masbhc
MARYLAND ASSEMBLY ON
SCHOOL-BASED HEALTH CARE

711 West 40th Street
Suite 460
Baltimore, MD 21211
410-235-1178
www.masbhc.org

Support with Amendments
HB 450
House Government and Operations Committee
February 17, 2011

The Maryland Assembly on School-Based Health Care (MASBHC) supports HB 450 –*Maryland Community Health Resources Commission – Health Care Reform Safety Net Providers*. MASBHC is an association of school-based health centers across the state. We have been appreciative of the Community Health Resource Commission's efforts to support expanding capacity at our centers. We support HB 450 because many school-based health centers will be seeking grant support to implement adequate billing systems and expand clinical capacity to meet the demands for services. School-based health centers can help expand the reach of the primary care providers in their communities.

We are seeking some minor amendments to the legislation:

Amendment 1

On page 2, line 1, after before "PROVIDER" insert "COMMUNITY-BASED".

Explanation: This clarifies that safety-net means community providers .

Amendment 2

On page 3, strike lines 6 and 7 in their entirety and substitute "barriers to safety net providers contracting with and billing third-party payers;"

Explanation: This makes it clear that the study is to first identify barriers to third-party billing, which could include the lack of a billing system. School-based health centers are very interested in seeking grant support to install billing systems, much as the federally-qualified health center community has done.

Amendment 3:

On page 3, beginning in line 13, strike ":" through "(ii)" in line 15; and after "sustaining" in line 15 insert "and enhancing".

Explanation: This makes the plan broader.

Community Health Integrated Partnership
Maryland Community Health System
802 Cromwell Park Drive, Suite V, Glen Burnie, Maryland 21016
410-761-8100, 410-761-5835 (facsimile)

HB 450 – *Maryland Community Health Resources Commission – Health Care Reform – Safety Net Providers*
House Health and Government Operations
February 17, 2011
Support with Amendments

Maryland Community Health System (MCHS) supports HB 450 –*Maryland Community Health Resources Commission – Health Care Reform Safety Net Providers*. The bill requires the Community Health Resources Commission to identify challenges that safety net providers may face in expanding administrative and clinical capacity to implement federal health reform. The bill requires the Community Health Resources Commission to compile that information into a plan for the State to provide ongoing assistance to safety-net providers.

As a network of federally qualified health centers, Maryland Community Health System has been partnering with the Health Reform Coordinating Council, the Department of Health and Mental Hygiene, the Maryland Health Care Commission, and the Maryland Community Health Resources Commission on the implementation of health reform. We are pleased to continue this work by providing input to the Community Health Resources Commission for its study and development of a State plan.

We have recommended some minor amendments:

Amendment 1

On page 2, line 1, after before "PROVIDER" insert "COMMUNITY-BASED".

Explanation: This clarifies that safety-net means community providers rather than large institutions.

Amendment 2

On page 3, strike lines 6 and 7 in their entirety and substitute "barriers to safety net providers contracting with and billing third-party payers;"

Explanation: This makes it clear that the study is to first identify barriers to third-party billing, which could include the lack of a billing system.

Amendment 3:

On page 3, beginning in line 13, strike ":" through "(ii)" in line 15; and after "sustaining" in line 15 insert "and enhancing".

Explanation: This makes the plan more general and broader-based.

Maryland Community Health System is a network of FQHCs located in both rural and urban Maryland serving over 173,000 patients at over 70 care delivery sites. MCHS' works to expand access to health care for the uninsured, is a partner with Johns Hopkins Health in Priority Partners MCO, and provides health centers with management services in an effort to contain health care costs. These services include providing technology such a practice management and electronic health record systems, e-prescribing systems and centrally-managed administrative functions such as credentialing, clinical quality and operational performance improvement programs, reimbursement and revenue cycle management.

For further information contact: Salliann Alborn, Chief Executive Officer (salborn@mdhealth.net)
Robyn Elliott (relliott@marylandadvocacy.com)

STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

2010 SESSION
POSITION PAPER

BILL NO: HB 450
COMMITTEE: HGO
POSITION: SUPPORT

TITLE: Maryland Community Health Resources Commission - Health Care Reform - Safety Net Providers

BILL ANALYSIS:

This legislation authorizes the Maryland Community Health Resources Commission (CHRC) to provide technical assistance to safety net providers by examining issues and potential challenges to safety net providers in implementing the Affordable Care Act (ACA).

POSITION AND RATIONALE:

The Department of Health and Mental Hygiene supports HB 450, Maryland Community Health Resources Commission - Health Care Reform - Safety Net Providers. Under the auspices of the Health Care Reform Coordinating Council (HCRCC) established by Governor O'Malley in the immediate aftermath of Congress' enactment of the ACA, the State has spent the last ten months creating the blueprint for a well-planned and inclusive implementation of health care reform.[1] This blueprint included the following recommendation:

> *Recommendation Five: Encourage active participation of safety net providers in health reform and new insurance options.*

Even with the ACA's substantial coverage expansion, an estimated 400,000 or more Marylanders will remain uninsured. Given the ongoing need for their services, the HCRCC recommended that Maryland provide technical assistance to safety net providers to help them prepare for changes brought about by reform. This effort should assess the administrative infrastructure of small safety

1 The Maryland Health Care Reform Coordinating Council's Final Report was submitted to the Governor in January 2011 is available at www.healthreform.maryland.gov

net providers, identify partnering opportunities among providers, and develop a roadmap for the sustainability of these efforts.

The Maryland Community Health Resources Commission (CHRC) is capable and well positioned to provide this assistance. The CHRC will assess the administrative infrastructure of small safety net providers, identify opportunities to partner to more efficiently support these activities, and develop a business plan for the sustainability of these efforts.

This is an important step to ensure the State is positioned to comply with the requirements of the ACA and take full advantage of the opportunities to lower costs, expand coverage, and improve health services. The Department urges a favorable report.

(February 17, 2011)

FOR INFORMATION-CONTACT THE OFFICE OF GOVERNMENTAL AFFAIRS:
ANNAPOLIS - 410-260-3190 BALTIMORE - 410-767-6480

Member Agencies:

Advocates for Children and Youth
Baltimore Jewish Council
CASA of Maryland Inc.
Catholic Charities
Center for Urban Families
Energy Advocates
Episcopal Community Services
Health Care for the Homeless
Homeless Persons Representation Project
Interfaith Works
Jewish Community Relations Council of Greater Washington
Job Opportunities Task Force
League of Women Voters of Maryland
Maryland Budget & Tax Policy Institute
Maryland CASH Campaign
Maryland Catholic Conference
Maryland Community Action Partnership
Maryland Consumer Rights Coalition
Maryland Family Network
Maryland Hunger Solutions
Maryland Interfaith Legislative Committee
National Council on Alcoholism & Drug Dependence – Maryland Chapter
Public Justice Center
St. Vincent de Paul of Baltimore
United Way of Central Maryland
Welfare Advocates

Maryland Alliance for the Poor

Branden McLeod, Chair
P: 410.727.6367 x 2345
C: 443.310.0648
E: bmcleod@mdnonprofit.org
Marylandallianceforthepoor.blogspot.com

TESTIMONY IN SUPPORT OF HB450
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION - HEALTH CARE REFORM - SAFETY NET PROVIDERS

Health Governmental Operations Committee, February 17, 2011

Submitted by Branden McLeod, Chair

The Maryland Alliance for the Poor (MAP) is a statewide coalition of advocacy organizations, service providers and faith communities working together to advocate on behalf of Marylanders living in or near poverty. Our membership also includes safety net health care providers. MAP supports HB450.

Since July, MAP and its members have closely followed the actions of the Health Reform Coordinating Committee. We consistently submitted comments and testimony asking the Council to include supports for safety-net providers in their report. When the report was submitted to the Governor in January, we were pleased to see the Council's recommendation encouraging active participation of safety net providers in health reform and new insurance options. Now the question before the State is how to implement this recommendation.

Safety-net providers face a wide range of challenges as health reform is implemented in Maryland. They face uncertainty about how to access new funding streams from the Federal Government, how to adapt from a grant funded model to a Medicaid billing model, where there will be gaps in services, and how they can successfully partner with local hospitals and healthcare providers.

Granting the Maryland Community Health Resources Commission the authority to provide technical assistance to safety net providers would greatly assist safety net providers as they navigate the new world of health care reform. The smoother this transition is, the better the result for vulnerable Marylanders who depend on safety net providers for their health care needs.

We urge a favorable report on HB450. Thank you for your consideration of this matter.

Member Agencies:

Advocates for Children and Youth

Baltimore Jewish Council

CASA of Maryland Inc.

Catholic Charities

Center for Urban Families

Energy Advocates

Episcopal Community Services

Health Care for the Homeless

Homeless Persons Representation Project

Interfaith Works

Jewish Community Relations Council of Greater Washington

Job Opportunities Task Force

League of Women Voters of Maryland

Maryland Budget & Tax Policy Institute

Maryland CASH Campaign

Maryland Catholic Conference

Maryland Community Action Partnership

Maryland Consumer Rights Coalition

Maryland Family Network

Maryland Hunger Solutions

Maryland Interfaith Legislative Committee

National Council on Alcoholism & Drug Dependence – Maryland Chapter

Public Justice Center

St. Vincent de Paul of Baltimore

United Way of Central Maryland

Welfare Advocates

Maryland Alliance for the Poor

Branden McLeod, Chair
P: 410.727.6367 x 2345
C: 443.310.0648
E: bmcleod@mdnonprofit.org
Marylandallianceforthepoor.blogspot.com

TESTIMONY IN SUPPORT OF HB450
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION - HEALTH CARE REFORM - SAFETY NET PROVIDERS

Health Governmental Operations Committee,
February 17, 2011

Submitted by Branden McLeod, Chair

The Maryland Alliance for the Poor (MAP) is a statewide coalition of advocacy organizations, service providers and faith communities working together to advocate on behalf of Marylanders living in or near poverty. Our membership also includes safety net health care providers. MAP supports HB450.

Since July, MAP and its members have closely followed the actions of the Health Reform Coordinating Committee. We consistently submitted comments and testimony asking the Council to include supports for safety-net providers in their report. When the report was submitted to the Governor in January, we were pleased to see the Council's recommendation encouraging active participation of safety net providers in health reform and new insurance options. Now the question before the State is how to implement this recommendation.

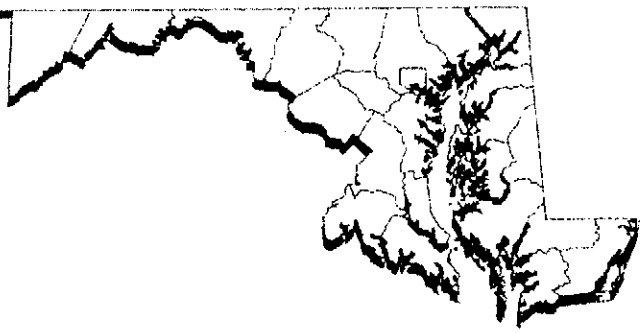
Safety-net providers face a wide range of challenges as health reform is implemented in Maryland. They face uncertainty about how to access new funding streams from the Federal Government, how to adapt from a grant funded model to a Medicaid billing model, where there will be gaps in services, and how they can successfully partner with local hospitals and healthcare providers.

Granting the Maryland Community Health Resources Commission the authority to provide technical assistance to safety net providers would greatly assist safety net providers as they navigate the new world of health care reform. The smoother this transition is, the better the result for vulnerable Marylanders who depend on safety net providers for their health care needs.

We urge a favorable report on HB450. Thank you for your consideration of this matter.

Maryland Association of
COUNTY HEALTH OFFICERS

an affiliate of Maryland Association of Counties, Inc.



2011 SESSION
POSITION PAPER

BILL: **HB 450: Maryland Community Health Resources Commission – Health Care Reform – Safety Net Providers**
COMMITTEE: **Health and Government Operations**
POSITION: **Letter of Support**

BILL ANALYSIS: HB 450 would authorize the Maryland Community Health Resources Commission to provide certain assistance to safety net providers to help prepare to implement certain health care reform components; authorize the Commission to examine issues and potential challenges for safety net providers to prepare to implement certain health reform components; require the Commission to develop a business plan for health reform implementation as it relates to safety net providers; and require the Commission report to the General Assembly.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) supports HB 450 as it views it as a critical component of preparing safety net providers, such as local health departments, for health reform implementation in Maryland. Maryland, as a result of the Governor's Health Care Reform Coordinating Council, is at the forefront of preparing the public and private sector for health care reform implementation and anticipating changes that must be made in order to carry out the full intention of the federal law.

In some areas of the state, local health departments are the only providers or are necessary providers because the private sector capacity is not adequate to serve the need for certain services. Assuring a viable safety net for those who by choice or situation will not be enrolled in health insurance yet whose timely access to appropriate and quality health care will affect the health and viability of our communities. The private sector capacity to provide primary and specialty care in many jurisdictions, both in urban and rural areas across Maryland, is not sufficient to meet the needs of persons currently enrolled in Medicaid, PAC, and increasingly, in Medicare. The number of persons who will be newly enrolled is likely to be greater than the number of providers who will choose to begin to provide care to enrollees in Medicaid, PAC, and Medicare. Safety net providers such as local health departments and others will still be expected and needed to provide services for this population.

615 North Wolfe Street, Room W 1504 C
Baltimore, Maryland 21205
410-614-6891 • Fax 410-614-7642

UNIVERSITY OF MARYLAND
SCHOOL OF NURSING

STRATEGIC PARTNERSHIPS & INITIATIVES

655 West Lombard Street, Suite 416
Baltimore, MD 21201

410 706 0895 | 410 706 0018 fax
http://nursing.umaryland.edu/

February 17, 2011

Delegate Peter A. Hammen
Chair, Health and Government Operations Committee
Room 240 House Office Building
6 Bladen St.
Annapolis, Maryland 21401

Re: SUPPORT- HB 450:
Maryland Community Health Resources Commission - Health Care Reform Safety Net Providers"

Dear Chairman Hammen and Members of the Health and Government Operations Committee:

The University of Maryland School of Nursing Governor's Wellmobile Program, in its role as both community health resource and safety net provider, supports House Bill 450. The Governor's Wellmobile Program leadership participated in the **Public Health, Safety Net and Special Populations Health Care Reform Coordinating Council Workgroup** meetings. The Subcommittee's draft White Paper recognized that traditional safety-net providers will be challenged to revise their business model and operating practices to take advantage of the opportunities to serve many of their current clients who will become newly-covered individuals as a result of health reform. It is anticipated that 5-7% of the population that will remain uninsured after implementation of health reform. Historical safety-net providers, such as the Governor's Wellmobile Program, will need to be credentialed and privileged by third party-payers, including commercial, managed care, and Health Choice to incorporate revenues from third party payers and attain fiscal sustainability. Since many safety-net providers depend on voluntary workforce, grants and contracts in lieu of billing to sustain their current operations, revenues have been used to support direct service delivery. There have been little or no revenues to develop Information Systems Technology (IT), including purchase of electronic health records and billing and collection systems. HB 450 provides opportunity to support information technology, billing and collections capacity for Maryland's safety-net providers.

Since 1994, the Governor's Wellmobile Program, a fleet of four mobile primary care clinics, administered by the University of Maryland School of Nursing, has been a vital component of Maryland's safety net provider network. Through partnerships with health systems and community service organizations across the state, underserved and uninsured populations in need of primary care have been identified and service sites established. The program continues to serve as a vital link in the safety net for the uninsured.

Unfortunately State support for the Wellmobile Program has been eliminated in the proposed FY 2012 State budget. Although this is very disappointing, the University of Maryland School of Nursing would like to partner with other providers in building new primary care delivery models which can assure sustainability. Like our program, some of the local health department clinics and school-based health centers across the state are in need of infrastructure upgrades and technical assistance to establish/

Testimony on HB 450
Maryland Community Health Resources Commission –
Health Care Reform – Safety Net Providers
House Health and Government Operations Committee
February 17, 2011
POSITION: SUPPORT

CBH is the professional association for Maryland's network of community mental health programs serving children and adults in the public mental health system. Our member agencies operate outpatient clinics, rehabilitation programs, and a variety of housing, vocational, crisis, and related support services that help people stay out of hospitals and participate in community life as independently and productively as possible.

We support HB 450 for two reasons. First, it broadens the definition of a community health resource to include outpatient behavioral health programs. This is an improvement upon the original language that restricted inclusion to outpatient mental health clinics. Many community behavioral health providers could benefit from the resources available from the Commission but are disallowed from applying because they do not operate clinics.

Perhaps even more importantly, HB 450 also requires an examination of the issues and challenges faced by safety net providers in meeting the requirements of the federal Affordable Care Act. CBH is particularly encouraged by the language regarding information technology. Currently there is financial and technical assistance available in Maryland to assist private physicians, community health centers and dental providers, among others, to implement electronic health records. Once again, behavioral health providers were left to their own devices to find a way to afford and implement electronic health records. This disparity must be addressed if there is to be any expectation of an integrated health system for all Marylanders.

Years of budget cuts have taken their toll on behavioral health and other safety net providers at a time when unprecedented numbers of recipients are joining the roles of Medicaid and the uninsured. HB 450 would draw attention to this critical problem.

We urge a favorable report.

CBH IS A STATEWIDE NETWORK OF COMMUNITY SERVICE AGENCIES.
18 Egges Lane • Catonsville, Maryland 21228-4511 • 410-788-1865 • fax: 410-788-1768
e-mail: mdcbh@verizon.net • website: www.mdcbh.org • Member of USPRA and NCCBH

MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS

Serving Maryland and Delaware

4483-B Forbes Boulevard
Forbes Center Building II
Lanham, Maryland 20706

(301) 577-0097
Fax (301) 577-4789
www.machc.com

TO: The Honorable Peter A. Hammen, Chairman
Members, House Health and Government Operations Committee
The Honorable James Hubbard

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: February 17, 2011

RE: **SUPPORT** – House Bill 450 – *Maryland Community Health Resources Commission – Health Care Reform – Safety Net Providers*

The Mid-Atlantic Association of Community Health Centers (MACHC) whose members include Maryland's federally qualified health centers (FQHC) serving Maryland's medically underserved and uninsured citizens, supports House Bill 450.

House Bill 450 enhances Maryland's commitment to support and enhance safety net providers in the State. The Community Health Resource Commission was created in 2005 to provide support to community health resources in order to increase access to health care for Maryland's uninsured and underinsured. Over the last 5 years the Commission has provided grants to community based resources throughout the State and has served as an incubator for the development of innovative health care delivery services that have increased both access to and the quality of health care services available to Maryland's most vulnerable citizens. House Bill 450 authorizes the Commission to also assist safety net providers with the implementation of federal health reform.

The Governor's Health Care Reform Coordinating Council specifically included in its final report a recommendation that the State encourage the active participation of safety net providers in health reform. The Commission with its existing charge was identified by the Coordinating Council as the logical entity to assist these providers. House Bill 450 implements that recommendation.

Because federal health reform seeks to provide all individuals with health care coverage, there is a mistaken belief amongst many that the needs of the uninsured will decrease and access to care will be addressed. While reform will dramatically increase the number of individuals covered by health insurance, there will remain many who are uninsured. Furthermore, coverage for health care services is not synonymous with access to services. In many medically underserved areas, the safety net providers will remain the sole point of access for many of Maryland's most disadvantaged residents.

However, many of these providers do not have the administrative and technical systems necessary to effectively and efficiently respond to the changing coverage environment. To ensure their continued viability, the State recognizes the need to provide assistance. House Bill 450 provides a mechanism to assess what assistance is required and develop a plan to effectively partner with these safety net providers to assure their continued viability. House Bill 450 reaffirms Maryland's commitment to the safety net providers and the individuals they serve. MACHC urges a favorable report on House Bill 450.

For More Information Call:
Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise
(410) 269 – 1618