Maryland
Hospital Association

October 22, 2026

Douglas Jacobs, MD, MPH
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Dr. Jacobs,

On behalf of the Maryland Hospital Association (MHA) and its member hospitals and health systems, thank you for the opportunity to comment on the Choice and Competition policy options discussed at the Oct. 7 Maryland Health Care Commission (MHCC) listening session. As the state considers policies to satisfy AHEAD Model requirements, MHA recommends prioritizing those that will help preserve access to care and make health coverage more affordable for Marylanders. Our comments focus on the policy options identified by MHCC and its partner agencies as viable for Maryland under the state's health policy environment and the parameters of the AHEAD Model State Agreement (State Agreement). We also offer additional suggestions to support greater access to care and increase efficiency across the health care spectrum.

Advancing Prescription Drug Price Transparency (Choice)

MHA supports selecting "advancing prescription drug price transparency" from the "choice" options specified in the State Agreement. Rising prescription drug costs make medications less affordable for Marylanders and increase overall health care spending. In its recent announcement of approved Affordable Care Act premium rates for Plan Year 2027, the Maryland Insurance Administration (MIA) identified rising pharmaceutical costs as an important driver of double-digit premium rate increases in the individual and small group health insurance markets.[1] These challenges extend beyond insurance premiums as, according to a Kaiser Family Foundation survey, nearly three in 10 adults report difficulty affording their prescription medications, with affordability challenges even more pronounced among individuals taking multiple medications.[2] We see value in the potential policies identified by MHCC, including improving compliance with existing prescription drug rebate reporting requirements, publicly reporting Maryland-specific prescription drug data collected under federal reporting requirements (RxDC), and pursuing additional statutory authority to collect pricing information across the prescription drug supply chain. These efforts would build on the important work of the Prescription Drug Affordability Board (PDAB), providing policymakers with greater visibility into the factors driving prescription drug costs and helping inform targeted strategies to improve affordability.

[1] September 2026 MIA Press Release on 2027 Affordable Care Act Premium Rates, available here
[2] March 2026 Kaiser Family Foundation Public Opinion on Prescription Drugs and Their Prices, available here

As the state refines this proposal, reporting requirements should apply to entities in the supply chain that set or change drug prices, rather than to purchasers that have no control over upstream pricing decisions. Data collection and public reporting should also be narrowly tailored toward identifying the factors driving rising costs by promoting transparency into how drug prices are set by manufacturers, pharmacy benefit managers, and other entities that set or change drug prices.

Modifying Scope of Practice Restrictions (Competition)

We support selecting "modifying scope of practice restrictions including for physician assistants and nurse practitioners" from the "competition" options. Given ongoing health care workforce shortages, Maryland hospitals rely on advanced practice providers like physician assistants and nurse practitioners to expand access to care especially in rural and underserved areas and settings like urgent care clinics and emergency departments. Ensuring these providers can practice at the top of their scope is critical and optimizes the training they have received. The following legislative changes would strengthen Maryland's health care workforce and expand access to care.

Senate Bill 326/House Bill 377, introduced during the 2026 legislative session, would have broadened the scope of practice for physician assistants by authorizing them to certify petitions for involuntary admission. Under current law, an involuntary admission must be authorized by either two physicians or one physician and another provider; physician assistants may not serve as a signatory. This restriction is particularly challenging in rural and underserved communities, where fewer providers are available. Allowing physician assistants to certify these petitions would align their responsibilities with those of other advanced practice providers in the state.

Allowing physician assistants and nurse practitioners to supervise the administration of intravenous contrast for imaging studies would significantly expand access to imaging services. COMAR 10.32.10.09A(10) currently requires a physician to supervise a radiographer who administers contrast media. Given the shortage of radiologists in the state, this requirement limits the number of imaging studies that urgent care centers and other ambulatory settings can perform. As a result, patients can wait three to four weeks for contrast studies. Allowing physician assistants and nurse practitioners to provide the required supervision would help expand access to these studies in community settings.

Finally, we recommend updating Health - General, § 10-701 to allow physician assistants and nurse practitioners to write orders for clinical restraints. Current law only allows physicians to write these orders. Federal regulation 42 CFR 482.13 is broader and allows "a physician or other licensed practitioner who is responsible for the care of the patient and authorized to order restraints or seclusion by hospital policy." This legislative change would align Maryland law with federal regulations and facilitate patient care.

The proposal to expand pharmacists' authority to test for and treat additional conditions beyond opioid disorder could present an opportunity to improve access to care for certain conditions, particularly in communities with provider shortages or other barriers to care.

Revising Network Adequacy Provisions (Competition)

If the state must select revisions to network adequacy provisions among the list of "competition" options, we respectfully urge the state to ensure that any revisions preserve access to essential health care services. Network adequacy standards play a critical role in ensuring Marylanders have timely access to covered services and an appropriate range of in-network providers. Any modifications to these provisions, including those outlined in the Oct. 7 listening session presentation, must maintain important consumer protections. MHA encourages the state to prioritize policies that preserve patient choice, support robust provider networks, and ensure network adequacy standards reflect meaningful access to care.

Repealing Certificate of Need Requirements (Competition)

MHA appreciates MHCC's concern about repealing CON requirements and shares its goal of ensuring access to care for Medicaid and uninsured patients. At the same time, the health care landscape has changed significantly since the COVID-19 pandemic. Escalating inflationary pressures and statewide shortages of critical health care resources—particularly in primary and post-acute care—warrant a review of current CON requirements to ensure they are no more restrictive than necessary and facilitate needed growth. Notably, the CON option would also provide administrative relief to hospitals through fee reductions, simplified reporting, clear timelines, and greater transparency in CON decision-making. These measures will generate significant savings in hospital costs and resources, enabling hospitals to respond more effectively to evolving health care needs across the state, particularly as they confront impending disinvestment and losses resulting from federal policy changes and the AHEAD transition.

MHA welcomes the opportunity to discuss this option further and consider how CON reform could support health care access across Maryland.

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MHA appreciates MHCC's consideration of these comments and looks forward to continued engagement as the state determines which choice and competition policies to pursue under AHEAD in the coming months. Please do not hesitate to reach out if you have any questions.

Sincerely,

Melony G. Griffith
President & CEO

cc: Meena Seshamani, Secretary, Maryland Department of Health

Marie Grant, Commissioner, Maryland Insurance Administration
William Henderson, Interim Executive Director, Health Services Cost Review Commission
Andre Chappel, Chief Strategy Officer, Maryland Health Care Commission