



**MARYLAND HEALTH CARE COMMISSION**  
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**Legislative Policy Conference Call**  
**Friday, February 14, 2020, 8:00 AM – 9:00 AM**

**Meeting Summary**

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

**Commissioners present:** Boyle, Doordan, Hammersla, O’Grady, Pollak, Rymer, Thomas

**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.**

**Meeting Summary**

Ms. Megan Renfrew, Chief of Government Affairs and Special Projects, noted that a draft version of the meeting summary from the January 31, 2020 legislative policy conference call had been shared with Commissioners. She asked for feedback by Friday, February 21st before she posts the summary publically.

**AGENDA ITEM 3.**

**Update of Activities**

Ms. Renfrew provided an update on Senate Bill 501, Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants – Administration and Funding. Maryland Health Care Commission (MHCC) submitted written testimony in support of this bill. The Health Services Cost Review Commission (HSCRC) and the Board of Physicians both suggested amendments related to concerns about the source of funding for the program.

The Commissioners had a discussion about the process for collecting Commissioner feedback and the representation of Commissioner views to the General Assembly, given the lack of quorum on Legislative Policy calls.

Ms. Renfrew provided an update on House Bill 195, State Employee and Retiree Health and Welfare Benefits Program - Health Benefits - Required Participation in the Individual Exchange by Carriers. The Governor’s office requested that MHCC take no position on this bill, and staff deferred to the Governor’s office. The Chair noted that we are an independent commission and should not always defer.

Commission staff also provided a description of the MHCC budget briefing in front of the House Appropriations subcommittee. The key focus of discussion included hospital profits (directed at HSCRC) and when the Maryland Primary Care program will generate savings.

Commission staff met with Delegate Krebs to talk about the State Health Plan on psychiatric services and Certificate of Need procedural reforms. Commission staff also met with Delegate Kelly in the past week.

#### **AGENDA ITEM 4.**

#### **Vote on Staff Recommended Positions on Bills with Hearings Next Week**

Three bills related to electronic prescriptions for controlled dangerous substances

[HB 512](#) Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substance - *Information*

[HB 692](#) Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substances - *Support*

[SB 166](#) Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substance - *Information*

Ms. Renfrew described the bills and the differences between the three bills. We discussed SB 166 a few weeks ago. SB 166 has a workgroup, while the other bills do not. HB 692 is department sponsored and has more detailed definitions. Staff put a \$50,000 fiscal note on SB 166 for the workgroup. Staff recommended letters of information for HB 512 and SB 166 recommending conformance with HB 692. Staff recommend a letter of support for HB 692. The Commissioners on the call agreed with this approach.

[HB632](#) Vehicle Laws - Registration - Renewal - *Information*

The bill makes changes to the vehicle registration system to allow for options of 1 or 2 year registration cycles. The change would be implemented over a 10 year period. The bill also allows the Maryland Vehicle Administration to charge a late fee of up to \$25 for late registrations (some of that late fee be transferred to the Trauma fund). Vehicle registration fees are the sole source of funding for the Trauma fund. Staff recommend a letter of information on the importance of funding for the Trauma fund. The Commissioners on the call agreed with this approach.

[HB196](#) Maryland Health Benefit Exchange - Establishment of a State-Based Health Insurance Subsidies Program -*Support*

Ms. Renfrew described the bill, which requires the Maryland Health Benefit Exchange to establish and implement a State-Based Health Insurance Subsidies Program to provide a means for individuals to reduce the amount they pay for health benefit plans in the individual health insurance market. The program will be funded through an assessment on insurers. Mr. Steffen noted that the State has a premium tax that is currently used to fund the reinsurance pool, which has resulted in reduced premiums and no loss of enrollment. This bill seeks to use the same tax to fund subsidies for insurance. This is supported by the Maryland Health Benefit Exchange, the Insurance Commissioner and the Secretary of Health. Commissioners and staff discussed the current uninsured population who would be impacted by this bill. There was also discussion of the adequacy of funding for the program. Commission staff recommended that MHCC support this bill, and the commissioners on the call agreed with the staff recommendation.

[HB930](#) Maryland Health Benefit Exchange - Funding for Small Business Insurance Subsidies and Outreach-*Support*

Ms. Renfrew described the bill, which requires the Governor to include an annual appropriation of \$17 million for the Maryland Health Benefit Exchange (MHBE) in the budget (\$15 million for subsidies for SHOP and \$2 million for SHOP outreach). Mr. Steffen described the small business subsidy program that existed in the State before 2015, which paid subsidies to insurers up front. The SHOP federal subsidies are retrospective tax credits, which are hard on small businesses with limited cash flow. This bill will allow MHBE to establish prospective subsidies. Mr. Steffen recommended that MHCC support the bill, but perhaps at a lower starting appropriation level, as it may take time for the program to grow. Commissioners discussed how MHBE might determine which businesses are eligible for the program (size, average wage, not currently offering insurance, etc.). Commissioners were not comfortable offering an amendment, but were comfortable supporting the bill.

[HB1329 Maryland Health Benefit Exchange - Establishment of Small Business Health Insurance Subsidies Program-\*No Position\*](#)

This bill establishes a subsidy program for the SHOP but does not specify an amount. Staff recommend no position on the bill at this time, but will seek more information.

[HB970 Health Insurance - Reimbursement of Primary Care Providers - Bonus Payments - Applicability - \*Information\*](#)

This bill provides bonus payments to primary care providers who provide services outside of normal business hours in non-hospital settings. The bonus payments are paid by insurance carriers. This was a recommendation from the Commission in 2010. Commissioners asked questions about whether the bill covers nurse practitioners and physician assistants (it does), and the bill's applicability to urgent care. Mr. Steffen noted that other payment models might be more effective. Staff recommended a letter of information and the Commissioners on the call agreed.

[SB502 Health Insurance - Telehealth - Delivery of Mental Health Services - Coverage for Home Settings - \*Information\*](#)

Ms. Renfrew described the bill which requires Medicaid to provide mental health services through telehealth in a patient's home (to the extent allowed by the State budget). MHCC staff recommend a letter of information that notes that delivery of mental health services through telehealth in a patient's home can help overcome obstacles to treatment, including issues related to stigma, transportation access and travel time, improve access to providers in underserved areas. Given Medicaid's concerns about the potential budget impacts of this bill, MHCC staff suggest that a 1 year pilot would be better than a permanent program. Mr. Sharp noted that telehealth programs don't always work as expected and a pilot allows for measured learning and the opportunity to work through barriers. Commissioners on the call supported the letter of information approach.

[SB519 Public Health - Behavioral Health Programs and Health Care Facilities - Safety Plan - \*Information\*](#)

Ms. Renfrew described the bill, which amends MHCC's statute to require facilities to have safety plans before approval. Staff do not believe that this is the right place in statute for this legislative language and recommend a letter of information to share feedback on the legislative drafting with the legislative committee. Commissioners on the call supported this recommended approach.

**AGENDA ITEM 5.**

**Overview of Upcoming Activities**

Commission staff mentioned that one budget hearing is remaining for MHCC.

**AGENDA ITEM 6.**

**Adjournment**

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