



410-244-7000

smwpa.com

MedChi's 2022 General Assembly Sine Die Report April 11, 2022

The Maryland General Assembly began its 444th Session at noon on Wednesday, January 12th and concluded its legislative work at midnight on Monday, April 11th. As expected, this was a unique Session, conducted under a hybrid model with the House remaining virtual for the entirety and the Senate opening its doors for in-person hearings mid-February.

FISCAL YEAR 2023 BUDGET

Hands down – this is a tremendous budget year for physicians. Due to strong and continued MedChi advocacy, the Fiscal Year 2023 budget restores Medicaid evaluation and management reimbursement codes to 100% of Medicare. MedChi has been advocating for the return to full parity since 2015 when the reimbursement was reduced due to budget shortfalls. Another priority achieved by MedChi was additional funding for the Physician Loan Assistance Repayment Program (LARP). Not only did the initial Fiscal Year 2023 budget contain \$1.4 million for LARP, but the amount was increased in a supplemental budget by \$3 million for a total allocation in the Fiscal Year 2023 budget of \$4.4 million. Lastly, the Fiscal Year 2023 budget allocates \$500,000 in emergency medical service (EMS) funds to improve the gathering of life saving information at the scene of an accident, an initiative supported by both the Firefighters and MedChi. Again, a very successful year.

BOARDS AND COMMISSIONS

SCOPE OF PRACTICE

Pharmacists

Senate Bill 355: HIV Prevention Drugs – Prescribing and Dispensing by Pharmacists and Insurance Requirements (failed) was very similar to legislation introduced in 2021 and would have authorized pharmacists to prescribe and dispense certain HIV prevention drugs. The intent of the legislation, sponsored by Senator/Dr. Lam, was to broaden access to both pre- and post-exposure prophylaxis HIV medications. However, MedChi expressed concerns over pharmacy shopping and fragmentation of care with patients not following up with or seeing a physician as they should when considering or taking these medications. Nevertheless, the legislation passed the Senate overwhelmingly. In the House, the scope of practice concerns expressed by MedChi were amended out by the sponsor, but concerns raised by the insurers still resulted in the bill's failure.

Senate Bill 62/House Bill 28: Pharmacists – Aids for the Cessation of Tobacco Product Use (passed with amendments), as introduced, would have allowed pharmacists to prescribe smoking cessation

medications, but it was not clear which medications were encompassed by the bill. MedChi has opposed similar bills for years out of concern for patients and the serious side effects that some of the medications can produce. Once the Senate overwhelmingly passed the Senate bill and passage by the House seemed likely, MedChi submitted an amendment narrowing the legislation to include only nicotine replacement therapies (some of which are already available over the counter), and excluding Chantix, Zyban, and like products which can have more severe side effects. These were adopted by the House Health and Government Operations (HGO) Committee and accepted by the Senate.

House Bill 1219: Pharmacists – Status as Health Care Providers and Reimbursement (passed with amendments) added pharmacists to different provisions of Maryland law, including notification requirements for HIV testing and others, and required that pharmacists be paid the same as other providers by insurers. MedChi had concerns over some of the proposed changes because they were expansions of scope of practice, so we sought amendments to remove them. Health insurers took issue with the payment parity provisions as well. The net result was that the bill was amended down to require a study by the Insurance Commissioner on the reimbursement of pharmacists, due back in December of 2022.

Nurses

House Bill 55/Senate Bill 1011 and Senate Bill 312: Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration (passed), as introduced, would have allowed nurse anesthetists to prescribe anesthesia-related medications for up to 10 days without collaborating with a physician, and would have allowed nurse anesthetists to work with podiatrists without the involvement of a physician. Despite amendments being agreed to by the bill sponsor that: 1) required collaboration with a physician when prescribing anesthesia related medications; and 2) removed the podiatry language from the bill, MedChi’s Legislative Council still voted to oppose the bills. MedChi’s Board of Trustees subsequently voted to take no position, provided that these amendments were adopted. The House adopted the amendments and passed House Bill 55, and the Senate followed suit.

House Bill 276/Senate Bill 513: Health Occupations – Clinical Nurse Specialists – Prescribing Authority (failed), as introduced, would have allowed a clinical nurse specialist (CNS) to prescribe medications and to “order, perform, and interpret...diagnostic tests.” MedChi spent a considerable amount of time researching the background of CNSs, of which there are less than 300 in the State, which made finding physicians who have worked with them something of a challenge. In the end, MedChi obtained amendments in the House eliminating the language on diagnostic tests, but the legislation did not emerge from either chamber.

Senate Bill 154: Advanced Practice Registered Nurse Compact (failed) would have entered Maryland into a new compact governing a nurse practitioner (NP), nurse midwife, nurse anesthetist, and others. While existing Maryland law requires that NPs “consult and collaborate with, or refer an individual to, an appropriate licensed physician or any other health care provider as needed,” the proposed Compact would override this, instead allowing that “an advanced practice registered nurse issued a multistate license is authorized to assume responsibility and accountability for patient care independent of any supervisory or collaborative relationship.” MedChi sought amendments to have existing State law prevail on this point. The bill encountered opposition even from the Nurse Practitioners Association of Maryland and did not emerge from the Senate Education, Health, and Environmental Affairs (EHEA) Committee.

Other Professions

House Bill 790/Senate Bill 311: Health Occupations – Podiatric Physicians (failed) would have allowed podiatrists to use the term “podiatric physician”, as is done in numerous other states. MedChi

successfully opposed the bill for the fourth year in a row, with MedChi President Dr. Loralie Ma testifying at the hearing. MedChi argued that the term “physician” should be reserved to M.D.’s and D.O.’s, and that its use by other professions will create confusion for patients, starting with podiatrists but made worse in the coming years when chiropractors, naturopaths, and others would follow suit. The Senate EHEA Committee defeated Senate Bill 311 10-1, after which the House sponsor withdrew House Bill 790.

House Bill 830: State Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists and Music Therapists – Physician Members – Repeal (failed) would have removed from the Audiology Board its two physician members. MedChi joined with the Maryland Society of Otolaryngologists in opposing this change. Similar legislation passed 20 years ago but was vetoed, with a later compromise resulting in the physician members of the Board remaining but prohibited from voting on scope of practice matters. Even the Audiology Board opposed the legislation.

Senate Bill 808/House Bill 961: Health Occupations – Physician Assistants – Revisions (failed) made a wide range of changes to the physician assistant (PA) statute, most significantly in the relationship between the physician and the PA, by removing the “supervision” requirement and making it a collaborative relationship. MedChi established a workgroup to pore over the legislation and identify concerns, and to work with the PAs on the bill. Before this got underway in earnest, the bill was withdrawn on the condition that MedChi and the PAs work together this interim to achieve a compromise.

Senate Bill 734: Maryland Health Care Commission – Primary Care Report and Workgroup (passed) 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.”

BOARD OF PHYSICIAN (BOP) AND OTHER MATTERS

House Bill 180/Senate Bill 386: Interstate Medical Licensure Compact – Sunset Extension and Reporting (passed) extends through 2030 Maryland’s membership in the Compact and was introduced because it was set to expire later in 2022. The Compact allows physicians to practice in multiple member states but importantly retains the requirement that they become licensed in each state and subject to disciplinary requirements in each state.

Senate Bill 821: Medical Excellence Zone Compact (failed) would have established a separate Compact for purposes of telehealth, but was of concern to MedChi because, unlike the existing Interstate Medical Licensure Compact, it does not require that a physician hold a license in the “remote” state. Before any debate occurred, the legislation was withdrawn.

House Bill 421/Senate Bill 398: Out-of-State Health Care Practitioners – Provision of Behavioral Health Services via Telehealth – Authorization (failed) would have allowed a practitioner who is not licensed in Maryland to provide behavioral telehealth services to a patient located here. The person practicing telehealth here has to hold a valid license in another state and consent to the jurisdiction of the relevant Maryland health occupations board, but not be fully licensed here. MedChi opposed the bill. While recognizing the need for greater access to behavioral health services, MedChi believes that for patient safety purposes the answer lies in expeditious licensure, not excusal from licensure.

Senate Bill 77: Health Occupations Boards – Investigations – Right to Counsel (failed) would have codified existing practice, which allows a licensee to have counsel present during an investigation. The licensing boards raised questions about whether the language of the bill allowed a licensee to demand that

their counsel be present before an office or facility inspection and asked for amendments that allowed them to exclude counsel if they are interfering or acting inappropriately during an investigation or interview. The Senate adopted these amendments and passed the bill, but it encountered further difficulties in the House.

Senate Bill 159/House Bill 462: Health Occupations – Authorized Prescribers – Financial Reporting (failed) would have required every prescriber in the State to report to their respective licensing board anything of value received from a drug manufacturer. MedChi argued that this information is already provided under the federal Sunshine Law and the “Open Payments” database, so there is no need to report this same information at the State level. MedChi offered to amend the bill to require the BOP to provide on its website a link to the open payment system in each physician’s existing profile, a solution the Senate adopted. However, the Senate sponsor, Senator Delores Kelley, did not like this approach and asked the House to restore the bill to its original form. Further amendments were proposed by the BOP and by the House sponsor, all of which resulted in significant confusion, so even with MedChi’s willingness to agree to certain solutions, the bill died.

House Bill 1073/Senate Bill 824: Health – Accessibility of Electronic Advance Care Planning Documents (passed) requires the adoption of a number of measures designed to increase public awareness of the importance of and facilitate access to advance care planning documents, such as advanced directives. The MHCC is charged with coordinating the implementation of advance care planning programs, including developing an electronic system for health care facilities to use to verify the existence of or assist in creating planning documents. For providers, the primary requirement in the bill is that an information sheet adopted by the Maryland Department of Health (MDH) be provided to patients at the appropriate time during a scheduled visit.

House Bill 260/Senate Bill 305: State Board of Physicians – Dispensing Permits (failed) would have transferred the regulatory oversight for conducting inspections of physician offices with dispensing permits from the Office of Controlled Substance Administration (OCSA) to the BOP. While the bill passed the House, it was held in the Senate. The Attorney General’s Office raised a concern that the bill would weaken the authority of OCSA to investigate claims related to opioid prescribing. While this would not be the case, the argument stuck.

Senate Bill 385/House Bill 643: Health – Disclosure of Medical Records – Penalty (failed) was legislation introduced at the request of the trial lawyers. It would have expanded what is considered a “medical record” under Maryland law and increased the penalty for not disclosing a record in a timely manner. After researching the bill and consulting with the American Medical Association (AMA), the Maryland Hospital Association (MHA), and others, it became clear that the bill would have expanded the Maryland medical records law well beyond federal HIPAA law. MedChi also had concerns with the penalty provision of the bill. The bill died in Committee under strong opposition from MedChi and MHA but served to inform legislators of the growing divide between the federal law and State law, which creates confusion and unintentional compliance issues for providers. At some point, the Maryland law needs a complete revision considering the many changes made at the federal level over the last decade.

TAX MATTERS

House Bill 2/Senate Bill 598: Income Tax – Work Opportunity Tax Credit (passed) is a federal income tax credit available to employers for hiring individuals who are considered to face significant barriers to employment. Employers may claim the credit for employees who begin work before January 1, 2026. In the first year of employment, employers can claim a credit equal to 40% of the first \$6,000 of wages paid to an employee who is certified by a state workforce agency as being a member of a targeted

group. The targeted groups for the credit include: (1) an individual who receives or whose family receives Temporary Assistance for Needy Families; (2) veterans; (3) residents of an empowerment zone or rural renewal county; (4) the formerly incarcerated or those convicted of a felony; (5) individuals experiencing long-term unemployment; (6) supplemental Social Security income recipients; (7) individuals whose families are recipients of Supplemental Nutrition Assistance Program benefits; and (8) an individual who is a vocational rehabilitation referral certified to have a physical or mental disability. Ultimately, the above credit is now a State Tax credit that several MedChi members can take advantage of. Members already make use of the federal credit.

HEALTH INSURANCE

CONTRACTS AND BENEFITS

House Bill 1148/Senate Bill 834: Health Insurance – Two-Sided Incentive Arrangements and Capitated Payments – Authorization (passed) 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. Throughout the last year, MedChi diligently worked to negotiate protections for both those physicians that decide to participate in these arrangements and those that do not. As a result, Maryland now has the strongest physician protections in the nation regarding value-based arrangements. MedChi will be sending out separate information on this bill to assist members in evaluating contracts.

House Bill 970: Managed Care Organizations and Health Insurance Carriers – Prior Authorization for HIV Postexposure Prophylaxis – Prohibition (passed) was introduced after a physician shared her story during the Montgomery County Medical Society’s legislative event of a patient not being able to expeditiously be treated with post-exposure prophylaxis due to a prior authorization requirement. The bill prohibits a commercial insurer as well as a Medicaid managed care organization (MCO) 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 (passed) repeals the requirement that rituximab be approved by the U.S. Food and Drug Administration (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) (passed) 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 912/Senate Bill 707: Health Insurance – Provider Panels – Coverage for Nonparticipation (passed) requires a carrier (except for MCOs) to ensure that services provided by a specialist or nonphysician specialist, including those licensed as a behavioral health program, for mental health or substance use disorders are provided at no greater cost than if the covered benefit were provided by a provider on the carrier’s provider panel. Each carrier must inform members of the procedure to

request a referral to a specialist or nonphysician specialist, and the Consumer Education and Advocacy Program must provide public education to inform consumers of such procedures. By December 31, 2022, each health occupations board that regulates mental health or substance use disorder providers must report to the General Assembly on their progress in developing a process for providing information to carriers for the purpose of carriers reaching out to providers regarding participation on provider panels.

Unfortunately, several bills regarding utilization management techniques failed to pass. ***House Bill 675/Senate Bill 621: Health Insurance – Changes to Coverage, Benefits, and Drug Formularies – Timing (failed)*** would have implemented a “frozen formulary,” which would have prohibited an insurer from changing the coverage of services or benefits provided under a health insurance policy or contract during the term of the policy or contract or removing a drug from its formulary or moving a prescription drug or device to a benefit tier that requires a higher deductible, copayment, or coinsurance during the term of the policy or contract; a carrier may do so on renewal. In 2019, the General Assembly considered a similar bill and opted to create an override process for requesting an exemption process. ***Senate Bill 725/House Bill 974: Health Insurance – Physical Therapy – Copayments, Coinsurance, and Deductibles (failed)*** would have prohibited insurers from imposing a copayment, coinsurance, or deductible for physical therapy services that is greater than that imposed for a primary care visit under the same plan or contract. Because of issues raised by insurers regarding payment levels, the sponsor withdrew the bill. ***Senate Bill 634: Health Insurance – Home Test Kits for Sexually Transmitted Diseases – Required Coverage (failed)*** would have required insurers to provide coverage for the purchase of a “home test kit” (specified self-collect specimens to test for sexually transmitted diseases) and associated laboratory processing costs.

NOTE: Resolution 30-21 from the 2021 Fall House of Delegates requires MedChi, through the appropriate MedChi committee, to develop a comprehensive strategy to address, streamline, and reform the prior authorization process in Maryland in both the commercial market and Medicaid.

ACCESS TO INSURANCE

An Administration bill, ***House Bill 413: Health Insurance – Individual Market Stabilization – Extension of Provider Fee (passed)***, 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 December 1, 2023, the Maryland Insurance Administration (MIA), in consultation with the Maryland Health Benefit Exchange (MHBE), and the MHCC, must report to the Governor and the General Assembly on the impact of the State reinsurance program. In developing the required report on the reinsurance program, the MIA must: (1) consider whether the level of funding is appropriate; (2) consider whether the health insurance provider fee assessment is appropriately apportioned among the carriers, should be broadened to include other business sectors, and should be supplemented with general funds; (3) consider what market reforms are needed to provide affordable health coverage in the individual market, as specified; and (4) evaluate the design of the program, as specified. The report must include options for obtaining sustainable funding sources to support stability in the individual market.

The General Assembly considered several bills that would have created additional subsidy programs under MHBE, such as a subsidy for small businesses and nonprofits and for certain qualified residents. In the end, the General Assembly decided to further study the need for additional subsidies. ***Senate Bill 632/House Bill 709: Maryland Health Benefit Exchange – Small Business and Nonprofit Health Insurance Subsidies Program – Workgroup (passed)*** requires the MHBE to convene a workgroup to study and make recommendations relating to the establishment of a Small Business and Nonprofit Health

Insurance Subsidies Program to provide subsidies for the purchase of health benefit plans. The MHBE must invite specified stakeholders to participate in the workgroup, which must study and make recommendations regarding: (1) the health insurance coverage needs of small employers, nonprofit employers, and their employees; (2) objectives and target metrics for the program; (3) the optimal scope and design features of the program; (4) the cost to administer the program; and (5) the sources and levels of funding needed to support the program. By October 1, 2022, the MHBE must submit a report on the workgroup’s findings and recommendations to the Governor and specified committees of the General Assembly. Of the two bills, Senate Bill 632 passed.

HEALTH INFORMATION EXCHANGE

Two bills passed regarding health information exchange. ***House Bill 213: Health Information Exchanges – Definition and Privacy Regulations (passed)*** 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 (passed)*** 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. Under the bill, after dispensing a “noncontrolled prescription drug,” a dispenser must submit prescription information to CRISP. The MHCC must adopt regulations, including the mode and manner for dispensers to submit the information. CRISP must establish 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.

PUBLIC HEALTH

MEDICAL ASSISTANCE

MedChi supported several initiatives to expand coverage or improve access to care under Medicaid, the majority of which were successfully enacted. They include:

House Bill 6/Senate Bill 150: Maryland Medical Assistance Program – Dental Coverage for Adults (passed) will provide, 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 (passed) 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.

House Bill 669 and Senate Bill 166: Maryland Medical Assistance Program – Doula Services – Coverage (passed) requires coverage of doula services subject to specific regulatory parameters. During the 2021 interim, a Doula Technical Assistance Advisory Group (DTAAG) was convened to develop a regulatory framework for the provision of Doula services under Medicaid. As a result of that interim

work, a comprehensive regulatory framework that reflected the consensus of the DTAAG was proposed in the Maryland Register in December 2021. 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 971: Maryland Medical Assistance Program – Substance Abuse Treatment – Network Adequacy (passed) requires the MDH and the Behavioral Health Administration to ensure that the delivery system for specialty mental health services under Medicaid has an adequate network of practitioners available to provide substance use disorder services for children under the age of 18. The bill was amended to be an emergency bill, which means, because it passed by a 3/5 majority of the General Assembly, it becomes effective immediately upon signature by the Governor.

House Bill 1080/Senate Bill 778: Maryland Medical Assistance Program – Children and Pregnant Women (Healthy Babies Equity Act) (passed) requires coverage of comprehensive medical care and other health care services to noncitizen pregnant women who would be eligible for Medicaid but for their immigration status, including coverage 12 months postpartum and coverage for their children up to the age of one. The MDH must apply for a waiver from the federal Centers for Medicare and Medicaid Services that maximizes federal funding and the individuals who would be eligible for Medicaid under the bill. The bill has an effective date of July 1, 2022. Of the two bills, House Bill 1080 passed.

Unfortunately, one of the initiatives supported by MedChi was passed by the Senate but failed to receive a vote in the HGO Committee. ***House Bill 746/Senate Bill 682: Maryland Medical Assistance Program – Gender-Affirming Treatment (Trans Health Equity Act of 2022) (failed)*** would have provided an important enhancement of Medicaid benefits to address gender-affirming treatment and would have also provided protections for the appropriate review of requested treatment to ensure that care was not unreasonably or inappropriately denied. The positive momentum of the legislation this Session bodes well for its consideration in 2023.

Senate Bill 350/House Bill 1005: Maryland Medical Assistance Program – Community Violence Prevention Services (passed) focuses on violence in the greater community. This bill requires Medicaid, subject to federal approval and the limitations of the State budget, to provide “community violence prevention services” beginning July 1, 2023. The MDH, by October 1, 2022, is required to apply for a federal waiver to provide these services under Medicaid. The bill takes effect July 1, 2022; however, the requirement to provide community violence prevention services takes effect on the date the waiver is approved and terminates if the waiver is denied.

BEHAVIORAL HEALTH

House Bill 48/Senate Bill 94: Public Health – Maryland Suicide Fatality Review Committee (passed) 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. Further, as requested by MedChi, the bill recognizes the need to coordinate with existing fatality review committees to maximize the quality of the reviews and reduce duplication of effort.

House Bill 129/Senate Bill 12: Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications (passed) 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. Passage

further aligns Maryland's crisis response framework with nationally recognized best practices and will ensure that Maryland's crisis response system integrates the services of law enforcement and crisis teams so that individuals receive the response that is appropriate to address their behavioral health crisis.

House Bill 293/Senate Bill 241: Behavioral Health Crisis Response Services – 9-8-8 Trust Fund (passed) establishes the 9-8-8 Trust Fund for the purpose of providing reimbursement for costs associated with designating and maintaining 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline and developing and implementing a Statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in the State. In 2020, Congress passed, and the President signed into law the National Suicide Designation Act of 2020, which establishes 9-8-8 as a universal number for mental health crises and suicide prevention. In July 2022, 9-8-8 will go live. Beginning then, all phone companies will route 9-8-8 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to individuals calling for help. The bill included \$5.5 million in funding for the Fiscal Year 2024 budget and the Fiscal Year 2023 budget contains \$5 million.

House Bill 408/Senate Bill 394: Statewide Targeted Overdose Prevention (STOP) Act of 2022 (passed), introduced at the request of the Administration, 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 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. Of the two bills, Senate Bill 394 passed.

House Bill 481/Senate Bill 509: Drug Paraphernalia for Administration – Decriminalization (failed) would have decriminalized possession of items that can be used to inject, ingest, inhale, or otherwise consume a controlled dangerous substance. This legislation was passed in the 2021 Session but vetoed by the Governor. The Senate chose not to override the veto, and the bill was therefore reintroduced this Session. It again successfully passed the House but was not acted upon by the Senate in large part out of concern about election year politicization of the issue. Reducing the harm caused by substance use has been a priority of the General Assembly and the issue will undoubtedly be considered again in the 2023 Session. The decriminalization of paraphernalia proposed by this legislation will continue to help ensure that.

House Bill 517/Senate Bill 460: Consumer Health Access Program for Mental Health and Addiction Care – Establishment (failed) would have established a Consumer Health Access Program for Mental Health and Addiction Care. It proposed to create a hub and spoke approach to establishing, essentially, an ombudsman program across the State to assist individuals and providers with navigation of insurance issues relative to behavioral health services. The bill was passed by the Senate in an amended version but was not acted upon by the House HGO Committee. It will be an initiative that will undoubtedly be back for consideration in 2023.

House Bill 1086/Senate Bill 419: Opioid Restitution Fund – Appropriation of Settlement Funds and Grant Program (passed) was supported not only by MedChi but also the AMA. Its passage ensures that specific settlement funds received by the state from opioid-related litigation are protected by Maryland's Opioid Restitution Fund, a non-lapsing fund that focuses on overdose prevention and treatment. It contains provisions to provide a clear process and authority for the allocation and distribution

of funds. Maryland stands to receive tens of millions of dollars from litigation settlements, which are to be used to mitigate the harms from opioid-related overdose and death. The structure enacted will ensure that settlement funds can be equitably distributed throughout the state to help build treatment infrastructure and other efforts to save lives.

ENVIRONMENTAL HEALTH

House Bill 674/Senate Bill 384: Landlord and Tenant – Stay of Eviction Proceeding for Rental Assistance Determination (passed) is an emergency bill that, in an eviction action for failure to pay rent, the Court may stay the action for up to 35 days if the tenant has an application pending for rental assistance that was submitted before or within 30 days after the tenant’s landlord filed a written complaint about failure to pay rent. The legislation sunsets September 30, 2025. Of the two bills, Senate Bill 384 passed.

House Bill 275/Senate Bill 273: Environment – PFAS Chemicals – Prohibitions and Requirements (George “Walter” Taylor Act) (passed) prohibits the use of PFAS in firefighting foam, food packaging, rugs, and carpets. It also requires notification for PFAS in firefighting gear. Implementation dates vary but generally are 2024. The Maryland Department of the Environment (MDE) is required to take back any firefighting foam that was purchased by a fire department. The MDE must then properly dispose of the material. The bill also includes uncodified language to require the MDE to report on the work they are doing on PFAS generally and, specifically, as it relates to testing and remediation. It requires the MDE and the MDH to develop an action plan to ensure that there is a plan moving forward to minimize exposure. PFAS is an issue that the MDE is committed to studying and future legislation and regulatory activity is anticipated.

House Bill 1110: Environment – Lead Poisoning Prevention – Elevated Blood Lead Level (passed) provides a framework for Maryland’s blood lead reference value and lead risk reduction framework to meet current public health standards on lead poisoning set by the U.S. Centers for Disease Control and Prevention (CDC) and to continue to remain in line with CDC standards, should the CDC lower their standards further in the future.

MISCELLANEOUS INITIATIVES

House Bill 109/Senate Bill 242: Maryland Department of Health – System for Newborn Screening – Requirements (passed) 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/Senate Bill 23: Equity in Transportation Sector – Guidelines and Analyses (passed) 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. The bill also expands existing transportation plans, reports, and committees to include transportation equity issues. This legislation aligns with a Resolution adopted by MedChi's House of Delegates in 2021. Of the two bills, House Bill 141 passed.

House Bill 245/Senate Bill 331: Program for Preventing HIV Infection for Rape Victims – Alterations and Repeal of Sunset (passed) removes the sunset on the Pilot Program for Preventing HIV Infection for Rape Victims and establishes the program as permanent. The program is designed to prevent HIV infection for victims of an alleged rape or sexual offense or victims of alleged child sexual abuse. A qualifying victim must be provided with a full course of treatment and follow-up care for post-exposure prophylaxis for the prevention of HIV at no cost to the victim. The program is administered by the Governor's Office of Crime Prevention, Youth, and Victim's Services and reimbursement for the services provided are paid from the Criminal Injuries Compensation Board.

House Bill 1082: Public Health – Consumer Health Information – Hub and Requirements (passed) designates the University of Maryland Herschel S. Horowitz Center for Health Literacy as the State's Consumer Health Information Hub. The purpose of the Hub is to promote public access to accurate, consistent, evidence-based, multi-lingual plain language information, and to assist all Marylanders in making informed decisions about health, safety, and social services benefits. The Hub will facilitate the consistent use of plain language and health literacy frameworks by state and local government agencies. The bill mandates an appropriation of \$350,000 for Fiscal Years 2024 – 2026 and sunsets September 1, 2026.

House Bill 1188: Public Health – Sickle Cell Disease (passed) requires the MDH, in consultation with the Statewide Committee on Sickle Cell Disease, to establish and implement a system of providing information on the sickle cell trait or thalassemia trait to individuals diagnosed or an individual's family if the individual is a minor. It also requires the MDH to maintain on its website a list of resources for health care practitioners to use to improve their understanding and clinical treatment of individuals with sickle cell or the sickle cell trait. Further, the Statewide Committee on Sickle Cell Disease, in conjunction with the MDH and other relevant stakeholders, is to study and make recommendations by December 1, 2022, on a number of avenues to enhance sickle cell trait and disease awareness as well as improve access to necessary medical services. This omnibus bill incorporates provisions of several other sickle cell bills introduced this Session in a more coordinated, comprehensive manner. ***Senate Bill 859***, which was not originally a cross-file, was amended to conform to House Bill 1188.

House Bill 1389/Senate Bill 700: Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup (passed) creates a Workgroup to develop a public awareness campaign on preventing workplace violence in health care settings. In developing its plan, the Workgroup must recognize and accommodate the needs of patients with mental health disorders and substance abuse disorders in the development of the campaign and create a plan for implementing the public awareness campaign, including distributing information on workplace violence in a health care setting in the State. By November 1, 2022, the Workgroup must report on the public awareness campaign to specified committees of the General Assembly.

SPECIAL THANKS

MedChi thanks those members who served on the MedChi Legislative Council this Session for their efforts in promoting the practice of medicine in Maryland and strengthening the role that MedChi plays in shaping public policy in Maryland. A special thanks to our subcommittee chairs: Dr. Lawrence Green (Boards and Commissions), Dr. Kathleen Keeffe Hough (Public Health), and Dr. Anuradha D. Reddy

(Health Insurance) and to our Legislative Council co-chairs, Dr. Benjamin Lowentritt and Dr. Clement Banda.

MedChi also recognizes those physicians who testified on behalf of MedChi for various initiatives, including Dr. Loralie Ma, Dr. Carolyn O’Conor, Dr. Gwen DuBois, and Dr. Michael Ichniowski.

Lastly, MedChi extends its appreciation to the physicians who volunteered their time to staff the State House First Aid Room this Session. Staffing the First Aid Room is an honor for MedChi and one that cannot be taken for granted. Physicians who staff the First Aid Room have access to the legislators and are looked at not only as a resource for medical care but also as a resource on policy issues. MedChi also would like to thank Colleen White, RN, Cassandra Thomas, BSN, RN, CDNC, and Megan White, BSN for their dedication in staffing the First Aid Room for the Session.

Doctors who staffed the First Aid Room this Session include:

Dr. Jill Allbritton
Dr. Joy Baldwin
Dr. Jeff Bernstein
Dr. Renee Bovellev
Dr. Richard Cook
Dr. Dimitri Coupet
Dr. Willarda Edwards
Dr. Parag Gandhi

Dr. Alan Gonzalez-Cota
Dr. John Gordon
Dr. Pallavi Gowda
Dr. Harry Kaplan
Dr. Benjamin Lowentritt
Dr. Loralie Ma
Dr. George Malouf
Dr. Sarah Merritt

Dr. Michael Niehoff
Dr. Gary Pushkin
Dr. Stephen Rockower
Dr. Frank Sparandero
Dr. Benjamin Stallings
Dr. Melvin Stern
Dr. Bernita Taylor
Dr. H. Russell Wright