

SENATE BILL 1018

J3, J1

9lr3015

By: **Senator Hershey**

Introduced and read first time: February 28, 2019

Assigned to: Rules

A BILL ENTITLED

1 AN ACT concerning

2 **Health Facilities – Chestertown Rural Health Care Delivery Innovations Pilot**
3 **Program**

4 FOR the purpose of establishing the Chestertown Rural Health Care Delivery Innovations
5 Pilot Program in the Maryland Department of Health; providing for the purpose of
6 the Pilot Program; requiring the Department, the Maryland Health Care
7 Commission, and the Health Services Cost Review Commission, in collaboration with
8 a certain entity, to administer the Pilot Program; requiring the Department, in
9 collaboration with University of Maryland Shore Regional Health, to employ a
10 certain Director to administer the Pilot Program; requiring the Secretary of Health
11 to appoint a certain Advisory Committee to advise the Director and University of
12 Maryland Shore Regional Health; requiring that the Pilot Program use certain data
13 to define certain services needed at the University of Maryland Shore Medical Center
14 at Chestertown, clearly define certain transportation requirements, establish a
15 certain payment model, identify and address certain regulatory barriers, and seek
16 certain innovative approaches; requiring the Department to provide certain
17 additional support to a certain entity during the Pilot Program for certain purposes;
18 requiring that the Department report to the Governor and the General Assembly on
19 certain recommendations on or before certain dates; defining a certain term;
20 providing for the termination of this Act; and generally relating to the Chestertown
21 Rural Health Care Delivery Innovations Pilot Program.

22 BY adding to

23 Article – Health – General

24 Section 2–1001 to be under the new subtitle “Subtitle 10. Chestertown Rural Health
25 Care Delivery Innovations Pilot Program”

26 Annotated Code of Maryland

27 (2015 Replacement Volume and 2018 Supplement)

28 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
29 That the Laws of Maryland read as follows:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Article – Health – General

2 SUBTITLE 10. CHESTERTOWN RURAL HEALTH CARE DELIVERY INNOVATIONS
3 PILOT PROGRAM.

4 2-1001.

5 (A) IN THIS SECTION, “PILOT PROGRAM” MEANS THE CHESTERTOWN
6 RURAL HEALTH CARE DELIVERY INNOVATIONS PILOT PROGRAM.

7 (B) THERE IS A CHESTERTOWN RURAL HEALTH CARE DELIVERY
8 INNOVATIONS PILOT PROGRAM IN THE DEPARTMENT.

9 (C) THE PURPOSE OF THE PILOT PROGRAM IS TO PROMOTE INNOVATIVE
10 SOLUTIONS FOR A SUSTAINABLE FUTURE FOR INPATIENT CARE IN RURAL AREAS,
11 SATISFY THE STRICT REQUIREMENTS FOR HOSPITAL-BASED CARE, AND ENSURE
12 ALIGNMENT BETWEEN THIS PILOT PROGRAM AND THE STATE’S FOCUS ON THE
13 LEADERSHIP ROLE OF HOSPITALS IN WORKING TO IMPROVE COMMUNITY HEALTH
14 AND IN CONTINUING TO PROVIDE COMMUNITY BENEFITS.

15 (D) (1) THE DEPARTMENT, THE MARYLAND HEALTH CARE
16 COMMISSION, AND THE HEALTH SERVICES COST REVIEW COMMISSION JOINTLY
17 SHALL ADMINISTER THE PILOT PROGRAM IN COLLABORATION WITH UNIVERSITY
18 OF MARYLAND SHORE REGIONAL HEALTH OR ITS SUBSEQUENT CORPORATE
19 OWNER.

20 (2) THE DEPARTMENT, IN COLLABORATION WITH UNIVERSITY OF
21 MARYLAND SHORE REGIONAL HEALTH, SHALL EMPLOY A DIRECTOR AT THE
22 UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT CHESTERTOWN TO
23 ADMINISTER THE PILOT PROGRAM.

24 (3) (I) THE SECRETARY SHALL APPOINT AN ADVISORY
25 COMMITTEE TO PROVIDE ADVICE AT LEAST QUARTERLY TO THE DIRECTOR
26 EMPLOYED UNDER PARAGRAPH (2) OF THIS SUBSECTION AND TO UNIVERSITY OF
27 MARYLAND SHORE REGIONAL HEALTH.

28 (II) THE ADVISORY COMMITTEE SHALL INCLUDE THE
29 FOLLOWING MEMBERS:

30 1. TWO PHYSICIANS WITH ADMITTING OR CONSULTING
31 PRIVILEGES AT THE UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER
32 AT CHESTERTOWN;

1 2. **THE KENT COUNTY HEALTH OFFICER, OR THE**
2 **HEALTH OFFICER’S DESIGNEE;**

3 3. **THE PRESIDENT OF THE KENT AND QUEEN ANNE’S**
4 **RESCUE SQUAD, OR THE PRESIDENT’S DESIGNEE;**

5 4. **THE PRESIDENT OF THE KENT COUNTY**
6 **COMMISSIONERS, OR THE PRESIDENT’S DESIGNEE;**

7 5. **ONE REPRESENTATIVE OF LOCAL ELDER CARE**
8 **SERVICE PROVIDERS; AND**

9 6. **ONE REPRESENTATIVE OF THE LOCAL PRIVATE**
10 **EMPLOYMENT SECTOR OR THE KENT COUNTY CHAMBER OF COMMERCE.**

11 **(E) THE PILOT PROGRAM SHALL:**

12 **(1) USE DATA FROM STATE REGULATORY AGENCIES TO DEFINE**
13 **HOSPITAL–BASED INPATIENT SERVICES AND SURGICAL SERVICES NEEDED AT THE**
14 **UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT CHESTERTOWN,**
15 **INCLUDING:**

16 **(I) ADMITTING CRITERIA LIMITED TO PATIENTS RATED FROM**
17 **MILD TO MODERATELY COMPLEX;**

18 **(II) AVERAGE INPATIENT LENGTH OF STAY OF 5 DAYS OR LESS;**

19 **(III) 25 INPATIENT BEDS OR FEWER AND 5 OBSERVATION BEDS;**

20 **(IV) THE FEASIBILITY OF MONITORING BEDS OR AN INTENSIVE**
21 **CARE UNIT, AS DETERMINED BY THE COMORBIDITIES OF THE PATIENT POPULATION;**

22 **(V) CLEARLY DEFINING EMERGENCY, ROUTINE INPATIENT,**
23 **AND OUTPATIENT SURGICAL PROCEDURES WITH A MAXIMUM POSTSURGICAL**
24 **LENGTH OF STAY OF 5 INPATIENT DAYS OR LESS; AND**

25 **(VI) LIMITING CALL COVERAGE NEEDS AND EXPECTATIONS TO**
26 **THE SUPPORT OF INPATIENT AND SURGICAL LIMITATIONS OF THE HOSPITAL,**
27 **INCLUDING:**

28 **1. DIRECT PATIENT CONTACT REQUIRED BY THE**
29 **ON–CALL MEDICAL PROVIDER;**

- 1 **2. CALL COVERAGE VIA TELEMEDICINE;**
2 **3. CALL COVERAGE VIA TELEPHONIC CALL; AND**
3 **4. APPROPRIATE STIPENDS ASSOCIATED WITH EACH**
4 **TYPE OF CALL;**

5 **(2) CLEARLY DEFINE TRANSPORTATION REQUIREMENTS AND THE**
6 **MECHANISM FOR SAFE AND TIMELY TRANSPORT OF PATIENTS FROM THE**
7 **UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT CHESTERTOWN TO A**
8 **HIGHER LEVEL OF CARE, INCLUDING THE POSSIBILITY OF USING A PAID TRANSPORT**
9 **SERVICE WITH CLEARLY DEFINED RESPONSE TIME EXPECTATIONS;**

10 **(3) ESTABLISH A PAYMENT MODEL THAT ENSURES THE AVAILABILITY**
11 **OF NEEDED SERVICES AS DETERMINED BY DATA FROM STATE REGULATORY**
12 **AGENCIES AND FROM UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH, WITH**
13 **AN ANNUAL BUDGET ESTABLISHED COLLABORATIVELY BETWEEN THE UNIVERSITY**
14 **OF MARYLAND SHORE REGIONAL HEALTH OR ITS SUBSEQUENT CORPORATE**
15 **OWNER AND THE HEALTH SERVICES COST REVIEW COMMISSION, INCLUDING:**

16 **(i) FUNDING THE INVESTMENT COSTS ASSOCIATED WITH**
17 **PROVIDER EMPLOYMENT AND CALL COVERAGE; AND**

18 **(ii) ALLOWING FOR PERIODIC RATE ADJUSTMENTS MUTUALLY**
19 **AGREED TO BY BOTH PARTIES;**

20 **(4) IDENTIFY AND ADDRESS REGULATORY BARRIERS IMPACTING THE**
21 **CONTINUUM OF CARE AND FISCAL SOLVENCY OF RURAL HOSPITALS, INCLUDING**
22 **THE DISTINCTION BETWEEN REGULATED AND UNREGULATED SERVICES, URGENT**
23 **CARE, PRIMARY CARE, AND PHYSICIAN RELATIONSHIPS; AND**

24 **(5) SEEK INNOVATIVE APPROACHES TO COLLABORATION AND**
25 **PROBLEM SOLVING TO ADDRESS LOCAL ISSUES.**

26 **(F) DURING THE PILOT PROGRAM, THE DEPARTMENT SHALL EXPLORE**
27 **PROVIDING ADDITIONAL FINANCIAL SUPPORT TO THE UNIVERSITY OF MARYLAND**
28 **SHORE MEDICAL CENTER AT CHESTERTOWN OR ITS SUBSEQUENT CORPORATE**
29 **OWNER THROUGH THE PILOT PROGRAM, INCLUDING DIRECT FUNDING, OR**
30 **FUNDING FROM OTHER SOURCES, FOR THE INVESTMENT COSTS ASSOCIATED WITH:**

31 **(1) ENSURING ADEQUATE ACCESS TO PRIMARY CARE PROVIDERS;**

32 **(2) ENSURING ACCESS TO DIAGNOSTIC SERVICES, INCLUDING LAB**

1 WORK, X-RAYS, AND OUTPATIENT REHABILITATION;

2 (3) COMMUNITY-BASED SUPPORT SERVICES DESIGNED TO IMPROVE
3 HEALTH AND ACCESS TO CARE, INCLUDING THE MOBILE INTEGRATED COMMUNITY
4 HEALTH PILOT PROGRAM, URGENT CARE, AND MEDICATION MANAGEMENT;

5 (4) ADDRESSING KEY SOCIAL DETERMINANTS OF HEALTH,
6 INCLUDING TRANSPORTATION, HEALTH EDUCATION, BEHAVIORAL HEALTH NEEDS,
7 AND FOOD INSUFFICIENCY; AND

8 (5) DEVELOPING A CENTER OF EXCELLENCE IN THE INPATIENT
9 FACILITY.

10 (G) (1) ON OR BEFORE DECEMBER 1, 2024, THE DEPARTMENT SHALL
11 REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE
12 GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON:

13 (I) THE ACTIVITIES AND FINDINGS FROM THE INITIAL 5 YEARS
14 OF THE PILOT PROGRAM;

15 (II) RECOMMENDATIONS FOR ANY MODIFICATIONS THAT
16 SHOULD BE MADE TO THE PILOT PROGRAM FOR THE NEXT 5-YEAR TERM;

17 (III) RECOMMENDATIONS FOR POLICY CHANGES THAT SHOULD
18 BE ADOPTED FOR INPATIENT FACILITIES THAT ARE LOCATED:

19 1. MORE THAN 50 MINUTES FROM THE NEAREST
20 HOSPITAL, TAKING INTO ACCOUNT SEASONAL TRAFFIC PATTERNS;

21 2. 35 MILES OR MORE FROM THE NEAREST HOSPITAL;
22 OR

23 3. LESS THAN 35 MILES FROM THE NEAREST HOSPITAL
24 IF THE PRIMARY ROUTE TO THE HOSPITAL USES SECONDARY ROADS; AND

25 (IV) WHETHER THE DEPARTMENT RECOMMENDS CONTINUING
26 THE PILOT PROGRAM FOR AN ADDITIONAL 5 YEARS BEYOND THE INITIAL TERM.

27 (2) IF THE PILOT PROGRAM CONTINUES FOR AN ADDITIONAL 5-YEAR
28 TERM, ON OR BEFORE DECEMBER 1, 2029, THE DEPARTMENT SHALL REPORT TO
29 THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT
30 ARTICLE, THE GENERAL ASSEMBLY ON:

1 **(I) THE ACTIVITIES AND FINDINGS FROM THE SUBSEQUENT 5**
2 **YEARS OF THE PILOT PROGRAM; AND**

3 **(II) WHETHER THE DEPARTMENT RECOMMENDS**
4 **ESTABLISHING THE PILOT PROGRAM AS A PERMANENT PROGRAM.**

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
6 October 1, 2019. It shall remain effective for a period of 11 years and, at the end of
7 September 30, 2030, this Act, with no further action required by the General Assembly,
8 shall be abrogated and of no further force and effect.