



Maryland Health Care Commission

EXISTING MHCC AUTHORITY - HEALTH EQUITY

NOVEMBER 16, 2023



Agenda

- ▶ The 2023-2026 Strategic Priorities
- ▶ New Review Criteria
- ▶ Existing Authority in Health Facility Planning
 - Statutory – Health General Article
 - Regulatory – Code of Maryland Regulations (COMAR)
- ▶ Other Tools

MHCC Strategic Priorities -- 2023-2026



- 1. Increasing the intentionality of a health equity focus in MHCC programs and services.**
- 2. Using its health care regulatory authority to enhance equity in health care delivery by improving access to services and the quality and outcomes of care.**
3. Facilitating the adoption of new technologies and health care data innovations and assessing their impact on access and quality of health care.
4. Increasing the use of data among policymakers, payer, providers, purchasers, and patients to improve the quality, affordability and outcomes of health care delivered in the state.
5. Promoting new models of care to address barriers to reducing the TCOC in Maryland and seize on new authorities under health insurance



What is meant by Health Equity

The CDC ...

- ▶ Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.
- ▶ Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Robert Word Johnson ...

- ▶ Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Achieving health equity is an overarching objective of the new Maryland Total Cost of Care Model...

- ▶ Achieving health equity also requires addressing social determinants of health and health disparities. It involves acknowledging and addressing racism as a threat to public health and the history of unethical practices in public health that lead to inequitable health outcomes. In Maryland we are working to reduce diabetes and improve maternal health and birth outcomes as key improvements under TCOC.
- ▶ Maryland has launched the Maryland Primary Care Program (MDPCP) to improve access to and improvement in primary care.
- ▶ Under the new CMMI AHEAD Model improving health equity is a foundational principle of the program. Maryland is planning to apply in one of the initial two applications cycle.



New CON Review Criteria

COMAR 10.24.01 Procedural Regulations For Health Care Facilities And Services

New Review Criteria in 10.24.01.08G(3)(g):

Health Equity

The Commission shall consider how a proposed project will address health care disparities in availability, accessibility, and quality of care among different populations within the service area. The Commission shall consider how social determinants within the service area of the proposed project create disparities in the delivery of health care.



Existing Statutory Authority Health Facility Planning



Md. Code Ann., Health General Article §19

▶ §19-103 MHCC – In General

(c) The purpose of the Commission is to:

(1) Develop health care cost containment strategies to help provide **access** to appropriate quality health care services for all Marylanders...;

(2) Promote the development of a health regulatory system that provides, for all Marylanders, **financial and geographic access** to quality health care services at a reasonable cost by:

(i) Advocating policies and systems to promote the efficient delivery of and improved access to health care services;

▶ §19-104 MHCC - Composition

(a) Composition of Commission;

(c) Geographic balance

(2) racial, ethnic and gender diversity



Existing Statutory Authority (con't)

▶ **§19-109 Powers and Duties**

- (3) Appoint advisory committees, which shall include consumers and may include representatives of interested public or private organizations, to make recommendations to the Commission on community-based services, long-term care, acute patient services, ambulatory surgical services, specialized health care services, residential treatment centers for emotionally disturbed children and adolescents, mental health and alcohol and drug abuse services, and any other topic or issue that the Commission considers necessary;

▶ **§19-115 Duties of Commission in Health Planning and Development**

- (a) In addition to the duties set forth elsewhere in this subtitle, in this Part II of this subtitle, the Commission shall:
 - (1) Act as the State agency to represent the State under Title VI of the federal Public Health Service Act;
 - (2) Periodically participate in or perform analyses and studies that relate to:
 - (i) Adequacy of services and financial resources to meet the needs of the population;
 - (ii) Distribution of health care resources;
 - (iii) Allocation of health care resources;
 - (iv) Costs of health care in relationship to available financial resources; or
 - (v) Any other appropriate matter;



Existing Statutory Authority (con't)

► §19-118 State Health Plan

(d) (1) The Commission shall develop standards and policies consistent with the State health plan that relate to the certificate of need program.

(2) The standards:

(i) Shall address the **availability, accessibility, cost, and quality of health care**; and

(ii) Are to be reviewed and revised periodically to reflect new developments in health planning, delivery, and technology.

(3) In adopting standards regarding **cost, efficiency, cost-effectiveness, or financial feasibility...**



Existing Statutory Authority (con't)

► §19-120. Certificate of Need – Health Care facilities

(m) (1) Notwithstanding any other provision of this section, the Commission shall consider the special needs and circumstances of a county where a medical service, as defined in this section, does not exist; and

(2) The Commission shall consider and may approve under this subsection a certificate of need application to establish, build, operate, or participate in a health care project to provide a new medical service in a county if the Commission, in its sole discretion, finds that:

- (i) The proposed medical service does not exist in the county that the project would be located;
- (ii) The proposed medical service is necessary to meet the health care needs of the residents of that county;
- (iii) The proposed medical service would have a positive impact on the existing health care system;
- (iv) The proposed medical service would result in the delivery of more efficient and effective health care services to the residents of that county; and
- (v) The application meets any other standards or regulations established by the Commission to approve applications under this subsection.



Existing Regulatory Authority Health Facility Planning



SHP Chapters: Charity Care and Financial Assistance

- 10.24.09** Acute Inpatient Rehabilitation Services
- 10.24.10** Acute Care Hospital services
- 10.24.11** General Surgical services
- 10.24.12** Acute inpatient Obstetrics
- 10.24.13** Hospice services
- 10.24.16** Home Health agency services
- 10.24.17** Cardiac surgery and PCI
- 10.24.18** Neonatal Intensive Care
- 10.24.19** Freestanding medical facilities



SHP Chapters

Financial Access/ Gray Area or Indigent

10.24.08 CHRONIC HOSPITALS

10.24.12 ACUTE INPATIENT OBSTETRICS

10.24.13 HOSPICE SERVICES

10.24.14 INTERMEDIATE CARE FACILITIES

10.24.16 HOME HEALTH AGENCY SERVICES

10.24.18 NEONATAL INTENSIVE CARE



SHP Chapters: Medical Assistance Medicaid MOU

10.24.07 Residential Treatment Centers

10.24.12 Acute Hospital Inpatient Obstetrics

10.24.20 Comprehensive Care Facility Services



Medicaid MOU

- ▶ In the 1983-1988 State Health Plan Chapter on Long Term Care, a standard was included as follows:
“All long term care facilities that participate in the Medicaid program must serve a proportion of Medicaid patients that at a minimum is equal to the average Medicaid patient population in all other comprehensive care beds in the jurisdiction. Once the facility’s Medicaid occupancy equals the jurisdiction average Medicaid occupancy, then the facility will continue to admit Medicaid patients to maintain the jurisdiction average Medicaid occupancy.”
- ▶ The Commission requires a Medicaid MOU as a condition of CON approval, and Medicaid monitors participation and enforcement. While the calculation methodology has changed over time, this requirement has been in State Health Plan chapters continuously.
- ▶ The Medicaid MOU is used as a tool to assure access to long term care services to all Maryland residents, regardless of ability to pay. Private nursing home facilities that existed prior to this requirement have since gone out of business.

Other Regulatory Provisions



▶ Residential Treatment Centers 10.24.07

- *Sex specific programs* with separate physical and therapeutic environments consistent with treatment needs
- *Meeting special needs* - treat emotionally disturbed individuals, dually diagnosed (mentally ill, addicted or developmentally disabled) individuals, or physically disabled individuals

▶ Acute Care Hospitals 10.24.10

- *Geographic Accessibility* - be located to optimize accessibility in terms of travel time for its likely service area population
- *Non-Geographic Barriers to Access* - An acute care general hospital shall identify and explain its efforts to address non-geographic access barriers, including but not limited to barriers that stem from a patient's race, gender, ethnicity, or ability to pay. A hospital shall also present how progress has been measured and shall be measured for any access barrier identified.

▶ Hospice 10.24.13

- *Public Education Programs* to increase awareness and consciousness of the needs of dying individuals and their caregivers, to increase the provision of hospice services to minorities and the underserved, and to reduce the disparities in hospice utilization. Such a plan shall detail the appropriate methods it will use to reach and educate diverse racial, religious, and ethnic groups that have used hospice services are at a lower rate than the overall population in the proposed hospice's service area.

▶ Comprehensive Care Facilities 10.24.20

Access to Community Based Services for the Disabled



Other Tools

- ▶ The annual **Maryland Hospice Survey** added data on race and ethnicity. After the adding hospice education and outreach efforts, the Commission's Consumer website also added information to broaden the use of hospice services.
- ▶ **Conditions** on CON Approvals
 - Suburban Hospital Docket No. 04-15-2134 included a condition that required an annual report that included an evaluation of the effectiveness of the hospital's proposed regional outreach efforts related to cardiovascular disease prevention and early diagnosis. The annual report was to include progress in obtaining new partners to collaborate on regional outreach efforts related to cardiovascular disease prevention, early diagnosis and care, with particular emphasis on outreach to African American and other minority populations. The report shall also specify improvement targets and provide quantitative data documenting Suburban's progress in contacting and serving African American and other minority individuals.



Questions?