



MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

Monday, March 8, 2010

Minutes

Vice Chair Falcone called the public meeting to order, via teleconference, at 8:30 a.m.

Commissioners present: Chair Moon, and Commissioners Conway, Falcone, Fleig, Jefferson, Kan, Krumm, Lyles, McLean, Moore, Olsen, Petty, Todd, and Worthington.

Item 1.

SB 908/HB 1127 – Health Insurance Coverage for the Treatment of Bleeding Disorders –

Rebecca Perry, Chief, Government Relations and Special Projects, said this bill would extend Maryland's state health insurance mandates to include coverage for hemophilia patients services. Ms. Perry noted that the Commission has not analyzed this new mandate to assess its fiscal, social, and medical impact on health insurance premiums and cover in Maryland. She also noted that this bill goes beyond allowing hemophilia patients to receive coverage for their treatment. Staff recommended sending a strong letter of concern highlighting the areas of potential cost impact and the lack of a mandate analysis to assess the true implications of this bill. The Commissioners concurred with staff's recommendation, with no opposition.

Item 2.

SB 1028/HB 1091 – Health Insurance Coverage of Autism Spectrum Disorders

Bruce Kozlowski provided information regarding this legislation. Mr. Kozlowski said this bill would create a Maryland state health insurance mandate to cover Autism Spectrum Disorder Services including the diagnosis and treatment of autism. He noted that a similar bill was introduced during last year's session, but was withdrawn because it lacked a mandate evaluation. The Commission evaluated most of the services, and included the evaluations in its 2009 mandate report. He noted that SB 1028/HB 1091 has no age limit and no annual benefit limit, and thus will have a substantial effect on premiums. Staff recommended submitting a letter of information. After discussion, the Commission asked staff to submit a strong letter of concern that includes the fact that the bill would allow the interpretation of medical necessity by carriers to be a grey area for patients as they try to determine their coverage for treatment. Additionally, the letter should highlight that premium costs should raise 2-3%. Staff agreed to send a strong letter of concern and the Commissioners concurred, with no opposition.

Item 3.

SB 1040 – Prescription Confidentiality Act

Dr. Cowdry said this bill would restrict the sharing of patient-identifiable information or prescriber-identifiable information for a commercial purpose. He noted the bill references electronic health networks and specifically indicates that an electronic health network could not share the above mentioned information for commercial purposes, but includes in this restriction the ability of an entity to evaluate the prescribing behavior of a health care practitioner. David Sharp added that this section of the bill could interfere with any data collection related to Health Information Exchanges including the successful development of a Prescription Drug Monitoring Program. After discussion, the Commissioners expressed their desire to oppose SB 1040.

Item 4.

SB 992 – Applications for Certificate of Need – Notice to and Involvement of Bordering Counties

Pam Barclay said this bill would amend provisions of the Commission’s statute regarding the Certificate of Need application process. It would require the Commission to extend its Certificate of Need notice requirements for certain types of projects to include members of the governing body of each county that borders on the county where the proposed project would be located. SB 992 also broadens the definition of the term “interested party” to include local health planning agencies in each county that borders the county where the proposed facility or service will be located. Staff recommended either submitting a letter of information outlining the Commission’s current statute and regulations, or supporting this legislation. After discussion, the Commissioners suggested supporting this legislation with an amendment to eliminate local health planning agencies in adjoining jurisdictions from being considered “interested parties”. Staff suggested that it could change the definition of “participating entity” in the Commission’s regulations to include a local health department in an adjoining jurisdiction as an alternative that would address the concerns raised in the legislation.

Item 5.

HB 1075 – Health Insurance Payments for Services of Nonparticipating Health Care Providers

Ms. Perry said this bill would require a carrier to issue reimbursement checks for services provided by out-of-network providers in the name of both the enrollee and the nonparticipating provider. Staff believes this bill could create considerable challenges for consumers as they try to obtain their provider’s signature on their reimbursement payment. Most providers, particularly non-participating providers, require payment in full at the time services are rendered. Given this custom, this bill would require the patient to return to the provider after the provider has been paid and obtain their signature on the carrier’s reimbursement check. This process would pose a logistical challenge and be a considerably time-consuming endeavor that could leave many patients without the ability to cash their carrier’s reimbursement payment for services rendered by a non-participating provider. Staff recommended opposing HB 1075, the Commissioners agreed.

Item 6.

ACTION: HB 1423 – Small Group Market Health Insurance Renewal Notice

Dr. Cowdry said that the Maryland Insurance Administration worked with the sponsor, Delegate Costa, to draft this bill. He said the bill arises out of challenges faced by small business when renewing their health insurance coverage. Currently, carriers quote premiums within 45 days of renewal. HB 1423 would require carriers to provide 60 days' notice of renewal, allowing the small businesses ample time to decide on the available coverage options. Staff recommended supporting this bill as it would assist small businesses in seeking affordable health coverage options. The Commissioners agreed to support HB 1423, with no opposition.

Item 7.

HB 585 - Health Insurance – Mandated Benefits – Dental Implants

Dr. Cowdry provided a status report on HB 585. He said, at an earlier meeting, the Commission voted to oppose this legislation because it would enact a mandate that applies to the Comprehensive Standard Health Benefit Plan offered in Maryland's small group market. Dr. Cowdry said the bill was heard in the House Health and Government Operations Committee. If this legislation passes and crosses over to the Senate Finance Committee, the Commissioners agreed that the Commission should maintain its previous decision and oppose this legislation.

Dr. Cowdry noted that the Department of Health and Mental Hygiene suggested that the Commission include the following disclaimer on position papers, letters of information, and letters of concern.

The opinions of the Commission expressed in this letter do not necessarily reflect those of the Department of Health and Mental Hygiene or the Administration.

The meeting adjourned at 9:30 a.m.