



MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
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May 11, 2016

During the 2016 Legislative Session, Senate Bill 707 Freestanding Medical Facilities- Certificate of Need, Rates and Definition (SB 707), passed into law and was signed by the Governor on May 10, 2016. The main purpose of the legislation is to provide an exemption process from certificate of need (CON) for a health system seeking to convert an underutilized hospital to a freestanding emergency medical center, which under Maryland law is referred to as a Freestanding Medical Facility. The new law sparked considerable debate prior to passage. The General Assembly strengthened the public engagement requirements that a health system must meet before seeking an exemption from the Maryland Health Care Commission (MHCC/the Commission).

Many health care access challenges for rural communities were highlighted during the debate on the SB 707. A particular focus was the Eastern Shore, where a move toward the establishment of a regional health system had sparked considerable uncertainty on the future of several health care facilities. The Legislature took action to ensure that these concerns are not ignored. First, by delaying conversion of the University of Maryland Shore Medical Center at Chestertown, and second, by requiring the MHCC to establish a workgroup on rural health care delivery to oversee a study of healthcare delivery in the Middle Shore region and to develop a plan for meeting the health care needs of the five counties -- Caroline, Dorchester, Kent, Queen Anne's and Talbot.

MHCC is requesting nominations for stakeholders to serve on the workgroup. The Commission is looking for representatives from across the Middle Shore with knowledge of the health needs in their community and interests in rural health delivery. The workgroup will meet at least 6 times between July 2016 and September 2017. The legislation directed the workgroup to develop a plan that takes into account existing health care deficits; continuing provider shortages, limits to access due to transportation barriers, special health care needs of vulnerable populations, and the broader economic challenges triggered by hospital conversions. The workgroup will be supported by health policy experts from DHMH, MHCC, and schools of public health with expertise in rural health care delivery. Given the scope of the workgroup's charge it may be necessary to form subgroups to focus on specific issues.

A nominations form can be found on our website at <http://mhcc.maryland.gov/> or by clicking [here](#). Please submit nominations by June 1, 2016. For assistance with the nomination process

please contact Erin Dorrien, Chief Government & Public Affairs, erin.dorrien@maryland.gov.
Feel free to contact Ms. Dorrien or me with any questions regarding the workgroup or the study
at (410) 764-3565.

Sincerely,

A handwritten signature in black ink that reads "Ben Steffen". The signature is written in a cursive, slightly slanted style.

Ben Steffen