



The Maryland State Medical Society

News: For Immediate Release

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FROM MEDCHI: NEW HEALTH LAWS THAT WILL GO INTO EFFECT OCTOBER 1

BALTIMORE, September 26, 2022 — MedChi, The Maryland State Medical Society, is sharing an overview of health laws that will take effect on October 1, 2022 and were of interest to MedChi during the 2022 Legislative Session.

The following behavioral health laws have taken effect:

- House Bill 108/Senate Bill 286 alters the requirements for grant proposals and for awarding grants under the Behavioral Health Crisis Response Grant Program.
- House Bill 605/Senate Bill 164 requires Maryland Department of Health to include mental health first aid among the behavioral health services for which they provide service coordination for eligible veterans
- House Bill 129/Senate Bill 12 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 the development of written protocols for public safety calls (9-1-1) involving an individual suffering an active behavioral health crisis.

The following public health laws have taken effect:

- House Bill 48/Senate Bill 94 establishes a Suicide Fatality Review Committee to address the increasing incidences of suicide through the development of initiatives designed to respond to those factors identified as contributing to the incidence of suicide.
- Senate Bill 394: Statewide Targeted Overdose Prevention (STOP) Act of 2022 requires community service programs - such as homeless service programs, outpatient treatment programs, substance abuse treatment organizations, and other community-based organizations, to offer an opioid reversal medication approved by the U.S. Food and Drug Administration (FDA) free of charge. This initiative is consistent with the State Integrated Health Improvement Strategy calling for a statewide approach to reduce opioid mortality.
- House Bill 1127 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.

The following laws regarding newborn-screening and Doula services have taken effect:

- House Bill 109/Senate Bill 242 modifies the requirement 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 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.
- House Bill 669 and Senate Bill 166: Maryland Medical Assistance 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.

The following health occupation laws have taken effect:

- House Bill 55/Senate Bill 1011 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"; one who 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 patient record; and (3) only in connection with the delivery of anesthesia services.
- Senate Bill 62/House Bill 28 allows pharmacists to prescribe nicotine replacement therapies. Prior to 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.

Lastly, here are the health insurance and health information exchange that have taken effect:

- House Bill 1148/Senate Bill 834 addresses Two-Sided Incentive Arrangements and Capitated Payments. Specifically, this 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 supports continued stabilization of the individual health insurance market by extending the existing State health insurance provider fee assessment

through calendar 2028. 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 (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 alters the definition of health information exchange for the purposes of the confidentiality of medical records to align more closely with federal law.

MedChi CEO Gene Ransom explained “this year MedChi tracked more than 300 pieces of legislation in the Maryland General Assembly. Healthcare issues are at the top of the agenda for legislators, and MedChi will continue to be a resource to the General Assembly continually representing the physician and patient voice in Maryland.”

To review any bill in its entirety, please go to 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.