



Thursday, September 19, 2024

MINUTES

Commissioner Wang called the meeting to order at 1:03 p.m.

Commissioners present via telephone and in person: Agbabiaka, Bhandari, Blake, Buczynski, Cheatham, Gelrud, Gilmore, Jensen, Spinner, Wang and Wood.

AGENDA ITEMS 1A & 1B

ACTION: CONSENT AGENDA

- A.** Approval of Minutes: July 18, 2024
- B.** Request for a Post-Approval Project Change for the Certificate of Need - Chesapeake Eye Surgery Center, LLC) -Establish an Ambulatory Surgical Facility (Anne Arundel County) (Docket No 22-02-2461)

Both items were adopted without objection.

AGENDA ITEM 2

Update of Activities

Ben Steffen, Executive Director of the Maryland Health Care Commission (MHCC or Commission), discussed the Primary Care Multi-Stakeholder Meeting. This meeting is a multi-stakeholder meeting in which the Health Secretary from the Maryland Department of Health (MDH) provided an update on the status of the State's Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. The MDH Chief Medical Officer discussed Medicaid's primary care advanced payment model, and the Project Management Office Executive Director shared an update on the Maryland Primary Care Program (MDPCP). Staff also overviewed the development of the primary care investment report required by SB734. The attendees included representatives from the Primary Care Program Transformation Advisory Committee, Primary Care Investment Workgroup, and MDPCP Advisory Council, among others. It was a hybrid meeting of three primary care workgroups: Secretary Herrera-Scott and Dr. Djinge Lindsay presented.

Mr. Steffen discussed primary care workgroups. The Primary Care Investment Workgroup convened to review an analysis of payers' primary care investments relative to overall medical spending. Chapter 667 (SB734) mandates that MHCC conduct an annual analysis of payer investments from the previous year and identify strategies to enhance the quality and accessibility of primary care services in the State. These findings must be reported to the General Assembly each year by December 1, 2024.

Next, Mr. Steffen talked about HB 804 HGO workgroup that examines approaches to increasing access to behavioral health services. This workgroup particularly focuses on inpatient behavioral health capacity.

Finally, Mr. Steffen talked about SB0212/HB1048 - Behavioral Health Advisory Council and Commission on Behavioral Health Care Treatment and Access – Alterations. This bill alters the membership and terms of the council, alters the membership of the commission, and requires the commission to make specified recommendations regarding the integration of somatic and behavioral health services in Medicaid.

AGENDA ITEM 3

ACTION: Proposed Permanent Regulations, COMAR 10.25.10, Maryland Trauma Physician Fund Regulations

Tracey DeShields, Director of Policy Development and External Affairs, presented the proposed permanent regulations on COMAR 10.25.10. These regulations govern the Trauma Physician Services Fund. The primary purpose of the proposed regulations is to conform to the statutory changes made in Senate Bill 1092/House Bill 1439 (2024). The new Trauma Physician Services Fund regulations COMAR 10.25.10 increase the amount of money distributed to the fund by adding a new funding source and raising the Motor Vehicles Registration fee from \$5.00 biannually to \$13.00 biannually.

The fund also expands reimbursement opportunities for Trauma Centers by defining who is eligible for reimbursement in certain situations. Finally, the proposed changes increase the number of hours and the percentage for on-call reimbursement

Commissioner Buczynski moved to **approve** Proposed Permanent Regulations, COMAR 10.25.10, Maryland Trauma Physician Fund Regulations, which was seconded by Commissioner Jensen and, after discussion, unanimously approved.

ACTION: Proposed Permanent Regulations, COMAR 10.25.10, Maryland Trauma Physician Fund Regulations are hereby APPROVED.

AGENDA ITEM 4

ACTION: Proposed Permanent Regulations

- A. COMAR 10.24.01 Procedural Regulations for Health Care Facilities and Services**
- B. COMAR 10.24.20 The State Health Plan for Facilities and Services: Comprehensive Care Facility Services**

Wynee Hawk, Director, Health Care Facilities Planning and Development, and Jeanne Marie Gawel, Chief, Long Term Care Policy and Planning co-presented on the proposed permanent changes to 10.24.01 and 10.24.20 regulations as a result of SB1000/HB1122 a bill passed in the 2024 legislative session on nursing home acquisitions. The areas that they reviewed were background, history, and key areas of interest which included pre- and post-acquisition requirements, real property-only acquisitions, the Medicaid MOU, quality, and waiver beds.

They recommended that the Commission adopt the proposed permanent regulations: COMAR 10.24.01, Procedural Regulations for Health Care Facilities and Services, and 10.24.20 Comprehensive Care Facility (Nursing Home) Services.

The Commissioners voted unanimously to approve the proposed permanent regulations.

Commissioner Buczynski moved to **approve** COMAR 10.24.01 Procedural Regulations for Health Care Facilities and Services, which was seconded by Commissioner Cheatham and, after discussion, unanimously approved.

ACTION: COMAR 10.24.01 Procedural Regulations for Health Care Facilities and Services is hereby APPROVED.

Commissioner Duncan moved to approve COMAR 10.24.20 The State Health Plan for Facilities and Services: Comprehensive Care Facility Services, which was seconded by Commissioner Jensen and, after discussion, unanimously approved. However, at the end of the meeting, Commissioner Gelrud moved to amend her vote to against the approval of COMAR 10.24.20 due to insufficient quality metrics.

ACTION: COMAR 10.24.20 The State Health Plan for Facilities and Services: Comprehensive Care Facility Services is hereby APPROVED.

AGENDA ITEM 5

PRESENTATION: Certificate of Ongoing Performance applications for PCI Services - University of Maryland Baltimore Washington Medical Center (Docket No. 24-02-CP049)

Eliot Burkom, Program Manager, presented the staff report and recommendation for the Certificate of Ongoing Performance application submitted by the University of Maryland Baltimore Washington Medical Center (BWMC) for primary and elective percutaneous coronary intervention (PCI) services. He provided an overview of the staff's analysis of BWMC's application and recommended that the Commission approve BWMC's Certificate of Ongoing Performance to allow the hospital to continue providing primary and elective PCI services for four years. There were no questions from the Commissioners on the staff report.

Commissioner Bhandari moved to **APPROVE** the Certificate of Ongoing Performance applications for PCI Services -University of Maryland Baltimore Washington Medical Center, which was seconded by Commissioner Buczynski and, after discussion, unanimously approved.

ACTION: Certificate of Ongoing Performance applications for PCI Services -University of Maryland Baltimore Washington Medical Center are hereby ADOPTED.

AGENDA ITEM 6

PRESENTATION: Annual Update on the Maryland Patient Safety Center

Maryland State law authorizes the Maryland Health Care Commission to designate an organization to serve as the patient safety center for our state. Ms. Stephanie Peditto, President and CEO of the Maryland Patient Safety Center, Inc. (the Center) updated the commission on the activities and accomplishments of the Center and submitted their annual report for review. Ms. Peditto highlighted several hospital-based projects and noted that the Center will continue to expand its reach to non-hospital settings such as assisted living programs and urgent care centers. The MHCC's five-year designation expires December 31, 2025.

ACTION REQUESTED: NONE

AGENDA ITEM 7

PRESENTATION: Gender Affirmation Treatment in Maryland, 2021 - 2022, an APCD Use Case

Shankar Mesta, Chief of Analysis and Information System, presented the GAT (Gender Affirmation Treatment) report. Mr. Mesta provided background information about GAT and emphasized the importance of meeting the needs of transgender patients and gender non-conforming individuals to improve their mental health. He noted the difficulties in accessing necessary medical care and finding experienced medical providers, as well as the presence of stigmas. The treatment was often expensive and not always covered by insurance. On June 5, 2023, Governor Moore signed an executive order at Government House to protect gender-affirming healthcare in Maryland. As a result, Maryland Medicaid began expanding gender-

affirming care on January 1, 2024, in accordance with the Trans Health Equity Act, which was enacted following the passage of House Bill 283.

Mr. Mesta explained that the study aimed to outline the distribution of gender-affirming treatment (GAT) in Maryland using the All-Payer Claims Database (APCD) and to analyze its utilization during the 2021 and 2022 period, considering the increased demand for GAT. He discussed the data sources, inclusion and exclusion criteria for the study population. The study population was identified based on diagnosis codes from the Washington State Office of the Insurance Commissioner report. Transgender individuals were identified in claims by having two or more claims with transgender codes. Procedure codes were categorized into behavioral health, office visits, surgical procedures, and medical treatments in the pharmacy claims. Pharmacy claims were used to identify prescriptions for Androgens, Estrogens, and pituitary suppressants. Mr. Mesta clarified that office and behavioral visits needed to include a gender dysphoria treatment and diagnosis to be counted as a service, while surgical and pharmacy services were assumed to be more specific and did not require a diagnosis code in the claims.

ACTION REQUESTED: NONE

AGENDA ITEM 8

PRESENTATION: Update on Healthcare-Associated Infections in Maryland Hospitals

Courtney Carta gave a presentation on Maryland hospital performance of healthcare-associated infections (HAIs). HAIs are a significant patient safety indicator and are largely preventable. State performance varied by infection type, but results were similar to national trends. In both Maryland and the nation, device-associated infections increased during the public health emergency, but performance continues to improve. Performance for multi-drug-resistant organisms also continues to improve. Performance for surgical site infections was relatively average for most procedure types with the exception of abdominal hysterectomy, where statewide performance was poor. Staff continue to monitor all infection types and facilitate improvement efforts where appropriate.

ACTION REQUESTED: NONE

AGENDA ITEM 9

OVERVIEW OF UPCOMING ACTIVITIES

Mr. Steffen talked about the October Commission meeting. He stated that there are eleven agenda items and a Certificate of Ongoing Performances, a hospital utilization report, a telehealth report, and a few other healthcare reports.

ACTION REQUESTED: NONE

AGENDA ITEM 10

ADJOURNMENT

Chairman Wang asked for a motion to adjourn the meeting. There being no further business, the meeting was adjourned at 3:38 p.m. upon the motion of Commissioner Buczynski and second by Commissioner Spinner.