

February 15, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
Miller Senate Office Building, 3 East Wing  
11 Bladen St., Annapolis, MD 21401

**RE: Senate Bill 281 – Commission on Public Health - Establishment – Letter of Support**

Dear Chair Griffith and Committee Members:

The Health Services Cost Review Commission (HSCRC) supports the passage of Senate Bill 281, which establishes a Commission on Public Health. The work of the Public Health Commission includes the following priority areas: 1) the State's response to COVID-19, 2) the State's response to overdose deaths, and 3) racial and ethnic disparities in maternal mortality and birth outcomes in the State. While the leadership for each of these topic areas resides in other State agencies, HSCRC has made significant investments related to each area.

As described in HSCRC's recent report on "[The Maryland Health Model and COVID-19](#)", Maryland's all-payer rate setting system for hospitals, supported by the Total Cost of Care (TCOC) Model Agreement with the federal Center for Medicare and Medicaid Innovation (CMMI), allowed HSCRC to act quickly to provide financial support to hospitals at the start of the pandemic. HSCRC adopted the following three policies which provided adjustments to the global budgets which apply to acute care hospitals in Maryland:

1. **Global Budget Guarantee:** HSCRC allowed hospitals that did not have enough patient volume to meet their annual global budget to increase charges and/or roll over expected revenue in the next year.
2. **COVID Surge Funding:** HSCRC provided additional funding for hospitals whose volume of patients exceeded the expected volume used to calculate the hospital's Global Budget Revenue (GBR) due to COVID-19 patients.
3. **COVID Expense Adjustment:** HSCRC designed this policy to support hospitals facing high expenses and reduced margins due to the pandemic.

These financial supports would not be possible in other States, which do not have state-wide hospital rate setting. These policies were successful in supporting hospitals financially during fiscal years 2020 and 2021. The State of Maryland (through general funds) and the Federal Government also provided direct funding to support hospitals. These policies were important to ensuring access to emergency and urgent hospital services during the COVID-19 pandemic.

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In 2021, CMMI approved Maryland's Statewide Integrated Health Improvement Strategy (SIHIS). Under this agreement, the State has committed to meet performance outcomes in three population health areas: 1) diabetes, 2) opioid use and 3) maternal and child health, with a focus on severe maternal morbidity and childhood asthma. These focus areas were selected with the input of over a hundred stakeholders. The second and third focus areas align well with the priority areas in SB 281. The purpose of SIHIS is to focus Statewide public and private efforts to drive improvements in these areas. To support SIHIS, HSCRC has made significant investments in behavioral health crisis services (which helps support the goals of reducing opioid overdoses) and maternal and child health.

HSCRC, through the hospital rate-setting system, has directed \$40 million in cumulative funding for four years (FY22 – FY25) to support maternal and child health interventions led by Medicaid, Managed Care Organizations (MCOs), and the Prevention and Health Promotion Administration (PHPA) under the Maryland Department of Health (MDH). This funding supports new services not previously offered to Medicaid beneficiaries as well as continued efforts to reduce healthcare disparities. The funded programs include reimbursement for doula services, enhanced reimbursement for CenteringPregnancy (an evidence-based model to improve birth outcomes), expansion of the Maternal Opioid Misuse (MOM) Model, expansion of Medicaid's asthma home visiting program, and expansion of home visiting programs through community-based grants..

HSCRC has also invested \$79.1 million seed funding over five years to develop sustainable, evidence-based crisis services in Maryland through the HSCRC's Regional Partnership Catalyst Program. The Regional Partnership Catalyst Program provides funding to hospital-led projects that work across statewide geographic regions to build infrastructure for interventions that align with goals of the TCOC Model and support population health goals in the SIHIS. One of the three population health priority focus areas in SIHIS is opioid overdose mortality. Opioid use is directly connected to broader behavioral health issues, as many people who use opioids also have other behavioral health concerns. To support this SIHIS goal, HSCRC used the Regional Partnership Catalyst Program to support the implementation and expansion of the evidence-based "CrisisNow" behavioral health crisis management model in Maryland.<sup>1</sup> Funding recipients are implementing and expanding at least one of the three main elements of the CrisisNow Model:

1. Crisis call centers and "Air Traffic Control" services, which help connect individuals in crisis to needed services;
2. Community-based mobile crisis teams, and
3. Short-term, "sub-acute" residential stabilization programs.

Through a competitive process, HSCRC awarded funds to three regional partnerships. A core goal of the Regional Partnership Catalyst Program is to foster widespread collaboration between hospitals and community partners. Under this program, hospitals are partnering with neighboring hospitals and diverse community organizations including local health departments (LHDs), local behavioral health authorities (LBHAs), provider organizations, and non-profits to expand behavioral health crisis services infrastructure. In 2021, Regional Partnerships worked with a total of 136 community partners to expand crisis services.

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<sup>1</sup> The CrisisNow Model is described in "Crisis Now: Transforming Services is Within Our Reach" action plan developed by the National Action Alliance for Suicide Prevention.

**Table: Regional Partnership (Behavioral Health) Jurisdictions and Funding Amounts**

<b>Regional Partnership</b>	<b>Jurisdiction</b>	<b>5 Year Funding Amount (2021-2025)</b>
Greater Baltimore Regional Integrated Crisis System (G-BRICS)	Baltimore City/County, Howard, Carroll Counties	\$44,862,000
Totally Linking Care (TLC)	Prince George's County	\$22,889,722
Tri-County Behavioral Health Engagement (TRIBE)	Lower Eastern Shore	\$11,316,332

The second funded year of these programs has just ended. In the first year (2021), Regional Partnerships prioritized putting business agreements in place, finalizing memorandums of understanding, and procuring contracts necessary for implementing activities in CY 2022. TRIBE focused on preparing to open two crisis stabilization centers. Both of these centers opened in 2022 and are serving individuals in crisis on the lower eastern shore. G-BRICS and TLC focused efforts on procuring software to implement “air traffic control” systems and expanding mobile crisis teams in their service area in CY 2022. GBRICS has also continued to expand access to same-day care through its Open Access Pilot and TLC plans to open its stabilization center in Prince George’s County this year.

The HSCRC, through the TCOC Model and the hospital all-payer rate setting system, has important tools that complement the work of the MDH and other State agencies to strengthen the public health system in Maryland. HSCRC looks forward to assisting the Commission established by SB 281.

HSCRC urges a favorable report of SB 281. If you have any questions or if we may provide you with any further information, please do not hesitate to contact me at me at [katie.wunderlich@maryland.gov](mailto:katie.wunderlich@maryland.gov) or Megan Renfrew, Associate Director of External Affairs, at 410-382-3855 or [megan.renfrew1@maryland.gov](mailto:megan.renfrew1@maryland.gov).

Sincerely,



Katie Wunderlich  
Executive Director