Ben Steffen of the Maryland Health Care Commission opened the meeting by outlining the agenda. Three participants, representing three different stakeholder groups would present ideas for testing the Maryland Patient Referral law (MPRL) or complete changes to the current law. These included Nicole Stallings of the Maryland Hospital Association representing the hospital industry interest, Dr. Lee, representing oncology, and Dr. Levy representing urology and orthopedics.

Nicole Stallings began by stating that the hospitals would like to evaluate the "perceived legal barriers to integrated care delivery." She went on to say though, that at this time the hospitals do not believe there should be any sweeping changes prior to the waiver implementation. The waiver process may be a way to explore potential innovation models prior to making changes through the Maryland statute.

Dr. Lee proposed pilot studies for radiation oncology. The program would be administered by the MHCC and include data gathering on cost and quality. There should be no more than five facilities throughout the State, and access should be considered when a pilot program is opened.

Dr. Levy began by mentioning to the workgroup that there are various studies which contradict each other as to whether MRI ownership induces MRI use. His group believes given that all sides can show evidence to support their view it is time to move forward and modernize the MPRL. Some stakeholders believe that the MPRL is uncertain and investment in value-based care cannot occur in Maryland. The proposal is to add an exemption to MPRL which would allow for exemptions under federal Stark to also apply to the MPRL.

Mr. Steffen then introduced Guy D'Andrea of Discern health to walk through the options presented to staff from workgroup members and proposed by staff. He mentioned that all options are not mutually exclusive.

Preliminary consensus included

- Clarification on the application of the law is necessary, some uncertainty does exist.
- Many of the models contain elements of uncertainty which may prevent physicians from making investments needed to operationalize new models.
- Exemptions need to be lengthened to acknowledge the investment in the equipment and life of the equipment.
- Any option moving forward needs to consider what is best for the patients.