

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

Thursday, February 20, 2025

MINUTES

Commissioner Sergent called the meeting to order at 1:02 p.m.

Commissioners present via telephone and in person: Bhandari, Blake, Boyle, Buczynski, Douglas, Gilmore, Jensen, Spinner and Wang.

AGENDA ITEM 1

ACTION: CONSENT AGENDA

A. Approval of Minutes: January 16, 2025

Item 1A was adopted without objection.

AGENDA ITEM 2

Update of Activities

David Sharp, Acting Executive Director, of the Maryland Health Care Commission (MHCC or Commission), briefly spoke about Certificate of Need: nursing home acquisition forms. They are complete in accordance with the new regulations effective February 17th. The three forms are: the Real Property Only form for real estate transactions with no operational role, the Transfer of Ownership form for ownership changes between 5 percent and under 25 percent, and the Acquisition Application for ownership changes of 25 percent or more.

Next Mr. Sharp talked about the 2024 Annual Report that is now available on the Commission's website, under the Policy and Legislative Reports page. He acknowledged Courtney Carta for her efforts in developing the report. He also encouraged the Commissioners to read the tribute to Ben Steffen on page 34.

Mr. Sharp went on to talk about the New Contractor for Uncompensated Care Trauma Claims Processing. He stated that MHCC has secured a new TPA. SCAS Management Group, LLC, who is based in Milwaukee, Wisconsin was awarded the contract. MHCC staff are working with the TPA to begin processing uncompensated care claims on April 1st.

mhcc.maryland.gov

Toll Free: 1-877-245-1762 TTY Number: 1-800-735-2258 Fax: 410-358-1236

4160 Patterson Avenue, Baltimore, MD 21215 Finally, Mr. Sharp briefly spoke about the implementation of SB 786/HB 812, Health Reproductive Health Services – Protected Information and Insurance Requirements (2023) The MHCC staff will release a guidance document by the end of the month to EHR/HIE vendors regarding updates to their Implementation Plans in compliance with COMAR 10.25.07 and COMAR 10.25.18. These regulations require vendors to block codes, related text, and support directed consent for legally protected health information. Approximately 14 vendors are required to submit an updated Implementation Plan by March 31st.

AGENDA ITEM 3

ACTION: Mandated Benefits Study: Elimination of Step Therapy of Metastatic Cancer Side Effect Treatments

MHCC staff contracted with Lewis and Ellis, an actuarial consulting firm, to evaluate the cost of eliminating step therapy for metastatic cancer side effect treatments. Traci Hughes, principal consulting actuary with Lewis and Ellis, presented the findings of this study.

Insurance Article §15-1501, Annotated Code of Maryland, requires that the MHCC annually assesses the medical, social, and financial impact of proposed mandated health insurance services that failed to pass during the preceding legislative session or as requested by a Legislator or Legislative Committee by July 1 of each year. MHCC Staff received a formal letter of request from the Senate Finance Committee and House Health and Governmental Operations Committee on September 27, 2024.

Commissioner Bhandari moved to APPROVE the Mandated Benefits Study: Elimination of Step Therapy of Metastatic Cancer Side Effect Treatments, which was seconded by Commissioner Buczynski and, after discussion, unanimously approved.

ACTION: Mandated Benefits Study: Elimination of Step Therapy of Metastatic Cancer Side Effect Treatments is hereby APPROVED.

AGENDA ITEM 4

PRESENTATION: Legislative Overview

Tracey DeShields, Director of Policy Development and External Affairs gave a legislative update on the happenings of the legislative session. She provided some fun facts about the session. A few facts noted:

- February 21st will be the 45th day of session and now the work begins;
- 1342 bills introduced in the Senate;
- 1787 bills introduced in the House; and
- Staff is currently tracking approximately 203.

Ms. DeShields reviewed the bill activities that occurred since the start of the legislative session up until the February Commission meeting. Including mentioning:

Bill Hearings to Date:

- SB 108 Health Insurance Annual Behavioral Health Wellness Visits Coverage and Reimbursement;
- SB 154 Public Health Mental Health Advance Directives Awareness and Statewide;
- SB 184/HB376 Health Insurance Diagnostic and Supplemental Examinations for Breast Cancer Cost-Sharing;
- SB 202/HB279 Prescription Drug Affordability Board Upper Payment Limits;
- SB 234/HB420 Health Services Cost Review Commission Hospital Rates All-Payer Model Contract;
- SB281/214 Commission on Public Health Establishment;
- SB283/418 Mental Health Workforce Development Fund Established;
- SB 308/HB305 Health Insurance Utilization Review Revisions;
- SB365/HB588 Health Insurance Qualified Resident Enrollment Program (Access to Care Act); and
- SB397/HB1145 Health Insurance Hearing Aids for Adults Coverage.

The budget hearings for the Commission are coming up in the House Appropriations Committee (March 3rd) and the Senate Budget and Tax Committee (February 27th).

Lastly, Ms. DeShields went over the bills that were coming up for a bill hearing the week of February 24th and March 3rd.

The following bills were reviewed with the Commissioners:

Hearing Date - February 26th

- SB 902 Health Insurance Access to Nonparticipating Providers Referrals, Additional Assistance, and Coverage *Support (Written Only)*
- HB 735 Certificate of Need Psychiatric Health Care Facilities and Psychiatric and Mental Health Services Exemption *Oppose (Oral Testimony)*

• SB 691 - Cybersecurity - Healthcare Ecosystem - Letter of Information

Hearing Date – Tuesday March 4th

• SB 741 - Forensic Mental Health Treatment - *Position (?)*

Hearing Date – Friday March 7th

• HB 333 - Cybersecurity - Healthcare Ecosystem – Letter of Information

No Hearing Date

• HB 1515 – Certificate of Need – Intermediate Health Care Facilities – Exemptions – Support

ACTION REQUESTED: NONE

AGENDA ITEMS 5

PRESENTATION: Patient Safety Center

Maryland State law authorizes the MHCC to designate an organization to serve as the patient safety center (the Center) for our state. MPSC, Inc. has been designated as the Center for the state of Maryland. MPSC, Inc. develops, coordinates and implements patient safety initiatives across the state. The Center is funded in part by an annual special non-lapsing fund of \$1 million. The current 5-year designation period ends December 31, 2025.

As part of the designation process, the Center is required to update the Commission every six months on their activities and accomplishments. Stephanie Peditto, President and CEO of MPSC, Inc. summarized key projects and highlighted the new Workplace Violence Public Awareness Campaign that is currently underway. She also highlighted the important role the Center plays in protecting patient safety and described additional areas of opportunity to improve healthcare quality and safety. Theressa Lee noted that the \$1 million in State funding may be in jeopardy, considering FY2026 budget challenges and suggested an extension in the designation agreement to allow for resolution of the funding issue. Ms. Peditto described actions taken to gather support for continued funding and asked for Commission support as well.

ACTION REQUESTED: NONE

AGENDA ITEM 6

PRESENTATION: Insurance and Health System Market Concentration Study: Current Status and Work Plan

Dr. Morgan Henderson, principal investigator, provided an overview of the project and reviewed the work plan. The Hilltop Institute at the University of Maryland, Baltimore County conducted a study on the changing level of market concentration among health insurers and health systems operating in the state. The study examined how market concentration and vertical integration through investment in acquisition of health care providers affect competition, affordability, and accessibility for purchasers (employers), consumers, and health care practitioners. The study will meet a House Health and Government Operations Committee request to MHCC.

ACTION REQUESTED: NONE

AGENDA ITEM 7

PRESENTATION: APM Report Outreach Update: APM Quality Analysis Update

Ms. Sarah Lindberg, a Senior Data Scientist Consultant with Freedman Healthcare, presented the key findings of the APM Quality Analysis to Commissioners. Ms. Lindberg started by first giving a brief background of the Maryland Law governing the APM Report by stating that in 2022, the Maryland legislature passed legislation that helps the state track non-fee-for-service payments by categorizing them on a national framework known as the HCP-LAN categories 1 through 4. Ms. Lindberg then gave a brief overview of the quality measures, which were based on seven certified HEDIS measures (Breast Cancer Screening, Eye Exam for Patients with Diabetes, Follow-Up After Emergency Department (ED) Visit for Mental Illness: 7 and 30m days after 1st visit, Risk of Continued Opioid Use, Acute Hospital Utilization, and Emergency Department Utilization). Ms. Lindberg then went on to talk about the quality results by payor types (Commercial-Fully Insured, Medicaid, and Medicare) for 2022 and results for all commercially insured comparing 2023 to 2022, stating that two quality measures stayed consistent or improved while five measures declined from 2022 to 2023. Ms. Lindberg said that the participation of the fully insured population by APM increased by nine percentage points from 2022 to 2023 (11% to 20%). Members assigned to an APM performed better on three of the seven measures in Breast Cancer Screening, Follow-Up After ED Visit for Mental Illness 30 days and 7 days after 1st visit. Ms. Lindberg then concluded her presentation, citing that overall, members assigned to an APM showed improvement in quality measures associated with ED utilization.

ACTION REQUESTED: NONE

AGENDA ITEM 8

OVERVIEW OF UPCOMING ACTIVITIES

Mr. Sharp previewed March's Commission meeting. He stated that there would be a few action items for certificate of ongoing performance: Sinai Hospital, University of Maryland St. Joseph and TidalHealth Peninsula Regional Medical, an action item for COMAR 10.25.18 and a legislative presentation.

ACTION REQUESTED: NONE

AGENDA ITEM 9

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:05 p.m.