Thursday, July 17, 2025

MINUTES

Commissioner Boyle called the meeting to order at 1:07 p.m.

Commissioners present via telephone and in person: Bhandari, Blake, Foreman, Gelrud, Gilmore, Jensen, Spinner, and Wood.

Commissioners Absent: Agbabiaka, Cheatham, Douglas, Dzirasa, Stroughton-Duncan and Wang.

AGENDA ITEM 1

ACTION: CONSENT AGENDA

A. Approval of Minutes: June 12, 2025

Item 1A was approved without objection.

AGENDA ITEM 2

Update of Activities

David Sharp, Acting Executive Director, of the Maryland Health Care Commission (MHCC or Commission), stated that the Center for Health Information Technology and Innovative Care Delivery staff has submitted proposed amendments to COMAR 10.25.07, Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses, to the Governor's Office and the Joint Committee on Administrative, Executive, and Legislative Review. The proposed regulations are expected to be published in the Maryland Register on July 25th, initiating a 30-day public comment period.

Dr. Sharp talked about the Primary Care Investment Workgroup, which reviewed preliminary data on spending trends by payer and county, using the CMS AHEAD Model definition, and discussed identifying Maryland regions that may warrant greater investment based on a composite score reflecting care access, quality, spending, and social risk. The MHCC will submit a final report to the Governor and General Assembly by December 1st.

The Center for Quality Management and Reporting presented at the June 12th Commission meeting the Final Report on Private Payer Coverage of Ambulatory Surgical Facilities, as required by the 2024 Joint Chairmen's Report. The Report was approved for legislative submission, along with a cover letter highlighting recommendations for further study. Both

have been submitted to the Senate Budget and Taxation and House Appropriations Committee Chairmen. One key recommendation is to strengthen monitoring of ambulatory surgery providers. In response, MHCC is updating the Annual Freestanding Ambulatory Surgery Facility Survey, which staff will overview during today's meeting.

The Center for Analysis and Information Systems reported that efforts are underway to redirect the focus of the Wear the Cost price transparency initiative toward supporting decision-making by providers and policymakers through the development of episodes aligned with the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. These episodes will be identified in collaboration with Medicaid and HSCRC. Episode alignment with the AHEAD Model can strengthen primary care by identifying high-value care opportunities, targeting strategic investments, and fostering integrated delivery models that better meet community needs.

Freedman Health Care, MHCC's PMO and Alternative Payment Model consultant, experienced a security incident on April 21st, which came to MHCC's attention on June 18th. Freedman engaged Arctic Wolf, a cybersecurity firm, to conduct an impact analysis. The initial report indicates the breach was confined to a single file server and did not compromise any personally identifiable or protected health information. Staff have requested further audit details and will provide an update to the Commission at the September commission meeting.

The Health Care Facilities Planning and Development Annual Hospital Surveys of Service Capacity and Licensed Beds for FY 2026 are now complete. The compiled data will be published in a Chartbook, expected on MHCC's website in August. This resource includes tables tracking trends and changes in licensed acute care beds by hospital. The Hospice Workgroup convened on July 7th to begin discussions on updating the State Health Plan for Hospice Services.

Finally, Dr. Sharp mentioned an addition to the Administration division where MHCC recently welcomed a new employee, Leslie Taylor, as Director of Administration.

AGENDA ITEM 3

ACTION: A report for the Joint Chairmen Information Request - M00R01.01, Maryland Health Care Commission, Access to Electronic Health Data for Skilled Nursing Facilities

Natalie West, Program Manager, in the Health Information Technology Division, presented information from the draft report prepared for the Chairmen of the Senate Budget and Taxation Committee and House Appropriations Committee. The Committees requested (in the 2025 Joint Chairmen's Report, p. 174) an update on the implementation of Chapter 333 (SB 648), Electronic Health Networks and Electronic Medical Records – Nursing Homes – Release of Records (2023), which authorizes nursing homes to grant business associates access to patient medical records and electronic health care transactions data. Ms. West overviewed

implementation activities, issues, and four recommendations for improving authorized access to data. The report is due by October 1, 2025.

Commissioner Jensen moved to APPROVE the report for the Joint Chairmen Information Request - M00R01.01, Maryland Health Care Commission, Access to Electronic Health Data for Skilled Nursing Facilities, LLC, which was seconded by Commissioner Gelrud and, after discussion, unanimously approved.

ACTION: A report for the Joint Chairmen Information Request - M00R01.01, Maryland Health Care Commission, Access to Electronic Health Data for Skilled Nursing Facilities is hereby APPROVED.

AGENDA ITEM 4

CRISP – PRESENTATION/ACTION

A. **PRESENTATION:** CRISP – Overview of Services

B. **ACTION**: Re-designation of CRISP as the State-Designated HIE and Approval of Designation Agreement

Megan Priolo, Executive Director of CRISP, overviewed the health information exchange (HIE) infrastructure and partnerships and services that support CRISP in advancing data exchange for clinical and public health purposes statewide. Taneisha Laume, Director of HIE Projects at CRISP, highlighted initiatives underway that support the implementation of legislation passed by the General Assembly. Justine Springer, Program Manager, in the Health Information Technology Division, presented background on Maryland law requiring the designation of a statewide HIE. Commissioner Gelrud made a motion to APPROVE the Re-designation of CRISP as the State-Designated HIE and Approval of Designation Agreement for a three-year period, which was seconded by Commissioner Jensen and, after discussion, unanimously approved.

ACTION: Re-designation of CRISP as the State-Designated HIE and Approval of Designation Agreement is hereby APPROVED for three years.

AGENDA ITEM 5

ACTION: COMAR 10.24.06, Data Reporting by Non-Hospital Health Care Facilities, Proposed Regulations

Wynee Hawk, Director, Center for Health Care Facilities Planning and development presented proposed amendments to COMAR 10.24.06 - Data Reporting by non-hospital Health Care

Facilities, for Commission approval to publish in the Maryland Register for formal comment. Ms. Hawk explained the primary goal of the amendments was to repeal obsolete language and clarify the Commission's authority to collect data from all non-hospital health care facilities to ensure consistent planning efforts and support evidence-based decisions. Ms. Hawk concluded by recommending the Commission approve the proposed amendments for publication and formal comment.

Commissioner Jensen moved to APPROVE COMAR 10.24.06, Data Reporting by Non-Hospital Health Care Facilities, Proposed Regulations, which was seconded by Commissioner Spinner, after discussion, unanimously approved.

ACTION: COMAR 10.24.06, Data Reporting by Non-Hospital Health Care Facilities, Proposed Regulations is hereby APPROVED.

AGENDA ITEM 6

PRESENTATION: Psychiatric Bed Utilization Projections in CY 2030 and DRAFT Need Determinations for Historically Underserved Populations

Eileen Fleck, Chief of Acute Care Policy and Planning, presented the Psychiatric Bed Utilization Projections in CY 2030 for adults, adolescents, and children. She explained the methodology and purpose and answered questions from Commissioners about those projections. It was suggested by Commissioners that it would be helpful to have utilization relative to staffed and physical beds, instead of just licensed beds; staff agreed to provide that information

Ms. Fleck explained the draft Need Determinations for Historically Underserved Populations, and the purpose of those need estimates and the methodology. She also stated that concerns were raised in comments on the draft estimates. The primary concern was that the estimates are too low. Ms. Fleck said that staff were following up with stakeholders and considering what alternative assumptions should be incorporated. Commissioner Gelrud suggested that staff reach out to the Chesapeake Regional Information System for Our Patients (CRISP) regarding how it may be able to assist with gathering more information on psychiatric patients with behavioral problems that make it challenging to find a psychiatric bed. Ms. Fleck agreed that staff would follow up with CRISP. Dr. Sharp proposed that staff return in September with revised projections.

ACTION REQUESTED: NONE

AGENDA ITEM 7

PRESENTATION: An Overview of Revisions to the Annual Freestanding Ambulatory Surgery Facility Survey

Mariama Simmons, Chief, Outpatient Quality Initiative, and Ewurama Shaw-Taylor, Chief, Certificate of Need, presented an overview of the updates to the freestanding ambulatory surgical facility (FASF) survey. The FASF survey is a five-section instrument completed by all licensed freestanding surgical operators, including ambulatory surgical centers and ambulatory surgical facilities in Maryland. Ms. Simmons and Dr. Shaw-Taylor reviewed the regulations that give the Commission the authority to administer the survey and collect data from FASFs. They presented the history, modifications, purpose, and uses of the survey. The presentation featured the proposed 2025 modifications for reporting year 2024 that enhance the survey, including, the addition of questions related to social determinants of health, private equity ownership, and operating room utilization. The presentation concluded with Ms. Simmons and Dr. Shaw-Taylor answering questions from the Commissioners regarding FASFs in Maryland and access to services in rural communities.

ACTION REQUESTED: NONE

AGENDA ITEM 8

PRESENTATION: Potential Implications of H.R. 1 on Maryland's Health Connection

Michele Eberle, Executive Director of the Maryland Health Benefit Exchange, discussed the impact of legislation for H.R. 1. This bill is expected to significantly reduce health insurance coverage, mainly through deep cuts to Medicaid and changes to the ACA Marketplaces. These shifts could have widespread negative effects on access to care and the financial stability of the health system. The law introduces stricter eligibility checks, a shorter open enrollment window, and limits on special enrollment periods, among other provisions.

ACTION REQUESTED: NONE

AGENDA ITEM 9

PRESENTATION: The Maryland Quality Reporting Website

Courtney Carta, Chief of Hospital Quality Performance, presented an overview of the Maryland Quality Reporting consumer website. She demonstrated how to navigate the site to find and compare quality and performance information for healthcare facilities. Ms. Carta provided a brief update on two ongoing public reporting initiatives that MHCC is collaborating with other agencies: the Maryland Maternal Health Hospital Report Card and the HCAHPS Data Dashboard. These tools and resources aim to increase transparency and support consumers in making informed healthcare decisions.

ACTION REQUESTED: NONE

AGENDA ITEM 10

OVERVIEW OF UPCOMING ACTIVITIES

David Sharp provided a preview of the September Commission meeting, noting several key action items: two Certificate of Ongoing Performance from University of Maryland Upper Chesapeake Medical Center and University of Maryland Capital Region Medical Center, Psychiatric Bed Utilization Projections in CY 2030 and DRAFT Need Determinations for Historically Underserved Populations. Another action item on Implementation of the online prior authorization process - Chapter 847 (House Bill 932)/Chapter 848 (Senate Bill 791), Health Insurance – Utilization Review – Revisions and Primary Care Investment Analysis and Recommendations Report - Chapter 667 (Senate Bill 734), Maryland Health Care Commission – Primary Care Report and Workgroup, and one presentation, Most Costly Prescription Drugs (Outpatient) Among Maryland's Privately Insured and Medicaid.

ACTION REQUESTED: NONE

AGENDA ITEM 11

ADJOURNMENT

Chairman Boyle asked for a motion to adjourn the meeting. There being no further business, the meeting was adjourned at 4:04 p.m. upon the motion of Commissioner Gelrud, which was seconded by Commissioner Foreman, after discussion, unanimously approved.