



**Thursday, February 19, 2026**

**MINUTES**

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

**Commissioners present via telephone and in person:** Agbabiaka, Bhandari, Cheatham, Douglas, Foreman, Gilmore, Jensen and O’Kane.

**Commissioners Absent:** Blake, Dzirasa, Gelrud, Stoughton-Duncan, Spinner and Wang.

**AGENDA ITEM 1**

**ACTION: CONSENT AGENDA**

A. Approval of Minutes: January 15, 2026, meeting minutes

Item 1A were approved without objection.

**AGENDA ITEM 2**

**UPDATE OF ACTIVITIES**

Dr. Jacobs, Executive Director, provided an overview of the upcoming Maryland Health Care Commission (MHCC or Commission) meeting.

Dr. Jacobs provided an update on the completion of action items under MHCC’s vision plan, including the recent completion of an action item that involved providing the Centers for Medicare & Medicaid Services (CMS) with information for the valuation of services. The Commission’s all-payer claims database has been instrumental in identifying potentially misvalued or overvalued services. By submitting this information to CMS, MHCC will recommend adjusting payments for services that are either under- or overvalued, with a submission deadline set for February.

Lastly, Dr. Jacobs stated that the next Commission meeting will include review of a series of nursing home acquisitions, which will impact approximately 10% of the State’s nursing homes. The legislation that enabled this oversight was passed in 2024, with many current commissioners playing a crucial role in its support. Dr. Jacobs acknowledged the hard work of various team members, including Shankar Mesta, Ken Yeates-Trotman, Andre Chapel, Jeanne-Marie Gawel and Wynne Hawk, who have all contributed to the agency’s ongoing projects and initiatives.

### AGENDA ITEM 3

#### **ACTION: MHCC User Fee Assessment**

##### **A. User Fee Assessment Report**

##### **B. Proposed Amendments to COMAR 10.25.03.02 -Method of User Fee Assessment**

Ms. Alexandra Bryden, Chief of Staff, presented the 2026 MHCC Report on User Fee Assessment, a study and recommendations required of the Commission every four years to assess the allocation of user fees and set user fee allocations and methodology for the FY 2027 assessment. Ms. Bryden reviewed the existing user fee assessment methodology, the Commission's workload distribution across industries, the feasibility of extending user fees to additional health care provider types, and the current waiver process exempting certain categories of health care practitioners from user fee assessments. Ms. Bryden presented the Commission with the MHCC Staff recommendation to approve the report as presented and make a technical correction to update the relevant section of COMAR to update the date reference (2026) to align with the next user fee assessment study period (2030).

Commissioner Jensen moved to APPROVE the MHCC User Fee Report, which was seconded by Commissioner Douglas and, after discussion, unanimously approved.

#### **ACTION: MHCC User Fee Report is hereby APPROVED.**

Commissioner Douglas moved to APPROVE the Proposed Amendments to COMAR 10.25.03.02- Method of User Fee Assessment, which was seconded by Commissioner Foreman and, after discussion, unanimously approved.

#### **ACTION: Proposed Amendments to COMAR 10.25.03.02- Method of User Fee Assessment is hereby APPROVED.**

### AGENDA ITEM 4

#### **ACTION/PRESENTATION: Need for Acute Psychiatric Services**

##### **A. PRESENTATION: Regional Utilization Projections**

##### **B. ACTION: Need for Historically Underserved Populations**

Katie Morris, Program Manager in the Acute Care Policy and Planning Division, presented the utilization forecast for acute psychiatric hospital beds and the needs determination for historically underserved populations, as required by the State Health Plan Chapter for Acute Psychiatric Services, COMAR 10.24.21. Certificate of Need applicants for acute psychiatric services must provide a detailed explanation of why their proposed project is needed and a zip code level service area needs assessment for the proposed population. Furthermore, the

projected need must be presented in relation to these two distinct analyses: the regional utilization forecast and the needs determination for historically underserved populations. While there is a set methodology in the State Health Plan for the utilization forecast, the Commission must vote on a need determination for historically underserved populations. Ms. Morris explained the methodology used to project future utilization of psychiatric hospital beds and the factors MHCC staff considered when developing the draft need determination. Feedback received on the previously published draft needs determinations was reviewed, and Ms. Morris explained how those comments informed the revised determination of need.

Commissioner Jensen moved to APPROVE the Need Determination for Historically Underserved Populations, which was seconded by Commissioner Cheatham and, after discussion, unanimously approved.

**ACTION: Need Determination for Historically Underserved Populations is hereby APPROVED.**

#### **AGENDA ITEM 5**

**ACTION: Shore Health System, Inc. Request for Post-Approval Project Change (Docket No. 23-20-2463)**

Ewurama Shaw-Taylor, PhD., Certificate of Need (CON) Chief, stated that the University of Maryland Shore Health System (Shore) requested a Change after Commission Approval. In 2024, Shore received a CON to relocate and replace University of Maryland Shore Medical Center Easton to 10000 Longwoods Road in Easton, Talbot County. Shore now requests to increase the project budget by \$124,903,000 to total of \$664,461,871. Shore attributes the increase to higher construction costs for both materials and labor, as well as increases in architect fees, movable equipment, interest charges and loan placement fees. Shore plans to fund the budget increases with \$50 million in increased philanthropy (for a total of \$100 million), \$68.7 million in additional authorized bonds, and \$6.2 million in interest income on bond proceeds.

Dr Shaw-Taylor 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 and again in September of 2025 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 CON subject to the conditions on the original CON and one additional condition:

4. Any future changes to the financing of this project involving adjustments in rates set by the Health Services Cost Review Commission must exclude \$57,075,689. This figure includes the estimated new construction costs that exceeds the Marshall Valuation Service guideline cost and portions of the contingency allowance and inflation allowance that are based on the excess construction cost.

Commissioner Jensen made a motion to approve the Shore Health System, Inc. Request for Post-Approval Project Change, which was seconded by Commissioner Douglas and, after discussion, unanimously approved.

**ACTION: Modified Certificate of Need - University of Maryland Shore Health System – is hereby APPROVED.**

## **AGENDA ITEM 6**

### **PRESENTATION: 2026 Legislative Overview**

Tracey DeShields, Director of Policy Development and External Affairs, gave an update of the legislative session. Ms. DeShields started by saying that the session is currently in full swing, with significant developments and upcoming events. As of February 27, the session will reach its 45th day, marking a critical point where activity typically intensifies as crossover approaches. This period is characterized by a flurry of bill activity, with the final introduction of bills without suspension of the rules set for March 9. Bills introduced after this date will face additional hurdles, as they must go through the rules committee, which is often seen as a challenging process. Ms. DeShields stated that there are currently over 1,300 bills that have been introduced in the Senate and more than 2,000 in the House, with approximately 250 bills being actively tracked.

Next, Ms. DeShields stated that most recent bill hearings have included discussions on various topics, such as a modified review process for intermediate care facilities, which received favorable testimony without opposition. Additionally, there has been testimony regarding primary care investment targets and a bill to add a hospital administrator to the commission, both of which also garnered support. MHCC has upcoming hearings to include Senate Bill 494 and House Bill 944, which are Commission priority bill and would expand MHCC's oversight over material change transactions. The following week will also see budget hearings in both the Senate and House, with the Senate hearing scheduled for March 6 and the House hearing on March 9. Overall, the legislative committee meetings have been efficient, and the team is optimistic about the progress being made on various bills and initiatives.

**ACTION REQUESTED: NONE**

## **AGENDA ITEM 7**

### **OVERVIEW OF UPCOMING ACTIVITIES**

Dr. Jacobs provided a preview of March's Commission meeting, noting several key action items: Proposed Amendments to COMAR 10.24.01.13 Procedural Regulations for Health Care

Facilities and Services, Proposed Amendments to COMAR 10.25.17 - Preauthorization of Health Care Services and a presentation on the 2026 Legislative Overview.

**ACTION REQUESTED: NONE**

## **AGENDA ITEM 8**

### **ADJOURNMENT**

Acting Chair Boyle asked for a motion to adjourn the commission meeting. There being no further business, the meeting was adjourned at 3:04 p.m. upon the motion of Commissioner Douglas, which was seconded by Commissioner Jensen.