

HOUSE BILL 1053

J2, J1, J3

7lr1699
CF 7lr1936

By: **Delegates Pena–Melnyk, Bromwell, Angel, Barron, Cullison, Hayes, Impallaria, Kelly, Kipke, Krebs, McDonough, Metzgar, Miele, Morales, Morgan, Oaks, Platt, Rose, Saab, and West**

Introduced and read first time: February 8, 2017

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Integrated Community Oncology Reporting Program**

3 FOR the purpose of establishing the integrated community oncology reporting program;
4 establishing the purpose of the program; requiring the program to be administered
5 by the Maryland Health Care Commission; requiring the Commission to establish a
6 clinical advisory workgroup to perform certain functions; requiring the Commission
7 to adopt regulations to implement and carry out the program; requiring the
8 Commission to establish an application process that includes a certain requirement
9 for submitting an application, a certain fee, and a certain schedule that requires the
10 Commission to begin accepting applications on a certain date; requiring the
11 Commission to establish a certain selection process to approve not more than a
12 certain number of applicants having certain ownership interests; requiring certain
13 applicants to demonstrate, to the satisfaction of the Commission, certain
14 qualifications; authorizing a certain integrated community oncology center to
15 participate in a certain program for a certain period of time, as long as the integrated
16 community oncology center meets certain requirements; establishing a certain
17 exception to a certain prohibition against self-referrals by certain health care
18 practitioners and authorizing certain health care practitioners to use a certain
19 exemption for a certain period of time; prohibiting a certain health care practitioner
20 from collecting or attempting to collect certain money under certain circumstances;
21 prohibiting a certain health care practitioner from reducing or withholding certain
22 care or ordering or delivering certain care; requiring a certain health care
23 practitioner who makes a certain referral to provide a patient with written notice of
24 certain information at a certain time; establishing a certain penalty; requiring the
25 Commission to determine a certain process for monitoring integrated community
26 oncology centers to ensure a certain purpose is accomplished and to protect certain
27 patients from the reduction or withholding of certain care or the ordering or delivery
28 of certain care; requiring the Commission, in consultation with certain entities, to
29 review certain information and make a certain determination; requiring the

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Commission to provide an integrated community oncology center with written notice of a certain determination, establish a process for an integrated community oncology center to appeal a certain determination, require a certain integrated community oncology center to submit certain plans, and establish certain procedures for submission, approval or rejection, and monitoring of certain plans; requiring the Commission to report on certain dates to the Governor and certain legislative committees on the effectiveness of the program and the performance of each integrated community oncology center participating in the program; requiring the Commission, in consultation with a certain workgroup, on or before a certain date, to conduct a certain study, make a certain determination, and report on the study and determination to the Governor and certain legislative committees; defining certain terms; providing for the termination of this Act; and generally relating to the integrated community oncology reporting program.

BY repealing and reenacting, without amendments,

Article – Health Occupations

Section 1–301(a), (b), (f), (g), (h), and (i) and 1–302(a), (b), (c), and (e)

Annotated Code of Maryland

(2014 Replacement Volume and 2016 Supplement)

BY adding to

Article – Health Occupations

Section 1–301(l) and 1–302(d)(12); and 1–3B–01 through 1–3B–08 to be under the new subtitle “Subtitle 3B. Integrated Community Oncology Reporting Program”

Annotated Code of Maryland

(2014 Replacement Volume and 2016 Supplement)

BY repealing and reenacting, with amendments,

Article – Health Occupations

Section 1–301(l) and 1–302(d)(10) and (11)

Annotated Code of Maryland

(2014 Replacement Volume and 2016 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

That the Laws of Maryland read as follows:

Article – Health Occupations

1–301.

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

(b) (1) “Beneficial interest” means ownership, through equity, debt, or other means, of any financial interest.

(2) “Beneficial interest” does not include ownership, through equity, debt, or other means, of securities, including shares or bonds, debentures, or other debt instruments:

(i) In a corporation that is traded on a national exchange or over the counter on the national market system;

(ii) That at the time of acquisition, were purchased at the same price and on the same terms generally available to the public;

(iii) That are available to individuals who are not in a position to refer patients to the health care entity on the same terms that are offered to health care practitioners who may refer patients to the health care entity;

(iv) That are unrelated to the past or expected volume of referrals from the health care practitioner to the health care entity; and

(v) That are not marketed differently to health care practitioners that may make referrals than they are marketed to other individuals.

(f) “Group practice” means a group of two or more health care practitioners legally organized as a partnership, professional corporation, foundation, not-for-profit corporation, faculty practice plan, or similar association:

(1) In which each health care practitioner who is a member of the group provides substantially the full range of services which the practitioner routinely provides through the joint use of shared office space, facilities, equipment, and personnel;

(2) For which substantially all of the services of the health care practitioners who are members of the group are provided through the group and are billed in the name of the group and amounts so received are treated as receipts of the group; and

(3) In which the overhead expenses of and the income from the practice are distributed in accordance with methods previously determined on an annual basis by members of the group.

(g) “Health care entity” means a business entity that provides health care services for the:

(1) Testing, diagnosis, or treatment of human disease or dysfunction; or

(2) Dispensing of drugs, medical devices, medical appliances, or medical goods for the treatment of human disease or dysfunction.

(h) “Health care practitioner” means a person who is licensed, certified, or otherwise authorized under this article to provide health care services in the ordinary course of business or practice of a profession.

(i) “Health care service” means medical procedures, tests and services provided to a patient by or through a health care entity.

(L) “INTEGRATED COMMUNITY ONCOLOGY CENTER” HAS THE MEANING STATED IN § 1-3B-01 OF THIS TITLE.

[(l)] (M) (1) “Referral” means any referral of a patient for health care services.

(2) “Referral” includes:

(i) The forwarding of a patient by one health care practitioner to another health care practitioner or to a health care entity outside the health care practitioner’s office or group practice; or

(ii) The request or establishment by a health care practitioner of a plan of care for the provision of health care services outside the health care practitioner’s office or group practice.

1-302.

(a) Except as provided in subsection (d) of this section, a health care practitioner may not refer a patient, or direct an employee of or person under contract with the health care practitioner to refer a patient to a health care entity:

(1) In which the health care practitioner or the practitioner in combination with the practitioner’s immediate family owns a beneficial interest;

(2) In which the practitioner’s immediate family owns a beneficial interest of 3 percent or greater; or

(3) With which the health care practitioner, the practitioner’s immediate family, or the practitioner in combination with the practitioner’s immediate family has a compensation arrangement.

(b) A health care entity or a referring health care practitioner may not present or cause to be presented to any individual, third party payor, or other person a claim, bill, or other demand for payment for health care services provided as a result of a referral prohibited by this subtitle.

(c) Subsection (a) of this section applies to any arrangement or scheme, including a cross-referral arrangement, which the health care practitioner knows or should know has a principal purpose of assuring indirect referrals that would be in violation of subsection (a) of this section if made directly.

(d) The provisions of this section do not apply to:

(10) A health care practitioner who refers a patient to a dialysis facility, if the patient has been diagnosed with end stage renal disease as defined in the Medicare regulations pursuant to the Social Security Act; [or]

(11) A health care practitioner who refers a patient to a hospital in which the health care practitioner has a beneficial interest if:

(i) The health care practitioner is authorized to perform services at the hospital; and

(ii) The ownership or investment interest is in the hospital itself and not solely in a subdivision of the hospital; **OR**

(12) FROM JANUARY 1, 2019, TO MAY 31, 2025, BOTH INCLUSIVE, A HEALTH CARE PRACTITIONER WHO HAS A BENEFICIAL INTEREST IN AND PRACTICES MEDICINE AT AN INTEGRATED COMMUNITY ONCOLOGY CENTER THAT PARTICIPATES IN THE INTEGRATED COMMUNITY ONCOLOGY REPORTING PROGRAM ESTABLISHED UNDER SUBTITLE 3B OF THIS TITLE.

(e) A health care practitioner exempted from the provisions of this section in accordance with subsection (d) shall be subject to the disclosure provisions of § 1–303 of this subtitle.

SUBTITLE 3B. INTEGRATED COMMUNITY ONCOLOGY REPORTING PROGRAM.

1–3B–01.

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

(B) “BENEFICIAL INTEREST” HAS THE MEANING STATED IN § 1–301 OF THIS TITLE.

(C) “COMMISSION” MEANS THE MARYLAND HEALTH CARE COMMISSION.

(D) “GROUP PRACTICE” HAS THE MEANING STATED IN § 1–301 OF THIS TITLE.

(E) “HEALTH CARE ENTITY” HAS THE MEANING STATED IN § 1–301 OF THIS TITLE.

(F) “HEALTH CARE PRACTITIONER” MEANS A PERSON WHO:

(1) IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THIS ARTICLE TO PROVIDE HEALTH CARE SERVICES IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION; AND

(2) HAS A BENEFICIAL INTEREST IN AND PRACTICES MEDICINE AT AN INTEGRATED COMMUNITY ONCOLOGY CENTER APPROVED UNDER THIS SUBTITLE.

(G) "INTEGRATED COMMUNITY ONCOLOGY CENTER" MEANS A HEALTH CARE ENTITY THAT:

(1) OFFERS MEDICAL ONCOLOGY, RADIATION ONCOLOGY, AND NONDIAGNOSTIC COMPUTER TOMOGRAPHY SCAN SERVICES IN THE SAME GROUP PRACTICE;

(2) IS OWNED:

(I) WHOLLY BY AN ONCOLOGY GROUP PRACTICE; OR

(II) JOINTLY BY:

1. AN ONCOLOGY GROUP PRACTICE THAT HAS AT LEAST A 50% OWNERSHIP INTEREST IN THE INTEGRATED COMMUNITY ONCOLOGY CENTER; AND

2. A HOSPITAL, A HOSPITAL SYSTEM, OR AN ACADEMIC MEDICAL CENTER THAT HAS THE REMAINDER OF THE OWNERSHIP INTEREST IN THE INTEGRATED COMMUNITY ONCOLOGY CENTER; AND

(3) IS APPROVED BY THE COMMISSION TO PARTICIPATE IN THE PROGRAM.

(H) "ONCOLOGIST" MEANS A PHYSICIAN WHO IS:

(1) BOARD-CERTIFIED OR BOARD-ELIGIBLE IN MEDICAL ONCOLOGY, RADIATION ONCOLOGY, HEMATOLOGY, OR ANOTHER ONCOLOGY SPECIALTY RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES; OR

(2) A SURGEON WHO CONSULTS PREDOMINANTLY WITH PATIENTS WHO HAVE A CANCER DIAGNOSIS.

(I) "ONCOLOGY GROUP PRACTICE" MEANS A GROUP PRACTICE THAT, ON JANUARY 1, 2018, AND FOR THE DURATION OF THE PROGRAM, IS COMPOSED SOLELY OF ONCOLOGISTS, AT LEAST 50% OF WHOM:

1 (1) ARE OWNERS OF THE PRACTICE; AND

2 (2) PRACTICE MEDICINE IN THE STATE UNDER A LICENSE ISSUED BY
3 THE STATE BOARD OF PHYSICIANS.

4 (J) “PROGRAM” MEANS THE INTEGRATED COMMUNITY ONCOLOGY
5 REPORTING PROGRAM ESTABLISHED UNDER THIS SUBTITLE.

6 (K) “REFERRAL” HAS THE MEANING STATED IN § 1-301 OF THIS TITLE.

7 (L) “WORKGROUP” MEANS THE CLINICAL ADVISORY WORKGROUP
8 ESTABLISHED IN ACCORDANCE WITH § 1-3B-03 OF THIS SUBTITLE.

9 1-3B-02.

10 (A) THERE IS AN INTEGRATED COMMUNITY ONCOLOGY REPORTING
11 PROGRAM.

12 (B) THE PURPOSE OF THE PROGRAM IS TO DETERMINE IF INTEGRATED
13 COMMUNITY ONCOLOGY CENTERS THAT HAVE HEALTH CARE PRACTITIONERS WHO
14 USE THE EXEMPTION FROM THE PROHIBITION AGAINST SELF-REFERRAL UNDER §
15 1-302(D)(12) OF THIS TITLE HAVE THE ABILITY TO:

16 (1) SAFELY AND APPROPRIATELY DELIVER RADIATION THERAPY TO
17 PATIENTS;

18 (2) REDUCE THE PER CAPITA CASE MIX-ADJUSTED TOTAL COST OF
19 CARE FOR CANCER PATIENTS PROVIDED SIMILAR SERVICES IN OTHER SETTINGS;

20 (3) REDUCE THE AVERAGE PATIENT COST-SHARING RESPONSIBILITY
21 FOR CANCER PATIENTS PROVIDED SIMILAR SERVICES IN OTHER SETTINGS; AND

22 (4) ACHIEVE THE GOALS AND MILESTONES OF MARYLAND’S
23 ALL-PAYER MODEL CONTRACT.

24 1-3B-03.

25 (A) THE PROGRAM SHALL BE ADMINISTERED BY THE COMMISSION.

26 (B) THE COMMISSION SHALL ESTABLISH A CLINICAL ADVISORY
27 WORKGROUP TO:

(1) ADVISE THE COMMISSION ON THE DEVELOPMENT OF REGULATIONS; AND

(2) ASSIST THE COMMISSION IN THE ONGOING MONITORING OF THE PERFORMANCE OF THE INTEGRATED COMMUNITY ONCOLOGY CENTERS AND THE PROGRAM.

(C) ON OR BEFORE NOVEMBER 1, 2017, THE COMMISSION SHALL ADOPT REGULATIONS TO CARRY OUT THIS SUBTITLE.

1-3B-04.

(A) THE COMMISSION SHALL ESTABLISH AN APPLICATION PROCESS FOR THE PROGRAM THAT INCLUDES:

(1) A REQUIREMENT THAT AN APPLICANT SUBMIT AN APPLICATION TO THE COMMISSION ON A FORM THAT THE COMMISSION REQUIRES;

(2) AN APPLICATION FEE; AND

(3) A SCHEDULE FOR THE APPLICATION PROCESS THAT REQUIRES THE COMMISSION TO BEGIN ACCEPTING APPLICATIONS ON JANUARY 1, 2018.

(B) THE COMMISSION SHALL ESTABLISH A SELECTION PROCESS TO APPROVE NOT MORE THAN FOUR APPLICANTS TO PARTICIPATE IN THE PROGRAM AS FOLLOWS:

(1) NOT MORE THAN TWO INTEGRATED COMMUNITY ONCOLOGY CENTERS THAT ARE OWNED WHOLLY BY AN ONCOLOGY GROUP PRACTICE; AND

(2) NOT MORE THAN TWO INTEGRATED COMMUNITY ONCOLOGY CENTERS THAT ARE OWNED JOINTLY BY:

(I) AN ONCOLOGY GROUP PRACTICE THAT HAS AT LEAST A 50% OWNERSHIP INTEREST IN THE INTEGRATED COMMUNITY ONCOLOGY CENTER; AND

(II) A HOSPITAL, A HOSPITAL SYSTEM, OR AN ACADEMIC MEDICAL CENTER THAT HAS THE REMAINDER OF THE OWNERSHIP INTEREST IN THE INTEGRATED COMMUNITY ONCOLOGY CENTER.

(C) EACH APPLICANT SHALL DEMONSTRATE, TO THE SATISFACTION OF THE COMMISSION, THAT THE APPLICANT:

1 **(1) HAS THE ABILITY TO SERVE PATIENTS IN:**

2 **(I) MARKETS WITH LIMITED CONSUMER CHOICES IN**
3 **RADIATION THERAPY PROVIDERS;**

4 **(II) MEDICALLY UNDERSERVED AREAS; AND**

5 **(III) AREAS OF THE STATE WITH A SHORTAGE OF PRIMARY CARE**
6 **HEALTH CARE PRACTITIONERS;**

7 **(2) (I) HAS PARTICIPATED IN MEDICARE AND THE MARYLAND**
8 **MEDICAL ASSISTANCE PROGRAM AND, IF THE APPLICANT SPECIALIZES IN**
9 **PEDIATRIC ONCOLOGY OR PEDIATRIC HEMATOLOGY SERVICES, THE MARYLAND**
10 **CHILDREN'S HEALTH PROGRAM, FOR THE PREVIOUS 3 CALENDAR YEARS; AND**

11 **(II) IS COMMITTED TO ACCEPTING PATIENTS ENROLLED IN**
12 **MEDICARE AND THE MARYLAND MEDICAL ASSISTANCE PROGRAM, AND, IF THE**
13 **APPLICANT SPECIALIZES IN PEDIATRIC ONCOLOGY OR PEDIATRIC HEMATOLOGY**
14 **SERVICES, THE MARYLAND CHILDREN'S HEALTH PROGRAM, FOR THE DURATION**
15 **OF THE PROGRAM;**

16 **(3) HAS SUFFICIENT EXPERTISE AND TECHNICAL CAPABILITIES TO:**

17 **(I) CONDUCT INNOVATIVE ONCOLOGY PAYMENT MODEL**
18 **STUDIES;**

19 **(II) ENROLL PATIENTS IN CLINICAL TRIALS; AND**

20 **(III) SUPPORT THE COLLECTION AND REPORTING OF**
21 **INFORMATION AS REQUIRED BY THE COMMISSION IN ACCORDANCE WITH §**
22 **1-3B-05(B)(2) OF THIS SUBTITLE;**

23 **(4) HAS THE ABILITY TO MEET A MINIMUM NUMBER OF PHYSICIAN**
24 **ENCOUNTERS PER YEAR IN THE STATE, AS ESTABLISHED BY THE COMMISSION; AND**

25 **(5) PLANS TO PARTICIPATE IN EVIDENCE-BASED QUALITY AND**
26 **STANDARDIZED CARE PROGRAMS TO:**

27 **(I) ACHIEVE THE GOALS OF MARYLAND'S ALL-PAYER MODEL**
28 **CONTRACT; AND**

(II) PREVENT POSSIBLE REDUCTION OR WITHHOLDING OF MEDICALLY NECESSARY ONCOLOGY OR HEMATOLOGY CARE OR THE ORDERING OR DELIVERY OF CARE THAT IS NOT MEDICALLY NECESSARY.

1-3B-05.

(A) AN INTEGRATED COMMUNITY ONCOLOGY CENTER APPROVED BY THE COMMISSION MAY PARTICIPATE IN THE PROGRAM FROM JANUARY 1, 2019 TO MAY 31, 2025, BOTH INCLUSIVE, AS LONG AS THE INTEGRATED COMMUNITY ONCOLOGY CENTER CONTINUES TO MEET THE PROGRAM REQUIREMENTS.

(B) AN INTEGRATED COMMUNITY ONCOLOGY CENTER SHALL:

(1) PARTICIPATE IN MEDICARE, THE MARYLAND MEDICAL ASSISTANCE PROGRAM, AND, IF THE INTEGRATED COMMUNITY ONCOLOGY CENTER INCLUDES ONCOLOGISTS SPECIALIZING IN PEDIATRIC ONCOLOGY OR PEDIATRIC HEMATOLOGY SERVICES, THE MARYLAND CHILDREN'S HEALTH PROGRAM;

(2) REPORT TO THE COMMISSION ANY INFORMATION AND DATA THAT THE COMMISSION REQUIRES TO CONDUCT ONGOING MONITORING FOR THE PROGRAM AND TO ACCOMPLISH THE PURPOSE OF THE PROGRAM ESTABLISHED UNDER § 1-3B-02(B) OF THIS SUBTITLE;

(3) HELP THE STATE TO ACHIEVE THE GOALS OF THE ALL-PAYER MODEL CONTRACT; AND

(4) COMPLY WITH ANY OTHER REQUIREMENTS ESTABLISHED BY THE COMMISSION.

1-3B-06.

(A) (1) A HEALTH CARE PRACTITIONER MAY NOT COLLECT OR ATTEMPT TO COLLECT ANY MONEY FROM A PATIENT FOR A SERVICE PROVIDED IN AN INTEGRATED COMMUNITY ONCOLOGY CENTER IF:

(I) THE PAYOR ISSUES AN ADVERSE DECISION THAT THE CARE PROVIDED IS OR WAS NOT MEDICALLY NECESSARY, APPROPRIATE, OR EFFICIENT; AND

(II) THE HEALTH CARE PRACTITIONER, AS AUTHORIZED BY THE PATIENT, HAS EXHAUSTED ALL AVAILABLE APPEALS.

1 **(2) A HEALTH CARE PRACTITIONER MAY NOT COLLECT OR ATTEMPT**
2 **TO COLLECT AN AMOUNT OF MONEY FROM A PATIENT FOR A COVERED SERVICE**
3 **PROVIDED IN AN INTEGRATED COMMUNITY ONCOLOGY CENTER THAT IS GREATER**
4 **THAN ANY DEDUCTIBLE, COPAYMENT, OR COINSURANCE AMOUNT PAYABLE BY THE**
5 **PATIENT FOR COVERED SERVICES, TO BE CALCULATED AS IF THE SERVICE WAS**
6 **PROVIDED BY AN IN-NETWORK PROVIDER OR FACILITY.**

7 **(3) A HEALTH CARE PRACTITIONER WHO PROVIDES SERVICES AT AN**
8 **INTEGRATED COMMUNITY ONCOLOGY CENTER MAY NOT:**

9 **(I) REDUCE OR WITHHOLD MEDICALLY NECESSARY CARE; OR**

10 **(II) ORDER OR DELIVER CARE THAT IS NOT MEDICALLY**
11 **NECESSARY.**

12 **(B) A HEALTH CARE PRACTITIONER WHO MAKES A LAWFUL REFERRAL, AT**
13 **THE TIME OF THE REFERRAL, SHALL PROVIDE THE PATIENT WITH WRITTEN NOTICE**
14 **THAT:**

15 **(1) DISCLOSES THE HEALTH CARE PRACTITIONER'S BENEFICIAL**
16 **INTEREST AS REQUIRED BY § 1-303(B) OF THIS TITLE; AND**

17 **(2) INCLUDES:**

18 **(I) A STATEMENT THAT THE HEALTH CARE PRACTITIONER**
19 **PRACTICES MEDICINE AT AN INTEGRATED COMMUNITY ONCOLOGY CENTER THAT**
20 **PARTICIPATES IN THE PROGRAM;**

21 **(II) A SUMMARY, IN CLEAR AND SIMPLE LANGUAGE, OF THE**
22 **MOST RECENT PUBLICLY AVAILABLE REPORT ON THE PERFORMANCE OF THE**
23 **INTEGRATED COMMUNITY ONCOLOGY CENTER SUBMITTED IN ACCORDANCE WITH §**
24 **1-3B-08 OF THIS SUBTITLE; AND**

25 **(III) A STATEMENT OF THE PROHIBITIONS ESTABLISHED IN**
26 **SUBSECTION (A) OF THIS SECTION.**

27 **(C) A HEALTH CARE PRACTITIONER WHO FAILS TO COMPLY WITH THIS**
28 **SECTION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE**
29 **NOT EXCEEDING \$5,000.**

30 **1-3B-07.**

1 **(A) THE COMMISSION SHALL ESTABLISH A PROCESS FOR THE ONGOING**
2 **MONITORING OF THE PERFORMANCE OF EACH INTEGRATED COMMUNITY**
3 **ONCOLOGY CENTER TO ENSURE:**

4 **(1) THE PURPOSE OF THE PROGRAM ESTABLISHED UNDER §**
5 **1-3B-02(B) OF THIS SUBTITLE IS ACCOMPLISHED; AND**

6 **(2) THE PROTECTION OF PATIENTS TREATED AT EACH INTEGRATED**
7 **COMMUNITY ONCOLOGY CENTER FROM:**

8 **(I) THE POSSIBLE REDUCTION OR WITHHOLDING OF**
9 **MEDICALLY NECESSARY ONCOLOGY OR HEMATOLOGY CARE; OR**

10 **(II) THE ORDERING OR DELIVERY OF CARE THAT IS NOT**
11 **MEDICALLY NECESSARY.**

12 **(B) IN CONSULTATION WITH THE WORKGROUP, THE HEALTH SERVICES**
13 **COST REVIEW COMMISSION, THE HEALTH EDUCATION AND ADVOCACY UNIT OF**
14 **THE OFFICE OF THE ATTORNEY GENERAL, AND THE DEPARTMENT OF HEALTH AND**
15 **MENTAL HYGIENE, THE COMMISSION SHALL:**

16 **(1) REVIEW THE INFORMATION AND DATA THE COMMISSION**
17 **REQUIRES TO BE REPORTED IN ACCORDANCE WITH § 1-3B-05(B)(2) OF THIS**
18 **SUBTITLE; AND**

19 **(2) DETERMINE IF AN INTEGRATED COMMUNITY ONCOLOGY CENTER**
20 **MAY:**

21 **(I) REMAIN IN THE PROGRAM;**

22 **(II) REMAIN IN THE PROGRAM SUBJECT TO APPROVAL OF A**
23 **CORRECTIVE ACTION PLAN AND CONTINUED MONITORING BY THE COMMISSION; OR**

24 **(III) BE DISQUALIFIED FROM THE PROGRAM.**

25 **(C) THE COMMISSION SHALL:**

26 **(1) (I) PROVIDE EACH INTEGRATED COMMUNITY ONCOLOGY**
27 **CENTER WITH WRITTEN NOTICE OF A DETERMINATION MADE UNDER SUBSECTION**
28 **(B) OF THIS SECTION, INCLUDING AN EXPLANATION OF THE DETERMINATION AND**
29 **COPIES OF ANY SUPPORTING DATA OR INFORMATION; AND**

(II) ESTABLISH A PROCESS FOR AN INTEGRATED COMMUNITY ONCOLOGY CENTER TO APPEAL A DETERMINATION;

(2) REQUIRE EACH INTEGRATED COMMUNITY ONCOLOGY CENTER THAT IS DISQUALIFIED FROM THE PROGRAM TO SUBMIT TO THE COMMISSION A WRITTEN PLAN FOR CLOSING THE INTEGRATED COMMUNITY ONCOLOGY CENTER OR DIVESTING THE INTEGRATED COMMUNITY ONCOLOGY CENTER'S RADIATION THERAPY SERVICES IN A TIMELY MANNER; AND

(3) ESTABLISH PROCEDURES FOR THE SUBMISSION, APPROVAL OR REJECTION, AND MONITORING OF:

(I) A CORRECTIVE ACTION PLAN; OR

(II) A PLAN FOR AN INTEGRATED COMMUNITY ONCOLOGY CENTER TO CLOSE OR DIVEST ITS RADIATION THERAPY SERVICES.

1-3B-08.

(A) ON OR BEFORE DECEMBER 1, 2019, AND ON OR BEFORE DECEMBER 1 EACH SUBSEQUENT YEAR, THE COMMISSION SHALL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE ON THE EFFECTIVENESS OF THE PROGRAM IN FURTHERING THE PURPOSE ESTABLISHED UNDER § 1-3B-02 OF THIS SUBTITLE AND THE PERFORMANCE OF EACH INTEGRATED COMMUNITY ONCOLOGY CENTER PARTICIPATING IN THE PROGRAM.

(B) ON OR BEFORE DECEMBER 1, 2024, THE COMMISSION, IN CONSULTATION WITH THE WORKGROUP, SHALL:

(1) CONDUCT A STUDY OF THE PERFORMANCE OF EACH INTEGRATED COMMUNITY ONCOLOGY CENTER PARTICIPATING IN THE PROGRAM BASED ON THE INFORMATION THE COMMISSION REQUIRES TO BE REPORTED IN ACCORDANCE WITH § 1-3B-05(B)(2) OF THIS SUBTITLE AND ANY OTHER INFORMATION THE COMMISSION DETERMINES IS RELEVANT DURING THE MONITORING OF AN INTEGRATED COMMUNITY ONCOLOGY CENTER;

(2) DETERMINE THE IMPACT THE PROGRAM HAS ON THE GOALS AND MILESTONES OF MARYLAND'S ALL-PAYER MODEL CONTRACT, INCLUDING THE TOTAL COST OF CARE; AND

1 **(3) REPORT ON THE STUDY AND DETERMINATION TO THE GOVERNOR**
2 **AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE SENATE**
3 **EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE AND THE**
4 **HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE.**

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
6 1, 2017. It shall remain effective for a period of 8 years and 1 month and, at the end of June
7 30, 2025, with no further action required by the General Assembly, this Act shall be
8 abrogated and of no further force and effect.