J1

3lr2040

By: Delegates Kipke, Hill, S. Johnson, Kerr, R. Lewis, and Lopez Lopez, Pena-Melnyk, Cullison, Alston, Bagnall, Bhandari, Chisholm, Guzzone, Hutchinson, Kaiser, Martinez, M. Morgan, Reilly, Rosenberg, Taveras, White, and Woods

Introduced and read first time: February 10, 2023 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 7, 2023

CHAPTER	CHA	۱P	ΓER		
---------	-----	----	-------------	--	--

1 AN ACT concerning

2

3

4

5

6

7

8

9

10

11

12 13

1415

16

17

18

19

20

21

<u>Maryland Medical Assistance Program - Adult and Pediatric Maryland</u>

<u>Department of Health and Maryland Health Care Commission - Dental Services - Review of Reimbursement Rates</u> Survey and Regional Needs Assessment

FOR the purpose of requiring the Maryland Department of Health, on or before a certain date and on a certain basis, to review billed charges and reimbursement rates for adult and pediatric dental services; requiring the Department to use the data gathered to revise the rates for adult and pediatric dental services provided under the Maryland Medical Assistance Program, to ensure that the reimbursement rates paid are sufficient to ensure access to care for Program recipients, and to ensure that the rates paid exceed a certain percentage of commercial rates or charges, in consultation with a certain entity, to conduct a survey of hospitals to identify the availability of hospital operating resources for dentist use; requiring the Department and the Maryland Health Care Commission, jointly and in consultation with certain entities, to conduct a regional needs assessment for dental procedures that require anesthesia or moderate sedation; requiring the Department and the Commission, jointly and in consultation with a certain entity, to develop regional plans to ensure the availability of certain operating space for the performance of certain dental procedures; and generally relating to adult and pediatric dental services.

BY repealing and reenacting, with amendments,

Article - Health - General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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



1	Section 15–103.5 Annotated Code of Maryland
2 3	Annotated Code of Maryland (2019 Replacement Volume and 2022 Supplement)
$\frac{4}{5}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
6	Article - Health - General
7	15–103.5.
8 9 10 11 12	(a) For the calendar year prior to the report date under subsection (b) of this section, the Department shall review the rates paid to providers under the federal Medicare fee schedule and compare the rates under the Medicare fee schedule to the fee-for-service rates paid to similar providers for the same services under the Maryland Medical Assistance Program and the rates paid to managed care organization providers for the same services under the Maryland Medical Assistance Program.
14 15 16	(b) On or before January 1, 2010, and each January 1 thereafter, the Department shall report, in accordance with § 2–1257 of the State Government Article, to the Senate Finance Committee and the House Health and Government Operations Committee on:
7	(1) The review and comparison under subsection (a) of this section;
18 19 20	(2) Whether the fee-for-service rates and managed care organization provider rates will exceed the rates paid under the Medicare fee schedule for the period covered by the review required under subsection (a) of this section;
21 22	(3) An analysis of the fee-for-service reimbursement rates paid in other states and how those rates compare with those in the State;
23 24 25	(4) A schedule for bringing the State's fee-for-service reimbursement rates to a level that assures that all health care providers are reimbursed adequately to provide access to care; and
26 27 28	(5) An analysis of the estimated costs of implementing the schedule and any proposed changes to the fee-for-service reimbursement rates for the Maryland Medical Assistance Program and the Maryland Children's Health Program.
29 30	(C) (1) ON OR BEFORE DECEMBER 1, 2023, AND EVERY 3 YEARS THEREAFTER, THE DEPARTMENT SHALL:
31 32 33	(I) REVIEW THE BILLED CHARGES AND REIMBURSEMENT RATES PAID BY ALL COMMERCIAL PAYORS TO MEDICAL AND DENTAL PROVIDERS FOR ADULT AND PEDIATRIC DENTAL SERVICES: AND

1	(II) COMPARE THE CHARGE DATA AND RATES PAID BY ALL
2	PAYORS AS DESCRIBED IN ITEM (I) OF THIS PARAGRAPH TO THE RATES PAID FOR
3	THE SAME SERVICES UNDER THE PROGRAM.
4	(2) THE REVIEW CONDUCTED UNDER PARAGRAPH (1) OF THIS
5	SUBSECTION SHALL EXAMINE THE RATES PAID FOR ALL ADULT AND PEDIATRIC
6	SERVICES, INCLUDING RATES UNDER THE PROGRAM'S PROFESSIONAL SERVICES
7	FEE SCHEDULE RELATED TO PROVIDING ANESTHESIA FOR DENTAL PROCEDURES.
8	(D) THE DEPARTMENT SHALL:
9	(1) USE THE DATA GATHERED FROM THE REVIEW REQUIRED UNDER
10	SUBSECTION (C) OF THIS SECTION TO REVISE THE REIMBURSEMENT RATES FOR
11	ADULT AND PEDIATRIC DENTAL SERVICES PAID UNDER THE PROGRAM;
12	(2) Ensure that the reimbursement rates paid under the
13	PROGRAM FOR ADULT AND PEDIATRIC DENTAL SERVICES ARE SUFFICIENT TO
14	ENSURE ACCESS TO CARE FOR PROGRAM RECIPIENTS; AND
14	ENSURE ROCESS TO ORREPORT ROCKIM REGIT IENTS, MAD
15	(3) Ensure that the rates paid under the Program for adult
16	AND PEDIATRIC DENTAL SERVICES TO ALL MEDICAL AND DENTAL PROVIDERS ARE
17	NOT LESS THAN 60 PERCENT OF:
18	(I) THE AVERAGE COMMERCIAL RATES FOR ALL PAYORS; OR
19	(H) THE BENCHMARK CHARGES FOR CODES FOR WHICH
20	AVERAGE PAYMENTS CANNOT BE DETERMINED.
20	TVENIGE THEMEN IS CHANGE BE BEIDMINED.
21	(a) The Maryland Department of Health, in consultation with the Maryland
22	Hospital Association, shall conduct a survey of hospitals to identify the availability of
23	hospital operating room resources for dentist use including:
24	(1) the number of dentists credentialed at each hospital;
25	(2) the average time each hospital takes to credential a dentist;
26	(3) the number of operating room minutes made available to credentialed
27	dentists at each hospital;
28	(4) the percentage of available operating room minutes used by
29	credentialed dentists over the immediately preceding 12-month period; and
30	(5) any stipends paid for anesthesiology services related to the use of
31	operating rooms by credentialed dentists.

1	(b) The Maryland Department of Health and the Maryland Health Care
2 3 4	Commission, jointly and in consultation with the Maryland Hospital Association and the Maryland Ambulatory Surgery Association, shall conduct a regional needs assessment for dental procedures that require anesthesia or moderate sedation that shall consider:
5	(1) the survey on capacity conducted by the Maryland Hospital Association;
6 7	(2) available information that can be used to assess capacity for dental procedures in ambulatory surgery centers;
8 9	(3) estimated startup and operating expenses for configuring and operating an operating room for dental procedures; and
10 11	(4) the ability of ambulatory surgery centers to pay stipends to anesthesiologists related to dental procedures.
12 13 14 15	(c) The Maryland Department of Health and the Maryland Health Care Commission, jointly and in consultation with the Maryland Hospital Association, shall develop regional plans to ensure the availability of appropriate operating room space for the performance of dental procedures for Maryland Medical Assistance Program recipients.
16 17 18 19 20	(d) On or before December 1, 2023, the Maryland Department of Health and the Maryland Health Care Commission, jointly and in consultation with the Maryland Hospital Association, shall submit a report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article, that includes:
21	(1) the results of the survey conducted under subsection (a) of this section;
22 23	(2) the results of the needs assessment conducted under subsection (b) of this section; and
24	(3) the regional plans developed under subsection (c) of this section.
25 26 27 28 29	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2023 is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a yea and nay vote supported by three–fifths of all the members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted.