

Further, it is the intent of the General Assembly that the Medical Care Provider Reimbursements appropriation be expended in accordance with the budget detail presented to and approved by the General Assembly. Should the department wish to make a regulatory, policy, or procedural change which has an increase or decrease greater than \$300,000 on the program's budget, whether or not the increase or decrease is offset in whole or in part by other action, it shall inform the budget committees of the change, and the committees shall have 45 days to review and consider it before it becomes effective.

~~Further, due to federal and State health care reform efforts and the ongoing implementation of the Maryland Access to Care program, it is the intent of the General Assembly that Medical Assistance reimbursement policies in effect on January 1, 1994 for emergency and non-emergency services provided by hospital emergency facilities continue for fiscal year 1995.~~

Further, the Department of Health and Mental Hygiene should undertake steps to educate and provide incentives to both Medical Assistance recipients and Maryland Access to Care program providers to reduce inappropriate use of hospital emergency facilities. These steps include implementing the recommendation of a workgroup comprised of the Baltimore City Health Department and chief executive officers of Baltimore hospitals and community health centers that the department design and implement a demonstration project under which primary medical providers would share some portion of the savings associated with reducing non-emergency care provided in an emergency room. The department and the workgroup shall jointly report to the General Assembly before July 1, 1994 on progress made towards implementing the workgroup's recommendations. Absent agreement by this date that an acceptable strategy has been