

**State of Maryland
Department of Health**

**Nelson J. Sabatini
Chairman**

**Joseph Antos, PhD
Vice-Chairman**

Victoria W. Bayless

Stacia Cohen

John M. Colmers

James N. Elliott, M.D.

Adam Kane



**Katie Wunderlich
Executive Director**

**Allan Pack, Director
Population Based
Methodologies**

**Chris Peterson, Director
Payment Reform &
Provider Alignment**

**Gerard J. Schmith, Director
Revenue & Regulation
Compliance**

**William Henderson, Director
Medical Economics &
Data Analytics**

Health Services Cost Review Commission

4160 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-2605 · Fax: 410-358-6217
Toll Free: 1-888-287-3229
hsrc.maryland.gov

March 10, 2020

The Honorable Maggie McIntosh, Chair
House Appropriations Committee
Room 121, House Office Building
Annapolis, MD 21401

Dear Chair McIntosh:

The Health Services Cost Review Commission (HSCRC) submits this letter of information for HB 1031 titled, “Joint Committee on Ending Homelessness - Reports on Housing Status”. HB 1031 requires the HSCRC, among other entities, to report to the Joint Committee on Homelessness by November 15, 2020.

HSCRC supports the Joint Committee’s efforts to address homelessness and HB 1031’s efforts to compile statewide data on the issue. The Maryland Health Model includes a global budget revenue payment system for hospitals that gives them the flexibility to focus on improving efficiency and quality within the hospital while also focusing on improving population health in the communities they serve. The Total Cost of Care Agreement with the federal government, which began January 1, 2019, further encourages investment in population and community health. Given this, hospitals have various opportunities to work on addressing social determinants of health, including housing insecurity and homelessness. For example, in 2019, Baltimore City’s hospitals partnered with the City of Baltimore and Healthcare for the Homeless to provide \$2 million in funding to combat homelessness. Information about this initiative has been described in several local publications.

However, while the HSCRC supports the spirit of HB 1031, we do not currently have the data to carry out most of the reporting requirements listed under Section 1(a) of the bill. HSCRC can report the number of patients discharged however it does not have reliable data on discharged patients’ status of residence at the time of discharge. Similarly, HSCRC has limited data on housing status related to readmissions and the housing and social services provided to discharged patients by individual hospitals. Given these limitations, HSCRC can provide commentary to the extent practicable on the reporting requirements in HB 1031, but it cannot provide the definitive information requested under Section 1(a)(2)(ii), Section 1(a)(2)(iii)1, Section 1(a)(2)(iii)2, and Section 1(a)(2)(iii)3.

HSCRC believes the Maryland Health Model contains various incentives for hospitals to invest in their communities, particularly for patients with housing insecurity. Given data limitations, however, the HSCRC cannot provide the level of reporting proposed in HB 1031. If you have any questions, please feel free to contact me at tequila.terry1@maryland.gov.

Sincerely,

A handwritten signature in black ink that reads "Tequila Terry". The signature is written in a cursive style with a large, looping initial "T".

Tequila Terry
Deputy Director