



2025 Annual Report:

# SHINING A LIGHT

**ON QUALITY,  
COST, AND  
ACCESS**



**MARYLAND  
Health Care  
Commission**

Marcia Boyle, MS, Acting Chair  
Douglas Jacobs, MD, MPH, Executive Director  
*July 1, 2024 through June 30, 2025*

“**The Maryland Health Care Commission is committed to making health care more accessible, equitable, and affordable for all Marylanders.**”



## Executive Summary

At the heart of our work are the patients and health care consumers who rely on Maryland’s system to deliver safe, high-quality care. In fiscal year 2025, The Maryland Health Care Commission (MHCC) advanced this mission by supporting consumers, partnering with health care providers and industry stakeholders, and informing policymakers to strengthen Maryland’s health care system for the future.

### HEALTH CARE DATA

MHCC worked to ensure data is transparent and accessible for Maryland health care consumers through public reporting initiatives. These efforts included expanding access to user-friendly data on hospital quality, health care costs, and provider performance, empowering consumers to make more informed decisions about their care while increasing accountability across the health system.

### CARE DELIVERY

In collaboration with providers and industry partners, MHCC advanced initiatives to improve care delivery. Key efforts included statewide training in delivering value-based care, providing high-quality care via telehealth, using health information technology, practice transformation support, and how to target quality improvement programs. The Commission also strengthened oversight of nursing home acquisitions and supported critical programs such as trauma care and maternal health initiatives, ensuring that high-quality services remain available across the state.

### LEGISLATIVE COLLABORATION

MHCC informed policymakers and supported systemwide reforms through its annual Primary Care Investment Report, analyses of commercial health benefit plans, and assessments of All-Payer Claims data to evaluate access and cost trends. The Commission also contributed to legislative initiatives on prior-authorization reforms and studied ways to enhance access and oversight of ambulatory surgical care.

Together, these efforts underscore MHCC’s commitment to placing patients and consumers at the center of its work while building a more transparent, equitable, and resilient health care system for Maryland.

# Commissioners

OF MHCC

## Acting Chair

- 1. MARCIA L. BOYLE MS**  
**Founder**, Immune Deficiency Foundation

## Commissioners

- 2. AWAWU AGBABIAKA CRNP**  
**Founder**, AIM Behavioral Health Services
- 3. ARUN BHANDARI MD**  
**Oncologist & Hematologist**, Chesapeake Oncology Hematology Associates
- 4. HASSANATU BLAKE PhD, MPH, MBA**  
**Director of Health Equity & Social Justice**, National Association of County & City Health Officials
- 5. TINISHA CHEATHAM MD**  
**Physician in Chief**, Mid- Atlantic Permanente Medical Group
- 6. KARL DOUGLAS ALM, LNHA, MBA**  
**Founder**, Synergy Baltimore
- 7. LETITIA DZIRASA MD**  
**Deputy Mayor of Health and Human Services**, Baltimore City
- 8. ARIN FOREMAN CPA**  
**Vice President & Deputy Chief of Staff**, CareFirst BlueCross BlueShield
- 9. JOAN GELRUD RN, MSN, CPHQ, FACHE**  
**Retired**, *prev.* Chief Quality & Population Health Officer, Luminis Health
- 10. SHANTE GILMORE DrPH, MPH**  
**Director**, Health Equity Initiatives at the Patient Advocate Foundation
- 11. MARK JENSEN Esq**  
**Founding Partner**, Jensen and McComas, LLC
- 12. JOVONNI SPINNER DRPH, MPH, CHES**  
**CEO & Founder**, Beacon Public Health
- 13. DANIELLE STROUGHTON-DUNCAN**  
MLS, MEd, EdD  
**Director of Education**, COLA, Inc.
- 14. MARCUS L. WANG Esq**  
**Partner**, Coda Global Ventures
- 15. VACANT**  
Previously held by **Karrie Wood**

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2025

# INTRO

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About MHCC, Our  
Mission, & Our Priorities



# Introduction

The Maryland Health Care Commission (MHCC) plays a key role in strengthening the state's health system by engaging with consumers, providers, industry stakeholders, and legislators.

It informs health policy with reliable data, supports providers in delivering high-quality care, and helps consumers understand health care options. By connecting these diverse perspectives, MHCC advances policies that promote accessible, affordable, and high-quality care.

MHCC also provides accessible and understandable information, including resources like the Maryland Health Care Quality Reports website, which attracts around 1,500 visitors monthly and offers valuable data on the quality and cost of care. Additionally, MHCC plays a central role in expanding telehealth in Maryland by evaluating policies and leading initiatives to support telehealth's long-term integration into the health care system.

Through these efforts, the Commission seeks to expand access to quality care, promote transparency, and advance equity for a healthier Maryland.

## WHO WE ARE

MHCC is an independent state regulatory agency working in collaboration with the Maryland Department of Health (MDH). Our 15 Commissioners, appointed by the Governor with Senate confirmation, represent communities across the state. They bring diverse perspectives to ensure the voices of residents, health care providers, policymakers, and community organizations are heard.

## WHAT WE DO

We provide Marylanders, policymakers, and health care organizations with accessible and reliable information on the quality, accessibility, and cost of health care. In addition to promoting transparency and accountability, we play an active role in shaping the health care system through advancing health system operability and health planning, including Certificate of Need (CON) regulation and oversight of mergers and acquisitions. Together, these efforts help residents make informed choices, support providers in delivering high-quality care, and guide decision-makers in shaping effective health policies.

## WHY WE DO IT

We work to ensure Maryland's health system meets the evolving needs of its communities, both today and in the future. Our efforts focus on expanding access to care, empowering Marylanders with clear and reliable health information, and advancing innovative planning that strengthens the state's health care infrastructure. Everything we do is aimed at creating a healthier, more equitable Maryland where every resident can access high-quality, affordable care.



**“MHCC works to identify and address systemic barriers so that all Marylanders have equitable access to care and the opportunity to achieve optimal health.”**







## How We Do It

We achieve our mission by collecting and sharing trusted health data, developing evidence-based regulations, and providing policy analysis that informs decision-making across the health system. Through collaboration with state and community partners, we plan for sustainable and accessible care, monitor health expenditures, promote secure health information technology, and support reforms that improve quality and reduce disparities. In addition, at the direction of the General Assembly, the Commission conducts health policy studies, monitors Maryland's health care workforce, and serves as a technical resource for the Health Services Cost Review Commission (HSCRC) for the All-Payer model and Total Cost of Care (TCOC) demonstration, and the upcoming launch of the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model (discussed on page 30).

### OUR PRIORITIES

In all our efforts, we remain committed to addressing social determinants of health and reducing disparities to improve health and quality of life for every Marylander. Our work was guided by five strategic priorities that strengthen Maryland's health system and promote better outcomes for all residents. In FY25, we focused on:

-  Improving the communication of health information to support informed decision-making
-  Expanding telehealth across diverse care settings
-  Making health care cost and quality data more accessible
-  Advancing value-based payment models that reward high-quality, efficient care
-  Modernizing the Certificate of Need (CON) program

# SECTION ONE

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## MHCC Activities and Accomplishments



\* PART ONE:

# Supporting Consumers and Patients

Access to quality, affordable care is essential to both the health of individual Marylanders and the strength and well-being of entire communities. Ensuring that patients and consumers can make informed decisions is central to the Commission’s mission. In FY25, MHCC led efforts to expand transparency and access to reliable health care information, promote health equity, and strengthen protections for patients. These initiatives are designed to reduce disparities, address preventable health risks, and empower Marylanders with the knowledge and tools they need to navigate their care with confidence.



## How We Did It



### Enhanced the Maryland Health Care Quality Reports website to improve accessibility and understanding for consumers

The Maryland Quality Reporting website (<https://healthcarequality.mhcc.maryland.gov>) consolidates the Commission’s four mandated reporting initiatives—hospitals, long-term care, ambulatory surgical centers (ASC), and commercial health plans—into one, comprehensive, user-friendly website. Users can easily locate the information they need to make health care decisions.

With the Maryland Quality Reporting website, consumers can find and compare patient ratings, safety and quality results, service volumes, cost, and other data for up to five facilities at a time. The site is regularly updated to include the most current data and continues to evolve to align with industry changes.

#### WHAT’S NEW?

- **New Quality Measures:** Added new measures to the hospital quality reporting program that track hospital harm from hypo- and hyperglycemia events and monitor opioid prescribing practices upon discharge.
- **Expanded Ambulatory Surgical Reporting:** Expanded the Freestanding Ambulatory Surgical Facility (FASF) survey to collect data on corrective/revision surgeries, patient demographics, and social determinants of health.

- **Adult Medical Day Care (AMDC):** Simplified the annual AMDC survey and began reporting flu vaccination rates among health care workers.

#### KEY FEATURES

- **Long Term Care Toolkit:** Patient and family-facing guides, checklists, and financial calculators to help plan for care—the site’s most frequently accessed resource.
- **Health Equity:** Hospital cost and volume data for the most common medical conditions, stratified by race and ethnicity; inventory of Maryland Department of Health (MDH) programs that support underserved populations.
- **Guides and Fact Sheets:** Tools to help patients choose a provider, prepare for surgery, establish an advance directive, and other information to help make health care decisions easier.
- **Resources for Health Care Professionals:** Centralized access to reporting requirements, submission schedules, technical documentation, and current and historical analytic reports using various data sets (e.g., healthcare associated infection data).

#### RAISING AWARENESS

MHCC engages local communities, health care professionals, health care organizations, plans, and other stakeholders in diverse ways to share our resources. Staff attends community events, creates and distributes electronic content (e.g., newsletters and social media), and shares printed materials to trusted partners and community leaders.

ACTIVITY	AUDIENCE	PURPOSE	REACH
Community Health Fairs	Local communities, health care consumers	Share available resources and learn about local/community needs	Over 6,000 participants
Informational Website Demonstrations	Industry stakeholders, community partners	Share and inform partners about available resources	10 presentations, ~25 people each
Electronic Quarterly Newsletter	Industry stakeholders	Engage with professionals, community partners, and others who are interested in quality initiatives occurring in Maryland	~1,900 subscribers per quarter
Social Media	Industry stakeholders, community partners, health care consumers	Engage with consumers and followers interested in MHCC activities	~1,700 followers
Printed Materials	Local communities, industry stakeholders, community partners	Educate and inform partners about various health-related topics	~5,000 brochures and handouts distributed



## Contributed to the work of the new Maryland Maternal Health Act of 2024 to strengthen maternal health services statewide

The passage of the Maryland Maternal Health Act of 2024 (HB1051) aims to strengthen care coordination, provide resources, and increase transparency of maternal health care in the state. Among the requirements of the Act, Maryland must establish a report card for birthing facilities, highlighting various maternity-related metrics.

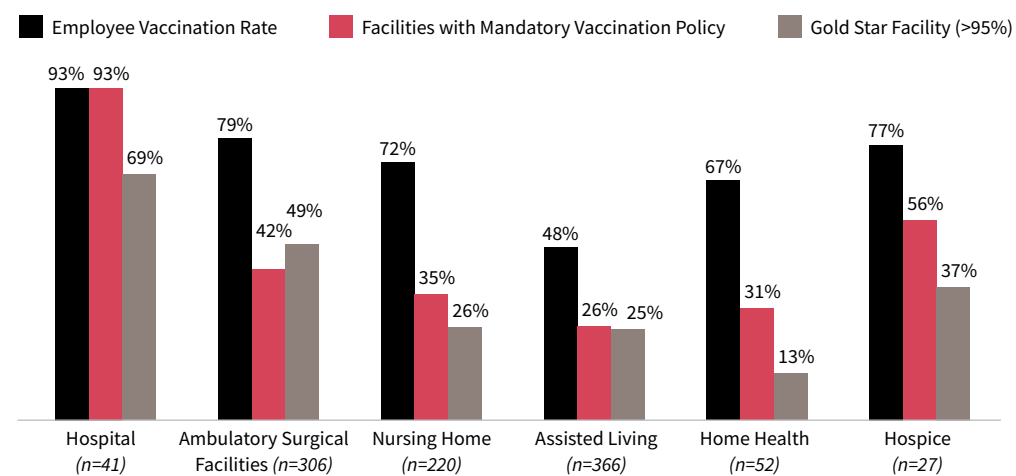
After passage of the Act, the Maryland Department of Health and MHCC began development of a report card to better inform the public of the availability of services and the performance of local health care providers. MHCC provided analytic expertise and important data points and information for inclusion in the report card. The site went live on July 1, 2025 and can be accessed here: <https://health.maryland.gov/dataoffice/mdh-dashboards/Pages/MHHReportCard.aspx>. MHCC will continue to play a vital role to strengthen and support this effort.



## Reported health care employee influenza (flu) vaccination rates to guide infection-prevention efforts

The Commission tracks and reports staff flu vaccination rates for hospitals, nursing homes, hospices, home health agencies, ambulatory surgical facilities, and assisted living facilities (10+ beds). This data, available on the Maryland Quality Reporting website, allows the public to compare performance and note whether facilities have mandatory vaccination policies. In 2025, hospitals reported the highest rates of staff flu vaccination (93%), while assisted living reported the lowest rates (48%). Although rates generally align with the presence of mandatory flu vaccination policies, some facility types—such as ambulatory surgical centers and home health agencies—report relatively high rates despite fewer mandates. Facilities achieving at least 95% staff vaccination earn “gold star” recognition on the website, with results ranging from only 13% of home health agencies achieving this recognition to 69% of hospitals.

EMPLOYEE FLU VACCINATION RATES IN MARYLAND FACILITIES: 2024-2025 FLU SEASON



Data Sources: CDC National Healthcare Safety Network (NHSN) and MHCC Annual Facility Surveys

Note: 2023/2024 results shown for ambulatory surgical facilities. 2024/2025 reporting is currently in progress. This graph includes Assisted Living Facilities with ten or more beds, as surveyed by MHCC.



## Published price information on health care services to help consumers compare facilities and make informed health care choices

MHCC has a long history of providing consumers with information about the price of care at different facilities to help them make informed decisions about where to receive care. The Maryland Quality Reporting website provides information about daily rates for nursing homes, assisted living facilities, and adult medical day care, along with semi-annual updates on hospital volume and pricing for medical conditions treated statewide.



## Analyzed Medicare and Medicaid data to assess availability of high-quality care in Maryland to support informed consumer decision making

The Centers for Medicare & Medicaid Services (CMS) assigns star ratings to facilities based on certain standardized measures. A five-star rating reflects the highest level of quality and performance and indicates that a facility is performing well above average compared to others. The Commission analyzed CMS star ratings for nursing homes and hospitals to determine how the state ranks in comparison to surrounding states.

The Commission analyzed star ratings for nursing homes and hospitals from CMS and determined the number of 5-star facilities available in Maryland and how the state ranks in comparison to facilities in surrounding states.

Thirty-six percent of Maryland nursing homes received a 5-star rating, ranking the state 4th, regionally. Ten percent of Maryland hospitals achieved a 5-star rating, placing the state 3rd in the region.

NURSING HOME RATINGS

STATE	% 5-STAR RATING	RANK
District of Columbia	59%	1
Delaware	37%	2/3 (tie)
Pennsylvania	37%	2/3 (tie)
Maryland	36%	4
Virginia	32%	5
West Virginia	28%	6

HOSPITAL RATINGS

STATE	% 5-STAR RATING	RANK
Delaware	16%	1
Pennsylvania	11%	2
Maryland	10%	3
Virginia	8%	4
District of Columbia	0%	5/6 (tie)
West Virginia	0%	5/6 (tie)



## Supported access to patient’s prescription histories to improve coordination and safety of care

More than 1.5 million people visit emergency departments each year in the United States for adverse drug events with nearly 500,000 requiring hospitalization.<sup>1</sup> To improve patient safety through electronic information exchange, legislation passed in 2022 establishes a health data utility and requires pharmacies and prescribing providers to submit dispense information for non-controlled prescription drugs to the state-designated Health Information Exchange (HIE) the Chesapeake Regional Information System for our Patients (CRISP).

Since passage of the law, MHCC has worked with pharmacies, prescribers, and other stakeholders to prepare for implementation beginning September 1, 2025. In FY25, the Commission finalized development of a technical reporting guide, began to operationalize supporting regulations, and launched education efforts to ensure readiness.

These actions, taken in coordination with stakeholders, will increase access to complete medication histories, prevent harmful drug interactions, and strengthen patient care across Maryland.



## Completed the 2024 Reporting Year evaluation for commercial health benefit plans

The Commission collected data from six commercial health maintenance organization (HMO) plans and five preferred provider organization (PPO) plans. Using the Healthcare Effectiveness Data and Information Set (HEDIS), staff compiled quality measures for health plan members across several domains, including:

- Behavioral health
- Primary care and wellness for children and adolescents
- Adult primary care for cardiovascular conditions, musculoskeletal disease, medication management, and general health
- Adult and pediatric respiratory conditions
- Women’s health

Overall, commercial health plans performed well in childhood immunizations, immunizations for adolescents, timeliness for pre- and postpartum screening for women, and controlling A1C levels in patients with diabetes. Additional data were collected on the Consumer Assessment of Healthcare Providers and Systems (CAHPS), the number of behavioral health providers in each plan, and the distribution of providers by medical specialty and county. All results are available in a consumer-friendly format on the Maryland Quality Reporting website (<https://healthcarequality.mhcc.maryland.gov>).

<sup>1</sup>Centers for Disease Control and Prevention. (2024, April 17). *FastStats: Medication safety data*. U.S. Department of Health & Human Services. <https://www.cdc.gov/medication-safety/data-research/facts-stats/index.html>



## Conducted the 2024 Nursing Home Family Experience of Care Survey to assess satisfaction with quality of care and overall experience

Each year, the Commission surveys family members of nursing home residents to gather feedback on their experiences. The survey assesses overall satisfaction as well as specific aspects of care, including staffing, security, food, and resident activities.

Survey findings indicate that, on average statewide, 70% of family members would recommend the nursing home, and overall satisfaction with facilities was 72%. Individual aspects of care are rated on a scale of 1 to 4, with 4 representing the highest level of satisfaction. Ratings were highest for staff and administrative services, while food and resident activities—such as social and recreational events—received the lowest scores, suggesting opportunities for improvement in these areas.

Survey results for each facility are available on the Maryland Quality Reporting website, and statewide results are presented in the figures below. To encourage participation, the survey is offered in both English and Spanish, and respondents may complete it online. In 2024, approximately 42% of participants completed the survey online, compared with 40% in the previous year.

AVERAGE RATINGS FOR 2024 NURSING HOME EXPERIENCE OF CARE, STATEWIDE



AVERAGE SCORES BY DOMAIN FOR 2024 NURSING HOME EXPERIENCE OF CARE, STATEWIDE



## Tracked the use of hospice services and promoted greater utilization in communities where hospice is underutilized

Hospice care provides essential comfort and support for patients and families during serious illness, yet some communities continue to experience lower utilization, particularly among Black residents and in certain counties within the state. To address these gaps, MHCC developed and shared educational materials aimed at increasing awareness of hospice benefits through education materials and data reporting.

Using data from the Center for Health Facility Planning’s Annual Hospice Survey, MHCC compiles detailed hospice utilization tables each year that track rates, patient demographics, common conditions, and non-death discharges. These results are shared with the hospice industry and made available to

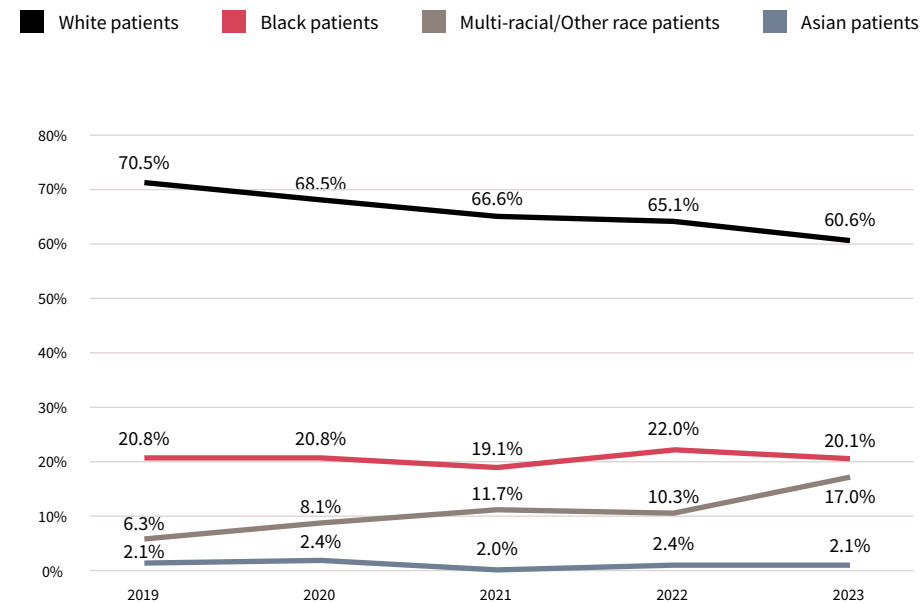
the public through the MHCC website. In 2025, MHCC published the FY23 Hospice Utilization Report, providing a comprehensive look at statewide trends.

Hospice use in Maryland increased in FY23, reversing several years of gradual decline. While overall use is rising, there is more work needed to ensure equitable care.

In FY23, approximately 42 percent of Marylanders received hospice care at the end of life, up from 37 percent in FY22. Though hospice utilization in Maryland is increasing, the rate is lower than the national rate of 52 percent.<sup>2</sup> The figure below shows the racial distribution of hospice patients served in Maryland.

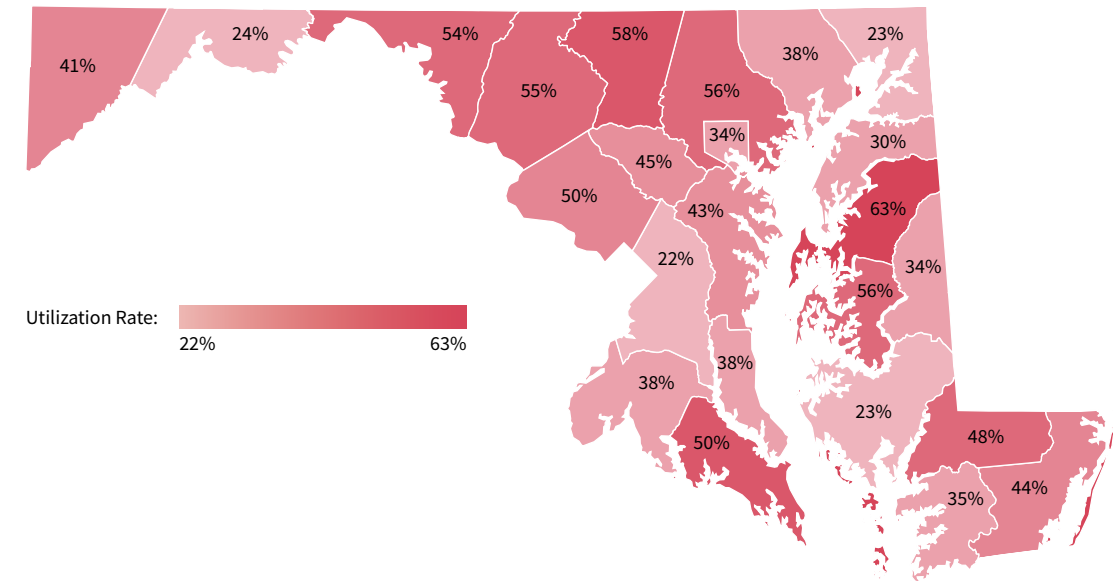
Of the residents who received hospice services, there has been a steady decline in the White patient population, decreasing from 70 percent to about 60 percent over the 5-year period, with a similarly valued increase among multi-racial and other race patients. Among those who received hospice care, hospice use for Black patients remained relatively consistent, around 20 percent from FY19 through 2023, with a slight increase to 22 percent in FY22.

**MARYLAND HOSPICE PATIENTS SERVED BY RACE: FY19-FY23**



<sup>2</sup> [https://www.medpac.gov/wp-content/uploads/2025/03/Mar25\\_MedPAC\\_Report\\_To\\_Congress\\_SEC-1.pdf](https://www.medpac.gov/wp-content/uploads/2025/03/Mar25_MedPAC_Report_To_Congress_SEC-1.pdf)

**HOSPICE UTILIZATION RATES BY COUNTY**



County-level data reveal substantial variation in hospice use across Maryland. Certain areas of the state, including Western Maryland, and the Eastern Shore, have limited access, as there is only one hospice provider in each region, respectively. MHCC continues to monitor these trends, working with state and community partners to identify areas with lower use and promote a broader understanding of hospice care.



\* PART TWO:

# Partnering with Providers and Industry Stakeholders

Maryland's health care system depends on strong partnerships with the health care providers that serve communities every day. In FY25, MHCC worked closely with providers and industry leaders to strengthen care delivery, expand the use of telehealth and health information technology, and advance workforce safety. Through statewide training, practice transformation initiatives, and a public awareness campaign on workplace violence, the Commission helped providers adopt best practices, improve efficiency, and ensure patients continue to receive safe, high-quality care.

## How We Did It



### Hosted virtual learning events with industry stakeholders

MHCC partnered with MedChi, The Maryland State Medical Society, to host virtual learning events that facilitated primary care transformation and value-based care. The events provided practical tools and guidance to help practices enhance care coordination, strengthen patient engagement, and advance innovation in care delivery.

- **The Fall 2024 Symposium (October 2024):** Demonstrated best practices for leveraging data available through CRISP in existing workflows. Presentations explored ways data can guide improvements in care delivery and chronic care management.
- **The 2024 Fall Forum (December 2024):** Highlighted approaches to improving care delivery through data analysis, feedback, and goal setting with clear and measurable targets. Presenters shared ways to test interventions, monitor progress, and refine initiatives to optimize results.
- **The 2025 Winter Summit (March 2025):** Focused on the role of patient and family advisory councils in advancing care quality. The session featured success stories and actionable strategies for effective implementation.
- **The 2025 Summer Summit (June 2025):** Emphasized the importance of a “digital front door” to improve access, engagement, and the overall patient experience. Speakers discussed the role of telehealth in expanding access, reducing costs, and supporting chronic condition management, and provided practical tips for maximizing patient portal use to strengthen communication and engagement.



### Facilitated quality improvement with the Mid-Atlantic Patient Safety Center

Maryland law authorizes MHCC to designate a patient safety center to lead statewide safety initiatives. The Mid-Atlantic Patient Safety Center (MPSC), formerly the Maryland Patient Safety Center, currently holds a five-year designation, providing education and training programs for health care professionals across hospitals, nursing homes, and other care settings.

In response to rising incidents of workplace violence in health care—where employees are four times more likely than other workers to experience violence or related injuries—Senate Bill 700 established the *Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup*. MHCC facilitated the Workgroup in 2022, developing both a public awareness campaign and an implementation plan, which were submitted to the legislature later that year. Funding of \$750,000 was approved in 2023 to finance campaign activities.

Drawing on the Workgroup's findings, and in collaboration with MHCC and other partners, MPSC launched the Prevent Workplace Violence Program campaign in FY25. Over six months, the initiative ran across billboards, radio, and television, reaching thousands of Marylanders with messages aimed at fostering safer environments for health care workers and patients alike.



### Strengthened partnerships to improve transparency and public understanding of health care data

MHCC collaborates with state and national partners to make health care information more transparent, accurate, and accessible to the public. Staff play an active role participating in and contributing to the Maryland Consumer Health Information Hub. The Hub was created from a 2022 Maryland law requiring state and local agencies to use plain language in public communications about health, safety, and social services benefits.

As a member of the Hub, MHCC worked collaboratively with other state agencies to draft health literacy checklists, guidelines and review protocol to support agencies creating contracts, grants or campaigns about health safety, health insurance, or social services benefits information.

Staff continue to network, share resources, and collaborate with partners to get plain language, easy-to-understand health care information into the hands of all Marylanders. (Learn more about HB1082: <https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb1082?ys=2022RS>).



### Initiated practice transformation activities to improve care quality and efficiency

MHCC awarded grant funding to the MedChi Care Transformation Organization (CTO) to help primary care and specialty practices strengthen care delivery and efficiency. Through this partnership, MHCC

oversaw activities that supported practices in implementing team-based, high-quality care models. Practice transformation coaches provided guidance and technical assistance to help practices redesign workflows and adopt more effective care processes. Across three cohorts, 87 practices completed program milestones. The grant concluded on June 30, 2025, and insights from this initiative will guide future MHCC programs to advance practice transformation across the state.



### Promoted the use and expansion of Health Information Technology (IT)

MHCC assessed the diffusion of electronic health records (EHR), HIE, and telehealth to analyze trends and identify policies that promote broader use and evaluation of health IT statewide. Other initiatives aimed at ensuring privacy and security and creating efficiencies and equitable care delivery through health IT include:

- **Oversight of Technology Vendors:** Certified 30 electronic health networks and registered 17 HIEs, including CRISP, to ensure annual privacy and security audits align with regulatory requirements and support vendor preparedness and implementation of legislation (enacted 2021-2023).
- **Data Privacy and Security:** Monitored national and state cybersecurity trends and lessons learned from data breaches; updated the Cybersecurity Preparedness Self-Evaluation Questionnaire to help practices assess and strengthen their cyber defenses.
- **Innovative Technologies:** Administered health IT questionnaires and reviewed literature to assess digital transformation and inform planning; evaluated emerging applications of artificial intelligence in health care and identified key considerations that span technical, regulatory, ethical, and operational matters.

Together, these efforts ensure that health data are transmitted securely, protected, and maintained with integrity, enabling meaningful analysis, driving quality improvement, and supporting continued innovation and connectivity across Maryland’s health care system.



### Ensured trauma care remains available to all Marylanders through the Maryland Trauma Physicians Services Fund

MHCC oversees and administers the Maryland Trauma Physician Services Fund, which supports the stability of the State’s trauma system. The Commission’s regulations set requirements for fund eligibility, allowable uses, and reporting to ensure transparency and accountability.

The Trauma Fund helps ensure the stability of the State’s trauma system by offsetting uncompensated and under-compensated care provided by trauma physicians, supporting on-call and standby stipends for trauma centers, and providing grant funding for eligible equipment.

The fund is financed through a motor vehicle registration surcharge. In FY25, legislation increased the surcharge from \$5 to \$13, significantly expanding available funding. The increased revenue has expanded available resources, allowing the Commission to support new initiatives that promote innovation, training, and outreach for trauma services—particularly in underserved communities.

FY25 TRAUMA FUND OVERVIEW: REVENUES & TRANSFERS		FY25 AMOUNT
Fund Balance at the Start of FY25		\$9,118,428 <sup>3</sup>
Collections from Motor Vehicle Administration		\$25,625,426
Credit Recoveries		\$77,920
<b>AVAILABLE FUNDS</b>		<b>\$35,716,087</b>
Uncompensated Care Payments		\$1,754,689
On-Call Expenses		\$18,311,335
Medicaid Payments		\$2,111,683
Children’s National Medical Center – Standby		\$900,000
Trauma Equipment Grants		\$4,466,321
Administrative Expenses		\$59,318
Transferred as Reserves		\$894,313
<b>Total Expenditures</b>		<b>\$26,519,739 <sup>4</sup></b>
<b>ENDING TRAUMA FUND TOTAL</b>		<b>\$8,302,035</b>

<sup>3</sup> Difference due to late journal entry, increasing balance forward.

<sup>4</sup> Expenditure total is adjusted based on credit recoveries (\$77,920).



### Participated in work groups, committees, and advisory councils

MHCC’s influence and reach spans across the health care system, as staff take an active role in the participation of many work groups, committees, and advisory councils. A few examples of committee participation include the MDH Morbidity, Mortality, and Quality Review Committee, the HSCRC’s Performance Measurement Workgroup, the HSCRC Emergency Department Wait Time Reduction Commission and Maryland Hospital Association HCAHPS Learning Collaborative, Maryland Cardiac Data Coordinators Committee, and Medicaid’s Patient Driven Payment Model for Nursing Homes Workgroup. Staff are uniquely positioned to provide perspectives on health care system needs, access to care, and quality improvement activities.

\* PART THREE:

# Informing Policymakers and Advancing Systemwide Improvement

Building a high-quality, accessible, affordable, and equitable health care system requires data-driven insight, effective regulation, and collaboration across agencies and stakeholders. In FY25, MHCC informed policymaking and advanced systemwide improvement through research, analysis, and targeted oversight. Efforts included strengthening primary care investment, enhancing transparency and value in health care, and expanding regulatory oversight to promote accountability and quality. MHCC also initiated innovative policy development in areas such as telehealth, ambulatory surgical care, and nursing home acquisitions, while collaborating with partners statewide to improve patient experience and ensure Maryland's health system remains responsive to emerging challenges.



## How We Did It



### Published the second annual Primary Care Investment Analysis and Recommendations Report

Primary care is a cornerstone of the health care system; increased access can help prevent illness and result in better health outcomes. Senate Bill 734, *Maryland Health Care Commission – Primary Care Report and Workgroup (2022)* mandates MHCC conduct an annual analysis of primary care and make recommendations on the level of primary care investment relative to overall health care spending with input from a stakeholder workgroup.

The workgroup explored opportunities to advance primary care policies that make sustainable and systematic improvements aligned with the new AHEAD Model discussed on page 30. MHCC was also specifically identified in the Governor's Directive related to AHEAD model implementation to establish primary care investment targets in collaboration with stakeholders and partner agencies.<sup>5</sup>

MHCC examined primary care investment across commercial payers, Medicare Advantage, and Medicare Fee-for-Service by analyzing data from 2021 to 2023 using Maryland's All Payer Claims Database (APCD). The 2025 report, submitted to the Governor and General Assembly, includes findings from a geographic analysis and recommendations to advance primary care investments across Maryland.

<sup>5</sup> Governor's Office. (2024). Governor's Directive on AHEAD Model Implementation. Maryland Department of Health. <https://hscrc.maryland.gov/Documents/AHEAD/Governor%27s%20Directive%20%281%29.pdf>



### Increased regulatory oversight of nursing home acquisitions

In recent years, concerns have grown in Maryland and nationally about changes in the ownership and operation of nursing homes, particularly the role of private equity firms and real estate investment trusts. These ownership models have raised questions about their impact on patient safety and the delivery of high-quality care. In response, MHCC staff began providing Commissioners with additional detail on acquiring entities, including their quality track record as reflected in composite scores on the Centers for Medicare & Medicaid Services' Care Compare website.

Historically, MHCC's regulatory oversight of nursing home acquisitions was limited to notification requirements and confirmation that acquiring entities had no record of fraud or abuse in health care facility operations. Legislation enacted in 2024 expanded MHCC's authority, allowing MHCC to approve, approve with conditions, or deny the transactions based on factors in the public interest. In FY25, MHCC completed 12 nursing home acquisitions, all prior to the effective date of the new regulations. No acquisitions have occurred since.

This pattern suggests that the new regulations have had an immediate effect on the nursing home acquisition market. The absence of acquisitions since the effective date may indicate that prospective buyers are reassessing their strategies considering the heightened oversight requirements.

While it is too early to determine the long-term impact, the revised process appears to be influencing market behavior and positions MHCC to ensure that future ownership changes prioritize quality of care, patient safety, and affordability.



### Reported on state-level prior authorization reforms and the implementation of a state-mandated online process

MHCC submitted to the General Assembly a report with findings from a literature review and three recommendations. As required,<sup>6</sup> the report included information on prior authorization reforms that have been implemented or considered by states and the development of standards for modifying prior authorization requirements for prescription drugs, medical care, and other services. The legislation requires payors to implement an online process that links to all e-prescribing and EHR systems, accepts and approves prior authorizations, and provides real-time benefit information at the point of prescribing, such as copayments, deductibles, and coinsurance and more affordable medication.



### Continued support for telehealth policy analysis and development

MHCC submitted a report to the General Assembly highlighting findings from claims analyses that examined payment levels for somatic and behavioral health services delivered via telehealth relative to in-person care. The report required<sup>7</sup> MHCC to study and make recommendations regarding the delivery of somatic and behavioral health services through audiovisual and audio-only telehealth technologies, including payment parity. The recommendations aim to expand equitable access to care, support

<sup>6</sup> Required by Chapter 848 (Senate Bill 791) and Chapter 847 (House Bill 932) *Health Insurance – Utilization Review – Revisions (2024)*

<sup>7</sup> Required under the *Preserve Telehealth Access Act of 2023* (SB 534) and the *Behavioral Health Model for Maryland* (HB 1148)

provider sustainability, and ensure Marylanders can continue to benefit from the convenience and continuity of telehealth.



### Researched advancing access and oversight of ambulatory surgical care

The Joint Chairmen's Report 2024 directed MHCC to study how ambulatory surgical centers (ASCs) are included in private payer plans. The report examines policies for ASC participation, compares costs of procedures performed in hospitals versus freestanding facilities, and evaluates how ASCs could be integrated into Maryland's TCOC Model and the upcoming AHEAD model (see page 30).

Based on the findings of the study, MHCC developed several recommendations to improve oversight, quality, and system alignment:

- Strengthen Maryland Insurance Administration oversight and support ASC network inclusion.
- Collaborate with MDH and HSCRC to align ASCs within the AHEAD model, where appropriate.
- Create a quality monitoring program for ASCs and hospital outpatient departments (HOPDs).
- Continue analytic work and data evaluation to guide policy decisions.

Taken together, these recommendations will strengthen oversight, promote quality, and better integrate ambulatory surgical care into Maryland's evolving health system, ensuring it remains accessible, cost-effective, and patient-centered.



### Increased research and participated in collaborative partnerships to improve patient care experience for all Marylanders

Historically, Maryland hospitals report lower levels of patient satisfaction of care compared to the national average. In FY22, MHCC initiated patient-level data collection of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) to explore potential health disparities based on patient perception of care across various populations and measure domains (e.g., communication with providers, staff responsiveness, continuity of care).

MHCC played a key role in a statewide learning collaborative, in partnership with the Health Services Cost Review Commission, the Maryland Hospital Association, and hospital representatives from across the state, to recommend strategies and practices to improve patient experience at Maryland hospitals.

Additionally, MHCC is working with our partners to develop a statewide HCAHPS dashboard which will allow state agencies, hospitals, and other stakeholders to analyze HCAHPS performance on a more timely basis and allow benchmarking across Maryland hospitals.



### Used our regulatory tools to respond to an evolving health care delivery system

MHCC is statutorily obligated to plan for and maintain the availability and financial viability of health care facilities and services in the state. This ensures that facilities and services deliver safe, high-quality, patient-centered care that patients, families, and communities across Maryland can rely on throughout their lifespan.

In fulfillment of this responsibility, the Commission amends and implements procedural regulations and State Health Plan chapters governing regulated facilities and services, including the Certificate of Need (CON) review process and associated project approvals. Since 2019, MHCC has undertaken a multi-year initiative to modernize the CON program.

Recent regulatory revisions of the CON Program include:

- Modification of the threshold for qualifying as an interested party
- Increased flexibility and enhancements to performance requirements
- Streamlining of the completeness review process
- Strengthening of enforcement provisions
- Strengthened oversight of nursing home acquisitions
- Clarification of data reporting requirements

In FY25, the Commission reviewed four CON project changes and approved four new projects. MHCC also administers the Certificate of Ongoing Performance (COP) process for percutaneous coronary intervention (PCI) programs, which requires hospitals to demonstrate continued compliance with quality, volume, and outcome standards. The PCI reviews ensure cardiac care for Marylanders is safe, and that any quality and safety concerns are addressed to preserve the health and wellbeing of any patient who needs intensive cardiac services. This year, 11 hospitals were granted COP approval to continue providing CathPCI services, and one hospital received a Certificate of Conformance to establish a PCI program in conjunction with a planned relocation. A detailed list of actions is available in the Appendix.



### Advanced transparency and value in health care

MHCC continues to improve transparency and accountability in health care pricing through its use of the All-Payer Claims Database (APCD). The APCD brings together eligibility and claims data from Medicare, Medicaid, and 37 private payers, representing the vast majority of insured Marylanders. Because Maryland's unique rate-setting system standardizes hospital prices across all payers, price variation primarily occurs in professional services, where negotiated rates differ by provider. The APCD helps illuminate these variations, empowering consumers, researchers, and policymakers with a clearer understanding of health care costs.

MHCC's collaboration with CRISP and HSCRC has substantially improved the quality of race and ethnicity data within the APCD. By leveraging the CRISP Master Patient Index and incorporating hospital admission, discharge, and transfer data, the completeness of race and ethnicity information for privately insured patients was 83%—a major step forward in supporting equity-focused analysis of health care access and outcomes.

The APCD also provides insight into Maryland's private insurance landscape, including the individual, small-group, and regulated large-group markets. As of December 2024, nearly 1.9 million Maryland residents were covered by either private insurance or Medicare Advantage plans, highlighting the extensive scope of MHCC's data collection and reporting efforts.

In parallel, MHCC has been evaluating the growth and impact of Alternative Payment Models (APMs) under the 2022 legislative mandate (Chapters SB0834/Ch. 298, HB 1148/Ch. 297). These models are designed to move providers away from traditional fee-for-service arrangements toward value-based systems that reward quality and patient-centered care. Between 2022 and 2023, Maryland experienced significant growth in APM participation, with membership increasing by approximately 57,000 to a total of 128,000 members. The share of total medical expenditures attributed to value-based models rose from 13% to 21% during this period, driven primarily by population-based and episode-based initiatives, including CareFirst's expansion of HCPLAN Category 3B arrangements.

While participation in APMs continues to expand, payments tied to performance and risk represent a small share of total expenditure (less than 0.2% of total medical spending), which is consistent with national trends. MHCC continues to develop analytic methods to assess quality performance using payer-submitted data from the Medical Care Data Base (MCDB). Provider feedback underscores the need for clearer quality metrics, transparent savings calculations, and administrative simplification to further encourage participation in value-based care.

Collectively, these initiatives strengthen Maryland's leadership in data-driven health policy by enabling the State to analyze and monitor care delivery, share data across payers and public partners, and improve payment and delivery systems to ensure appropriate reimbursement and incentivize high-quality, patient-centered care.



### Facilitated research with Maryland's All-Payer Claims Database

The Maryland MCDB Data Release Program continues to serve as a vital resource for advancing health care research and policy across the state. Recent regulatory updates clarified applicant eligibility, defined available data sets, and established the Data Release Advisory Committee—strengthening transparency and oversight of data access.

The program has since become a trusted mechanism for making Maryland's all-payer claims data available to qualified researchers and organizations.

Applications are submitted through an online portal and undergo rigorous review to ensure accountability and adherence to established safeguards. Each year, the program processes approximately three to seven applications supporting studies that examine health care utilization, cost variation, quality outcomes, and health equity. Three applications were under review at the time of this report: a Boston University study comparing utilization and outcomes in Veterans Health Administration and non-VHA systems; a University of Colorado study on diabetic ketoacidosis trends at the diagnosis of type 1 diabetes; and a West Virginia University collaboration examining delays in diagnosis for conditions with ambiguous symptoms. These projects demonstrate how expanded access to Maryland's all-payer

claims data is being leveraged to advance national and state health policy, strengthen health care improvement efforts, and build research capacity and intellectual capital in Maryland and at academic institutions nationwide.



### Informed legislators on the impact of proposed health insurance mandates

As required under Insurance Article §15-1501, MHCC annually evaluates the medical, social, and financial impact of proposed health insurance mandates that did not pass in the prior legislative session. Reports and findings for each study are available on the MHCC website. In FY25, four studies were conducted:

- **Elimination of Cost-Sharing for Genetic Testing:** Evaluated coverage for cancer-related genetic testing, noting that most private insurers already provide low- or no-cost coverage for eligible individuals. Results show that eliminating cost-sharing for cancer genetic testing for individuals with a personal or family history of cancer would have a minimal financial impact on premiums (estimated at 0.00–0.06%) while providing medically valuable information, though most high-risk individuals currently underutilize testing and follow-up screenings. Social disparities exist, with lower-income populations less aware of and less likely to access genetic testing, highlighting the need for clear clinical guidelines to target testing appropriately.
- **Coverage for Calcium Score Testing:** Evaluated proposed coverage for individuals with multiple coronary artery disease risk factors. Results show that mandated coverage of coronary artery calcium (CAC) testing would modestly increase utilization, particularly among high-risk individuals, and slightly raise premiums, while potentially improving risk assessment and guiding statin therapy to help prevent cardiac events. Coverage disparities exist, with lower testing rates among African Americans, women, and lower-income populations.
- **HMO Payments to Nonparticipating Providers:** Conducted an internal analysis of contracted payment rates, the impact of the No Surprises Act, and trends in provider network terminations since 2019. The analysis found that adopting PPO-based payment rules for HMO out-of-network services would generally increase reimbursements for hospital-based and emergency services while potentially reducing payments for some non-hospital care. Despite relatively low overall out-of-network utilization, high rates of provider-initiated network terminations, particularly among behavioral health providers, highlight ongoing concerns about network adequacy and potential impacts on patient access.
- **Eliminating Step Therapy for Metastatic Cancer Side Effect Treatment:** Evaluated the effects of removing step therapy requirements for treatments addressing metastatic cancer-related conditions and side effects. Preliminary findings indicate a minimal financial impact (about 0.01% in premium), affecting very few patients and drugs. However, due to the study's limited scope and accelerated timeline, more comprehensive research is needed to fully assess potential costs and broader impacts.

These reports provide the legislature with objective analysis on the potential impacts of proposed mandates. Based on the findings, the legislature decides whether to move forward with legislation or determines that no action is needed.



## Looking AHEAD:

### ACHIEVING HEALTHCARE EFFICIENCY THROUGH ACCOUNTABLE DESIGN

Across the nation, health systems are evolving to meet the challenges of rising costs, uneven access, and persistent and emerging health disparities. Maryland has been a recognized leader in testing innovative payment and delivery models that address these issues. Over the years, Maryland's unique all-payer hospital rate setting system has evolved into the All-Payer Model to shift towards value and quality, followed by the Total Cost of Care Model (TCOC) to expand accountability across the full continuum of care. Maryland continues to lead the nation in health system transformation with the launch of the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model. This next phase builds on the state's success with global hospital budgets and value-based care, strengthening coordination across hospitals, primary care, and community providers while improving equity and access, particularly for underserved communities.

By aligning public and private insurers, the AHEAD Model will incentivize high-quality, patient-centered care and reduce reliance on volume-based practices. As the AHEAD model moves toward implementation in early 2026, MHCC will play a critical role in building infrastructure, supporting providers, and addressing the social determinants of health that shape outcomes for vulnerable populations.

MHCC has been recognized as one of the lead agencies by the Governor's Directive to implement the AHEAD model. More specifically, MHCC has been tasked with setting primary care investment targets in the AHEAD model, in collaboration with other stakeholders.

Through collaboration, monitoring, and evaluation, MHCC will support the AHEAD Model to deliver a more sustainable, fair, and effective health care system that improves health for all Marylanders and continues to position the state as a national leader in reform.

### RURAL HEALTH TRANSFORMATION PROGRAM

The CMS Rural Health Transformation Program is a new federal initiative that supports state-led efforts to strengthen rural health care by expanding access, improving quality, advancing workforce capacity, and modernizing care delivery through technology and innovation. MHCC is well positioned to contribute to this initiative due to its oversight of the State-Designated HIE, CRISP, which enables the Commission to support connections between rural providers and CRISP, expand access to telehealth, and strengthen coordination with community-based organizations to address unmet social needs.

# SECTION TWO



## MHCC Organization, Operations, & Budget



\* ABOUT MHCC:

# Organization

The Commission’s organization provides the foundation for addressing Maryland’s health disparities and advancing a healthier future. Guided by the Executive Director, MHCC integrates data collection, public reporting, strategic planning, and regulation to improve health care quality, cost, and accessibility. Operations functions such as staffing, budget, and procurement are overseen by the Chief of Staff, with legal counsel provided by two Assistant Attorneys General.

MHCC’s staff bring expertise in policy analysis, data and health services research, clinical medicine strategic planning, quality assurance, health facility planning and finance, law, and public reporting. The majority of staff are organized into four centers.



## The Center for Analysis and Information Systems

- **DIRECTOR**—*Kenneth Yeates-Trotman*
- **ACTIVITIES**—*Conducts in-depth studies using state and national data, with additional responsibilities related to physician services*

This Center assembles and manages the State’s APCD from claim and eligibility information submitted by private and public payors. The Center uses the APCD to report on total and sector-specific health care spending (cost and utilization), including hospitals, health care professionals, and prescription drugs. The Center for Analysis and Information Systems plays a crucial role in one of the Commission’s strategic priorities—making MHCC the trusted source for cost and quality information.

## The Center for Health Care Facilities Planning & Development

- **DIRECTOR**—*Wynee Hawk*
- **ACTIVITIES**—*Oversees planning and regulation of health care facilities, with a focus on cost, access, and infrastructure*

The Center for Health Care Facilities Planning and Development is responsible for strategic planning and oversight of the supply and distribution of health care facilities and services through CON and related programs. The Center is responsible for developing and updating the State Health Plan, a regulatory framework that establishes criteria and standards for considering the needs, costs, effectiveness, impact, health equity, and viability of health care facility projects or service-delivery programs. The Center administers the CON program, regulating certain types of capital projects for seven types of health care facilities. It also administers the Certificate of Conformance and Certificate of Ongoing Performance

programs, which regulate development and performance of cardiac surgery and PCI programs. The Center collects information on health care facility services and service capacity and use of facilities via annual surveys. Data sets are developed on the services at general and specialty hospitals, nursing homes, home health agencies, general hospices, assisted living facilities, and chronic care facilities. The Center also obtains hospital databases on cardiac surgery and PCI for the regulatory oversight of these services.

## The Center for Health Information Technology & Innovative Care Delivery

- **DIRECTOR**—*David Sharp*
- **ACTIVITIES**—*Advances health IT adoption, innovative care models, and secure information exchange across the health system*

The Center for Health Information Technology and Innovative Care Delivery advances value-based care models and diffuses statewide health IT to promote a fortified and flexible health IT ecosystem that focuses on improving health outcomes through care coordination rather than the number of care services. The Center provides oversight to registered HIE and EHN entities that operate in Maryland and develops policies that promote innovation towards interoperability. The Center is also responsible for establishing primary care investment targets related to the new AHEAD model.

## The Center for Quality Measurement and Reporting

- **DIRECTOR**—*Theresa Lee*
- **ACTIVITIES**—*Collects and reports cost and performance data to improve quality, transparency, and accountability across providers*

The Center for Quality Measurement and Reporting is responsible for the Commission’s mandates for health care provider quality and performance evaluation. These mandates increase transparency and aid informed decision-making for consumers, facilitate care delivery improvements, and support Maryland’s unique hospital rate-setting system (i.e., the TCOC and the recently approved AHEAD Model). The Center maintains the Maryland Quality Reporting website. The Center is committed to reporting health care disparities and remains focused on raising awareness of the Maryland Quality Reporting website among minority and disadvantaged populations. Finally, the Center monitors the performance of the Maryland Patient Safety Center and facilitates quality improvement activities across provider settings to promote effective transitions of care.

MHCC ORGANIZATIONAL CHART



# Revenues and Spending

MHCC is funded primarily through collection of users fees. This special fund is a non-lapsing fund that supports the agency’s statutory and regulatory responsibilities. Any surplus funds remaining at the end of the fiscal year carry forward to the next fiscal year. In FY25, MHCC collected \$19.1 million in revenue. After accounting for expenditures and net transfers, MHCC ended the year with a fund balance of \$5.4 million.

**FY25 MHCC ADMINISTRATION FUND:  
REVENUE STATEMENT & CHANGES IN BALANCE**

CATEGORY	AMOUNT
Revenue ( <i>User Fees</i> )	+ \$19,092,342
Expenditures	- \$18,333,728
Transfers ( <i>Net</i> )	+ \$4,599,660
<b>Ending Fund Balance</b>	<b>\$5,358,273</b>

**FY25 MHCC ADMINISTRATION FUND:  
STATEMENT OF EXPENDITURES**

EXPENDITURE TYPE	AMOUNT
Salaries And Wages	\$10,111,485
Contractual Services	\$7,668,888
Fixed Charges	\$267,507
Technical and Special Fees	\$83,686
Equipment Replacement	\$79,909
Communication	\$45,718
Supplies And Materials	\$44,982
Travel	\$28,290
Additional Equipment	\$3,262
<b>Total Expenditures</b>	<b>\$18,333,728</b>

# APPENDICES: END

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Governance, Tables, & Legislative Initiatives



## Governance

### Selection Process and Geographic Representation of Commissioners

MHCC is governed by 15 commissioners appointed by the Maryland Governor based on the Senate's counsel. The Governor appoints the Chair, and in turn, the Chair may appoint a Vice Chair. Members are selected based on their geographic location, and the type of stakeholder they represent. Each commissioner's term is limited to four years, and they may not serve more than 2 consecutive terms.

## About the Commission

### Commission Composition

- 6 members do not have any connection with the management or policy of a health care provider or payer
- 3 members are physicians
- 2 members are payers
- 1 member is a state nursing home administrator
- 2 members are non-physician health care practitioners

*Note: Several Commissioners have or have had hospital affiliations.*

### We Welcome Our New Executive Director

#### **DOUGLAS JACOBS, MD, MPH**

*Executive Director, Maryland Health Care Commission*

Dr. Jacobs is Executive Director of the Maryland Health Care Commission, where he leads efforts to improve access, accountability, and planning in the health system.

Previously, as Chief Transformation Officer for Medicare, Dr. Jacobs led efforts to promote value-based care, health equity, primary care, behavioral health, & quality for the nation's largest payor. Prior to that, he was Chief Medical Officer for Pennsylvania's Department of Human Services, where he helped lead the state's Medicaid program and COVID-19 response. A published thought leader in top medical journals, he is board-certified in Internal Medicine and continues to practice and teach at Georgetown University.



## Commissioner Biographies

**MARCIA L. BOYLE, MS, Acting Chair**, is the founder of the Immune Deficiency Foundation, the national nonprofit patient organization dedicated to improving the diagnosis, treatment, and quality of life of people with primary immunodeficiency diseases through advocacy, education, and research (primaryimmune.org). She served as president and CEO until her retirement in August 2017. She grew the Immune Deficiency Foundation from five volunteers in 1980 to an organization with approximately \$10 million a year in revenue in 2017 and a full-time staff of 37. She was a co-founder of the International Patient Organization for Primary Immunodeficiencies, which currently includes representation of patient organizations from 60 countries around the world. She also served on the Board of Directors of the National Health Council from 2015 to 2017. She was honored as a White House Champion of Change in Precision Medicine in 2015. *(Term Expires 9/30/2026)*

**AWAWU AGBABIKA, CRNP**, is a nurse practitioner specializing in addiction medicine, and she operates a private practice, AIM Behavioral Health Services. She holds a Bachelor of Science in Nursing degree from Howard University and a Master of Science in Nursing degree from George Washington University. Currently pursuing her Doctor of Nursing Practice Psych Mental Health Nurse Practitioner - Family specialty at University of Maryland School of Nursing. She is a proud member of Chi Eta Phi Sorority Inc., a volunteer with the American Red Cross, and a member of the Board of Directors for Lynn's Gift Inc., a national nonprofit that supports families from low-income backgrounds. *(Term Expires 9/30/26)*

**ARUN BHANDARI, MD**, is a practicing Oncologist and Hematologist at Chesapeake Oncology Hematology Associates, PA, Annapolis, MD since 2007 (an Oncology - Hematology private practice serving citizens of Maryland since 1990). He is on staff at Anne Arundel Medical Center, Baltimore Washington Medical Center, and John Hopkins Medicine at Howard County General Hospital. He is an Executive Board Member of The Maryland and District of Columbia Society of Clinical Oncology, Inc. which plays a significant role in improving the quality and delivery of cancer care in Maryland and the District of Columbia.

Bhandari was appointed by Governor Hogan as a Council on the Maryland State Council on Cancer Control, where he has a role to educate and advise government officials, public and private organizations, and the general public on comprehensive State policies and programs necessary to reduce and control cancer incidence, mortality, and morbidity among

Marylanders. Dr. Bhandari served as Chairman of Panel A of the Maryland Board of Physicians from 2016 to 2020. He was responsible for assuring quality health care in Maryland through the efficient licensure and effective discipline of health care providers under its jurisdiction by protecting and educating clients, customers, and stakeholders, and enforcing the Maryland Medical Practice Act.

Dr. Bhandari completed a fellowship in Hematology-Oncology from Georgetown University Hospital/ Washington Hospital Center, Washington, DC with bone marrow transplant rotation at the National Institute of Health, Bethesda, MD. He served as a Chief Fellow in Hematology & Oncology from 2004-2005. He was a fellow in Hematology & Oncology at The University of Tennessee Health Science Center, Memphis, TN, and National Comprehensive Cancer Network Member Institution. *(Term Expires 9/30/2025)*

**HASSANATU BLAKE, PHD, MPH, MBA**, is a public health professional with over 15 years in spearheading innovative initiatives at the nexus of public health, educational technology, and social impact. She is a thought leader and catalyst for change, coupled with a unique blend of academic achievements and practical and research experience.

In her current role as Director of Health Equity & Social Justice at the National Association of County & City Health Officials, Dr. Blake is instrumental in leading a \$15.3M CDC-funded project to build COVID health equity infrastructure. She introduces cutting-edge technology, such as AI chatbots, to enhance training programs and streamline organizational processes for increased efficiency and impact.

Dr. Blake also serves as an Adjunct Professor at both Tufts University School of Medicine and Brooklyn College, and a researcher at University of Alabama Birmingham School of Public Health focused on the use of social media for HIV prevention among female sex workers in Cameroon. She was appointed in 2023 by Maryland Governor Wes Moore to the Maryland Health Care Commission as a Health Commissioner.

Dr. Blake has been recognized for her wealth of expertise by the US White House Champions of Change Initiative under the Obama Administration; featured in Black Enterprise; spoke for TEDx; served as keynote speaker at numerous education, business, and tech conferences, and led institutions of higher education.

Dr. Blake has a BA from Tufts University, an MPH from Emory University Rollins School of Public Health, an MBA from Plymouth State University, and a PhD from

University of Alabama Birmingham School of Public Health. *(Term Expires 9/30/2027)*

**TINISHA CHEATHAM, MD**, is a Physician in Chief of the Mid-Atlantic Permanente Medical Group for the Baltimore service area. She is responsible for the clinical care that the Mid-Atlantic Permanente Medical Group delivers to over 134,000 members at Kaiser Permanente's integrated outpatient medical centers, contracted hospitals, and affiliated skilled nursing facilities across the Baltimore metropolitan area.

Dr. Cheatham is a board-certified family medicine physician who currently practices throughout the Baltimore service area. She received her bachelor's degree in zoology and biology from North Carolina State University and her Doctor of Osteopathic Medicine degree from the Ohio University College of Osteopathic Medicine in Athens, Ohio. She completed her family medicine training at Doctors Hospital in Columbus, Ohio. Dr. Cheatham has been recognized as a top doctor and was acknowledged by the National Committee for Quality Assurance Diabetes Recognition Program from 2011 to 2014. *(Term Expired 9/30/24; Reappointment is Pending)*

**KARL DOUGLAS, ALM, LNHA, MBA**, is the Founder of Synergy Baltimore. This non-profit organization provides health education, disease management, food assistance, rehabilitation, & job placement for the homeless and underprivileged in Baltimore City.

Karl is the Director of Talent Development for Brightview Senior Living; he is responsible for the growth and development of 5500+ associates and leads efforts on Diversity, Equity, and Inclusion. Mr. Douglas has led start-ups as a Dementia Care Director and larger teams as an Executive Director for Brightview. Before his change to the health care industry, he celebrated a 20-year career in the consumer product industry as Director of Retail, managing all Walmart business for Proctor and Gamble, covering 17,000 stores. His responsibilities included leading 25 managers who oversaw 3000 employees across North America.

He graduated from Morgan State University with a BS in Business Management and an MBA in Health Care Management from the University of Phoenix. He is a licensed Assisted Living Manager and Nursing Home Administrator. He is a professor in the Health Sciences College at Towson University, teaching master's level courses on entrepreneurship and leadership at the University of Maryland Baltimore County.

If you know Karl, you know that his attitude and commitment to serving others and growing leaders are contagious. He is skilled at collaborating and

bringing people of diverse backgrounds together. He consistently pursues excellence and pushes everyone around him to do the same. *(Term Expires 9/30/26)*

**LETITIA DZIRASA, MD**, is a distinguished public health leader and physician with a proven track record of driving impactful health initiatives. Her current role is Deputy Mayor of Health and Human Services in Baltimore City.

As the Founder and CEO of Sage Monarch, LLC, she provides strategic advising on public health and population health strategies, focusing on addressing social determinants of health and eliminating health disparities. Previously, she served as the Deputy Mayor of Equity, Health, and Human Services for Baltimore City, where she managed a portfolio of health and human services agencies and led citywide youth violence reduction efforts.

Dr. Dzirasa's tenure as Commissioner of Health for the Baltimore City Health Department was marked by her leadership during the COVID-19 pandemic, where she spearheaded the city's response, resulting in significant vaccination rates and reduced health disparities. She also launched innovative programs such as the Baltimore Health Corps, which created over 250 public health jobs during the pandemic.

With a background in health care innovation, Dr. Dzirasa served as the Health Innovation Officer at Fearless Solutions, where she developed health care IT solutions and grew the business line to \$7M in contracts. Her earlier roles include serving as Medical Director of School Based Health at Baltimore Medical System, where she implemented new care delivery models and improved clinical quality metrics.

Dr. Dzirasa holds a Doctorate of Medicine from Meharry Medical College and has completed coursework towards a Master's in Health Systems Management from the University of Baltimore. She is board-certified in pediatrics and has received numerous awards for her contributions to public health, including the 2022 Inaugural Executive of the Year and the 2021 Marylander of the Year.

Dr. Dzirasa is committed to improving health outcomes and equity, leveraging her expertise to create sustainable, community-informed health solutions. *(Term Expires 9/30/2028)*

**ARIN FOREMAN, CPA**, has 15 years of experience in health care strategy and currently serves as Vice President and Deputy Chief of Staff at CareFirst BlueCross BlueShield, where he has been instrumental in integrating social determinants of health into corporate strategy and driving cost-saving initiatives across Maryland's health care system. Prior to this role,

Arin worked with Maryland hospitals as part of KPMG's health care consulting practice, then joined Johns Hopkins Medicine, where he expanded pediatric programs and built out an ambulatory network.

A strong advocate for health equity, Arin serves on the Executive Committee for Health Care for the Homeless and has held leadership roles in Maryland's Healthcare Financial Management Association. His deep experience, strategic insight, and passion for health care make him a valuable asset to the State. *(Term Expires 9/30/2028)*

**JOAN GELRUD, RN, MSN, CPHQ, FACHE**, has retired as Luminis Health's Chief Quality and Population Health Officer, where she was responsible for system-wide quality, safety, infection prevention, patient experience, accreditation, care management, community outreach, performance improvement, population health, value-based programs, and progressive payment models for all entities of Luminis Health.

Prior to Luminis Health, Ms. Gelrud was responsible for the care, treatment, and services for 12.4 million Kaiser Permanente members as the Senior Vice President of Kaiser Foundation's Health Plan and Hospital Quality, Co-Executive Director of Kaiser Permanente's Care Management Institute, and the Executive Director of the Improvement Institute in Oakland, CA.

Ms. Gelrud also served as Vice President of Quality, Safety & Regulatory and Chief Nurse Executive at Kaiser Permanente's Mid-Atlantic States Region. Prior to her roles with Kaiser, Joan was the Vice President at MedStar St. Mary's Hospital in Leonardtown, MD.

Ms. Gelrud is currently spending her time as a Court Appointed Special Advocate for children experiencing abuse or neglect, as a member of the Agency for Research Healthcare and Quality's National Advisory Committee, and as a new member of the Maryland Health Care Commission. To help combat hospital expenditures, Joan is also on the Advisory Board for LIBERTAS, a new company working to reduce the cost of physician preference items for cardiac and other procedures. *(Term Expires 9/30/27)*

**SHANTE GILMORE, DRPH, MPH**, is Director, Health Equity Initiatives at the Patient Advocate Foundation. She previously served as a Health Equity Program Manager with the CDC and as a Practice Transformation Coach with the Maryland Department of Health under the Maryland Primary Care Program. She has extensive community-based health experience and volunteered as a Community Health Worker, where she focused on serving vulnerable populations, including at-risk women and teens. Dr. Gilmore holds an MPH (Behavioral Health Concentration) and a

Bachelor of Science in Biology from Morgan State University. She also holds a Doctorate in Public Health (DrPH) from Johns Hopkins University School of Public Health in Baltimore. *(Term Expires 9/30/2027)*

**MARK JENSEN, ESQ**, is a founding partner of Jensen & McComas, LLC, a law firm based in Baltimore Maryland. Mr. Jensen and his partner are committed to advancing innovative and creative solutions for their clients. The firm has decades of experience in law, business, and technology. They are committed to creativity and innovative ways to practice law. Mr. Jensen is a former founder and senior partner of Bowie & Jensen law firm. There he was responsible for Mergers & Acquisitions and oversaw the firm's work with major clients including counseling established private companies on decisions and transactions which advance critical corporate objectives. Mark also serves as outside general counsel for several private companies, helping them to identify and triage a range of legal and business issues, including governance, mergers & acquisitions, corporate issues, intellectual property, real estate, and employment matters. Mr. Jensen has been active in the community and public service throughout his career. He has provided pro bono assistance to numerous non-profit organizations, including the Intrepid Foundation and the Bates/Vincent Foundation.

Mr. Jensen has been engaged with the Maryland health care system for over two decades. He served on, and ultimately Chaired, the Board of MedStar Union Memorial Hospital and later on the MedStar Health System Board from 2011-2019, where he Chaired the Patient Safety and Quality Committee. He held leadership positions with the Maryland Hospital Association including Chairman of the Board, Chairman of the Search Committee for the new MedStar Health Association President and CEO, and a member of the Clinical and Quality Issues Committee. Mr. Jensen earned his J.D. from the State University of New York at Buffalo. *(Term Expires 9/30/2025)*

**JOVONNI SPINNER, DRPH, MPH, CHES**, is the CEO and Founder of Beacon Public Health, whose vision is to support healthy and whole communities by focusing on health equity. She is an award-winning health equity strategist and thought leader with a deep passion for improving health equity across the lifespan through research, communication, multi-sector partnerships, and leadership. She creates culturally competent and inclusive public health programming, but also shines at telling public health stories, giving voice to those rarely heard, and sharing outcomes with key influencers to provide programmatic strategic direction and influence organizational change.

Dr. Spinner uses her voice to deliver dynamic speeches and to facilitate conversations on health equity. She

has led state and federal health equity programs like the Diversity in Clinical Trials Initiative, Community Health Worker Health Disparities Initiative, and Virginia Vaccines for Children Program which have reached millions of consumers to help them make better informed health decisions, obtain the services they need, and advocate for healthier communities. She was appointed by Governor Wes Moore to serve on the Maryland Health Care Commission in 2023.

Her passion is helping organizations and public health professionals overcome challenges in delivering dynamic, equity-driven, culturally tailored public health programs to meet the health needs of minority communities. She is also a public health adjunct professor, serves on non-profit boards, and is active in her community creating programs to build the public health workforce and mentoring early-career professionals.

She is an alum of Virginia Commonwealth University, Emory University, and Morgan State University. *(Term Expires 9/30/27)*

**DANIELLE STROUGHTON-DUNCAN, MLS, MED, EDD**, has over 20 years of experience as a Medical Laboratory Scientist and Clinical Educator in various health care settings throughout Maryland. With her vast knowledge, she has trained laboratory science professionals, medical assistants, and nurses to provide excellent patient care.

Currently, Danielle is the Director of Education at COLA, Inc., where she oversees the creation and development of educational content for laboratory science professionals and physicians. Working with an interdisciplinary team, she promotes the visibility of laboratory science professionals through an educational approach, nurturing the pipeline in clinical laboratory science by advocating for initiatives to address the laboratory workforce shortage and utilizing laboratory data to improve patient outcomes. Stroughton-Duncan strives to promote and advance understanding of the impact of laboratory science in the effective delivery of health care.

Danielle has also served as an Adjunct Professor at Morgan State University and Anne Arundel Community College. She sits on the advisory board for the Anne Arundel Community College Medical Laboratory Technician program.

Danielle holds a Bachelor of Science degree from Morgan State University and a Master of Education degree from Northcentral University, where she is currently pursuing a doctoral degree in education. She was appointed in 2023 by Governor Wes Moore to the Maryland Health Care Commission as a Commissioner. Stroughton-Duncan's area of focus

includes clinical chemistry, interprofessional education, and championing the advancement of the laboratory science industry. *(Term Expires 9/30/27)*

**MARCUS L. WANG, ESQ**, Partner Coda Global Ventures, is a Harvard-educated CEO and New York-licensed attorney with proven experience both in building startups to profitability and in expanding public companies globally. He has powered companies to success in diverse sectors ranging from biotech and genomics to retail and e-commerce, in both the U.S. and in China.

Mr. Wang serves as Co-Founder, President, and General Manager of ZytoGen Global Genetics Institute, which utilizes Next Generation Sequencing to drive successful pregnancy outcomes for patients worldwide through its proprietary Preimplantation Genetic Screening platform. Mr. Wang's international business and legal experience cover both the U.S., where he practiced corporate law at the Manhattan office of DLA Piper, as well as China, where he spearheaded the development, execution, and launch of Under Armour's China market entry in 2011. Mr. Wang continues to advise U.S. businesses concerning China's market entry and partnerships, providing guidance on go-to-market strategy, regulatory issues, brand development, and product localization.

Mr. Wang also serves as the Chair of the Baltimore County Economic Development Advisory Board. Formed in 2020 by Baltimore County Executive Johnny Olszewski, the Board is tasked with advising the administration on strategies for attraction and retention of businesses, best practices for public-private partnerships, and the creation of a long-term economic development strategy.

Born and raised in Baltimore, Mr. Wang is a graduate of Gilman School with an A.B. cum laude from Harvard University and a J.D. from the University of Maryland Francis King Carey School of Law. Mr. Wang also holds a Certificate in International and Comparative Business Law from the Central University of Finance and Economics in Beijing, and a Certificate in Genetics and Genomics from Stanford University. Mr. Wang is licensed and admitted to practice as an attorney in the State of New York. *(Term Expired 9/30/24; Reappointment is Pending)*

## Tables of Certificate of Need & Related Actions in FY25

### Changed Certificate of Need Actions

The following project changes to Certificate of Need Actions were approved in FY25:

FACILITY	COUNTY	CHANGE	TOTAL COST
University of Maryland Medical Center—Child and Adolescent Psych Unit	Baltimore City	+\$429,657	\$9,863,657
University of Maryland Medical Center—Cancer Center	Baltimore City	+\$18,902,790	\$288,092,970
Chesapeake Eye Surgery Center, LLC	Anne Arundel	+\$539,194	\$1,175,358
Luminis Health Doctors Community Medical Center Docket	Prince George's	-\$88,184,475	\$210,828,366

### Approved Certificate of Need Actions

The following Certificate of Need Actions were approved in FY25:

FACILITY	COUNTY	DESCRIPTION	TOTAL COST
Hillhaven SNF Operator, LLC	Prince George's	Add 32-bed wing to the existing 66-bed nursing home	\$7,550,000
University of Maryland Rehabilitation and Orthopaedic Institute and the University of Maryland Medical Center	Baltimore City	Relocate and consolidate rehab and chronic care beds to downtown UMMC	\$235,855,047
SurgCenter at National Harbor dba Harborside Surgery Center	Prince George's	Add one sterile OR (total = 3 ORs)	\$247,985
Foundations Inpatient, LLC	Baltimore City	Establish 40 bed Level III.7 Medically Managed Intensive Inpatient (MMII)	\$753,348

Note: Optimal Health Care (Home Health License 7167) relinquished its CON awarded on October 17, 2019.

## Approved to Continue PCI Services

The following facilities received approval during the Certificate of Ongoing Performance review to continue providing primary and elective PCI services:

FACILITY	COUNTY
Ascension St. Agnes Hospital	Baltimore
Johns Hopkins Bayview Medical Center	Baltimore City
MedStar Franklin Square Medical Center	Baltimore
Carroll Hospital	Carroll
MedStar Union Memorial Hospital	Baltimore City
University of Maryland Capital Region Medical Center	Prince George's
Luminis Health Anne Arundel Medical Center	Anne Arundel
Sinai Hospital	Baltimore City
TidalHealth Peninsula Regional	Wicomico
University of Maryland St. Joseph Medical Center	Baltimore
Holy Cross Hospital – Silver Spring	Montgomery
University of Maryland Shore Medical System *	Talbot

\* This facility received a Certificate of Conformance to establish primary and elective PCI services at a new location after the hospital relocates.

## 2025 Legislative Session Initiatives

During the 2025 legislative session, several laws were enacted requiring MHCC to conduct several studies and participate in advisory workgroups to support ongoing legislation.

### Health Insurance - Access

**SB 902/HB11**—Health Insurance—Access to Nonparticipating Providers—Referrals, Additional Assistance, and Coverage

- This bill alters and expands existing requirements on health insurance carriers regarding referral procedures for nonparticipating specialists and nonphysician specialists.

### Health Insurance - Mandates

**SB 374/HB 459**—Health Insurance—Cancer Screening for Professional Firefighters—Required Coverage (James “Jimmy” “Malone Act)

- This bill requires a county that offers a self-insured employee health benefit plan to provide to each firefighter employed by the county coverage for preventive cancer screenings in accordance with the latest screening guidelines issued by the International Association of Fire Fighters (IAFF). Each county subject to the bill must collect and submit specified data to the Maryland Health Care Commission (MHCC). MHCC must study the impact of expanding the preventive cancer screenings coverage and the report is due to legislature by December 1, 2028.

**SB 60/HB 666**—Maryland Medical Assistance Program and Health Insurance—Required Coverage for Calcium Score Testing

- Requiring the Maryland Medical Assistance Program and insurers, nonprofit health service plans, health maintenance organizations, and managed care organizations to provide coverage for calcium score testing in accordance with the most recent guidelines issued by the American College of Cardiology that expand the scope of preventive care services for the benefit of consumers.

### Telehealth

**SB 372/HB 869**—Preserve Telehealth Access Act of 2025

- This bill makes permanent the provisions of law that specify that (1) “telehealth” includes specified audio-only telephone conversations between a health care provider and a patient and (2) reimbursement for a telehealth service must be made on the same basis and at the same rate as if the service were delivered in person. These provisions apply to both Medicaid and commercial health insurance. MHCC must report on the advancements in telehealth, and the report is due every four years beginning December 1, 2026.

## AHEAD Model

### **HB 1104**—Maryland Department of Health—AHEAD Model Implementation— Electronic Health Care Transactions and Population Health Improvement Fund

- Clarifying that electronic health care transactions information may be used to support the participation of the State in the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model and any successor models; establishing the Population Health Improvement Fund to support the statewide population health targets under the AHEAD Model and any successor models; authorizing the Health Services Cost Review Commission to assess a uniform, broad-based, and reasonable amount in hospital rates to be credited to the Fund.

## Health Care System – Adverse Decisions

### **SB 776/HB 995**—Workgroup to Study the Rise in Adverse Decisions in the State Health Care System

- This bill establishes a Workgroup to Study the Rise in Adverse Decisions in the State Health Care System. The Health Services Cost Review Commission (HSCRC) and the Maryland Insurance Administration (MIA) jointly must provide staff to the workgroup. By December 1, 2025, the workgroup must report its findings and recommendations to specified committees of the General Assembly. MHCC will participate in the Workgroup.

## Protected Health Information

### **HB 1045**—Health Insurance, Family Planning Services, and Confidentiality of Medical Records— Consumer Protections—Updates

- This bill updates references to federal law related to family planning services under the Family Planning Program in the Maryland Department of Health (MDH). The bill alters the definitions of “legally protected health care” and “sensitive health services” to include gender-affirming care with respect to disclosure of information regarding sensitive health services. The bill specifies that the Insurance Commissioner and the Maryland Commission on Civil Rights (MCCR) have concurrent jurisdiction to enforce consumer protection provisions related to discrimination in health insurance.







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## KEEP IN TOUCH

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