

# SENATE BILL 734

J1, J5

(2lr2423)

## ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by **Senator Lam**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

\_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
President.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 ~~Health and Health Insurance~~ Maryland Health Care Commission – Primary  
3 Care Reform Commission Report and Workgroup

4 FOR the purpose of ~~establishing the Primary Care Reform~~ requiring the Maryland Health  
5 Care Commission to review, examine, and make certain determinations and  
6 ~~recommendations~~ provide an annual report to the Governor and the General  
7 Assembly regarding primary care spending by certain payors of health care services  
8 ~~and improvements to the quality of and access to primary care services;~~ requiring  
9 the Commission to form a workgroup to develop the report; and generally relating to  
10 ~~the Primary Care Reform~~ Maryland Health Care Commission and primary care.

11 BY adding to

12 Article – Health – General

13 Section ~~20-2201 and 20-2202~~ to be under the new subtitle “Subtitle 22. Primary  
14 Care Reform Commission” 19-108.4

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#### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

*Italics indicate opposite chamber/conference committee amendments.*



1 Annotated Code of Maryland  
2 (2019 Replacement Volume and 2021 Supplement)

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

5 Article – Health – General

6 ~~SUBTITLE 22. PRIMARY CARE REFORM COMMISSION.~~

7 ~~20-2201.~~

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

10 (B) ~~“COMMISSION” MEANS THE PRIMARY CARE REFORM COMMISSION.~~

11 (C) ~~“PRIMARY CARE” MEANS HEALTH CARE PROVIDED IN THE FOLLOWING~~  
12 ~~FIELDS OUTPATIENT SETTINGS:~~

13 (1) ~~FAMILY PRACTICE;~~

14 (2) ~~GENERAL PEDIATRICS;~~

15 (3) ~~PRIMARY CARE INTERNAL MEDICINE; AND~~

16 (4) ~~PRIMARY CARE OBSTETRICS AND GYNECOLOGY.~~

17 (D) ~~“PRIMARY CARE SPENDING” MEANS ANY EXPENDITURE OF FUNDS MADE~~  
18 ~~BY THIRD PARTY PAYORS, PUBLIC ENTITIES, OR THE STATE FOR THE PURPOSE OF~~  
19 ~~PAYING FOR PRIMARY CARE SERVICES OR SUPPORTING PRIMARY CARE PROVIDERS,~~  
20 ~~REGARDLESS OF PAYMENT METHODOLOGY.~~

21 ~~20-2202.~~

22 (A) ~~THERE IS A PRIMARY CARE REFORM COMMISSION.~~

23 (B) (1) ~~THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:~~

24 (i) ~~THREE MEMBERS APPOINTED BY THE GOVERNOR;~~

25 (ii) ~~FOUR MEMBERS APPOINTED BY THE PRESIDENT OF THE~~

26 ~~SENATE;~~

1 ~~(III) THREE MEMBERS APPOINTED BY THE SPEAKER OF THE~~  
 2 ~~HOUSE;~~

3 ~~(IV) ONE MEMBER DESIGNATED BY THE MARYLAND HOSPITAL~~  
 4 ~~ASSOCIATION;~~

5 ~~(V) ONE MEMBER DESIGNATED BY THE MARYLAND NURSES~~  
 6 ~~ASSOCIATION; AND~~

7 ~~(VI) ONE MEMBER DESIGNATED BY MEDCHI, THE MARYLAND~~  
 8 ~~STATE MEDICAL SOCIETY.~~

9 ~~(2) TO THE EXTENT PRACTICABLE, THE MEMBERSHIP OF THE~~  
 10 ~~COMMISSION SHALL:~~

11 ~~(I) HAVE EXPERIENCE IN HEALTH CARE FINANCING,~~  
 12 ~~REIMBURSEMENT, AND REGULATION;~~

13 ~~(II) BE COMPOSED OF:~~

14 ~~1. PRACTICING PRIMARY CARE PROVIDERS;~~

15 ~~2. REPRESENTATIVES OF FEDERALLY QUALIFIED~~  
 16 ~~HEALTH CENTERS;~~

17 ~~3. PROVIDERS FROM PROFESSIONAL PRACTICE~~  
 18 ~~GROUPS;~~

19 ~~4. PRIMARY CARE ADVOCATES;~~

20 ~~5. PRIMARY CARE CONSUMER ADVOCATES;~~

21 ~~6. REPRESENTATIVES OF BUSINESSES;~~

22 ~~7. HEALTH PLAN REPRESENTATIVES; AND~~

23 ~~8. REPRESENTATIVES OF HOSPITALS OR HEALTH~~  
 24 ~~SYSTEMS; AND~~

25 ~~(III) REFLECT THE GEOGRAPHIC DIVERSITY OF THE STATE.~~

26 ~~(C) A CHAIR OF THE COMMISSION SHALL BE SELECTED BY A VOTE OF THE~~  
 27 ~~MEMBERS OF THE COMMISSION.~~

1       ~~(D) THE MARYLAND INSURANCE ADMINISTRATION AND THE DEPARTMENT~~  
2 ~~SHALL PROVIDE STAFF FOR THE COMMISSION.~~

3       ~~(E) (1) THE TERM OF A MEMBER OF THE COMMISSION IS 4 YEARS.~~

4       ~~(2) THE TERMS OF THE MEMBERS ARE STAGGERED AS REQUIRED BY~~  
5 ~~THE TERMS FOR MEMBERS OF THE COMMISSION ON OCTOBER 1, 2022.~~

6       ~~(3) A VACANCY IN THE COMMISSION SHALL BE FILLED IN THE SAME~~  
7 ~~MANNER AS THE MEMBER BEING SUCCEEDED WAS APPOINTED.~~

8       ~~(F) (1) THE COMMISSION SHALL MEET AS OFTEN AS ITS DUTIES~~  
9 ~~REQUIRE, BUT NOT LESS THAN QUARTERLY.~~

10       ~~(2) THE CHAIR OF THE COMMISSION SHALL PROVIDE ALL MEMBERS~~  
11 ~~WITH NOTICE OF A MEETING AT LEAST 1 WEEK BEFORE THE DATE OF THE MEETING.~~

12       ~~(3) THE CHAIR OF THE COMMISSION SHALL CALL A MEETING AT THE~~  
13 ~~REQUEST OF A MAJORITY OF THE COMMISSION MEMBERS.~~

14       ~~(4) SEVEN MEMBERS OF THE COMMISSION CONSTITUTE A QUORUM.~~

15       ~~(5) ACTION BY THE COMMISSION REQUIRES THE AFFIRMATIVE VOTE~~  
16 ~~OF A MAJORITY OF THOSE PRESENT ONCE A QUORUM IS MET.~~

17       ~~(G) A MEMBER OF THE COMMISSION:~~

18       ~~(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE~~  
19 ~~COMMISSION; BUT~~

20       ~~(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE~~  
21 ~~STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.~~

22       ~~(H) THE COMMISSION SHALL:~~

23       ~~(1) REVIEW, EXAMINE, AND MAKE DETERMINATIONS REGARDING~~  
24 ~~PRIMARY CARE SPENDING BY ALL PAYORS IN THE CONTEXT OF OVERALL HEALTH~~  
25 ~~CARE SPENDING IN THE STATE; AND~~

26       ~~(2) MAKE RECOMMENDATIONS REGARDING:~~

27       ~~(i) WAYS TO IMPROVE THE QUALITY OF AND ACCESS TO~~  
28 ~~PRIMARY CARE SERVICES, WITH SPECIAL ATTENTION TO INCREASING HEALTH CARE~~

~~EQUITY, REDUCING HEALTH CARE DISPARITIES, AND AVOIDING INCREASED COSTS TO PATIENTS AND THE HEALTH CARE SYSTEM;~~

~~(H) MEANS OF REDUCING BARRIERS TO PRIMARY CARE ACCESS AND UTILIZATION IDENTIFIED BY THE COMMISSION;~~

~~(HH) PROPOSED CHANGES TO THE DEFINITION OF "PRIMARY CARE" FOR THE PURPOSES OF THE COMMISSION'S FUTURE WORK; AND~~

~~(IV) RECOMMENDATIONS TO INCREASE SPENDING ON PRIMARY CARE BY THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND HEALTH INSURERS, NONPROFIT HEALTH SERVICE PLANS, AND HEALTH MAINTENANCE ORGANIZATIONS.~~

~~(1) (1) (1) EACH MANAGED CARE ORGANIZATION PARTICIPATING IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM SHALL PROVIDE THE FOLLOWING INFORMATION TO THE COMMISSION:~~

~~1. FOR 2017, 2018, 2019, 2020, AND 2021, AND FOR EACH SUBSEQUENT YEAR ON THE REQUEST OF THE COMMISSION;~~

~~A. THE AMOUNT THE MANAGED CARE ORGANIZATION SPENT ON PRIMARY CARE SERVICES FOR ENROLLEES; AND~~

~~B. THE TOTAL AMOUNT THAT THE MANAGED CARE ORGANIZATION SPENT ON HEALTH CARE SERVICES FOR ENROLLEES; AND~~

~~2. ANY OTHER INFORMATION REQUESTED BY THE COMMISSION.~~

~~(H) THE SECRETARY SHALL:~~

~~1. ENFORCE THE PROVISIONS OF SUBPARAGRAPH (I) OF THIS PARAGRAPH; AND~~

~~2. ADOPT REGULATIONS TO PROTECT THE CONFIDENTIALITY OF ANY PROPRIETARY INFORMATION PROVIDED TO THE COMMISSION UNDER THIS PARAGRAPH.~~

~~(2) (1) EACH INSURER, NONPROFIT HEALTH SERVICE PLAN, AND HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE DELIVERED IN THE STATE SHALL PROVIDE THE FOLLOWING INFORMATION TO THE COMMISSION:~~

~~1. FOR 2017, 2018, 2019, 2020, AND 2021, AND FOR EACH SUBSEQUENT YEAR ON THE REQUEST OF THE COMMISSION;~~

~~A. THE AMOUNT THE ENTITY SPENT ON PRIMARY CARE SERVICES FOR ENROLLEES; AND~~

~~B. THE TOTAL AMOUNT THAT THE ENTITY SPENT ON HEALTH CARE SERVICES FOR ENROLLEES; AND~~

~~2. ANY OTHER INFORMATION REQUESTED BY THE COMMISSION.~~

~~(H) THE MARYLAND INSURANCE COMMISSIONER SHALL:~~

~~1. ENFORCE THE PROVISIONS OF SUBPARAGRAPH (I) OF THIS PARAGRAPH; AND~~

~~2. ADOPT REGULATIONS TO PROTECT THE CONFIDENTIALITY OF ANY PROPRIETARY INFORMATION PROVIDED TO THE COMMISSION UNDER THIS PARAGRAPH.~~

~~(J) THE COMMISSION MAY ACCEPT FUNDING OR GRANTS TO AID IN THE WORK OF THE COMMISSION.~~

19-108.4.

(A) IN THIS SECTION, "PRIMARY CARE" MEANS HEALTH CARE PROVIDED IN THE FOLLOWING FIELDS' OUTPATIENT SETTINGS:

(1) FAMILY MEDICINE;

(2) GENERAL PEDIATRICS;

(3) PRIMARY CARE INTERNAL MEDICINE; AND

(4) PRIMARY CARE OBSTETRICS AND GYNECOLOGY;

(5) PRIMARY CARE NURSE PRACTITIONER SERVICES; AND

(6) PRIMARY CARE MIDWIFERY.

~~(K) (B) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2023~~  
2024, THE COMMISSION SHALL PROVIDE A REPORT TO THE GOVERNOR AND, IN

1 ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL  
2 ASSEMBLY THAT INCLUDES:

3 (1) AN ANALYSIS OF PRIMARY CARE ~~SPENDING~~ INVESTMENT OVER  
4 THE IMMEDIATELY PRECEDING YEAR, INCLUDING DATA STRATIFIED BY ZIP CODE  
5 AND COUNTY, IN RELATION TO TOTAL HEALTH CARE SPENDING OVER THE PREVIOUS  
6 YEAR; ~~AND~~

7 (2) WAYS TO IMPROVE THE QUALITY OF AND ACCESS TO PRIMARY  
8 CARE SERVICES, WITH SPECIAL ATTENTION TO INCREASING HEALTH CARE EQUITY,  
9 REDUCING HEALTH CARE DISPARITIES, AND AVOIDING INCREASED COSTS TO  
10 PATIENTS AND THE HEALTH CARE SYSTEM; AND

11 ~~(2)~~ (3) ANY FINDINGS AND RECOMMENDATIONS OF THE  
12 COMMISSION.

13 (C) (1) THE COMMISSION SHALL FORM A WORKGROUP TO DEVELOP THE  
14 REPORT REQUIRED UNDER SUBSECTION (B) OF THIS SECTION, INCLUDING BY  
15 INTERPRETING THE RESULTS OF THE REQUIRED ANALYSIS AND MAKING THE  
16 RECOMMENDATIONS.

17 (2) THE WORKGROUP REQUIRED UNDER THIS SUBSECTION SHALL  
18 INCLUDE REPRESENTATIVES OF:

19 (I) THE MARYLAND PRIMARY CARE PROGRAM;

20 (II) THE HEALTH SERVICES REVIEW COMMISSION;

21 (III) THE MARYLAND INSURANCE ADMINISTRATION;

22 (IV) THE HEALTH CARE FINANCING DIVISION OF THE  
23 MARYLAND DEPARTMENT OF HEALTH;

24 (V) THE PRIMARY CARE COMMUNITY, INCLUDING FROM THE  
25 MARYLAND ACADEMY OF FAMILY PHYSICIANS, THE MARYLAND CHAPTER OF THE  
26 AMERICAN ACADEMY OF PEDIATRICS, THE MARYLAND SECTION OF THE AMERICAN  
27 COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, THE MARYLAND NURSES  
28 ASSOCIATION, THE MARYLAND AFFILIATE – AMERICAN COLLEGE OF NURSE  
29 MIDWIVES, THE MARYLAND COMMUNITY HEALTH SYSTEM, AND THE MIDATLANTIC  
30 ASSOCIATION OF COMMUNITY HEALTH CENTERS;

31 (VI) PAYORS OF PRIMARY CARE SERVICES, INCLUDING  
32 CARRIERS AND MANAGED CARE ORGANIZATIONS;

1 (VII) HEALTH SERVICES RESEARCHERS WITH EXPERTISE IN  
2 PRIMARY CARE; AND

3 (VIII) OTHER INTERESTED STAKEHOLDERS.

4 ~~SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the initial~~  
5 ~~members of the Primary Care Reform Commission shall expire as follows:~~

6 ~~(1) four members in 2024;~~

7 ~~(2) four members in 2025; and~~

8 ~~(3) five members in 2026.~~

9 SECTION 2. AND BE IT FURTHER ENACTED, That:

10 (a) Before the Maryland Health Care Commission begins the analysis required  
11 under Section 1 of this Act, the Commission shall establish a plan for the analysis and  
12 report after receiving input and agreement from participants in the workgroup as to the  
13 scope of and methodology for the analysis and report.

14 (b) On or before December 1, 2023, the Commission shall provide the plan  
15 required under subsection (a) of this section to the Governor and, in accordance with §  
16 2-1257 of the State Government Article, the General Assembly.

17 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
18 October 1, 2022.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.