



MARYLAND HEALTH CARE COMMISSION

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Thursday, February 16, 2012

Minutes

Vice Chair Falcone called the meeting to order at 1:00 p.m.

Commissioners present: Conway, Falcone, Fleig, Grady, Kan, Lyles, Montgomery, Schneider, Tanio, Weinstein, and Worthington.

ITEM 1.

Approval of the Minutes

Commissioner Montgomery made a motion to approve the minutes of the January 19, 2012 public meeting, which was seconded by Commissioner Fleig and unanimously approved. Commissioner Schneider made a motion to approve the minutes of the February 6, 2012 meeting held via conference call, which was seconded by Commissioner Lyles and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Acting Executive Director, asked Commissioner Montgomery to provide the Commission with a brief update on the Maryland Learning Collaborative. Commissioner Montgomery said the Maryland Learning Collaborative held a meeting on February 4, 2012 at the Naval Academy in Annapolis, which was attended by about 150 people. She said the subject matter included advance directives, health information technology, quality measure reporting, shared savings methodology, and comprehensive pharmacy management.

David Sharp, Director of the Center for Health Information Technology, said the Commission was given the authority under House Bill 784, *Medical Records – Health Information Exchange*, signed into law on May 19, 2011, to adopt regulations for the privacy and security of protected health information obtained or released through a health information exchange. Commission staff sent the draft regulations to interested persons, as well as posted the draft regulations on the Commission's website for informal public comment.

Paul Parker, Acting Director of the Center for Hospital Services, said that at the March meeting Eileen Fleck, Program Manager in the Center for Hospital Services, will provide an update regarding the Surgical Services chapter of the State Health Plan, to follow-up on the discussion at the December meeting of the Commission.

ITEM 3.

ACTION: Certificate of Need

- **Johns Hopkins Bayview Medical Center (Docket No. 11-24-2321)**

Johns Hopkins Bayview Medical Center applied for a Certificate of Need to expand its emergency department. Paul Parker, Acting Director of the Center for Hospital Services, presented the staff recommendation. Mr. Parker said Johns Hopkins Bayview Medical Center's proposed project includes relocating and reconfiguring the pediatric services to new space and expanding the hospital's existing obstetric facilities into the space vacated by pediatrics. He said that the estimated cost of the project is \$40,098,889, which would be funded primarily through debt and cash. He also noted that the project contains no elements that categorically require a Certificate of Need review and approval. The cost estimate, which is well above the current hospital capital expenditure threshold requiring approval, is the only basis for this review. Mr. Parker said that the hospital has chosen to obtain CON approval to make a rate increase request possible but could implement this project without CON approval by "pledging" to limit any rate adjustment to a total of \$1.5 million. Staff recommended that the Commission approve this project. Commissioner Lyles made a motion to approve the staff recommendation, which was seconded by Commissioner Fleig and unanimously approved. Commissioner Grady recused herself.

ACTION: Certificate of Need – Johns Hopkins Bayview Medical Center (Docket No. 11-24-2321) is hereby APPROVED.

- **Johns Hopkins Bayview Medical Center (Docket No. 11-24-2322)**

Johns Hopkins Bayview Medical Center applied for a Certificate of Need to develop a comprehensive cancer program facility on their campus to centralize the hospital's oncology/hematology services, which are currently provided in two separate areas of the hospital. Mr. Parker presented the staff recommendation. He said that the project will involve construction of a new building adjacent to the Bayview Medical Office Building. The estimated cost of the project is \$26,057,437, which will be funded primarily through debt and cash. Again, this project contains no elements that categorically require CON review and approval. Staff recommended that the Commission approve this project. Following discussion, Commissioner Fleig made a motion to approve the staff recommendation, which was seconded by Commissioner Montgomery with seven Commissioners voting to adopt the staff's recommendation. Commissioner Grady recused herself, Commissioner Kan abstained, and Commissioners Schneider and Tanio voted in opposition.

ACTION: Certificate of Need – Johns Hopkins Bayview Medical Center (Docket No. 11-24-2322) is hereby APPROVED.

ITEM 4.

ACTION: COMAR 10.24.17 – Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services Chapter of the State Health Plan – Action on Final Regulations

Christina Daw, Health Policy Analyst, presented for adoption as final regulations, amendments to Table A-1 of Cardiac Surgery and PCI Services Chapter of the State Health Plan. Ms. Daw said that these changes were adopted by the Commission in November as proposed permanent and emergency regulations. The

regulations are designed to address the process by which an interventional cardiologist who has not performed the required number of PCI procedures during a 12-month period that includes a leave of absence from clinical practice may resume performing PCI in a hospital operating under a PCI waiver issued by the Commission. No comments were received during the formal comment period that ended on January 31, 2012. Commissioner Tanio made a motion to adopt the regulations as final, which was seconded by Commissioner Schneider and unanimously approved.

ACTION: COMAR 10.24.17 – Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services Chapter of the State Health Plan – ADOPTED as Final Regulations.

ITEM 5.

ACTION: Legislation

- ***SB 238/HB 443 “Maryland Health Benefit Exchange Act of 2012”***

This bill puts in place policy recommendations developed by the Exchange Board with the guidance of expert consultants and a broad-based stakeholder advisory process. The legislation addresses the structures of the individuals and SHOP exchanges and outlines a process for the Health Care Reform Coordinating Council to select the State’s benchmark plan with the input of stakeholders. It also sets up market rules and risk adjustment and reinsurance programs. Lastly, the bill requires the establishment of a joint executive-legislative committee to conduct a further study of the specific financing mechanism to ensure the Exchange to be self-sustaining by 2015.

Following discussion, the Commission voted to broadly support SB 238/HB 443, noting that if this legislation should pass, the Maryland Health Care Commission is committed to supporting the next steps in the establish of Maryland’s Exchange and will continue to offer information and guidance to the Health Benefit Exchange Board and the Health Care Reform Coordinating Council as the Affordable Care Act continues to be implemented in Maryland. Commissioner Worthington made a motion to support this legislation, which was seconded by Commissioner Kan and unanimously approved.

- ***SB 234/HB 439 “Maryland Health Improvement and Disparities Reduction Act of 2012”***

This bill would establish Health Enterprise Zones (HEZ) modeled after the Harlem Children’s Zone in an effort to reduce the health care disparities and improve health outcomes. In an HEZ a community based organization or community agency can apply for funds to establish programs aimed at improving health within the zone. The legislation establishes tax credits and extends the Loan Assistance Repayment Program to practitioners who open practices in the Zones.

If SB 234/HB 439 passes and approved by the Governor, the Commission will add measures that compare racial and ethnic variations in quality and outcomes to the Health Plan Quality Reporting System. The Commission agreed that the health enterprise zones that would be created under this legislation would provide a pathway for reducing health disparities in the State of Maryland. Commissioner Montgomery made a motion to support this legislation, which was seconded by Commissioner Weinstein and unanimously approved.

- ***HB 532 “Military Health Care Pensions – Health Care Workforce Shortage”***

HB 532 creates a tax deduction for military retirees who commit to working in the health care field in a part of the State that is identified as having a health workforce shortage. Individuals would be able to deduct 50% of that retirement income from their State income taxes if their federal adjusted gross income is less than \$65,000. Commissioner Kan made a motion to support this legislation, which was seconded by Commissioner Montgomery and unanimously approved. Commissioner Tanio abstained from the vote.

ITEM 6.

OVERVIEW: Health Information Exchange – Rapid Fire with Chesapeake Regional Information System for Patients (CRISP)

Vice-Chair Falcone said the Commission has broad authority to promote the adoption of health information technology. After years of planning and the issuance of several key policy reports by the Commission, the development of a statewide infrastructure began in the summer of 2009; CRISP was selected to build the statewide health information exchange (HIE). The model under development by CRISP fosters the availability of clinical information between appropriately authorized and authenticated providers, centralizing a model that will support personal health records and health record banks. David Horrocks, President of CRISP, and Daniel Wilt, Program Director of the CRISP Regional Extension Center provided an overview of how the HIE works.

ITEM 7.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:15 p.m., upon motion of Commissioner Kan, which was seconded by Commissioner Montgomery and unanimously approved.