



Thursday, May 15, 2025

MINUTES

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

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

AGENDA ITEM 1

ACTION: CONSENT AGENDA

A. Approval of Minutes: April 17, 2025

Item 1A was adopted without objection.

AGENDA ITEM 2

Update of Activities

David Sharp, Acting Executive Director of the Maryland Health Care Commission (Commission), stated that during the April 17th Commission meeting, staff were asked to conduct additional analysis on out-of-state residential treatment centers (RTC) serving Maryland residents. That work is underway, and staff has completed a preliminary review of Medicaid claims; they will collaborate with Medicaid to ensure all relevant out-of-state RTC services are included in the data. He noted that the Trump Administration is considering reassessing Maryland's authority to set Medicare service rates under the Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model.

The Spring 2025 Leapfrog Patient Safety Grades were recently released and highlighted in the monthly update. A more comprehensive statewide review will be presented at the June 12th Commission meeting. The Leapfrog Group evaluates hospitals based on a range of patient safety measures, assigning letter grades (A–F) twice a year.

Additionally, the 2023 Long-Term Care Survey has been completed. Findings are reported by region and jurisdiction to support planning and Certificate of Need (CON) decision-making. The reports and technical notes will be published next month in the Maryland Register and on the Commission's webpage. The survey collects information on bed inventory and informs adjustments to bed capacity based on the average daily census.

Lastly, Kenneth Yeates-Trotman, Director of the Center for Analysis and Information Systems (CAIS), introduced Erica Watkins as the new MHCC Methodologist for CAIS. She brings expertise in data analysis and pharmacy to the team.

AGENDA ITEM 3

ACTION: Certificate of Ongoing Performance -Holy Cross Hospital of Silver Spring (Docket No. 24-15-CP059)

Eliot Burkom, Program Manager, presented the staff report and recommendation for the Certificate of Ongoing Performance application for primary percutaneous coronary intervention (PCI) services at Holy Cross Hospital. He provided an overview of the staff's analysis and recommendation to allow the hospital to continue offering primary PCI services for three years, subject to a condition. The condition arises from Holy Cross' failure to consistently meet the Commission's standard, which requires at least 75 percent of primary PCI patients to have a door-to-balloon (DTB) time of 90 minutes or less.

It was mentioned that the condition requires that Holy Cross submit an action plan that describes changes that the hospital plans to implement or already has implemented to improve the hospital's compliance with the DTB time standard. Also, Holy Cross is required to provide an explanation of the reason for delay for each primary PCI case with a DTB time over 90 minutes and any corrective action taken for each quarter of CY 2024 by June 30, 2025; for the first two quarters of CY 2025 by August 31, 2025; and for the second two quarters of CY 2025 by March 2, 2026. The Commissioners voted to modify this condition to require the submission of additional information by Holy Cross.

Commissioner Duncan moved to AMEND the language for Certificate of Ongoing Performance, Holy Cross Hospital of Silver Spring, which was second by Commissioner Jensen.

Commissioner Duncan moved to APPROVE the Certificate of Ongoing Performance, Holy Cross Hospital of Silver Spring, which was seconded by Commissioner Jensen and, after discussion, unanimously approved.

ACTION: Certificate of Ongoing Performance -Holy Cross Hospital of Silver Spring is hereby APPROVED for a period of three years.

AGENDA ITEM 4

ACTION: Post-Approval Project Change: Luminis Health Doctors Community Medical Center (Docket No. 23-16-2466)

Moira Lawson, Program Manager, stated that Luminis Health Doctors Community Medical

Center requested a project change after CON approval to establish an obstetrics unit and construct a new patient tower, to reduce the scale of new construction and renovations to the existing hospital. Luminis Health Doctors Community Medical Center proposes to: (1) change the location of the new tower from the west side to the east side of the hospital; (2) limit the new tower to mostly obstetrical services, with a 16-bed obstetrics unit; (3) expand the loading dock construction to include a pharmacy; and (4) renovate the surgical platform (and other supportive services) in the existing hospital rather than constructing new ones. The proposed changes will allow the hospital to deliver the full scope of obstetrical services, while lowering the project budget by one third, to a new estimated total cost of \$210,828,366.

Ms. Lawson noted that the project request is a permissible modification, as it does not involve material changes to the nature of the project or its immediate capacity. She emphasized that this requested change would not alter the Commission's 2023 findings, which determined that the project would address a crucial need for obstetric services in Prince George's County. The project remains a cost-effective alternative, is viable, and will not negatively impact service accessibility, costs, charges, or the health care delivery system.

A motion to approve the Project Change After CON Approval was made with the following conditions:

1. Luminis Health Doctors Community Medical Center shall close its obstetric program, and its authority to operate will be revoked, if: (i) it fails to meet the minimum annual volume of 1,000 obstetric discharges annually for any 24 consecutive month period and (ii) it fails to provide good cause for its failure to attain the minimum volume, and a feasible corrective action plan for how it will achieve the minimum volume within a two-year period.
2. Luminis Health Doctors Community Medical Center shall continue to provide a patient with an estimate of out-of-pocket charges prior to arrival for surgery.
3. If the proposed source of funds for the project should vary from what is approved in the CON, the applicant must submit a project change.

Commissioner Gelrud moved to APPROVE the Post-Approval Project Change: Luminis Health Doctors Community Medical Center, which was seconded by Commissioner Jensen and, after discussion, unanimously approved.

ACTION: Post-Approval Project Change: Luminis Health Doctors Community Medical Center is hereby APPROVED.

AGENDA ITEM 5

ACTION: Proposed Quality Measures for the upcoming Home Health Review

Stacy Howes, Chief of Long-Term Care and Health Plan Quality Initiative, and Jeanne Marie Gawel, Chief of Long-Term Care Policy and Planning, co-presented to the Commissioners a recommendation for quality metrics to use in an upcoming CON review for home health

agencies. The recommendations were posted for 30-days in the Maryland Register on April 4, 2025. Jeanne Marie Gawel provided background and discussed the different ways a jurisdiction may qualify as having need for additional home health services.

Ms. Gawel provided an overview of the jurisdictions showing the need and types of applicants eligible to apply for a CON. Ms. Howes presented the quality metrics for each type of applicant, including home health agencies, nursing homes, and hospitals. Although submitted after the comment window had closed, the Maryland National Capital Homecare Association provided comments shared during the meeting, expressing concerns that the quality metrics were too strict and highlighting industry challenges related to workforce shortages. Multiple Commissioners commented, based on the State average, that the quality metrics were not strict enough. The Commissioners requested that staff provide national quality metric data for home health care agencies at the June 12, 2025 Commission meeting, at which time the approval will be reconsidered.

ACTION: None

AGENDA ITEM 6

PRESENTATION: Legislative Overview

Tracey DeShields, Director of Policy Development and External Affairs, gave an overview on the 2025 legislative work assigned to MHCC to complete over the legislative interim. Ms. DeShields discussed the reports and studies that MHCC has to complete and the due dates they have to be submitted to the General Assembly.

See list below:

Studies and Workgroups

Mandate Studies

SB 374/HB 459 – Health Insurance – Cancer Screening for Professional Firefighters – Required Coverage (James “Jimmy” Malone Act) (*Letter of Information*) – (*Passed*)
- *MHCC study the impact of expanding the preventive cancer screenings coverage*
- *Due date December 1, 2028;*

SB 411 – Health Insurance - Postpartum Depression Screening - Required Coverage and Authorized Cost Sharing;

SB 508 – Maryland Medical Assistance Program and Health Insurance - Required Coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence (Healing Our Scars Act);

SB 518 – Health Insurance - Screening for Ovarian Cancer - Required Coverage and Prohibited Cost Sharing; and

SB 961 – Maryland Medical Assistance Program and Health Insurance - Pharmacogenomic Testing - Required Coverage.

Telehealth

SB 372/HB 869 – Preserve Telehealth Access Act of 2025 (Support) - (Passed)

- *Report on the advancements in telehealth*
- *Due every four years beginning December 1, 2026;*

Cybersecurity

SB 691/HB 333 – Cybersecurity - Healthcare Ecosystem - (Letter of Information); (Support as Amended) - (Passed)

- *Workgroup (member and co-chair with MIA)*
- *Interim Report Due January 1, 2026; Final Report due December 1, 2026; and*

Healthcare System - Adverse Decisions

SB 776/HB 995 – Workgroup to Study the Rise in Adverse Decisions in the State Health Care System - (No Position) – (Passed)

- *Workgroup (Member).*

ACTION REQUESTED: NONE

AGENDA ITEM 7

PRESENTATION: Professional Services Report Update 2023

Shankar Mesta, Chief of the Cost and Quality Center for Analysis and Information Systems, presented the results of the annual report on payments for in-network professional services for Maryland's privately insured population. The report covers data from 2021 through 2023, sourced from the Maryland Medical Care Data Base (MCDB). It includes approximately 99 percent of the total population, with CareFirst and UnitedHealthcare, two of the largest payers, accounting for about 80 percent of total spending. The analysis focused on the population under 65 years of age.

The impact of payment rates for professional services in Maryland was analyzed by market share, geographical region, and specialty, with comparisons to Medicare and Medicaid rates. Mr. Mesta noted that payments per RVU for all payers increased by approximately 3.0 percent in 2023, contrasting with the previous year, which saw a 0.4 percent decrease from 2021 to 2022. Larger payers reimburse providers at about 89 percent of the rate paid by other payers. In contrast, providers in the Metro DC area received higher average payment rates regardless of payer market share. Payment rates were highest in the Metro DC area in 2023.

Private payment rates in Maryland were 109 percent of Medicare rates, with private rates consistently exceeding Medicaid levels. Mr. Mesta noted that a similar analysis conducted by the Health Care Cost Institute, using 2017 employer-sponsored insurance claims, found

significant variation in average private rates across states. Private rates ranged from below Medicare levels in Alabama (98 percent) to nearly twice Medicare rates in Wisconsin (188 percent), while Maryland showed an average private rate of 104 percent.

ACTION REQUESTED: NONE

AGENDA ITEM 8

PRESENTATION: Nursing Home Family Experience of Care Survey Results for 2024

Stacy Howes, Chief of Long-Term Care and Health Plan Quality Initiative, presented findings from the 2024 Nursing Home Family Experience of Care Survey, which had an overall response rate of 34 percent. While past years suggested a decline in satisfaction scores, a broader review of multiple years indicates that individual satisfaction domains have remained fairly stable. Similarly, the overall satisfaction score has stayed relatively steady since 2019.

Ms. Howes reported that this year's satisfaction score was 7.2 on a scale of 1 to 10, with 10 being the highest. The percentage of respondents who "would recommend" or "probably would recommend" their nursing home has gradually declined since 2019, reaching 70 percent in 2024. Additionally, the number of for-profit nursing homes has remained steady since 2018, while the number of not-for-profit nursing homes has steadily decreased over the same period. The analyses indicated that residents who were white and in not-for-profit nursing homes reported significantly higher satisfaction levels compared to non-white residents or those in for-profit nursing homes.

The Commission's discussion focused on how Maryland compares to other states and how satisfaction varies across different regions. Commissioners examined how nursing homes utilize the data and reports. They also explored additional analyses, such as determining the number of for-profit nursing homes that are locally owned versus those owned by out-of-state entities, assessing correlations with staff satisfaction, and examining relationships between performance and ownership type (local vs. national). Additionally, Commissioners requested that staff reach out to the Office of Health Care Quality (OHCQ) to determine their interest in receiving these reports.

ACTION REQUESTED: NONE

AGENDA ITEM 9

PRESENTATION: HIE Vendor Compliance – Technological Capabilities for Disclosing Legally Protected Health Information

Nikki Majewski, Chief of Health Information Technology, and Anna Gribble, Assistant Chief of Health Information Technology, shared updates on the implementation of CH 248 (SB 786) and CH 249 (HB 812), Health – Reproductive Health Services – Protected Information and Insurance Requirements (2023) by electronic health network and health information exchange

entities operating in the State. Compliance timelines to develop new technical capabilities to ensure protections for certain reproductive health information was highlighted, as well as ongoing stakeholder engagement activities to support implementation. A representative from an electronic health record vendor, Sasha TerMaat from Epic, overviewed progress to make the new technical capabilities available to Maryland-based clients.

ACTION REQUESTED: NONE

AGENDA ITEM 10

OVERVIEW OF UPCOMING ACTIVITIES

David Sharp provided a preview of the June Commission meeting, highlighting several key action items, including the CON for Foundations Inpatient, LLC, final regulations for COMAR 10.25.07, and the final Non-CDS data submission manual. The meeting will also feature two presentations: the 2025 psychiatric bed utilization projections and updated need determinations for special populations, as well as the spring 2025 results for the Leapfrog hospital safety grades.

ACTION REQUESTED: NONE

AGENDA ITEM 11

CLOSED SESSION

Vice Chair, Boyle asked for a motion to move into a closed session. Commissioner Jensen made a motion to move into a closed session, which was seconded by Commissioner Duncan, and after was unanimously approved.

The closed session began at 3:50 pm on May 15, 2025, in the small conference room at MHCC. The reasons for the closed session were to “discuss the appointment, employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of appointees, employees, or officials over whom this public body has jurisdiction; any other personnel matter that affects one or more specific individuals,” under General Provisions Article 3-305(b)(1). The following Commissioners were present: Sergeant, Bhandari, Blake, Cheatham, Douglas, Dzirasa, Foreman, Gelrud, Gilmore, Jensen, Spinner, Stroughton-Duncan, Wang, and Wood. The MHCC’s AAGs Caitlin Tepe and Alexa Bertinelli were also present.

The Commissioners discussed the search committee’s process in interviewing and reviewing applications for the Executive Director position. The Commission voted for the most qualified applicant.

ACTION: Motion to move into closed session is hereby APPROVED.

AGENDA ITEM 12

ADJOURNMENT

Vice Chair Boyle asked for a motion to adjourn the closed session meeting. There being no further business, the meeting was adjourned at 4:37 p.m. upon the motion of Commissioner Douglas.