



MARYLAND HEALTH CARE COMMISSION

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Monday, February 28, 2011

Minutes

Chair Moon called the public meeting to order, via teleconference, at 8:00 a.m. to discuss bills to be heard that week.

Commissioners present: Conway, Falcone, Fleig, Kan, Lyles, McLean, Petty, Weinstein, and Worthington.

Item 1.

- **SB 742/HB 690 – Maryland Cardiovascular Patient Safety Act**

SB742/HB690 responds to concerns about oversight of the quality and appropriateness of percutaneous cardiac interventions (PCI) performed in Maryland. It requires that each Maryland cardiovascular catheterization laboratory, on or before May 31, 2014, hold a current accreditation or, if not accredited, hold a current certification with the Department of Health and Mental Hygiene. Staff recommended that the Commission send a letter of information proposing to form a technical advisory group that will meet over the interim to assist the Commission in crafting a report that would be presented to the Department, the Governor, and the General Assembly by December 15, 2011. Commissioners agreed with the staff recommendation by voice vote.

Item 2.

- **HB 949/SB 879 – Health Insurance – Coverage for the Treatment of Bleeding Disorders**

HB 949/SB 879 would create a mandated health insurance benefit covering all medically necessary and appropriate health services to prevent, diagnose, and treat individuals with hemophilia and other bleeding disorders in Maryland. Staff recommended that the Commission either submit a strong letter of concern because we do not have a full analysis on this mandate or oppose this bill since it is impossible to calculate the impact of a new mandate on the state budget until the details of the essential benefits package are known. Following discussion, the Commission voted to Oppose HB 949/SB 879.

Item 3.

- **HB 818 – Manufacturers of Prescribed Products – Payments of Health Care Professionals - Prohibition**

HB 818 would prohibit a manufacturer of prescribed products from offering or giving a gift to a health care professional; authorizing exceptions from the prohibition for samples, loans of medical devices, articles or journals, scholarships or other support, payments for specified conferences or seminars, honoraria and payment of expenses, costs of clinical trials and research projects, payments for scientific consulting, payment or reimbursement for technical training, royalties, and licensing fees, and donated health care products. The Commission agreed to ask staff to weigh in, informally, at the subcommittee meeting, but to not take a formal position.

Item 4.

- **HB 821 – Hospitals – Medical Harm Disclosure Act**

HB 821 would require a comprehensive, mandatory program for collecting and auditing data on medical harm events requiring hospitals to report medical harm events to the Department of Health and Mental Hygiene. Staff recommended sending a letter of information outlining the Maryland Patient Safety Center, the Maryland Hospital Performance Evaluations Guide, and the Hospital Patient Safety Program, which mixes voluntary efforts with mandatory reporting where appropriate. The Commissioners concurred with staff's recommendation, with no opposition.

Item 5.

- **HB 974 – Health Insurance – Preauthorization of Health Care Services – Use of Electronic Health Records**

HB 974 would require health insurance carriers to make a decision on a request for preauthorization of a health care service or prescription within 4 hours if the health care provider making the request uses an electronic health record that is connected to a State-designated health information exchange or serviced by a State –designated management service organization. Following discussion, staff recommended that the Commission send a letter of information outlining some of the broad issues related to the electronic transmission of preauthorizations. Commissioners agreed with the staff recommendation by voice vote.

Item 6.

- **HB 815/SB 579 – Health Insurance – Limits on Copayments**

HB 815/SB 579 would prohibit insurers, nonprofit health service plans, and HMOs that provide covered benefits subject to a copayment that exceeds 50% of the allowed amount established for the covered benefit. Commissioners suggested taking no position.

Item 7.

- **HB 888/SB 701 – Health Insurance – Prescription Eye Drops – Refills**

HB 888/SB 701 would require health insurers, nonprofit health service plans, and HMOs to provide coverage for a refill of prescription eye drops at any time, if refills were prescribed, presumably to address a situation in which a patient ran out of what was supposed to be a month's supply. Commissioners suggested taking no position.

The meeting adjourned at 9:00 a.m.