STATE OF MARYLAND

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Legislative Policy Conference Call
Friday, February 7, 2020, 8:00 AM – 9:00 AM

DRAFT Meeting Summary

Ben Steffen, Executive Director started the meeting at approximately 8:00 a.m.

Commissioners present: Doordan, Hammersla, Pollak, and Rymer (no quorum)

AGENDA ITEM 1.

Welcome and Roll Call

Mr. Steffen welcomed Commissioners to the meeting and took roll call of Commissioners and Commission staff joining the conference call.

AGENDA ITEM 2.

Update of Activities

Mr. Steffen provided an update on the status of Senate Bill 166 - Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substances. The hearing for this bill was rescheduled for February 20, 2020.

Mr. Steffen also provided an update on Senate Bill 752 Public Health - Non-Controlled Dangerous Substance Prescription Record System Program. This bill was introduced and a link to the bill text is available in the agenda. There are minor differences in the House and Senate version. The House version reflects changes requested by former Delegate Morhaim. Mr. David Sharp met with House Health and Government Operations staff and legislators on this bill to incorporate Dr. Morhaim's changes into the House version of the bill.

In the past week Commission staff held meetings with Senator Lam on the use of anesthesia in procedure rooms in ambulatory surgery centers (ASC). The Senator introduced Senate Bill 728. The anesthesiologists supporting this bill want to change how we define procedure rooms in ASCs. Paul Parker, Center Director for Health Care Facilities Planning and Development explained that staff are concerned about the impact of this proposed bill on the Maryland Health Care Commission's (MHCC) ability to regulate operating room (OR) capacity in ASCs. MHCC's regulatory authority is over sterile operating rooms, not clean procedure rooms. The Office of Health Care Quality licenses ASCs and are concerned about the migration of more complex surgeries into procedure rooms. If use of general anesthesia is not the regulatory boundary between a procedure rooms and an operating room, what is the appropriate border?

The Commissioners and staff discussed how the migration of procedures to procedure rooms is a national trend and reduces the cost of care. Sometimes local blocks fail during a procedure and anesthesiologists need the flexibility to move to general anesthesia. This decision should be driven by the doctor and the anesthesiologist, not a regulatory barrier; the anesthesiologist must be able to keep the patient safe. There is a safety question of which procedures can be done in a procedure room. OHCQ has to control ASCs that are pushing the safety line. A possible line would be that general anesthesia is not the first choice. It is also important our Certificate of Need (CON) rules are about barriers to entry, not ongoing practice. The "no general anesthesia" rule is already a "bad" dividing line, given the changing patterns of practice. But, staff need to know when a CON is required (and it is only required for ORs, not procedure rooms). There are broad exceptions in existing regulations for dental surgery.

The Facilities Guideline Institute distinguishes between ORs and procedure rooms in their guidelines (which our CON regulations cross-reference). ORs are located in a restricted area with specific air flow rules. Procedure rooms are not allowed in the surgical suite. It is ok for procedure rooms to have air handling like an OR and to be bigger.

Commission staff also met with Health and Government Operations Committee Staff on excess hospital capacity.

AGENDA ITEM 3.

Vote on Staff Recommended Positions on Bills with Hearings Next Week

SB 501 Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants – Administration and Funding

Ms. Megan Renfrew, Chief of Government Affairs and Special Projects, described Senate Bill 501, which makes changes to the existing Maryland Loan Repayment Assistance Program (MLRAP) for primary care providers. SB 501 moves the administration of the MLRAP from the Office of Student Financial Assistance to the Maryland Department of Health, adds reporting requirements from MDH to the General Assembly, and provides $1 million dollars for the program for each fiscal year beginning in 2022. The bill also requires MDH to convene a workgroup on incentivizing medical students to practice in health professional shortage areas of the state and medically underserved areas of the state. This bill is consistent with recommendations in the 2017 Rural Health Workgroup report and will potentially help address projected geographic disparities in shortages in workforce identified in a 2018 MHCC workforce study.

Mr. Steffen noted that MHCC has been involved in this issue for 10 years. The joint administration by MDE and MDH is inefficient. The current $400,000 program is embarrassingly small for the State. The bill provides that the budget will come either from general funds or the Board of Physicians. The Board of Physicians is concerned about the financial impact of this study on their budget.

The Commissioners on the call agreed with the staff recommendation to support this bill.

HB 195 State Employee and Retiree Health and Welfare Benefits Program - Health Benefits - Required Participation in the Individual Exchange by Carriers

Ms. Renfrew described the bill, which prohibits health insurance carriers from offering health benefits under the Maryland State Employee and Retiree Health and Welfare Benefits Program unless the carrier also offers certain qualified health benefit plans through the Maryland Health Benefit Exchange. The bill includes exceptions for carriers with less than $10 million in premiums from the

State employee benefits program and carriers that only offer student health plans. The Secretary can change the $10 million dollar figure through regulation.

Mr. Steffen noted that United had been in the individual market when the Maryland Health Benefit Exchange launched in 2014. United has since left this market, but is still in the State employee program. Participation in the State employee program is determined through a competitive RFP.

The Commissioners on the call agreed with the staff recommendation to support this bill.

Mr. Steffen discussed other health insurance bills that have been introduced to the general assembly.

AGENDA ITEM 4.

Overview of Upcoming Activities

Mr. Steffen and Mr. Proctor discussed preparations for the MHCC budget hearings on February 13th and February 17th.

AGENDA ITEM 5.

Adjournment

Mr. Steffen brought the meeting to an end at approximately 9:00 a.m.