Maine Health Data Organization

Information | Insight | Improvement

Content

> Vote on the Final Adoption of Chapter 100, *Enforcement Procedures*

> Vote on the Final Adoption of Chapter 800, Uniform Reporting of Wholesale Acquisition Costs for Insulin

Authorization to Initiate Rulemaking for Chapter 243, Uniform Reporting System for Health Care Claims Data Sets; Chapter 241, Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets; Chapter 247, Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets; and Chapter 270, Uniform Reporting System for Health Care Quality Data Sets

Introduction to ED Boarding Issue

Mandated Reporting Update

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MQF Update

Chapter 100, Enforcement Procedures (major substantive rule)

- November 7, 2024 MHDO Board voted to provisionally adopt the changes as proposed to Chapter 100, *Enforcement Procedures*
- The proposed changes to Chapter 100 became LD 310, Resolve, Regarding Legislative Review of Portions of Chapter 100: Enforcement Procedures, a Major Substantive Rule of the Maine Health Data Organization (Emergency)
- Legislature passes as an emergency measure; and Governor Mills signs the bill on March 25, 2025 (now referred to as Resolves 2025, Ch.1)
- Recommendation: The board vote in favor of the final adoption of rule Chapter 100, Enforcement Procedures; and to authorize Karynlee to sign the MAPA 1 form.

Chapter 800, Uniform Reporting of Wholesale Acquisition Costs for Insulin (major substantive rule)

- November 7, 2024 MHDO Board voted to provisionally adopt the changes as proposed to Chapter 800, Uniform Reporting of Wholesale Acquisition Costs for Insulin
- The proposed changes to Chapter 800 became LD 729, Resolve, Regarding Legislative Review of Chapter 800: Uniform Reporting of Wholesale Acquisition Costs for Insulin, a Major Substantive Rule of the Maine Health Data Organization (Emergency)
- Legislature passes as an emergency measure; and Governor Mills signs the bill (now referred to as Resolves 2025, Ch.2) on March 25, 2025
- Recommendation: The board vote in favor of the final adoption of rule Chapter 800, Uniform Reporting of Wholesale Acquisition Costs for Insulin; and to authorize Karynlee to sign the MAPA 1 form.

Request to Initiate Rulemaking

- > Chapter 243, Uniform Reporting System for Health Care Claims Data Sets
- Chapter 241, Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets
- Chapter 247, Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets
- **Chapter 270**, Uniform Reporting System for Health Care Quality Data Sets
 - **Tentative Schedule:** (exception Ch. 270-timing TBD)
 - Public Hearing: Fall 2025 (additional public hearing date)
 - Board reviews comments and votes to adopt: Before the end of 2025 (additional board meeting date)
 - Tentative Effective Date: July 2026

Status of Rule Making for New Requirements in PL 2023, Ch. 584 (LD 1740), *An Act to Protect a Patient's Access to Affordable Health Care with Timely Access to Health Care Prices*

December 5, 2024, the board authorized Karynlee to initiate rulemaking (routine technical) to implement the requirements in PL 2023, Chapter 584, Section B.

- Tentative Schedule
 - Public Hearing: July-August 2025
 - Board reviews comments and votes to adopt: October 2025
 - Tentative effective date: 2026

What is ED Boarding

- ED Board refers to the practice of holding patients in the emergency department (ED) for extended periods of time while the patient waits for an inpatient bed to become available (in the same facility or another facility).
 - As reported by the Maine Hospital Association in their January 2025 Report titled, A Clogged System of Care:
 - Since the pandemic, Maine hospitals have reported a growing number of patients that are boarding, or sitting, in emergency departments across the state
 - Many of these patients are waiting for an inpatient bed, either within the same hospital or at another facility, such as a tertiary care center or residential care facility, where specialized inpatient care is required
 - Due to the availability of inpatient or residential treatment beds, these patients often remain in limbo for days, waiting for a bed to become available
 - Boarding patients in the emergency department leads to delayed care and an increase in violence as
 agitated patients sit for prolonged periods not receiving the care they need
 - This shortage contributes to Maine's emergency departments operating at over 93% capacity on average, with some counties exceeding 100% capacity, hampering the state's emergency preparedness as hospitals struggle to respond to a surge in demand driven by a virus or mass casualty event.

Challenges of ED Boarding

Challenges include (but are not limited to):

- Increased patient wait times
- Delays in medical care
- Increased risk of patient complications
- Poor patient experience
- Staff burnout
- Financial strain on hospitals
- Next Steps

Mandated Report	Statute	Anticipated Release/Release Date	Submit to
Annual Prescription Drug Pricing Transparency	PL 2020, Chapter 470	April 2025	Joint Standing Committee on Health Coverage, Insurance and Financial Services (HCIFS)
Top 25 most frequently prescribed drugs in the State, costliest and highest year-over-year increases Interactive Report included in CM 13.0 Release	PL 2017, Chapter 406	Released March 28, 2025	HCIFS
Cost and Quality Data by procedure, provider and payer - CompareMaine V.13.0 (ambulance data, info on facility fees)	PL 2009, Chapter 613	Released March 28, 2025	Public
Annual International Referenced Rate Pricing for Prescription Drugs Online Report	PL 2021, Chapter 606	April 2025	HCIFS, Office of Affordable Health Care, and the Maine Prescription Drug Affordability Board
Annual Primary Care Spending	PL 2019, Chapter 244	January 27, 2025	HCIFS & the Commissioner of DHHS
Behavioral Health Care Spending	PL 2021, Chapter 603	March 10, 2025	HCIFS & the Commissioner of DHHS

MHDO Report	Statute	Anticipated Release/Release Date	Submit to
Annual report on Payments for Facility Fees made by Payors	PL 2023, Chapter 410	January 23, 2025	HCIFS and the Office of Affordable Health Care
Annual Report on 340B Prescription Drug Program - assumes reporting to MHDO algins with the hospital's fiscal year, October is the first month for hospitals to submit FY 2024 financial data. In the interim, link to new page on MHDO website https://mhdo.maine.gov/340B_hospitals.htm	PL 2023, Chapter 276	Nov/Dec of 2025	HCIFS, Office of Affordable Health Care, and the Maine Prescription Drug Affordability Board

Other Reporting:

2023 Standardized Annual Hospital Financial Report (three-part report) - Posted to MHDO website November 27, 2024

Health Care Payments in Maine (formally Baseline Report) - Posted to MHDO website January 24, 2025

Trigger NDC's for CY 2024 (list of NDC's that hit one of three triggers as defined in law) - Posted to MHDO website February 2025

List of Drug Product Families for CY 2024 (list of drug product families that MHDO intends to request pricing component data from reporting entities defined in Ch. 570) - February 15, 2025

Created new page on MHDO website for Hospital Transparency (Federal Regs) - https://mhdo.maine.gov/hospTransparencyRegs.htm

Recent Informational Webinars:

Chapter 340, Uniform Reporting System for Reporting 340B Drug Program Data Sets - January 28, 2025

Legislative Update

- LD 697, An Act to Direct the Maine Prescription Drug Affordability Board to Assess Strategies to Reduce Prescription Drug Costs and to Take Steps to Implement Referencebased Pricing
 - Divided report out of committee, ought to pass majority vote
- LD 977, Resolve, Requiring the Maine Health Data Organization to Develop a Plan for Measuring Gaps in Home and Community-based Services
 - Public hearing 4-1, 1 pm
- **LD 1152**, An Act to Expand the Right to Shop for Health Care Services
 - Public hearing 4-8, 1 pm
- LD 245, An Act to Implement the Recommendations of the Blue-Ribbon Commission to Study Emergency Medical Services in the State

Legislative Update

- LR 919, An Act to Amend the Laws Governing Primary Care Reporting by the Maine Quality Forum and to Establish the Primary Care Advisory Council
- > LR 1899, An Act Relating to Health Care Transparency and the Maine Health Data Organization
- **TBD**, An Act to Enhance Transparency and Value in Health Care Transactions
 - Part C Overview: Requires health care entities (except small physician practices) to annually submit information to the Maine Health Data Organization about ownership/control and organizational structure.
 - Leverage existing structures with potential updates to Ch. 300, hospital financial and organizational data, and Ch.
 630, Uniform System for Reporting Baseline Information and Restructuring Occurrences For Maine Hospitals and Parent Entities.
 - This data will allow OAHC and other stakeholders to better monitor and analyze transactions over time, as well as improving transparency into the organizational structures of health systems.

Maine Quality Forum –Key Deliverables

Recently Posted Most Current Quality Data, Ch. 270 here: <u>https://mhdo.maine.gov/quality_data_reports.htm</u>

- Improved Reporting Format
- Includes Data from CY 2019-CY 2023 (C.diff LabID Events, MRSA LabID Events, Rates for CLABSI, Pressure Ulcers, and Falls)
- Will update the pressure ulcer and falls data for CY 2019-CY 2023 within the next week
- Project First Line Deliverables
 - Federal grant that was recently terminated
 - No financial impact to MQF as most of the work has been completed

Next Board Meeting

Next Board Meeting Scheduled for June 5, 2025