



**Comment on the Maryland Health Services Cost Review Commission
"2025 Funding for AHEAD Preparation: Draft Recommendation"**

The Commission on Public Health (Commission) regards the referenced Health Services Cost Review Commission (HSCRC) draft recommendation as an extraordinary step. The proposal aims to leverage the State's public and private resources to successfully achieve the AHEAD targets, to align with existing public health efforts and capacity, and most importantly, the proposal promises to measurably improve the health of all Marylanders.

The Commission on Public Health supports the HSCRC staff recommendation for the reasons noted below and encourages its adoption and full implementation. The Commission also recommends as described below that the HSCRC AHEAD implementation reflects, supports, and leverages the public health capabilities of health departments across the state.

1. **Aligned action.** HSCRC's AHEAD implementation recommendations will synchronize and accelerate multi-pronged action on the goals of the just-released State Health Improvement Plan and the forthcoming Health Equity Plan. The State Health Improvement Plan reflects some of the common health priorities of local health improvement plans for each Maryland jurisdiction.
2. **Curing disease is not enough to achieve health equity.** The AHEAD implementation recommendations establish that hospitals alone cannot attain Statewide Quality and Equity Targets, particularly given the AHEAD model's important new all-payer approach which includes the Medicaid population. Public health agencies have extensive expertise and on-the-ground partnerships relevant to the Target domains: Population Health, Prevention and Wellness, Chronic Conditions, Behavioral Health, Maternal Health, Prevention and Social Drivers of Health. The AHEAD framework should leverage the role of local health officers as the chief health strategist in their jurisdiction, and the multisector partnerships convened by local health departments to advance public health and health equity.
3. **Statewide and local geographic coordination.** Likewise, achievement of the Statewide Population Health Targets, to be determined by July 2025, will require collective action by a broad array of partners with geographic state and local coordination. The importance of significant guiding contributions by state and local public health assets to the work of achieving Population Health Targets cannot be overstated.
4. **Establishes infrastructure, the Population Health Trust, to administer and monitor public and private investment.** The success of the AHEAD model will require action

beyond hospitals. The Population Health Trust creates an important mechanism for public and private resources to support spirited health improvement engagement by effective and accountable public health agencies, primary care, social service providers and others. The HSCRC proposal describes an affordable means to launch AHEAD implementation by funding (1) new programs to address the cost and delivery of health care services and (2) a Population Health Trust to support statewide population health improvement initiatives of which public health is an essential component.

The creation of an independent fund to manage and monitor public and private investments in upstream, community-level prevention promises truly transformative outcomes. Per the State's agreement with the Centers for Medicare & Medicaid Services, the Trust would support activities such as reducing rates of preventable conditions, increasing healthy habits, addressing health-related social needs, reducing or eliminating health disparities and building evidence of effective prevention programs. The Trust provides an exceptional opportunity to leverage Maryland's unique health assets, including proven, evidence-based public health initiatives, to drive aligned, accountable and effective collective action toward a healthier Maryland.

5. **Affordable and adaptable funding mechanism.** The AHEAD model's lengthy timeline of 11 years allows the opportunity to demonstrate the effectiveness of longer-term community level prevention interventions. While the specific funding mechanism as described in the proposal may not be fully achievable in certain rate years, a collaborative public/private, state/local infrastructure would be in place. Other funding sources could be tapped to support ongoing efforts.
6. **Workforce investment.** The proposal includes seven areas of potential investment under new programs to address health cost and delivery challenges. One area "Workforce investments, including but not limited to updates to the GME program" addresses a major barrier to health equity, particularly in rural Maryland. The shortage and maldistribution of primary care residencies could be attenuated with adequate investment into new primary care training programs and practices in underserved and rural communities, resulting in significantly improved access and reduced health disparities for underserved Marylanders.

The Commission on Public Health appreciates the commitment of Governor Wes Moore and the Maryland Legislature toward advancing the health of all Marylanders. The Commission commends HSCRC's progressive policies which reflect the importance of community-based prevention, primary care and social support along with acute care. The Commission looks forward to continuing engagement with HSCRC and the Commission on Health Equity as details of AHEAD implementation are constructed.