



Priority Order and Timeline of State Health Plan Chapter Review and Revision

Maryland Health Care Commission

May 19, 2022

The State Health Plan (Health-General § 19-118)



- ▶ Consistency with All Payor Model Contract
- ▶ Include methodologies, standards, and criteria for CON review
- ▶ Prioritize conversion of “acute capacity” to alternative uses
- ▶ Annually (or upon petition):
 - Assess each Chapter
 - Determine chapters needing review and revision
 - Establish priorities and timelines for review and revision of chapters
 - Publish changes considered necessary
- ▶ Ensure broad public input – public hearings and local health plans
- ▶ Address availability, accessibility, cost, and quality of care
- ▶ Review and revise periodically to reflect new developments in planning, delivery, and technology
- ▶ Recognize, but do not apply, develop, or duplicate standards or requirements related to quality which have been adopted and enforced by national or State licensing or accrediting authorities

Current State of the State Health Plan



Old and Largely Outdated

COMAR 10.24.12: Inpatient Obstetrical Services (2002)

COMAR 10.24.14: Alcoholism and Drug Abuse Intermediate Care Facility Treatment Services (2002/2013)

Old and Moderately Outdated

COMAR 10.24.18: Neonatal Intensive Care Services (1998/2006)

COMAR 10.24.10: General Hospital Services (2009) ***(currently under Work Group review)***

Updated in Last Ten Years

COMAR 10.24.09: Rehabilitation Hospital Services (2013)

COMAR 10.24.13: General Hospice Services (2013) ***(Work Group review in Summer 2022)***

COMAR 10.24.16: Home Health Agency Services (2016)

Updated in Last Five Years

COMAR 10.24.15: Organ Transplant Services (2017)

COMAR 10.24.17: Cardiac Surgery and Percutaneous Coronary Intervention Services (2019)

COMAR 10.24.20: Comprehensive Care Facility (Nursing Home) Services (2019)

COMAR 10.24.11: General Surgical Services (2021)

COMAR 10.24.07: Psychiatric Hospital Services (2021)

Newly Established in Last Five Years - COMAR 10.24.19: Freestanding Medical Facility Services (2017)

Underdeveloped

COMAR 10.24.07: Residential Treatment Center Services (1997/2021)

COMAR 10.24.08: Chronic Care Hospital Services (2007/2019) ***(Staff White Paper in development)***

Final Action on CON Applications - Frequency



The primary SHP Chapters guiding the review of CON applications for which final decisions (or application withdrawals) occurred between Jan. 2011 and Apr. 2022 (n=97)

49%	<u>Projects</u>	
COMAR 10.24.11: General Surgical Services (2021)	18	HIGH
COMAR 10.24.20: Comprehensive Care Facility (Nursing Home) Services (2021)	16	FREQUENCY
COMAR 10.24.13: General Hospice Services (2013)	14	
33%		
COMAR 10.24.10: General Hospital Services (2009)	11	MEDIUM
COMAR 10.24.14: Alcoholism and Drug Abuse ICF Treatment Services (2002/13)	11	FREQUENCY
COMAR 10.24.16: Home Health Agency Services (2016)	10	
18%		
COMAR 10.24.07: Psychiatric Hospital Services (2021)	7	LOW
COMAR 10.24.09: Rehabilitation Hospital Services (2013)	5	FREQUENCY
COMAR 10.24.07: Residential Treatment Center Services (1997/2021)	2	
COMAR 10.24.17: Cardiac Surgery and PCI Services (2019)	2	
COMAR 10.24.15: Organ Transplant Services (2017)	1	

CON Applications and LOIs In the Pipeline – May 2021



Active Applications (Docketed and Undocketed) Projects

COMAR 10.24.16: Home Health Agency Services	3
COMAR 10.24.15: Organ Transplantation Surgery (2017)	2
COMAR 10.24.10: General Hospital Services (2009)	2*
COMAR 10.24.14: Substance Abuse ICF Treatment Services (2002/13)	2
COMAR 10.24.11: General Surgical Services (2021)	1

Valid Letters of Intent Letters

COMAR 10.24.14: Substance Abuse ICF Treatment Services (2002/13)	1
COMAR 10.24.07: Residential Treatment Center Services (1997/2021)	1
COMAR 10.24.11: General Surgical Services (2021)	1
COMAR 10.24.09: Rehabilitation Hospital Services (2013)	1



Recommended Priorities for SHP Redevelopment – Top Priority

1. COMAR 10.24.10: General Hospital Services (2009)

- Old and moderately outdated
- Medium frequency use
- Important to improve alignment with TCOC payment model
- Focus of upgrade
 - Align with TCOC payment model and related HSCRC processes
 - Scale back number of standards
 - Simplify charity care standard, shell space standard, cost and space-related standards

Recommended Priorities for SHP Redevelopment - High Priority



2. COMAR 10.24.14: Alcoholism and Drug Abuse ICF Services (2002/2013)

- Much of the plan is outdated
- Medium frequency use
- A facility identified in the 2018 CON Modernization Report as a poor fit for the CON regulatory model – additions of bed capacity by existing facilities deregulated in 2019 – this change in law made the need standard for Track 1 ICFs (“private beds”) obsolete

3. COMAR 10.24.13: General Hospice Services (2013)

- Eight years old but only implemented in 2017/19 - needs significant streamlining based on recent experience
- Relatively high frequency use
- Key reform – creating an opportunity for reducing the number of jurisdictions with a single general hospice provider
- A facility identified in the CON Modernization Report (2018) as a poor fit for the CON regulatory model – bed additions deregulated in 2019

4. COMAR 10.24.16: Home Health Agency Services (2016)

- Only six years old but in need of significant streamlining based on use of the 2016 update
- Medium frequency use
- Scale back charity care requirements and eliminate other standards – look for ways to align with TCOC payment model
- A facility identified in the CON Modernization Report as a poor fit for the CON regulatory model

Recommended Priorities for SHP Redevelopment – Medium Priority



1. COMAR 10.24.07: Residential Treatment Center Services (1997/2021)

- These regulations are a “rump” section of the psychiatric hospital services regulations updated last year
- Low frequency use but major recent contraction in facilities and bed capacity and obsolescence of current regulations elevate priority

2. COMAR 10.24.19: Freestanding Medical Facility Services (2017)

- These regulations have been used five times for review of hospital conversions between 2017 and 2021 – never used to create new satellite emergency centers
- Never used in CON project reviews – only five exemption reviews
- Review and revision will be informed by that experience

3. COMAR 10.24.09: Rehabilitation Hospital Services (2013)

- Eight years old
- Low frequency use

Recommended Priorities for SHP Redevelopment – Low Priority



COMAR 10.24.18: Neonatal Intensive Care Services (1998/2006)

- MDH perinatal system standards incorporated by reference – this is core of regulation
- No projects in last 11 years – a CON application to reintroduce this service at a hospital that scaled back its level of service may be coming in 2022

COMAR 10.24.12: Obstetric Services (2002)

- Very old and moderately outdated
- Very low frequency use – one CON review in 20 years of existence

COMAR 10.24.15: Organ Transplant Services (2017) Low frequency – recent update

COMAR 10.24.17: Cardiac Surgery and PCI Services (2019) Low frequency – recent update

COMAR 10.24.08: Chronic Hospital Services (CCF regulations became COMAR 10.24.20 in 2019)

- These regulations are a “rump” section of the former nursing home chapter, COMAR 10.24.08
- No CON project reviews in last 11 years – policy direction likely to be largely negative with respect to any new development



Projected Timeline for SHP Redevelopment

FY 2023

COMAR 10.24.10 Acute Care Hospital Services *High Priority*

COMAR 10.24.13 General Hospice Services *High Priority*

FY 2024

COMAR 10.24.16 Home Health Agency Services *High Priority*

COMAR 10.24.14 Alcoholism and Drug Abuse ICF Services *High Priority*

FY 2025

COMAR 10.24.07 Residential Treatment Center Services *Medium Priority*

COMAR 10.24.19 Freestanding Medical Facility Services *Medium Priority*

COMAR 10.24.09 Rehabilitation Hospital Services *Medium Priority*

Status and Timeline for Procedural Regulations Update



- The draft Update of the Procedural Regulations (COMAR 10.24.01) is in the final stage of review by Commission staff. It has been critically reviewed by four former and current legal staff of MHCC, the Executive Director, and the Facilities Planning Director. Final review in May will involve the new AAG and Division Directors in the Center for Health Care Facilities Planning and Development.
- Publication of the draft update for informal review and comment by June 2022
- Notices concerning opportunity for comment distributed with particular focus on legal and consultant community involved in the project review process, in addition to regulated health care facility executives and planners, and trade associations.
- 45-day informal review and comment period through July 2022
- Review of comments and convening of meetings with commenters and others, as appropriate to the regulations under discussion, to develop a second draft for proposed rulemaking
- Recommendation of proposed regulations at September or October 2022 Commission meeting, depending on volume and tenor of comments