



Thursday, February 16, 2023

MINUTES

Chairman Sergent called the meeting to order at 1:10 p.m.

Commissioners present via telephone and in person: Bhandari, Cheatham, Jensen, Metz, O'Connor, O'Grady, Wang, and Wood.

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Jensen made a motion to approve the minutes of the January 19, 2023, public meeting of the Maryland Health Care Commission (Commission or MHCC), which was held by teleconference hybrid. The motion was seconded by Commissioner Wang and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director, talked briefly about the Strategic Planning Process in which the retreat was held on January 20, 2023. He then spoke about the 2022 Annual Report and stated that it's near completion. Next, he briefly updated the Commission on the crisis related to pediatric dental services. There are a number of children that have significant dental disease that warrants treatment using sedation or general anesthesia which requires the use of a hospital operating room or ambulatory surgery center. There are reports that several hospitals have limited access to their operating rooms impeding access to the services. The Chair of Health and Government Operations Committee, Delegate Peña- Melnyk, has been convening weekly meetings to seek a resolution. Both hospitals and ASCs have identified challenges in attracting anesthesiologists and CRNAs because the services have low rates. MHCC recently issued a determination that allows for the establishment of one new dental ASC in Baltimore.

Mr. Steffen has advised the workgroup that dental only ASCs can be established without a CON and encouraged hospitals to consider partnerships with other hospitals in their area.

Paul Parker, Director, Center for Health Care Facilities Planning and Development, will be retiring at the end of March. Paul has spent nearly 23 years at MHCC. He is an operator of the program and important thinker on health planning, particularly the alignment of health planning with the total cost of care. Under his leadership, the role of the Center for Health

Facilities Planning has evolved, and he has overseen several major projects such as: establishment of a new hospital, two replacements (White Oak and Capital Region), conversions of Laurel, Dorchester, former Bon Secours-(Grace Medical Center - A LifeBridge Health Center), Harford Memorial, McCready, establishment of a new regime for the oversight of cardiac services, and numerous hospital expansions throughout the state over the last 15 years. Recruitment for the position is underway for his position.

Finally, Mr. Steffen briefly stated that some of the Commissioners have reappointments, and to please let staff know if you are contacted by the Governor's Appointments office.

AGENDA ITEM 3.

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. Several facts noted follow:

- February 24th will be the 45th day of session and now the work begins;
- 1,231 bills introduced in the Senate;
- 1,542 bills introduced in the House; and
- Staff is currently tracking approximately 147 bills.

Ms. DeShields reviewed the bill activities that occurred since the start of the legislative session up until the February Commission meeting, which included mentioning the bills that have had bill hearings to date:

Bill Hearings to Date:

- SB 108 – Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement;
- SB 154 – Public Health – Mental Health Advance Directives – Awareness and Statewide;
- SB 184/HB376 – Health Insurance – Diagnostic and Supplemental Examinations for Breast Cancer – Cost-Sharing;
- SB 202/HB279 – Prescription Drug Affordability Board – Upper Payment Limits;
- SB 234/HB420 – Health Services Cost Review Commission – Hospital Rates – All-Payer Model Contract;

- SB281/214 – Commission on Public Health – Establishment;
- SB283/418 – Mental Health – Workforce Development – Fund Established;
- SB 308/HB305 – Health Insurance – Utilization Review – Revisions;
- SB365/HB588 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act); and
- SB397/HB1145 – Health Insurance – Hearing Aids for Adults – Coverage.

Additionally, Ms. DeShields noted that MHCC has participated in several briefings before the Senate Finance and House Health and Government Operations Committees. The briefings were to introduce the new Committee members to the Commission and to learn the role of the Commission in the healthcare field. Ms. DeShields also mentioned that the budget hearings for the Commission are coming up in the House Appropriations Committee (February 23rd) and the Senate Budget and Tax Committee (March 6th). Mr. Steffen noted that there were no major issues for MHCC to comment on. He mentioned that the Commission was asked about the gap analysis and needs assessment that was assigned on the behavioral health crisis response system. Mr. Steffen stated that the Commission provided a response pointing out that a gap analysis and needs assessment was not necessary given that the Behavioral Health Administration letter has completed one and are very far along in developing the behavioral health crisis response system.

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

- SB534 Preserve Telehealth Access Act of 2023 ([Bill hearing 2/22 – Support](#))
- SB387/HB274 – Task Force on Reducing Emergency Department Wait Times ([House Bill hearing 2/21 and Senate bill hearing 2/23– Support w/Amendments](#))
- SB648/HB786 – Electronic Health Networks and Electronic Medical Records – Nursing Homes – Release of Records (Senate [Bill hearing 3/1 and House Bill Hearing 3/9 – Support](#))
- SB786/HB812 – Health – Reproductive Health Services – Protected Information and Insurance Requirements ([Senate Bill Hearing 3/1 and House Bill Hearing 3/2](#))
- SB234/HB420 – Health Services Cost Review Commission – Hospital Rates – All-Payer Model Contract ([Senate Bill Hearing 2/2 and House Bill Hearing 2/21](#))
- SB283/HB418 – Mental Health – Workforce Development – Fund Established

(Senate Bill Hearing 1/26 and House 2/21)

- SB 365509/HB 588 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act) (Senate Bill Hearing 2/15 and House 2/23)
- SB493/HB675 – Commission to Study Trauma Center Funding in Maryland (Senate Bill Hearing 3/9 and House 3/9)
- SB509/HB702 – Health Care Facilities – Nursing Homes – Acquisitions and Licensure (Senate Bill Hearing 3/10 and House 3/9)
- SB582/HB1148 – Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland) (Senate Bill Hearing 3/7 and House 2/28)

ACTION: NONE

AGENDA ITEM 4.

PRESENTATION: The Maryland Patient Safety Center Interim Report of Activities: June - December 2022

Maryland State law authorizes MHCC to designate an organization to serve as the patient safety center for the state and to develop, coordinate and implement patient safety initiatives across the state. The MHCC designated the Maryland Patient Safety Center, Inc. (MPSC) to serve that important role through 2025. During the 2022 legislative session, Senate Bill 591 established a special, non-lapsing fund to support the MPSC in the amount of \$1 million annually. The funding is to be administered by MHCC. The law also requires that MHCC monitor performance of the patient safety center based on standards and requirements set by the Commission. As part of the designation process, the MPSC is required to update the Commission every six months on their activities and accomplishments to ensure compliance with our Designation Agreement. Dr. Blair Eig, President and CEO of the Maryland Patient Safety Center, Inc., provided the six-month update on their programs, activities, and funding allocation. Commissioner Jensen expressed appreciation for the accomplishments of the MPSC and for Dr. Eig's effective leadership and commitment to the work.

ACTION: NONE

AGENDA ITEM 5.

PRESENTATION: The 2021 Hospice Utilization Report

Stacey Howes, Chief of Long-Term Care and Health Plan Quality Initiative, gave a presentation on the 2021 Hospice Utilization Report. The Maryland Health Care Commission FY2021 Hospice Survey was concluded by the Center for Health Care Facilities Planning and Development in the Fall of 2022. The hospice use rate in the United States has declined over the past several years from 51 percent in 2018 to 45 percent in 2021. In Maryland, the hospice use rate was 44 percent in 2018 and 43 percent in 2021, but the calculation rate changed during that time. The national rate is calculated by dividing the number of Medicare hospice decedents by the number of Medicare decedents. Prior to 2021, the hospice use rate was calculated by dividing the number of hospice deaths by the number of deaths of individuals aged 35 and older. In 2021, the MHCC changed its methodology to calculate the use rate in the same way as the national rate.

In 2021, the highest hospice use rates were in Carroll (61.4 percent), Harford (52.8 percent), Frederick (50 percent), Anne Arundel (49.4 percent), and Queen Anne's (49.1 percent) Counties. The counties with the lowest use rates were Allegany (20.4 percent), Charles (27 percent), Prince George's (32.9 percent), Dorchester (33 percent), and Garrett (37.9 percent). The largest percentage of hospice patients were served in private homes (56.1 percent) while 21.1 percent were served in general or respite care situations. Additionally, 21 percent were served in skilled nursing or assisted living facilities. Very few, 1.8 percent, were served in residential hospices. The most common diagnosis upon hospice admission was cancer, followed by heart disease or stroke, and nervous system diseases.

Most patients served were white (66.6 percent), while 19.1 percent were African American, and 2 percent were Asian. Patients who were identified as "multi-racial" or "other" constituted 11.7 percent of hospice users. African American patients continue to be underrepresented on the Eastern Shore (12.9 percent) and Northwest (3.8 percent) regions. Rates of hospice use have remained steady for African Americans in Maryland but have fluctuated slightly over the years FY2014 to FY2021 when rates are examined by region. The National Capital Region consistently reports the highest hospice use rates by African Americans.

Outreach to African Americans has been a central goal for MHCC. Staff have developed multiple outreach tools that have been shared with county libraries and hospital discharge planners and several other outlets. Commissioners asked whether the team had reached out to the community to see what services are needed. Ms. Howes explained that MHCC has conducted several types of outreach and that health equity is a major concern and goal for the Commission. Additionally, Chairman Sergent suggested adding the racial makeup of the state in order to understand how high and low the use rates and Commissioner O'Grady mentioned that education, in addition to access may be a significant reason that people do not use hospice.

ACTION: NONE

AGENDA ITEM 6.

PRESENTATION: MHCC's 2023-2026 Strategic Priorities

Ben Steffen highlighted the progress of the Commission over the past twelve years and that MHCC has issued a strategic priorities report at the start of each Governor's term in office. The Commission and staff have worked diligently on 2023-2026 strategic priorities over the past year with the assistance of Health Management Associates (HMA). These priorities were finalized at a Commission retreat held on January 20th. Mr. Steffen reviewed the five priorities along with Maddy Shea, a principal at Health Management Associates and lead consultant on this project. Mr. Steffen also thanked the Commissioners and senior staff for contributions to the strategic priorities and to HMA for convening the retreat and for their work in developing the report.

ACTION: NONE

AGENDA ITEM 7.

OVERVIEW OF UPCOMING ACTIVITIES

Mr. Steffen briefly spoke about the upcoming events. Next month, MHCC will have a number of ongoing cardiac reviews for services related to cardiac surgery and PCI. The MHCC is planning to modernize and streamline it for the Commissioners to help understand performance. An update on legislation and any upcoming bills will be provided.

AGENDA ITEM 8.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:27 p.m. upon motion of Commissioner Jensen, which was seconded by Commissioner Wang.