



Thursday, September 18, 2025

MINUTES

Commissioner Boyle called the meeting to order at 1:05 p.m.

Commissioners present via telephone and in person: Cheatham, Dzirasa, Gelrud, Gilmore, Jensen, Spinner, Stroughton-Duncan, Wang and Wood.

Commissioners Absent: Agbabiaka, Bhandari, Blake, Douglas and Foreman.

AGENDA ITEM 1

ACTION: CONSENT AGENDA

A. Approval of Minutes: July 17, 2025

Item 1A was approved without objection.

AGENDA ITEM 2

MHCC's DRAFT VISION

Dr. Jacobs, Executive Director, presented an overview of a draft strategic vision for the Maryland Health Care Commission (Commission or MHCC), underscoring the significance of operational excellence. He explored this concept from various angles, including access, reducing disparities, and value. In terms of access, Dr. Jacobs pointed out critical areas such as primary care and behavioral health, workforce considerations, prior authorization processes, and coverage options.

He then tackled the challenges of reducing disparities, which involves data collection and reporting, ensuring high-quality care for underserved populations, understanding social determinants of health, and utilizing electronic health networks and artificial intelligence. Lastly, he addressed the value aspect, which encompasses competition, mergers and acquisitions, changes in ownership, the connection between quality and payment, transparency, and innovations in quality.

AGENDA ITEM 3

Update of Activities

Dr. Jacobs had no update of activities.

AGENDA ITEM 4

ACTION: Implementation of the online prior authorization process - Chapter 847 (House Bill 932)/Chapter 848 (Senate Bill 791), Health Insurance – Utilization Review – Revisions

Nikki Majewski, Chief of Health Information Technology, and Kelly Scott, Program Manager, presented the report: Findings and Recommendations on the Implementation of § 19-108.5 of the Health General Article. The law requires payors to establish and maintain an online process for pharmaceutical prior authorizations by July 1, 2026. They discussed information on the current prior authorization landscape, progress towards implementation and federal and state-level policy reforms. The findings report is due to the General Assembly by December 1, 2025. The report has recommendations that aim to build provider awareness of electronic prior authorization and real-time benefit tools and promote transparency in payor coverage criteria based on widely accepted evidence.

Commissioner Wood moved to APPROVE the report, Findings and Recommendations on the Implementation of the online prior authorization process- Chapter 847 (House Bill 932)/Chapter 848 (Senate Bill 791), which was seconded by Commissioner Stroughton-Duncan and, after discussion, unanimously approved.

ACTION: Findings and Recommendations on the implementation of the online prior authorization process - Chapter 847 (House Bill 932)/Chapter 848 (Senate Bill 791), is hereby APPROVED.

AGENDA ITEM 5

ACTION: Primary Care Investment Analysis and Recommendations Report - Chapter 667 (Senate Bill 734), Maryland Health Care Commission – Primary Care Report and Workgroup

Melanie Cavaliere, Chief of Innovative Care Delivery, and Mary Jo Condon and Ena Backus of Freedman HealthCare, LLC, presented key findings and recommendations from an annual analysis of primary care. They highlighted trends across payors and geographic regions in Maryland and initiatives implemented by other states to address challenges in increasing primary care investment. A findings report is due to the General Assembly by December 1, 2025 with recommendations to improve access, quality, and disparities through increased investment in primary care.

Commissioner Stroughton-Duncan made a motion to APPROVE the Primary Care Investment Analysis and Recommendations Report - Chapter 667 (Senate Bill 734), Maryland Health Care Commission – Primary Care Report and Workgroup, which was seconded by Commissioner Spinner and, after discussion, unanimously approved.

ACTION: Primary Care Investment Analysis and Recommendations Report - Chapter 667 (Senate Bill 734), Maryland Health Care Commission – Primary Care Report and Workgroup is hereby APPROVED.

AGENDA ITEM 6

ACTION: Certificate of Ongoing Performance for Percutaneous Coronary Intervention Services for University of Maryland Upper Chesapeake Medical Center (Docket No. 24-12-CP047)

Eliot Burkom, Program Manager, presented the staff report and recommendation for the Certificate of Ongoing Performance application of University of Maryland Upper Chesapeake Medical Center (UMMC) for primary and elective percutaneous coronary intervention (PCI) services. He provided an overview of staff's analysis and recommendation to allow the hospital to continue providing PCI services for four years, subject to a condition. The condition stems from both UMMC's failure to consistently hold interventional case review meetings for PCI on at least a bi-monthly basis and the hospital's failure to maintain a risk-adjusted mortality rate statistically significantly similar to, or better than, the national benchmark during four overlapping 12-month reporting periods; specifically the reporting periods ending between 2023 Q3 and 2024 Q2.

Staff proposed a condition requiring that UMMC submit attendance lists of its case review meetings to MHCC by January 31, 2026, for the interventional case review meetings that are held between July 1, 2025 and December 31, 2025, and submit attendance lists for interventional case review meetings held between January 1, 2026 and June 30, 2026, by July 31, 2026, as well as reporting this information every six months until the Executive Director releases UMMC from the reporting requirement.

Commissioner Stoughton-Duncan moved to APPROVE the Certificate of Ongoing Performance for Percutaneous Coronary Intervention Services for University of Maryland Upper Chesapeake Medical Center, which was seconded by Commissioner Wood.

During the discussion, Commissioner Jenson made a motion to move into closed session to discuss the focused review findings, which was seconded by Commissioner Stroughton-Duncan. The Commission moved into a closed session under General Provisions §3-305(b)(13) to discuss the findings which are considered files of a medical review committee and are confidential.

At 2:40pm, the Commission moved to the small conference room at MHCC's office, with some commissioners attending remotely.

The following persons were present during the closed session:

Acting Chair Boyle, Commissioners: Gelrud, Stroughton-Duncan, Gilmore, Wang, Spinner, Wood, Dzirasa, Cheatham, MHCC Executive Director Douglas Jacobs, MHCC staff: Wynee

Hawk, Theresa Lee, Eileen Fleck, Eliot Burkom, and Assistant Attorneys General Caitlin Tepe and Alexa Bertinelli.

The Commission discussed the focused review and returned to open session. Commissioner Jensen moved to amend the condition to the following, which was seconded by Commissioner Spinner:

UCMC shall submit to Commission staff, by February 28, 2026, the attendance lists and minutes which include monitoring of ongoing quality trends for the interventional case review meetings that are held between July 1, 2025 and December 31, 2025, and submit attendance lists and minutes which include monitoring of ongoing quality trends for interventional case review meetings held between January 1, 2026 and June 30, 2026, by August 31, 2026. UCMC shall continue to report this information every six months until the Executive Director releases UCMC from the reporting requirement.

The Commission unanimously approved the application of UCMC with the condition as amended.

ACTION: Certificate of Ongoing Performance for Percutaneous Coronary Intervention Services for University of Maryland Upper Chesapeake Medical Center is hereby conditionally APPROVED for four years.

AGENDA ITEM 7

ACTION: Project Change – UM Shore Medical Center at Easton (Docket No.:23-20-2463 & 23-20-CC042)

Dr. Moira Lawson, PhD, Program Manager, stated that the University of Maryland Shore Health System (UM SHS) requested a Project Change after Commission Approval. In January 2024, the Commission had approved the relocation and replacement of University of Maryland Shore Medical Center Easton to 10000 Longwoods Road in Easton, Talbot County. UM SHS now requests to reduce the number of operating rooms from seven to six and the number of cardiac catheterization labs from two to one when the new medical center opens. The change will reduce project costs with no negative effects on patient care. The modifications will save approximately \$2.8M, primarily in movable equipment costs, which will be used to offset increases in construction costs due to inflation.

Dr. Lawson stated that the project change request is a permissible change. There are no material changes to the nature of the project, its location, or the core service capacities. The requested change would not alter the findings that the Commission made in January 2024 concerning the need for and the positive long-term impact of the project. Therefore, staff recommended that the Commission approve the proposed change and issue a modified certificate of need and a modified certificate of conformance, both retaining the original conditions on the approvals.:

Commissioner Jensen made a motion to APPROVE the Project Change – UM Shore Medical Center at Easton, which was seconded by Commissioner Wood and, after discussion, unanimously approved.

ACTION: UM Shore Medical Center at Easton’s project change is hereby APPROVED.

AGENDA ITEM 8

PRESENTATION: MHCC Legislative Reports Due December 2025

Tracey DeShields, Director of Policy Development and External Affairs, gave an overview of the 2025 legislative work assigned to MHCC. She went through the reports and studies MHCC has completed and the reports due by December 1st or January 1st to the General Assembly.

ACTION REQUESTED: NONE

AGENDA ITEM 9

OVERVIEW OF UPCOMING ACTIVITIES

Dr. Douglas Jacobs provided a preview of the October Commission meeting, noting several key items: presentation and action item on Need for Acute Psychiatric Services, a CON for Residences at Vantage Point in Howard County, Final amendments for EHN regulations COMAR 10.25.07, Proposed amendments to prior authorization regulations under COMAR 10.25.17 and a presentation on Most Costly Prescription Drugs (Outpatient) Among Maryland’s Privately Insured and Medicaid

ACTION REQUESTED: NONE

AGENDA ITEM 10

CLOSED SESSION: ADMINISTRATIVE MATTER

Commissioner Jensen made a motion to go into closed session to discuss an administrative matter. This motion was seconded by Commissioner Wood and unanimously approved. Under General Provisions Art. §3-101, the Commission may recess a meeting to administer a section of the Commission’s enabling statute.

ACTION: NONE

AGENDA ITEM 11

ADJOURNMENT

Chair Boyle asked for a motion to adjourn the closed session meeting. There being no further business, the meeting was adjourned at 3:42 p.m. upon the motion of Commissioner Jensen.