

Handout #1: Current and Proposed Policy Statements

The broad policies included in State Health Plan chapters are intended to guide the Commission's regulation of the supply and distribution of acute care hospital services in Maryland and serve as a foundation for the specific standards of this State Health Plan chapter.

Current Policy 3.0

Acute care hospital services will be provided in the most cost-effective manner possible consistent with appropriately meeting the need for such services and providing appropriate access to such services.

Draft Proposed Policy 3.0

Acute care hospital services shall be provided in the most safe and cost-effective manner possible consistent with meeting the healthcare needs of patients.

Current Policy 3.1

All Marylanders will have reasonable geographic and financial access to appropriate acute care hospital services. All Maryland hospitals and health systems will strive to address the needs of underserved populations and to reduce identified ethnic and racial disparities in the provision of acute hospital care.

Draft Proposed Policy 3.1:

Acute care hospital services shall be financially and geographically accessible to all who need them.

Current Policy 3.2

All Maryland hospitals and health systems will consider smart and sustainable growth policies as well as green design principles in hospital siting decisions and facility design choices.

Draft Proposed Policy 3.2

All hospitals and health systems shall consider smart and sustainable growth policies as well as green design principles in hospital siting decisions and facility design choices.

Current Policy 3.3

Hospitals and health systems will continuously and systematically work to improve the quality and safety of the care they provide. This will include planning and implementing integrated electronic health record systems that contribute to infection control, patient safety, and quality improvement and implementing the capability for sharing electronic health information, including clinical data, with other health care providers.

Draft Proposed Policy 3.3

All hospitals and health systems will continuously and systematically work to improve the quality and safety of patient care. This includes planning, implementing, and optimizing the use of electronic health record systems, electronic health information exchange, and telehealth to provide high quality, cost-effective, and patient-centered care.

Current Policy 3.4

Specialized acute care services should be provided on a coordinated, regional basis.

Draft Proposed Policy 3.4

All hospitals and health systems will strive to address the needs of underserved populations and to reduce ethnic and racial disparities in the provision of acute care hospital services.

Current Policy 3.5

The all-payer hospital rate setting system will be retained as an essential mechanism to contain increases in hospital and health system costs for all payers and as a means for promoting the maintenance of financial stability in the Maryland hospital system. The CON program will appropriately coordinate its capital project review activities with the hospital rate setting system with the objective of containing the cost of hospital facilities and services.

Draft Proposed Policy 3.5

The CON program will coordinate its capital project review activities with the Health Services Cost Review Commission (HSCRC) in order to streamline the CON review process and ensure a hospital's financial plans align with HSCRC's fiscal goals.