



Thursday, May 18, 2023

MINUTES

Chairman Sergent called the meeting to order at 1:03 p.m.

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

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Buczynski made a motion to approve the minutes of the April 20, 2023 public meeting of the Maryland Health Care Commission (Commission or MHCC), which was held by teleconference hybrid. The motion was seconded by Commissioner Boyle and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director, announced that Janet Ennis, Chief of Special Projects, is retiring. The MHCC is actively recruiting for all its open positions.

Mr. Steffen provided an update on Maryland's performance in the spring of 2023 [Leapfrog Hospital Safety Grades](#). Performance was similar to the fall 2022 results. Maryland ranks 35th based on a percentage of A hospitals (9 "A" hospitals, which equates to 22 percent compared to 29 percent nationally). There was no change in the state ranking from last season.

Mr. Steffen talked about the four mandate studies requiring MHCC to complete reports. These mandates are as follows:

- 1) [SB0075](#) – Insurance and Maryland Medical Assistance Program – Treatment of Alopecia Areata – Coverage Requirements (Bill Failed) - Study report due December 2023;
- 2) [SB0108](#) –Annual Behavioral Health Wellness Visits – Coverage and Reimbursement (Bill Failed) - Study report due December 2023;
- 3) [SB0184/HB0376](#) –Diagnostic and Supplemental Exams and Biopsies for Breast Cancer – Cost-Sharing - MHCC to study and report on the financial impact of

eliminating cost-sharing for diagnostic image-guided biopsies for breast cancer. The report is due on or before October 1, 2023; and

- 4) HB1217/SB0805 – Maryland Medical Assistance Program and Health Insurance – Required Coverage for Biomarker Testing - Report on the impact of providing biomarker testing by December 1, 2025.

Next, Mr. Steffen spoke about plans for advancing the work of SB0493/HB0675, Commission to Study Trauma Center Funding in Maryland. The law directs the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and MHCC to jointly chair and staff the Commission that will study the adequacy of trauma center funding. A report is due to the General Assembly on or before December 1, 2023.

Lastly, Mr. Steffen discussed aspects of SB0509/HB0702, Health Care Facilities - Nursing Homes - Acquisitions and Licensure. The law requires MHCC in consultation with certain stakeholders to study and make recommendations regarding the expansion of the Certificate of Need (CON) program over acquisitions of nursing homes. A report is due to the General Assembly on or before December 1, 2023.

AGENDA ITEM 3.

ACTION: Certificate of Need – Pascal Crisis Services, Inc. (Docket No. 22-02-2459)

Robert A. Pascal Youth and Family Services, Inc. d/b/a Pascal Crisis Services, Inc., submitted a CON to establish a 20-bed intermediate care facility (ICF) providing Level 3.7/3.7- WM, Medically Monitored Intensive Inpatient and Withdrawal Management services in Crownsville, Anne Arundel County.

Gaudenzia and Hope House were recognized as interested parties in this review because each is authorized to provide the same service as that proposed by the applicant in the same planning region. Gaudenzia did not file any exceptions to the recommended decision.

The Commission received correspondence from Peter D’Souza, on behalf of Hope House Treatment Centers, dated May 2, 2023. Mr. D’Souza’s letter set forth general statements of opposition to Pascal’s CON application but did not identify specific findings and conclusions in the recommended decision to which exception was taken and did not cite portions of the record to provide a basis for such exceptions pursuant to COMAR 10.24.01.09B(3). Chair Sergent ruled that such general statements do not meet the regulatory threshold for exceptions to a Recommended Decision, and Mr. D’Souza’s letter does not qualify as an exception to the Recommended Decision.

Commissioner Boyle moved to approve the CON to establish a 20-bed IFC for Pascal Crisis Services, Inc., which was seconded by Commissioner Buczynski and after discussion, unanimously approved.

ACTION: Motion to APPROVE the Certificate of Need to establish a 20-bed IFC for-Pascal Crisis Services, Inc. is hereby APPROVED.

AGENDA ITEM 4.

ACTION: Request for Project Change after Certificate of Need Approval – Adventist Health Care, Inc. Shady Grove Medical Center – (Docket No. 20-15-2443)

William Chan, Program Manager and CON Analyst, presented the staff recommendation. Adventist Health Care submitted a request for a project change after CON approval was issued to Shady Grove Medical Center on April 15, 2021. As originally approved, the project would add a six-floor patient care tower, renovations to the existing hospital building, and upgrades to the Central Utility Plant (CUP) at a cost of \$180.0 million. The project change is related to a \$67.7 million cost increase for a total project cost of approximately \$247.7 million. The increase is due to inflation and market conditions resulting from the COVID-19 pandemic, the rise in labor costs, and global supply chain issues.

In addition, the CUP upgrades from \$11.8 million to \$30.2 million. The project change will now require three separate construction contracts, to be completed by September 2027. Shady Grove will fund the \$67.7 million increase with cash from AHC operations. The Health Services Cost Review Commission approved Shady Grove’s partial rate application finding the project change financially viable and awarded approximately \$9.2 million to its Global Budget Revenue agreement for incremental capital associated with the patient tower project.

Staff recommended approval of Shady Grove’s project change as a permissible modification that does not include significant changes to the nature of the project, the location, or capacity, and that this requested change will not alter the Commission’s findings to the April 2021 CON decision concerning the need and impact for this proposed project. Staff recommended approval of the project with two conditions.

Commissioner Jensen moved to approve the Request for Project Change after CON Approval – Adventist Health Care, Inc. Shady Grove Medical Center, which was seconded by Commissioner O’Connor and after discussion, unanimously approved.

ACTION: Request for Project Change after Certificate of Need Approval – Adventist Health Care, Inc. Shady Grove Medical Center is hereby APPROVED.

AGENDA ITEM 5.

ACTION: Certificate of Need – University of Maryland Capital Region Health NICU (Docket No. 23-16-2464)

Jeanne Marie Gawel, Program Manager, and CON Analyst briefed the Commission on the recommendation to approve a CON application filed by the University of Maryland Capital Region Health, Inc. (UMCRH) for a Level III neonatal intensive care unit (or NICU) at the University of Maryland Capital Region Medical Center (UMCRM).

Ms. Gawel shared that in October of 2020 Prince George’s Hospital Center (PGHC), suspended its provision of its Level III NICU services. This decision was made in conjunction with a survey by MIEMSS, which identified areas for improvement. UMCRM replaced PGHC in 2021 and has been operating a Level II Special Care Nursery.

Ms. Gawel stated that there are no construction, renovation, or other capital costs needed for the proposed project because UMCRM, which was already being constructed at the time of the suspension, was set up to provide Level III NICU services. In conclusion, she stated that staff recommends that the Commission approve the project with two conditions.

Commissioner Buczynski moved to approve the CON – University of Maryland Capital Region Health NICU, which was seconded by Commissioner Boyle and after discussion, unanimously approved.

ACTION: Motion to APPROVE the Certificate of Need – University of Maryland Capital Region Health NICU Prince George's County) is hereby APPROVED.

AGENDA ITEM 6.

PRESENTATION: Overview of Draft Changes to COMAR 10.24.10 – State Health Plan for Facilities and Services: Acute Care Hospital Services

Eileen Fleck, Chief for Acute Care Policy and Planning, provided an overview of the changes to the State Health Plan Chapter for Acute Hospital Services, COMAR 10.24.10, which was posted for informal public comment earlier in the week. Ms. Fleck noted that the comments received will then be used for further revisions, prior to bringing draft regulations to the Commission for consideration as proposed permanent regulations. Commissioners asked several questions regarding Ms. Fleck’s presentation, including requests for clarification on how the need for additional beds would be evaluated and what was meant by “smart and sustainable growth policies.”

ACTION: NONE

AGENDA ITEM 7.

PRESENTATION: Nursing Home Family Experience of Care Survey Results for 2022

The 2022 Nursing Home Family Experience of Care Survey concluded in April 2022. In 2022, the overall response rate was 32 percent. In past years, scores had been steadily decreasing, and in 2021 scores continued to decline after a brief stabilization in 2020. The state average percentage of respondents who would recommend the nursing home was 69 percent, which is a notable decrease from the 2021 score of 79 percent. Respondents were asked to provide a rating on a scale of 1 to 10 (with 10 being the most positive) indicating how satisfied they were with the care provided by the nursing home; the state average was 7.2.

Multivariate analyses indicated that those who were white and in not-for-profit nursing homes were significantly more satisfied than those who were non-white or in for-profit nursing homes, respectively. Overall, results indicate a “good” to “ok” level of satisfaction in most categories statewide although several scores now indicate a concerning decrease in satisfaction. Discussions revolved around understanding why this year’s satisfaction levels were not significantly different from previous years, understanding why those in not-for-profit nursing homes were more satisfied than those in for-profit nursing homes, and being careful with how y-axes are represented so that data is not misleading.

ACTION: NONE

AGENDA ITEM 8.

OVERVIEW OF UPCOMING ACTIVITIES

Mr. Steffen said that he will be on vacation for two weeks; and while he is away, David Sharp will be directing matters at MHCC. For June’s Commission meeting, MHCC plans to have a drug treatment CON, a report on Practitioner payments, and a Palliative care workgroup report.

AGENDA ITEM 9.

ADJOURNMENT

Commissioner Wang asked for a motion to adjourn the meeting and after there being no further business, the meeting was adjourned at 3:23 p.m. upon the motion of Commissioner Buczynski, which was seconded by Commissioner Jensen.

ACTION: NONE