
Health and Social Services Subcommittee

Additional Pages

March 14, 2024

M00A01
Office of the Secretary
Maryland Department of Health

Committee Narrative

Adopt the following narrative:

Overdose Response Efforts: As the opioid crisis evolves and overdoses in Maryland rise, the committees are interested in understanding the range and effectiveness of strategies that the Maryland Department of Health (MDH) is implementing to address the crisis. The committees request that MDH include in the annual report for the Commission on Behavioral Health Care Treatment and Access a list of departmentwide ~~or~~ *and* interdepartmental initiatives designed to address substance use disorder among Maryland residents. Initiatives should include statewide efforts managed by MDH and be inclusive of preventive, educational, *recovery*, and *other* relevant supportive services and programs. Specifically, the annual report should include:

- initiative names and brief descriptions of their function and activities;
- list of deliverables, goals, and outcomes, as applicable of the group or project;
- other agencies or nongovernmental entities involved with the initiative;
- date of establishment and date of termination (if applicable);
- MDH's plan to continue the effort, including anticipated date to end or reevaluate project outcomes; and
- costs associated with each project from inception through the end of fiscal 2024, including unspent allocated funds.

M00F03
Prevention and Health Promotion Administration
Maryland Department of Health

Budget Amendment

Add the following language to the general fund appropriation:

Further provided that \$100,000 of this appropriation made for the purpose of program direction in the Prevention and Health Promotion Administration may not be expended until the Maryland Department of Health submits a report on the administration of the Maryland Pediatric Cancer Fund. The report shall include:

- (1) the status of regulations to determine allocations from the fund;
- (2) a description of the criteria for determining fund allocations;
- ~~(3) a list of grantees receiving awards;~~
- ~~(4)~~(3) a description of the planned uses of each grant award; and
- ~~(5) the actual or estimated date that each grant was distributed to the grantee; and~~
- ~~(6)~~(4) if no awards have been distributed, a timeline for beginning distribution of grants in fiscal 2025.

The report shall be submitted by November 1, 2024, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of the report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: Chapters 253 and 254 of 2022 established the Maryland Pediatric Cancer Fund and required the Maryland Department of Health (MDH) to administer the fund to distribute pediatric cancer research grants, which could also support prevention and treatment. This language restricts funding for program direction until MDH submits a report on the administration of the Pediatric Cancer Fund.

Information Request	Author	Due Date
Report on Maryland Pediatric Cancer Fund Administration	MDH	November 1, 2024

M00M
Developmental Disabilities Administration
Maryland Department of Health

Committee Narrative

Adopt the following narrative:

Self-directed Services Spending: Chapters 736 and 737 of 2022 (the Self-Direction Act) prohibited the Developmental Disabilities Administration (DDA) within the Maryland Department of Health from setting a limit on the dollar amount that individuals can expend on individual-directed and family-directed goods and services (IFDGS) as long as the individuals do not receive services in excess of their annual approved budgets. The committees request that DDA submit a report detailing the formulation of and expenditures on individualized budgets within the self-directed services model, including:

- *detail on how individualized budgets within the self-directed services model are formulated and how the process and resulting budgets differ from budgets formulated within the traditional services model;*
- *the number of individuals in the self-directed services model and in the traditional services model in fiscal 2024;*
- *a comparison of total approved person-centered plan (PCP) budgets and total spending and average approved PCP budget per person and average spending per person for individuals in the self-directed services model and traditional services model shown separately and reported as actual data for fiscal 2023 and 2024;*
- *the number of IFDGS requests, average amount for each request, and total amounts expended on IFDGS in fiscal 2023 and 2024, broken down by the following categories: (1) recruitment and advertising; (2) day-to-day administrator; and (3) other goods and services;*
- *the percentages of individuals in the self-directed services model with approved IFDGS services spending (1) above the proposed cap but below \$7,000; (2) between \$7,000 and \$10,000; and (3) over \$10,000;*
- *a description of DDA's review process for IFDGS requests, including common reasons that IFDGS requests are denied and the number of request denials in fiscal 2023 and 2024; and*

- *proposed recommendations to improve or expand the review process for IFDGS requests, including the number of positions and administrative costs that would be required to expand review of IFDGS services.*

Information Request	Author	Due Date
Report on self-directed services and IFDGS spending	DDA	October 31, 2024

M00Q01
Medical Care Programs Administration
Maryland Department of Health

Committee Narrative

Adopt the following narrative:

Recruitment and Retention of Anesthesiologists in Maryland: The committees request that the Maryland Department of Health (MDH), the Maryland Health Care Commission (MHCC), and the Health Services Cost Review Commission (HSCRC) in coordination with the Maryland Society of Anesthesiologists study barriers in the recruitment and retention of anesthesiologists. The study should also include recommendations to eliminate identified barriers. Additionally, the committees request that the agencies submit a joint report that outlines the findings and recommendations resulting from the study. The report should include, but not be limited to, the following information:

- the proportion of anesthesiologists' patient mix in hospital settings and ambulatory surgical facilities across Maryland that are covered by public payers;
- the average commercial payment rate for anesthesiologists nationally and in Maryland;
- the average commercial payment rate for anesthesiologists compared to current Medicare and Medicaid reimbursement rates;
- a comparison of the average commercial payment rates for anesthesiologists and other physicians as a percentage of Medicare reimbursement rates;
- *a comparison of average commercial payment rates and Medicare and Medicaid reimbursement rates for pediatric anesthesiologists versus anesthesiologists serving adults;*
- a description of other compensation provided to anesthesiologists that is not included in reimbursement rates, such as stipends;
- the number of anesthesia groups, hospitals, ambulatory surgical facilities, and any other settings where anesthesia is provided that have hired temporary or contractual staffing for anesthesiologists;
- impacts of current commercial, Medicare, and Medicaid reimbursement rates for anesthesiologists on recruitment and retention efforts; and

- impacts of current commercial, Medicare, and Medicaid reimbursement rates for anesthesiologists on hospital and other care settings' access to anesthesia services.

Information Request	Author	Due Date
Report on recruitment and retention of anesthesiologists in Maryland	MDH MHCC HSCRC	December 15, 2024

M00R01
Health Regulatory Commissions
Maryland Department of Health

Committee Narrative

Adopt the following narrative:

Private Payer Coverage of Ambulatory Surgical Facilities: The committees are interested in understanding individuals’ access to services provided at ambulatory surgical facilities paid for by private payers. The committees request that the Maryland Health Care Commission (MHCC) conduct a comprehensive study on the policies and procedures for including ambulatory surgical facilities in private payer plans. Additionally, the committees request that MHCC submit *an interim report by December 15, 2024, and a final report by June 1, 2025*, with findings and recommendations resulting from the study. The report should include:

- a detailed analysis of the cost differential between procedures performed in hospitals and procedures performed in freestanding facilities; ~~and~~.
- ~~an assessment of the impact of integrating ambulatory surgical facilities with Total Cost of Care model agreements.~~

Information Request	Author	Due Date
<i>Interim r</i> Report on private payer coverage of ambulatory surgery centers	MHCC	September 1, 2024 <i>December 15, 2024</i>
<i>Final report on private payer coverage of ambulatory surgery centers</i>		<i>June 1, 2025</i>

N00B
Social Services Administration
Department of Human Services

Committee Narrative

1. Adopt the following narrative:

Hospital Stays by Youth in Out-of-home Placements: The committees continue to be concerned about children and youth experiencing stays in emergency rooms or inpatient hospital settings longer than is medically necessary. Data has been requested on hospital stays by children and youth in out-of-home placements (OOHP) for several years. In an effort to continue to monitor this issue, the committees request that the Department of Human Services (DHS) submit a report that provides data for each month of the period from October 2023 through September 2024 on:

- the number of youth in OOHPs served in emergency rooms for psychiatric evaluation or crisis and the average length of stay (ALOS) by month;
- the number of youth in OOHPs served separately by medical hospitals and inpatient psychiatric hospitals and the ALOS by month;
- the number of days that youth in OOHPs served in hospitals and were in the hospital longer than was deemed medically necessary by either the hospital or a judicial finding, separately by type of hospital; and
- the placement type after discharge separately by type of hospital, including identifying the number of youths placed out-of-state after discharge for fiscal 2024.

Data reported for each of these areas should be broken out by region of the State or, where possible, by jurisdiction, based on the location of the youth's residency.

Information Request	Author	Due Date
Report on hospital stays, ALOS, and placement after discharge	DHS	December 1, 2024

**N00G
Department of Human Services
Local Department Operations**

Budget Amendments

N00G00.08 Assistance Payments

Amend appropriation for the purposes indicated:	<u>Funds</u>	
<i>Reduce funding for administrative expenses for the Summer Electronic Benefit Transfer program due to lower estimated costs.</i>	-3,200,000	GF
	-3,200,000	FF
 <i>Total Change</i>	 -6,400,000	

2. Amend the following language on the general fund appropriation:

Further provided that ~~\$9,000,000~~ \$5,800,000 of this appropriation made for the purpose of administrative expenses for the Summer Electronic Benefit Transfer (EBT) program may not be expended for that purpose but instead may be transferred by budget amendment to program N00I00.04 Director’s Office to be used only for administrative expenses for the Summer EBT program. Funds not expended for this restricted purpose may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund.

Explanation: The fiscal 2025 allowance includes \$9.0 million in general funds under the Summer Supplemental Nutrition Assistance Program for Children program that the Department of Human Services indicates will be used for administration of the Summer EBT program. The Assistance Payments program is used for benefit payments only. This language would require a transfer of ~~these~~ \$5.8 million of these funds to the Director’s Office to be used for the same purpose. *The remaining funds are not expected to be needed to administer the program.*

5. Amend the following language on the federal fund appropriation:

, provided that ~~\$9,000,000~~ \$5,800,000 of this appropriation made for the purpose of administrative expenses for the Summer Electronic Benefit Transfer (EBT) program may not be expended for that purpose but instead may be transferred by budget amendment to program N00I00.04 Director’s Office to be used only for administrative expenses for the Summer EBT program. Funds not expended for this restricted purpose may not be transferred by budget amendment or otherwise to any other purpose and shall be canceled.

Explanation: The fiscal 2025 allowance includes \$9.0 million in federal funds that the Department of Human Services indicates will be used for administration of the Summer EBT program. The Assistance Payments program is used for benefit payments only. This language would require a transfer of ~~these~~ *\$5.8 million of these* funds to the Director's Office to be used for the same purpose. *The remaining funds are not expected to be needed to administer the program.*