



Maryland Hospital Association
2022 Legislative Session

Advocacy Toolkit



Maryland
Hospital Association

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“We need the state to step up for our hospitals and you, the dedicated employees.”

BOB ATLAS
PRESIDENT & CEO
MARYLAND HOSPITAL
ASSOCIATION

Caring for Maryland

Dedicated Hospital Teams,

Over the past nearly two years, Maryland hospitals have cared for their communities like never before. You have set up testing and vaccination sites, reached out to vulnerable Marylanders, and saved more than 51,000 lives. You delivered health, hope, and healing during this unprecedented public health crisis.

Now, we need the state to step up for our hospitals and you, the dedicated employees. As the Maryland Hospital Association and your local hospital advocate for policies in Annapolis during the 2022 session of the Maryland General Assembly, we appreciate you lending your voice and your time to advance key priorities.

The policies we support reflect the values of your hospitals and your communities. We appreciate your commitment and look forward to partnering together to advocate for a healthier Maryland.

Together, we are #Caring4Md.

Sincerely,

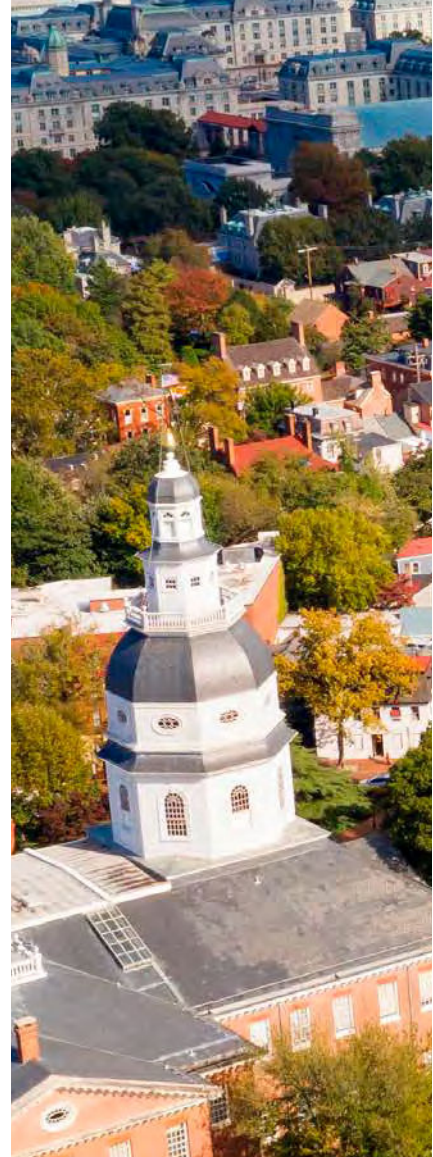
A handwritten signature in blue ink, appearing to read 'Bob Atlas'.



MHA & Advocacy

The Maryland Hospital Association (MHA) is the chief advocate for Maryland's hospitals, health systems, communities, and patients before legislative and regulatory bodies.

MHA evaluates, prioritizes, and recommends changes to Maryland's health care legislative structure to enable hospitals to better serve their communities' needs. And, while we represent a unified voice for Maryland hospitals in the (partially virtual) policy-making halls in Annapolis, there is no replacement for the voices of individual hospital workers who are on the front lines, the patients they care for, and the community members they partner with. This toolkit is a reference for making your voice heard.



2022 Priority Issues



GROW & SUSTAIN MARYLAND'S HEALTH CARE WORKFORCE

Maryland hospitals are in the midst of a staffing crisis that is exacerbated by the COVID-19 pandemic. While unaddressed the workforce shortage will affect health care providers' ability to deliver necessary services for Marylanders.

To grow and sustain Maryland's vital health care workforce, MHA will advocate for state investment in programs and policies that ensure hospitals can recruit and retain front line workers—now and well into the future.



IMPROVE MARYLAND'S LIABILITY CLIMATE

A recent independent report commissioned by the Health Services Cost Review Commission shows that Maryland's medical liability is among the worst in the country. These findings show an unsustainable climate where hospitals face steep risk retention, exorbitant reinsurance premiums, and restrictive coverage terms. MHA advocates for reform and legislation to improve transparency by allowing juries to consider third party compensation, like health insurance, for past and future medical expenses.



ENSURE THE SUCCESS OF MARYLAND'S MODEL

Maryland's Total Cost of Care Model gets right what other states are getting wrong. Maryland's unique hospital payment system is governed by an agreement with the federal Center for Medicare and Medicaid Innovation (CMMI). In 2022, Maryland will renegotiate key provisions to keep the agreement, and must propose new contract terms in 2023 for CMMI renewal. Maryland can't afford to lose it. During the 90-day legislative session, MHA will advocate for proposals that align with Model goals and will ensure a favorable

“I’ve been in health care leadership since 2000 and been through a lot of cyclic shortages in my career, and I think this one is going to challenge the industry more than any other previous nursing shortage we’ve had.”

LESLIE SIMMONS

CHIEF OPERATING OFFICER
& EXECUTIVE VICE PRESIDENT
LIFEBRIDGE HEALTH

FROM THE DAILY RECORD

How did we get here?

Inside Maryland's dire nursing shortage

October 28, 2021



THE MARYLAND MODEL

**UNIQUELY MARYLAND,
UNIQUELY SUCCESSFUL**

Getting right what other states are getting wrong.



COMMUNITY

Maryland, under the Total Cost of Care Model, is the only state that holds hospitals accountable for the health of their community. Maryland hospitals invest in keeping communities healthy, thanks to the Maryland Model. Hospitals invest money outside their walls, so people do not have to come in. This focus on the health of the community allows hospitals to collaborate more, better utilizing their resources for their neighbors.



EQUITY

Marylanders receive the best health care—no matter where you live, no matter who you are, no matter what your income is. Our rate-setting system ensures everyone pays the same and spares Marylanders from cost-shifting and a two-tiered system of care that burdens patients and worsens outcomes in other states. The Maryland Model defines success—not only in equitable access, but also in equitable outcomes.



VALUE

Hospitals in Maryland do not set the prices, and they are not paid more to do more. Through the Maryland Model, hospitals are given a set budget to keep their communities well. The Maryland Model focuses on quality and the value of care, not quantity or patient volume.

Maryland is holding down the total cost of care. Compared to the rest of the nation:

(2013 to 2019)

HOSPITAL SPENDING PER BENEFICIARY

Maryland hospitals decreased spending by **1.2%**

U.S. hospitals increased spending by **6.6%**

ADMISSIONS PER 1,000 BENEFICIARIES

Maryland hospitals decreased admissions by **21.3%**

U.S. hospitals decreased admissions by **10.3%**

MORTALITY RATE

Maryland hospitals lowered the mortality rate by **17.3%**

U.S. hospitals lowered the mortality rate by **11.5%**



Activate Your Voice

To amplify the special relationships Maryland hospitals have with our patients and our community, we are looking to use the stories and voices of employees, patients and community members on social media, in newsletters, letters-to-the-editor, op-eds and emails, and possibly testimony before committees of the General Assembly.

It takes partnership to make our hospital strong, and it will take everybody to advocate for the policies that help our hospital continue to be an integral part of the community you serve.

How to Tell Your Story

Elected officials need to hear from the people in their districts. They can't be experts on everything, so it's incumbent on us to help them understand the issues facing Maryland hospitals. Visit mgaleg.maryland.gov to find the contact information for the elected officials in the state. If you don't know who your representatives are, there's an easy way to search via Ujoin by simply entering your address (page 14). Don't forget that you may have a different representative for both your hospital and your home.

There are several ways to communicate with your legislators, including calling or emailing, visiting with them virtually, or attending meetings in the district (likely virtual). Don't forget, legislators are just like you—they have families and jobs and volunteer at local organizations.

HELPFUL TIPS:

- **Relax**
- **Make it personal**
- **Get to the point**
- **Ask for their support**
- **Leave your contact information**
- **Offer to be a resource on Maryland hospitals**



SAMPLE CALL SCRIPT

The following script illustrates how to correspond by phone with members of the Maryland General Assembly's staff. When you are asked to call regarding specific pieces of legislation, the Maryland Hospital Association can provide you with the necessary details and a sample script.

Note: It is critical to build good relationships and communicate effectively with legislative staff—the people who support lawmakers—as they brief elected officials about an issue and advise on what their position should be.

Hello, I am a constituent of **[insert legislator's name]** and would like to make a comment to Senator/Delegate **[insert name]** about **[name the bill or specific issue]**.

My name is **[insert name]**, and I live at **[full address]** and work at **[if hospital employee, name the hospital]**. I'm calling to urge Senator/Delegate **[insert legislator's name]** to support/oppose **[name of the bill or the specific issue and brief explanation if needed]** because **[briefly tell your personal story]**.

Please send a response to me by email at **[your email address]** or by phone at **[insert phone number]**. Thank you so much for your time.

All of Maryland's acute care hospitals are nonprofit organizations dedicated to delivering high-quality health care and improving the health of all Marylanders.

SAMPLE LETTER

The following letter illustrates an example of how to correspond with members of the Maryland General Assembly.

When you are asked to write regarding specific legislation, the Maryland Hospital Association can provide you with the necessary details and a sample reference letter.

Honorable Chair and Vice Chair _____

[Committee Name]

Address

City, State, Zip

[Bill Number-Title]

Position: Support

Dear **[Chair and Members of the Committee]:**

I'm writing to you today in support of HB123/SB3, the Preserve Telehealth Access Act of 2021. **[Insert personal information, where you live, where you work, why this is important to you.]**

As COVID-19 led many Marylanders to stay home, hospitals and doctors rushed to embrace the long-available but underused tool of telehealth—delivering health care remotely to keep both patients and providers safe. Emergency federal and state waivers freed hospitals and health systems to ramp up telehealth quickly. Telehealth during this period was universally supported by patients and by hospital caregivers. They recognized that even beyond times of crisis, telehealth broadens access to care, improves patient outcomes and satisfaction, and chips away at long-standing health inequities. These benefits must continue beyond federal and state health emergencies.

To help, I ask you to support the Preserve Telehealth Access Act. This bill ensures the extension of four policy changes that continue to remove barriers to telehealth during COVID-19:

- Eases restrictions on originating and distant sites, meaning that both providers and patients have greater discretion on the most appropriate physical location to hold their telehealth appointment
- Allows for reimbursement parity between in-person and telehealth services
- Acknowledges value of health care services delivered via audio-only modalities, especially to vulnerable and underserved populations with internet and technology challenges—the communities most likely to have limited health care access
- Removes barriers to coverage for remote patient monitoring services, so providers can identify health issues and intervene before they escalate and require emergency care

[Insert any data available regarding patient experience and satisfaction, and health outcomes].

This bill brings Maryland in line with neighboring jurisdictions that passed legislation to ensure access to necessary health care, regardless of the modality through which it is delivered.

Backing away could leave thousands of Marylanders without care: we need long-term solutions to permanently remove barriers to deliver safe, reliable care via telehealth to all Marylanders, wherever they are. Support the Preserve Telehealth Access Act. I urge the committee's favorable report on HB123-SB3 Preserve Telehealth Access Act, with amendments confirmed by the Maryland Hospital Association.

Sincerely,

[Name]

[Email contact]

SAMPLE WRITTEN TESTIMONY

The following is an example of written testimony from MHA. Adding facts, references, and details about a bill’s specific impact strengthen written testimony.

If you intend to write regarding specific legislation, the Maryland Hospital Association can provide you with the necessary details and sample written testimony.

House Bill 28- Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities
Position: Support

[Date]
House Health & Government Operations Committee

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 28.

Unequivocally, 2020 was the year of the syndemic—the “compounding effect of multiple, distinct health catastrophes.” The COVID-19 pandemic stretched our hospitals and health care systems beyond what we thought was imaginable, while underscoring the longstanding epidemic of racial inequity in the United States. In Maryland and nationally, population adjusted data shows that Black and Hispanic people have been disparately impacted by COVID-19 with higher cases, hospitalizations and deaths compared with Whites. These negative outcomes likely stem from well-documented inequities in access and care delivery. Even among children, who were less affected by the virus, 70% of those who contract Multisystem Inflammatory Syndrome, a rare condition associated with COVID-19, are Black and Hispanic.

Racism is a public health crisis. Inequities in health care access and quality and outcomes of care harm the health of our whole community. Last year Maryland hospitals supported legislation to require implicit bias training for maternal health care providers. The disparities in maternal health outcomes for Black women are stark and persist regardless of income, level of education, socio-economic status, and access to care. Maryland’s birthing hospitals are working with state partners to implement the training and improve quality.

Unfortunately, disparities and inequities exist across all health settings, not just maternal health.

As part of MHA’s commitment to racial equity, Maryland hospitals are evaluating organizational values to ensure they promote equity and inclusion. We are working with members of our Diversity, Equity & Inclusion Advisory Group and Health Equity Task Force to equip hospital leaders to address race while understanding their own biases. Hospitals are committed to embracing culturally competent care to address disparities in health outcomes and ensure all Marylanders have the opportunity to be as healthy as possible.

Everyone can help dismantle systemic racism. HB 28 engages health care providers by requiring those licensed by a health occupations board to complete implicit bias training to renew their license or certificate. The first step to curb unconscious bias is to recognize that it exists. Implicit bias training offers this opportunity for self-reflection and education. Expanding this requirement to all health care providers encourages discourse and empathy for patients who interact with providers who do not look like them or identify with their social or cultural history.


The Office of Minority Health and Health Disparities has historically been under resourced and limited in its ability to address the health disparities. Past legislation, although well-intentioned, did little to expand the Office’s authority. HB 28 requires the Governor to include a \$1.7-million annual appropriation to ensure this office can engage in the critical work it was created to undertake. Under our unique Total Cost of Care Model, Maryland recently committed to reduce rates of severe maternal morbidity, uncontrolled asthma in children, and the impact of diabetes within the next three-to-five years. These priorities were chosen, in part, because of the wide disparities in outcomes by race and ethnicity. Our state can only meet these aggressive targets if we improve the health of Black Marylanders, who disproportionately suffer from those conditions. It is critical that the State use every available resource to address the disproportionate impact on historically marginalized populations. The Office of Minority Health and Health Disparities could have a key role in addressing health disparities and advancing the health of all Marylanders if given the opportunity, authority, and resources to do so.

For these reasons, we request a favorable report on HB 28.



**EASILY CONTACT
YOUR LEGISLATOR**

Using the online platform Ujoin, advocates will have access to templated letters you can easily send to key legislators.



Invest in Maryland's Hospital Workforce

TAKE ACTION | LEARN
MANAGE CAMPAIGNS | VIEW

EMAIL ADVOCACY
GOAL: 50

Invest in Maryland's Hospital Workforce

Dear Governor Hogan,

On behalf of my hospital and our employees, I write to urge you to support the Maryland Hospital Association's (MHA) ask for the creation of a one-time \$100 million fund to support critical workforce needs in hospitals across the state.

Throughout the pandemic we supported our communities and your constituents at every juncture. We expanded access, we operated testing sites in the community and supported the state in partnerships, we provided vaccines to the most vulnerable, and during it all we saved over 51,410 lives. And we were glad to do it.

Now we need your help. We are facing a workforce crisis like no other. Due to these issues, we face challenges we are unable to surmount including backed up emergency department, diminished intensive care capabilities, fewer respiratory therapists to support COVID recovery. The sharp uptick in labor costs along with shortages may force us to take beds offline, pausing elective surgeries, expect to finish the year in the red, cut back programs, halt community support of critical programs, etc.

We are essential to the health of the state. And we are a massive economic engine for our local communities and Maryland as a whole. Help us to help you and your constituents. A \$100 million one-time investment would go a long way toward ensuring that hospitals can recruit and retain a robust workforce ready to tackle the unique challenges we face today.

Sincerely,
 CEO/President Name
 Organization Name

add a personal message (optional)

State

Say it better with a 60 second video message (optional)

RECORD A MESSAGE

A link to the video will be included in your email message and may be reproduced elsewhere for use in the campaign.
 Check this box to stay updated on this issue

SEND EMAIL

ATTENDING A COMMITTEE HEARING OR BRIEFING

This year, the House plans to continue with a nearly all virtual session. The Senate will do the same until at least mid-February. Depending on the status of the pandemic, the Senate plans to begin holding in-person bill hearings and committee meetings on Feb. 14.

House bill hearings will be virtual for the duration of the 90-day session and Senate bill hearings will be virtual until at least Feb. 14. Legislative leaders committed to give the public as much notice as possible about bill hearing and committee schedules. Committee leaders are generally limiting the number of witnesses and the time allotted to each person testifying on bills.

Guidelines and protocols will continue to evolve throughout the session. Please be sure to visit the Maryland General Assembly website for the latest information. MHA or your hospital government affairs lead can also assist you as needed.

Marylanders can also watch the committee hearings online. To watch, go to mgaleg.maryland.gov, then scroll down to "Today's Calendar." Click on "Committee Meetings" for either the House or the Senate, and then click on the appropriate committee. Next to the name of the hearing, click on the camera icon and the hearing video feed should appear.

VIRTUAL CONFERENCE CALLS

When setting up a meeting, decide with the person you are meeting with what the best technology is:

- Zoom?
- WebEx?
- Conference Call?
- Who will set-up the meeting?

VIRTUAL MEETING QUICK TIPS

Utilize these quick tips to make sure that your virtual meeting runs smoothly.

Technology: *If you are asked to join a meeting or are setting one up, be sure to test the platform in advance. Test your microphone and video before the meeting and ensure you downloaded the latest version of your meeting platform.*

Visibility: *Watch the position of your camera/laptop/mobile device. Use books or other items to prop it up if helpful. If you have a window or a bright light in the room, they should be in front of you or to the side. Backlighting will darken your screen.*

Etiquette: *Make sure you know how to mute and unmute your microphone. Mute your microphone when you are not speaking. Unmute and look into the camera when you are talking.*

Attire: *Try to avoid distracting attire on a video call—solid colors work best. Even though you are at home, dress the part.*

Don't be afraid to speak up and ask your questions! Remember, things happen. We have all done 10 microphone checks before the call, then the microphone doesn't work on the 11th. Kids, pets, and even spouses are often unpredictable—it happens to everybody.





Social Media Tips

Engage your social connections by making them aware of resources and activities organized by and for your hospital, as well as upcoming issues and legislation. Sharing text, pictures, videos, live streams, website links, events, live coverage, and other content can help get the word out about the good work your hospital is involved in and issues that impact your community.

QUICK TIPS

Engage with policymakers and organizations:

Follow your local legislators on social media. Like, share, and engage in their posts and tweets.

Use the ‘tag’ feature to link your tweet to their profile. This feature is useful for shoutouts, thank yous, calls-to-action and otherwise noting specific users or organizations in your message. Note: to ‘tag’, type ‘@’ followed by the username. Reference the social handles listed with the legislators on pages 19-21.

Use visuals:

People remember visual information six times better than information that they have read. Photos, graphics, videos, and visuals garner 200% more shares than posts without them.

Use hashtags:

Following along with trending hashtags can keep you both in the loop and a part of the conversation. MHA utilizes the hashtag #Caring4Md for related campaign posts. #MDGA22 is often used throughout the 2022 session.

Be conscious of timing:

Did you know time of day matters? See a reference below on the best times to post per platform.

On Facebook:

- Early afternoon to get the most shares
- Midafternoon to get the most clicks
- Peak days are Thursday and Friday
- Anytime between 9 a.m. and 7 p.m. is good to post for engagement purposes

On Twitter:

- Early morning is when tweets generally receive the most clicks
- Evenings and late at night are the times when tweets receive the most favorites and retweets, on average
- The most convenient and popular times to tweet during the day are not necessarily the best times to tweet for engagement
- Twitter engagement is generally higher on weekends



Maryland’s total cost of care spending growth rate is 3.8% below the nation. Maryland hospitals receive high marks for quality care, while also ensuring costs are kept at a minimum.

PARTICIPATE WITH MHA

Submit Your Story or Contribute to a Guest Blog:

MHA will periodically initiate calls for story contributions from hospitals, providers, and patients. To submit a story, please send it to mha@mhaonline.org.

If you are sharing stories via social media, please include the hashtag #Caring4Md and tag your local hospital in your post.

How to follow MHA

The first step in supporting MHA on social is to follow along!

Follow Maryland Hospital Association’s Twitter account
[@mhaonline](https://twitter.com/mhaonline)
twitter.com/mhaonline

Like and follow MHA on Facebook
[@MarylandHospitalAssociation](https://www.facebook.com/MarylandHospitalAssociation)
[facebook.com/MarylandHospitalAssociation](https://www.facebook.com/MarylandHospitalAssociation)
and on LinkedIn [@Maryland Hospital Association](https://www.linkedin.com/company/mhaonline)

Share on social

The posts below are samples utilizing the #Caring4Md hashtag.

Maryland hospitals are bringing care into your home. During the COVID-19 crisis and beyond, telehealth has delivered much-needed health care for Maryland communities. We are #Caring4Md.

In our hospitals and communities, nurses, doctors, and employees are #Caring4Md. We couldn’t be prouder of nurses like <Tag Name>. During the epidemic, (he/she) delivered the urgently needed care and support our patients rely on. Thank you <Name>!

Maryland frontline workers are putting patients first. <Tag Name> at <Tag Hospital> is one of the dedicated frontline nurses #Caring4Md’s patients and families.

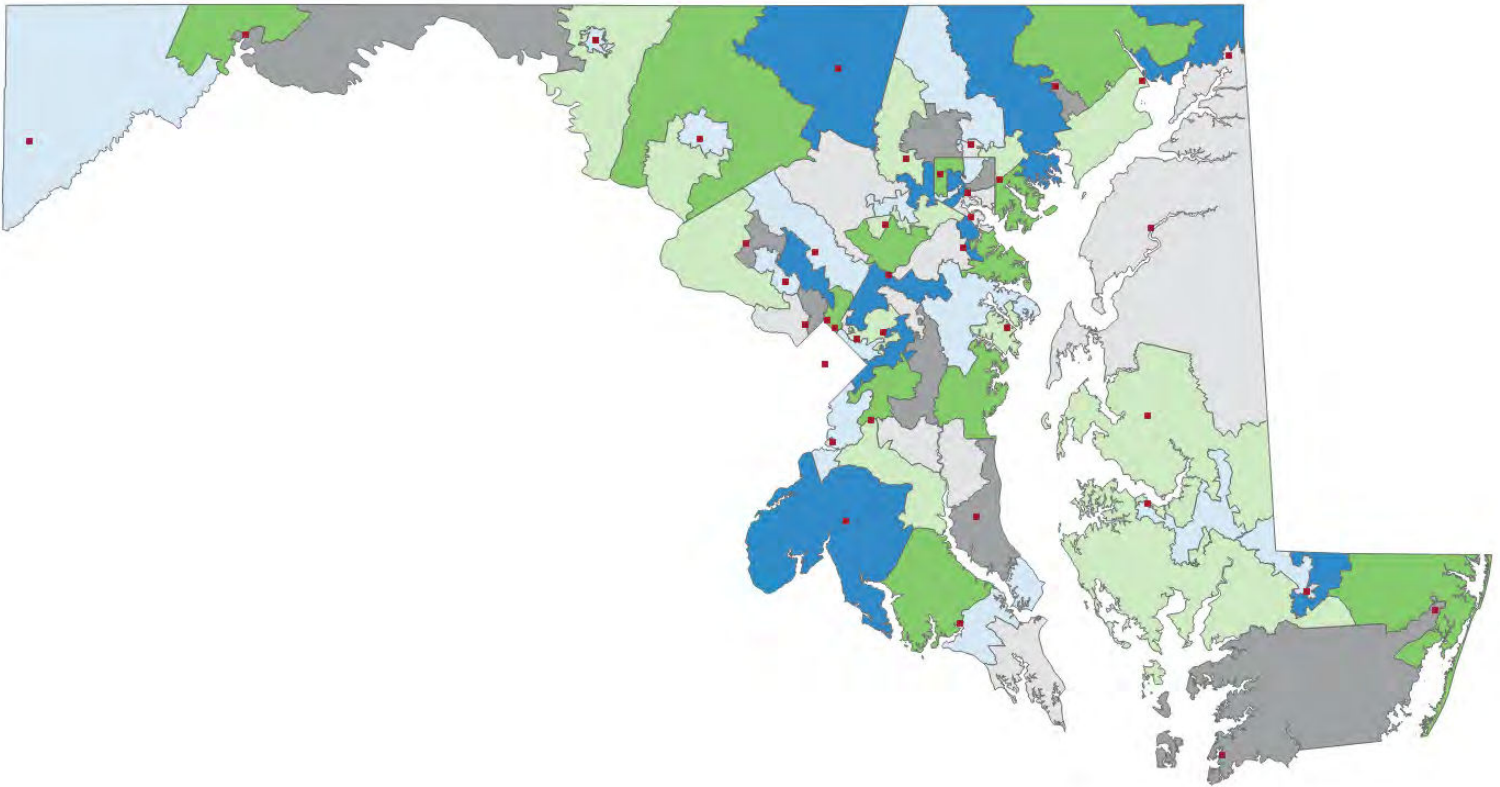
Hospitals are among Maryland’s largest employers—directly employing **117,000** people, most who live in the communities they serve, and supporting **113,000** related jobs—producing **\$32 billion** of yearly economic impact.

Dates of Interest

- January 12** **GENERAL ASSEMBLY CONVENES** (noon, Wednesday)
- 18 *7th Day* – **SENATE AND HOUSE BILL DRAFTING REQUEST GUARANTEE DATE**
- 19 Final date for the Governor to introduce budget bill
- 19 Final date for the Governor to introduce capital budget bill
- 21 **MHA LEGISLATIVE BREAKFAST/HOSPITAL WORKFORCE ADVOCACY DAY**
10th Day - Final date for submissions for Executive Orders reorganizing the Executive Branch of the State Government; either Chamber may disapprove by resolution within 50 days.
- 24 *13th Day* – Administration bills introduced in the Senate after this date referred to Senate Rules Committee.
- 26 *15th Day* - Final date for introduction of Governor’s Salary Commission, General Assembly Compensation Commission, and Judicial Compensation Commission recommendations. Legislative action must be taken within 50 days after introduction of the joint resolutions of the Governor’s Salary Commission and the Judicial Compensation Commission.
- TBD Governor delivers the State of the State Address (noon)
- February 4** *24th Day* – **HOUSE BILL INTRODUCTION DATE** “Hopper” will close at 5 P.M. House bills introduced after this date referred to the House Rules and Executive Committee
- 12 *27th Day*– **SENATE BILL INTRODUCTION DATE**
 Senate bills introduced after this date referred to the Senate Rules Committee
- 20 *40th Day* – “Green Bag” appointments submitted by Governor (Delivered on Friday, February 18)
- March 7** *55th Day* – Final date for introduction of bills without suspension of Rules
- 15 *63rd Day* – Committee Reporting Courtesy Date
 Each Chamber’s committees to report their own bills by this date
- 21 *69th Day* – Opposite Chamber Bill Crossover Date
 Each Chamber to send to other Chamber those bills it intends to pass favorably
 Opposite Chamber bills received after this date subject to referral to Rules Committees (Senate Rule 32(c), House Courtesy Date)
- April 4** *83rd Day* – Budget bill to be passed by both Chambers
- 11 *90th Day* – **ADJOURNMENT “SINE DIE”** (Monday)

Where We Are

Our hospitals impact every corner of Maryland, caring for the health of citizens throughout the state. The map below highlights Maryland's legislative districts, each red box indicates the location of an MHA member.



Learn more at:
mhaonline.org/about-mha/member-hospitals

Contact Us

We're hoping to find employees and patients who are passionate about making the hospital an even greater part of your community while learning about public policy and how it impacts hospitals and our health.

Please contact the government affairs representative at your hospital or Brian Frazee, Vice President of Government Affairs at the Maryland Hospital Association, at bfrazee@mhaonline.org if you want to help make a difference.

Learn more on our website: mhaonline.org

