State Health Plan for Facilities and Services
Hospice Services: COMAR 10.24.13
Release as Proposed Permanent Regulations

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Where have we been?

- Developed draft Hospice Chapter
- Met with the Hospice Work Group (including industry representatives designated by the Hospice Network) October 2011; November 2011; August 2012
- Presented new Chapter (COMAR 10.24.13) to Commission April 2012 to release for 1st Informal Public Comment
- 1st Informal Public Comment period: 46 comments received; 23 from legislators
- Met with Senate Finance Committee September 2012
- Committee urged MHCC to meet again with hospice representatives

Where have we been (continued)?

- Reviewed methodology presented by Hospice Network; assessed and updated with 2011 data
- Reconvened Hospice Work Group (January 16, 2013) and reached consensus on revised methodology
- Met with Senate Finance Committee on January 24, 2013
- Presentation to April 2013 Commission meeting
- Held 2nd Informal Public Comment Period (April 10-May 10, 2013); 12 comments received
- Convened Hospice Education Work Group (April 2013)

Informal Public Comment Period

- SHP posted on Commission's website 4/10-5/10
- Comments received from 12 organizations:
  - Erickson Living
  - Gilchrist Hospice
  - Hospice and Palliative Care Network of Maryland
  - Hospice of St. Mary's
  - Lifespan Network
  - MedChi
  - Montgomery Hospice
  - Office of Health Care Quality
  - Seasons Hospice
  - Stella Maris
  - Talbot Hospice
  - Worcester County Health Planning Advisory Council

Comment Categories for Discussion

- Support for collaborative work with Hospice Network
  - Methodology development
  - Hospice Education Initiative
- Docketing Rules: Section .04
- Hospice Standards: Section .05
- Methodology Issues: Section .06

Collaborative Efforts

- Comments acknowledge collaborative efforts by Commission
- Hospice Methodology
  - "…We have appreciated the collaborative approach that the MHCC has demonstrated in revising the methodology used to update the draft of the state health plan."
- Hospice Education Work Group
  - "…Meaningful solutions to educate more people about the benefits of hospice for patients and their family members";
  - "…Discuss ways in which state policy can assist in promoting greater diversity in doing outreach to underserved communities";
  - "…Show willingness to balance viability of service providers with fostering of patient choices."

Docketing Rules: Section .04 Points for Discussion

- General Docketing Issues
  - Inpatient projects - clarify which rules apply to general hospice vs. inpatient CON projects
  - Current providers can meet need - add rule to docket only if current infrastructure cannot meet need
  - Other types of providers can meet need - should not restrict potential applicants to operators of health facilities
- Sole Provider Jurisdictions - will rule prevent limited license hospice from applying to be general hospice?
- Service Exceptions - permit consumers to request service exceptions

Staff Response: Docketing Rules Issues

- Clarified wording regarding which docketing rules apply to which types of projects
- Need methodology explicitly accounts for capacity of existing providers to meet future demand
- Docketing rules identify types of facilities that have experience in providing hospice services
- Sole provider rules do not preclude a limited license hospice from applying to become a general license hospice
- Service exception is rare occurrence; addresses consumer issues

Hospice Standards: Section .05 Points for Discussion

- Service Area: CCRC exception - permit specialized hospices that target unique populations
- Minimum Services - clarify consistent with CMS rules, which services need to be provided directly vs. under contract
- Inpatient Unit requirements - require only one Impact Standard for inpatient capacity

Staff Response: Standards Issues

- Many CCRCs contract with existing community hospices to serve their residents; should not create more programs where no need is identified
- Revisions to minimum services required directly and under contract have been corrected
- Inpatient standards:
  - Revise Impact standard language
  - Require demonstration of impact on existing providers
  - Revise wording of cost effectiveness

Methodology Issues: Section .06 Points for Discussion

- Number of Existing Providers - adequate number of providers in Baltimore City and Prince George's County
- Low Utilization Factors - minority residents will use hospice at a lower rate
- Need Projections/CON Reviews - recommend moratorium or further study before scheduling CON reviews
- Components of Methodology - adjust target use rate or volume threshold
- Inpatient Services - Chapter should not limit access to inpatient services

Staff Response: Methodology Issues

- Methodology accounts for capacity of existing providers to grow and meet future demand
- Although 9 providers are authorized to serve each jurisdiction (Baltimore City and Prince George's County), 2 or 3 providers serve a majority of patients
- Low use by minorities will be addressed by education and outreach
- Moratorium is not appropriate; CON reviews follow findings of need in 2 jurisdictions
- Possible adjustments to methodology were discussed and rejected by Hospice Work Group
- The SHP permits applications for inpatient hospice without regard to need methodology or review schedule

Next Steps

- Based on comments reviewed and staff recommendations, draft SHP Chapter has been revised and updated
- Continue work with Hospice Education Work Group
- Revise COMAR 10.24.08 to repeal sections on hospice services, contingent on approval of new Chapter
- Promulgate COMAR 10.24.13 as proposed permanent regulation
- Formal comment period
- Process for final regulations