO THE PROVISION OF COVERED SERVICES WITHIN 30 DAYS AFTER THE DATE OF PROVIDING SUCH SERVICES;

(6) FOR AN INSTITUTIONAL PROVIDER PAID IN ACCORDANCE WITH § 25–802 OF THIS TITLE, REQUIRE THE INSTITUTIONAL PROVIDER TO SUBMIT, IN ACCORDANCE WITH § 25–305 OF THIS TITLE, INFORMATION ON A QUARTERLY BASIS THAT:

(I) RELATES TO THE PROVISION OF COVERED SERVICES; AND

(II) DESCRIBES SERVICES PROVIDED AT A PATIENT LEVEL;

(7) FOR A PROVIDER RECEIVING PAYMENT UNDER THIS TITLE BASED ON DIAGNOSIS–RELATED CODING, PROCEDURE–RELATED CODING, OR ANY OTHER CODING SYSTEM OR DATA:

(I) REQUIRE THE PROVIDER TO DISCLOSE TO THE BOARD:

1. ANY CASE MIX INDEXES, DIAGNOSIS CODING SOFTWARE, PROCEDURE CODING SOFTWARE, OR OTHER CODING SYSTEM USED BY THE PROVIDER FOR THE PURPOSES OF MEETING PAYMENT, GLOBAL BUDGETING, OR

DISCLOSURE REQUIREMENTS UNDER THIS TITLE; AND

2. ANY CASE MIX, DIAGNOSIS CODING GUIDELINES, PROCEDURE CODING GUIDELINES, OR CODING TIP SHEETS USED BY THE PROVIDER FOR THE PURPOSES OF MEETING PAYMENT, GLOBAL BUDGETING, OR DISCLOSURE REQUIREMENTS UNDER THIS TITLE; AND

(II) PROHIBIT THE PROVIDER FROM:

1. USING PROPRIETARY CASE MIX INDEXES, DIAGNOSIS CODING SOFTWARE, PROCEDURE CODING SOFTWARE, OR OTHER CODING SOFTWARE FOR THE PURPOSES OF MEETING PAYMENT, GLOBAL BUDGETING, OR DISCLOSURE REQUIREMENTS UNDER THIS TITLE;

2. REQUIRING ANY HEALTH CARE PROVIDER TO APPLY CASE MIX INDEXES, DIAGNOSIS CODING, PROCEDURE CODING, OR OTHER CODING SYSTEMS IN A MANNER THAT LIMITS THE MEDICAL OR NURSING PROCESS OR LIMITS A TREATING PHYSICIAN'S OR ASSIGNED REGISTERED NURSE'S PROFESSIONAL JUDGMENT IN DETERMINING A DIAGNOSIS, INCLUDING THE USE OF LEADING QUERIES OR PROHIBITIONS ON USING CERTAIN CODES;

3. PROVIDING FINANCIAL INCENTIVES TO PHYSICIANS, REGISTERED NURSES, OR OTHER HEALTH CARE PROVIDERS FOR PARTICULAR CODING RESULTS OR FOR SELECTING CODES WITH HIGHER PAYMENTS;

4. IMPOSING FINANCIAL DISINCENTIVES TO PHYSICIANS, REGISTERED NURSES, OR OTHER HEALTH CARE PROVIDERS FOR PARTICULAR CODING RESULTS OR FOR SELECTING DIAGNOSTIC CODES WITH LOWER PAYMENTS; AND

5. USING CASE MIX INDEXES OR DIAGNOSIS CODING SOFTWARE THAT MAKE SUGGESTIONS FOR HIGHER–SEVERITY DIAGNOSES OR CODING FOR HIGHER–COST PROCEDURES;

(8) REQUIRE THE PROVIDER TO COMPLY WITH THE DUTY OF PATIENT ADVOCACY DESCRIBED IN § 25–902 OF THIS TITLE;

(9) REQUIRE THE PROVIDER TO COMPLY WITH THE PROHIBITIONS AND REQUIREMENTS DESCRIBED IN § 25–703 OF THIS SUBTITLE; AND

(10) FOR AN INSTITUTIONAL PROVIDER, REQUIRE THE INSTITUTIONAL PROVIDER TO AGREE THAT NO BOARD MEMBER, EXECUTIVE, OR ADMINISTRATOR OF THE INSTITUTIONAL PROVIDER WILL RECEIVE COMPENSATION FROM, OWN STOCK

OR HAVE OTHER FINANCIAL INVESTMENTS IN, OR SERVE AS A BOARD MEMBER OF ANY ENTITY THAT CONTRACTS WITH OR PROVIDES ITEMS OR SERVICES, INCLUDING PHARMACEUTICAL PRODUCTS AND MEDICAL DEVICES OR EQUIPMENT, TO THE PROVIDER.

(C) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE A HEALTH CARE PROVIDER TO PROVIDE A TYPE OR CLASS OF SERVICES THAT IS OUTSIDE THE SCOPE OF THE PROVIDER'S NORMAL PRACTICE.

25–703.

(A) A PARTICIPATING PROVIDER:

(1) MAY NOT BILL OR ENTER INTO A PRIVATE CONTRACT WITH AN INDIVIDUAL ELIGIBLE FOR BENEFITS UNDER HEALTHY MARYLAND FOR ANY ITEM OR SERVICE THAT IS A BENEFIT DESCRIBED IN SUBTITLE 6 OF THIS TITLE;

(2) MAY BILL OR ENTER INTO A PRIVATE CONTRACT WITH AN INDIVIDUAL ELIGIBLE FOR BENEFITS UNDER HEALTHY MARYLAND FOR ANY ITEM OR SERVICE THAT IS NOT A BENEFIT DESCRIBED IN SUBTITLE 6 OF THIS TITLE IF:

(I) THE CONTRACT AND PARTICIPATING PROVIDER MEET THE REQUIREMENTS OF SUBSECTIONS (B) AND (C) OF THIS SECTION;

(II) THE ITEM OR SERVICE IS NOT PAYABLE OR AVAILABLE UNDER HEALTHY MARYLAND; AND

(III) THE PARTICIPATING PROVIDER DOES NOT RECEIVE:

1. REIMBURSEMENT UNDER HEALTHY MARYLAND DIRECTLY OR INDIRECTLY FOR THE ITEM OR SERVICE; AND

2. ANY AMOUNT FOR THE ITEM OR SERVICE FROM AN ORGANIZATION THAT RECEIVES REIMBURSEMENT FOR THE ITEM OR SERVICE UNDER HEALTHY MARYLAND DIRECTLY OR INDIRECTLY; AND

(3) MAY BILL OR ENTER INTO A PRIVATE CONTRACT WITH ANY INDIVIDUAL INELIGIBLE FOR BENEFITS UNDER HEALTHY MARYLAND FOR ANY ITEM OR SERVICE.

(B) A CONTRACT TO PROVIDE ITEMS AND SERVICES DESCRIBED IN SUBSECTION (A)(2) OF THIS SECTION:

(1) SHALL BE IN WRITING AND SIGNED BY THE INDIVIDUAL OR AUTHORIZED REPRESENTATIVE OF THE INDIVIDUAL RECEIVING THE ITEM OR SERVICE BEFORE THE ITEM OR SERVICE IS FURNISHED;

(2) MAY NOT BE ENTERED INTO AT A TIME WHEN THE INDIVIDUAL IS FACING AN EMERGENCY HEALTH CARE SITUATION; AND

(3) SHALL CLEARLY INDICATE TO THE INDIVIDUAL RECEIVING THE ITEMS AND SERVICES THAT BY SIGNING THE CONTRACT THE INDIVIDUAL:

(I) AGREES NOT TO SUBMIT A CLAIM UNDER HEALTHY MARYLAND FOR THE ITEMS OR SERVICES;

(II) ACCEPTS RESPONSIBILITY FOR PAYMENT OF THE ITEMS OR SERVICES AND UNDERSTANDS THAT NO REIMBURSEMENT WILL BE PROVIDED UNDER HEALTHY MARYLAND FOR THE ITEMS OR SERVICES;

(III) ACKNOWLEDGES THAT NO LIMITS UNDER HEALTHY MARYLAND APPLY TO AMOUNTS THAT MAY BE CHARGED FOR THE ITEMS OR SERVICES; AND

(IV) ACKNOWLEDGES THAT THE PARTICIPATING PROVIDER IS PROVIDING SERVICES OUTSIDE THE SCOPE OF HEALTHY MARYLAND.

(C) A PARTICIPATING PROVIDER THAT ENTERS INTO A CONTRACT DESCRIBED IN SUBSECTION (A)(2) OF THIS SECTION SHALL HAVE IN EFFECT DURING THE PERIOD AN ITEM OR A SERVICE IS TO BE PROVIDED AN AFFIDAVIT THAT:

(1) IDENTIFIES THE PARTICIPATING PROVIDER THAT IS TO FURNISH THE ITEM OR SERVICE;

(2) STATES THAT THE PARTICIPATING PROVIDER WILL NOT SUBMIT ANY CLAIM UNDER HEALTHY MARYLAND FOR ANY ITEM OR SERVICE PROVIDED TO ANY INDIVIDUAL ENROLLED UNDER HEALTHY MARYLAND;

(3) IS SIGNED BY THE PARTICIPATING PROVIDER; AND

(4) IS FILED WITH THE BOARD NOT LATER THAN 10 DAYS AFTER ENTERING INTO THE FIRST CONTRACT TO WHICH THE AFFIDAVIT APPLIES.

(D) IF A PROVIDER THAT SIGNS AN AFFIDAVIT DESCRIBED IN SUBSECTION (C) OF THIS SECTION KNOWINGLY AND WILLFULLY SUBMITS A CLAIM UNDER THIS TITLE FOR ANY ITEM OR SERVICE PROVIDED OR RECEIVES ANY REIMBURSEMENT OR

AMOUNT FOR AN ITEM OR A SERVICE PROVIDED UNDER A CONTRACT DESCRIBED IN SUBSECTION (A)(2) OF THIS SECTION:

(1) THE CONTRACT SHALL BE NULL AND VOID; AND

(2) NO PAYMENT SHALL BE MADE UNDER THIS TITLE FOR ANY ITEM OR SERVICE FURNISHED BY THE PROVIDER DURING THE 1–YEAR PERIOD BEGINNING ON THE DATE THE AFFIDAVIT WAS SIGNED.

25–704.

(A) AN INSTITUTIONAL OR INDIVIDUAL PROVIDER WHO IS NOT A PARTICIPATING PROVIDER:

(1) IF THE CONTRACT MEETS THE REQUIREMENTS OF § 25–703(B) OF THIS SUBTITLE AND THE PROVIDER MEETS THE REQUIREMENTS OF § 25–703(C) OF THIS SUBTITLE, MAY BILL OR ENTER INTO ANY PRIVATE CONTRACT WITH ANY INDIVIDUAL ELIGIBLE FOR BENEFITS UNDER HEALTHY MARYLAND FOR ANY ITEM OR SERVICE THAT IS A BENEFIT DESCRIBED IN SUBTITLE 6 OF THIS TITLE; AND

(2) MAY BILL OR ENTER INTO A PRIVATE CONTRACT WITH ANY INDIVIDUAL FOR AN ITEM OR A SERVICE THAT IS NOT A BENEFIT UNDER SUBTITLE 6 OF THIS TITLE.

(B) A CONTRACT TO PROVIDE ITEMS AND SERVICES DESCRIBED IN SUBSECTION (A) OF THIS SECTION:

(1) SHALL BE IN WRITING AND SIGNED BY THE INDIVIDUAL OR AUTHORIZED REPRESENTATIVE OF THE INDIVIDUAL RECEIVING THE ITEM OR SERVICE BEFORE THE ITEM OR SERVICE IS FURNISHED;

(2) MAY NOT BE ENTERED INTO AT A TIME WHEN THE INDIVIDUAL IS FACING AN EMERGENCY HEALTH CARE SITUATION; AND

(3) SHALL CLEARLY INDICATE TO THE INDIVIDUAL RECEIVING THE ITEMS AND SERVICES THAT BY SIGNING THE CONTRACT THE INDIVIDUAL:

(I) ACKNOWLEDGES THAT THE INDIVIDUAL HAS THE RIGHT TO HAVE SUCH ITEMS OR SERVICES PROVIDED UNDER HEALTHY MARYLAND;

(II) AGREES NOT TO SUBMIT A CLAIM UNDER THIS TITLE FOR THE ITEMS OR SERVICES EVEN IF SUCH ITEMS OR SERVICES ARE OTHERWISE COVERED BY THIS TITLE;

(III) AGREES TO BE RESPONSIBLE FOR PAYMENT OF THE ITEMS OR SERVICES AND UNDERSTANDS THAT NO REIMBURSEMENT WILL BE PROVIDED UNDER HEALTHY MARYLAND FOR SUCH ITEMS OR SERVICES;

(IV) ACKNOWLEDGES THAT NO LIMITS UNDER HEALTHY MARYLAND APPLY TO AMOUNTS THAT MAY BE CHARGED FOR THE ITEMS OR SERVICES; AND

(V) ACKNOWLEDGES THAT THE PROVIDER IS PROVIDING SERVICES OUTSIDE HEALTHY MARYLAND.

(C) A PROVIDER THAT ENTERS INTO A CONTRACT DESCRIBED IN SUBSECTION (A) OF THIS SECTION SHALL HAVE IN EFFECT DURING THE PERIOD ANY ITEM OR SERVICE IS TO BE PROVIDED AN AFFIDAVIT THAT:

(1) IDENTIFIES THE PROVIDER THAT IS TO FURNISH THE COVERED ITEM OR SERVICE;

(2) STATES THAT THE PROVIDER WILL NOT SUBMIT ANY CLAIM UNDER HEALTHY MARYLAND FOR ANY COVERED ITEM OR SERVICE PROVIDED TO ANY INDIVIDUAL ENROLLED UNDER HEALTHY MARYLAND DURING THE 1–YEAR PERIOD BEGINNING ON THE DATE THE AFFIDAVIT IS SIGNED;

(3) IS SIGNED BY THE PROVIDER; AND

(4) IS FILED WITH THE BOARD NOT LATER THAN 10 DAYS AFTER ENTERING INTO THE FIRST CONTRACT TO WHICH THE AFFIDAVIT APPLIES.

(D) IF A PROVIDER THAT SIGNS AN AFFIDAVIT DESCRIBED IN SUBSECTION (C) OF THIS SECTION KNOWINGLY AND WILLFULLY SUBMITS A CLAIM UNDER THIS TITLE FOR ANY ITEM OR SERVICE PROVIDED OR RECEIVES ANY REIMBURSEMENT OR AMOUNT FOR AN ITEM OR A SERVICE PROVIDED UNDER A PRIVATE CONTRACT DESCRIBED IN SUBSECTION (A) OF THIS SECTION:

(1) ANY CONTRACT DESCRIBED IN SUBSECTION (A) OF THIS SECTION SHALL BE NULL AND VOID; AND

(2) NO PAYMENT SHALL BE MADE UNDER THIS TITLE FOR ANY ITEM OR SERVICE FURNISHED BY THE PROVIDER DURING THE 1–YEAR PERIOD BEGINNING ON THE DATE THE AFFIDAVIT WAS SIGNED.

25–705.

(A) A PARTICIPATION AGREEMENT IN EFFECT UNDER § 25–702 OF THIS SUBTITLE MAY BE TERMINATED WITH APPROPRIATE NOTICE:

(1) BY THE BOARD, FOR FAILURE TO MEET THE REQUIREMENTS OF THIS TITLE; OR

(2) BY THE PARTICIPATING PROVIDER.

(B) THE BOARD MAY NOT TERMINATE A PARTICIPATION AGREEMENT OR IN ANY OTHER WAY DISCRIMINATE AGAINST, OR CAUSE TO BE DISCRIMINATED AGAINST, A PARTICIPATING PROVIDER OR AN AUTHORIZED REPRESENTATIVE OF THE PARTICIPATING PROVIDER FOR:

(1) PROVIDING, OR CAUSING TO BE PROVIDED, TO THE FEDERAL GOVERNMENT, OR THE ATTORNEY GENERAL OF A STATE, INFORMATION RELATING TO A VIOLATION OF, OR AN ACT OR OMISSION THAT THE PARTICIPATING PROVIDER OR AUTHORIZED REPRESENTATIVE REASONABLY BELIEVES TO BE A VIOLATION OF, ANY PROVISION OF THIS TITLE;

(2) TESTIFYING IN A PROCEEDING ABOUT A VIOLATION DESCRIBED IN ITEM (1) OF THIS SUBSECTION;

(3) ASSISTING OR PARTICIPATING IN A PROCEEDING DESCRIBED IN ITEM (2) OF THIS SUBSECTION; OR

(4) OBJECTING TO, OR REFUSING TO PARTICIPATE IN, ANY ACTIVITY, POLICY, PRACTICE, OR ASSIGNED TASK THAT THE PARTICIPATING PROVIDER OR AUTHORIZED REPRESENTATIVE REASONABLY BELIEVES TO BE IN VIOLATION OF ANY PROVISION OF THIS TITLE.

(C) A PARTICIPATING PROVIDER OR AN AUTHORIZED REPRESENTATIVE OF THE PARTICIPATING PROVIDER THAT BELIEVES THAT THE PARTICIPATING PROVIDER OR AUTHORIZED REPRESENTATIVE HAS BEEN DISCRIMINATED AGAINST IN VIOLATION OF THIS SECTION MAY SEEK RELIEF IN ACCORDANCE WITH TITLE 11, SUBTITLE 3 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

25–706.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "EMPLOYEE" MEANS ANY INDIVIDUAL PERFORMING ACTIVITIES

UNDER THIS TITLE ON BEHALF OF AN EMPLOYER.

(3) "EMPLOYER" MEANS ANY PERSON ENGAGED IN A FOR–PROFIT OR NONPROFIT BUSINESS OR INDUSTRY, INCLUDING ONE OR MORE INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS, CORPORATIONS, TRUSTS, PROFESSIONAL MEMBERSHIP ORGANIZATIONS, UNINCORPORATED ORGANIZATIONS, NONGOVERNMENTAL ORGANIZATIONS, OR TRUSTEES, AND SUBJECT TO LIABILITY FOR VIOLATING THE PROVISIONS OF THIS TITLE.

(B) AN EMPLOYER MAY NOT TERMINATE OR OTHERWISE DISCRIMINATE AGAINST AN EMPLOYEE BECAUSE THE EMPLOYEE OR A PERSON ACTING AT THE REQUEST OF THE EMPLOYEE:

(1) NOTIFIED THE BOARD OR THE EMPLOYEE'S EMPLOYER OF ANY ALLEGED VIOLATION OF THIS TITLE;

(2) REFUSED TO ENGAGE IN A PRACTICE MADE UNLAWFUL BY THIS TITLE, IF THE EMPLOYEE HAS IDENTIFIED THE ALLEGED UNLAWFUL PRACTICE TO THE EMPLOYER;

(3) COMMENCED OR CAUSED TO BE COMMENCED, OR PLANS TO COMMENCE OR CAUSE TO BE COMMENCED, A PROCEEDING UNDER THIS TITLE;

(4) TESTIFIED IN A PROCEEDING ABOUT A VIOLATION OF THIS TITLE; OR

(5) ASSISTED OR PARTICIPATED, IN ANY MANNER, OR PLANS TO ASSIST OR PARTICIPATE IN ANY MANNER, IN A PROCEEDING OR IN ANY OTHER ACTION TO CARRY OUT THE PURPOSES OF THIS TITLE.

(C) AN EMPLOYEE WHO ALLEGES THAT AN EMPLOYER ENGAGED IN DISCRIMINATION IN VIOLATION OF SUBSECTION (A) OF THIS SECTION MAY FILE A CIVIL ACTION IN ACCORDANCE WITH TITLE 8 OF THE GENERAL PROVISIONS ARTICLE.

(D) (1) THE RIGHTS, PRIVILEGES, AND REMEDIES IN THIS SECTION MAY NOT BE WAIVED BY AGREEMENT, POLICY, FORM, OR CONDITION OF EMPLOYMENT.

(2) THIS SECTION MAY NOT BE CONSTRUED TO:

(I) DIMINISH THE RIGHTS, PRIVILEGES, OR REMEDIES OF ANY EMPLOYEE UNDER ANY OTHER LAW OR REGULATION, OR UNDER ANY COLLECTIVE BARGAINING AGREEMENT; OR

(II) PREEMPT OR DIMINISH ANY OTHER LAW OR REGULATION AGAINST DEMOTION, DISCHARGE, SUSPENSION, THREATS, HARASSMENT, REPRIMAND, RETALIATION, OR ANY OTHER MANNER OF DISCRIMINATION.

SUBTITLE 8. PAYMENT FOR HEALTH CARE SERVICES.

25–801.

(A) THE BOARD SHALL ADOPT REGULATIONS REGARDING CONTRACTING AND ESTABLISHING PAYMENT METHODOLOGIES FOR COVERED HEALTH CARE SERVICES PROVIDED TO MEMBERS UNDER HEALTHY MARYLAND BY PARTICIPATING PROVIDERS.

(B) PAYMENT RATES UNDER THE HEALTHY MARYLAND PROGRAM SHALL BE REASONABLE AND REASONABLY RELATED TO:

(1) THE COST OF EFFICIENTLY PROVIDING THE HEALTH CARE SERVICE; AND

(2) ENSURING AN ADEQUATE AND ACCESSIBLE SUPPLY OF HEALTH CARE SERVICES.

(C) (1) THE BOARD SHALL PAY A PARTICIPATING PROVIDER THAT IS AN INSTITUTIONAL PROVIDER A QUARTERLY GLOBAL BUDGET PAYMENT IN ACCORDANCE WITH § 25–802 OF THIS SUBTITLE.

(2) A PARTICIPATING PROVIDER THAT RECEIVES A GLOBAL BUDGET PAYMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL ACCEPT THE PAYMENT AS PAYMENT IN FULL FOR ALL COVERED ITEMS AND SERVICES UNDER HEALTHY MARYLAND, INCLUDING OUTPATIENT OR OTHER CARE PROVIDED BY THE PARTICIPATING PROVIDER.

(3) PAYMENT TO INDIVIDUAL PROVIDERS UNDER THIS SECTION MAY NOT INCLUDE PAYMENTS TO INDIVIDUAL PROVIDERS IN SALARIED POSITIONS OF PARTICIPATING PROVIDERS RECEIVING GLOBAL BUDGET PAYMENTS UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(D) (1) HEALTH CARE SERVICES PROVIDED TO MEMBERS UNDER HEALTHY MARYLAND BY PARTICIPATING PROVIDERS WHO ARE INDIVIDUAL PROVIDERS SHALL BE PAID FOR ON A FEE–FOR–SERVICE BASIS UNDER § 25–803 OF THIS SUBTITLE UNLESS AND UNTIL THE BOARD ESTABLISHES ANOTHER PAYMENT METHODOLOGY.

(2) THERE IS A REBUTTABLE PRESUMPTION THAT THE MEDICARE RATE OF REIMBURSEMENT CONSTITUTES A REASONABLE FEE–FOR–SERVICE PAYMENT RATE.

(E) (1) PAYMENT FOR HEALTH CARE SERVICES ESTABLISHED UNDER THIS SUBTITLE SHALL BE CONSIDERED PAYMENT IN FULL.

(2) A PARTICIPATING HEALTH CARE PROVIDER MAY NOT:

(I) CHARGE ANY RATE IN EXCESS OF THE PAYMENT ESTABLISHED UNDER THIS SUBTITLE FOR ANY HEALTH CARE SERVICE PROVIDED TO A MEMBER UNDER HEALTHY MARYLAND; OR

(II) EXCEPT AS PROVIDED UNDER A FEDERAL PROGRAM, SOLICIT OR ACCEPT PAYMENT FROM ANY MEMBER OR THIRD PARTY FOR ANY HEALTH CARE SERVICE.

(3) THIS SECTION DOES NOT PRECLUDE HEALTHY MARYLAND FROM ACTING AS A PRIMARY OR SECONDARY PAYER IN CONJUNCTION WITH ANOTHER THIRD–PARTY PAYOR WHEN ALLOWED BY A FEDERAL PROGRAM.

(F) (1) HEALTHY MARYLAND MAY ADOPT, BY REGULATION, PAYMENT METHODOLOGIES FOR THE PAYMENT OF CAPITAL–RELATED EXPENSES FOR SPECIFICALLY IDENTIFIED CAPITAL EXPENDITURES INCURRED BY A PARTICIPATING PROVIDER THAT IS A HEALTH CARE FACILITY AS DEFINED IN § 19–114 OF THIS ARTICLE.

(2) ANY CAPITAL–RELATED EXPENSE GENERATED BY A CAPITAL EXPENDITURE THAT REQUIRES PRIOR APPROVAL BY HEALTHY MARYLAND MUST HAVE RECEIVED APPROVAL TO BE PAID BY HEALTHY MARYLAND.

(3) A PARTICIPATING PROVIDER SEEKING FUNDS FOR CAPITAL EXPENDITURES SHALL PRESENT A BUDGET FOR REVIEW TO THE BOARD.

(4) PRIORITY FOR CAPITAL EXPENDITURES SHALL BE GIVEN TO PROJECTS THAT ADDRESS A MEDICALLY UNDERSERVED AREA OR POPULATION, OR SEEK TO ADDRESS HEALTH DISPARITIES DUE TO RACE, ETHNICITY, INCOME, OR GEOGRAPHIC REGION.

(5) THE BOARD MAY NOT PROVIDE FUNDING FOR CAPITAL EXPENDITURES UNDER THIS SECTION THAT ARE FINANCED DIRECTLY OR INDIRECTLY THROUGH THE DIVERSION OF HEALTHY MARYLAND FUNDS THAT

RESULTS IN REDUCTIONS IN DIRECT CARE TO PATIENTS, INCLUDING REDUCTIONS IN REGISTERED NURSING STAFFING PATTERNS AND CHANGES IN EMERGENCY ROOM OR PRIMARY CARE SERVICES OR AVAILABILITY.

(G) (1) A PARTICIPATING PROVIDER THAT IS AN INSTITUTIONAL PROVIDER SHALL MAINTAIN SEPARATE ACCOUNTS FOR PAYMENTS MADE UNDER THIS SUBTITLE FOR OPERATIONS AND CAPITAL EXPENDITURES.

(2) AN INSTITUTIONAL PROVIDER MAY NOT:

(I) USE PAYMENTS MADE FOR OPERATIONS FOR CAPITAL EXPENDITURES OR FOR PROFIT; OR

(II) USE PAYMENTS MADE FOR CAPITAL EXPENDITURES FOR OPERATIONS.

(H) THE BOARD SHALL ESTABLISH PAYMENT METHODOLOGIES AND AN ANNUAL BUDGET FOR SPECIAL PROJECTS TO BE USED FOR THE CONSTRUCTION OF NEW FACILITIES, MAJOR EQUIPMENT PURCHASES, AND STAFFING IN RURAL OR MEDICALLY UNDERSERVED AREAS, AS DEFINED IN § 330(B)(3) OF THE PUBLIC HEALTH SERVICE ACT, INCLUDING AREAS DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS, AS DEFINED IN § 332(A) OF THE PUBLIC HEALTH SERVICE ACT.

(I) THE PAYMENT METHODOLOGIES AND RATES ESTABLISHED BY THE BOARD UNDER THIS SECTION SHALL INCLUDE A DISTINCT COMPONENT OF REIMBURSEMENT FOR DIRECT AND INDIRECT GRADUATE MEDICAL EDUCATION.

(J) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE BOARD SHALL ADOPT, BY REGULATION, PAYMENT METHODOLOGIES AND PROCEDURES FOR PAYING FOR HEALTH CARE SERVICES PROVIDED TO A MEMBER WHILE THE MEMBER IS TEMPORARILY LOCATED OUTSIDE THE STATE.

(2) THE PAYMENT METHODOLOGIES AND PROCEDURES ESTABLISHED BY THE BOARD UNDER THIS SUBSECTION SHALL:

(I) PROVIDE FOR THE PAYMENT OF HEALTH CARE SERVICES THAT ARE:

1. MEDICALLY NECESSARY AS DETERMINED BY THE MEMBER'S TREATING PHYSICIAN; AND

2. IN ACCORDANCE WITH THE HEALTHY MARYLAND PROGRAM STANDARDS ESTABLISHED UNDER SUBTITLE 9 OF THIS TITLE AND BY

THE BOARD; AND

(II) PROVIDE FOR THE PAYMENT OF HEALTH CARE SERVICES PROVIDED BY A MEMBER'S TREATING PHYSICIAN AS AN APPROVED HEALTH CARE PROVIDER UNDER § 25–701 OF THIS TITLE.

25–802.

(A) THIS SECTION APPLIES ONLY WITH RESPECT TO A PARTICIPATING PROVIDER THAT IS AN INSTITUTIONAL PROVIDER.

(B) (1) NOT LATER THAN THE BEGINNING OF EACH FISCAL QUARTER DURING WHICH A PARTICIPATING PROVIDER IS TO FURNISH ITEMS AND SERVICES UNDER HEALTHY MARYLAND, THE BOARD SHALL PAY TO THE INSTITUTIONAL PROVIDER A GLOBAL BUDGET PAYMENT IN ACCORDANCE WITH THIS SECTION.

(2) A GLOBAL BUDGET PAYMENT UNDER THIS SECTION IS PAYMENT IN FULL FOR ALL OPERATING EXPENSES OF AN INSTITUTIONAL PROVIDER FOR THE QUARTER.

(3) THE BOARD, ON A QUARTERLY BASIS, SHALL:

(I) REVIEW WHETHER THE REQUIREMENTS OF THE PARTICIPATING PROVIDER'S PARTICIPATION AGREEMENT AND GLOBAL BUDGET NEGOTIATED UNDER THIS SUBSECTION HAVE BEEN PERFORMED; AND

(II) DETERMINE WHETHER ADJUSTMENTS TO THE PARTICIPATING PROVIDER'S PAYMENT ARE WARRANTED.

(4) THE BOARD MAY AUTHORIZE A PARTICIPATING PROVIDER WHO IS AN INDIVIDUAL PROVIDER WHO PROVIDES ITEMS AND SERVICES AS A PARTICIPATING PROVIDER THAT IS AN INSTITUTIONAL PROVIDER TO BE PAID THROUGH A GLOBAL BUDGET NEGOTIATED UNDER THIS SUBSECTION INSTEAD OF PAYMENT UNDER § 25–803 OF THIS SUBTITLE.

(5) A PARTICIPATING PROVIDER WHO IS AN INDIVIDUAL PROVIDER WHO RECEIVES PAYMENT UNDER PARAGRAPH (4) OF THIS SUBSECTION:

(I) SHALL BE PAID A SALARY THAT IS COMPARABLE TO THE SALARY FOR A PROVIDER WHO IS AN EMPLOYEE OF THE INSTITUTIONAL PROVIDER; AND

(II) IS SUBJECT TO THE SAME REPORTING AND DISCLOSURE

REQUIREMENTS AS THE INSTITUTIONAL PROVIDER.

(C) (1) BEFORE THE START OF A FISCAL YEAR, THE BOARD AND A PARTICIPATING PROVIDER SHALL NEGOTIATE THE AMOUNT OF EACH GLOBAL BUDGET PAYMENT FOR THAT FISCAL YEAR.

(2) THE AMOUNT NEGOTIATED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL TAKE INTO ACCOUNT, FOR EACH PARTICIPATING PROVIDER:

(I) THE VOLUME OF SERVICES PROVIDED IN THE IMMEDIATELY PRECEDING 3–YEAR PERIOD;

(II) THE ACTUAL EXPENDITURES OF THE INSTITUTIONAL PROVIDER FOR EACH ITEM AND SERVICE, AS COMPARED TO:

1. OTHER INSTITUTIONAL PROVIDERS WITHIN THE INSTITUTIONAL PROVIDER'S MARKET; OR

2. COMPARATIVE PAYMENT RATE SYSTEMS DESCRIBED UNDER SUBSECTION (F) OF THIS SECTION FOR THE ITEMS AND SERVICES FURNISHED BY THE PROVIDER;

(III) EXPENDITURES OF SIMILARLY SITUATED INSTITUTIONAL PROVIDERS;

(IV) PROJECTED CHANGES IN THE VOLUME AND TYPE OF ITEMS AND SERVICES TO BE FURNISHED;

(V) WAGES FOR EMPLOYEES, INCLUDING NECESSARY INCREASES TO ENSURE MINIMUM SAFE REGISTERED NURSE–TO–PATIENT STAFFING RATIOS AND OPTIMAL STAFFING LEVELS FOR PHYSICIANS AND OTHER HEALTH CARE WORKERS;

(VI) THE PROVIDER'S MAXIMUM CAPACITY TO PROVIDE ITEMS AND SERVICES;

(VII) EDUCATION AND PREVENTION PROGRAMS;

(VIII) PERMISSIBLE ADJUSTMENTS TO THE OPERATING BUDGET DUE TO FACTORS, INCLUDING:

1. INCREASING PRIMARY AND SPECIALTY CARE ACCESS;

2. DECREASING DISPARITIES IN RURAL OR MEDICALLY UNDERSERVED AREAS;

3. RESPONDING TO EMERGENT EPIDEMIC CONCERNS; AND

4. PROPOSED NEW AND INNOVATIVE PATIENT CARE PROGRAMS AT THE INSTITUTIONAL LEVEL; AND

(IX) ANY OTHER FACTOR DETERMINED APPROPRIATE BY THE BOARD.

(D) IN ADDITION TO THE LIMITATIONS AND REQUIREMENTS DESCRIBED IN § 25–804 OF THIS SUBTITLE, PAYMENT AMOUNTS NEGOTIATED UNDER THIS SECTION MAY NOT:

(1) TAKE INTO ACCOUNT CAPITAL EXPENDITURES OR ANY OTHER EXPENDITURE NOT DIRECTLY ASSOCIATED WITH THE PROVISION OF ITEMS AND SERVICES BY THE PARTICIPATING PROVIDER TO AN INDIVIDUAL;

(2) BE USED BY A PARTICIPATING PROVIDER FOR CAPITAL EXPENDITURES;

(3) EXCEED THE PARTICIPATING PROVIDER'S CAPACITY TO PROVIDE CARE; AND

(4) BE USED TO PAY OR OTHERWISE COMPENSATE ANY BOARD MEMBER, EXECUTIVE, OR ADMINISTRATOR OF THE PARTICIPATING PROVIDER WHO HAS AN INTEREST OR RELATIONSHIP THAT IS PROHIBITED UNDER THIS TITLE.

(E) OPERATING EXPENSES OF A PARTICIPATING PROVIDER MAY INCLUDE:

(1) THE COST OF ALL SERVICES ASSOCIATED WITH THE PROVISION OF INPATIENT CARE AND OUTPATIENT CARE, INCLUDING:

(I) WAGES AND SALARY COSTS FOR PHYSICIANS, NURSES, AND OTHER HEALTH CARE PROVIDERS EMPLOYED BY A PARTICIPATING PROVIDER;

(II) WAGES AND SALARY COSTS FOR ALL OTHER STAFF AND SERVICES;

(III) COSTS OF ALL PHARMACEUTICAL PRODUCTS ADMINISTERED BY HEALTH CARE PROVIDERS AT THE PARTICIPATING PROVIDER'S

FACILITIES OR THROUGH SERVICES PROVIDED IN ACCORDANCE WITH STATE LICENSING LAWS OR REGULATIONS UNDER WHICH THE PARTICIPATING PROVIDER OPERATES;

(IV) PURCHASING AND MAINTENANCE OF MEDICAL DEVICES, SUPPLIES, AND OTHER HEALTH CARE TECHNOLOGIES, INCLUDING DIAGNOSTIC TESTING EQUIPMENT;

(V) COSTS OF ALL INCIDENTAL SERVICES NECESSARY FOR SAFE PATIENT CARE; AND

(VI) COSTS OF PATIENT CARE, EDUCATION, AND PREVENTION PROGRAMS, INCLUDING OCCUPATIONAL HEALTH AND SAFETY PROGRAMS AND PUBLIC HEALTH PROGRAMS, FOR THE CONTINUED EDUCATION AND HEALTH AND SAFETY OF HEALTH CARE PROVIDERS AND OTHER INDIVIDUALS EMPLOYED BY THE INSTITUTIONAL PROVIDER; AND

(2) ADMINISTRATIVE COSTS FOR THE INSTITUTIONAL PROVIDER.

(F) (1) THE BOARD SHALL USE THE EXISTING MEDICARE PROSPECTIVE PAYMENT SYSTEMS ESTABLISHED UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT TO SERVE AS THE COMPARATIVE PAYMENT RATE SYSTEM IN GLOBAL BUDGET NEGOTIATIONS DESCRIBED IN THIS SECTION.

(2) THE BOARD SHALL UPDATE THE COMPARATIVE PAYMENT RATE SYSTEM ANNUALLY.

(3) IN DEVELOPING THE COMPARATIVE PAYMENT RATE SYSTEM, THE BOARD SHALL USE ONLY THE OPERATING BASE PAYMENT RATES UNDER EACH MEDICARE PROSPECTIVE PAYMENT SYSTEM WITH APPLICABLE ADJUSTMENTS.

(4) THE COMPARATIVE PAYMENT RATE SYSTEM ESTABLISHED UNDER THIS SUBSECTION MAY NOT INCLUDE THE VALUE–BASED PAYMENT ADJUSTMENTS AND THE CAPITAL EXPENSES BASE PAYMENT RATES THAT MAY BE INCLUDED IN A MEDICARE PROSPECTIVE PAYMENT SYSTEM.

(5) IN THE FIRST YEAR THAT GLOBAL BUDGET PAYMENTS UNDER HEALTHY MARYLAND ARE AVAILABLE TO PARTICIPATING PROVIDERS AND FOR THE PURPOSES OF SELECTING A COMPARATIVE PAYMENT RATE SYSTEM USED DURING INITIAL GLOBAL BUDGET NEGOTIATIONS FOR EACH PARTICIPATING PROVIDER, THE BOARD SHALL:

(I) TAKE INTO ACCOUNT THE APPROPRIATE PROSPECTIVE

PAYMENT SYSTEM FROM THE MOST RECENT YEAR UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT;

(II) USE THE PROSPECTIVE PAYMENT SYSTEM IDENTIFIED IN ITEM (I) OF THIS PARAGRAPH TO DETERMINE THE OPERATING BASE PAYMENT THAT THE PARTICIPATING PROVIDER WOULD HAVE BEEN PAID FOR COVERED ITEMS AND SERVICES FURNISHED BY THE PARTICIPATING PROVIDER DURING THE PRECEDING YEAR; AND

(III) APPLY APPLICABLE ADJUSTMENTS BASED ON THE PROSPECTIVE PAYMENT SYSTEM IDENTIFIED IN ITEM (I) OF THIS PARAGRAPH, EXCLUDING VALUE–BASED PAYMENT ADJUSTMENTS.

25–803.

(A) HEALTHY MARYLAND SHALL ENGAGE IN GOOD FAITH NEGOTIATIONS WITH HEALTH CARE PROVIDER REPRESENTATIVES UNDER SUBTITLE 12 OF THIS TITLE ON:

(1) FEE–FOR–SERVICE RATES OF PAYMENT FOR HEALTH CARE SERVICES;

(2) RATES OF PAYMENT FOR PRESCRIPTION AND NONPRESCRIPTION DRUGS; AND

(3) PAYMENT METHODOLOGIES.

(B) THE NEGOTIATIONS REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL BE CONDUCTED ANNUALLY THROUGH A SINGLE ENTITY ON BEHALF OF HEALTHY MARYLAND FOR PRESCRIPTION AND NONPRESCRIPTION DRUGS.

(C) (1) THE BOARD SHALL ESTABLISH A PRESCRIPTION DRUG FORMULARY.

(2) THE FORMULARY ESTABLISHED UNDER THIS SUBSECTION SHALL:

(I) DISCOURAGE THE USE OF INEFFECTIVE, DANGEROUS, OR EXCESSIVELY COSTLY MEDICATIONS WHEN BETTER ALTERNATIVES ARE AVAILABLE; AND

(II) PROMOTE THE USE OF GENERIC MEDICATIONS TO THE GREATEST EXTENT POSSIBLE.

(3) CLINICIANS AND PATIENTS MAY PETITION THE BOARD TO ADD NEW PHARMACEUTICALS OR TO REMOVE INEFFECTIVE OR DANGEROUS MEDICATIONS FROM THE FORMULARY.

(4) THE BOARD SHALL DEVELOP AND IMPLEMENT RULES REGARDING THE USE OF OFF–FORMULARY MEDICATIONS WHICH ALLOW FOR PATIENT ACCESS BUT DO NOT COMPROMISE THE FORMULARY.

(D) THE BOARD SHALL:

(1) ESTABLISH FEE–FOR–SERVICE RATES OF PAYMENT THAT ARE FAIR AND OPTIMAL; AND

(2) UPDATE THE FEE SCHEDULE ANNUALLY.

(E) IN THE FIRST YEAR THAT FEE–FOR–SERVICE PAYMENTS UNDER HEALTHY MARYLAND ARE AVAILABLE TO INDIVIDUAL PROVIDERS, THE FEE–FOR–SERVICE REIMBURSEMENTS AVAILABLE UNDER THE MEDICARE PROGRAM IN EFFECT AT THE TIME SHALL BE THE BASIS FOR NEGOTIATION OF FEES FOR ALL ITEMS AND SERVICES COVERED UNDER THIS TITLE.

25–804.

PAYMENTS TO PARTICIPATING PROVIDERS UNDER THIS SUBTITLE MAY NOT TAKE INTO ACCOUNT, ALLOW, OR INCLUDE ANY PROCESS FOR THE PROVISION OF FUNDING FOR:

(1) MARKETING OF THE PARTICIPATING PROVIDER;

(2) THE PARTICIPATING PROVIDER'S PROFIT, REVENUE, OR FINANCIAL STANDING, OR INCREASING THE PARTICIPATING PROVIDER'S PROFIT, REVENUE, OR FINANCIAL STANDING;

(3) INCENTIVE PAYMENTS, BONUSES, OR OTHER COMPENSATION BASED ON PATIENT UTILIZATION OF ITEMS OR SERVICES OR ANY OTHER FINANCIAL MEASURE APPLIED WITH RESPECT TO THE PARTICIPATING PROVIDER OR ANY GROUP PRACTICE, CLINICALLY INTEGRATED ORGANIZATION, OR OTHER ENTITY WITH WHICH THE PARTICIPATING PROVIDER CONTRACTS OR HAS A PECUNIARY INTEREST, INCLUDING ANY VALUE–BASED PAYMENT OR EMPLOYMENT–BASED COMPENSATION; OR

(4) ANY AGREEMENT OR ARRANGEMENT DESCRIBED IN § 203(A)(4) OF THE LABOR–MANAGEMENT REPORTING AND DISCLOSURE ACT OF 1959.

SUBTITLE 9. PROGRAM STANDARDS.

25–901.

(A) HEALTHY MARYLAND SHALL HAVE A SINGLE STANDARD OF SAFE, THERAPEUTIC, AND EFFECTIVE CARE FOR ALL RESIDENTS OF THE STATE.

(B) THE BOARD SHALL ESTABLISH REQUIREMENTS AND STANDARDS, BY REGULATION, FOR THE HEALTHY MARYLAND PROGRAM AND HEALTH CARE PROVIDERS THAT ARE CONSISTENT WITH THIS TITLE AND THE APPLICABLE PROFESSIONAL PRACTICE AND LICENSURE STANDARDS FOR HEALTH CARE PROVIDERS ESTABLISHED UNDER TITLE 19 OF THIS ARTICLE, THE HEALTH OCCUPATIONS ARTICLE, AND THE INSURANCE ARTICLE, INCLUDING REQUIREMENTS AND STANDARDS, AS APPLICABLE, FOR:

(1) THE SCOPE, QUALITY, AND ACCESSIBILITY OF HEALTH CARE SERVICES; AND

(2) RELATIONS BETWEEN HEALTH CARE PROVIDERS AND MEMBERS.

(C) THE BOARD SHALL ESTABLISH REQUIREMENTS AND STANDARDS, BY REGULATION, FOR HEALTHY MARYLAND THAT INCLUDE PROVISIONS TO PROMOTE:

(1) SIMPLIFICATION, TRANSPARENCY, UNIFORMITY, AND FAIRNESS IN HEALTH CARE PROVIDER CREDENTIALING AND PARTICIPATION, REFERRALS, PAYMENT PROCEDURES AND RATES, CLAIMS PROCESSING, AND APPROVAL OF HEALTH CARE SERVICES, AS APPLICABLE;

(2) IN–PERSON PRIMARY AND PREVENTIVE CARE, CARE COORDINATION, EFFICIENT AND EFFECTIVE HEALTH CARE SERVICES, QUALITY ASSURANCE, AND PROMOTION OF PUBLIC, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH;

(3) ELIMINATION OF HEALTH CARE DISPARITIES, INCLUDING GEOGRAPHIC, RACIAL, INCOME–BASED, GENDER–BASED, SEX–BASED, AND OTHER DISPARITIES;

(4) CONSISTENT WITH TITLE 20 OF THE STATE GOVERNMENT ARTICLE, TITLE 19 OF THE STATE FINANCE AND PROCUREMENT ARTICLE, AND OTHER NONDISCRIMINATION LAWS, NONDISCRIMINATION, INCLUDING A PROHIBITION ON DISCRIMINATORY REDUCTION OF BENEFITS, WITH RESPECT TO MEMBERS AND HEALTH CARE PROVIDERS ON THE BASIS OF RACE, COLOR, RELIGION

OR CREED, SEX, AGE, ANCESTRY OR NATIONAL ORIGIN, MARITAL STATUS, MENTAL OR PHYSICAL DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, CITIZENSHIP, IMMIGRATION STATUS, PRIMARY LANGUAGE, MEDICAL CONDITION, GENETIC INFORMATION, FAMILIAL STATUS, MILITARY OR VETERAN STATUS, OR SOURCE OF INCOME;

(5) THE PROVISION OF HEALTH CARE SERVICES UNDER HEALTHY MARYLAND THAT IS APPROPRIATE TO THE PATIENT'S CLINICALLY RELEVANT CIRCUMSTANCES;

(6) ACCESSIBILITY OF PRIMARY CARE AND OTHER HEALTH CARE SERVICES, INCLUDING ACCESSIBILITY FOR PEOPLE WITH DISABILITIES AND PEOPLE WITH LIMITED ABILITY TO SPEAK OR UNDERSTAND ENGLISH; AND

(7) THE PROVISION OF PRIMARY CARE AND OTHER HEALTH CARE SERVICES IN A CULTURALLY COMPETENT MANNER.

(D) THE BOARD SHALL ESTABLISH REQUIREMENTS AND STANDARDS, BY REGULATION AND TO THE EXTENT AUTHORIZED BY FEDERAL LAW, FOR REPLACING AND MERGING WITH HEALTHY MARYLAND ANY HEALTH CARE SERVICES AND ANCILLARY SERVICES CURRENTLY PROVIDED BY OTHER PROGRAMS, INCLUDING:

(1) MEDICARE;

(2) THE AFFORDABLE CARE ACT; AND

(3) FEDERALLY MATCHED PUBLIC HEALTH PROGRAMS.

(E) (1) ANY PARTICIPATING PROVIDER THAT IS ORGANIZED AS A NONPROFIT ENTITY MAY NOT RECEIVE PAYMENTS FOR ITEMS OR SERVICES FURNISHED UNDER HEALTHY MARYLAND TO ACCOMMODATE INCREASES IN NET INCOME.

(2) ANY PARTICIPATING PROVIDER THAT IS ORGANIZED AS A FOR–PROFIT ENTITY SHALL BE REQUIRED TO MEET THE SAME REQUIREMENTS AND STANDARDS AS ENTITIES ORGANIZED AS NONPROFIT ENTITIES.

(3) PAYMENTS UNDER HEALTHY MARYLAND TO FOR–PROFIT ENTITIES MAY NOT BE CALCULATED TO ACCOMMODATE THE GENERATION OF PROFIT, EXCESS REVENUE, REVENUE FOR DIVIDENDS, OR OTHER RETURN ON INVESTMENT OR THE PAYMENT OF TAXES THAT WOULD NOT BE PAID BY A NONPROFIT ENTITY.

(F) (1) A HEALTH CARE PROVIDER WHO PARTICIPATES IN HEALTHY MARYLAND SHALL:

(I) PROVIDE INFORMATION AS REQUIRED BY:

1. THE MARYLAND HEALTH CARE COMMISSION;

2. THE HEALTH SERVICES COST REVIEW COMMISSION; AND

3. THE DEPARTMENT; AND

(II) ALLOW EXAMINATION OF THE INFORMATION BY HEALTHY MARYLAND AS MAY BE REASONABLY REQUIRED FOR PURPOSES OF REVIEWING ACCESSIBILITY AND UTILIZATION OF HEALTH CARE SERVICES, QUALITY ASSURANCE, COST CONTAINMENT, THE MAKING OF PAYMENTS, AND STATISTICAL OR OTHER STUDIES OF THE OPERATION OF THE HEALTHY MARYLAND PROGRAM OR FOR PROTECTION AND PROMOTION OF PUBLIC, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH.

(2) THE BOARD SHALL USE DATA COLLECTED UNDER THIS SUBSECTION TO ENSURE THAT CLINICAL PRACTICES MEET THE UTILIZATION, QUALITY, AND ACCESS STANDARDS OF HEALTHY MARYLAND.

(G) IN DEVELOPING REQUIREMENTS AND STANDARDS AND MAKING OTHER POLICY DETERMINATIONS UNDER THIS TITLE, THE BOARD SHALL CONSULT WITH REPRESENTATIVES OF MEMBERS, HEALTH CARE PROVIDERS, LABOR ORGANIZATIONS REPRESENTING HEALTH CARE EMPLOYEES, AND OTHER INTERESTED PARTIES.

25–902.

(A) AS PART OF A HEALTH CARE PROVIDER'S DUTY TO EXERCISE A PROFESSIONAL STANDARD OF CARE WHEN EVALUATING EACH INDIVIDUAL PATIENT'S MEDICAL CONDITION, A HEALTH CARE PROVIDER UNDER HEALTHY MARYLAND HAS A DUTY TO:

(1) ADVOCATE FOR MEDICALLY NECESSARY HEALTH CARE FOR EACH OF THE HEALTH CARE PROVIDER'S INDIVIDUAL PATIENTS; AND

(2) ACT IN THE EXCLUSIVE INTEREST OF EACH OF THE HEALTH CARE PROVIDER'S INDIVIDUAL PATIENTS.

(B) CONSISTENT WITH SUBSECTION (A) OF THIS SECTION AND WITH PROFESSIONAL STANDARDS OF CARE UNDER THE HEALTH OCCUPATIONS ARTICLE:

(1) A PATIENT'S TREATING PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO, ACCORDING TO THE HEALTH CARE PROVIDER'S SCOPE OF PRACTICE AND LICENSE, IS AUTHORIZED TO ESTABLISH A MEDICAL DIAGNOSIS IS RESPONSIBLE FOR THE DETERMINATION OF THE HEALTH CARE SERVICES MEDICALLY NECESSARY FOR THE PATIENT;

(2) A HEALTH CARE PROVIDER:

(I) SHALL USE REASONABLE CARE AND DILIGENCE IN SAFEGUARDING THE HEALTH CARE PROVIDER'S PATIENT; AND

(II) MAY NOT IMPAIR A HEALTH CARE PROVIDER'S DUTY UNDER SUBSECTION (A) OF THIS SECTION;

(3) ANY PECUNIARY INTEREST OR RELATIONSHIP OF A HEALTH CARE PROVIDER, INCLUDING ANY INTEREST OR RELATIONSHIP DISCLOSED UNDER SUBSECTION (C) OF THIS SECTION, THAT IMPAIRS THE HEALTH CARE PROVIDER'S OWN ABILITY TO PROVIDE MEDICALLY NECESSARY HEALTH CARE TO THE HEALTH CARE PROVIDER'S PATIENT VIOLATES THE HEALTH CARE PROVIDER'S DUTY TO ADVOCATE FOR MEDICALLY NECESSARY HEALTH CARE FOR THE PATIENT; AND

(4) A HEALTH CARE PROVIDER VIOLATES THE DUTY TO PROVIDE MEDICALLY NECESSARY CARE UNDER THIS SECTION IF THE HEALTH CARE PROVIDER ACCEPTS ANY BONUS, INCENTIVE PAYMENT, OR COMPENSATION BASED ON:

(I) A PATIENT'S UTILIZATION OF SERVICES; OR

(II) THE FINANCIAL RESULTS OF ANY OTHER HEALTH CARE PROVIDER OR CARE COORDINATOR WITH WHICH THE HEALTH CARE PROVIDER HAS A PECUNIARY INTEREST OR CONTRACTUAL RELATIONSHIP, INCLUDING EMPLOYMENT OR OTHER COMPENSATION–BASED RELATIONSHIP.

(C) TO EVALUATE AND REVIEW COMPLIANCE BY HEALTH CARE PROVIDERS WITH THIS SECTION, HEALTH CARE PROVIDERS PARTICIPATING IN HEALTHY MARYLAND SHALL REPORT, AT LEAST ANNUALLY, TO THE HEALTH SERVICES COST REVIEW COMMISSION:

(1) ANY BENEFICIAL INTEREST OR COMPENSATION ARRANGEMENT REQUIRED TO BE DISCLOSED TO A PATIENT UNDER § 1–303 OR § 1–304 OF THE

HEALTH OCCUPATIONS ARTICLE;

(2) ANY MEMBERSHIP, PROPRIETARY INTEREST, OR CO–OWNERSHIP IN ANY FORM IN OR WITH A CLINICAL OR BIOANALYTICAL LABORATORY;

(3) ANY PAYMENTS TO A CLINICAL OR BIOANALYTICAL LABORATORY REQUIRED TO BE DISCLOSED TO A PATIENT UNDER § 14–404(A)(16) OF THE HEALTH OCCUPATIONS ARTICLE;

(4) ANY PROFIT–SHARING ARRANGEMENT WITH A CLINICAL OR BIOANALYTICAL LABORATORY;

(5) ANY CONTRACTS OR SUBCONTRACTS ENTERED INTO:

(I) THAT CONTAIN INCENTIVE PLANS;

(II) THAT INVOLVE GENERAL PAYMENTS THAT ARE NOT TIED TO SPECIFIC MEDICAL DECISIONS INVOLVING SPECIFIC ENROLLEES OR GROUPS OF ENROLLEES WITH SIMILAR MEDICAL CONDITIONS; OR

(III) UNDER § 15–113 OF THE INSURANCE ARTICLE;

(6) ANY BONUS, INCENTIVE AGREEMENTS, OR COMPENSATION ARRANGEMENTS WITH ANY HEALTH CARE PROVIDER;

(7) ANY BONUS, INCENTIVE AGREEMENTS, OR COMPENSATION ARRANGEMENTS WITH A CLINICALLY INTEGRATED ORGANIZATION AS DEFINED IN § 15–1901 OF THE INSURANCE ARTICLE; AND

(8) ANY OFFER, DELIVERY, RECEIPT, OR ACCEPTANCE OF A REBATE, REFUND, COMMISSION, PREFERENCE, PATRONAGE DIVIDEND, DISCOUNT, OR OTHER CONSIDERATION FOR A REFERRAL MADE UNDER § 1–302(D) OF THE HEALTH OCCUPATIONS ARTICLE.

(D) AS NECESSARY, THE BOARD MAY ADOPT RULES AND REGULATIONS TO:

(1) IMPLEMENT AND ENFORCE THIS SECTION; AND

(2) EXPAND REPORTING REQUIREMENTS UNDER THIS SECTION.

SUBTITLE 10. FUNDING.

25–1001.

(A) THE BOARD SHALL SEEK ALL FEDERAL WAIVERS AND OTHER FEDERAL APPROVALS AND ARRANGEMENTS AND SUBMIT STATE PLAN AMENDMENTS AS NECESSARY TO OPERATE HEALTHY MARYLAND CONSISTENT WITH THIS TITLE.

(B) (1) ON OR BEFORE DECEMBER 1, 2021, THE BOARD SHALL APPLY TO THE UNITED STATES SECRETARY OF HEALTH AND HUMAN SERVICES OR ANY OTHER APPROPRIATE FEDERAL OFFICIAL FOR ALL WAIVERS OF REQUIREMENTS, AND MAKE OTHER ARRANGEMENTS, UNDER MEDICARE, ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM, THE AFFORDABLE CARE ACT, AND ANY OTHER FEDERAL PROGRAMS RELATED TO THE PROVISION OF HEALTH CARE THAT PROVIDE FEDERAL FUNDS FOR PAYMENT FOR HEALTH CARE SERVICES THAT ARE NECESSARY TO:

(I) ENABLE ALL MEMBERS TO RECEIVE ALL BENEFITS THROUGH HEALTHY MARYLAND;

(II) ENABLE THE STATE TO IMPLEMENT THIS TITLE;

(III) ALLOW THE STATE TO RECEIVE AND DEPOSIT ALL FEDERAL PAYMENTS UNDER THOSE PROGRAMS, INCLUDING FUNDS THAT MAY BE PROVIDED IN LIEU OF PREMIUM TAX CREDITS, COST–SHARING SUBSIDIES, AND SMALL BUSINESS TAX CREDITS, IN THE STATE TREASURY TO THE CREDIT OF THE HEALTHY MARYLAND TRUST FUND CREATED UNDER SUBTITLE 11 OF THIS TITLE; AND

(IV) USE FUNDS DEPOSITED IN THE FUND FOR HEALTHY MARYLAND AND OTHER PROVISIONS UNDER THIS TITLE.

(2) TO THE FULLEST EXTENT POSSIBLE, THE BOARD SHALL NEGOTIATE ARRANGEMENTS WITH THE FEDERAL GOVERNMENT TO ENSURE THAT FEDERAL PAYMENTS ARE PAID TO HEALTHY MARYLAND IN PLACE OF FEDERAL FUNDING OF, OR TAX BENEFITS FOR, FEDERALLY MATCHED PUBLIC HEALTH PROGRAMS OR FEDERAL HEALTH PROGRAMS.

(3) TO THE EXTENT ANY FEDERAL FUNDING IS NOT PAID DIRECTLY TO HEALTHY MARYLAND, THE STATE SHALL DIRECT THE FUNDING TO HEALTHY MARYLAND.

(4) (I) THE BOARD MAY REQUIRE MEMBERS OR APPLICANTS TO PROVIDE INFORMATION NECESSARY FOR HEALTHY MARYLAND TO COMPLY WITH ANY WAIVER OR ARRANGEMENT UNDER THIS TITLE.

(II) INFORMATION PROVIDED BY MEMBERS OR APPLICANTS TO

THE BOARD FOR THE PURPOSES OF THIS PARAGRAPH MAY NOT BE USED FOR ANY OTHER PURPOSE.

(5) THE BOARD MAY TAKE ANY ACTION NECESSARY TO EFFECTIVELY IMPLEMENT HEALTHY MARYLAND TO THE MAXIMUM EXTENT POSSIBLE AS A SINGLE–PAYER PROGRAM CONSISTENT WITH THIS TITLE.

(C) (1) THE BOARD MAY TAKE ANY ACTION CONSISTENT WITH THIS ARTICLE TO ENABLE THE HEALTHY MARYLAND PROGRAM TO ADMINISTER MEDICARE IN THE STATE.

(2) HEALTHY MARYLAND SHALL:

(I) PROVIDE SUPPLEMENTAL INSURANCE COVERAGE UNDER MEDICARE PART B; AND

(II) PROVIDE PREMIUM ASSISTANCE DRUG COVERAGE UNDER MEDICARE PART D FOR ELIGIBLE MEMBERS OF MEDICARE PART D.

(D) THE BOARD MAY WAIVE OR MODIFY THE APPLICABILITY OF ANY PROVISIONS OF THIS SUBTITLE RELATING TO ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM OR MEDICARE, AS NECESSARY, TO:

(1) IMPLEMENT ANY WAIVER ARRANGEMENT UNDER THIS SUBTITLE; OR

(2) MAXIMIZE THE FEDERAL BENEFITS TO HEALTHY MARYLAND UNDER THIS SUBTITLE.

(E) (1) THE BOARD MAY APPLY FOR COVERAGE FOR, AND ENROLL, ANY ELIGIBLE MEMBER UNDER ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM OR MEDICARE.

(2) ENROLLMENT IN A FEDERALLY MATCHED PUBLIC HEALTH PROGRAM OR MEDICARE MAY NOT:

(I) CAUSE ANY MEMBER TO LOSE ANY HEALTH CARE SERVICE PROVIDED BY HEALTHY MARYLAND; OR

(II) DIMINISH ANY RIGHT THE MEMBER WOULD OTHERWISE HAVE UNDER ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM OR MEDICARE.

(F) NOTWITHSTANDING ANY OTHER LAW, THE BOARD SHALL TAKE ACTION

NECESSARY TO INCORPORATE HEALTH CARE COVERAGE OF STATE RESIDENTS WHO ARE EMPLOYED IN OTHER JURISDICTIONS INTO WAIVERS AND OTHER APPROVALS APPLIED FOR OR OBTAINED UNDER THIS SECTION.

(G) (1) NOTWITHSTANDING ANY OTHER LAW, THE BOARD SHALL TAKE NECESSARY ACTION TO REDUCE OR ELIMINATE HEALTHY MARYLAND MEMBER COINSURANCE, COST–SHARING, OR PREMIUM OBLIGATIONS AND INCREASE MEMBER ELIGIBILITY FOR ANY FEDERAL FINANCIAL SUPPORT RELATED TO MEDICARE OR THE AFFORDABLE CARE ACT.

(2) THE BOARD MAY ACT UNDER PARAGRAPH (1) OF THIS SUBSECTION ONLY ON A FINDING APPROVED BY THE SECRETARY OF BUDGET AND MANAGEMENT AND THE BOARD THAT THE ACTION:

(I) WILL HELP TO INCREASE THE NUMBER OF MEMBERS WHO ARE ELIGIBLE FOR AND ENROLLED IN FEDERALLY MATCHED PUBLIC HEALTH PROGRAMS, OR OTHER PROGRAMS, TO REDUCE OR ELIMINATE MEMBER COINSURANCE, COST–SHARING, OR PREMIUM OBLIGATIONS OR INCREASE MEMBER ELIGIBILITY FOR ANY FEDERAL FINANCIAL SUPPORT RELATED TO MEDICARE OR THE AFFORDABLE CARE ACT;

(II) WILL NOT DIMINISH ANY MEMBER'S ACCESS TO ANY HEALTH CARE SERVICE OR RIGHT THE MEMBER WOULD OTHERWISE HAVE UNDER ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM OR MEDICARE;

(III) IS IN THE INTEREST OF HEALTHY MARYLAND; AND

(IV) DOES NOT REQUIRE OR HAS RECEIVED ANY NECESSARY FEDERAL WAIVERS OR APPROVALS TO ENSURE FEDERAL FINANCIAL PARTICIPATION.

(3) ACTION THAT THE BOARD MAY TAKE UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY INCLUDE:

(I) AN INCREASE TO INCOME ELIGIBILITY LEVELS RELATED TO MEDICARE OR THE AFFORDABLE CARE ACT;

(II) AN INCREASE TO OR AN ELIMINATION OF THE RESOURCE TEST FOR ELIGIBILITY RELATED TO MEDICARE OR THE AFFORDABLE CARE ACT;

(III) SIMPLIFICATION OF ANY PROCEDURAL OR DOCUMENTATION REQUIREMENT FOR ENROLLMENT RELATED TO MEDICARE OR THE AFFORDABLE CARE ACT; AND

(IV) AN INCREASE IN THE BENEFITS FOR ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM AND FOR ANY OTHER PROGRAM TO REDUCE OR ELIMINATE MEMBER COINSURANCE, COST–SHARING, OR PREMIUM OBLIGATIONS OR INCREASE MEMBER ELIGIBILITY FOR ANY FEDERAL FINANCIAL SUPPORT RELATED TO MEDICARE OR THE AFFORDABLE CARE ACT.

(4) ACTIONS UNDER THIS SUBSECTION MAY NOT APPLY TO ELIGIBILITY FOR PAYMENT FOR LONG–TERM SERVICES AND SUPPORTS.

(H) TO ENABLE THE BOARD TO APPLY FOR COVERAGE FOR, AND ENROLL, ANY ELIGIBLE MEMBER UNDER ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM, MEDICARE, OR ANY PROGRAM OR BENEFIT UNDER MEDICARE, THE BOARD MAY REQUIRE THAT ALL MEMBERS OR APPLICANTS FOR SUCH COVERAGE OR BENEFITS UNDER THOSE PROGRAMS PROVIDE THE INFORMATION NECESSARY TO ENABLE THE BOARD TO DETERMINE WHETHER THE MEMBERS OR APPLICANTS ARE ELIGIBLE FOR COVERAGE OR BENEFITS UNDER THOSE PROGRAMS.

(I) AS A CONDITION OF CONTINUED ELIGIBILITY FOR HEALTH CARE SERVICES UNDER HEALTHY MARYLAND, A MEMBER WHO IS ELIGIBLE FOR BENEFITS UNDER MEDICARE SHALL ENROLL IN MEDICARE, INCLUDING PARTS A, B, AND D.

(J) (1) HEALTHY MARYLAND SHALL PROVIDE PREMIUM ASSISTANCE FOR ALL MEMBERS ENROLLING IN A MEDICARE PART D DRUG COVERAGE PLAN UNDER TITLE XVIII, § 1860D OF THE SOCIAL SECURITY ACT.

(2) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE PREMIUM ASSISTANCE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION IS LIMITED TO THE LOW–INCOME BENCHMARK PREMIUM AMOUNT ESTABLISHED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AND ANY OTHER AMOUNT THE FEDERAL AGENCY ESTABLISHES UNDER ITS DE MINIMIS PREMIUM POLICY.

(II) PREMIUM ASSISTANCE PAYMENTS MADE UNDER PARAGRAPH (1) OF THIS SUBSECTION ON BEHALF OF MEMBERS ENROLLED IN A MEDICARE ADVANTAGE PLAN MAY EXCEED THE LOW–INCOME BENCHMARK PREMIUM AMOUNT IF DETERMINED TO BE COST EFFECTIVE TO HEALTHY MARYLAND.

(K) IF HEALTHY MARYLAND HAS REASONABLE GROUNDS TO BELIEVE THAT A MEMBER MAY BE ELIGIBLE FOR AN INCOME–RELATED SUBSIDY UNDER TITLE XVIII, § 1860D–14 OF THE SOCIAL SECURITY ACT:

(1) THE MEMBER SHALL PROVIDE AND AUTHORIZE HEALTHY

MARYLAND TO OBTAIN ANY INFORMATION OR DOCUMENTATION REQUIRED TO ESTABLISH THE MEMBER'S ELIGIBILITY FOR THAT SUBSIDY; AND

(2) HEALTHY MARYLAND SHALL ATTEMPT TO OBTAIN AS MUCH OF THE INFORMATION AND DOCUMENTATION REQUIRED TO BE PROVIDED UNDER ITEM (1) OF THIS SUBSECTION AS POSSIBLE.

(L) (1) HEALTHY MARYLAND SHALL MAKE A REASONABLE EFFORT TO NOTIFY EACH MEMBER OF THE MEMBER'S OBLIGATIONS UNDER THIS SECTION.

(2) IF A REASONABLE EFFORT HAS BEEN MADE TO CONTACT THE MEMBER AND THE MEMBER HAS NOT PROVIDED INFORMATION REQUIRED UNDER THIS SECTION, HEALTHY MARYLAND SHALL NOTIFY THE MEMBER IN WRITING THAT THE MEMBER HAS 60 DAYS TO PROVIDE THE REQUIRED INFORMATION.

(3) IF THE MEMBER DOES NOT PROVIDE THE REQUIRED INFORMATION WITHIN 60 DAYS AFTER RECEIPT OF THE NOTIFICATION UNDER PARAGRAPH (2) OF THIS SUBSECTION, THE MEMBER'S COVERAGE UNDER HEALTHY MARYLAND MAY BE TERMINATED.

(4) INFORMATION PROVIDED BY MEMBERS OR APPLICANTS TO THE BOARD FOR THE PURPOSES OF THIS SECTION MAY NOT BE USED FOR ANY OTHER PURPOSE.

(M) HEALTHY MARYLAND SHALL ASSUME RESPONSIBILITY FOR PROVIDING ALL BENEFITS AND HEALTH CARE SERVICES PAID FOR BY THE FEDERAL GOVERNMENT WITH THE FEDERAL FUNDS PROVIDED FOR THOSE BENEFITS AND SERVICES.

SUBTITLE 11. HEALTHY MARYLAND TRUST FUND.

25–1101.

(A) THERE IS A HEALTHY MARYLAND TRUST FUND.

(B) THE PURPOSE OF THE FUND IS TO IMPLEMENT THE PURPOSES OF HEALTHY MARYLAND UNDER THIS TITLE.

(C) THE BOARD SHALL ADMINISTER THE FUND.

(D) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT TO § 7–302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

(E) THE FUND SHALL CONSIST OF:

(1) MONEY APPROPRIATED IN THE STATE BUDGET TO THE FUND;

(2) MONEY FROM ANY PAYROLL PREMIUM ADOPTED UNDER THIS TITLE;

(3) MONEY TRANSFERRED TO THE FUND THAT IS ATTRIBUTABLE TO STATE AND FEDERAL FINANCIAL PARTICIPATION IN MEDICAID, THE MARYLAND CHILDREN'S HEALTH PROGRAM, OR MEDICARE;

(4) FEDERAL PAYMENTS RECEIVED BY THE STATE AS A RESULT OF ANY WAIVER OF REQUIREMENTS GRANTED OR OTHER ARRANGEMENTS AGREED TO BY THE UNITED STATES SECRETARY OF HEALTH AND HUMAN SERVICES OR ANY OTHER APPROPRIATE FEDERAL OFFICIAL FOR HEALTH CARE PROGRAMS ESTABLISHED UNDER MEDICARE, ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM, OR THE AFFORDABLE CARE ACT;

(5) FEDERAL AND STATE FUNDS FOR PURPOSES OF THE PROVISION OF SERVICES AUTHORIZED UNDER TITLE XX OF THE SOCIAL SECURITY ACT THAT WOULD OTHERWISE BE COVERED UNDER HEALTHY MARYLAND;

(6) MONEY FROM OTHER FEDERAL PROGRAMS THAT PROVIDE FUNDS FOR THE PAYMENT OF HEALTH CARE SERVICES THAT ARE PROVIDED UNDER THIS TITLE;

(7) STATE AND LOCAL FUNDS APPROPRIATED FOR HEALTH CARE SERVICES AND BENEFITS THAT ARE PROVIDED UNDER THIS TITLE;

(8) THE AMOUNTS PAID BY THE STATE THAT ARE EQUIVALENT TO THOSE AMOUNTS THAT ARE PAID ON BEHALF OF RESIDENTS OF THE STATE UNDER MEDICARE, ANY FEDERALLY MATCHED PUBLIC HEALTH PROGRAM, OR THE AFFORDABLE CARE ACT FOR HEALTH BENEFITS THAT ARE EQUIVALENT TO HEALTH BENEFITS COVERED UNDER HEALTHY MARYLAND; AND

(9) INVESTMENT EARNINGS OF THE FUND.

(F) NOTWITHSTANDING ANY OTHER LAW, MONEY IN THE FUND MAY NOT BE TRANSFERRED TO:

(1) THE GENERAL FUND OR A SPECIAL FUND OF THE STATE; OR

(2) ANY FUND OF A COUNTY OR MUNICIPALITY.

(G) THE FUND MAY BE USED ONLY FOR HEALTHY MARYLAND AS ESTABLISHED BY THIS TITLE.

(H) (1) THE STATE TREASURER SHALL INVEST THE MONEY IN THE FUND IN THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.

(2) ANY INVESTMENT EARNINGS OF THE FUND SHALL BE PAID INTO THE FUND.

(I) THE BOARD SHALL ESTABLISH AND MAINTAIN A PRUDENT RESERVE IN THE FUND.

(J) THE BOARD OR STAFF OF THE BOARD MAY NOT USE ANY FUNDS INTENDED FOR THE ADMINISTRATIVE AND OPERATIONAL EXPENSES OF THE BOARD FOR STAFF RETREATS, PROMOTIONAL GIVEAWAYS, EXCESSIVE EXECUTIVE COMPENSATION, OR PROMOTION OF FEDERAL OR STATE LEGISLATIVE OR REGULATORY MODIFICATIONS.

(K) (1) THERE IS A HEALTHY MARYLAND FEDERAL FUNDS ACCOUNT WITHIN THE FUND.

(2) ALL FEDERAL MONEY SHALL BE PLACED INTO THE HEALTHY MARYLAND FEDERAL FUNDS ACCOUNT.

SUBTITLE 12. COLLECTIVE NEGOTIATION WITH HEALTHY MARYLAND.

25–1201.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) (1) "HEALTH CARE PROVIDER" MEANS AN INDIVIDUAL OR ENTITY THAT IS:

(I) LICENSED, CERTIFIED, REGISTERED, OR AUTHORIZED TO PRACTICE A HEALTH CARE PROFESSION IN THE STATE; AND

(II) APPROVED TO PARTICIPATE IN HEALTHY MARYLAND UNDER § 25–701 OF THIS TITLE.

(2) "HEALTH CARE PROVIDER" INCLUDES:

(I) AN INDIVIDUAL WHO PRACTICES A HEALTH CARE PROFESSION AS AN INDEPENDENT CONTRACTOR;

(II) AN OWNER, AN OFFICER, A SHAREHOLDER, OR A PROPRIETOR OF A HEALTH CARE PROVIDER; AND

(III) AN ENTITY THAT EMPLOYS OR UTILIZES HEALTH CARE PROVIDERS TO PROVIDE HEALTH CARE SERVICES, INCLUDING A HEALTH CARE FACILITY AS DEFINED IN § 19–114 OF THIS ARTICLE.

(3) "HEALTH CARE PROVIDER" DOES NOT INCLUDE AN INDIVIDUAL WHO PRACTICES A HEALTH CARE PROFESSION AS AN EMPLOYEE OF ANOTHER HEALTH CARE PROVIDER.

(C) "HEALTH CARE PROVIDERS' REPRESENTATIVE" MEANS A THIRD PARTY THAT IS AUTHORIZED BY HEALTH CARE PROVIDERS TO NEGOTIATE ON THE HEALTH CARE PROVIDERS' BEHALF WITH HEALTHY MARYLAND OVER TERMS AND CONDITIONS AFFECTING THOSE HEALTH CARE PROVIDERS.

25–1202.

(A) HEALTH CARE PROVIDERS MAY MEET AND COMMUNICATE FOR THE PURPOSE OF COLLECTIVELY NEGOTIATING WITH HEALTHY MARYLAND ON ANY MATTER RELATING TO HEALTHY MARYLAND, INCLUDING:

(1) RATES OF PAYMENT FOR HEALTH CARE SERVICES;

(2) RATES OF PAYMENT FOR PRESCRIPTION AND NONPRESCRIPTION DRUGS; AND

(3) PAYMENT METHODOLOGIES.

(B) THIS SUBTITLE MAY NOT BE CONSTRUED TO:

(1) ALLOW A STRIKE OF HEALTHY MARYLAND BY HEALTH CARE PROVIDERS RELATED TO THE COLLECTIVE NEGOTIATIONS; OR

(2) ALLOW OR AUTHORIZE TERMS OR CONDITIONS THAT WOULD IMPEDE THE ABILITY OF HEALTHY MARYLAND TO:

(I) OBTAIN OR RETAIN ACCREDITATION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE OR A SIMILAR BODY; OR

(II) COMPLY WITH APPLICABLE STATE OR FEDERAL LAW.

25–1203.

(A) A HEALTH CARE PROVIDERS' REPRESENTATIVE IS THE ONLY PARTY AUTHORIZED TO NEGOTIATE WITH HEALTHY MARYLAND ON BEHALF OF THE HEALTH CARE PROVIDERS AS A GROUP.

(B) A HEALTH CARE PROVIDER MAY BE BOUND BY THE TERMS AND CONDITIONS NEGOTIATED BY THE HEALTH CARE PROVIDERS' REPRESENTATIVE.

(C) DURING COLLECTIVE NEGOTIATIONS, HEALTH CARE PROVIDERS MAY COMMUNICATE WITH:

(1) OTHER HEALTH CARE PROVIDERS REGARDING THE TERMS AND CONDITIONS TO BE NEGOTIATED WITH HEALTHY MARYLAND; AND

(2) HEALTH CARE PROVIDERS' REPRESENTATIVES.

(D) HEALTHY MARYLAND MAY:

(1) COMMUNICATE AND NEGOTIATE WITH THE HEALTH CARE PROVIDERS' REPRESENTATIVE; AND

(2) OFFER AND PROVIDE DIFFERENT TERMS AND CONDITIONS TO INDIVIDUAL COMPETING HEALTH CARE PROVIDERS.

(E) THIS SECTION DOES NOT AFFECT OR LIMIT THE RIGHT OF A HEALTH CARE PROVIDER OR GROUP OF HEALTH CARE PROVIDERS TO COLLECTIVELY PETITION A GOVERNMENTAL ENTITY FOR A CHANGE IN A LAW, RULE, OR REGULATION.

(F) THIS SECTION DOES NOT AFFECT OR LIMIT:

(1) COLLECTIVE ACTION OR COLLECTIVE BARGAINING ON THE PART OF A HEALTH CARE PROVIDER WITH THE HEALTH CARE PROVIDER'S EMPLOYER; OR

(2) ANY OTHER LAWFUL COLLECTIVE ACTION OR COLLECTIVE BARGAINING BY HEALTH CARE PROVIDERS.

(G) BEFORE ENGAGING IN COLLECTIVE NEGOTIATIONS WITH HEALTHY MARYLAND ON BEHALF OF HEALTH CARE PROVIDERS, A HEALTH CARE PROVIDERS' REPRESENTATIVE SHALL FILE WITH THE BOARD, IN THE MANNER PRESCRIBED BY

THE BOARD, INFORMATION IDENTIFYING:

(1) THE REPRESENTATIVE;

(2) THE REPRESENTATIVE'S PLAN OF OPERATION; AND

(3) THE REPRESENTATIVE'S PROCEDURES TO ENSURE COMPLIANCE WITH THIS SUBTITLE.

(H) (1) A PERSON WHO ACTS AS THE REPRESENTATIVE OF NEGOTIATING PARTIES UNDER THIS SUBTITLE SHALL PAY A FEE TO THE BOARD TO ACT AS A REPRESENTATIVE.

(2) THE BOARD SHALL SET THE FEE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION IN AN AMOUNT DETERMINED TO BE REASONABLE AND NECESSARY TO COVER THE COSTS INCURRED BY THE BOARD IN ADMINISTERING THIS SUBTITLE.

25–1204.

(A) EXCEPT AS AUTHORIZED BY OTHER LAW, THIS SUBTITLE DOES NOT AUTHORIZE COMPETING HEALTH CARE PROVIDERS TO ACT IN CONCERT IN RESPONSE TO A HEALTH CARE PROVIDERS' REPRESENTATIVE'S DISCUSSIONS OR NEGOTIATIONS WITH HEALTHY MARYLAND.

(B) A HEALTH CARE PROVIDERS' REPRESENTATIVE MAY NOT NEGOTIATE ANY AGREEMENT THAT EXCLUDES, LIMITS THE PARTICIPATION OR REIMBURSEMENT OF, OR OTHERWISE LIMITS THE SCOPE OF SERVICES TO BE PROVIDED BY ANY HEALTH CARE PROVIDER OR GROUP OF HEALTH CARE PROVIDERS WITH RESPECT TO THE PERFORMANCE OF SERVICES THAT ARE WITHIN THE HEALTH CARE PROVIDER'S SCOPE OF PRACTICE, LICENSE, REGISTRATION, OR CERTIFICATE.

Article – Insurance

31–101.

(a) In this title the following words have the meanings indicated.

(b) "Board" means the **[**Board of Trustees of the Exchange**]** **HEALTHY MARYLAND BOARD, ESTABLISHED UNDER TITLE 25, SUBTITLE 3 OF THE HEALTH – GENERAL ARTICLE**.

[31–104.

(a) There is a Board of Trustees of the Exchange.

(b) The Board consists of the following members:

(1) the Secretary of Health;

(2) the Commissioner;

(3) the Executive Director of the Maryland Health Care Commission; and

(4) the following members appointed by the Governor, with the advice and consent of the Senate:

(i) three members who:

1. represent the interests of employers and individual consumers of products offered by the Exchange; and

2. may have public health research expertise; and

(ii) three members who have demonstrated knowledge and expertise in at least two of the following areas:

1. individual health care coverage;

2. small employer–sponsored health care coverage;

3. health benefit plan administration;

4. health care finance;

5. administration of public or private health care delivery systems;

6. purchasing and facilitating enrollment in health plan coverage, including demonstrated knowledge and expertise about the role of licensed health insurance producers and third–party administrators in connecting employers and individual consumers to health plan coverage; and

7. public health and public health research, including knowledge about the health needs and health disparities among the State's diverse communities.

(c) In making appointments of members under subsection (b)(4) of this section, the Governor shall assure that:

(1) the Board's composition reflects a diversity of expertise;

(2) the Board's composition reflects the gender, racial, and ethnic diversity of the State; and

(3) the geographic areas of the State are represented.

(d) (1) For purposes of this subsection, "affiliation" means:

(i) a financial interest, as defined in § 5–101 of the General Provisions Article;

(ii) a position of governance, including membership on a board of directors, regardless of compensation;

(iii) a relationship through which compensation, as defined in § 5–101 of the General Provisions Article, is received; or

(iv) a relationship for the provision of services as a regulated lobbyist, as defined in § 5–101 of the General Provisions Article.

(2) A member of the Board or of the staff of the Exchange, while serving on the Board or the staff, may not have an affiliation with:

(i) a carrier, an insurance producer, a third–party administrator, a managed care organization, or any other person contracting directly with the Exchange;

(ii) a trade association of carriers, insurance producers, third–party administrators, or managed care organizations; or

(iii) any other association of entities in a position to contract directly with the Exchange.

(e) (1) The term of a member appointed by the Governor is 4 years.

(2) The terms of members appointed by the Governor are staggered as required by the terms provided for members of the Board on June 1, 2011.

(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(4) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.

(f) An appointed member of the Board may not serve more than two consecutive full terms.

(g) The Governor shall designate a chair of the Board.

(h) (1) The Board shall determine the times, places, and frequency of its meetings.

(2) Five members of the Board constitute a quorum.

(3) Action by the Board requires the affirmative vote of at least five members.

(i) A member of the Board is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(j) A member shall:

(1) meet the requirements of this subtitle, the Affordable Care Act, and all applicable State and federal laws and regulations;

(2) serve the public interest of the individuals and qualified employers seeking health care coverage through the Exchange; and

(3) ensure the sound operation and fiscal solvency of the Exchange.

(k) A member of the Board shall perform the member's duties:

(1) in good faith;

(2) in the manner the member reasonably believes to be in the best interests of the Exchange; and

(3) without intentional or reckless disregard of the care an ordinarily prudent person in a like position would use under similar circumstances.

(l) A member of the Board who performs the member's duties in accordance with the standard provided in subsection (k) of this section may not be liable personally for actions taken as a member.

(m) A member of the Board may be removed for incompetence, misconduct, or failure to perform the duties of the position.

(n) (1) (i) A member of the Board shall be subject to the Maryland Public Ethics Law, Title 5, Subtitles 1 through 7 of the General Provisions Article.

(ii) In addition to the disclosure required under Title 5, Subtitle 6 of the General Provisions Article, a member of the Board shall disclose to the Board and to the public any relationship not addressed in the required financial disclosure that the member has with a carrier, insurance producer, third–party administrator, managed care

organization, or other entity in an industry involved in matters likely to come before the Board.

(2) On all matters that come before the Board, the member shall:

(i) adhere strictly to the conflict of interest provisions under Title 5, Subtitle 5 of the General Provisions Article relating to restrictions on participation, employment, and financial interests; and

(ii) provide full disclosure to the Board and the public on:

1. any matter that gives rise to a potential conflict of interest; and

2. the manner in which the member will comply with the provisions of Title 5, Subtitle 5 of the General Provisions Article to avoid any conflict of interest or appearance of a conflict of interest.**]**

31–104.

THE HEALTHY MARYLAND BOARD SHALL OVERSEE THE ADMINISTRATION OF THE EXCHANGE UNTIL THE EXCHANGE CEASES TO OPERATE IN THE STATE.

31–105.

[(a) (1) With the approval of the Governor, the Board shall appoint an Executive Director of the Exchange.

(2) The Executive Director shall serve at the pleasure of the Board.

(3) The Board shall determine the appropriate compensation for the Executive Director.**]**

(A) THE EXECUTIVE DIRECTOR OF HEALTHY MARYLAND, APPOINTED BY THE BOARD UNDER § 25–302 OF THE HEALTH – GENERAL ARTICLE, SHALL SERVE AS THE EXECUTIVE DIRECTOR OF THE EXCHANGE UNTIL THE EXCHANGE CEASES TO OPERATE IN THE STATE.

Article – State Finance and Procurement

6–226.

(a) (2) (i) Notwithstanding any other provision of law, and unless inconsistent with a federal law, grant agreement, or other federal requirement or with the terms of a gift or settlement agreement, net interest on all State money allocated by the State Treasurer under this section to special funds or accounts, and otherwise entitled to

receive interest earnings, as accounted for by the Comptroller, shall accrue to the General Fund of the State.

(ii) The provisions of subparagraph (i) of this paragraph do not apply to the following funds:

122. the Racing and Community Development Financing Fund; **[**and**]**

123. the Racing and Community Development Facilities Fund**; AND**

124. THE HEALTHY MARYLAND TRUST FUND.

SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the initial appointed members of:

(1) the Healthy Maryland Board shall expire as follows:

(i) two members in 2022;

(ii) two members in 2023;

(iii) two members in 2024; and

(iv) two members in 2025; and

(2) the Healthy Maryland Public Advisory Committee shall expire as follows:

(i) five members in 2022;

(ii) five members in 2023;

(iii) five members in 2024; and

(iv) six members in 2025.

SECTION 3. AND BE IT FURTHER ENACTED, That, if any provision of this Act or the application thereof to any person or circumstance is held invalid for any reason in a court of competent jurisdiction, the invalidity does not affect other provisions or any other application of this Act that can be given effect without the invalid provision or application, and for this purpose the provisions of this Act are declared severable.

SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2021.