



410-244-7000

20 West Street
Annapolis, Maryland 21401

smwpa.com

Legislation Effective October 1, 2022, and January 1, 2023

Below are the bills tracked by MedChi during the 2022 Session that will go into effect either on October 1, 2022, or January 1, 2023. For a more complete summary of the bills, please see MedChi's Sine Die report.¹

Effective October 1, 2022

Senate Bill 62/House Bill 28: Pharmacists – Aids for the Cessation of Tobacco Product Use allows pharmacists to prescribe nicotine replacement therapies (some of which are already available over the counter). Before September 1, 2023, the Board of Pharmacy is required to issue regulations governing prescribing, training requirements, and standards of practice for pharmacists to follow when prescribing nicotine replacement therapies.

House Bill 55/Senate Bill 1011: Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration authorizes a nurse anesthetist to prescribe, order, and administer drugs, including specified controlled dangerous substances. The bill designates a licensed nurse anesthetist as an “authorized prescriber” under the Maryland Pharmacy Act. A nurse anesthetist may prescribe drugs (1) only in an amount that does not exceed a 10-day supply; (2) only for an individual with whom the nurse anesthetist has, at the time of prescription, established a client or patient record; and (3) only in connection with the delivery of anesthesia services.

Senate Bill 734: Maryland Health Care Commission – Primary Care Report and Workgroup establishes a Primary Care Workgroup within the Maryland Health Care Commission (MHCC). Initially, the Workgroup will establish a plan to study and measure the primary care investment in the State, and then ultimately make recommendations based on the results. Family medicine, pediatrics, primary care internal medicine, and primary care OB/GYN are included as “primary care.” The MHCC has just completed the appointment process for members to the Workgroup and meetings should commence within the month.

House Bill 1148/Senate Bill 834: Health Insurance – Two-Sided Incentive Arrangements and Capitated Payments – Authorization authorizes health care practitioners and insurance carriers to enter into two-sided incentive arrangements, meaning contracts that allow for bonus payments to practitioners as well as the authority for insurance carriers to recoup funds if contract terms are not met.

House Bill 413: Health Insurance – Individual Market Stabilization – Extension of Provider Fee extends the existing State health insurance provider fee assessment through calendar 2028 to assist in the continued stabilization of the individual health insurance market. Amendments exempt a stand-alone dental or vision plan carrier subject to the provider fee assessment from paying other assessments. By

¹ Please note that if a bill is listed as “passed” in the Sine Die report but not listed below, it means that the bill went into effect either June 1st, July 1st or by emergency status (date it is signed).

December 1, 2023, the Maryland Insurance Administration, in consultation with the Maryland Health Benefit Exchange, and the MHCC, must report to the Governor and the General Assembly on the impact of the State reinsurance program.

House Bill 213: Health Information Exchanges – Definition and Privacy Regulations alters the definition of health information exchange for the purposes of the confidentiality of medical records to more closely align with federal law.

House Bill 1127: Public Health – State Designated Exchange – Health Data Utility requires CRISP to operate as a “health data utility,” which will provide data, as allowed by law, to individuals and organizations involved in the treatment and care coordination of patients and to support public health goals. The MHCC will be developing regulations for the implementation of this legislation and CRISP will be establishing a Consumer Advisory Council to bring the perspectives of individuals and organizations with an interest in protecting consumers into the delivery of services provided by CRISP.

House Bill 669 and Senate Bill 166: Maryland Medical Assistance Program – Doula Services – Coverage requires coverage of doula services subject to specific regulatory parameters. House Bill 669 and Senate Bill 166, as enacted, mirrors the regulatory structure that was proposed in the regulations which were supported by MedChi.

House Bill 48/Senate Bill 94: Public Health – Maryland Suicide Fatality Review Committee establishes a Suicide Fatality Review Committee to assist the State in addressing the increasing incidences of suicide through the development of initiatives designed to respond to the factors identified as contributing to the incidence of suicide.

House Bill 129/Senate Bill 12: Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications requires proposals requesting Behavioral Health Crisis Response Grant Program funding to contain response standards that prioritizes crisis response over law enforcement interaction for individuals in crisis; amends the definition of crisis team to include prioritizing limiting interaction with law enforcement; and requires public safety answering points (9-1-1) to develop written protocols for calls involving an individual suffering an active behavioral health crisis.

Senate Bill 394: Statewide Targeted Overdose Prevention (STOP) Act of 2022 requires community service programs, such as homeless service programs, outpatient treatment programs, public entities, such as local health departments, and other community-based organizations, and substance abuse treatment organizations, offer an opioid reversal medication approved by the U.S. Food and Drug Administration (FDA) free of charge. The State Integrated Health Improvement Strategy requires a statewide approach to reduce opioid mortality and this initiative is consistent with that effort. Additionally, the bill authorizes EMS to dispense the medication to individuals who are treated for a non-fatal overdose. The State is required to provide the reversal medications to the entities required to offer the medication to those individuals they serve.

House Bill 109/Senate Bill 242: Maryland Department of Health – System for Newborn Screening – Requirements modifies the process for including new core conditions in Maryland’s Newborn Screening Program. Beginning January 1, 2023, the Secretary of Health, in conjunction with the Maryland Advisory Council on Hereditary and Congenital Disorders must determine whether to approve the inclusion of a condition in the State’s newborn screening panel within one year of any condition being added to the list of the U.S. Department of Health and Human Services’ Recommended Uniform Screening Panel. If the Secretary or the advisory council does not approve the inclusion of a core condition in the State’s newborn screening panel, the MDH must publicly post and submit to the General Assembly a report that includes

the justification for not approving the condition for inclusion and the final vote of the advisory council. Any disapprovals must be re-reviewed annually.

House Bill 141: Equity in Transportation Sector – Guidelines and Analyses addresses the incorporation of equity issues into the State’s transportation planning framework. It requires the Maryland Department of Transportation beginning July 1, 2023, in collaboration with the Maryland Transit Administration (MTA), to conduct a transit equity analysis, perform a cost-benefit analysis, and consult with members and leaders of affected communities before announcing any service change that would constitute a major service change under specified federal guidelines or any reduction or cancellation of a capital expansion project in the construction program of the Consolidated Transportation Program that exceeds transit equity thresholds developed by the MTA.

Effective: January 1, 2023

House Bill 970: Managed Care Organizations and Health Insurance Carriers – Prior Authorization for HIV Postexposure Prophylaxis – Prohibition prohibits a commercial insurer as well as a Medicaid managed care organization from applying a prior authorization requirement for a prescription drug used as post-exposure prophylaxis for the prevention of HIV if the prescription drug is prescribed for use in accordance with U.S. Centers for Disease Control and Prevention guidelines.

House Bill 820: Health Insurance – Pediatric Autoimmune Neuropsychiatric Disorders – Modification of Coverage Requirements repeals the requirement that rituximab be approved by the FDA for the treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome to mandate coverage of the medication by Medicaid and health insurance carriers.

Senate Bill 353/House Bill 1397: Health Insurance – Prescription Insulin Drugs – Limits on Copayment and Coinsurance (Insulin Cost Reduction Act) requires an insurer that provides coverage for prescription drugs and devices (including coverage provided through a pharmacy benefits manager) to limit the amount a covered individual is required to pay in copayments or coinsurance for a covered prescription insulin drug to no more than \$30 for a 30-day supply, regardless of the amount or type of insulin needed to fill the covered individual’s prescription.

House Bill 6/Senate Bill 150: Maryland Medical Assistance Program – Dental Coverage for Adults provides, beginning on January 1, 2023, comprehensive dental care services, including diagnostic, preventive, restorative, and periodontal services for adults whose annual household income is at or below 133 percent of the federal poverty level. There is a strong correlation between oral health and somatic health and providing coverage to adult Medicaid recipients will improve not only the health of the recipients but ultimately save costs to the overall health care system.

House Bill 534/Senate Bill 244: Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring requires coverage, beginning January 1, 2023, for self-measured blood pressure monitoring for all Medicaid recipients diagnosed with uncontrolled high blood pressure. Coverage includes the provision of validated home blood pressure monitors and reimbursement of health care provider and other staff time used for patient training, transmission of blood pressure data, interpretation of blood pressure readings and reporting, and delivery of co-interventions, including educational materials or classes, behavioral change management, and medication management.