

HB0940/963528/1

BY: Senator Hershey

AMENDMENTS TO HOUSE BILL 940
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike line 2 in its entirety and substitute “Health Care Facilities – Provision of Services – Studies”; in line 15, after “year;” insert “requiring the Maryland Health Care Commission and the Health Services Cost Review Commission jointly to conduct a Chestertown rural health care delivery innovations study; requiring the commissions to perform the study in consultation with certain entities; providing for the content of the study; requiring the commissions jointly to report to the Governor and the General Assembly on or before a certain date;”; and strike beginning with “a” in line 16 down through “project” in line 17 and substitute “studying the provision of services in health care facilities”.

AMENDMENT NO. 2

On page 4, after line 12, insert:

“(d) The Maryland Health Care Commission and the Health Services Cost Review Commission jointly shall conduct a Chestertown rural health care delivery innovations study to examine rural health care delivery innovations.

(e) The commissions shall perform the study required under subsection (d) of this section in consultation with:

(1) the University of Maryland Shore Regional Health, or its subsequent corporate owner;

(2) providers;

(Over)

- (3) payors; and
- (4) other relevant stakeholders.

(f) In conducting the study required under subsection (d) of this section, the commissions shall:

(1) use data from State regulatory agencies to define hospital-based inpatient services and surgical services needed at the University of Maryland Shore Medical Center at Chestertown, including:

(i) admitting criteria limited to patients rated from mild to moderately complex;

(ii) average inpatient length of stay of 5 days or less;

(iii) 25 inpatient beds or fewer and 5 observation beds;

(iv) the feasibility of monitoring beds or an intensive care unit, as determined by the comorbidities of the patient population;

(v) clearly defining emergency, routine inpatient, and outpatient surgical procedures with a maximum postsurgical length of stay of 5 inpatient days or less; and

(vi) limiting call coverage needs and expectations to the support of inpatient and surgical limitations of the hospital, including:

1. direct patient contact required by the on-call medical provider;

2. call coverage via telemedicine;

3. call coverage via telephonic call; and

4. appropriate stipends associated with each type of call;

(2) clearly define transportation requirements and the mechanism for safe and timely transport of patients from the University of Maryland Shore Medical Center at Chestertown to a higher level of care, including the possibility of using a paid transport service with clearly defined response time expectations;

(3) identify a payment model that ensures the availability of needed services as determined by data from State regulatory agencies and from University of Maryland Shore Regional Health, with an annual budget to be established collaboratively between the University of Maryland Shore Regional Health or its subsequent corporate owner and the Health Services Cost Review Commission, including:

(i) funding the investment costs associated with provider employment and call coverage; and

(ii) allowing for periodic rate adjustments mutually agreed to by both parties;

(4) identify and make recommendations regarding regulatory barriers impacting the continuum of care and fiscal solvency of rural hospitals, including the distinction between regulated and unregulated services, urgent care, primary care, and physician relationships;

(5) seek and make recommendations regarding innovative approaches to collaboration and problem solving to address local issues; and

(6) explore and make recommendations regarding the provision of additional financial support to the University of Maryland Shore Medical Center at Chestertown or its subsequent corporate owner, including direct funding, or funding from other sources, for the investment costs associated with:

(i) ensuring adequate access to primary care providers;

(ii) ensuring access to diagnostic services, including lab work, X-rays, and outpatient rehabilitation;

(iii) community-based support services designed to improve health and access to care, including the Mobile Integrated Community Health Pilot Program, urgent care, and medication management;

(iv) addressing key social determinants of health, including transportation, health education, behavioral health needs, and food insufficiency; and

(v) developing a center of excellence in the inpatient facility.

(g) On or before June 30, 2020, the commissions jointly shall report to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly:

(1) recommendations for policy changes that should be adopted for inpatient facilities that are located:

(i) more than 50 minutes from the nearest hospital, taking into account seasonal traffic patterns;

(ii) 35 miles or more from the nearest hospital; or

(iii) less than 35 miles from the nearest hospital if the primary route to the hospital uses secondary roads; and

(2) whether a pilot or permanent Chestertown Rural Health Care Delivery Innovations Program should be established.”.