

April 11, 2016

**2016 Sine Die:** The Maryland General Assembly adjourned at midnight. This is a quick look at how key hospital-related issues fared. A detailed summary will follow within a few weeks.

## 2016 General Assembly — At-a-Glance

### Secured

**\$25M** - Annual spend-down of the Medicaid tax protected in the budget for fiscal year 2017. This **reduction** in the nearly **\$400 million annual hospital tax** represents an important step toward eliminating the tax.

**\$3M** - For Institutions for Mental Diseases. These funds, along with budget language we helped secure to allow **the Department of Health & Mental Hygiene to shift funds to fill any potential gaps during fiscal year 2017**, mean adult Medicaid patients will receive the care they need in the right setting.

**\$4.3M** - For **nine hospital capital projects** across the state to enhance care delivery.

### Blocked

A bill from trial lawyers to **triple the cap on non-economic damages** in medical malpractice lawsuits.

### Advanced

Support for legislation to create a **no-fault birth injury fund**, a pillar of medical malpractice reform that would mitigate a highly litigious environment by providing compensation via a timely, efficient mechanism.

### Established

A guarantee of Health Services Cost Review Commission rate payment and an exemption for hospitals from the lengthy Certificate of Need process to **create freestanding medical facilities**, enabling them to right-size facilities to preserve care in communities where it is needed. Also, prevented the authority to determine hospital closures from being placed with local boards of health.

### Brokered

Support among physicians and hospital groups for legislation to allow hospitals and other health care providers to **collaborate and share savings under the quality and financial goals of the all-payer model**. This proposal is headed to summer study.

### Defeated

A bill to require hospitals to **display the value of their not-for-profit tax exemptions alongside the value of their community benefits contributions**. This was a major threat to hospitals' tax-exempt status.

### Prevented

An effort to **dilute valuable patient protections** by exempting a single for-profit oncology practice – US Oncology – from the state's physician self-referral law.

### Strengthened

Maryland's Prescription Drug Monitoring Program with targeted modifications that **encourage registration and usage of the statewide database** to help curb the state's opioid epidemic.