



MARYLAND HEALTH CARE COMMISSION

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Monday, February 6, 2017
via teleconference

Minutes

Chairman Tanio called the meeting to order at 7:00 a.m.

Commissioners present: Tanio, Phillips, Fleig, Hafey, Moffit, Pollak, Stollenwerk, and Tomarchio

Legislation Affecting MHCC

Maryland Comprehensive Primary Care Model draft legislation

Ben Steffen, Executive Director, presented an overview of the Commission's historic roll in primary care, dating back to a workgroup on payment reform in 2008 and the Maryland Multipayer Primary Care Program established in 2011. He then presented the draft legislation for the Maryland Comprehensive Primary Care Model. The program has three key elements: (1) MHCC as the coordinating entity; (2) Care Transformation Organizations which include Clinically Integrated Networks, Accountable Care Organizations or other community based organizations; and (3) Patient Centered Homes. Mr. Steffen also discussed the legislation's advisory council.

Chairman Tanio added three points: (1) the Commission's role in primary care has evolved over the last few years; (2) CMS is pushing for primary care to be an important part of the model; and (3) the legislation is high level and provides a framework to implement a primary care program. Discussion centered around keeping the program sufficiently flexible, while establishing appropriate guardrails, to allow innovation in primary care delivery outside of any one model. The Commission will continue to monitor this legislation.

Integrated Community Oncology Reporting Program

Erin Dorrien, Chief Government and Public Affairs, presented the next three pieces of legislation. The first was a draft of the Integrative Community Oncology program. Ms. Dorrien noted that this legislation is similar to legislation introduced in previous years, for which the Commission has provided information to the General Assembly. The legislation would set up a pilot program to test the quality and cost effectiveness of allocating medical and radiation oncology in a community setting. Commissioners requested information on any studies from other states where this is already being done.

HB 188 - Advanced Directives – Witness Requirements, Advance Directive Services and Fund

Ms. Dorrien then presented HB 188 - Advanced Directives - Witness Requirements, Advance Directive Services and Fund. She stated that the bill is corrective legislation to ease various impediments to fully implementing the State’s electronic advance directive statute. A fund is also established by re-appropriating an existing revenue source from the Spinal Cord Injury Trust fund, which has not made any grant awards since 2010.

HB 736 – Workgroup to Recommend Possible Reforms to Maryland’s Health Care System

Lastly, Ms. Dorrien presented HB 736 – Workgroup to Recommend Possible Reforms to Maryland’s Health Care System, which establishes a workgroup to study possible reforms to Maryland’s health care system should certain events occur in Congress. The Commission is named as a member of the workgroup.