

What is the purpose of the workgroup?

During the 2016 Legislative Session, Senate Bill 707 Freestanding Medical Facilities- Certificate of Need, Rates and Definition (SB 707), passed into law and was signed by the Governor on May 10, 2016. The main purpose of the legislation is to provide a regulatory pathway for a health system seeking to convert an underutilized hospital to a freestanding emergency medical center, which under Maryland law is referred to as a Freestanding Medical Facility. The new law sparked considerable debate prior to passage. The General Assembly strengthened the public engagement requirements that a health system must meet before a conversion is approved.

Many health care access challenges for rural communities were highlighted during the debate on the SB 707. A particular focus was the Eastern Shore, where a move toward the establishment of a regional health system had sparked uncertainty on the future of several health care facilities. The Legislature took action to ensure that these concerns are not ignored. The legislation required the MHCC to establish a workgroup on rural health care delivery to oversee a study of healthcare delivery in the Middle Shore region and to develop a plan for meeting the health care needs of the five counties -- Caroline, Dorchester, Kent, Queen Anne's and Talbot. The workgroup will ultimately make recommendations to the MHCC and the General Assembly on how to improve the health care system on the Eastern Shore specifically and in rural communities generally.

What is the purpose of the study?

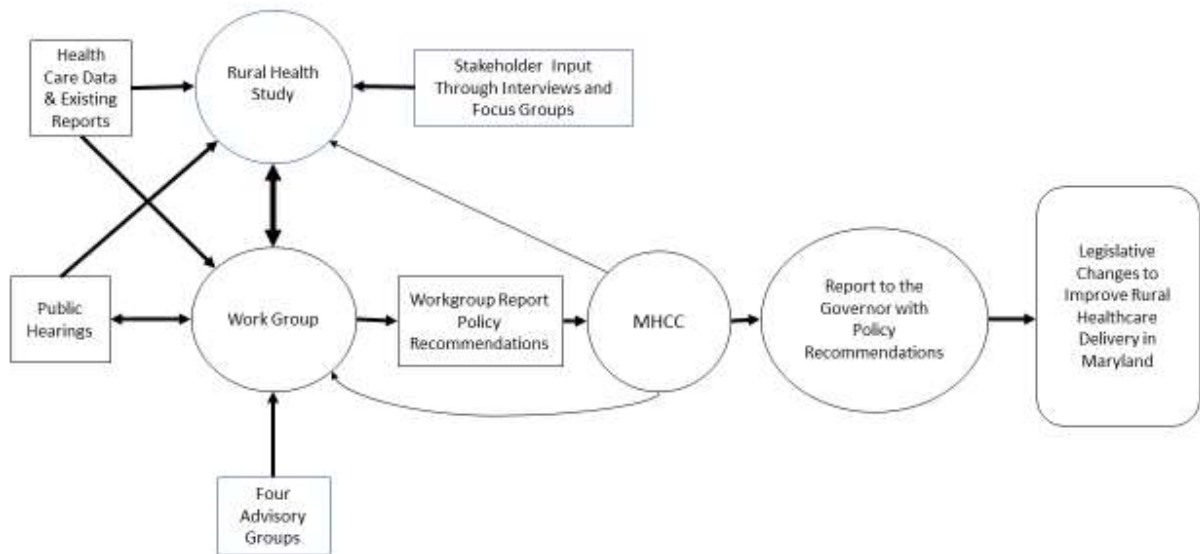
The study is meant to inform the workgroup and assist the workgroup members in their deliberations on recommendations to the general assembly on the delivery of health care in a rural setting. There are four major goals of the study. The first is to document the health of the residents on the Mid-Shore. Secondly, the study should identify specific areas most in need of improvement. Thirdly, the study will assess the capacities of the health system of the region. Lastly, the study will propose options for enhancing health and health care delivery in the five counties. The legislation requires the study be carried out by an entity with expertise in rural health care delivery and planning.

What are the important components of the study?

The study will consist of both data and literature review and interviews with key stakeholders and focus groups.

How do the workgroup and the study interact? (Insert graphic representation here)

The study will inform the workgroup and assist workgroup members in making final recommendations. The below chart represents the flow of work between the workgroup, study, and Maryland Health Care Commission.



What is the University Of Maryland School Of Public Health and the Walsh Center for Rural Health Analysis at NORC's role?

The University of Maryland, College Park, School of Public Health, partnering with the Walsh Center for Rural Health Analysis, NORC, University of Chicago were chosen by the Maryland Health Care Commission to conduct the study required under SB 707. The University of Maryland was chosen for their knowledge of the unique health care system in the state and their track record of studying regional health systems. UMD SPH will partner with NORC for their expertise in rural health and rural healthcare delivery.

How can county residents and organizations provide input to the process?

There are several ways for residents of the five county study region to provide input into the process. The first is to attend public hearings. The legislation requires public hearings be held in the region. There will be one public hearing in each of the counties between May and June 2017.

Residents are also welcome to attend any of the workgroup meetings. At each of the workgroup meetings 15 minutes is reserved for public comment.

Lastly, residents can provide written comment to MHCC staff by email or mail erin.dorrien@maryland.gov or 4160 Patterson Ave, Baltimore MD 21215

How were workgroup members/ workgroup chairs selected?

The legislation defines 11 individuals to serve on the workgroup and then requires MHCC to appoint other interested stakeholders. Nomination letters were sent to local state elected officials

and the Governor. MHCC also posted a call for nominations on the agency website and coordinated with other state agencies including the Department of Health and Mental Hygiene. Over 100 nominations were received for approximately 20 spots. MHCC selected members based on potential expertise in a particular facet of the health care system and strived for geographic representation from the region.

When will the final report be complete?

The study will be presented to the workgroup in September. The final report of the workgroup will be presented to the Maryland Health Care Commission in the fall and then submitted to the Maryland General Assembly and Governor.

MHCC Contact Information

Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215
410.764.3284

Erin Dorrien, Chief, Government & Public Affairs
erin.dorrien@maryland.gov

or

Kathy Ruben, Center for Health Care Facilities Planning and Development
kathleen.ruben@maryland.gov