



**Thursday, November 20, 2025**

**MINUTES**

Commissioner Boyle called the meeting to order at 1:03 p.m.

**Commissioners present via telephone and in person:** Agbabiaka, Bhandari, Blake, Foreman, Gelrud, Gilmore, Jensen, Spinner, Stroughton-Duncan, Wang.

**Commissioners Absent:** Cheatham, Douglas, Dzirasa.

**AGENDA ITEM 1**

**ACTION: CONSENT AGENDA**

**A.** Approval of Minutes: October 16, 2025

**B.** COMAR 10.24.06 Data Reporting by [Freestanding Medical] Non-Hospital Healthcare Facilities

Items 1A and 1B were approved without objection.

**AGENDA ITEM 2**

**UPDATE OF ACTIVITIES**

Dr. Douglas Jacobs, Executive Director of the Maryland Health Care Commission (MHCC or Commission) provided an update of staff's recent activities. He noted that in early November Maryland submitted an application for funding from the Centers for Medicare & Medicaid Services' (CMS) Rural Health Transformation . The State is requesting funding for three efforts: 1) Transforming the rural health workforce; 2); Promoting sustainable access in innovative care for rural Marylanders; and 3) Empowering rural Marylanders to 'Eat for Health'. The proposals and MHCC's submissions are now available online; CMS should make funding announcements by December 31. Every state is expected to receive around \$100M, but Maryland could receive an additional \$100M depending on CMS' scoring of its application.

If the State's application is approved, MHCC will have a role in some of the efforts, including an oversight role on provisions related health IT connectivity for rural providers and community-based organizations, supporting closed-loop referral tools that connect providers and community-based organizations, and enhancing telehealth. Some funds would be

districted directly to CRISP, the State-designated health data utility, which would be overseen by MHCC.

Dr. Jacobs also noted that CMS and Maryland have executed the state participation agreement for the AHEAD Model. MHCC continues to participate in a regulatory working group created by the Governor on implementation of AHEAD. MHCC will also be convening meetings of the Primary Care Investment Workgroup beginning in December to work on primary care investment targets.

### **AGENDA ITEM 3**

#### **ACTION: AAMC Surgery Center-Annapolis Ambulatory Surgical (Docket No. 25-022473)**

William Chan, Program Manager and CON Analyst, presented the staff recommendations on the certificate of need (CON) application filed by Anne Arundel – SCA Surgicenter, LLC, d/b/a AAMC Surgery Center – Annapolis (AAMC). AAMC proposes to add one sterile operating room and one non-sterile procedure room to its existing ambulatory surgical center, resulting in the establishment of an ambulatory surgical facility (ASF) with three sterile operating rooms and one non-sterile procedure room upon project completion. AAMC is a for profit organization owned jointly by Anne Arundel – SCA Holdings, LLC (61.3%) and by 27 individual physicians (38.7%). Anne Arundel – SCA Holdings, LLC is jointly owned by Luminis Health, Inc. (66.66%) and UnitedHealth Group, Inc. (33.34%). The applicant also operates a second ambulatory surgery center, AAMC Surgery Center – Pasadena, which specializes in orthopedics-hand procedures, orthopedics-total joint arthroplasty, general orthopedics, pain medicine procedures, neuro-spine procedures, and gynecological procedures. The total project cost is \$4.2 million, which the applicant will fund with \$2.2 million in cash equity from the operations of AAMC and AAMC Surgery Center - Pasadena and through a \$2.0 million mortgage loan. The applicant will sign a construction contract and begin construction within 120 days of Certificate of Need (CON) approval, with the completion and the start of operation for the ASF as soon as September 2026.

Mr. Chan stated that the proposed project complies with the standards in COMAR 10.24.11, the State Health Plan for Facilities and Services: General Surgical Services Chapter, and with the CON review criteria at COMAR 10.24.01.08G(3)(a) through (h). The project demonstrates the need for the third operating room and is financially feasible, cost-effective, and will have a positive impact on the health care delivery system. Staff recommended approval of the project with three conditions:

1. AAMC Surgery Center - Annapolis shall commit to provide an amount of charity care that is equivalent to or greater than the average amount of charity care provided by ASFs in the most recent year reported, measured as a percentage of its total operating expenses.
2. Prior to First Use, AAMC Surgery Center - Annapolis shall provide its CY2023 and CY2024 performance on the ASCQR as compared to other ASCs for the eight quality measures indicated as well as the following Claims-Based measures: ASC-17 (Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures) and

ASC-19 (Facility Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers).

3. For the next three years, collect and report annually to the Commission, data on the Enhanced Preoperative Education Pathway. The reporting shall include submission of stratified patient-level sociodemographic data, outcomes from orthopedic procedures, the number of risk assessments conducted; and the connections to community-based resources to mitigate potential negative effects.

Commissioner Gelrud moved to APPROVE the Surgery Center-Annapolis Ambulatory Surgical, which was seconded by Commissioner Jensen and, after discussion, unanimously approved.

**ACTION: Certificate of Need for AAMC Surgery Center-Annapolis Ambulatory Surgical is hereby APPROVED.**

#### **AGENDA ITEM 4**

##### **ACTION: 2026 MCDB Data Submission Manual**

Mr. Kenneth Yeates-Trotman, Director, Center for Analysis and Information Systems, gave an update on the changes to the new 2026 Medical Care Data Base (MCDB) Data Submission Manual (Manual). Mr. Yeates-Trotman began by providing background on the Manual and explaining why MHCC is required to bring it before the Commission for approval. He identified who is required to report to the MCDB and what data must be reported. Mr. Yeates-Trotman also discussed the two new variables to be included in the new Manual--State Health Plan Indicator and Preauthorization Indicator. Mr. Yeates-Trotman also discussed the Alternative Payment Model (APM) data collection and its purpose, including changes to this collection (e.g., adding four new quality measures and collecting primary care non-claims data by billing provider rather than at the payer level).

Commissioner Jensen made a motion to APPROVE the 2026 MCDB Data Submission Manual, which was seconded by Commissioner Stroughton-Duncan and, after discussion, unanimously approved.

**ACTION: 2026 MCDB Data Submission Manual is hereby ADOPTED.**

#### **AGENDA ITEM 5**

##### **ACTION: Mandated Benefits Study for HB1217/SB085, 2023 - Maryland Medical Assistance Program and Health Insurance – Coverage for Biomarker Testing**

Ms. Laura Spicer, Senior Director, and Todd Switzer, Chief Actuary, from The Hilltop Institute presented on the results of a study required by House Bill 1217 of 2023 on the impact of providing coverage for biomarker testing as required by the bill. Ms. Spicer explained that

the definition of "biomarker" is very broad and can encompass a wide array of tests. Ms. Spicer discussed the utilization rates by age, gender and race, noting that white individuals had a much higher utilization rate. Mr. Switzer then gave a financial impact summary. Mr. Switzer stated that they broke biomarker testing types into seven categories and projected anticipated costs through 2030 by commercial market and state employee market segments in those seven categories. Hilltop estimated that the fiscal impact of the expanded coverage would be \$148 million for commercial large group, fully insured from CY 2026 - CY 2029 and \$92 million for the State employee plan. Mr. Switzer concluded that additional information would be needed to provide more accurate projections, as there is only one year of available data since biomarker testing has been covered. Commissioners requested a cover letter be drafted to further explain the limitations of the report and to explain the insufficient data to project out any cost savings. The report was approved as long as a cover letter was drafted and attached to the report.

Commissioner Jensen moved to APPROVE the Mandated Benefits Study for HB1217/SB085, 2024 - Maryland Medical Assistance Program and Health Insurance – Coverage for Biomarker Testing, which was seconded by Commissioner Gelrud. Commissioner Jensen then moved to approve the report with a cover letter that highlights the impact of the broad definition of biomarker testing and limitations in the report due to the lack of data, including the reasons for the different utilization by race and the inability to address potential savings in the health care system due to the increased use of the tests. The motion was seconded by Commissioner Foreman, after discussion, unanimously approved.

**ACTION: Mandated Benefits Study for HB1217/SB085 ,2023 - Maryland Medical Assistance Program and Health Insurance – Coverage for Biomarker Testing is hereby APPROVED with explanatory cover letter.**

## **AGENDA ITEM 6**

**ACTION: Mandated Benefits Study for SB0961 - Maryland Medical Assistance Program and Health Insurance –Pharmacogenomic Testing- Required Coverage**

Ms. Dina Nash, Manager, and Lisa Kennedy, Principal and Consulting Actuary, with BerryDunn gave a presentation on the results on a study of the potential impact of mandating coverage of pharmacogenomic testing for patients diagnosed with anxiety or depression as proposed by Senate Bill 961, which did not pass the 2025 legislative session. Ms. Nash explained that the tests are currently rarely used and that less than 1percent of individuals who experienced a depressive episode received pharmacogenomic testing. For those that received this testing, testing usually occurred after a course of failed treatment. Additionally, most insurers do not currently cover these types of tests. Ms. Nash further explained that various studies have found the efficacy of the tests to be limited and that insurers do not believe the test meets the medical effectiveness criteria to be covered. Ms. Kennedy then summarized the likely financial impact of mandating coverage. Ms. Kennedy estimated that the utilization rates for these tests would be higher for the Medicaid population than from the

commercial market. Ms. Kennedy estimated that the Per Member Per Month premium increase would be about \$0.04 or 0.007 percent.

Commissioner Jensen moved to APPROVE the Mandated Benefits Study for SB0961 - Maryland Medical Assistance Program and Health Insurance –Pharmacogenomic Testing- Required Coverage, which was seconded by Commissioner Foreman, and after discussion, unanimously approved.

**ACTION: Mandated Benefits Study for SB0961 - Maryland Medical Assistance Program and Health Insurance –Pharmacogenomic Testing- Required Coverage is hereby APPROVED.**

#### **AGENDA ITEM 7**

**ACTION: Mandated Benefits Study for SB0508 - Maryland Medical Assistance Program and Health Insurance – Required Coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence (Healing and Scars Act)**

Ms. Valerie Hamilton, Principal, and Lisa Kennedy, Principal and Consulting Actuary, with BerryDunn presented the results of a study on mandating coverage for aesthetic services and restorative care for victims of domestic violence (DV), as proposed by Senate Bill 508, which did not pass the 2025 legislative session. Ms. Hamilton noted limitations to the study due to the lack of available data. Only one other state has mandated insurance coverage for similar services, though that legislation was not limited to victims of domestic violence. In addition, intimate partner violence (IPV) is underreported and DV/IPV is inconsistently coded by medical professionals. Ms. Kennedy then summarized the financial impact of the proposed mandate. Ms. Kennedy noted that the Medicaid population experiences IPV about 4.5 times higher than individuals in the commercial market. Ms. Kennedy estimated that the Per Member Per Month premium increase was about \$0.02 to .15 for the fully insurance commercial population and \$.07 to .47 for the Medicaid population.

Commissioner Stroughton-Duncan moved to APPROVE the Mandated Benefits Study for SB0508 - Maryland Medical Assistance Program and Health Insurance – Required Coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence (Healing and Scars Act), which was seconded by Commissioner Gelrud.

After Acting Chair Boyle raised concerns about the report's explanation of limitations to the study, Commissioner Jensen moved to revise the report to more clearly articulate limitations in the data, which was seconded by Commissioner Gelrud. After discussion, the report was unanimously approved subject to the discussed revisions.

**ACTION: Mandated Benefits Study for SB0508 - Maryland Medical Assistance Program and Health Insurance – Required Coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence (Healing and Scars Act) is hereby APPROVED with revisions.**

## **AGENDA ITEM 8**

### **PRESENTATION: Update on HIE Implementation of Data Sharing Protections for Legally Protected Health Information**

Anna Gribble, Assistant Chief of Health Information Technology, shared updates on the implementation of Chapters 248 and 249, Health – Reproductive Health Services – Protected Information and Insurance Requirements (2023). The law requires electronic health network and health information exchange entities operating in the State to develop technical capabilities to ensure protections for certain reproductive health information. Compliance timelines and ongoing stakeholder engagement to ensure compliance by the end of 2026 were highlighted.

**ACTION REQUESTED: NONE**

## **AGENDA ITEM 9**

### **OVERVIEW OF UPCOMING ACTIVITIES**

Dr. Jacobs provided a preview of the December's Commission meeting, noting several key items: action items include a report on market concentration, FY2025 Maryland Trauma Physician Services Fund Annual Report, additional studies on proposed insurance mandates, and a report on the most costly prescription drugs.

**ACTION REQUESTED: NONE**

## **AGENDA ITEM 10**

### **ADJOURNMENT**

Acting Chair Boyle asked for a motion to adjourn the commission meeting. There being no further business, the meeting was adjourned at 3:42 p.m. upon the motion of Commissioners Foreman and Jensen.