



*The Maryland State Medical Society*

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## **MEDCHI HIGHLIGHTS NEW HEALTH LAWS THAT BEGIN JULY 1**

BALTIMORE, June 30, 2020 — During the 2020 Legislative Session, the General Assembly and the Governor enacted several bills that are relevant to MedChi and our members that go into effect July 1, 2020. As Maryland's foremost advocate and resource for physicians, their patients, and the public health, MedChi, The Maryland State Medical Society, wants to share an overview of these new health care laws.

- Senate Bill 124/House Bill 196 (Chapters 104/105) requires the Maryland Health Benefit Exchange to report specified information to the Senate Finance Committee and the House Health and Government Operations Committee as it relates to establishing State-based individual market health insurance subsidies in the State and clarifies that the health insurance provider fee assessment applies to health insurance products that were subject to a specified federal fee as in effect on December 1, 2019.
- House Bill 206/Senate Bill 207 (Chapters 108/109) authorizes an “unaccompanied minor in need of shelter” to consent to shelter and supportive services under specified circumstances which includes shelters and service providers registering with the Department of Housing and Community Development and developing and implementing a procedure to screen each staff member who works with minors.
- House Bill 259/Senate Bill 103 (Chapters 139/140) prohibits a health occupation board or disciplinary panel from reprimanding a licensee or certificate holder, placing a licensee or certificate holder on probation, or suspending or revoking a license or certificate solely on the basis of the licensee's or certificate holder's use of a diagnostic evaluation or treatment of a patient that is integrative, complementary, alternative, or nonconventional.
- House Bill 631/Senate Bill 444 (Chapters 279/280) alters provisions relating to requirements to qualify as a member of the State Board of Examiners of Nursing Home Administrators and certain recommendations made by the Secretary of Health regarding appointments to the board.
- House Bill 998/Senate Bill 501 (Chapters 402/403) transfers oversight of the Maryland Loan Assistance Repayment Program (MLARP) for Physicians and Physician Assistants from the Office of Student Financial Assistance within the Maryland Higher Education Commission to the Maryland Department of Health and establishes a stakeholder workgroup that must review and report on specified information, including a permanent funding structure for MLARP.
- House Bill 1100 (Chapter 425) repeals the requirement that the Prescription Drug Affordability Board hire legal counsel and specifies that the Attorney General is the legal adviser to the board and must designate an assistant Attorney General as counsel to the board. The bill also reduces the frequency the board is required to meet and delays the date the board must complete specified actions. **This bill took effect June 1, 2020.**

- House Bill 1169/Senate Bill 724 (Chapters 436/437) repeals current requirements for nonprofit hospitals regarding community benefit reporting and likewise repeals the requirement for the Health Services Cost Review Commission (HSCRC) to compile those reports into a specified annual report.
- Senate Bill 42 (Chapter 505) modifies the timing and required contents of the annual report of the HSCRC to include repealing provisions relating to a separate report on the status of the All-Payer Model Contract; repealing a requirement that HSCRC publish specified information about acute care hospital charges; and making conforming changes.
- Senate Bill 119 (Chapter 533) increases the threshold from \$3,000 to \$5,000 for a complaint of unpaid wages to be subject to an order by the Commissioner of Labor and Industry for an employer to pay wages.
- House Bill 959/Senate Bill 872 (Chapters 620/621) establishes the consumer protection provisions of the federal Patient Protection and Affordable Care Act (ACA) that are currently specified through cross-references in Maryland law; it also establishes nondiscrimination provisions. **This bill went into effect May 8, 2020.**
- Senate Bill 523 (Chapter 641) authorizes a pass-through entity (PTE) to elect to be taxed at the entity level for the income tax. A PTE must pay the tax imposed on nonresident entity members as required under current law. An individual or corporation may claim a tax credit against the State income tax equal to the tax paid by a PTE on the member's share of the PTE's taxable income.
- House Bill 560/Senate Bill 395 (Chapters 612/613) extends the termination date of the State Board of Physicians (MBP) and its related allied health advisory committees by 10 years to July 1, 2030, and generally implements the recommendations of the Department of Legislative Services' December 2019 full sunset evaluation of MBP.
- Senate Bill 931/House Bill 652 (Chapters 615/614) prohibits the Secretary of Health from considering drugs prescribed to treat diabetes, HIV, or AIDS to be specialty drugs for the purpose of providing services under Medicaid and excludes prescription drugs prescribed to treat diabetes, HIV, or AIDS from the definition of "specialty drug" with respect to insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers). A carrier may not impose a copayment or coinsurance requirement on a prescription drug prescribed to treat diabetes, HIV, or AIDS that exceeds \$150 for up to a 30-day supply of the drug. **This bill went into effect May 8, 2020.**

To review any bill in its entirety, please go to [www.mgaleg.maryland.gov](http://www.mgaleg.maryland.gov).

#### About MedChi

MedChi, The Maryland State Medical Society, is a non-profit membership association of Maryland physicians. It is the largest physician organization in Maryland. The mission of MedChi is to serve as Maryland's foremost advocate and resource for physicians, their patients and the public health of Maryland. For more information, please visit [www.medchi.org](http://www.medchi.org).