



Thursday, December 11, 2025

MINUTES

Commissioner Boyle called the meeting to order at 1:02 p.m.

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

Commissioners Absent: Douglas, Spinner, and Wang.

AGENDA ITEM 1

ACTION: CONSENT AGENDA

A. Approval of Minutes: November 20, 2025

Item 1A was approved without objection.

AGENDA ITEM 2

UPDATE OF ACTIVITIES

Dr. Jacobs discussed MHCC's initiatives including the Primary Care Investment Workgroup, data modernization efforts alongside CRISP, planning for reports required ahead of the 2026 legislative session and focusing on the health care market concentration in Maryland.

Dr. Jacobs introduced Peggy O'Kane as MHCC's new Commissioner nominee. Peggy is the Founding President and CEO of the National Committee for Quality Assurance (NCQA), and has led the organization for more than 35 years. The organization accredited more than half of U.S. health plans, representing 216 million insured Americans, and has been at the vanguard of the quality and safety movement in the United States since its founding. She also spearheaded NCQA's creation of the Health Equity Accreditation, which has found widespread adoption among plans and providers, pushing them to address longstanding disparities in ways they hadn't before. She has been recognized 18 times as the "100 Most Influential People in Healthcare" by Modern Healthcare, as one of the "Top 25 Women in Healthcare" three times, and in 2000 was recognized as the Champion of Prevention Award by the Centers for Disease Control (CDC). She also served on the Evidence-Based Medicine Commission in the O'Malley Administration.

Finally, Dr. Jacobs introduced MHCC's new employee, Andre Chappel, who joined the team as the Chief Strategy Officer. Andre previously served as the Director of the Public Health Services Division in the Office of the Assistant Secretary for Planning and Evaluation (ASPE)

at the U.S. Department of Health and Human Services. At ASPE, he oversaw a portfolio of research and policy analysis related to programs operated by the Health Resources and Services Administration and the Indian Health Service. Over the course of his career, he has worked on topics related to the health care safety net, health insurance and provider markets, health care spending, health workforce, and preventive services, among others. Andre also led department-wide strategic planning initiatives on maternal health, social determinants of health, and kidney health. At the Commission, Andre will focus on helping further develop our research capacity while engaging with state agency partners to address cross-cutting strategic priorities.

AGENDA ITEM 3

ACTION: Insurer and Provider Concentration in Maryland (Market Concentration)

Dr. Mouslim, Policy Analyst at The Hilltop Institute, and Dr. Henderson, Director of Analytics and Research at The Hilltop Institute, presented findings and recommendations for this report. During the 2024 Maryland legislative session, concerns were raised about the acquisition and ownership of nursing homes; these same issues have become a concern in other health care facilities. The Maryland House Health and Government Operations Committee asked MHCC to conduct a study on the market concentration of the health insurance market and the impact on the delivery and quality of health care in Maryland.

Commissioner Gelrud moved to APPROVE the submission of the Insurer and Provider Concentration in Maryland (Market Concentration), which was seconded by Commissioner Stroughton-Duncan and, after discussion, unanimously approved.

ACTION: Insurer and Provider Concentration in Maryland (Market Concentration) is hereby APPROVED to submit to the Legislature.

AGENDA ITEM 4

ACTION: Market Impact, Requiring Menopause-Specific Training for Clinicians, and Mandating Comprehensive Insurance Coverage for Menopause-Related Treatment and Care

Ms. Valerie Hamilton, a Principle at BerryDunn and Jennifer Elwood, a Principle Actuary with BerryDunn gave a presentation on the results of the Required Coverage for Menopause-Related Treatment, Care, and Training of Clinicians requested by the legislature by letter on July 28, 2025. Ms. Hamilton provide definitions of different categories of symptoms experienced by those going through Menopause, Vasomotor Symptoms (VSM) and Genutourinary Symptoms (GSM). She went on to explain the different treatments that can be used to the different types of symptoms like Hormone Replacement Therapy (HRT), hormones such as estrogen and progesterone as well as creams and over the counter medications. She then explained that there are disparities in receiving treatment by Hispanic and Black women in comparison to Caucasian

women. Ms. Hamilton explained there is limited training on the treatment of Menopause and that PCPs and OB/GYNs recommend increasing education.

Ms. Elwood then went on to give a financial impact summary. Ms. Elwood explained the methodology used to conduct the financial impact summary. She explained that due to no specific legal language, the lack of directly available codes, claims data does not enable a full visibility into utilization management, and new drugs to just hit the market (Veozah and Lynkuet), it would be difficult to fully quantify costs.

Commissioner Jensen made a motion to APPROVE the Market Impact, Requiring Menopause-Specific Training for Clinicians, and Mandating Comprehensive Insurance Coverage for Menopause-Related Treatment and Care, which was seconded by Commissioner Stroughton-Duncan and, after discussion, unanimously approved.

ACTION: Market Impact, Requiring Menopause-Specific Training for Clinicians, and Mandating Comprehensive Insurance Coverage for Menopause-Related Treatment and Care is hereby APPROVED to submit to the Legislature.

AGENDA ITEM 5

ACTION: FY2025 Maryland Trauma Physician Services Fund Annual Report

Ms. Alexandra Bryden, Chief of Staff, presented the FY2025 Annual Report on the Maryland Trauma Physician Services Fund (Trauma Fund). Ms. Bryden provided an overview of the Trauma Fund, including its purpose and functions, funding mechanism, and health care professionals and trauma centers eligible for fund reimbursement and grants. She discussed recent changes to the Trauma Fund, enacted in 2024 legislation and currently being implemented. Ms. Bryden also shared an overview of the fiscal outlook of the fund for FY2025, including balances, reimbursements and disbursements, and Motor Vehicle Administration (MVA) fee collections for FY2025. Finally, Ms. Bryden presented MHCC's recommendations for improving program integrity and enhancing the Trauma Fund Grant Program for FY2026, including introducing flexibility to allow grant funding to be used for purposes beyond trauma center equipment. Commissioners positively responded to the new grant flexibilities for FY2026 and program integrity recommendations.

Commissioner Gelrud moved to APPROVE the FY2025 Maryland Trauma Physician Services Fund Annual Report, which was seconded by Commissioner Jensen, after discussion unanimously approved.

ACTION: FY2025 Maryland Trauma Physician Services Fund Annual Report is hereby APPROVED.

AGENDA ITEM 6

ACTION: SB0834/Ch. 298, HB 1148/Ch. 297, 2022- Health Insurance – Two-Sided Incentive Arrangements and Capitated Payments-Authorization Report

Mr. Gary Swan, a Senior Consultant from Freedman Healthcare, began the presentation by giving a brief overview of what Value-Based care (Alternative Payment Models—APMs) is by providing the multiple aims of improving health outcomes for patients, improving patient experience, reducing cost, supporting the health care workforce, and advancing health equity by shifting away from fee-for-service payments. The forms that these models take were also discussed. Mr. Swan also said that Chapter 298/297 of the Laws of Maryland required the MHCC to gather value-based care data and develop an annual report on the number and type of value-based arrangements, the quality outcomes of value-based arrangements, the number of complaints made regarding value-based arrangements, the cost-effectiveness of value-based arrangements, and the impact of two-sided incentive arrangements on practitioner fee schedules. It was noted that APM participation in the commercial market in Maryland increased by 37% from 2023 to 2024, with growth concentrated in shared savings arrangements. A provider survey highlighted challenges, including delayed contracting, limited actionable data, and unclear program requirements. Mr. Swan concluded his presentation by saying that future work will focus on strengthening data submission processes and acquiring software to validate episode-based data.

Commissioner Jensen moved to APPROVE the SB0834/Ch. 298, HB 1148/Ch. 297, 2022-Health Insurance – Two-Sided Incentive Arrangements and Capitated Payments-Authorization Report, which was seconded by Commissioner Gelrud, after discussion, unanimously approved.

ACTION: SB0834/Ch. 298, HB 1148/Ch. 297, 2022- Health Insurance – Two-Sided Incentive Arrangements and Capitated Payments-Authorization Report is hereby APPROVED to submit to the Legislature.

AGENDA ITEM 7

ACTION: Mandated Benefits Study for SB 518 – Health Insurance - Screening for Ovarian Cancer - Required Coverage and Prohibited Cost Sharing; and HB 1366 - Health Insurance – Testing for Ovarian and Cervical Cancers – Required Coverage and Prohibited Cost Sharing

Ms. Katie Matthews, an Actuary with Milliman, gave a presentation on the results of the Required Coverage for Ovarian Cancer Screening and Cervical Cancer Screening (SB-518 and HB-1366) requested by the legislature by letter on April 9th 2025, from Chair Beidle and by a letter on August 14, 2025, from Chair Pena-Melnyk. Ms. Matthews began by providing background on the report and explaining why MHCC is required to bring it before the Commission for approval. She went on to provide the differences of required coverage in the two bills (SB518 and HB 1366). Ms. Matthews then provided an overview of the prevalence of both ovarian and cervical cancer. She explained that the

USPSTF does not currently have any recommended screenings for Ovarian cancer. She discussed the fiscal impact, first if each bill passed individually and then if both bills had passed.

Commissioner Stroughton-Duncan moved to APPROVE the Mandated Benefits Study for SB 518 – Health Insurance - Screening for Ovarian Cancer - Required Coverage and Prohibited Cost Sharing; and HB 1366 - Health Insurance – Testing for Ovarian and Cervical Cancers – Required Coverage and Prohibited Cost Sharing, which was seconded by Commissioner Jensen, after discussion, unanimously approved.

ACTION: Mandated Benefits Study for SB 518 – Health Insurance - Screening for Ovarian Cancer - Required Coverage and Prohibited Cost Sharing; and HB 1366 - Health Insurance – Testing for Ovarian and Cervical Cancers – Required Coverage and Prohibited Cost Sharing is hereby APPROVED.

AGENDA ITEM 8

OVERVIEW OF UPCOMING ACTIVITIES

Dr. Jacobs provided a preview of the January Commission meeting, noting several key items: presentation of the 2026 legislative session, a presentation on framing the 2027 Primary Care investment targets, and a presentation on the Maryland HCAHPS collaborative and dashboard.

ACTION REQUESTED: NONE

AGENDA ITEM 9

ADJOURNMENT

Chair Boyle asked for a motion to adjourn the commission meeting. There being no further business, the meeting was adjourned at 3:35 p.m. upon the motion of Commissioners Gelrud and Jensen.