

October 3, 2016

VIA EMAIL TO Eileen.Fleck@maryland.gov

Ms. Eileen Fleck
Chief, Acute Care Policy & Planning
Maryland Health Care Commission
4160 Patterson Ave.
Baltimore, MD 21215

Re: Public Comment 10.24.19 State Health Plan for Facilities and Services: Freestanding Medical Facilities

Dear Ms. ~~Fleck~~: *Eileen*

Thank you for allowing Holy Cross Health to submit formal comments on the proposed regulations for Freestanding Medical Facilities as updated and adapted from informal public comment on July 21, 2016. As recognized by the Maryland Healthcare Commission ("MHCC") and its staff, while hospital emergency departments expanded to accommodate growth between 1995 and 2013, the result was often less than optimal for patients. Despite the proliferation of urgent and immediate care centers, we continue to experience busy Emergency Departments across the state.

Holy Cross Health has one of the busiest Emergency Departments in the state at Holy Cross Hospital, and although only two years old, the Emergency Department at Holy Cross Germantown Hospital continues to grow and neared 25,000 visits in FY 2016. Together, our hospitals cared for nearly 110,000 emergency visits during FY 2016. We remain committed to our patients and community, serving them through our mission and working to ensure accessible, innovative, and affordable care for all. Our comments on the proposed State Health Plan chapter 10.24.19 are governed by this commitment and our focus on population health based initiatives and collaborations intended to ensure that the optimal care is provided at the safest and most appropriate location for each resident. We support the MHCC's work in Comar 10.24.19 in the development of policies and standards for assuring access to high quality and affordable healthcare for all Marylanders.

Clarification regarding requirement for Certificate of Need

Currently, there are three FMF's in Maryland. Under 10.24.19.03 it states that, "The FMF pilot period ended on July 1, 2015, and the existing FMF's are not required to obtain Certificate of Need approval." This text allows the current three FMF's to continue operation under the new regulations. What is unclear in this statement is if these

facilities can only operate in their current capacity without seeking CON approval or if they can make modification in scope of service or facility design or size and still do so exempt from the CON process.

We request that the Commission review the State Health Plan chapter to ensure appropriate regulatory oversight and assessment regarding changes to scope or size of service at an existing FMF. We believe that the standards as written in COMAR 10.24.19.04 should apply to all new applicants for FMF undergoing a CON process as well as the three existing FMF's, especially as it relates to the impact new or expanding facilities would have on existing hospitals and health care facilities.

As this is revisited, we ask that the Commission review the language in 10.24.19.04B (c), *Project review standards for Certificate of Need*, which states, "... the expansion of an FMF shall include the following information as part of its demonstration of need for the project, and fully explain how this information supports its demonstration of need...". In this section it is unclear how the Commission is defining "expansion".

Holy Cross Health would like the commission to consider "expansion" to include any service that the existing FMF does not currently provide. This would include conversion of ED spaces to Observation capacity as well as the development of operative space, or expansion of support services such as radiology or lab services. We believe that expansion means more than building of new space. We believe if existing space is transformed to offer new services, this too should be considered expansion and should be reviewed under the CON process.

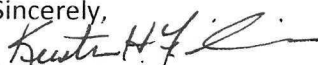
Comments regarding Global Budget

As the development of FMF's is focused on creating accessible and affordable care, we appreciate the Commissions inclusion of rate regulation under the *Introduction* section of the proposed regulation. We would advocate that the Commission further this focus and explicitly make this a component of the *Impact* section. Further, we would like certainty that GBR impact on the supporting hospital and others near the proposed FMF be analyzed regarding the long term and potential volume shift calculation.

General Comment

As we move forward with collaborative population health activities, Holy Cross would like to understand how the Commission would view multiple hospitals in a jurisdiction coming together and determining said jurisdiction needs an additional FMF to better serve the population. If such partnering were to take place, we request that the Commission document how the State Health Plan chapter would be applied.

Thank you for the opportunity to provide comments on this revised State Health Plan chapter and for the work that has been done to create these updated standards in order to meet the needs of the residents of Maryland.

Sincerely,

Kristin H. Feliciano
Chief Strategy Officer
Holy Cross Health