



Thursday, February 24, 2022

MINUTES

Chairman Pollak called the meeting to order at 1:02 p.m.

Commissioners present via telephone: Bhandari, Boyer, Boyle, Brahmhatt, Cheatham, Doordan, Jensen, Metz, O'Connor, O'Grady, and Wang

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Doordan made a motion to approve the minutes of the January 20, 2022, public meeting by teleconference of the Commission. The motion was seconded by Commissioner Boyle and unanimously approved.

There was a correction to the meeting minutes from January 20, 2022, that Commissioner O'Connor was present.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director of the Maryland Health Care Commission (Commission), reported that all required financial filings are due for gubernatorial-appointed Board and Commission members. Mr. Steffen emphasized these financial filings are important under Maryland ethics law. Ben Steffen announced that the Commission's newest appointee is Karrie Wood. He reported that Ms. Wood is from southern Maryland and may be joining the Commission in March once she has been sworn in. Finally, Mr. Steffen stated that he will be in touch with those Commissioners who will be going through an appointment hearing.

AGENDA ITEM 3.

PRESENTATION: Update on Nursing Homes Response to latest COVID-19 Surge:

3a. Joseph DeMattos, President and CEO, Health Facilities Association of Maryland

Joseph DeMattos, President and CEO of the Health Facilities of Maryland (HFAM) provided an update on the nursing home industry's response to COVID-19 generally and Omicron variant more recently. HFAM represents the nursing home industry in Maryland and is largely composed of for-profit facilities.

Mr. DeMattos gave a presentation on Factors on the most recent COVID Surge, as follows:

- The Omicron variant of the most recent surge was highly contagious and spread much more rapidly than the earlier Delta variant;
- Among vaccinated individuals, Omicron was far less likely to result in hospitalization, ICU care, or death than earlier variants;
- That said, breakthrough cases of Omicron among vaccinated individuals were somewhat common;
- Maryland nursing homes and hospitals boast some of the highest vaccination rates among residents, patients, and staff;
- The most recent Omicron surge drew our nation to a standstill in terms of testing availability;
- At the beginning of this surge, hospitals were relatively full and visitation across all settings was mandatory; and
- Across care settings in Maryland and throughout the country, the recent surge of the COVID-19 pandemic was fought with fewer people working in healthcare, and especially fewer people working in skilled nursing and rehabilitation centers.

Mr. DeMattos stated that these circumstances meant that at the height of the Omicron surge, the majority of hospitals and skilled nursing and rehabilitation centers had a high number of COVID-19 positive patients or residents.

ACTION: NO ACTION REQUIRED

3b. Kevin Heffner, President and CEO of LifeSpan Network

Kevin Heffner, President, and CEO of the Lifespan Network, provided an update on the nursing home industry's response to COVID-19 generally and Omicron variant more recently. Lifespan largely represents non-profits facilities.

Mr. Heffner, gave a brief presentation regarding Hospital Admission/Readmission Reduction and they are as follows:

- Software mines the Electronic Health Records, including algorithmic review of charts, for interventional moments
 - Weight gain with a history of congestive heart failure
 - No Bowel movement for 72 hours
 - ADL changes
- Feeds information to call center and sends push notifications directly to nursing home clinical and leadership staff
- Call center works with nursing home to make sure protocols are followed
- Reduces hospitalizations dramatically
- Recent study of a Health Services Cost Review Commission grant project in Montgomery County demonstrated significant decrease in admissions and lower cost of care

In response to a Commissioner's question, Mr. Heffner confirmed that the Hospital Admission/Readmission program was operating in Anne Arundel County.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 4.

PRESENTATION: Introduction to Onpoint Health James H. Harrison, President and CEO, Onpoint Health Data

James H. Harrison, President and CEO, Onpoint Health Data (Onpoint), provided an overview of Onpoint's work in other states and described its plans for working with the Commission. In December, the Board of Public Works approved a seven-year contract with Onpoint to continue development and management of the Maryland Medical Care Database (MCDB). Eighteen states have data systems known as the All Payer Claim Data Bases that are similar to the MCDB. The new MCDB contractor, Onpoint supports eleven of those states including Maryland.

Mr. Harrison gave examples of how Onpoint will help Maryland:

- Seamless transition to new technology platforms
- Hands-on submitter support
- Robust set of analytic enhancements (consolidation, identity resolution, analytic flags, groupers, provider attribution, performance measures, etc.)

- Transparency in business rules
- More rapid cycle times
- Cloud-hosted Analytic Enclave (contemporary tools, scalability, security)
- BI solution for self-service reporting
- Reporting enhancements (Privately Insured Report, other)
- Flexibility in data products (configurable reporting periods, runout)

ACTION: NO ACTION REQUIRED

AGENDA ITEM 5.

PRESENTATION: Legislative Update

Tracey DeShields, Director of Policy Development and External Affairs, gave a legislative update on the happenings of the legislative session. She provided some fun facts about the session; a few of them are noted:

- February 25th will be the 45th day of session; now the work begins
- 1241 bills were introduced in the Senate
- 1680 bills were introduced in the House
- Commission staff is currently tracking 147 bills

Ms. DeShields reviewed the bill activities that occurred since the start of the legislative session up until the February Commission meeting. She noted that the Commission's user fee bill was scheduled for a vote in the Senate Finance Committee and the House bill (HB 353) had a hearing in the House Health and Government Operations (HGO) Committee. Also, she noted that *HB 213 – MHCC- Health Information Exchange – Definition and Privacy* was voted out of the HGO full Committee.

Ms. DeShields discussed the following bills that had bill hearings and the Commission's position on each bill:

- SB 398/HB421 - Out-of-State Health Care Practitioners - Provision of Behavioral Health Services via Telehealth – Authorization - ([Administration bill – bill hearing in the House HGO on February 10th and in the Senate on March 3rd](#))
- SB 591 - Maryland Health Care Commission - Patient Safety Center - Designation and Fund ([bill hearing in the Senate Finance on February 16th and in the HGO on March 9th](#))
- HB 378 - Maryland Health Care Commission – Palliative Care Services – Workgroup

- (bill hearing in HGO on February 23rd)
- SB 734 - Health and Health Insurance – Primary Care Reform Commission (bill hearing in Senate Finance on February 23rd)
- HB 747 - Maryland Health Care Commission - Nursing Homes – Audit (bill hearing in HGO on February 24th)
- HB 972/SB 804 - Continuing Care at Home - Certificate of Need – Exemption (bill hearing in HGO on February 24th and in the Senate on March 10th)
- HB 1073/SB 824 - Health - Accessibility of Electronic Advance Care Planning Documents (bill hearing in HGO on February 24th and in the Senate on March 10th)

Additionally, Ms. DeShields noted that the Commission had its budget hearings in the House Appropriations Committee (February 14th) and the Senate Budget and Tax Committee (February 17th). Mr. Ben Steffen gave a summary of these budget hearings and noted that the hearings were not eventful. Mr. Steffen also gave a brief presentation about the Commission and its current work.

Lastly, Ms. DeShields went over the following bills that are coming up for a bill hearing and discussed possible positions to take on some of the bills with the Commissioners:

- HB 906/ SB 607 - Health Equity Resource Communities – Modifications – 3/2 (Senate 2/22)
- HB 1148/SB 834 - Health Insurance - Two-Sided Incentive Arrangements and Capitated Payments – Authorization – 3/3 (Senate 3/9)
- HB 1192 - Maryland Health Care Commission - Studies of Issues Affecting Individuals With Sickle Cell Disease – 3/7
- HB 1127 - Public Health - State Designated Exchange - Health Data Utility – 3/9
- HB 1082 - Public Health - Consumer Health Information - Hub and Requirements – 3/9
- HB 915 - Maryland Health Care Commission – Patient Safety Center – Designation and Fund – 3/9
- HB 935/SB 637 - Health and Health Insurance - Behavioral Health Services - Expansion (Behavioral Health System Modernization Act) – 3/9 (Senate 2/23)
- HB 1080/SB 778 -Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act) 3/2 (Senate 3/8)
- HB 1035/SB 728 - Health Insurance – Qualified Resident State Subsidy Program (Access to Care Act) 3/9 (Senate 3/2)

ACTION: NO ACTION REQUIRED

AGENDA ITEM 6.

Overview of Upcoming Activities

Mr. Steffen announced that the March Commission meeting will include largely legislation matters. He noted that several Certificate of Need (CON) applications are near completion. Since these applications are contested, they likely would be presented at the April meeting. Mr. Steffen also stated that he would like to have a presenter from the provider community for the March Commission meeting. He further noted that a hybrid Commission meeting is planned for March. Mr. Steffen stated that the MHCC's Annual Report was sent out with this month's mailing of documents to the Commission. He thanked Theresa Lee, Richard Proctor, Tracey DeShields, Shadae Paul, and Dee Stephens for working on the Annual Report.

AGENDA ITEM 7.

ADJOURNMENT

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