

HOUSE BILL 1235

J1, C3

4lr1792

By: **Delegates Bromwell and Hammen**

Introduced and read first time: February 7, 2014

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Community Integrated Medical Home Program and Patient Centered**
3 **Medical Home Program**

4 FOR the purpose of establishing the Community Integrated Medical Home Program;
5 establishing the mission of the Community Integrated Medical Home Program;
6 requiring the Community Integrated Medical Home Program to take certain
7 actions to carry out its mission; requiring the Community Integrated Medical
8 Home Program to be administered jointly by the Maryland Health Care
9 Commission and the Department of Health and Mental Hygiene; providing that
10 the Commission and the Department shall have primary responsibility for
11 certain elements of the Community Integrated Medical Home Program;
12 requiring the Department to identify and certify entities that provide certain
13 services and supports; establishing the Community Integrated Medical Home
14 Program advisory body; requiring the advisory body to provide certain advice;
15 requiring the Commission and the Secretary of Health and Mental Hygiene to
16 appoint the members of the advisory body and determine the frequency and
17 location of its meetings; establishing the Patient Centered Medical Home
18 Program; requiring the Patient Centered Medical Home Program to promote
19 development of patient centered medical homes, require certain entities to meet
20 certain standards, and be administered by the Commission, in consultation with
21 the Department; requiring the Commission, in consultation with the
22 Department, to establish certain requirements, certain metrics, a certain
23 methodology, and certain goals; authorizing the Commission, in consultation
24 with the Department, to require a carrier to implement a certain program;
25 requiring a carrier and a managed care organization to participate in the
26 Patient Centered Medical Home Program, under certain circumstances;
27 prohibiting a group model health maintenance organization from being required
28 to participate in the Patient Centered Medical Home Program; authorizing
29 certain payors to participate in the Patient Centered Medical Home Program;
30 requiring the Commission, in consultation with the Department, to adopt
31 regulations for certain certification; requiring certification to meet certain

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 requirements; requiring the Commission, in consultation with the Department,
2 to establish a certain accreditation program; authorizing the Commission to
3 establish and collect certain fees; requiring the Commission to pay certain funds
4 into the Maryland Health Care Commission Fund; requiring a carrier that is
5 participating in a certain program or that has been authorized by the
6 Commission to implement a certain program to pay for coordination of certain
7 services; extending the termination date of certain provisions of law relating to
8 the Maryland Patient Centered Medical Home Program; establishing the intent
9 of the General Assembly that the Commission discontinue a certain program
10 before a certain date, under certain circumstances; requiring the Department,
11 in consultation with the Commission, to develop a certain model and submit a
12 report on the model to the Governor and certain legislative committees; defining
13 certain terms; and generally relating to the Community Integrated Medical
14 Home Program and the Patient Centered Medical Home Program.

15 BY adding to
16 Article – Health – General
17 Section 19–1B–01 through 19–1B–06 to be under the new subtitle “Subtitle
18 19–1B. Community Integrated Medical Home Program”
19 Annotated Code of Maryland
20 (2009 Replacement Volume and 2013 Supplement)

21 BY repealing and reenacting, without amendments,
22 Article – Insurance
23 Section 15–1801
24 Annotated Code of Maryland
25 (2011 Replacement Volume and 2013 Supplement)

26 BY repealing and reenacting, with amendments,
27 Article – Insurance
28 Section 15–1802
29 Annotated Code of Maryland
30 (2011 Replacement Volume and 2013 Supplement)

31 BY repealing and reenacting, with amendments,
32 Chapter 5 of the Acts of the General Assembly of 2010
33 Section 3

34 BY repealing and reenacting, with amendments,
35 Chapter 6 of the Acts of the General Assembly of 2010
36 Section 3

37 Preamble

38 WHEREAS, Health care costs continue to increase, making it more difficult for
39 individuals, families, and businesses to afford health insurance; and

1 WHEREAS, The increase in health care costs is, in part, attributable to
2 inadequate coordination of care among health care providers, difficulties accessing
3 primary care, and a lack of engagement among patients, their primary care providers,
4 and community-based resources; and

5 WHEREAS, Patient centered medical homes enhance care coordination and
6 promote high quality, cost-effective care by engaging patients and their primary care
7 providers; and

8 WHEREAS, Patient centered medical homes have been shown to be most
9 effective in improving quality and lowering costs when they can access
10 community-based resources for their patients; and

11 WHEREAS, The standards for qualifying a primary care practice as a patient
12 centered medical home, the quality measures that primary care practices must gather
13 and report to demonstrate quality care, and the payment methodologies used to
14 reimburse patient centered medical homes are inconsistent across payors, and that
15 inconsistency presents a major barrier to developing effective patient centered medical
16 homes; and

17 WHEREAS, The State has gained experience through the Maryland Patient
18 Centered Medical Home Program and through patient centered medical home
19 programs established by insurance carriers, Medicaid managed care organizations,
20 and self-insured employers; and

21 WHEREAS, The community integrated medical home model moves away from a
22 medical model for improving health to a personalized, team-based approach in the
23 primary care practice that is integrated with an enhanced community health
24 infrastructure; and

25 WHEREAS, It is desirable to have an ongoing process by which the
26 effectiveness of the community integrated medical homes model can be evaluated; and

27 WHEREAS, Establishing and promoting the Community Integrated Medical
28 Home Program in Maryland that brings together patient centered medical home
29 programs and community-based services and supports will achieve higher quality
30 health care for Maryland residents and help slow the continuing escalation of health
31 care costs; and

32 WHEREAS, Better integration of community-based care and hospital care is
33 essential for Maryland to meet the new requirements under the Maryland hospital
34 payment system; and

35 WHEREAS, The Community Integrated Medical Home Program has been
36 developed with the broad support of payors, health care providers, patients, and
37 community organizations; and

1 WHEREAS, The Department of Health and Mental Hygiene seeks to obtain a
2 federal Centers for Medicare and Medicaid Services State Innovation Model grant to
3 implement a Community Integrated Medical Home Program; now, therefore,

4 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
5 MARYLAND, That the Laws of Maryland read as follows:

6 **Article – Health – General**

7 **SUBTITLE 19–1B. COMMUNITY INTEGRATED MEDICAL HOME PROGRAM.**

8 **19–1B–01.**

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

11 (B) “ADVISORY BODY” MEANS THE COMMUNITY INTEGRATED MEDICAL
12 HOME PROGRAM ADVISORY BODY.

13 (C) “CARRIER” HAS THE MEANING STATED IN § 15–1801 OF THE
14 INSURANCE ARTICLE.

15 (D) “COMMISSION” MEANS THE MARYLAND HEALTH CARE
16 COMMISSION.

17 (E) “COMMUNITY INTEGRATED MEDICAL HOME” MEANS A CERTIFIED
18 PATIENT CENTERED MEDICAL HOME INTEGRATED WITH COMMUNITY–BASED
19 SERVICES AND SUPPORTS PROVIDED BY CERTIFIED ENTITIES TO ADDRESS
20 SOCIAL AS WELL AS MEDICAL DETERMINANTS OF HEALTH.

21 (F) “GROUP MODEL HEALTH MAINTENANCE ORGANIZATION” HAS THE
22 MEANING STATED IN § 19–713.6 OF THIS TITLE.

23 (G) “HEALTH BENEFIT PLAN” HAS THE MEANING STATED IN § 15–1801
24 OF THE INSURANCE ARTICLE.

25 (H) “MANAGED CARE ORGANIZATION” HAS THE MEANING STATED IN §
26 15–101 OF THIS ARTICLE.

27 (I) “PATIENT CENTERED MEDICAL HOME” MEANS A PRIMARY CARE
28 PRACTICE ORGANIZED TO PROVIDE A FIRST, COORDINATED, ONGOING, AND
29 COMPREHENSIVE SOURCE OF CARE TO PATIENTS TO:

30 (1) FOSTER A PARTNERSHIP WITH A QUALIFYING INDIVIDUAL;

1 **(2) COORDINATE HEALTH CARE SERVICES FOR A QUALIFYING**
2 **INDIVIDUAL; AND**

3 **(3) EXCHANGE MEDICAL INFORMATION WITH CARRIERS, OTHER**
4 **PROVIDERS, AND QUALIFYING INDIVIDUALS.**

5 **(J) “PRIMARY CARE PRACTICE” MEANS A PRACTICE OR FEDERALLY**
6 **QUALIFIED HEALTH CENTER ORGANIZED BY OR INCLUDING PEDIATRICIANS,**
7 **GENERAL INTERNAL MEDICINE PHYSICIANS, FAMILY MEDICINE PHYSICIANS, OR**
8 **NURSE PRACTITIONERS.**

9 **(K) (1) “PROMINENT CARRIER” MEANS A CARRIER REPORTING AT**
10 **LEAST \$90,000,000 IN WRITTEN PREMIUMS FOR HEALTH BENEFIT PLANS IN THE**
11 **STATE IN THE MOST RECENT MARYLAND HEALTH BENEFIT PLAN REPORT**
12 **SUBMITTED TO THE INSURANCE COMMISSIONER AS REQUIRED UNDER § 15-605**
13 **OF THE INSURANCE ARTICLE.**

14 **(2) “PROMINENT CARRIER” DOES NOT INCLUDE A GROUP MODEL**
15 **HEALTH MAINTENANCE ORGANIZATION.**

16 **(L) “QUALIFYING INDIVIDUAL” MEANS:**

17 **(1) AN INDIVIDUAL COVERED UNDER A HEALTH BENEFIT PLAN**
18 **ISSUED BY A CARRIER;**

19 **(2) A MEMBER OF A MANAGED CARE ORGANIZATION; OR**

20 **(3) AN INDIVIDUAL COVERED UNDER A HEALTH PLAN ISSUED BY**
21 **ANOTHER PAYOR, SUCH AS A SELF-INSURED EMPLOYER, MEDICARE, OR**
22 **TRICARE.**

23 **(M) “SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM”**
24 **HAS THE MEANING STATED IN § 15-1801 OF THE INSURANCE ARTICLE.**

25 **19-1B-02.**

26 **(A) THERE IS A COMMUNITY INTEGRATED MEDICAL HOME PROGRAM.**

27 **(B) THE MISSION OF THE COMMUNITY INTEGRATED MEDICAL HOME**
28 **PROGRAM IS TO:**

1 **(1) KEEP MARYLAND FAMILIES HEALTHY THROUGH THE USE OF**
2 **INNOVATIVE MAPPING TOOLS THAT ALLOW BETTER TARGETING OF RESOURCES**
3 **TO THOSE IN NEED;**

4 **(2) COORDINATE COMPREHENSIVE SERVICES PROVIDED BY A**
5 **PATIENT CENTERED MEDICAL HOME WITH PUBLIC HEALTH RESOURCES IN**
6 **LOCAL COMMUNITIES ACROSS THE STATE; AND**

7 **(3) PROVIDE COMPLEMENTARY SUPPORT FOR QUALIFIED**
8 **INDIVIDUALS BETWEEN OFFICE VISITS.**

9 **(C) TO CARRY OUT ITS MISSION, THE COMMUNITY INTEGRATED**
10 **MEDICAL HOME PROGRAM SHALL:**

11 **(1) MONITOR THE PERFORMANCE OF:**

12 **(I) CERTIFIED ENTITIES THAT PROVIDE**
13 **COMMUNITY-BASED SERVICES AND SUPPORTS, INTEGRATED WITH CERTIFIED**
14 **PATIENT CENTERED MEDICAL HOMES, TO QUALIFYING INDIVIDUALS;**

15 **(II) CERTIFIED PATIENT CENTERED MEDICAL HOMES; AND**

16 **(III) ACCREDITED CARRIERS, MANAGED CARE**
17 **ORGANIZATIONS, AND OTHER PAYORS PARTICIPATING IN THE PATIENT**
18 **CENTERED MEDICAL HOME PROGRAM; AND**

19 **(2) PROMOTE CONTINUOUS HEALTH CARE QUALITY**
20 **IMPROVEMENT.**

21 **(D) (1) THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM**
22 **SHALL BE ADMINISTERED JOINTLY BY THE COMMISSION AND THE**
23 **DEPARTMENT.**

24 **(2) THE COMMISSION SHALL HAVE PRIMARY RESPONSIBILITY**
25 **FOR OVERSEEING THE PATIENT CENTERED MEDICAL HOME PROGRAM**
26 **ELEMENTS OF THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM.**

27 **(3) THE DEPARTMENT SHALL HAVE PRIMARY RESPONSIBILITY**
28 **FOR OVERSEEING THE INTEGRATED COMMUNITY-BASED SERVICE AND**
29 **SUPPORT ELEMENTS OF THE COMMUNITY INTEGRATED MEDICAL HOME**
30 **PROGRAM.**

1 **(4) THE DEPARTMENT SHALL IDENTIFY AND CERTIFY ENTITIES**
2 **THAT PROVIDE COMMUNITY-BASED SERVICES AND SUPPORTS INTEGRATED**
3 **WITH PATIENT CENTERED MEDICAL HOMES.**

4 **19-1B-03.**

5 **(A) THERE IS A COMMUNITY INTEGRATED MEDICAL HOME PROGRAM**
6 **ADVISORY BODY.**

7 **(B) THE ADVISORY BODY SHALL PROVIDE ONGOING ADVICE TO THE**
8 **COMMUNITY INTEGRATED MEDICAL HOME PROGRAM TO PROMOTE**
9 **ALIGNMENT AND INTEGRATION OF ALL ASPECTS OF THE PROGRAM.**

10 **(C) THE COMMISSION AND THE SECRETARY, IN CONSULTATION, SHALL:**

11 **(1) APPOINT THE MEMBERS OF THE ADVISORY BODY; AND**

12 **(2) DETERMINE THE FREQUENCY AND LOCATION OF MEETINGS**
13 **OF THE ADVISORY BODY.**

14 **19-1B-04.**

15 **(A) THERE IS A PATIENT CENTERED MEDICAL HOME PROGRAM.**

16 **(B) THE PATIENT CENTERED MEDICAL HOME PROGRAM SHALL:**

17 **(1) PROMOTE DEVELOPMENT OF PATIENT CENTERED MEDICAL**
18 **HOMES;**

19 **(2) BE ADMINISTERED BY THE COMMISSION, IN CONSULTATION**
20 **WITH THE DEPARTMENT; AND**

21 **(3) REQUIRE PARTICIPATING CARRIERS, MANAGED CARE**
22 **ORGANIZATIONS, OTHER PAYORS, AND PATIENT CENTERED MEDICAL HOMES TO**
23 **MEET SPECIFIC STANDARDS.**

24 **(C) IN ADMINISTERING THE PATIENT CENTERED MEDICAL HOME**
25 **PROGRAM, THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT,**
26 **SHALL ESTABLISH:**

27 **(1) FOR PARTICIPATING CARRIERS, MANAGED CARE**
28 **ORGANIZATIONS, AND OTHER PAYORS:**

1 **(I) ACCREDITATION AND ANNUAL REPORTING**
2 **REQUIREMENTS; AND**

3 **(II) A CORE SET OF QUALITY AND COST METRICS; AND**

4 **(2) FOR PARTICIPATING PATIENT CENTERED MEDICAL HOMES:**

5 **(I) A METHODOLOGY FOR PATIENT ATTRIBUTION; AND**

6 **(II) PRACTICE IMPROVEMENT GOALS.**

7 **(D) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT,**
8 **MAY REQUIRE A CARRIER TO IMPLEMENT A SINGLE CARRIER PATIENT**
9 **CENTERED MEDICAL HOME PROGRAM THAT PAYS COST-BASED INCENTIVES AND**
10 **SHARES MEDICAL INFORMATION WITH A PATIENT CENTERED MEDICAL HOME IN**
11 **ACCORDANCE WITH § 15-1802 OF THE INSURANCE ARTICLE.**

12 **(E) (1) A CARRIER AND A MANAGED CARE ORGANIZATION SHALL**
13 **PARTICIPATE IN THE PATIENT CENTERED MEDICAL HOME PROGRAM IF THE**
14 **CARRIER OR MANAGED CARE ORGANIZATION:**

15 **(I) IS A PROMINENT CARRIER;**

16 **(II) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS**
17 **SUBSECTION, IS A CARRIER THAT OFFERS QUALIFIED HEALTH PLANS THROUGH**
18 **THE MARYLAND HEALTH BENEFIT EXCHANGE; OR**

19 **(III) IS A MANAGED CARE ORGANIZATION WITH 5,000 OR**
20 **MORE MEDICAID ENROLLEES.**

21 **(2) A GROUP MODEL HEALTH MAINTENANCE ORGANIZATION MAY**
22 **NOT BE REQUIRED TO PARTICIPATE IN THE PATIENT CENTERED MEDICAL**
23 **HOME PROGRAM.**

24 **(F) OTHER PAYORS, INCLUDING SELF-INSURED EMPLOYERS,**
25 **MEDICARE, AND TRICARE, MAY PARTICIPATE IN THE PATIENT CENTERED**
26 **MEDICAL HOME PROGRAM AS AUTHORIZED BY THE COMMISSION, IN**
27 **CONSULTATION WITH THE DEPARTMENT.**

28 **19-1B-05.**

29 **(A) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT,**
30 **SHALL ADOPT REGULATIONS FOR CERTIFYING PRIMARY CARE PRACTICES AS**

1 PATIENT CENTERED MEDICAL HOMES IN THE PATIENT CENTERED MEDICAL
2 HOME PROGRAM.

3 (B) CERTIFICATION SHALL:

4 (1) FOSTER PARTICIPATION OF PRIMARY CARE PRACTICES IN
5 ADVANCED CARE MODELS, SUCH AS THE COMMUNITY INTEGRATED MEDICAL
6 HOME PROGRAM, THAT CAN LEAD TO IMPROVED PATIENT OUTCOMES AND
7 LOWER TOTAL COSTS OF CARE; AND

8 (2) RECOGNIZE ACHIEVEMENT BY A PRIMARY CARE PRACTICE OF
9 COORDINATED, ONGOING, AND COMPREHENSIVE PATIENT CENTERED CARE IN A
10 CULTURALLY AND LINGUISTICALLY SENSITIVE MANNER TO QUALIFYING
11 INDIVIDUALS THROUGH:

12 (I) EVIDENCE-BASED MEDICINE;

13 (II) EXPANDED ACCESS AND COMMUNICATION;

14 (III) CARE COORDINATION AND INTEGRATION;

15 (IV) CARE QUALITY AND SAFETY; AND

16 (V) EXCHANGE OF HEALTH INFORMATION WITH CARRIERS,
17 OTHER PROVIDERS, AND QUALIFYING INDIVIDUALS.

18 19-1B-06.

19 (A) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT,
20 SHALL ESTABLISH AN ACCREDITATION PROGRAM FOR CARRIERS, MANAGED
21 CARE ORGANIZATIONS, AND OTHER PAYORS THAT PARTICIPATE IN THE
22 PATIENT CENTERED MEDICAL HOME PROGRAM.

23 (B) (1) THE COMMISSION MAY ESTABLISH AND COLLECT FEES FROM
24 PAYORS TO SUPPORT THE ACCREDITATION PROGRAM.

25 (2) THE COMMISSION SHALL PAY ALL FUNDS COLLECTED FROM
26 THE FEES INTO THE MARYLAND HEALTH CARE COMMISSION FUND
27 ESTABLISHED UNDER § 19-111 OF THIS TITLE.

28 Article - Insurance

29 15-1801.

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

2 (b) “Carrier” means:

3 (1) an insurer that holds a certificate of authority in the State and
4 provides health benefit plans in the State;

5 (2) a health maintenance organization that is licensed to operate in
6 the State; or

7 (3) a nonprofit health service plan that is licensed to operate in the
8 State.

9 (c) “Commission” means the Maryland Health Care Commission established
10 under Title 19, Subtitle 1 of the Health – General Article.

11 (d) “Covered medical services” means the health care services that are
12 included as benefits under a health benefit plan issued by a carrier.

13 (e) “Health benefit plan” has the meaning stated in § 15–1301 of this title.

14 (f) “Qualifying individual” has the meaning stated in § 19–1A–01 of the
15 Health – General Article.

16 (g) “Patient centered medical home” has the meaning stated in § 19–1A–01
17 of the Health – General Article.

18 (h) “Single carrier patient centered medical home program” means a program
19 implemented by a carrier to promote the development of a patient centered medical
20 home.

21 15–1802.

22 (a) Notwithstanding any other provision of this article or the Health –
23 General Article, a carrier that is participating in the Maryland Patient Centered
24 Medical Home Program under Title 19, Subtitle 1A of the Health – General Article or
25 a carrier that has been authorized by the Commission to implement a single carrier
26 patient centered medical home program [may]:

27 (1) [pay a patient centered medical home for services associated with]
28 **SHALL PAY FOR** coordination of covered medical services to qualifying individuals;

29 (2) **MAY** pay a patient centered medical home provider a bonus, fee
30 based incentive, bundled fees, or other incentives approved by the Commission; and

1 (3) **MAY** share medical information about a qualifying individual who
2 has elected to participate in the patient centered medical home with the qualifying
3 individual's patient centered medical home and other treating providers rendering
4 health care services to the qualifying individual.

5 (b) Except as otherwise provided in this section:

6 (1) an insurer or nonprofit health service plan that participates in the
7 Maryland Patient Centered Medical Home Program under Title 19, Subtitle 1A of the
8 Health – General Article or that is authorized by the Commission to implement a
9 single carrier patient centered medical home program shall comply with this article;
10 and

11 (2) a health maintenance organization that participates in the
12 Maryland Patient Centered Medical Home Program under Title 19, Subtitle 1A of the
13 Health – General Article or that is authorized by the Commission to implement a
14 single carrier patient centered medical home program shall comply with this article,
15 where applicable, and Title 19, Subtitle 7 of the Health – General Article.

16 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland
17 read as follows:

18 **Chapter 5 of the Acts of 2010**

19 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
20 July 1, 2010. It shall remain effective for a period of **[5] 8** years and 6 months and, at
21 the end of December 31, **[2015] 2018**, with no further action required by the General
22 Assembly, this Act shall be abrogated and of no further force and effect.

23 **Chapter 6 of the Acts of 2010**

24 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
25 July 1, 2010. It shall remain effective for a period of **[5] 8** years and 6 months and, at
26 the end of December 31, **[2015] 2018**, with no further action required by the General
27 Assembly, this Act shall be abrogated and of no further force and effect.

28 SECTION 3. AND BE IT FURTHER ENACTED, That, notwithstanding the
29 extension of the termination date, from December 31, 2015, to December 31, 2018, of
30 the Maryland Patient Centered Medical Home Program under Section 2 of this Act, it
31 is the intent of the General Assembly that the Maryland Health Care Commission
32 discontinue the Program before December 31, 2018, if the Commission determines
33 that the major health insurance carriers and Medicaid managed care organizations
34 have established single carrier patient centered medical home programs that support
35 care management functions, use consistent quality measures, and apply common
36 patient attribution methodologies.

1 SECTION 4. AND BE IT FURTHER ENACTED, That:

2 (a) The Department of Health and Mental Hygiene, in consultation with the
3 Maryland Health Care Commission, shall develop a model for the community-based
4 service and support elements of the Community Integrated Medical Home Program
5 established under Section 1 of this Act.

6 (b) The model shall include:

7 (1) a process for identifying, and requirements for certifying, entities
8 that provide community-based services and supports under the Community
9 Integrated Medical Home Program;

10 (2) a process for monitoring the performance of certified entities; and

11 (3) a description of how the community-based services and supports
12 are integrated with patient centered medical homes to fulfill the mission of the
13 Community Integrated Medical Home Program.

14 (c) On or before October 1, 2015, the Department shall submit a report on
15 the model to the Governor and, in accordance with § 2-1246 of the State Government
16 Article, the Senate Finance Committee and the House Health and Government
17 Operations Committee.

18 SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect
19 July 1, 2014.