

LeadingAge Maryland - 2022 - HB 378 - Palliative C

Uploaded by: Aaron Greenfield

Position: FAV



576 Johnsville Road
Sykesville, MD 21784

TO: Finance Committee
FROM: LeadingAge Maryland
SUBJECT: House Bill 378, Maryland Health Care Commission – Palliative Care Services – Workgroup
DATE: March 24, 2022
POSITION: **Favorable**

LeadingAge Maryland supports House Bill 378, Maryland Health Care Commission – Palliative Care Services – Workgroup.

LeadingAge Maryland is a community of more than 135 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

This bill requires the Maryland Health Care Commission to convene a workgroup of interested stakeholders to study palliative care services in the State. The Commission must submit an interim report to the Governor and General Assembly by July 1, 2023, and a final report by November 1, 2023 to include findings and recommendations to improve palliative care services in the State and the need for any legislative initiative.

In today's society, people are living longer than ever – even those facing serious chronic illnesses can often enjoy a much longer lifespan than past generations thanks to advancement in the treatment of diseases including cancer, heart disease, diabetes, and COPD. While doctors may be successful in giving their patients a longer life, both the disease and the treatment can cause pain and other side effects.

Palliative care provides patients an option for pain and symptom management and higher quality of life while still pursuing curative measures. When a patient is seriously ill, they understand the value of each day. While patients must still face their illness, the support of palliative care in controlling pain and other symptoms can make each day a more positive experience that allows the patient to make the most of the time they have with their families and loved ones.

Unfortunately, palliative care is not widely available. For example, some hospitals and hospices can offer palliative care when a patient is in an inpatient setting, but not once an individual has gone back to their home. Some insurers will pay for palliative care services, and some will not. This means that for those organizations that do offer palliative services, it is often a loss leader. The results of this study could

be a helpful next step in determining strategies for ensuring palliative care is available and reimbursed in the future.

LeadingAge Maryland led a Palliative Care Workgroup from 2018-2019 to explore the barriers that are keeping Marylanders from accessing palliative care. In our discussions, we found that palliative care programs are difficult to find and are not available in all areas of the state. Our workgroup noted the importance of palliative care services as they provide necessary support and education to individuals faced with a serious medical diagnosis. Palliative care empowers both the person living with illness and their family to manage symptoms and prepare for a plan to address the illness and the emotional challenges of living with a life-limiting illness. Increasing the availability and awareness of palliative care in the state and educating the public about the many benefits could allow those facing serious illness better options for directing their own care and experiencing a better quality of life.

We suggest that the Commission, once established, adopt an established definition of palliative care for the purposes of this study. This will ensure a common understanding of what is meant by the term “palliative care”.

The results of this study could be useful in informing the State’s Total Cost of Care model, reducing healthcare costs, and improving quality of life for Marylanders. Palliative care has been shown to reduce the frequency of 911 calls, emergency department visits, and unnecessary hospitalizations ([see Health Affairs, July 2017](#)). A study by nonprofit economic research group, Florida TaxWatch, said that palliative care could reduce societal health care costs by \$103 billion within the next 20 years. The group recommended that policymakers expand palliative care utilization and noted a variety of challenges including lack of service reimbursement systems, lack of public awareness, workforce shortages and regulatory barriers. ([see Hospice News, April, 2019](#))

For these reasons, LeadingAge Maryland respectfully requests a favorable report for House Bill 378.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

HB378 - Senate - Hopkins - Support.pdf

Uploaded by: Annie Coble

Position: FAV

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: March 24, 2022

Johns Hopkins University and Medicine urges a **favorable** report on **HB378 Maryland Health Care Commission – Palliative Care Services- Workgroup**. This bill requires MHCC to convene a workgroup to study palliative care services and make recommendations to improve palliative care services. Palliative care is specialized medical care that helps patients facing serious illnesses and their families by adding an extra layer of support.

Johns Hopkins offers compassionate, supportive palliative care for patients and families receiving treatment at Johns Hopkins hospitals across the state. The primary goal of our program is to ensure that patients dealing with complex illnesses are as free of symptoms as possible and have the mental and emotional well-being, we want our patients to have quality of life and be able to do the things they want to do.

As a result of 2013 legislation, MHCC conducted a study and provided recommendations on Maryland Hospital Palliative Care Programs. In 2016, all hospitals were mandated to have an accredited Palliative Care Program. Unfortunately, there has not been much progress in the work of palliative care statewide since then. This workgroup creates a vital opportunity to continue the work the State started so many years ago.

It is necessary for the State of Maryland to take a leading role on understanding palliative care. The Workgroup commissioned in this bill would allow for a much-needed deep dive into the palliative care for all Marylanders. The Workgroup is a first step into expanding the important care by identifying barriers and strategies to overcome the barriers. For these reasons and more, Johns Hopkins urges a favorable report on HB378.

HB378 Palliative Care Study(Support Postition Stmt

Uploaded by: Ben Steffen

Position: FAV



2022 SESSION
POSITION PAPER

BILL NO: HB 378

COMMITTEE: Senate Finance

POSITION: Support

TITLE: HB 378 – Maryland Health Care Commission – Palliative Care Services – Workgroup

BILL ANALYSIS

HB 378 - Maryland Health Care Commission – Palliative Care Services – Workgroup requires the Maryland Health Care Commission to convene a workgroup of interested stakeholders to study palliative care services in the State. The workgroup is required to examine:

- (1) the state of palliative care services offered in the State;
- (2) the capacity of palliative care providers to provide services;
- (3) any geographic areas where significant gaps in palliative care services may exist;
- (4) opportunities to collaborate with key stakeholders who are positioned to develop a strategy or plan for improving and expanding the provision of high-quality palliative medicine and care services;
- (5) the feasibility of financial support for a long-term expansion of palliative care services, including insurance coverage; and
- (6) a plan for ongoing data collection for purposes of the monitoring and improvement of palliative care services.

The bill requires the MHCC to submit an interim report to the Governor and General Assembly by July 1, 2023, and a final report by November 1, 2023, to include findings and recommendations to improve palliative care services in the State and the need for any legislative initiatives.

POSITION AND RATIONALE

The Maryland Health Care Commission supports HB 378.

Palliative care is an interdisciplinary medical caregiving approach aimed at optimizing quality of life and mitigating suffering among people with serious, complex illnesses.¹ Within the published literature, many definitions of palliative care exist. The World Health Organization (WHO) describes palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual."² In the past, palliative care was a disease specific approach, but today the WHO takes a more broad approach, that the principles of palliative care should be applied as early as possible to any chronic and ultimately fatal illness.³

The overall goal of palliative care is to improve quality of life of individuals with serious illness, any life-threatening condition which either reduces an individual's daily function or quality of life or increases caregiver burden, through pain and symptom management, identification and support of caregiver needs, and care coordination. Palliative care can be delivered at any stage of illness alongside other treatments with curative or life-prolonging intent and is not restricted to people receiving end-of-life care.⁴

Historically, palliative care services were focused on individuals with incurable cancer, but this framework is now applied to other diseases, such as severe heart failure.⁵ Palliative care can be initiated in a variety of care settings, including emergency rooms, hospitals, hospice facilities, or at home. Palliative care's focus is to improve the quality of life for those with chronic illnesses. It is commonly the case that palliative care is provided at the end of life, but it can be helpful for a person at any age and at any stage of illness.⁶

MHCC believes that efforts to increase acceptance of palliative care services by patients and the medical community and improving the availability and accessibility of palliative care

¹ Zhukovsky D (2019). Primer of Palliative Care. American Association of Hospice and Palliative Medicine. ISBN 9781889296081.

² "[WHO | WHO Definition of Palliative Care](#)". WHO. Archived from [the original](#) on 4 October 2003. Retrieved 4 December 2019.

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⁵ "[Heart failure - palliative care: MedlinePlus Medical Encyclopedia](#)". *medlineplus.gov*. Retrieved 30 April 2020.

⁶ "What is Palliative Care? | Definition of Palliative Care | Get Palliative Care". Retrieved 12 May 2020.



services across the health care delivery system can improve the quality of life experienced by patients with serious illness through more effective relief of pain and stress. MHCC also believes that increasing the use of palliative care services as an approach to managing the impact of serious illness can reduce health care spending.

For these reasons, the Commission asks for a favorable report on HB 378.

Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.



HB0378 - Senate_FAV_Hospice_MHCC - Palliative Care

Uploaded by: Danna Kauffman

Position: FAV



Hospice & Palliative Care Network OF MARYLAND

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

RE: SUPPORT: House Bill 378 - *Maryland Health Care Commission – Palliative Services – Workgroup*

Dear Chair Pendergrass:

On behalf of the Hospice & Palliative Care Network of Maryland (HPCNM), we **support** House Bill 378. House Bill 378 is modeled after a similar study done in Hawaii in 2019. The bill requires the Maryland Health Care Commission to form a workgroup to study palliative care services and make recommendations to improve/expand palliative care services in the State. The workgroup is required to examine: (1) the state of palliative care services offered in the State; (2) the capacity of palliative care providers to provide services; (3) any geographic areas where significant gaps in palliative care services may exist; (4) opportunities to collaborate with key stakeholders who are positioned to develop a strategy or plan for improving and expanding the provision of high-quality palliative medicine and care services; (5) the feasibility of financial support for a long-term expansion of palliative care services, including insurance coverage; (6) a plan for ongoing data collection for purposes of the monitoring and improvement of palliative care services; (7) engagement strategies for educating the public about palliative care to empower individuals to make informed decisions about an individual's preferred care when faced with serious illness; and (8) any other strategies that would improve palliative care services.

Palliative care is often misunderstood and under-utilized. Often it is confused with hospice care. While both may be end-of-life care the main difference is that palliative care can be provided when a patient is still receiving treatment for a serious illness, such as cancer, heart failure, dementia, or Parkinson's disease. In palliative care, a patient does not have to give up treatment. Palliative care is meant to enhance a patient care by focusing on quality of life for them and their family. Palliative care can be helpful at any stage of illness and is best provided soon after an individual is diagnosed. In addition to improving quality of life and helping with symptoms, palliative care can help patients understand their choices for medical treatment. Patients may receive palliative care in a variety of settings, such as hospitals, at home or in other institutional settings. Unfortunately, insurance coverage is not consistent across payers.



Hospice & Palliative Care Network OF MARYLAND

Palliative care can also offer relief from symptoms associated with the fallout of the current pandemic by offering support for patients and their family. It has been noted that Covid symptoms such as fear, shortness of breath, along with others linger even after a patient has recovered. The goal of House Bill 378 is to gather information on how palliative care services are being delivered and utilized in Maryland. With this information, Maryland will be better positioned to develop a comprehensive strategy to better improve care delivery and address healthcare disparities for those suffering serious illness in Maryland. This not only benefits the patient but aligns with the goals of Maryland's Total Cost of Care model by lowering health care costs through reduced hospital admissions and a greater reduction in overall system costs.

For these reasons, we urge a favorable vote on House Bill 378.

Sincerely,

Peggy Funk
Executive Director
Hospice & Palliative Care Network of Maryland

cc: The Honorable Ken Kerr
Members of the House Health and Government Operations Committee

HFAM Testimony HB 378_Senate.pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

March 24, 2022

House Bill 378: Maryland Health Care Commission – Palliative Care Services – Workgroup
Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to offer our support for House Bill 378. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers.

House Bill 378 requires the Maryland Health Care Commission (MHCC) to convene a workgroup to study and make recommendations to improve palliative care services in the State. The workgroup must include representatives of hospice and palliative care providers, health care facilities, patient advocacy groups, and health insurers. The workgroup must submit an interim report by July 1, 2023, and a final report by November 1, 2023, including the need for any legislative initiatives, to the Governor and the General Assembly.

Palliative care refers to specialized medical care for individuals with serious illness that is focused on providing relief from the symptoms, pain, and stress of the illness. The goal of palliative care is to improve quality of life for the patient, their family, and caregivers. This type of care can be provided at any age, at any stage of a serious illness, and along with curative treatment.

This type of care is very important in long-term care settings. As people are generally living longer and even those who face chronic illness can enjoy a longer life, disease and treatments can still cause pain and adverse side effects. Palliative care is important because it gives patients symptom management and a higher quality of life while seeking curative treatment. It also helps families and caregivers in making each day a more positive experience for the patient.

Palliative care has been one of the fastest growing fields in healthcare. However, barriers to palliative care remain and include lack of awareness, cultural and social barriers, and inadequate resources. Together, we must ensure that our healthcare delivery system meets the needs of patients and families living with a serious illness, and that our caregivers are equipped with necessary tools and resources.

For these reasons, we request a favorable report from the Committee on House Bill 378.

Submitted by:
Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

HB378_fav_AARP.pdf

Uploaded by: Karen Kalla

Position: FAV



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aarp.org/md | md@aarp.org | twitter: @aarpm
facebook.com/aarpm

**HB 378 Maryland Health Care Commission – Palliative Care Services – Workgroup
FAVORABLE
Senate Finance Committee
March 24, 2022**

Good afternoon Chair Kelley and members of the Senate Finance Committee. My name is Karen Kalla, member of the AARP Maryland Executive Council and resident of Anne Arundel County. AARP Maryland is one of the largest membership-based organizations in Maryland, encompassing more than 850,000 members. AARP Maryland is proud to support HB 378. We thank you for this opportunity to provide testimony. We also thank Delegate Kerr for sponsoring this important piece of legislation.

AARP is a non-partisan, non-profit nationwide organization that strengthens communities and advocates on those issues that most matter to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

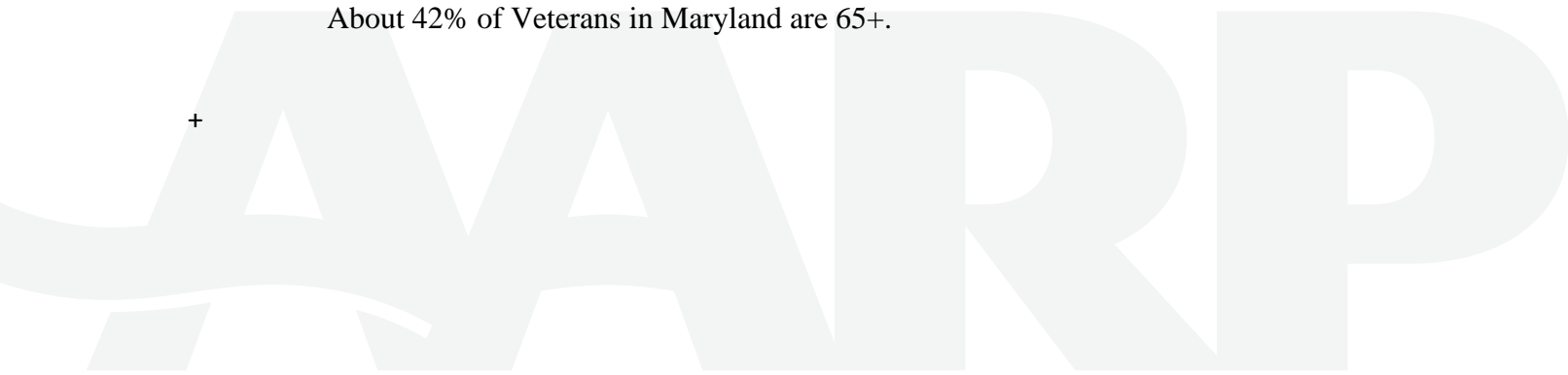
We are pleased to support House Bill 378 that would require the Maryland Health Care Commission to convene a workgroup of palliative care stakeholders who would research and collect data on the state of palliative care services in Maryland. They would use that information to develop a plan to expand the scope of and insurance coverage for these services to better meet the increasing needs in our state.

Over the next decade:

- Maryland's over 65+ population will grow by 320,000, from 16% to 20% of the total population;
- Older adults with disabilities and in need of assistance with daily activities will increase about 30%; and
- The number of people 65+ with dementia will increase by 35,000 or 30%.

Over the next 25 years, Maryland's over 85+ population will grow by 158%, from 122,000 to 315,000 – from 2% to 5% of the total population.

About 42% of Veterans in Maryland are 65+.



Cognitive and behavioral health disorders are highly prevalent among older adults and these challenges increase with age.

Informal caregivers provide about 90% of long-term care for older adults.

As our 65+ population increases, so will the range of services needed to maintain their quality of life. Maryland can contribute to these services through study and planning that focuses on access, capacity, quality, and integration of these various services. HB387 provides a critical component of this comprehensive approach to individual well-being by researching the status, role, and possibilities of palliative care services.

State policymakers should support:

- Improved palliative care, including better treatment for emotional distress and the elimination of all barriers to the appropriate management of pain and suffering; and
- Improved access to palliative care services regardless of patient setting (e.g., hospital, nursing home, or residence.)

Barriers to patients' use of Medicare and Medicaid hospice benefits should be eliminated, including limitation based on life expectancy and the prohibition on the use of acute or other curative services.

For these reasons, AARP supports HB378 and requests your favorable report on this important legislation. For questions, please contact Tammy Bresnahan tbresnahan@aarp.org or by calling 410.302.8451.

HB 378 State Advisory Council Letter of Support to

Uploaded by: Paul Ballard

Position: FAV

LARRY J. HOGAN, JR.
GOVERNOR

BOYD K. RUTHERFORD
LT. GOVERNOR



ALAN D. EASON
CHAIRPERSON

STATE OF MARYLAND ADVISORY COUNCIL ON QUALITY CARE AT THE END OF LIFE

March 18, 2022

Delores E. Kelley, Chair
Senate Fin. Committee
3 East Wing
11 Bladen St.
Miller Senate Office Building
Annapolis, MD 21401

RE: House Bill 378 (Maryland Health Care Commission – Palliative Care Services – Workgroup)

Dear Chair Kelley,

An important part of the State Advisory Council's statutory mission contained in Health-General 13-1604 is to "advise the General Assembly on legislative proposals affecting the provision of care at the end of life."

The Council supports passage of House Bill 378 because the Council believes that the information to be gathered and the recommendations to be made by the palliative care workgroup created by this bill would help advance Maryland's efforts to improve the quality of care given to its citizens at the end of life. This is because quality palliative care services are absolutely critical to patients and their loved ones to help ensure that the best possible quality of life is provided to patients at the end of life.

Sincerely,

A handwritten signature in blue ink that reads "Alan Eason".

Alan Eason
Chair

cc: The Honorable Ken Kerr

ALL CORRESPONDENCE AND INQUIRIES TO:
Paul J. Ballard, Counsel, Health Decisions Policy
300 West Preston Street ♦ Baltimore, Maryland 21201
Telephone: 410-767-6918 ♦ TTY For Disabled (Maryland Relay Service) 800-735-2258 ♦ 877-4MD-DHMH

2021 MOTA HB 378 Senate Side.docx.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ motamembers.org

Committee: Senate Finance Committee

Bill Number: House Bill 378 - Maryland Health Care Commission – Palliative Care Services – Workgroup

Hearing Date: March 24, 2022

Position: Support

The Maryland Occupational Therapy Association (MNA) supports *House Bill 378 – Maryland Health Care Commission – Palliative Care Services – Workgroup*. Occupational therapy practitioners are focused on ensuring our patients can live as independently as possible, as this improves their health outcomes and quality of life. Palliative care is essential for people with serious illnesses, as their symptoms can seriously impact their ability to perform even the most basic of tasks. We support the bill because it could lead to ensuring more Marylanders have access to palliative care.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2022 MNA HB 378 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: House Bill 378 - Maryland Health Care Commission – Palliative Care Services – Workgroup

Hearing Date: March 24, 2022

Position: Support

The Maryland Nurses Association (MNA) supports *House Bill 378 – Maryland Health Care Commission – Palliative Care Services – Workgroup*. The bill requires the Maryland Health Care Commission to convene stakeholders to study and make recommendations to improve palliative care services. We support this legislation because Marylanders need more access to palliative care services to manage the symptoms resulting from serious illnesses. Palliative care can improve health outcomes and quality of life. The bill takes an inclusive approach to studying the issue by including consumers and providers.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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Uploaded by: State of Maryland

Position: FAV



2022 SESSION
POSITION PAPER

BILL NO: HB 378
COMMITTEE: Senate Finance
POSITION: Support

TITLE: HB 378 – Maryland Health Care Commission – Palliative Care Services – Workgroup

BILL ANALYSIS

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POSITION AND RATIONALE

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MHCC believes that efforts to increase acceptance of palliative care services by patients and the medical community and improving the availability and accessibility of palliative care

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services across the health care delivery system can improve the quality of life experienced by patients with serious illness through more effective relief of pain and stress. MHCC also believes that increasing the use of palliative care services as an approach to managing the impact of serious illness can reduce health care spending.

For these reasons, the Commission asks for a favorable report on HB 378.

Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.

