MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq., Chairman,
Ben Steffen, Executive Director

Thursday, October 17, 2024

MINUTES

Commissioner Sergent called the meeting to order at 1:12 p.m.

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

AGENDA ITEM 1A

ACTION: CONSENT AGENDA

A. Approval of Minutes: September 19, 2024

Item 1A was adopted without objection.

AGENDA ITEM 2

Update of Activities

Wynee Hawk introduced a new MHCC staff member, Vishal Mundlye, who joined the MHCC in July 2024 in a newly created position, Health Planning and Financial Analyst. Mr. Mundlye will work within the Center for Health Care Facilities Planning and Development, primarily with the CON Division, but will also support related programs within the Center. Mr. Mundlye comes to the MHCC from Johns Hopkins Health plans where he worked as a senior project manager responsible for financial and quality reporting of Value Based Care agreements for a Medicaid MCO. He holds a Master in Healthcare Management from Johns Hopkins Carey Business School, is a certified professional in healthcare quality from NAHQ and holds a Bachelors in Electronics Engineering from the University of Mumbai, India.

Ben Steffen, Executive Director of the Maryland Health Care Commission (MHCC or Commission), gave recognition to the staff and the work they have done over the last month. He also recognized the Commissioners who have generously given their time to help. Mr. Steffen went on to thank Commissioners Buczynski, Jensen and Wang for their help with genetic testing.

AGENDA ITEM 3

ACTION: Certificate of Ongoing Performance Application for PCI Services Johns Hopkins Bayview Medical Center (Docket No. 24-24-CP045)

Eileen Fleck, Chief of Acute Care Policy and Planning, presented the staff report and recommendation for the Certificate of Ongoing Performance application submitted by Johns Hopkins Bayview Medical Center (JHBMC) for primary and elective percutaneous coronary intervention (PCI) services. She provided an overview of the staff's analysis of JHBMC's application for a Certificate of Ongoing Performance and recommended that the hospital be allowed to continue providing primary and elective PCI services for four years with a condition stemming from downtime of the hospital's cardiac catheterization laboratory. There was a question about whether it was acceptable for the hospital not to have back-up space for PCI procedures. JHBMC was also asked about the decline in volume and factors that have contributed to it.

Commissioner Buczynski moved to APPROVE the Certificate of Ongoing Performance Application for PCI Services Johns Hopkins Bayview Medical Center, which was seconded by Commissioner Boyle and, after discussion, unanimously approved.

ACTION: Certificate of Ongoing Performance Application for PCI Services Johns Hopkins Bayview Medical Center is hereby APPROVED.

AGENDA ITEM 4

ACTION: Proposed Amendments to COMAR 10.25.07, Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses and COMAR 10.25.18, Health Information

Nikki Majewski, Chief of Health Information Technology, presented proposed amendments to COMAR 10.25.07 and 10.25.18 to support legislation passed by the General Assembly in 2021 and 2022. Ms. Majewski overviewed the amendments that support electronic health networks in reporting electronic health care transactions to CRISP; operation of a health data utility by CRISP; dispenser reporting of noncontrolled prescription drugs to CRISP; and the implementation of consumer consent management application developed by CRISP for use by HIEs operating in the State. Commissioner Mark Jensen made a motion to accept the proposed amendments, which was seconded by Commissioner Joan Gelrud. The Commission approved the motion.

Commissioner Jensen moved to **APPROVE** the Proposed Amendments to COMAR 10.25.07, Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses and COMAR 10.25.18, Health Information, which was seconded by Commissioner Gelrud and, after discussion, unanimously approved.

ACTION: Proposed Amendments to COMAR 10.25.07, Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses and COMAR 10.25.18, Health Information is hereby APPROVED.

AGENDA ITEM 5

PRESENTATION: The Behavioral Health Workforce Assessment Report

Mr. Andrew Hall, President and CEO of Trailhead Strategies, presented the findings and recommendations. In 2023, the Maryland legislature passed legislation that established the Behavioral Health Workforce Investment Fund. The legislation required the Maryland Health Care Commission to conduct a Behavioral Health Workforce Needs Assessment study and recommend an initial allocation to the fund and identify specifically which programs the allocation will support and the number of professionals and paraprofessionals the allocation will train, certify, recruit, and place. The legislation did not specify an amount for the investment fund, but instead relies on our assessment and other information to set the funding source and level.

Commissioner Boyle moved to APPROVE the Behavioral Health Workforce Assessment Report, which was seconded by Commissioner Jensen and, after discussion, unanimously approved.

ACTION: The Behavioral Health Workforce Assessment Report is hereby APPROVED.

AGENDA ITEM 6

ACTION: Telehealth Recommendations Report: SB 534, Preserve Telehealth Access Act of 2023 and HB 1148, Behavioral Health Care – Treatment and Access

Justine Springer, Program Manager, Health Information Technology, presented key findings and recommendations from a telehealth study required by SB 534, *Preserve Telehealth Access Act of 2023* and HB 1148, *Behavioral Health Care – Treatment and Access* (2023). The study included a literature review and claims analyses to examine the delivery of somatic and behavioral health services through audiovisual and audio-only telehealth technologies, including payment parity. Ms. Springer overviewed study activities completed by Milliman, Inc., which guided development of recommendations that align with the direction of federal telehealth policy. The report is due to the General Assembly by December 1, 2024.

Commissioner Buczynski moved to APPROVE the Telehealth Recommendations Report: SB 534, Preserve Telehealth Access Act of 2023 and HB 1148, Behavioral Health Care – Treatment and Access, which was seconded by Commissioner Jensen and, after discussion, unanimously approved.

ACTION: Telehealth Recommendations Report: SB 534, Preserve Telehealth Access Act of 2023 and HB 1148, Behavioral Health Care – Treatment and Access are hereby APPROVED.

AGENDA ITEM 7

ACTION: 2024 Primary Care Investment Analysis and Recommendations Report; SB734 Maryland Health Care Commission – Primary Care Report and Workgroup (2022)

Melanie Cavaliere, Chief of Innovative Care Delivery, and Mary Jo Condon, Principal Consultant, Freedman HealthCare, LLC, presented key findings and recommendations from an analysis of primary care mandated by SB 734, *Maryland Health Care Commission – Primary Care Report and Workgroup*. (2022). Ms. Cavaliere and Ms. Condon provided an overview of payer investments in primary care relative to overall health care spending over the past year. Ms. Condon presented the three recommendations in the report. The report is due to the General Assembly by December 1, 2024.

Commissioner Jensen moved to APPROVE the 2024 Primary Care Investment Analysis and Recommendations Report; SB734 Maryland Health Care Commission – Primary Care Report and Workgroup (2022), which was seconded by Commissioner Buczynski and, after discussion, unanimously approved.

ACTION: 2024 Primary Care Investment Analysis and Recommendations Report; SB734 Maryland Health Care Commission – Primary Care Report and Workgroup (2022) are hereby APPROVED.

AGENDA ITEM 8

PRESENTATION: Hospice Utilization Report

The Maryland Health Care Commission FY2022 Hospice Survey was conducted by the Center for Health Care Facilities Planning and Development and data were analyzed by the Center for Quality Measurement and Planning. The hospice use rate in the United States has declined over the past several years from 51 percent in 2018 to 47 percent in 2022. In Maryland, the hospice use rate was 44 percent in 2018 and 45 percent in 2022. The calculation for hospice use rate changed during that time.[1] In 2022, the highest hospice use rates were in Carroll (58.9%) and Harford (53.1%) counties. The counties with the lowest use rates were Allegany (23.04%) and Prince George's (33.0%) counties. The largest percentage of hospice patients

[1] . 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 the same way the national rate is calculated.

were served in private homes (48.3%) while (24.1%) were served in general or respite care situations. Additionally, (22.9%) were served in skilled nursing or assisted living facilities. Very few, (4.7%), 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 (65.1%), while (22.0%) were African American, and (2.4%) were Asian. Patients who were identified as "multi-racial" or "other" constituted (10.3%) of hospice users. The National Capital Region consistently reports the highest hospice use rates by African Americans. Outreach to African Americans has been a central goal for the Maryland Health Care Commission. Staff have developed multiple outreach tools that have been shared with county libraries and hospital discharge planners and several other outlets.

Conversation revolved around how the hospice numbers are changing, and the access to hospice will probably continue to increase in the southern region because of the hospice mergers and expansions that recently occurred with Hospice of the Chesapeake.

ACTION REQUESTED: NONE

AGENDA ITEM 9

PRESENTATION: Maryland's Privately Insured Weight Loss Medications Cost and Utilization 2021-2022

Shankar Mesta, Chief of Cost and Quality Analysis. presented the Weight Loss Medications Cost and Utilization report. Mr. Mesta provided the background of Weight Loss medications and emphasized that obesity is a growing epidemic in the United States. 40 percent of US adults are affected by obesity. The recent data from the National Health and Nutrition Examination Survey (NHANES) have shown that while the age-adjusted prevalence of obesity in adults has remained stable from 2017 to 2023, the prevalence of severe obesity, which is a BMI of greater than 40, has increased from 7.7 percent to 9.7 percent. Additionally, over 70 percent of US adults are classified as overweight.

When looking at obesity prevalence by region, 34.2 percent of adults in Maryland have a BMI of 30 or higher, with county rates varying from 25 percent to 47 percent. In comparison, the prevalence of obesity is lower in the District of Columbia, about the same in Virginia, and higher in Delaware and West Virginia. It is crucial to understand the economic implications of obesity and the annual medical cost of about $3,500.00. The relationship between medical costs and BMI is J-shaped, meaning the cost increased exponentially in category II and III obesity. The emergence of glucagon-like peptide drugs offers hope in combating obesity-associated diseases. However, they come with a high cost, with a sticker price of more than $1,000 a month, and require lifetime use.

Mr. Mesta noted that it is very important to recognize the crucial role of insurance payers in lessening the patient's financial burden. Historically, older weight loss medications have demonstrated limited effectiveness and significant side effects, prompting numerous public and commercial payers to exclude them from their coverage. He added that regarding employer coverage for weight loss drugs, a recent study from pharmacy benefit managers (PBM) indicates that coverage in employer plans ranges from 33 percent to 63 percent. Additionally, the use of prior authorization requirements among employers that cover weight loss medications ranges from 50 percent to 80 percent. Across different PBMs, among public payers, the Medicare Prescription Drug Improvement and Modernization Act exclude obesity and weight loss medications from coverage in Part B and Part D. However, the medications that are indicated for diabetes, such as Ozempic, Victoza, and Mounjaro are required to cover at a class level for the treatment of diabetes under Medicare Part D. Moreover, Medicaid coverage for GLP products typically require prior authorization especially when it is used for the treatment of diabetes.

ACTION REQUESTED: NONE

AGENDA ITEM 10

OVERVIEW OF UPCOMING ACTIVITIES

Mr. Steffen talked about November's Commission meeting. He stated that there will be a couple of Certificate of Ongoing Performances, several reports that are now due from the recent legislative session, which are prior authorization, mandated studies, genetic testing, and calcium scoring.

ACTION REQUESTED: NONE

AGENDA ITEM 11

ADJOURNMENT

Chairman Sergent asked for a motion to adjourn the meeting. There being no further business, the meeting was adjourned at 4:46 p.m. upon the motion of Commissioner Gelrud and seconded by Commissioner Jensen.