



**MARYLAND HEALTH CARE COMMISSION**

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215  
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**Thursday, April 19, 2018**

**Minutes**

Chairman Moffit called the meeting to order at 1:00 p.m.

**Commissioners present:** Fleig, Metz, O'Connor, O'Grady, Peters, Pollak, Sergent, Thomas, and Tomarchio

**ITEM 1.**

**Approval of the Minutes**

Commissioner Fleig made a motion to approve the minutes of the March 15, 2018 public meeting of the Commission, which was seconded by Commissioner Peters and unanimously approved.

**ITEM 2.**

**Update of Activities**

Ben Steffen, Executive Director, introduced and welcomed new staff member Megan Renfrew. Mr. Steffen said that Ms. Renfrew joined the Commission as Chief of Government Relations and Special Projects. He noted that she previously held positions at the Office of the Legislative Counsel in the U.S. House of Representatives, at the Centers for Medicare and Medicaid Services (CMS), and most recently at Cognosante, an IT firm with expertise in Medicaid information systems and health information exchange among other competencies.

Mr. Steffen thanked staff all their hard work during the legislative session.

Before considering action items, Chairman Moffit reminded Commissioners that if they wish to recuse themselves on an agenda item, they should move to the MHCC small conference room.

**ITEM 3.**

**ACTION: Certificate of Need – Sacred Heart Home, Inc. (Docket No. 17-16-2411)**

Sacred Heart Home, Inc. applied for a Certificate of Need to build a replacement facility on its existing campus. Kevin McDonald, Chief of Certificate of Need, presented the staff recommendation. Mr. McDonald said that Sacred Heart Home seeks to build a 60,242 square foot replacement facility that will reduce the number of licensed comprehensive care facility beds from 102 to 44. He noted that the existing building will be demolished following relocation to the new building. Mr. McDonald said that St. Joseph's Nursing Home, Sisters Servants of Mary Immaculate (SSMI), a 44-bed facility in Catonsville, is the model used for the design of the new facility. He stated that the estimated total project cost is \$19,219,869, which the applicant expects to fund with a mortgage loan of \$7,219,868, a \$4,000,000 an interest-free loan from SSMI, and \$8,000,000 in cash. Staff recommended approval of the Certificate of Need application, with conditions. Commissioner Fleig made a motion to approve the staff recommendation, which was seconded by Commissioner O'Connor and unanimously approved.

**ACTION: Certificate of Need – Sacred Heart Home, Inc. (Docket No. 17-16-2411) is hereby Approved.**

**ITEM 4.**

**ACTION: Certificate of Need – Anne Arundel Medical Center Mental Health Hospital (Docket No. 16-02-2375)**

Anne Arundel Medical Center, Inc. applied for a Certificate of Need to establish a 16-bed special hospital - psychiatric, to be located adjacent to Anne Arundel Medical Center's Pathways substance abuse treatment facility on Riva Road in Annapolis. Commissioner Tomarchio served at the Reviewer of the contested Certificate of Need application. Commissioner Tomarchio said that the 16-bed psychiatric hospital proposed by Anne Arundel Medical Center (AAMC) would cost approximately \$25 million. She concluded that this service is needed in Anne Arundel County. Commissioner Tomarchio noted that AAMC is the fourth largest hospital in Maryland by patient volume, and that, between 2011 and 2016, psychiatric discharges of Anne Arundel County residents increased by over 10%, and that the average daily psychiatric census of County residents rose by almost 20%. She thanked the University of Maryland Baltimore Washington Medical Center for deciding not to file exceptions to the Recommended Decision. Commissioner Tomarchio said that the AAMC Mental Health Hospital will improve access to psychiatric care for Anne Arundel County residents and is a needed project. Commissioner Tomarchio pointed out that she conducted a site visit and that, having considered the entire record in this review, determined that the application complied with applicable standards in the State Health Plan for Facilities and Services and the CON review criteria. She made a motion to approve the application, with the condition that AAMC cannot increase its bed capacity without obtaining required approval from the Commission. Commissioners Peters seconded the motion and it was unanimously approved. Commissioner Pollak recused himself from this action.

**ACTION: Certificate of Need – Anne Arundel Medical Center Mental Health Hospital (Docket No. 16-02-2375) is hereby Approved.**

**ITEM 5.**

**ACTION: COMAR 10.24.17: State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services – Proposed Regulation**

, Eileen Fleck, Chief of Acute Care Policy and Planning, noted that, at the March 15, 2018 public meeting of the Commission, she reviewed draft changes to the State Health Plan for Cardiac Services and described how those changes had been developed in consultation with the Cardiac Services Advisory Committee and had been released for informal public comment. Ms. Fleck recommended that those draft regulations, with certain changes, be adopted as proposed regulations. She said the regulations: incorporate changes to the data collection requirements for hospitals with percutaneous coronary intervention (PCI) services that treat high risk patients; update the definition of cardiac surgery; revise the patient outcome metrics for PCI services; modify the financial feasibility standard for Certificate of Need reviews; and make minor changes to clarify standards for Certificate of Ongoing Performance. Ms. Fleck noted that no written comments were submitted in response to the Commission staff's request for informal public comments that was posted on the Commission's website. She also noted that an announcement requesting comments was posted on Twitter, emailed to CEOs of Maryland's general hospitals, and emailed to the leader of the Maryland Cardiac Surgery Quality Initiative. After discussion, Commissioner O'Grady made a motion that the Commission adopt COMAR 10.24.17 as proposed permanent regulations, which was seconded by Commissioner Pollak and unanimously approved.

Before moving to the next agenda item, Chairman Moffit thanked the Cardiac Services Advisory Committee members and especially the Co-Chairs, Dr. Rawn Salinger and Dr. Stafford Warren, for their work on the Committee.

**ACTION: COMAR 10.24.17: State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services –are hereby Adopted as proposed permanent regulations.**

**ITEM 6.**

**ACTION: COMAR 10.24.09: State Health Plan for Facilities and Services: Acute Inpatient Rehabilitation Services – Final Regulations**

At the November 16, 2017 public meeting, the Commission adopted COMAR 10.24.09: State Health Plan for Facilities and Services: Acute Inpatient Rehabilitation Services regulations as both proposed and emergency regulations. Ms. Fleck presented the proposed regulations for consideration as final, noting that the proposed regulations were published in the *Maryland Register* on February 16, 2018 announcing the start of a 30-day formal comment period. Staff also posted a notice with a request for comments on its website and on Twitter. She said that no comments were received in response to these requests. Commissioner Fleig made a motion that the Commission adopt COMAR 10.24.09 as final regulations, which was seconded by Commissioner Sergent and unanimously approved.

**ACTION: COMAR 10.24.09: State Health Plan for Facilities and Services: Acute Inpatient Rehabilitation Services – Adopted as final regulations.**

**ITEM 7.**

**PRESENTATION: Legislation – Final Status Report**

Megan Renfrew, Chief of Government Relations and Special Projects, presented a wrap-up of the Commission’s activities during the 2018 session of the Maryland General Assembly and provided an overview of the Commission’s budget. Ms. Renfrew said that \$54.8 million Special Fund Appropriation for fiscal year 2019 is a 1.9% decrease from fiscal year 2018. She also said that the approved Budget Reconciliation and Financing Act (BRFA) included an \$8 million transfer from the Trauma Physicians Fund to Medical providers for fiscal year 2019 only. Ms. Renfrew noted that the transfer was a result of a significant and growing trauma fund balance. She noted that the remaining balance and collections from the Motor Vehicle Administration on automobile registrations and registration renewals would be sufficient to meet all contingencies in fiscal year 2019.

Ms. Renfrew provided a listing of bills that would affect the Commission. She said that the following legislation requires studies and workgroups: (1) SB 13 “Maryland Health Care Commission – Electronic Prescription Records System – Assessment and Report” (report due January 1, 2020); (2) SB 266 “Mortality Rates of African American Infants and Infants in Rural Areas” (report due November 1, 2019); (3) SB 682 “Emergency Medical Services Providers – Coverage and Reimbursement of Services – Reports and Plan” (report due January 1, 2019); (4) and SB 896 “Health Record and Payment Integration Program Advisory Committee” (report due November 1, 2019). Ms. Renfrew said that Delegate Pendergrass, Chair of the House Health and Government Operations Committee, submitted a letter requesting that the Commission study the Maintenance of Certificate Requirement for Physicians for review during the 2019 legislative session. She said that staff also received a letter from Senator Middleton, Chief of the Senate Finance Committee, requesting that the Commission study school-based telehealth, with a report due date of November 1, 2019. Ms. Renfrew said that staff expects to receive requests from House Health and Government Operations Committee and the Senate Finance Committee to study the impact of several mandates that did not pass.

**ITEM 8.**

**PRESENTATION: Spending and Use among Maryland’s Privately Fully-Insured, 2016**

Ken Yeates-Trotman, Chief of Cost and Quality Analysis, presented the highlights of the report on spending and utilization patterns for Maryland residents insured through the individual, small employer, and large employer markets. Mr. Yeates-Trotman said that the total per member per month (PMPM) spending across all market for all services combined grew less in 2016 than in 2015. He noted that the percentage changes in PMPM spending for all markets combined varied by services category in 2016. He reported that hospital outpatient facility spending increased moderately due to an increase in utilization, while hospital inpatient facility spending decreased slightly due to lower per unit costs. Non-hospital facility utilization increased but was offset by a decrease in unit cost resulting in no change in non-hospital outpatient facility spending. He also said that professional services had a small increase in spending that was equally driven by utilization and unit cost. The Lab and imaging spending decrease was modest and solely driven

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by unit cost. Mr. Yeates-Trotman said that the large increase in physician supplied drug spending was mostly driven by unit cost, and the moderate increase in spending for retail prescription drugs was driven by both utilization and unit cost. He said that the illness burden, measured by illness risk scores, increased across all market segments increased from 2014 to 2016.

### **ITEM 9.**

#### **ACTION: Electronic Advance Directives – Recognition Criteria**

Nikki Majewski, Chief of Health Information Technology, presented the criteria for State Recognition of an electronic advance directives vendor. COMAR 10.25.19, *State Recognition of an Electronic Advance Directives Service* requires the Commission to establish the applicable criteria. State Recognition is a prerequisite for an electronic advance directives vendor to connect to the State-Designated Health Information Exchange. Ms. Majewski reviewed key components of the criteria. She said that the draft criteria was posted for public comment from March 5th through March 30<sup>th</sup>, noting that the Maryland Hospital Association submitted a letter in support of the draft criteria. Staff recommended that the Commission adopt the proposed criteria as final criteria for State Recognition. Commissioner Fleig made a motion to adopt the proposed criteria as final criteria, which was seconded by Commissioner Sargent and unanimously approved.

#### **ACTION: Electronic Advance Directives – Recognition Criteria is hereby Approved**

### **ITEM 10.**

#### **PRESENTATION: Medication Management and Reconciliation Grant Award**

Eva Lenoir, Program Manager, presented the award of the Commission's grant regarding Telehealth for Medication Management and Reconciliation. Ms. Lenoir noted that the Commission staff received 13 letters of intent in response to the announcement for grant applications and seven organizations submitted an application. The awardee, the University of Maryland Quality Care Network (UMQCN), plans to improve access to medication reconciliation by a pharmacist for patients with chronic obstructive pulmonary disorder in rural Maryland. The Commission heard a presentation on UMQCN's telehealth initiative from Stacy Garrett-Ray, M.D., President, University of Maryland Quality Care Network and Vice President/Medical Director of the University of Maryland Medical System's Population Health Services Organization; and Magaly Rodriguez de Bittner, Pharm.D., Professor and Associate Dean for Clinical Services and Practice Transformation at the University of Maryland School of Pharmacy and Executive Director of the School's Center for Innovative Pharmacy.

**ITEM 11.**

**Overview of Upcoming Initiatives**

Ben Steffen announced that the May meeting of the Commission will include the Interim Report of the Certificate of Need Task Force, a telehealth grant award, and a presentation regarding Maryland's practice transformation network.

**ITEM 12.**

**ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:30 p.m. upon motion of Commissioner Thomas, which was seconded by Commissioner Pollak and unanimously approved.