questions that Senate Bill 819 raises. The outcome of this process should be a more complete approach to the managed care waiver, prior to the State submitting it to CMS.

While the goals of Senate Bill 819 are laudable, including protecting providers of care, consumers, and the State, the ultimate product is unworkable and risks being unsuccessful on behalf of Marylanders who require long—term care. Moreover, Senate Bill 819 would lock DHMH into this model for four years until the State could pursue a more successful approach. Accordingly, DHMH must pursue a waiver application, through collaboration, that puts consumers first, encourages competition, protects high—quality providers, generates savings, and allows for innovative health care reforms. I am confident that the Department can strike such an important balance.

For the above stated reasons, I am vetoing Senate Bill 819.

Very truly yours, Robert L. Ehrlich, Jr. Governor

## Senate Bill No. 819

AN ACT concerning

## Olmstead Compliance Act of 2004

## <u>Department of Health and Mental Hygiene - Federal Waivers - Waiver for</u> <u>Older Adults and Medicaid Managed Care Pilot Program</u>

FOR the purpose of establishing certain tests to determine if an individual is eligible for nursing facility services; requiring the Department of Health and Mental Hygiene to adopt certain regulations; requiring the Department to develop a certain program on or before a certain date to reduce the number of medical assistance recipients in nursing facility beds in each county and Baltimore City requiring the Department of Health and Mental Hygiene to apply for a certain waiver under the federal Social Security Act; requiring the Department to develop a certain program that includes certain services for certain individuals to participate in certain settings; prohibiting the Department from developing a certain program that diminishes or reduces the quality of certain services, that requires a nursing facility resident to involuntarily accept certain services, or that requires a nursing facility resident to be transferred or discharged under certain circumstances requiring that certain services are not subject to a certain program; requiring that certain savings generated under the program be used for certain purposes; requiring the Department to apply to the United States Centers for Medicare and Medicaid Services to amend a certain waiver to receive federal matching funds for services to assist dually eligible nursing facility residents in obtaining certain health care services; requiring a certain waiver to include certain goals and objectives; requiring that certain financial eligibility criteria include certain individuals whose countable income falls between certain limits; requiring the Department and the Department of Aging to administer certain waiver programs; requiring the Department and the