



Thursday, January 18, 2024

MINUTES

Chairman Sergent called the meeting to order at 1:16 p.m.

Commissioners present via telephone and in person: Bhandari, Blake, Boyle, Buczynski, Cheatham, Douglas, Gelrud, Gilmore, Spinner, Stroughton-Duncan, Wang and Wood.

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Buczynski made a motion to approve the minutes of the December 14, 2023, and the December 21, 2023, public meeting of the Maryland Health Care Commission (Commission or MHCC), which was held by teleconference hybrid. The motion was seconded by Commissioner Douglas and unanimously approved.

AGENDA ITEM 2.

Ben Steffen, Executive Director for MHCC, talked about the budget for MHCC. Mr. Steffen spoke about the Governor signing the Order Establishing Longevity Ready Maryland Initiative, on January 3, 2024.

Mr. Steffen stated that Governor had issued an Executive Order directing the Department of Aging to develop a plan that will coordinate and build upon existing efforts across state agencies, private and philanthropic sectors, and other stakeholders to tackle real-life challenges of older Marylanders. This includes access to employment opportunities, adequate caregiver support, and equitable health care. Unlike other state plans on aging that focus primarily on caring for the older population, the Longevity Ready Maryland plan will take a whole-of-life approach. There are a few upcoming Hearings before the Senate Finance Committee and they are interested in long-term care issues, such as nursing home acquisitions, Small Assisted Living Work Group and Palliative Care Work Group, insurance mandate studies, and reproductive health data regulations.

Next, Mr. Steffen talked about a Report on Trauma Center Funding and the distribution of \$9.5 million. He indicated that: 1) 50 percent of the funds will be allocated equally for \$475,000 per trauma center; 2) 25 percent of funds will be allocated based on trauma center level, \$327,586 for Level III centers and \$245,690 for Level II centers, \$163,793 for Level I center, and \$81,897 for PARC; and 3) 25 percent based on the ISS scores of patients treated at each respective trauma center.

Also, Mr. Steffen stated that Breakthrough Technologies has been awarded a contract for MHCC's website redesign implementation. The value of the Contract is \$190,000. Also, Millman has been awarded contracts for studying the adequacy of behavioral health fee levels, and for examining the costs of delivering telehealth services.

Finally, Mr. Steffen stated COMAR 10.25.18 and .07 were published as proposed regulations and COMAR 10.24.01 streamlining regulations became effective in December 2023.

Eileen Fleck, Chief for Acute Care Policy and Planning, introduced a new Program Manager in her division, Uzoma Nwachukwu. She noted that he holds a bachelor's degree in nursing from the University of Port Harcourt in Nigeria as well as a bachelor's degree in global health from Arizona State University. Mr. Nwachukwu also recently graduated with a master's degree in health informatics from Arizona State University. He will be working on updates of State Health Plan chapters and Certificates of Ongoing Performance.

AGENDA ITEM 3.

ACTION: Certificate of Need - Relocation of UM Shore Medical Center at Easton - Shore Health System (Docket No. 23-20-2463)

Moira Lawson, Program Manager, stated that the University of Maryland Shore Health System (UM SHS) requested Certificate of Need (CON) Approval to relocate and replace University of Maryland Shore Medical Center Easton, a general acute care hospital, to an undeveloped 200-acre site located at 10000 Longwoods Road in Easton, Talbot County, approximately three miles from the existing campus. The estimated project cost is \$539,558,871. UM SHS proposes to finance the project with approximately \$39 million in cash, \$50 million in philanthropy, \$333 million in proceeds from debt financing, \$100 million in state funding, and approximately \$18 million in interest income.

Based on the review of the proposed project's compliance with the Certificate of Need review criteria, and with the applicable standards in the State Health Plan, staff concludes that the project complies with the applicable standards, is needed, is cost-effective, viable and will have a positive impact with respect to the applicant's ability to provide comprehensive health care.

A motion to approve the CON was made with the following conditions:

1. The University of Maryland Shore Medical Center at Easton shall provide to the patient, upon inquiry or as required by applicable regulations or law, information concerning an estimate of out-of-pocket charges prior to arrival for surgery.
2. UM SHS shall provide, in its quarterly project reports, detailed updates on its progress towards obtaining the anticipated State funding, including how much has been obtained and efforts made to secure the remaining funds.

3. If UM SHS fails to secure the projected State source of funds by July 2027, UM SHS shall request a project change to amend the project source of funds.

Commissioner Boyle moved to approve the CON for the Relocation of UM Shore Medical Center at Easton-Shore Health System, which was seconded by Commissioner Buczynski and, after discussion, unanimously approved.

ACTION: Motion to APPROVE the Certificate of Need for Relocation of UM Shore Medical Center at Easton - Shore Health System is hereby APPROVED.

AGENDA ITEM 4.

ACTION: Certificate of Conformance for Shore Health System to relocate primary and elective percutaneous coronary intervention services (PCI) at UM Shore Medical Center at Easton (Docket No. 23-20-CC042)

Katie Neral, Program Manager, presented the staff report and recommendation for the Certificate of Conformance application submitted by UM SHS for the establishment of primary and elective PCI services, in conjunction with its CON application for the replacement and relocation of University of Maryland Shore Medical Center at Easton (UM SMC Easton). She provided an overview of the standards in COMAR 10.24.17 for Certificate of Conformance reviews for primary and elective PCI services and staff's analysis of UM SHS's application. Staff recommended that the Commission approve the Certificate of Conformance application to establish primary and elective PCI services at the replacement UM SMC Easton hospital with two conditions. There were no questions from the Commission on the staff report.

The Commission voted unanimously to approve the application for University of Maryland Shore Medical Center at UM SMC Easton to establish primary and elective PCI services at the replacement hospital. Commissioner Buczynski moved to approve the Certificate of Conformance for UM SHS to relocate primary and elective percutaneous coronary intervention services (PCI) at UM SMC Easton, which was seconded by Commissioner Bhandari and, after discussion, unanimously approved.

ACTION: Motion to APPROVE the Certificate of Conformance for Shore Health System to relocate primary and elective percutaneous coronary intervention services (PCI) at UM Shore Medical Center at Easton is hereby APPROVED.

AGENDA ITEM 5.

ACTION: Mandated Health Insurance Services Evaluation: Hearing Aids for Adults - Coverage - House Bill 1145

Ms. Traci Hughes, a principal consulting actuary with Lewis & Ellis, presented the evaluation findings to the Commissioners. Lewis & Ellis was hired to evaluate the social, medical, and financial impact of the proposed mandated insurance coverage in hearing aids for adults. Ms. Hughes said that resources used for the study included publicly available literature and statistics, Maryland provider interviews (two different groups), and data from the Maryland All-Payer Claims Database (APCD). Ms. Hughes then gave a brief overview of the legislation—which expands the coverage of hearing aids for minors with an option for adults to remove the language that pertains solely to minors and add coverage of hearings for adults. Ms. Hughes stated that there is a health insurance carrier benefit limit payable to \$1,400 per hearing aid for each hearing-impaired ear every 36 months, that an insured member may choose a hearing aid that is priced higher than the allowed benefit, and that the member may pay the difference between the price of the hearing aid and the benefit without any financial or contractual penalty to the provider of the hearing aid.

Regarding the social and medical evaluation, Ms. Hughes explained that the Centers for Disease Control and Prevention (CDC) defines hearing loss as when any part of the ear is not functioning properly, and that hearing loss is categorized on a spectrum that ranges from normal to profound based on the degree of hearing loss (7 degrees of hearing loss) measured in decibels. There are two primary types of hearing loss, conductive hearing loss (typically treated with medication and surgery via ENT doctors) and sensorineural hearing loss (SNHL—most prevalent), which is treated via audiologists. Ms. Hughes said that about 85 percent of adults aged 18 years and older experience no difficulty hearing when using a hearing aid. However, the remaining 15 percent (an improvement from 1990, which was 60 percent) still encountered some minor or major hearing loss challenges. Regarding service availability and usage, Ms. Hughes added that as of 2022, there were about 4.4 audiologists per 100,000 population in Maryland. However, an insurer's participating network consists of only a subset of the total number of audiologists in Maryland. Nationally, there are about 2.1 to 7.6 audiologists per 100,000 population.

Ms. Hughes said that based on interviews with audiologists, hearing aids are included in the treatment plans for a significant majority, about 85 percent or more of patients with SNHL. According to data from Johns Hopkins and the CDC, about 15 percent of adults aged 18 years old and over experience hearing loss that ranges from mild to severe. Of these adults, only about 20 percent use hearing aids. Ms. Hughes mentioned that insurance coverage for hearing aids in Maryland is inconsistent with most plans not providing hearing aid benefits. Based on results from Maryland provider interviews, it is estimated that only about 20-40 percent of insurance plans currently cover hearing aids for adults. About 15 percent of patients are turned away because the provider is not a participating provider with the patient's specific insurer. Regarding barriers and disparities, Ms. Hughes communicated that the main reasons identified for patients with hearing loss not using aids include cost, underestimation of the importance of hearing health, lack of awareness about how to get care, being uninsured, and accessibility

challenges (particularly in rural areas). Regarding financial evaluation and assumptions, Ms. Hughes related that Lewis & Ellis leveraged data from provider interviews and publicly available sources as mentioned earlier, to develop estimates for each variable that could influence cost and utilization, categorizing them into low-end, medium-range, and high-end assumptions. The results show that the hearing aid legislation would increase premium cost per member per month (PMPM) by \$0.01 (Low), \$0.13 (Medium), and \$0.74 (High). Ms. Hughes concluded her presentation by noting that there is not anything in the legislation (HB1145) to prevent or limit health insurance carriers from making cost-sharing or other benefit changes to non-hearing aid benefits which could ultimately mitigate or eliminate the impact of the mandated hearing aid coverage. Commissioners had one question regarding the assumed lifespan of hearing aids (8 to 4 years) noted in a table on page 13 of the report — whether the legislation required a patient to get a hearing aid every year or if it limited the lifespan of the hearing aid. Ms. Hughes responded that the legislation required a new hearing aid every three years. Ms. Hughes added that the Maryland audiologists interviewed stated that in a large majority of cases, a new hearing aid would not be medically necessary after three years. Hence, the reason for not including three years in the table on page 13 of the report. The report was then approved by the Commissioner's vote.

Commissioner Stroughton-Duncan moved to APPROVE the Mandated Health Insurance Services Evaluation: Hearing Aids for Adults- Coverage -House Bill 1145, which was seconded by Commissioner Gelrud and, after discussion, unanimously approved.

ACTION: Motion to APPROVE the Mandated Health Insurance Services Evaluation: Hearing Aids for Adults- Coverage -House Bill 1145 is hereby APPROVED.

AGENDA ITEM 6.

ACTION: Small Assisted Living Programs Study Workgroup Recommendations and Report

Stacy Howes, Chief, Long-Term Care and health Plan Quality Initiative, discussed the small-assisted living study workgroup and recommendations. The recommendations suggested changes to the definition of what constitutes a small assisted living program, support for additional assisted living program employee training, a review of the Home and Community Based Waivers Program, enhancement of the Office of Health Care Quality's data infrastructure, increased interagency collaboration, a feasibility study for the development of a digital data collection platform, and the formation of a committee to educate the public about what assisted living programs offer. The commissioners approved the report and recommendations.

Commissioner Boyle moved to APPROVE the Small Assisted Living Programs Study Workgroup Recommendations and Report, which was seconded by Commissioner Wood and, after discussion, unanimously approved.

ACTION: Small Assisted Living Programs Study Workgroup Recommendations and Report is hereby APPROVED.

AGENDA ITEM 7.

PRESENTATION: Wear The Cost Commercial/Medicaid Episodes - 2020/2021

Mahlet (Mahi) Konjit-Solomon, Chief, APCD Public Reporting and Data Release, provided a comprehensive update on the project's progress, including essential background information. MHCC successfully launched the Wear the Cost's fifth expansion in December 2023, which introduced eight new episodes for the Commercial sector and 14 for Medicaid. Despite facing numerous challenges, MHCC's team efficiently updated the website with the latest data.

ACTION REQUESTED: NONE

AGENDA ITEM 8.

PRESENTATION: Legislative Update

Tracey DeShields, Director of Policy Development and External Affairs, provided an update on the legislative session to date. Ms. DeShields informed the Commissioners that the legislative session began on Wednesday, January 10th. She noted a few important dates, such as MHCC's budget hearing dates.

Ms. DeShields then discussed the legislative process and the role of the Commission during the legislative session. She explained that there are weekly legislative policy meeting calls with the Commissioners and that during those calls bills are reviewed along with position recommendations from staff.

Ms. DeShields also mentioned that both the House of Delegates and the Senate issued guidelines that bill hearings will be hybrid this session: virtual and in-person testimony. Both the Senate and the House are encouraging in-person testimony, as they have not issued guidance on updated proceedings for Committee hearings and floor actions.

ACTION REQUESTED: NONE

AGENDA ITEM 9.

OVERVIEW OF UPCOMING ACTIVITIES

Mr. Steffen briefly spoke about February's Commission meeting. He stated that there will be a project change for the University of Maryland Upper Chesapeake Medical Center, one

regulation, COMAR 10.24.10, a MDPCP Advisory Council nomination, and a legislative update.

ACTION REQUESTED: NONE

AGENDA ITEM 10.

ADJOURNMENT

Chairman Sergent asked for a motion to adjourn the meeting. After there being no further business, the meeting was adjourned at 3:46 p.m. upon the motion of Commissioner Buczynski and seconded by Commissioner Douglas.