



**Thursday, January 16, 2025**

## **MINUTES**

Commissioner Sergent called the meeting to order at 1:06 p.m.

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

## **AGENDA ITEM 1**

### **ACTION: CONSENT AGENDA**

#### **A. Approval of Minutes: December 19, 2024**

Item 1A were adopted without objection.

## **AGENDA ITEM 2**

### **Update of Activities**

Ben Steffen, Executive Director, of the Maryland Health Care Commission (MHCC or Commission), briefly spoke about staff considering changing the oversight of ASAM 3.7 (withdrawal management and rehabilitation) facilities. The Commission has met with Committee leadership and will be reaching out to stakeholders. The MHCC is recommending the Maryland Board of Public Works authorize a contract with SCAS Management Group to serve as the Trauma Fund's uncompensated care claims Third Party Administrator (TPA). The previous TPA informed MHCC that they were leaving the TPA market effective November 30, 2024, so uncompensated care claims processing has been paused until the contract with SCAS is approved. SCAS plans are to be in place to process claims by the end of February.

Lastly, Mr. Steffen spoke about national issues such as The Supreme Court which has taken the Biden administration's appeal of the 5<sup>th</sup> Circuit ruling in the case, *Braidwood Management v Becerra*, challenging the ACA's preventive services requirements.

These Trump appointees must be confirmed:

- Robert F. Kennedy, Jr. – Secretary of HHS
- Jim O'Neill – Deputy Secretary HHS
- Dr. Jay Bhattacharya – NIH
- Dr. Marty Makary – FDA
- Dr. Janette Nesheiwat – Surgeon General, Public
- Dr. David Weldon – CDC

### AGENDA ITEM 3

**ACTION: Certificate of Ongoing Performance for Luminis Anne Arundel Medical Center for Cardiac Surgery Services (Docket No. 23-02-CP043)**

Eileen Fleck, Chief of Acute Care Policy and Planning, and Eliot Burkom, Program Manager, presented the staff report and recommendation for the Certificate of Ongoing Performance application submitted by Luminis Anne Arundel Medical Center (AAMC) for cardiac surgery services. During the presentation, Ms. Fleck first addressed AAMC's compliance with a key condition on AAMC's Certificate of Need. She explained that failure to achieve a volume of at least 200 cases at the end of its second year of operation meant that the Commission must evaluate whether AAMC's cardiac surgery program should be closed. Ms. Fleck explained the criteria used for this evaluation and the conclusions and recommendations of staff. Mr. Burkom provided an overview of a few key standards addressed in AAMC's application for a Certificate of Ongoing Performance. Staff recommended that the hospital be allowed to continue providing cardiac surgery services for four years, with two conditions on AAMC's Certificate of Ongoing Performance for cardiac surgery services. The correct wording for both conditions is in the staff report. An error in the wording in the slides for one of the conditions was noted. One of the conditions was also modified by the Commissioners.

Commissioner Stroughton-Duncan moved to APPROVE the Certificate of Ongoing Performance for Luminis Anne Arundel Medical Center for Cardiac Surgery Services, which was seconded by Commissioner Boyle and, after discussion, unanimously approved.

**ACTION: Certificate of Ongoing Performance for Luminis Anne Arundel Medical Center for Cardiac Surgery Services is hereby APPROVED.**

### AGENDA ITEM 4

**ACTION: Private Equity Investments in Physician Practices in Maryland (As Required by Chapter 378 of the 2024 Laws of Maryland: SB 1182/HB 1388)**

The Maryland General Assembly passed legislation in 2024, Ch. 378 (SB 1182/HB 1388), directing MHCC to study, in consultation with relevant stakeholders, the evolving role of private sector acquisitions in the Maryland health care economy. Dr. Yashaswini Singh and Erin Fuse Brown, Esq., both faculty members at Brown, presented their findings and policy options.

Commissioner Buczynski moved to APPROVE the Private Equity Investments in Physician Practices in Maryland (required by Chapter 378 of the 2024 Laws of Maryland: SB 1182/HB 1388), which was seconded by Commissioner Douglas, and after discussion, unanimously approved.

**ACTION: Private Equity Investments in Physician Practices in Maryland (As Required by Chapter 378 of the 2024 Laws of Maryland (SB 1182/HB 1388) is hereby APPROVED.**

## AGENDA ITEMS 5

### **ACTION 5A: COMAR 10.24.01 Procedural Regulations for Health Care Facilities and Services**

### **ACTION 5B: COMAR 10.24.20 State Health Plan for Facilities and Services: Comprehensive Care Facility Services**

Wynee Hawk, Director, Health Facilities Planning and Development, and Jeanne Marie Gawel, Chief, Long Term Care Policy and Planning, presented eight comments submitted by the Health Facilities Association of Maryland on COMAR 10.24.01, Procedural Regulations for Health Care Facilities and Services and COMAR 10.24.20 State Health Plan for Facilities and Services: Comprehensive Care Facility Services. There were no substantive changes. The Commissioners voted unanimously to approve the final regulations.

Commissioner Boyle moved to ADOPT COMAR 10.24.01 Procedural Regulations for Health Care Facilities and Services and COMAR 10.24.20 State Health Plan for Facilities and Services: Comprehensive Care Facility Services, which was seconded by Commissioner Douglas, and after discussion, unanimously approved.

**ACTION: COMAR 10.24.01 Procedural Regulations for Health Care Facilities and Services and COMAR 10.24.20 State Health Plan for Facilities and Services: Comprehensive Care Facility Services is hereby ADOPTED.**

## AGENDA ITEM 6

### **ACTION: Release of Study on HMO Out-of-Network Provider Payments and Network Participation - HB570/SB487**

Mr. Yeates-Trotman, Center Director for Analysis and Information Systems, and Ms. Mahlet Konjit-Solomon, Chief of APCD Public Reporting and Data Release, presented to Commissioners key findings for the Release of the Study on HMO out-of-network (OON) provider payments and network participation – HB570/SB487. Mr. Yeates-Trotman briefly introduced the study, pointing out that the study was requested by the Maryland House Health and Government Operations Committee, resulting from a failed legislation during the 2024 legislative session. He said that the report examines health care provider payments and network participation in Maryland and that the primary question the report is trying to answer is whether HMO payments using PPO rules yield higher reimbursements than HMO payments under the current HMO Law. Mr. Yeates-Trotman then proceeded to give a brief background of the study by comparing HMOs and PPOs' approaches regarding OON coverage, saying that HMOs generally restrict coverage to in-network providers, offering OON benefits only in emergencies or when insured members can demonstrate that no suitable in-network provider is available. In contrast, PPO plans offer defined OON benefits, allowing patients to access non-participating providers routinely.

Regarding overall OON claims, Mr. Yeates-Trotman said that the distribution of OON claims shows significant differences between HMO and PPO plans across various specialties and settings. Regarding key findings, hospital-based services showed the largest overall increases in HMO payments, from current HMO laws to payments using PPO rules. However, for non-hospital services, results were mixed, with E&M services showing the most dramatic percentage rise of over 130 percent, while Non-E&M services faced a substantial reduction of 65 percent in HMO payments under PPO rules. Results showed that the No Surprise Act (NSA) had minimal disruptive impact in Maryland due to existing state protections, with providers winning most payment disputes. However, the high rate of network contract terminations among behavioral health providers raised concerns regarding network adequacy in essential service areas.

Commissioner Buczynski moved to APPROVE the Release of Study on HMO Out-of-Network Provider Payments and Network Participation - HB570/SB487, which was seconded by Commissioner Stroughton-Duncan and, after discussion, unanimously approved.

**ACTION: Release of Study on HMO Out-of-Network Provider Payments and Network Participation - HB570/SB487 is hereby APPROVED.**

#### **AGENDA ITEM 7**

#### **OVERVIEW OF UPCOMING ACTIVITIES**

Mr. Steffen previewed February's Commission meeting. He stated that there would be a presentation on Legislation, two COMAR Regulations, 10.25.07 Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses and 10.25.18 Health Information Exchanges: Privacy and Security of Protected Health Information. Mr. Steffen also stated that there may be several more items presented for February.

**ACTION REQUESTED: NONE**

#### **AGENDA ITEM 8**

#### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 4:17 p.m.