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BALTIMORE WORKFORCE INVESTMENT BOARD

December 7, 2015

Mr. John M. Colmers
Chairman
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2254

Dear Chairman Colmers:

On behalf of the Baltimore Workforce Investment Board I am writing to express our support for the concept of a hospital-led employment program that hires from communities of high rates of poverty and unemployment.

We believe the proposed program represents the opportunity to create a broad-based collaboration of government, hospitals, and workforce development entities to address both health and income disparities in our most disadvantaged communities.

Creating an employment path for those living in impoverished communities not only improves the economic stability of those communities, but will also have a positive impact on the overall health of these communities. In addition, as hospitals shift their focus to providing more community-based preventive care; this program will assist in training the workforce needed to make that shift successful.

All of the factors outlined above are aligned with the vision and mission of the BWIB.

Thank you for the opportunity to share our views and, if we can be of assistance as this program is further developed, we stand ready.

Sincerely,

Andrew Bertamini
Chair
Baltimore Workforce Investment Board

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

December 7, 2015

John M. Colmers
Chairman
The Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

I write to offer the Department's support for the December 9, 2015 HSCRC staff recommendation regarding the Health Employment Program document prepared by the Maryland Hospital Association.

In short, the revised proposal recognizes that HSCRC's scope and efforts should remain focused on the continued development of the All-Payer Model. The revised staff recommendation addresses the Department's previously stated interest in making this investment one-time and also requires hospitals to have 'skin in the game' through matching funds to support the development and implementation of the program. We strongly believe that after an initial investment of $5 million from the fiscal year 2017 update factor, hospitals should plan to fund positions from existing rates, community benefits funds, resources derived from reductions in hospitalizations, and other grant, philanthropy, and foundation support. It is 100 percent in the interest of the hospitals – both collectively and individually – to make sure ongoing community resources are available to meet the goals of the agreement with the Centers for Medicare and Medicaid Services under the All-Payer Model.

As one of the largest payers and employers in the state, we thank you and the Commission for the work on this complex effort and look forward to participating in developments moving forward. Please contact Shannon McMahon, Deputy Secretary of Health Care Financing at 410-767-4139 with questions.

Sincerely,

Van T. Mitchell
Secretary

Chet Burrell
President and Chief Executive Officer

CareFirst BlueCross BlueShield
1501 S. Clinton Street, 17th Floor
Baltimore, MD 21224-5744
Tel: 410-605-2558
Fax: 410-781-7606
chet.burrell@carefirst.com

December 9, 2015

Mr. John Colmers, Chairman
The Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear John,

I am writing to express CareFirst's support of the HSCRC staff's final recommendations regarding the Health Job's Opportunity Program.

We believe the staff recommendations provide a sound policy direction for the HSCRC, are consistent with the goals of the All-Payer Model and are within the limits of the HSCRC rate setting authority. We are prepared to work with the HSCRC, the hospitals and other interested parties within the recommended framework.

Sincerely,

Chet Burrell
President and CEO

cc Herbert Wong, PhD Vice Chairman
Stephen F. Jencks, MD
George H. Bone, MD
Jack C. Keane
Bernadette Loftus, MD
Thomas R. Mullen
Donna Kinzer, Executive Director

Transit Employees'
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John Colmers
Chairman
Maryland Health Services Cost Review Commission
4160 Patterson Ave.
Baltimore, MD 21215

Donna Kinzer
Executive Director
Maryland Health Services Cost Review Commission
4160 Patterson Ave.
Baltimore, MD 21215

Dear Mr. Colmers and Ms. Kinzer:

The purpose of this letter is to offer qualified support for the staff comments on the Health Job Opportunity Program Proposal offered by the Maryland Hospital Association (MHA). The MHA is to be commended for raising an issue that is extremely important to the future discussions about the health and health care for critically underserved Marylanders.

The proposal before the commissioners from the Maryland Hospital Association (MHA) presents both a unique opportunity and a unique challenge. I represent the perspective of a plan sponsor - those employees and employers who pay the bills in our current system - what has been called the foundation of the American health care system. I do not suggest that my perspective is representative of the plan sponsor community, but I do hope it may help to frame future dialogue on the topic. This topic addressed here will not go away.

My comments are not only addressed to the Commissioners, but also to those political leaders who wrote in support of the MHA proposal.

Health care is more than medical care

To frame this discussion, I would like to make a distinction between medical care and health care. Medical care is the care delivered by doctors and hospitals and other health care facilities and professionals. For my purposes, health care is more than medical care and includes what are often referred to as the "social determinants" of health.

In moving to a system of hospital global budgeting, Maryland is doing more than just moving away from fee for service Medicine. It is recognizing that health care is more than just medical care. It is attempting a transformation from a system that pays only for medical care to one that pays to deliver health. It is learning that health care is more than just medical care. Much of the discussion at the Care Coordination Work Group centered on exactly that topic.

As plan sponsors we have traditionally paid for medical care. That may be unfortunate, but it is the system we have. Although we call it health insurance, it is more aptly labelled sick insurance. Too often we pay the cost consequences for those who have not had adequate health care before becoming our employees, union members or family members. Some of us are moving to adopt

wellness programs and moving toward a more holistic approach to health. But that is for our own population and may or may not even include the families of our workers.

I remember attending one of the first Payment Model Work Group meetings. One of the hospital representatives commented on the new global budgeting opportunity by saying that it would allow them to spend money on areas that improve health care delivery but that they would also have to increase charges for the things that they do get paid for.

Addressing the social determinants of health

Relative to other countries, the United States spends far more for health services and far less on the social services that have been documented to improve health outcomes. The proposal by the MHA is further recognition of the social determinants of health and once again we employers and plan sponsors are asked to foot the bill. This cannot and should not continue. The question before the Commission and, in part, the question before those politicians whose endorsements accompany the MHA proposal, is twofold: to what extent are hospitals responsible for addressing the social determinants of health and to what extent are plan sponsors responsible for bearing that cost?

While there may surely be a role for hospitals in addressing some of the social determinants of health, the scale of the gap is huge. It is unrealistic to expect hospitals, and by extension, plan sponsors fill this need. The potential bill is enormous. And those politicians supporting the proposal are abdicating their own responsibility to achieve a more coherent approach to meeting the health needs of Marylanders.

The Rate Setting mechanism is the wrong solution

I question whether in the long run it is the responsibility of Plan sponsors to bear those costs through the current rate setting mechanism. There are many factors that affect the health and well-being of the people we cover in our plans. Will this proposal help them? I think not

It will provide much needed help to populations in great need in ways that are well documented by the MHA paper. But is it fair to ask plan sponsors to bear that cost, especially when we will soon be facing a 40% excise tax on costs above the excise tax threshold? I think not.

The 57% of employers who offer health insurance to their employees should not bear this cost. It is a cost that should be supported by local, state, and federal support of social services through equitable taxation that treats all employers fairly.

Politicians endorsing this proposal should not look to plan sponsors to absorb costs they are not willing to grapple with themselves. It is time our political leaders address the shortcomings of the Affordable Care Act and the limitations of a hospital global budgeting system that tries to find a way to address the larger issues of delivering health in a payment system that only pays for medical care.

The HSCRC staff comments offer a reasonable approach

The staff of the HSCRC is to be commended for keeping the Commission focused on its Triple Aim of improving care, improving health, and lowering costs. In the context of lowering costs, the Commission should note the observation form a recent Commonwealth Fund Report: [i]"One

potential consequence of high health spending is that it may crowd out other forms of social spending that support health."

The complexity of economic disparities, which the staff notes, include job development, employment security, housing, food, transportation, and education, as well as other issues such as safety and security for community residents, exceed the scope of the Maryland rate setting process, even in the context of global budgeting.

The Commission is to be commended for the steps it has taken thus far, including allocating money for infrastructure development. Hospitals are to be commended for exceeding revenue reduction targets and quality improvements goals, while at the same time improving their own profitability. It is time for political leaders to address the much larger issues related to the social determinants of health care without passing the buck onto the employees and employers who currently fund health care in Maryland.

Sincerely,

James L. McGee, CEBS

Executive Director

CC: Barbara A. Mikulski, United States Senator
Elijah E. Cummings, Congress of the U.S
Donna F. Edwards, Congress of the U.S,
C.A. Dutch Ruppersberger, Congress of the U.S
John P. Sarbanes, Congress of the U.S
Chris Van Hollen, Congress of the U.S.,
Thomas V. Mike Miller, Jr, Maryland General Assembly
Michael E. Bush, Maryland General Assembly
Peter A. Hammen, Maryland House of Delegates
Maggie MacIntosh, Maryland House of Delegates
Susan C. Lee, Maryland Senate

[i] U.S. Health Care from a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries, David Squires and Chloe Anderson, Commonwealth Fund pub. 1819 Vol. 15

JOHNS HOPKINS
MEDICINE

Ronald R. Peterson

President
Johns Hopkins Health System
The Johns Hopkins Hospital

Executive Vice-President
Johns Hopkins Medicine

December 1, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Chairman Colmers:

The purpose of this letter is to provide comments on the staff's recommendations related to the Health Job Opportunity Program. Johns Hopkins Health System and University of Maryland Medical System propose alternative options beyond what was presented at the Commission meeting on November 18, 2015. Each of the options outlined in the HSCRC Staff Recommendation fall significantly short of overall goal the Health Opportunity Job Program aims to achieve: 1,000 new jobs. While hospitals appreciate staff's willingness to allow a modest amount of existing funds already dedicated to transformation implementation grant funds to be diverted to this program the recommendations take funds away from current transformation initiatives. Without new and permanent funding there will be no opportunity to create new jobs targeted at disadvantaged communities. Because we believe that Baltimore City and other disadvantaged communities throughout the state need immediate action to create a new sense of hope and opportunity, we propose an alternative proposal.

- The HSCRC will structure a voluntary statewide program to provide limited phased in funding:
    - Effective January 1, 2016, $10 million will be available on an annualized basis (which will equate to $5 million in revenue during FY 2016). This immediately creates 250 jobs.
    - Effective July 1, 2016, $10 million additional grant funds will be available to bring the cumulative funding to $20 million or 0.125 % of statewide approved revenue. This will create an additional 250 jobs bringing newly created jobs in disadvantaged neighborhoods to 500.
- The HSCRC will require hospital grant applications to demonstrate that the hospital will provide a 20% match for any amount funded in rates. The hospital match can be made up from specific costs of the jobs program for direct neighborhood recruitment, job training, employee benefits, etc. This match requirement will add to and enhance the jobs generated through the program.

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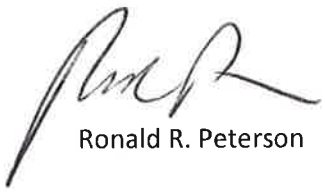
- Consider the Jobs program a pilot project that will reviewed at June 30, 2017 to see if the intended benefits to disadvantaged neighborhoods were achieved Benefits would include creation of new incremental hospital jobs and measurable improvement in the health status of the targeted communities These variables are objectively measurable off of a base period and can be reported to the HSCRC commissioners for review and evaluation.

- Require quarterly hospital reporting that demonstrates grant money is spent on time and for appropriate job program costs and that hospital administration certifies that jobs are incremental and not a replacement of existing positions. These reports can be verified annually as part of the HSCRC Special Audit.

Again, without new funding for a proposal that can be swiftly implemented, we pass on an opportunity to create a transformative program that will make a difference in the lives of those most in need of help. We believe this alternative appropriately balances the concerns voiced by HSCRC staff and Commissioners, as well as payers, while still providing for an innovative and immediate solution for the challenges facing targeted disadvantage communities in dire need of assistance.

Sincerely,



Ronald R. Peterson

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

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CORPORATE OFFICE

December 1, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Chairman Colmers:

Each of the options outlined in the HSCRC Staff Recommendation fall significantly short of overall goal the Health Opportunity Job Program aims to achieve; 1,000 new jobs. While hospitals appreciate staff's willingness to allow a modest amount of existing funds already dedicated to transformation implementation grant funds to be diverted to this program the recommendations take funds away from current transformation initiatives. Without new and permanent funding there will be no opportunity to create new jobs targeted at disadvantaged communities. Because we believe that Baltimore City and other disadvantaged communities throughout the state need immediate action to create a new sense of hope and opportunity, we propose an alternative proposal.

- The HSCRC will structure a voluntary statewide program to provide limited phased in funding:
    - Effective January 1, 2016, $10 million will be available on an annualized basis (which will equate to $5 million in revenue during FY 2016). This immediately creates 250 jobs.
    - Effective July 1, 2016, $10 million additional grant funds will be available to bring the cumulative funding to $20 million or 0.125 % of statewide approved revenue. This will create an additional 250 jobs bringing newly created jobs in disadvantaged neighborhoods to 500.
- The HSCRC will require hospital grant applications to demonstrate that the hospital will provide a 20% match for any amount funded in rates. The hospital match can be made up from specific costs of the jobs program for direct neighborhood recruitment, job training, employee benefits, etc. This match requirement will add to and enhance the jobs generated through the program.

- Consider the Jobs program a pilot project that will be reviewed at June 30, 2017 to see if the intended benefits to disadvantaged neighborhoods were achieved. Benefits would include creation of new incremental hospital jobs and measurable improvement in the health status of the targeted communities. These variables are objectively measurable off of a base period and can be reported to the HSCRC commissioners for review and evaluation.

- Require quarterly hospital reporting that demonstrates grant money is spent on time and for appropriate job program costs and that hospital administration certifies that jobs are incremental and not a replacement of existing positions. These reports can be verified annually as part of the HSCRC Special Audit.

Again, without new funding for a proposal that can be swiftly implemented, we pass on an opportunity to create a transformative program that will make a difference in the lives of those most in need of help. We believe this alternative appropriately balances the concerns voiced by HSCRC staff and Commissioners, as well as payers, while still providing for an innovative and immediate solution for the challenges facing targeted disadvantage communities in dire need of assistance.

Sincerely,

Robert A. Chrencik
President and Chief Executive Officer
University of Maryland Medical System

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

Maryland
Hospital Association

November 23, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
3910 Keswick Road
Suite N-2200
Baltimore, Maryland 21211

Dear Chairman Colmers:

On behalf of the Maryland Hospital Association's 66 member hospitals and health systems, I am writing in support of Option 3 of the staff proposals for the Health Jobs Opportunity Program, with one important modification related to the level of funding. As the hospital field commits to further development of this important program's design and implementation with the commission, we cannot support the up-front funding limitation of $5 million indicated by staff; instead, the amount and its source should be defined by the further work to be done under Option 3.

We appreciate the thoughtful consideration that staff has given in its proposed range of options for the jobs program, and would agree with commissioner comments made at the November 18 public meeting, that the needs of addressing health care disparities throughout the state, including the lack of meaningful job opportunities in areas of high unemployment and poverty, is one of the most challenging issues the commission has had to address. While the proposed options fall short of the $40 million in new rate funding that supporters requested to begin to address these needs, Option 3 will allow hospitals to continue to explore these challenges and solutions with the commission. Options 1 and 2 are not acceptable to the hospital field, as they would divert equally important competitive transformation implementation grant funds toward the Health Jobs Opportunity Program. As collaborative efforts are well under way for the expected December 21 submission of those grant applications, we believe it would be inappropriate to redirect any portion of those funds — even to meet the important goals of the jobs program.

We look forward to your consideration of our recommendation at the December 9 public meeting.

Sincerely,

Michael B. Robbins

Michael B. Robbins
Senior Vice President

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

Office of the President & CEO

Mercy
HEALTH SERVICES

University Affiliated

Sponsored by the Sisters of Mercy

November 17, 2015

Health Services Cost Review Commission (HSCRC)
C/O Donna Kinzer, Executive Director
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Response to Preliminary Staff Report on Health Job Opportunity Proposal

Dear Commissioners and Staff:

On behalf of Mercy Medical Center, this letter is to offer comment regarding the Health Services Cost Review Commission (HSCRC) preliminary staff recommendations on the Health Job Opportunity Program Proposal. Mercy Medical Center was proud to participate in the development of the proposal and supports the effort of expanding 1,000 hospital employed positions to be hired from low income, high unemployment areas for the purpose of: (1) Improving the overall socioeconomic determinants of health in the community and (2) Expanding the community health workforce to assist hospitals in improving population health.

As noted in the jobs program proposal, Baltimore and other parts of Maryland are especially challenged with high poverty rates which correlate to significant health disparities and poor health with higher costs to the health care system. The proposal represents a relatively small, targeted, and appropriate front-end investment to address the issue in a way that meets the triple aim of better care, better health, and lower costs. The proposal is aligned with Maryland's All-Payer model and should be viewed as complementary to other ongoing efforts in the state to improve public health and reduce health disparities while also recognizing that more work and investment is clearly needed.

Further, as large employers with existing, effective workforce development programs designed for entry-level and lower-skill workers, health systems are uniquely-positioned to expand career development opportunities through increased access to education, mentorship, and general skills-building. For example, at Mercy Medical Center we offer a host of programs specifically for this purpose including; tuition assistance, continuing education, computer training, GED preparation, literacy, and a comprehensive "Career Ladder" program that assists individuals in earning promotions and higher wages. The jobs program proposal would allow institutions like Mercy to expand these workforce development opportunities to more individuals in targeted communities while also supporting population health efforts.

Regarding the staff recommended options which seek to earmark dollars away from the Transformation Implementation Grants, Mercy agrees with our hospital partners who believe this approach would be disruptive to significant planning efforts already underway to respond to the Transformation Plan and RFP requirements.

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TTY (410) 332-9888

In conclusion, printed on the doors of our hospital is a welcome from the Sisters of Mercy and a declaration of a core belief to serve "all people of every creed, color, economic and social condition." We have carried on that principle for over 140 years in downtown Baltimore, especially during times of great challenge. With the April unrest, Baltimore has experienced a devastating manifestation of poverty, lack of access to jobs and upward mobility. We support jobs proposal to address the challenge while improving the health of our communities. Thank you for the opportunity to comment.

Sincerely,

BARBARA A. MIKULSKI
MARYLAND

United States Senate

WASHINGTON, DC 20510–2003

November 5, 2015

Mr. John M. Colmers
Chairman
The Maryland Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. Colmers:

In September, you received a letter from me in support of an exciting and innovative new proposal from Maryland's hospitals, called the "Health Job Opportunity Program." This proposal, submitted to the Health Services Cost Review Commission (HSCRC), would create a hospital-led employment program to hire 1,000 additional people from Maryland communities with high rates of poverty and unemployment. I am so excited about the promise that this proposal has for our most distressed communities.

We have very real challenges facing Baltimore City that deserve more aggressive, comprehensive, and innovative solutions. The recent tragic death of Freddie Gray brought to light what many of us already knew to be true: we must address issues of social inequality in Baltimore City. The lack of stable, entry-level employment with opportunities for career advancement is a contributing factor to this social inequality. Unemployment contributes to poverty and poverty contributes to poor health. It is staggering that residents in Guilford have a life expectancy of nearly 20 years longer than residents of Greenmount East.

This is where the "Health Job Opportunity Program" could help play a pivotal role. As you know, Maryland's modernized all-payer waiver encourages hospitals to pursue creative solutions to improve the overall health and wellness of our communities. Since meaningful and stable employment can contribute to greater social and economic stability for underserved regions, and since hospitals have a role to play as some of our state's largest employers and community anchors, I am excited about what the "Health Job Opportunity Program" could mean to Baltimore City.

By creating this program – to allow for the expansion of up to 1,000 hospital-employed positions to be hired from low-income, high-unemployment areas – we could accomplish two important goals. First, by providing stable entry-level employment with advancement opportunities, we would be improving the overall socioeconomic determinants of health in distressed communities. And second, by expanding the community health workforce, we would assist Maryland's hospitals in providing health care to those in need.

I would urge the HSCRC to give the "Health Job Opportunity Program" every favorable consideration and stand ready to help in any way possible to get this proposal implemented on behalf of the people of Maryland. Thank you and please do not hesitate to contact me with any questions or concerns.

Sincerely,

Barbara A. Mikulski
United States Senator

The
League
of
Life and
Health
Insurers
of
Maryland

200 Duke of Gloucester Street
Annapolis, Maryland 21401
410-269-1554

November 13, 2015

John M. Colmers,
Chair
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Hospital Job Opportunity Proposal

Dear Mr. Colmers:

The League of Life and Health Insurers of Maryland, Inc. (the League) is the trade association representing carriers who write life and health insurance in Maryland. Through our various membership categories, we work with every carrier writing major medical health insurance in this State. The League has had an opportunity to review the Health Employment Program proposal put forward by the Maryland Hospital Association and under consideration by the HSCRC. While we appreciate the effort to identify creative ways to address the daunting issue of poverty and unemployment in Baltimore and other areas of the State, especially as it relates to disadvantaged youth, for the reasons articulated below, we must oppose this program and urge the Commission to decline the request to support it through an increase in hospital rates.

Hospitals Have the Ability to Pay for the Program out of Existing Revenue Budgets

Two years into the implementation of the new waiver, hospitals are making record profits on regulated business – 5.86% for FY2015, up from 4.28% in FY2014. In fact, there are only five hospitals in the state that failed to realize a profit during that time period. In addition and more significantly, the HSCRC has already made infrastructure adjustments to the hospitals' rates totaling almost $200 million. These are not one-time adjustments; rather, they have been built permanently into hospital global budgets. That means unless the Commission takes action, hospitals will receive this money year after year. As a result, a portion of these funds could - and should- adequately fund this proposed program without the need for an additional increase.

Cost of Employment Programs for Hospital Workers Should Not be Born by Consumers and Businesses

Every additional increase to hospital rates has a direct impact on premiums paid by individuals, and employers - small and large, insured and self funded - in the State of Maryland. This proposal comes at a time of increased concern for rising insurance premiums, stringent Medical Loss Ratio requirements which must be met by carriers and a need to see a reduction of overall healthcare costs. At a time when all stakeholders in the health care community are working to

identify ways to reduce costs to the system, this program achieves the opposite effect, adding yet another layer of expense to premiums that have already experienced significant increases on average over the past several years.

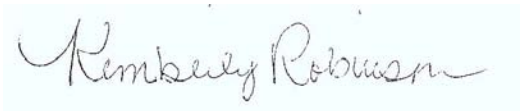
Using the Rate Setting System to Cover the Costs of an Employment Program Goes Beyond the Purposes of the Rate-Setting System

While there have been instances in the past where "employment" programs have been funded through hospital rates, those initiatives were on a much smaller scale with a purpose that more closely aligned with health care and the provision of clinical services. For example, the nursing support programs were created in response to a real, near crisis in the form of a nursing shortage. In addition, the average cost provided through rates to fund these nurse support programs was far less than $40 million annually – averaging closer to $10 million on an annual basis. While one can argue that community health workers may extend the ability of the hospitals to provide care to the community, the current proposal envisions hiring positions that go well beyond community health workers, to include general facility support such as janitors and security guards. All hospital related expenses necessary to satisfy current hospital service area populations are already currently funded in hospital rates.

The League supports the concept of this initiative which is intended to improve community health while addressing longstanding economic issues; however, as noted above, we cannot support the proposed funding arrangements which would increase hospital rates an additional $40 million to address issues that go beyond the scope of the all-payer system. Funding of jobs necessary to conduct hospital operations should be covered within the hospitals' current rate base. Any additional jobs should have a direct impact on a hospital's ability to improve population health and lower utilization of hospital services, all of which will improve hospitals' global budget savings.

For these reasons, we strongly urge the Commission to vote against any hospital rate increase to support this program.

Very truly yours,



Kimberly Y. Robinson, Esq,
Executive Director

Cc: Donna Kinzer, Executive Director, Health Services Cost Review Commission

1199SEIU
United Healthcare Workers East

November 11, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

1199SEIU United Healthcare Workers East represents 9,000 healthcare workers throughout Maryland and the District of Columbia, many of whom live and work in Baltimore City. 1199SEIU represents workers at almost every stage of the health care delivery process, both in long term care facilities and hospitals. 1199SEIU also jointly operates a labor-management fund that provides educational and job training programs to eligible members. **It is with this expertise that we urge the Health Services Cost Review Commission (HSCRC) to consider our concerns and suggestions towards improving the proposed Health Job Opportunity Program currently under review - in the short term through this letter and in the future as a member of the potential program review panel and/or workgroup.**

Through their consideration of the proposal, the HSCRC acknowledged the role that the hospital industry plays in the economic well-being of Baltimore and its residents. The themes in the hospital's proposal are ones which our union has worked to highlight for many years. Our most recent and public evidence of this was our 2014 campaign to improve the economic security of workers at Johns Hopkins Hospital through wage increases designed to pull workers out of poverty. We have long advocated for improved wages and benefits for the workers at all levels of the healthcare workforce. Entry-level healthcare jobs MUST provide a meaningful pathway for workers to the middle class.

As mentioned above, our union also developed infrastructure and expertise in the details of workforce development. The 1199SEIU Training and Upgrading Fund (TUF) of the Maryland/DC region provides a safe and confidential space for union members to meet their educational goals. The Fund offers career and educational counseling services, coaching/case management, skill assessment, continuing education, tuition benefits and development of individual career and educational plans to thousands of 1199 members throughout the state.

We urge the HSCRC to consider that the systemic poverty which hospitals seek to address will not be solved by merely creating new jobs. The proposal as currently written suggests that the HSCRC establish a program review panel to determine which hospital applications should be funded. Should the HSCRC move forward with this proposal, we urge the Commission to include stakeholders who can offer guidance and expertise on the challenges faced by entry-level workers (such as our union's Training and Upgrading Fund) onto such a program review panel.

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We also want to note that while hospitals have long been Baltimore City's largest employers, they are not traditionally viewed as experts in workforce development for the people who are being targeted in this proposed program. This program as designed requires hospitals to engage in a process that they have never been asked to engage in before. While some of the City's hospitals have embarked on relationships with community workforce organizations that assist individual employees in their career development goals, the sheer scale of what is being proposed requires hospitals to confront the challenges of workforce development in ways they have never had to in the past.

The Nurse Support I Program and the Nurse Support II Program (NSP Programs) have been cited as precedent for a collaborative response to this state's workforce crisis. While the NSP Programs have increased the number of nurses in Maryland, the workforce development strategies designed to address adults with limited education and income, or who live in high-poverty neighborhoods, are quite new to hospitals as employers.

We believe that hospitals must be able to provide specific details about what their outreach and retention strategies from low-income/high-unemployment zip codes would look like. And with the challenges of systemic poverty in mind, we propose to the HSCRC that in such a program, hospitals should detail the following:

- Assessment tools used by hospitals to identify candidates who will succeed. For example, how will the net be cast in poverty stricken communities to identify eligible workers? What will be the pre-requisite skills needed for workers to apply for these jobs? What assessment tools will be used to verify that the workers who are placed in these opportunities will succeed?
- Methods that will be used to train new entrants for the workforce. For example, will workers be trained cohort-style? Will they be grouped with incumbent workers? Details on how these workers will be trained will not only hold hospitals accountable, but also be useful for future evaluation of whether a specific hospital could retain workers, and why they were able to do so.
- Details about the case management and support systems that will be in place for workers to help them succeed. We have long heard from low-wage hospital workers on the difficulties they face utilizing education programs that exist in their institutions.

If the HSCRC were to move forward with this initiative, increased transparency would be critical to its success. For example, we believe that the HSCRC should collect demographic information about the participants in this program so that its strengths and weaknesses can be assessed in the future. Requiring submission of information such as the age range, education, prior experience and credentials of

workers who enter into hospital employment - and are retained –would also help stakeholders evaluate the program, adjust its goals and - ideally - replicate its success.

Should the HSCRC determine that further review and/or development of the proposal is required, we believe that our Training and Upgrading Fund could provide additional insight into the components required to initiate true workforce development that leads individuals towards economic stability and improves the health of our communities.

Sincerely,

Jen Brock-Cancellieri
Senior Policy Analyst
1199SEIU United Healthcare Workers East

Chet Burrell
President and Chief Executive Officer

CareFirst BlueCross BlueShield
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chet.burrell@carefirst.com

October 21, 2015

Mr. John Colmers
The Maryland Health Services
Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers,

I am writing to provide comments regarding the "Health Employment Program" (HEP) that was proposed by Johns Hopkins Hospital and other hospitals to the HSCRC on September 9, 2015.

As you know, the proposal would have the HSCRC put $40 million annually in additional funds into the rates of hospitals principally located in the city of Baltimore to fund approximately 1,000 additional jobs for disadvantaged inner city residents. While we certainly recognize the difficult economic and social circumstances that are challenging the inner city of Baltimore, we see this proposal as seriously flawed.

The following four points more specifically constitute our view of the proposal:

First, while the central purpose of the program is to increase employment opportunities for inner city residents with limited education and job experience, we question how the hospitals will use such individuals to provide needed capabilities. If the hospitals seek to hire more skilled and educated persons, this misses the target population most in need. Further, if the jobs to be created are really needed and are not simply "make work" jobs to fulfill a jobs program, then we question why the hospitals would not simply employ these individuals in the normal course of their operations.

Second, Johns Hopkins and the other hospitals have proposed a program of employment to which they would contribute no financial support. Instead they would pass the entire bill for the program along to other employers and individuals in the form of higher hospital rates (and ultimately health care premiums). With employers and individuals struggling to pay health care premiums, we think increasing their burden is not justified and we see no basis to believe that the expenditure of $40 million for the proposed jobs would result in equivalent or greater savings.

In effect, it would be like CareFirst suggesting it wanted to hire 1,000 new employees while handing the bill for this to Johns Hopkins and other hospitals. What at first seems like a virtuous attempt to fill a legitimate need becomes distinctly less so when one realizes that the sponsors intend others to pay for the program while paying nothing themselves.

Third, hospitals have been provided an increase of approximately $160M in rates to satisfy infrastructure changes under the new waiver model. If hospitals are committed to the dual objectives of improving community based care and raising employment levels in their communities, we ask why some of this additional funding would not be used for the achievement of these goals? This is particularly pertinent since all financial savings through lower utilization, improved community health, etc. will result in greater GBR savings that will accrue solely to the hospitals.

Fourth, since the advent of the new hospital all payer waiver in Maryland, hospital profit margins have soared to all time high levels on their regulated businesses. The hospitals suggest that the $40 million HEP is a small amount for the payers (ultimately employers and individuals) to bear. If the cost is so modest, why, we ask, could the hospitals not easily bear this small amount themselves out of the generous margins they are now enjoying? Indeed, we see the HEP as an activity that is consistent with the hospital's community benefit responsibilities. What, we would ask, holds them back - particularly in light of the large reductions in hospital charity care in recent years caused by ACA enrollment?

In sum, we believe that the proposed goal is laudable and that the funds for its achievement are available based on actions the HSCRC already has taken for the hospitals.

A proper judgment of this proposal turns not on the details of how it might be administered but rather, on the fact that its laudable purpose should be carried out in a fundamentally different way. Funding additional jobs by raising hospital rates is an unsound policy that has no obvious limits: if hospital rates can be raised to create jobs, why couldn't they be raised to fund myriad other social projects of greater or lesser merits?

The HSCRC's statutory role is to approve hospital rates that are consistent with the efficient and effective provision of hospital services. It is not the HSCRC's function to serve as the arbiter of resource expenditures in activities across a broad range of social purposes.

Sincerely,

Chet Burrell
President & CEO

cc Herbert Wong, PhD Vice Chairman
Stephen F. Jencks, MD
George H. Bone, MD
Jack C. Keane
Bernadette Loftus, MD
Thomas R. Mullen
Donna Kinzer, Executive Director
Van Mitchell, State of Maryland DHMH

BUILD
ROOTED IN COMMUNITY
COMMITTED TO CHANGE

October 14, 2015

Dr. Bernadette Loftus
Health Services Cost Review Commission
4160 Patterson Ave.
Baltimore, MD 21215

Dear Dr. Loftus:

As Maryland's largest citizens' power organization representing more than 40 faith, school, and community institutions and over 20,000 members, Baltimoreans United in Leadership Development (BUILD) is asking for your support of the Healthcare Workers Opportunity Initiative. We believe this is a critical time in our city's history. We must act boldly to address the many issues of Baltimore city. This initiative is a major step in the right direction. It will create the opportunity to employ over 1,000 families in our city plus introduce families to more informative and engaged healthcare options and outcomes. We have listened to over 5,000 people across our city and overwhelmingly they have told us jobs is the most important issue facing their families.

BUILD has a 38 year track record of organizing to better Baltimore by winning the first living wage ordinance in the country, developing over 1200 affordable homes, and founding College Bound and the Child First Authority. Most recently, BUILD created Turn Around Tuesday to address the culture of violence in our City. Turn Around Tuesday is a jobs movement to help put Baltimore back to work by creating a jobs pipeline with hospitals, universities, and construction firms to hire returning citizens and residents living in distressed neighborhoods. Already, 74 men and women who had little to no opportunity for work have secured employment with an 89% six month retention rate. The unrest in Baltimore continues to galvanize us to create further opportunities with Baltimoreans.

BUILD is encouraged that area hospitals want to make a commitment to provide hiring opportunities, with training, and upward mobility within the health care field for area residents. Their proposal for a .25% rate increase to fund the hiring of 1,000 residents is promising. BUILD supports this proposal and asks you to join with us and stand for families all across our city.

Please contact BUILD Organizer, Terrell Williams, at 202-427-6876 or via email at novellae11@msn.com to schedule a meeting to discuss this important matter. We thank you in advance. BUILD looks forward to the opportunity to work with you to build a better Baltimore.

Sincerely,

Glenna Huber

Rev. Glenna Huber
BUILD Co Chair

Rev. Andrew Foster Connors
BUILD Co Chair

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

September 8, 2015

John M. Colmers
Chairman
The Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

The Department has reviewed the Health Employment Program document prepared by the Maryland Hospital Association. In short, the proposal will build into hospital rates $40 million in additional funds to hire about 1,000 workers. The types of workers include community health workers, Medicaid and Health Benefit Exchange enrollment assistors, peer support specialists, as well as more traditional hospital employees, including environmental services, dietary staff, nursing assistants, escorts, and security personnel. We are writing to express our concern about the Health Employment Program and urge the HSCRC to conduct a comprehensive review of the hospital proposal before moving forward.

A Mechanism Already Exists for Funding this Initiative

The HSCRC has already made infrastructure adjustments to the hospitals rates totaling almost $200 million. These adjustments are not one-time adjustments; rather, they have been built permanently into hospital global budgets. Hospitals will receive these infrastructure monies every year unless the Commission takes action to end it.

The HSCRC built a 0.325 percent infrastructure adjustment into global budgets for FY 2014 and FY 2015, for a cumulative amount of roughly $100 million. Another 0.4 percent infrastructure adjustment was built into FY 2016 rates, and the hospitals have the potential to receive another 0.25 percent adjustment starting January 1, 2016. The additional 0.25 percent will be competitive, meaning that a hospital's ability to receive the additional 0.25 percent will depend on the quality of the hospital proposal or plan submitted on December 1, 2015. Nothing precludes the hospitals from submitting a proposal that includes a Health Employment Program. The estimated impact on the FY 2016 infrastructure adjustment is $100 million, meaning that in FY 2016 and every year thereafter, hospitals will receive $200 million in additional infrastructure monies.

Costs Will Not Be Offset Without Return on Investment from Hospital Global Budgets

We disagree that the savings will be largely offset from fewer people utilizing public programs such as Medicaid. Under federal eligibility requirements, and depending a number

of factors, including the income, cost of other coverage offered and household size of the individuals participating, they or their family members could remain eligible for Medicaid.

Additionally, during our Community Health Workers workgroup sessions, many participants questioned whether additional Community Health Workers would have the opposite effect on the Medicaid budget—that is, create more opportunities to enroll individuals on Medicaid. In the past, the Department has seen the utilization of Community Health Workers as a way to better coordinate care for our high cost populations more effectively. We believe, notwithstanding the potential outreach impact that additional Community Health Workers could result in additional savings to the overall program. A large component of those savings would come from hospital services. The proposal does not mention any of these savings being passed onto payers through a reduction in future hospital global budget revenues. Without a formula in place for payers to realize a return on investment accrued by the savings achieved by hospitals, there will be no offsetting of costs.

Applicants for the competitive 0.25 infrastructure rate increase are required to submit a calculation for the expected return on investment for their proposed interventions; should a separate Hospital Employment Program be created, it is the Department's position that a similar costing exercise should be produced.

Proposal Lacks Accountability to the Payers

The proposal outlines that hospitals receiving monies through the Health Employment Program will be required to submit biannual reports to HSCRC detailing the incremental employees hired and the costs associated with these hires. The proposal does not include a process where payers can provide feedback and recommendations on the new positions or the program in general. Medicaid pays for roughly 20 percent of hospital charges in Maryland. In other words, Medicaid will pay roughly $8 million of the $40 million proposal annually. The Department wants to ensure that an equal portion of any monies is devoted to employees who benefit the Medicaid population. The current proposal lacks this feedback mechanism or any measures to evaluate the program's impact.

The Department looks forward to working with the HSCRC on his important initiative. Please contact Shannon McMahon, Deputy Secretary of Health Care Financing at 410-767-5807 should you have any questions.

Sincerely,

Van T. Mitchell
Secretary

BARBARA A. MIKULSKI
MARYLAND

COMMITTEES:

APPROPRIATIONS

HEALTH, EDUCATION, LABOR, AND PENSIONS

United States Senate

WASHINGTON, DC 20510–2003

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September 1, 2015

Mr. John M. Colmers
Chairman
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2254

Dear Mr. Colmers:

Your office will soon be receiving a proposal from Maryland's hospitals to create a hospital-led employment program that hires from communities with high rates of poverty and unemployment. I am writing to express my strong support for the proposal and to urge you to give it every favorable consideration.

As outlined in the proposal, poverty is a contributing factor to poor health. A hospital employment program that targets impoverished communities not only improves the economic stability of the communities, this effort will also have a positive impact on the overall health of these communities. Because Maryland's All-Payer Model Agreement shifts hospital care towards a population health approach we believe this program is consistent with the Model Agreement.

I strongly support this collaborative and innovative approach toward population based health. Thank you for your consideration.

Sincerely,

Barbara A. Mikulski

Barbara A. Mikulski
United States Senator

BAM:wbk

ELIJAH E. CUMMINGS
7TH DISTRICT, MARYLAND

RANKING MEMBER, COMMITTEE ON
OVERSIGHT AND GOVERNMENT REFORM

RANKING MEMBER,
SELECT COMMITTEE ON BENGHAZI

COMMITTEE ON
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SUBCOMMITTEE ON COAST
GUARD AND MARITIME TRANSPORTATION
SUBCOMMITTEE ON
RAILROADS, PIPELINES, AND HAZARDOUS
MATERIALS

JOINT ECONOMIC COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515

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www.house.gov/cummings

August 27, 2015

John M. Colmers
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Chairman Colmers:

I am writing to express support for the proposal from Maryland's hospitals to create a hospital-led employment program that hires from communities with high rates of poverty and unemployment.

As outlined in the proposal, poverty is a contributing factor to poor health. A hospital employment program that targets impoverished communities would not only improve economic stability, it would also have a positive impact on community health. Because Maryland's All-Payer Model Agreement shifts hospital care toward a population health approach, I believe this program is consistent with the Model Agreement.

I hope that you will give this proposal every reasonable consideration.

Sincerely,

Elijah E. Cummings
Member of Congress

DONNA F. EDWARDS
4TH DISTRICT, MARYLAND

HOUSE COMMITTEE ON
SCIENCE, SPACE, AND TECHNOLOGY
SUBCOMMITTEE ON THE ENVIRONMENT
SUBCOMMITTEE ON SPACE, RANKING MEMBER

HOUSE COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE ON ECONOMIC DEVELOPMENT,
PUBLIC BUILDINGS, AND EMERGENCY MANAGEMENT
SUBCOMMITTEE ON HIGHWAYS AND TRANSIT
SUBCOMMITTEE ON WATER RESOURCES
AND ENVIRONMENT

Congress of the United States
House of Representatives
Washington, DC 20515–2004

September 2, 2015

John Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

I am writing to express support for the proposal from Maryland's hospitals to create a hospital-led employment program that hires from communities with high rates of poverty and unemployment. Maryland may be one of the wealthiest states in the nation, but we continue to experience health disparities associated with low income. Further, empirical evidence has shown that the inability to obtain employment with growth opportunities consistently contributes to the cycle of poverty.

A hospital employment program that targets impoverished communities not only improves the economic stability of those communities, but also will have a positive impact on the overall physical health of these communities.

As you know, hospitals are some of the largest employers in many of Maryland's diverse communities, and I support a program that will hire thousands of Marylanders from low-income, high-unemployment zip codes. Because Maryland's All-Payer Model Agreement shifts hospital care towards a population health approach, I believe this program is consistent with the Model Agreement.

I strongly support this collaborative and innovative approach toward population based health care.

Sincerely,

Donna F. Edwards
Member of Congress

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DONNA F. EDWARDS
4TH DISTRICT, MARYLAND

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SCIENCE, SPACE, AND TECHNOLOGY
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SUBCOMMITTEE ON SPACE, RANKING MEMBER

HOUSE COMMITTEE ON
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PUBLIC BUILDINGS, AND EMERGENCY MANAGEMENT
SUBCOMMITTEE ON HIGHWAYS AND TRANSIT
SUBCOMMITTEE ON WATER RESOURCES
AND ENVIRONMENT

Congress of the United States
House of Representatives
Washington, DC 20515–2004

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

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C.A. DUTCH RUPPERSBERGER
2ND DISTRICT, MARYLAND

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PERMANENT SELECT COMMITTEE
ON INTELLIGENCE
RANKING MEMBER

Congress of the United States
House of Representatives
Washington, DC 20515–2002

August 31, 2015

Mr. John Colmers
Chairman
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Mr. Colmers:

I am writing to express my support for Johns Hopkins' proposal to create a hospital-led employment program that hires from communities with high rates of poverty and unemployment. This program was modeled on Maryland's Nursing Support Program, which alleviated a severe nursing shortage and saved the state over $100 million by reducing hospitals' dependence on contract nurses. Johns Hopkins' current proposal aims to create 1,000 jobs with a budget of less than $40 million per year using a portion of the "cushion" from Maryland's All-Payer Model Agreement.

The correlation between poverty and poor health is widely recognized. As some of the state's largest employers and community anchors, hospitals are uniquely positioned to address both of these issues. A hospital employment program that targets impoverished communities will improve not only the economic stability but also the overall health of these communities. As hospitals shift their focus to providing holistic, community-based care, this employment program will address the underlying causes of poverty and provide resources to expand the community health workforce.

I strongly support this collaborative and innovative approach toward population-based health care and I hope you will give this proposal serious consideration. Thank you very much for your attention to this matter.

Sincerely,

C.A. Dutch Ruppersberger

C.A. Dutch Ruppersberger
Member of Congress

CADR:ng

JOHN P. SARBANES
3RD DISTRICT, MARYLAND

COMMITTEE ON
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Congress of the United States
House of Representatives
Washington, DC 20515–2003

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September 1, 2015

Mr. John Colmers
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215-2254

Dear Mr. Colmers:

I am writing to express my strong support for the proposal submitted to the Health Services Cost Review Commission (HSCRC) by Maryland's hospitals. The proposal will create a health employment program which will utilize funds to hire healthcare professionals from communities with high rates of poverty and unemployment within Baltimore City.

Tens of thousands of manufacturing jobs in the Baltimore metropolitan area have been lost over the last 40 years. This loss has resulted in a critical need of new entry level employment with opportunities for career advancement. This employment program will allow for the expansion of up to 1,000 hospital employed positions to be hired from low income, high unemployment areas. A hospital employment program that targets impoverished communities will improve the economic stability of the entire city.

The proposed employment program is consistent with the Maryland All-Payer Model Agreement that shifts hospital care towards a population health approach. Hospitals in Maryland are uniquely positioned to help in this process. While the program is intended to address the immediate issues facing Baltimore City, this endeavor will create a model that can be applied to any community in need of employment opportunities.

I ask that you give all appropriate consideration to the health employment program proposal to HSCRC.

Sincerely,

John P. Sarbanes
Member of Congress

JPS/jl

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CHRIS VAN HOLLEN
8TH DISTRICT, MARYLAND

COMMITTEE ON THE BUDGET

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August 26, 2015

Mr. John M. Colmers
Chairman
Maryland Health Services Cost Review Commission
4160 Patterson Ave.
Baltimore, MD 21215

Dear Chairman Colmers:

I am writing to express my strong support for the efforts of Johns Hopkins University Hospital and other Maryland hospitals to create a hospital-led employment program that hires residents of communities with high rates of poverty and unemployment.

Funding for this proposal will enable this collaborative hospital employment program to develop career pathways to jobs in the high growth healthcare industry for un- and under-employed Maryland residents of communities experiencing high rates of poverty. Hospitals provide a variety of entry-level positions that offer competitive salaries and benefits. Not only will this employment program improve the economic stability of the communities, but it will also have a positive impact on the overall health of these communities.

The proposed program is a collaborative and innovative approach toward population-based health care. I urge you to give it your most serious consideration.

Sincerely,

Chris Van Hollen
Member of Congress

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

THOMAS V. MIKE MILLER, JR.
PRESIDENT OF THE SENATE

MICHAEL E. BUSCH
SPEAKER OF THE HOUSE

THE MARYLAND GENERAL ASSEMBLY
STATE HOUSE
ANNAPOLIS, MARYLAND 21401-1991

September 9, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

As the presiding officers of the Maryland General Assembly, we offer our full support of the Hospital Employment Program.

The success of Maryland's unique hospital rate setting system is not only a source of pride for the State, it is also a platform for innovations that improve the health of Maryland's residents. We believe the Hospital Employment program represents a broad based collaboration that addresses the social and economic conditions that contribute to poor health. Creating an employment path for Maryland's most economically disadvantaged communities will not only bring stability and improved health to those communities but it will also improve the overall quality of living for all Marylanders.

We applaud all those involved in this innovative approach to population health. Thank you for your time and consideration.

Sincerely,

Thomas V. Mike Miller, Jr.
Senate President

Michael E. Busch
Speaker of the House

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

PETER A. HAMMEN
46th Legislative District
Baltimore City

Chair
Health and Government
Operations Committee

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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

September 9, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

I am writing to express my strong support of the Hospital Employment Program. As Chairman of the House Health and Government Operations Committee, I work with committee members to shape health policy for our state. As we work to meet the goals of Maryland's All-Payer Model Agreement, we must look to new sources of partnership and innovation. The Hospital Employment Program aligns with the new All-Payer Model Agreement's focus on population health by creating community-based jobs targeting overall population health. This program utilizes our unique waiver system to improve economic and health outcomes for the pockets of Maryland that need stability most. As a representative of Baltimore City I welcome the opportunity to support a program poised to provide significant support to City residents. Additionally, this targeted employment program, focused on the State's most disadvantaged communities, has the potential to produce savings from improved overall community health.

The Maryland All-Payer Model Agreement provides Maryland with the unique opportunity for innovation. The Hospital Employment Program is a strong example of the type of collaboration we need to be successful under the new agreement. I strongly support this innovative approach to population health.

Sincerely,

Peter A. Hammen

Peter A. Hammen

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

MAGGIE MCINTOSH
Legislative District 43
Baltimore City

Chair
Appropriations Committee

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The Maryland House of Delegates
ANNAPOLIS, MARYLAND 21401

September 9, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

As Chair of the Maryland General Assembly House Committee on Appropriations, I am writing to express my support of the Hospital Employment Program. This program aims to improve the health, economy and stability of some of the state's most disadvantaged communities through a targeted employment program that offers hospital-based jobs to those who need them most.

The success of Maryland's unique hospital rate setting system is not only a source of pride for the State, it is also a platform for innovations that improve the health of Maryland's residents. I believe the Hospital Employment program represents a broad based collaboration that addresses the social and economic conditions that contribute to poor health. Creating an employment path for Maryland's most economically disadvantaged communities will not only bring stability and improved health to those communities but it will also improve the overall quality of living for all Marylanders. I applaud all those involved for this innovative approach to population health.

Sincerely,

Maggie L. McIntosh

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

STEPHANIE RAWLINGS-BLAKE
MAYOR

100 Holliday Street, Room 250
Baltimore, Maryland 21202

September 9, 2015

Mr. John M. Colmers
Chairman, Health Services Cost Review Commission
3910 Keswick Road
Suite N-2200
Baltimore, Maryland 21211

Dear Chairman Colmers:

I am writing to express my enthusiastic support of the Hospital Employment Program. This program represents the widespread collaboration between the City, the State, Maryland's hospitals, business leaders and insurers to address health and income disparities within the most disadvantaged communities. Given the number of qualifying zip codes that meet the criteria of the program, these efforts will make a substantial difference in improving the quality of life for may Baltimore City residents.

If you have any questions, please contact Kaliope Parthemos on (410) 396-4876 or Kaliope.parthemos@baltimoremorecity.gov .

Sincerely,

Stephanie Rawlings-Blake
Mayor
City of Baltimore

Cc: Kaliope Parthemos, Chief of Staff
Dr. Leana Wen, Baltimore City Health Commissioner
Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
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