

# MARYLAND HEALTH CARE COMMISSION

## *UPDATE OF ACTIVITIES*

March 2026

### *EXECUTIVE DIRECTION*

- MHCC completed its annual report, showcasing the accomplishments in the previous year for the public and to send to the General Assembly.

### Legislative Session 2026

We are more than halfway through the legislative session. Our legislative committee, which includes Commissioners, Jensen, Boyle, Gelrud, Blake, and Spinner have been busy reviewing bills with Commission staff each week. We have had eight meetings to date and have reviewed close to 40 bills. Since the last update we have had bill hearings on our key pieces of legislation below:

- **Material Change Transactions Bill:** [SB0494](#) / [HB0944](#) – Maryland Health Care Commission - Certificates of Need and Material Change Transactions, were heard in both the Senate Finance Committee (2/24/2026) and House Health Committee (2/25/2026).
- **Intermediate Care Facilities Bill:** [SB0444](#) / [HB0498](#) - Certificate of Need - Intermediate Health Care Facilities was heard in the Senate Finance Committee (2/17/2026) and House Health Committee (2/11/2026).
- **MHCC Budget Hearings:** MHCC’s budget hearings took place in the House (3/6/2026) and Senate (03/09/2026).

### Maryland Trauma Physician Services Fund

Grant Award Notices have been sent to all 9 eligible trauma centers, announcing award amounts of \$495,357 each, the maximum possible award. Centers may prioritize 2026 funds among any proposed expenditures in their grant applications. For 2026, trauma centers proposed investments: 1) to improve the provision of trauma care (e.g., equipment), 2) in community and provider education (e.g., first responder and community resident safety training and simulations), and 3) in data-driven quality improvement (e.g., data infrastructure and national registry participation). Staff expects to disburse a total of \$4,458,219.93 conditioned on semi-annual reporting of quality/impact metrics and national quality improvement program (TQIP) participation.

### Website Traffic

The [MHCC website](#) had 3,893 users during the month of February 2026. This is down from 5,436 users during January.

The [Maryland Quality Reporting website](#) also saw a decrease in users. The greatest number of referrals came from Maryland 211, Caring.com, and Howard County Government; Facebook was the main source of social media referrals with a rise in visitors coming from LinkedIn.

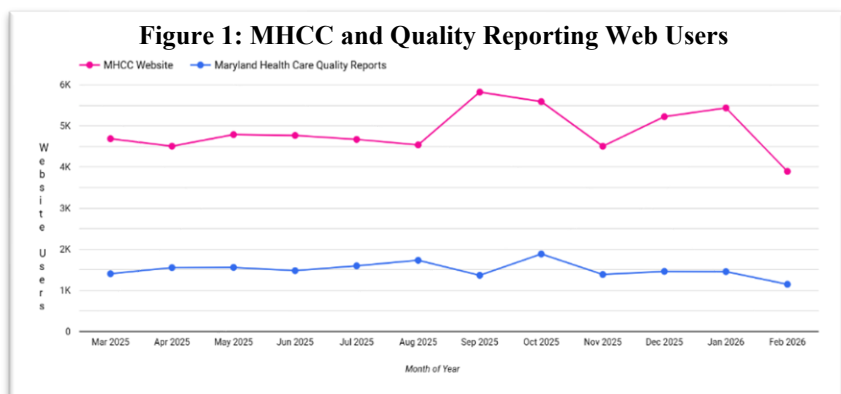


Figure 1 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff.

## ***CENTER FOR ANALYSIS & INFORMATION SYSTEMS***

### **Workforce and GME Project**

Staff began conducting one-on-one interviews with identified stakeholders as part of the Workforce and GME project under the AHEAD Regulatory Working Group–Multi-Agency Workplan. These discussions are intended to gather perspectives on workforce and GME challenges in Maryland and to help shape the focus group discussions planned for April. Staff also initiated a review of existing internal documentation, prior workforce studies, and relevant program information to compile baseline resources and contextual materials that will inform the project’s analysis and upcoming stakeholder engagement activities.

### **Data Hub**

Workgroup members identified additional data sources within their respective centers, including both active and terminated datasets, and gathered supplementary information to support future integration. These efforts expanded the asset inventory and provided additional details that will inform how these datasets may be integrated to generate broader insights.

### **MHCC Mandate Study Updates**

MHCC submitted 3 letters of information on bills we conducted mandate studies in 2025 for: 1) Scalp Cooling Systems; 2) Menopause coverage and clinical training; and 3) Aesthetic Services. MHCC also provided technical analysis and support for legislation including perinatal mental health, emergency department wait times, and continuous coverage of prescription medication to support gender-affirming care.

## ***CENTER FOR HEALTH PLANNING***

### **Psychiatric Utilization Projections and Historically Underserved Populations**

The utilization forecast for acute psychiatric hospital beds in CY 2031 and the needs determination for historically underserved populations established by the Commission during the February meeting will be published in the *Maryland Register* on March 20, 2026. As of this date, any CON applicants proposing a project for acute psychiatric services must discuss the need for the project in relation to the utilization forecast and needs determination.

### **Certificates of Ongoing Performance**

A schedule for the review of applications for Certificates of Ongoing Performance for cardiac surgery services will be published in the *Maryland Register* on March 20, 2026.

### **Certificate of Need (CON) Review Cycle**

The Certificate of Need (CON) review cycle for Home Health is ending. Our last date to accept any letters of intent is April 3, 2026, for the Maryland Lower Shore, which includes Caroline, Dorchester, Somerset, Talbot, Wicomico, and Worcester counties. The review began August 15, 2025, to date five applications from three facilities covering three health planning regions have been received and will be reviewed and presented to the Commission for a decision in upcoming months.

### **Long Term Care Annual Survey**

The Long-Term Care Annual Survey will begin March 16, 2026, with a 60-day data collection period for nursing homes, chronic care, and assisted living facilities. New question added to the survey this year will collect data on ownership changes, acquisitions and other related transactions. Commission staff validate the survey data using the Medicaid Cost Reports before publishing it for public use on the MHCC website. Survey

data is used to update the [MHCC Quality Reporting Website](#), develop the State Health Plan, determine need for additional capacity, assess financial health and performance, track ownership changes and to calculate the MHCC User Fee Assessment.

### **Determinations of Coverage (13):**

- **Change of Ownerships**
  - Laser Surgery Center
  - Ludwick Laser and Surgery Center, LLC
  - John H. ‘Jack’ Burbage, Jr. Regional Cancer Center
  
- **New Ambulatory Surgical Centers (ASCs)**
  - Andochick Center for Cosmetic Surgery (Frederick, MD)
  - Frederick Gastroenterology Associates (Frederick, MD)
  - Maryland Vision Surgery Center, LLC (Frederick, MD)
  
- **Waiver Beds**
  - Shady Grove Nursing and Rehabilitation Center: Shady Grove Nursing and Rehabilitation Center (Shady Grove) to expand its licensed Comprehensive Care Facility (CCF) bed capacity by 10 beds.
  - Copper Ridge Rehabilitation and Assisted Living: 3-month extension to complete renovations.
  
- **Capital Projects**
  - Observation Unit at TidalHealth Peninsula Regional: Capital Expenditure of \$17 million.
  
- **Misc Requests**
  - Foundations Intermediate Care Facility (Windsor Mill, Baltimore County): Foundations Inpatient, LLC notified MHCC of intent to dual license 24 existing ASAM Level 3.5 residential beds to also provide ASAM Level 3.7 medically managed detoxification services at its Windsor Mill facility. Stated goal is to improve continuity of care as nearby detoxification services cease operations. The proposal will not increase total licensed beds or patient census, involves no physical plant changes, and includes plans to maintain appropriate staffing and 24-hour nursing coverage to support detox services.
  - Johns Hopkins Surgery Centers Series (Lutherville): temporary closure of Johns Hopkins Surgery Centers Series, Lutherville (10755 Falls Road, Pavilion 1, Suite 110B, Lutherville, MD 21093). Closure effective 3/2/2026; reopening anticipated December 2026.
  - Meritus Robinwood Surgery Center, LLC dba C.P. Choudari Surgical Center: changes in physicians and specialties.
  - The Maryland Vision Surgical Center: addition of general anesthesia services.
  
- **Approved Project Changes:**
  - Shore Health System, Inc. Request for Post-Approval Project Change (Docket No. 23-20-2463): On 2/19/2026, the Commission approved a Modified Certificate of Need for SHS to increase the project’s capital and financing costs by \$124,903,000, bringing the total project budget to \$664,461,871. This modification represents approximately a 23% increase over the previously approved project budget of \$539.6 million.

***CENTER FOR HEALTH INFORMATION TECHNOLOGY & INNOVATIVE CARE  
DELIVERY***

### **Health Information Technology**

A final draft of the Electronic Health Care Transactions Technical Submission Guidance was prepared based on public comments received in January. The final draft was shared with electronic health networks (EHNs) and includes technical specifications for reporting electronic health care transactions to CRISP (COMAR 10.25.07.09). CRISP-reported status metrics:

- Percent complete in finalizing transactions technical submission guidance with EHNs (3/2026): 95%
- Percent complete toward go-live (supports AHEAD Model): 25%
- Percent of EHNs reporting transaction information to CRISP: 0%

Development of the consent management application (CMA) is nearly complete. CRISP shared technical specifications for connecting to the CMA with entities registered as a health information exchange (HIE) operating in the State. Connectivity to the CMA is required by HIEs (COMAR 10.25.18.03) to facilitate electronic sharing of consumers' opt out status. Since fall 2025, HIEs have provided input on the CMA design. Testing is underway with the Delaware Health Information Network. CRISP-reported status metrics:

- Percent complete in developing the CMA technical infrastructure: 80%
- Percent complete toward go-live (i.e., CMA is made available to HIEs): 75%
- Percent complete in conducting validation testing with HIEs (to ensure the CMA functions correctly before deployment – functionality, performance, and security): 5%

MHCC drafted proposed amendments to the prior authorization regulations (COMAR 10.25.17) with consideration of public comments received from an informal draft released in October 2025. Amendments include technology requirements for payors that strengthen digitization of the prior authorization process for pharmaceuticals (Maryland Code, Health-General § 19-108.5) and payor reporting metrics on the utilization of prior authorization by service type.

### **Innovative Care Delivery**

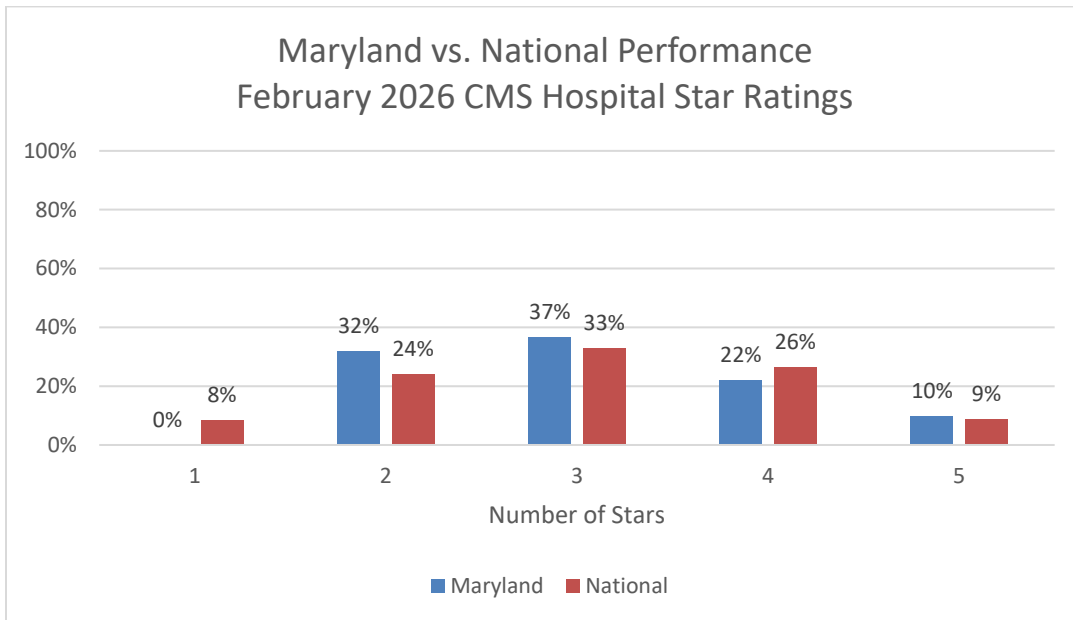
The Primary Care Investment Workgroup (PCIW) met in February to review the methodology for establishing payor specific primary care investment targets under the AHEAD Model. In April, the group is scheduled to review proposed targets for all commercial payors, Medicaid, Medicare Advantage, and the State Employee Health Plan. The PCIW will also examine investment opportunity maps that highlight areas with significant need and comparatively low primary care spending, which will inform future planning and resource allocation.

Innovative Care Team Roles: Nurse Practitioners (April) will highlight team-based care models in primary care. Discussion will focus on how models use collaborative, physician-led structures in which nurse practitioners and other clinicians work with patients to deliver coordinated, high-quality care. Participants will learn ways to improve efficiency, support better patient outcomes, and reduce clinician burnout by aligning responsibilities with each team member's scope of practice.

## ***CENTER FOR QUALITY MEASUREMENT & REPORTING***

### **Quality Measurement & Metrics**

CMS Hospital Star Ratings are a summary metric that measures how well hospitals perform on a range of domains including safety, mortality, readmissions, and patient experience. Hospitals receive a rating on a 1-to-5-star scale, with 5 stars representing the highest quality of care. In the most recent results, Maryland hospital performance showed a larger share of 2-star and 3-star hospitals and fewer 1-star and 4-star facilities proportional to the nation. State and national 5-star performance was comparable.



**Communication Activities**

The Winter edition of the Quality Corner Newsletter was released to approximately 1,800 contacts. The newsletter featured briefs on public reporting, the new outcomes accreditation badge for health plans, and the new HCAHPS dashboard available to providers on the CRISP website. The newsletter offers a unique opportunity to regularly stay engaged with a variety of professional audiences with a quality-based focus.

Staff attended the Myerberg Health and Aging Fair in Baltimore City. Over 200 people attended, and staff spoke with individuals in the community to share information about MHCC’s Quality Reporting website.