

SENATE BILL 1018

J3, J1

9lr3015

By: **Senator Hershey**

Introduced and read first time: February 28, 2019

Assigned to: Rules

Re-referred to: Finance, March 6, 2019

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 18, 2019

CHAPTER _____

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; providing that the duties and responsibilities
13 conferred on the Director and the Advisory Committee may not be construed to
14 affect, preempt, or prevail over the authority of the Board of Directors of the
15 University of Maryland Shore Regional Health; requiring that the Pilot Program use
16 certain data to define certain services needed at the University of Maryland Shore
17 Medical Center at Chestertown, clearly define certain transportation requirements,
18 establish a certain payment model, identify and address certain regulatory barriers,
19 and seek certain innovative approaches; requiring the Department to provide certain
20 additional support to a certain entity during the Pilot Program for certain purposes;
21 requiring that the Department report to the Governor and the General Assembly on
22 certain recommendations on or before certain dates; defining a certain term;
23 providing for the termination of this Act; and generally relating to the Chestertown
24 Rural Health Care Delivery Innovations Pilot Program.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 BY adding to
2 Article – Health – General
3 Section 2–1001 to be under the new subtitle “Subtitle 10. Chestertown Rural Health
4 Care Delivery Innovations Pilot Program”
5 Annotated Code of Maryland
6 (2015 Replacement Volume and 2018 Supplement)

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

9 **Article – Health – General**

10 **SUBTITLE 10. CHESTERTOWN RURAL HEALTH CARE DELIVERY INNOVATIONS**
11 **PILOT PROGRAM.**

12 **2–1001.**

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

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

17 (C) THE PURPOSE OF THE PILOT PROGRAM IS TO PROMOTE INNOVATIVE
18 SOLUTIONS FOR A SUSTAINABLE FUTURE FOR INPATIENT CARE IN RURAL AREAS,
19 SATISFY THE STRICT REQUIREMENTS FOR HOSPITAL–BASED CARE, AND ENSURE
20 ALIGNMENT BETWEEN THIS PILOT PROGRAM AND THE STATE’S FOCUS ON THE
21 LEADERSHIP ROLE OF HOSPITALS IN WORKING TO IMPROVE COMMUNITY HEALTH
22 AND IN CONTINUING TO PROVIDE COMMUNITY BENEFITS.

23 (D) (1) THE DEPARTMENT, THE MARYLAND HEALTH CARE
24 COMMISSION, AND THE HEALTH SERVICES COST REVIEW COMMISSION JOINTLY
25 SHALL ADMINISTER THE PILOT PROGRAM IN COLLABORATION WITH UNIVERSITY
26 OF MARYLAND SHORE REGIONAL HEALTH OR ITS SUBSEQUENT CORPORATE
27 OWNER.

28 (2) THE DEPARTMENT, IN COLLABORATION WITH UNIVERSITY OF
29 MARYLAND SHORE REGIONAL HEALTH, SHALL EMPLOY A DIRECTOR AT THE
30 UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT CHESTERTOWN TO
31 ADMINISTER THE PILOT PROGRAM.

32 (3) (I) THE SECRETARY SHALL APPOINT AN ADVISORY
33 COMMITTEE TO PROVIDE ADVICE AT LEAST QUARTERLY TO THE DIRECTOR

1 EMPLOYED UNDER PARAGRAPH (2) OF THIS SUBSECTION AND TO UNIVERSITY OF
2 MARYLAND SHORE REGIONAL HEALTH.

3 (II) THE ADVISORY COMMITTEE SHALL INCLUDE THE
4 FOLLOWING MEMBERS:

5 1. TWO PHYSICIANS WITH ADMITTING OR CONSULTING
6 PRIVILEGES AT THE UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER
7 AT CHESTERTOWN;

8 2. THE KENT COUNTY HEALTH OFFICER, OR THE
9 HEALTH OFFICER'S DESIGNEE;

10 3. THE PRESIDENT OF THE KENT AND QUEEN ANNE'S
11 RESCUE SQUAD, OR THE PRESIDENT'S DESIGNEE;

12 4. THE PRESIDENT OF THE KENT COUNTY
13 COMMISSIONERS, OR THE PRESIDENT'S DESIGNEE;

14 5. ONE REPRESENTATIVE OF LOCAL ELDER CARE
15 SERVICE PROVIDERS; AND

16 6. ONE REPRESENTATIVE OF THE LOCAL PRIVATE
17 EMPLOYMENT SECTOR OR THE KENT COUNTY CHAMBER OF COMMERCE.

18 (4) THE DUTIES AND RESPONSIBILITIES CONFERRED ON THE
19 DIRECTOR AND THE ADVISORY COMMITTEE UNDER THIS SECTION MAY NOT BE
20 CONSTRUED TO AFFECT, PREEMPT, OR PREVAIL OVER THE AUTHORITY OF THE
21 BOARD OF DIRECTORS OF THE UNIVERSITY OF MARYLAND SHORE REGIONAL
22 HEALTH.

23 (E) THE PILOT PROGRAM SHALL:

24 (1) USE DATA FROM STATE REGULATORY AGENCIES TO DEFINE
25 HOSPITAL-BASED INPATIENT SERVICES AND SURGICAL SERVICES NEEDED AT THE
26 UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT CHESTERTOWN,
27 INCLUDING:

28 (I) ADMITTING CRITERIA LIMITED TO PATIENTS RATED FROM
29 MILD TO MODERATELY COMPLEX;

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

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

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

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

6 (VI) LIMITING CALL COVERAGE NEEDS AND EXPECTATIONS TO
7 THE SUPPORT OF INPATIENT AND SURGICAL LIMITATIONS OF THE HOSPITAL,
8 INCLUDING:

9 1. DIRECT PATIENT CONTACT REQUIRED BY THE
10 ON-CALL MEDICAL PROVIDER;

11 2. CALL COVERAGE VIA TELEMEDICINE;

12 3. CALL COVERAGE VIA TELEPHONIC CALL; AND

13 4. APPROPRIATE STIPENDS ASSOCIATED WITH EACH
14 TYPE OF CALL;

15 (2) CLEARLY DEFINE TRANSPORTATION REQUIREMENTS AND THE
16 MECHANISM FOR SAFE AND TIMELY TRANSPORT OF PATIENTS FROM THE
17 UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT CHESTERTOWN TO A
18 HIGHER LEVEL OF CARE, INCLUDING THE POSSIBILITY OF USING A PAID TRANSPORT
19 SERVICE WITH CLEARLY DEFINED RESPONSE TIME EXPECTATIONS;

20 (3) ESTABLISH A PAYMENT MODEL THAT ENSURES THE AVAILABILITY
21 OF NEEDED SERVICES AS DETERMINED BY DATA FROM STATE REGULATORY
22 AGENCIES AND FROM UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH, WITH
23 AN ANNUAL BUDGET ESTABLISHED COLLABORATIVELY BETWEEN THE UNIVERSITY
24 OF MARYLAND SHORE REGIONAL HEALTH OR ITS SUBSEQUENT CORPORATE
25 OWNER AND THE HEALTH SERVICES COST REVIEW COMMISSION, INCLUDING:

26 (I) FUNDING THE INVESTMENT COSTS ASSOCIATED WITH
27 PROVIDER EMPLOYMENT AND CALL COVERAGE; AND

28 (II) ALLOWING FOR PERIODIC RATE ADJUSTMENTS MUTUALLY
29 AGREED TO BY BOTH PARTIES;

30 (4) IDENTIFY AND ADDRESS REGULATORY BARRIERS IMPACTING THE
31 CONTINUUM OF CARE AND FISCAL SOLVENCY OF RURAL HOSPITALS, INCLUDING

1 THE DISTINCTION BETWEEN REGULATED AND UNREGULATED SERVICES, URGENT
2 CARE, PRIMARY CARE, AND PHYSICIAN RELATIONSHIPS; AND

3 (5) SEEK INNOVATIVE APPROACHES TO COLLABORATION AND
4 PROBLEM SOLVING TO ADDRESS LOCAL ISSUES.

5 (F) DURING THE PILOT PROGRAM, THE DEPARTMENT SHALL EXPLORE
6 PROVIDING ADDITIONAL FINANCIAL SUPPORT TO THE UNIVERSITY OF MARYLAND
7 SHORE MEDICAL CENTER AT CHESTERTOWN OR ITS SUBSEQUENT CORPORATE
8 OWNER THROUGH THE PILOT PROGRAM, INCLUDING DIRECT FUNDING, OR
9 FUNDING FROM OTHER SOURCES, FOR THE INVESTMENT COSTS ASSOCIATED WITH:

10 (1) ENSURING ADEQUATE ACCESS TO PRIMARY CARE PROVIDERS;

11 (2) ENSURING ACCESS TO DIAGNOSTIC SERVICES, INCLUDING LAB
12 WORK, X-RAYS, AND OUTPATIENT REHABILITATION;

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

16 (4) ADDRESSING KEY SOCIAL DETERMINANTS OF HEALTH,
17 INCLUDING TRANSPORTATION, HEALTH EDUCATION, BEHAVIORAL HEALTH NEEDS,
18 AND FOOD INSUFFICIENCY; AND

19 (5) DEVELOPING A CENTER OF EXCELLENCE IN THE INPATIENT
20 FACILITY.

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

24 (I) THE ACTIVITIES AND FINDINGS FROM THE INITIAL 5 YEARS
25 OF THE PILOT PROGRAM;

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

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

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

1 **2. 35 MILES OR MORE FROM THE NEAREST HOSPITAL;**
2 **OR**

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

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

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

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

13 **(II) WHETHER THE DEPARTMENT RECOMMENDS**
14 **ESTABLISHING THE PILOT PROGRAM AS A PERMANENT PROGRAM.**

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

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.