

HOUSE BILL 1053

J2, J1, J3

7lr1699
CF 7lr1936

By: Delegates Pena–Melnyk, Bromwell, Angel, Barron, Cullison, Hayes, Impallaria, Kelly, Kipke, Krebs, McDonough, Metzgar, Miele, Morales, Morgan, Oaks, Platt, Rose, Saab, and West

Introduced and read first time: February 8, 2017
Assigned to: Health and Government Operations

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 16, 2017

CHAPTER _____

1 AN ACT concerning

2 **Integrated Community Oncology Reporting Program**

3 FOR the purpose of establishing the integrated community oncology reporting program;
4 establishing the purpose of the program; requiring the program to be administered
5 by the Maryland Health Care Commission; requiring the Commission to establish a
6 clinical advisory workgroup to perform certain functions; requiring the Commission
7 to adopt regulations to implement and carry out the program; requiring the
8 Commission to establish an application process that includes a certain requirement
9 for submitting an application, a certain application fee, a certain participation fee,
10 and a certain schedule that requires the Commission to begin accepting applications
11 on a certain date; requiring the Commission to establish a certain selection process
12 to approve not more than a certain number of applicants having certain ownership
13 interests; requiring certain applicants to demonstrate, to the satisfaction of the
14 Commission, that the proposed integrated community oncology center meets certain
15 qualifications; requirements; requiring that a certain number of certain applicants
16 be approved before a certain program may begin; requiring that certain integrated
17 community oncology centers be given a certain preference; authorizing a certain
18 integrated community oncology center to participate in a certain program for a
19 certain period of time, as long as the integrated community oncology center meets
20 certain requirements; establishing a certain exception to a certain prohibition
21 against self–referrals by certain health care practitioners and authorizing certain
22 health care practitioners to use a certain exemption for a certain period of time;
23 prohibiting a certain health care practitioner from collecting or attempting to collect

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.



1 certain money under certain circumstances; prohibiting a certain health care
2 practitioner from reducing or withholding certain care or ordering or delivering
3 certain care; prohibiting a certain health care practitioner from increasing the
4 ordering of care beyond a certain volume and cost of services; requiring a certain
5 health care practitioner who makes a certain referral to provide a patient with
6 written notice of certain information at a certain time; establishing a certain penalty;
7 requiring the Commission to determine a certain process for monitoring integrated
8 community oncology centers to ensure a certain purpose is accomplished and to
9 protect certain patients from the reduction or withholding of certain care or the
10 ordering or delivery of certain care; requiring the Commission, in consultation with
11 certain entities, to review certain information and make a certain determination;
12 requiring the Commission to provide an integrated community oncology center with
13 written notice of a certain determination, establish a process for an integrated
14 community oncology center to appeal a certain determination, require a certain
15 integrated community oncology center to submit certain plans, and establish certain
16 procedures for submission, approval or rejection, and monitoring of certain plans;
17 requiring the Commission to report on certain dates to the Governor and certain
18 legislative committees on the effectiveness of the program and the performance of
19 each integrated community oncology center participating in the program; requiring
20 the Commission, in consultation with a certain workgroup, on or before a certain
21 date, to conduct a certain study, make a certain determination, and report on the
22 study and determination to the Governor and certain legislative committees;
23 defining certain terms; requiring the Commission to include certain individuals in
24 the composition of the clinical advisory workgroup; requiring the Commission to
25 contract with a consultant to serve as the program review manager to perform
26 certain duties; providing for the termination of this Act; and generally relating to the
27 integrated community oncology reporting program.

28 BY repealing and reenacting, without amendments,

29 Article – Health Occupations

30 Section 1–301(a), (b), (f), (g), (h), and (i) and 1–302(a), (b), (c), and (e)

31 Annotated Code of Maryland

32 (2014 Replacement Volume and 2016 Supplement)

33 BY adding to

34 Article – Health Occupations

35 Section 1–301(l) and 1–302(d)(12); and 1–3B–01 through 1–3B–08 to be under the
36 new subtitle “Subtitle 3B. Integrated Community Oncology Reporting
37 Program”

38 Annotated Code of Maryland

39 (2014 Replacement Volume and 2016 Supplement)

40 BY repealing and reenacting, with amendments,

41 Article – Health Occupations

42 Section 1–301(l) and 1–302(d)(10) and (11)

43 Annotated Code of Maryland

44 (2014 Replacement Volume and 2016 Supplement)

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

3 **Article – Health Occupations**

4 1–301.

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

6 (b) (1) “Beneficial interest” means ownership, through equity, debt, or other
7 means, of any financial interest.

8 (2) “Beneficial interest” does not include ownership, through equity, debt,
9 or other means, of securities, including shares or bonds, debentures, or other debt
10 instruments:

11 (i) In a corporation that is traded on a national exchange or over the
12 counter on the national market system;

13 (ii) That at the time of acquisition, were purchased at the same price
14 and on the same terms generally available to the public;

15 (iii) That are available to individuals who are not in a position to refer
16 patients to the health care entity on the same terms that are offered to health care
17 practitioners who may refer patients to the health care entity;

18 (iv) That are unrelated to the past or expected volume of referrals
19 from the health care practitioner to the health care entity; and

20 (v) That are not marketed differently to health care practitioners
21 that may make referrals than they are marketed to other individuals.

22 (f) “Group practice” means a group of two or more health care practitioners
23 legally organized as a partnership, professional corporation, foundation, not-for-profit
24 corporation, faculty practice plan, or similar association:

25 (1) In which each health care practitioner who is a member of the group
26 provides substantially the full range of services which the practitioner routinely provides
27 through the joint use of shared office space, facilities, equipment, and personnel;

28 (2) For which substantially all of the services of the health care
29 practitioners who are members of the group are provided through the group and are billed
30 in the name of the group and amounts so received are treated as receipts of the group; and

1 (3) In which the overhead expenses of and the income from the practice are
2 distributed in accordance with methods previously determined on an annual basis by
3 members of the group.

4 (g) "Health care entity" means a business entity that provides health care
5 services for the:

6 (1) Testing, diagnosis, or treatment of human disease or dysfunction; or

7 (2) Dispensing of drugs, medical devices, medical appliances, or medical
8 goods for the treatment of human disease or dysfunction.

9 (h) "Health care practitioner" means a person who is licensed, certified, or
10 otherwise authorized under this article to provide health care services in the ordinary
11 course of business or practice of a profession.

12 (i) "Health care service" means medical procedures, tests and services provided
13 to a patient by or through a health care entity.

14 **(L) "INTEGRATED COMMUNITY ONCOLOGY CENTER" HAS THE MEANING**
15 **STATED IN § 1-3B-01 OF THIS TITLE.**

16 ~~(l)~~ **(M)** (1) "Referral" means any referral of a patient for health care
17 services.

18 (2) "Referral" includes:

19 (i) The forwarding of a patient by one health care practitioner to
20 another health care practitioner or to a health care entity outside the health care
21 practitioner's office or group practice; or

22 (ii) The request or establishment by a health care practitioner of a
23 plan of care for the provision of health care services outside the health care practitioner's
24 office or group practice.

25 1-302.

26 (a) Except as provided in subsection (d) of this section, a health care practitioner
27 may not refer a patient, or direct an employee of or person under contract with the health
28 care practitioner to refer a patient to a health care entity:

29 (1) In which the health care practitioner or the practitioner in combination
30 with the practitioner's immediate family owns a beneficial interest;

31 (2) In which the practitioner's immediate family owns a beneficial interest
32 of 3 percent or greater; or

1 (3) With which the health care practitioner, the practitioner's immediate
2 family, or the practitioner in combination with the practitioner's immediate family has a
3 compensation arrangement.

4 (b) A health care entity or a referring health care practitioner may not present or
5 cause to be presented to any individual, third party payor, or other person a claim, bill, or
6 other demand for payment for health care services provided as a result of a referral
7 prohibited by this subtitle.

8 (c) Subsection (a) of this section applies to any arrangement or scheme, including
9 a cross-referral arrangement, which the health care practitioner knows or should know has
10 a principal purpose of assuring indirect referrals that would be in violation of subsection
11 (a) of this section if made directly.

12 (d) The provisions of this section do not apply to:

13 (10) A health care practitioner who refers a patient to a dialysis facility, if
14 the patient has been diagnosed with end stage renal disease as defined in the Medicare
15 regulations pursuant to the Social Security Act; [or]

16 (11) A health care practitioner who refers a patient to a hospital in which
17 the health care practitioner has a beneficial interest if:

18 (i) The health care practitioner is authorized to perform services at
19 the hospital; and

20 (ii) The ownership or investment interest is in the hospital itself and
21 not solely in a subdivision of the hospital; OR

22 **(12) FROM JANUARY 1, 2019, TO MAY 31, 2025, BOTH INCLUSIVE, A**
23 **HEALTH CARE PRACTITIONER WHO HAS A BENEFICIAL INTEREST IN AND PRACTICES**
24 **MEDICINE AT AN INTEGRATED COMMUNITY ONCOLOGY CENTER THAT**
25 **PARTICIPATES IN THE INTEGRATED COMMUNITY ONCOLOGY REPORTING PROGRAM**
26 **ESTABLISHED UNDER SUBTITLE 3B OF THIS TITLE.**

27 (e) A health care practitioner exempted from the provisions of this section in
28 accordance with subsection (d) shall be subject to the disclosure provisions of § 1-303 of
29 this subtitle.

30 **SUBTITLE 3B. INTEGRATED COMMUNITY ONCOLOGY REPORTING PROGRAM.**

31 **1-3B-01.**

32 **(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS**
33 **INDICATED.**

1 **(B) “BENEFICIAL INTEREST” HAS THE MEANING STATED IN § 1–301 OF THIS**
2 **TITLE.**

3 **(C) “COMMISSION” MEANS THE MARYLAND HEALTH CARE COMMISSION.**

4 **(D) “GROUP PRACTICE” HAS THE MEANING STATED IN § 1–301 OF THIS**
5 **TITLE.**

6 **(E) “HEALTH CARE ENTITY” HAS THE MEANING STATED IN § 1–301 OF THIS**
7 **TITLE.**

8 **(F) “HEALTH CARE PRACTITIONER” MEANS A PERSON WHO:**

9 **(1) IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER**
10 **THIS ARTICLE TO PROVIDE HEALTH CARE SERVICES IN THE ORDINARY COURSE OF**
11 **BUSINESS OR PRACTICE OF A PROFESSION; AND**

12 **(2) HAS A BENEFICIAL INTEREST IN AND PRACTICES MEDICINE AT AN**
13 **INTEGRATED COMMUNITY ONCOLOGY CENTER APPROVED UNDER THIS SUBTITLE.**

14 **(G) “INTEGRATED COMMUNITY ONCOLOGY CENTER” MEANS A HEALTH**
15 **CARE ENTITY THAT:**

16 **(1) OFFERS MEDICAL ONCOLOGY, RADIATION ONCOLOGY, AND**
17 **NONDIAGNOSTIC COMPUTER TOMOGRAPHY SCAN SERVICES IN THE SAME GROUP**
18 **PRACTICE;**

19 **(2) IS OWNED:**

20 **(I) WHOLLY BY AN ONCOLOGY GROUP PRACTICE; OR**

21 **(II) JOINTLY BY:**

22 **1. AN ONCOLOGY GROUP PRACTICE THAT HAS AT LEAST**
23 **A 50% OWNERSHIP INTEREST IN THE INTEGRATED COMMUNITY ONCOLOGY CENTER;**
24 **AND**

25 **2. A HOSPITAL, A HOSPITAL SYSTEM, OR AN ACADEMIC**
26 **MEDICAL CENTER THAT HAS THE REMAINDER OF THE OWNERSHIP INTEREST IN THE**
27 **INTEGRATED COMMUNITY ONCOLOGY CENTER; AND**

28 **(3) IS APPROVED BY THE COMMISSION TO PARTICIPATE IN THE**
29 **PROGRAM.**

1 (H) (1) "ONCOLOGIST" MEANS A PHYSICIAN WHO IS:

2 ~~(1)~~ (I) BOARD-CERTIFIED OR BOARD-ELIGIBLE IN MEDICAL
3 ONCOLOGY, RADIATION ONCOLOGY, HEMATOLOGY, OR ANOTHER ONCOLOGY
4 SPECIALTY RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES; ~~OR~~

5 ~~(2)~~ (II) A SURGEON WHO CONSULTS PREDOMINANTLY WITH
6 PATIENTS WHO HAVE A CANCER DIAGNOSIS; OR

7 (III) BOARD-CERTIFIED OR BOARD-ELIGIBLE IN ANOTHER
8 ONCOLOGY SPECIALTY RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL
9 SPECIALTIES.

10 (2) "ONCOLOGIST" DOES NOT INCLUDE A GENERAL UROLOGIST.

11 (I) "ONCOLOGY GROUP PRACTICE" MEANS A GROUP PRACTICE THAT, ON
12 JANUARY 1, 2018, AND FOR THE DURATION OF THE PROGRAM, IS COMPOSED SOLELY
13 OF ONCOLOGISTS, AT LEAST 50% OF WHOM:

14 (1) ARE OWNERS OF THE PRACTICE; AND

15 (2) PRACTICE MEDICINE IN THE STATE UNDER A LICENSE ISSUED BY
16 THE STATE BOARD OF PHYSICIANS.

17 (J) "PROGRAM" MEANS THE INTEGRATED COMMUNITY ONCOLOGY
18 REPORTING PROGRAM ESTABLISHED UNDER THIS SUBTITLE.

19 (K) "REFERRAL" HAS THE MEANING STATED IN § 1-301 OF THIS TITLE.

20 (L) "WORKGROUP" MEANS THE CLINICAL ADVISORY WORKGROUP
21 ESTABLISHED IN ACCORDANCE WITH § 1-3B-03 OF THIS SUBTITLE.

22 1-3B-02.

23 (A) THERE IS AN INTEGRATED COMMUNITY ONCOLOGY REPORTING
24 PROGRAM.

25 (B) THE PURPOSE OF THE PROGRAM IS TO DETERMINE IF INTEGRATED
26 COMMUNITY ONCOLOGY CENTERS THAT HAVE HEALTH CARE PRACTITIONERS WHO
27 USE THE EXEMPTION FROM THE PROHIBITION AGAINST SELF-REFERRAL UNDER §
28 1-302(D)(12) OF THIS TITLE HAVE THE ABILITY TO:

29 (1) SAFELY AND APPROPRIATELY DELIVER RADIATION THERAPY TO
30 PATIENTS;

1 (2) ~~REDUCE THE PER CAPITA CASE MIX ADJUSTED~~ RISK-ADJUSTED
2 TOTAL COST OF CARE FOR CANCER PATIENTS PROVIDED SIMILAR SERVICES IN
3 OTHER SETTINGS;

4 (3) REDUCE THE AVERAGE PATIENT COST-SHARING RESPONSIBILITY
5 FOR CANCER PATIENTS PROVIDED SIMILAR SERVICES IN OTHER SETTINGS; AND

6 (4) ACHIEVE THE GOALS AND MILESTONES OF MARYLAND'S
7 ALL-PAYER MODEL CONTRACT.

8 **1-3B-03.**

9 (A) THE PROGRAM SHALL BE ADMINISTERED BY THE COMMISSION.

10 (B) THE COMMISSION SHALL ESTABLISH A CLINICAL ADVISORY
11 WORKGROUP TO:

12 (1) ADVISE THE COMMISSION ON THE DEVELOPMENT OF
13 REGULATIONS; AND

14 (2) ASSIST THE COMMISSION IN THE ONGOING MONITORING OF THE
15 PERFORMANCE OF THE INTEGRATED COMMUNITY ONCOLOGY CENTERS AND THE
16 PROGRAM.

17 (C) ON OR BEFORE NOVEMBER 1, 2017, THE COMMISSION SHALL ADOPT
18 REGULATIONS TO CARRY OUT THIS SUBTITLE.

19 **1-3B-04.**

20 (A) THE COMMISSION SHALL ESTABLISH AN APPLICATION PROCESS FOR
21 THE PROGRAM THAT INCLUDES:

22 (1) A REQUIREMENT THAT AN APPLICANT SUBMIT AN APPLICATION
23 TO THE COMMISSION ON A FORM THAT THE COMMISSION REQUIRES;

24 (2) AN APPLICATION FEE; ~~AND~~ THAT PAYS FOR THE COST OF THE
25 APPLICATION PROCESS AND IS SHARED EQUALLY BY ALL APPLICANTS WHO APPLY
26 TO PARTICIPATE IN THE PROGRAM;

27 (3) A PARTICIPATION FEE:

28 (I) THAT IS SHARED EQUALLY BY THE INTEGRATED
29 COMMUNITY ONCOLOGY CENTERS THAT ARE APPROVED BY THE COMMISSION; AND

1 **(II) THAT PAYS THE COST OF THE COLLECTION AND REPORTING**
2 **OF INFORMATION, THE EVALUATIONS, THE STUDIES, AND THE REPORTS REQUIRED**
3 **UNDER THIS SUBTITLE; AND**

4 ~~(3)~~ **(4) A SCHEDULE FOR THE APPLICATION PROCESS THAT**
5 **REQUIRES THE COMMISSION TO BEGIN ACCEPTING APPLICATIONS ON JANUARY 1,**
6 **2018.**

7 **(B) THE COMMISSION SHALL ESTABLISH A SELECTION PROCESS TO**
8 **APPROVE NOT MORE THAN FOUR APPLICANTS TO PARTICIPATE IN THE PROGRAM AS**
9 **FOLLOWS:**

10 **(1) NOT MORE THAN TWO INTEGRATED COMMUNITY ONCOLOGY**
11 **CENTERS THAT ARE OWNED WHOLLY BY AN ONCOLOGY GROUP PRACTICE; AND**

12 **(2) NOT MORE THAN TWO INTEGRATED COMMUNITY ONCOLOGY**
13 **CENTERS THAT ARE OWNED JOINTLY BY:**

14 **(I) AN ONCOLOGY GROUP PRACTICE THAT HAS AT LEAST A 50%**
15 **OWNERSHIP INTEREST IN THE INTEGRATED COMMUNITY ONCOLOGY CENTER; AND**

16 **(II) A HOSPITAL, A HOSPITAL SYSTEM, OR AN ACADEMIC**
17 **MEDICAL CENTER THAT HAS THE REMAINDER OF THE OWNERSHIP INTEREST IN THE**
18 **INTEGRATED COMMUNITY ONCOLOGY CENTER.**

19 **(C) EACH APPLICANT SHALL DEMONSTRATE, TO THE SATISFACTION OF THE**
20 **COMMISSION, THAT THE ~~APPLICANT~~ PROPOSED INTEGRATED COMMUNITY**
21 **ONCOLOGY CENTER:**

22 **(1) HAS THE ABILITY TO SERVE PATIENTS IN:**

23 **(I) MARKETS WITH LIMITED CONSUMER CHOICES IN**
24 **RADIATION THERAPY PROVIDERS;**

25 **(II) MEDICALLY UNDERSERVED AREAS; AND**

26 **(III) AREAS OF THE STATE WITH ~~A SHORTAGE OF~~ LIMITED**
27 **ACCESS TO PRIMARY CARE HEALTH CARE PRACTITIONERS AS DEFINED BY THE**
28 **CLINICAL ADVISORY WORKGROUP;**

29 **(2) (I) HAS PARTICIPATED IN MEDICARE AND THE MARYLAND**
30 **MEDICAL ASSISTANCE PROGRAM AND, IF THE APPLICANT SPECIALIZES IN**

1 PEDIATRIC ONCOLOGY OR PEDIATRIC HEMATOLOGY SERVICES, THE MARYLAND
2 CHILDREN'S HEALTH PROGRAM, FOR THE PREVIOUS 3 CALENDAR YEARS; AND

3 (II) IS COMMITTED TO ACCEPTING PATIENTS ENROLLED IN
4 MEDICARE AND THE MARYLAND MEDICAL ASSISTANCE PROGRAM, AND, IF THE
5 APPLICANT SPECIALIZES IN PEDIATRIC ONCOLOGY OR PEDIATRIC HEMATOLOGY
6 SERVICES, THE MARYLAND CHILDREN'S HEALTH PROGRAM, FOR THE DURATION
7 OF THE PROGRAM;

8 (3) HAS SUFFICIENT EXPERTISE AND TECHNICAL CAPABILITIES TO:

9 (I) CONDUCT INNOVATIVE ONCOLOGY PAYMENT MODEL
10 STUDIES;

11 (II) ENROLL PATIENTS IN CLINICAL TRIALS; AND

12 (III) SUPPORT THE COLLECTION AND REPORTING OF
13 INFORMATION AS REQUIRED BY THE COMMISSION IN ACCORDANCE WITH §
14 1-3B-05(B)(2) OF THIS SUBTITLE;

15 (4) HAS THE ABILITY TO MEET A MINIMUM NUMBER OF ~~PHYSICIAN~~
16 PATIENT ENCOUNTERS PER YEAR IN THE STATE, AS ESTABLISHED BY THE
17 COMMISSION; AND

18 (5) PLANS TO PARTICIPATE IN EVIDENCE-BASED QUALITY AND
19 STANDARDIZED CARE PROGRAMS TO:

20 (I) ACHIEVE THE GOALS OF MARYLAND'S ALL-PAYER MODEL
21 CONTRACT; AND

22 (II) PREVENT POSSIBLE REDUCTION OR WITHHOLDING OF
23 MEDICALLY NECESSARY ONCOLOGY OR HEMATOLOGY CARE OR THE ORDERING OR
24 DELIVERY OF CARE THAT IS NOT MEDICALLY NECESSARY.

25 (D) BEFORE THE PROGRAM MAY BEGIN, AT LEAST TWO APPLICANTS SHALL
26 BE APPROVED TO PARTICIPATE IN THE PROGRAM AS FOLLOWS:

27 (1) AT LEAST ONE INTEGRATED COMMUNITY ONCOLOGY CENTER
28 THAT IS OWNED WHOLLY BY AN ONCOLOGY GROUP PRACTICE; AND

29 (2) AT LEAST ONE INTEGRATED COMMUNITY ONCOLOGY CENTER
30 THAT IS OWNED JOINTLY BY:

1 **(I) AN ONCOLOGY GROUP PRACTICE THAT HAS AT LEAST A 50%**
2 **OWNERSHIP INTEREST IN THE INTEGRATED COMMUNITY ONCOLOGY CENTER; AND**

3 **(II) A HOSPITAL, A HOSPITAL SYSTEM, OR AN ACADEMIC**
4 **MEDICAL CENTER THAT HAS THE REMAINDER OF THE OWNERSHIP INTEREST IN THE**
5 **INTEGRATED COMMUNITY ONCOLOGY CENTER.**

6 **(E) WHEN APPROVING CENTERS TO PARTICIPATE IN THE PROGRAM, THE**
7 **COMMISSION SHALL GIVE PREFERENCE TO PROPOSED INTEGRATED COMMUNITY**
8 **ONCOLOGY CENTERS THAT DEMONSTRATE THE ABILITY TO SERVE PATIENTS IN:**

9 **(1) MARKETS WITH LIMITED CONSUMER CHOICES IN RADIATION**
10 **THERAPY PROVIDERS;**

11 **(2) MEDICALLY UNDERSERVED AREAS; OR**

12 **(3) AREAS OF THE STATE WITH LIMITED ACCESS TO PRIMARY CARE**
13 **HEALTH PRACTITIONERS AS DEFINED BY THE CLINICAL ADVISORY WORKGROUP.**

14 **1-3B-05.**

15 **(A) AN INTEGRATED COMMUNITY ONCOLOGY CENTER APPROVED BY THE**
16 **COMMISSION MAY PARTICIPATE IN THE PROGRAM FROM JANUARY 1, 2019 TO MAY**
17 **31, 2025, BOTH INCLUSIVE, AS LONG AS THE INTEGRATED COMMUNITY ONCOLOGY**
18 **CENTER CONTINUES TO MEET THE PROGRAM REQUIREMENTS.**

19 **(B) AN INTEGRATED COMMUNITY ONCOLOGY CENTER SHALL:**

20 **(1) PARTICIPATE IN MEDICARE, THE MARYLAND MEDICAL**
21 **ASSISTANCE PROGRAM, AND, IF THE INTEGRATED COMMUNITY ONCOLOGY CENTER**
22 **INCLUDES ONCOLOGISTS SPECIALIZING IN PEDIATRIC ONCOLOGY OR PEDIATRIC**
23 **HEMATOLOGY SERVICES, THE MARYLAND CHILDREN'S HEALTH PROGRAM;**

24 **(2) REPORT TO THE COMMISSION ANY INFORMATION AND DATA THAT**
25 **THE COMMISSION REQUIRES TO CONDUCT ONGOING MONITORING FOR THE**
26 **PROGRAM AND TO ACCOMPLISH THE PURPOSE OF THE PROGRAM ESTABLISHED**
27 **UNDER § 1-3B-02(B) OF THIS SUBTITLE;**

28 **(3) HELP THE STATE TO ACHIEVE THE GOALS OF THE ALL-PAYER**
29 **MODEL CONTRACT; AND**

30 **(4) COMPLY WITH ANY OTHER REQUIREMENTS ESTABLISHED BY THE**
31 **COMMISSION.**

1 **1-3B-06.**

2 (A) (1) A HEALTH CARE PRACTITIONER MAY NOT COLLECT OR ATTEMPT
3 TO COLLECT ANY MONEY FROM A PATIENT FOR A SERVICE PROVIDED IN AN
4 INTEGRATED COMMUNITY ONCOLOGY CENTER IF:

5 (I) THE PAYOR ISSUES AN ADVERSE DECISION THAT THE CARE
6 PROVIDED IS OR WAS NOT MEDICALLY NECESSARY, APPROPRIATE, OR EFFICIENT;
7 AND

8 (II) THE HEALTH CARE PRACTITIONER, AS AUTHORIZED BY THE
9 PATIENT, HAS EXHAUSTED ALL AVAILABLE APPEALS.

10 (2) A HEALTH CARE PRACTITIONER MAY NOT COLLECT OR ATTEMPT
11 TO COLLECT AN AMOUNT OF MONEY FROM A PATIENT FOR A COVERED SERVICE
12 PROVIDED IN AN INTEGRATED COMMUNITY ONCOLOGY CENTER THAT IS GREATER
13 THAN ANY DEDUCTIBLE, COPAYMENT, OR COINSURANCE AMOUNT PAYABLE BY THE
14 PATIENT FOR COVERED SERVICES, TO BE CALCULATED AS IF THE SERVICE WAS
15 PROVIDED BY AN IN-NETWORK PROVIDER OR FACILITY.

16 (3) A HEALTH CARE PRACTITIONER WHO PROVIDES SERVICES AT AN
17 INTEGRATED COMMUNITY ONCOLOGY CENTER MAY NOT:

18 (I) REDUCE OR WITHHOLD MEDICALLY NECESSARY CARE; ~~OR~~

19 (II) ORDER OR DELIVER CARE THAT IS NOT MEDICALLY
20 NECESSARY; OR

21 (III) INCREASE THE ORDERING OF CARE BEYOND THE VOLUME
22 AND COST OF SERVICES PROVIDED BY OTHER PROVIDERS OF SIMILAR SERVICES IN
23 SIMILAR SETTINGS.

24 (B) A HEALTH CARE PRACTITIONER WHO MAKES A LAWFUL REFERRAL, AT
25 THE TIME OF THE REFERRAL, SHALL PROVIDE THE PATIENT WITH WRITTEN NOTICE
26 THAT:

27 (1) DISCLOSES THE HEALTH CARE PRACTITIONER'S BENEFICIAL
28 INTEREST AS REQUIRED BY § 1-303(B) OF THIS TITLE; AND

29 (2) INCLUDES:

30 (I) A STATEMENT THAT THE HEALTH CARE PRACTITIONER
31 PRACTICES MEDICINE AT AN INTEGRATED COMMUNITY ONCOLOGY CENTER THAT
32 PARTICIPATES IN THE PROGRAM;

1 (II) A SUMMARY, IN CLEAR AND SIMPLE LANGUAGE, OF THE
2 MOST RECENT PUBLICLY AVAILABLE REPORT ON THE PERFORMANCE OF THE
3 INTEGRATED COMMUNITY ONCOLOGY CENTER SUBMITTED IN ACCORDANCE WITH §
4 1-3B-08 OF THIS SUBTITLE; AND

5 (III) A STATEMENT OF THE PROHIBITIONS ESTABLISHED IN
6 SUBSECTION (A) OF THIS SECTION.

7 (C) A HEALTH CARE PRACTITIONER WHO FAILS TO COMPLY WITH THIS
8 SECTION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE
9 NOT EXCEEDING \$5,000.

10 1-3B-07.

11 (A) THE COMMISSION SHALL ESTABLISH A PROCESS FOR THE ONGOING
12 MONITORING OF THE PERFORMANCE OF EACH INTEGRATED COMMUNITY
13 ONCOLOGY CENTER TO ENSURE:

14 (1) THE PURPOSE OF THE PROGRAM ESTABLISHED UNDER §
15 1-3B-02(B) OF THIS SUBTITLE IS ACCOMPLISHED; AND

16 (2) THE PROTECTION OF PATIENTS TREATED AT EACH INTEGRATED
17 COMMUNITY ONCOLOGY CENTER FROM:

18 (I) THE POSSIBLE REDUCTION OR WITHHOLDING OF
19 MEDICALLY NECESSARY ONCOLOGY OR HEMATOLOGY CARE; ~~OR~~

20 (II) THE ORDERING OR DELIVERY OF CARE THAT IS NOT
21 MEDICALLY NECESSARY; OR

22 (III) THE INCREASE IN ORDERING OF CARE BEYOND THE
23 VOLUME AND COST OF SERVICES PROVIDED BY OTHER PROVIDERS OF SIMILAR
24 SERVICES IN SIMILAR SETTINGS.

25 (B) IN CONSULTATION WITH THE WORKGROUP, THE HEALTH SERVICES
26 COST REVIEW COMMISSION, THE HEALTH EDUCATION AND ADVOCACY UNIT OF
27 THE OFFICE OF THE ATTORNEY GENERAL, AND THE DEPARTMENT OF HEALTH AND
28 MENTAL HYGIENE, THE COMMISSION SHALL:

29 (1) REVIEW THE INFORMATION AND DATA THE COMMISSION
30 REQUIRES TO BE REPORTED IN ACCORDANCE WITH § 1-3B-05(B)(2) OF THIS
31 SUBTITLE; AND

1 **(2) DETERMINE IF AN INTEGRATED COMMUNITY ONCOLOGY CENTER**
2 **MAY:**

3 **(I) REMAIN IN THE PROGRAM;**

4 **(II) REMAIN IN THE PROGRAM SUBJECT TO APPROVAL OF A**
5 **CORRECTIVE ACTION PLAN AND CONTINUED MONITORING BY THE COMMISSION; OR**

6 **(III) BE DISQUALIFIED FROM THE PROGRAM.**

7 **(c) THE COMMISSION SHALL:**

8 **(1) (I) PROVIDE EACH INTEGRATED COMMUNITY ONCOLOGY**
9 **CENTER WITH WRITTEN NOTICE OF A DETERMINATION MADE UNDER SUBSECTION**
10 **(B) OF THIS SECTION, INCLUDING AN EXPLANATION OF THE DETERMINATION AND**
11 **COPIES OF ANY SUPPORTING DATA OR INFORMATION; AND**

12 **(II) ESTABLISH A PROCESS FOR AN INTEGRATED COMMUNITY**
13 **ONCOLOGY CENTER TO APPEAL A DETERMINATION;**

14 **(2) REQUIRE EACH INTEGRATED COMMUNITY ONCOLOGY CENTER**
15 **THAT IS DISQUALIFIED FROM THE PROGRAM TO SUBMIT TO THE COMMISSION A**
16 **WRITTEN PLAN FOR CLOSING THE INTEGRATED COMMUNITY ONCOLOGY CENTER OR**
17 **DIVESTING THE INTEGRATED COMMUNITY ONCOLOGY CENTER'S RADIATION**
18 **THERAPY SERVICES IN A TIMELY MANNER; AND**

19 **(3) ESTABLISH PROCEDURES FOR THE SUBMISSION, APPROVAL OR**
20 **REJECTION, AND MONITORING OF:**

21 **(I) A CORRECTIVE ACTION PLAN; OR**

22 **(II) A PLAN FOR AN INTEGRATED COMMUNITY ONCOLOGY**
23 **CENTER TO CLOSE OR DIVEST ITS RADIATION THERAPY SERVICES.**

24 **1-3B-08.**

25 **(A) ON OR BEFORE DECEMBER 1, 2019, AND ON OR BEFORE DECEMBER 1**
26 **EACH SUBSEQUENT YEAR, THE COMMISSION SHALL REPORT TO THE GOVERNOR**
27 **AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE SENATE**
28 **EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE AND THE**
29 **HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE ON THE**
30 **EFFECTIVENESS OF THE PROGRAM IN FURTHERING THE PURPOSE ESTABLISHED**
31 **UNDER § 1-3B-02 OF THIS SUBTITLE AND THE PERFORMANCE OF EACH**
32 **INTEGRATED COMMUNITY ONCOLOGY CENTER PARTICIPATING IN THE PROGRAM.**

1 (B) ON OR BEFORE DECEMBER 1, 2024, THE COMMISSION, IN
2 CONSULTATION WITH THE WORKGROUP, SHALL:

3 (1) CONDUCT A STUDY OF THE PERFORMANCE OF EACH INTEGRATED
4 COMMUNITY ONCOLOGY CENTER PARTICIPATING IN THE PROGRAM BASED ON THE
5 INFORMATION THE COMMISSION REQUIRES TO BE REPORTED IN ACCORDANCE
6 WITH § 1-3B-05(B)(2) OF THIS SUBTITLE AND ANY OTHER INFORMATION THE
7 COMMISSION DETERMINES IS RELEVANT DURING THE MONITORING OF AN
8 INTEGRATED COMMUNITY ONCOLOGY CENTER;

9 (2) DETERMINE THE IMPACT THE PROGRAM HAS ON THE GOALS AND
10 MILESTONES OF MARYLAND'S ALL-PAYER MODEL CONTRACT, INCLUDING THE
11 TOTAL COST OF CARE; AND

12 (3) REPORT ON THE STUDY AND DETERMINATION TO THE GOVERNOR
13 AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE SENATE
14 EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE AND THE
15 HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE.

16 SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Health Care
17 Commission shall include the following members in the clinical advisory workgroup
18 established under § 1-3B-03(b) of the Health Occupations Article, as enacted by Section 1
19 of this Act:

20 (1) one representative of the Office of the Attorney General;

21 (2) one physician who is board-certified or board-eligible in an oncology
22 specialty recognized by the American Board of Medical Specialties;

23 (3) one provider of oncology services in the State;

24 (4) one representative of a hospital in the State;

25 (5) one representative of the health insurance industry in the State;

26 (6) one representative of the Health Services Cost Review Commission; and

27 (7) any other members as determined by the Commission to be beneficial
28 in carrying out the functions of the workgroup.

29 SECTION 3. AND BE IT FURTHER ENACTED, That the Maryland Health Care
30 Commission shall select a consultant to serve as the program review manager to collect
31 clinical, administrative, and patient satisfaction information and conduct the studies and
32 reports using this information and other data as required by Section 1 of this Act.

1 SECTION ~~2~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
2 June 1, 2017. It shall remain effective for a period of 8 years and 1 month and, at the end
3 of June 30, 2025, with no further action required by the General Assembly, this Act shall
4 be abrogated and of no further force and effect.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.