Draft Introduced: November 15, 2012
Approved: November 15, 2012

MONTGOMERY COUNTY COMMISSION ON HEALTH

Meeting Minutes
October 18, 2012
Adventist HealthCare, 1801 Research Blvd., Rockville, Maryland

Members Present:	Mitchell Berger, Ron Bialek, Kathy Ghiladi, Michelle Hawkins, Graciela Jaschek, Alan Kaplan, Harry Kwon, Linda McMillan, Marcos Pesquera, Marcia Pruzan, Daniel Russ, Gregory Serfer, Ashraf Sufi, Shari Targum, Ulder J. Tillman, Steve Thronson
Members Absent:	Pierre-Marie Longkeng, Rose Marie Martinez and Wayne L. Swann
Staff Present:	Jeanine Gould-Kostka, Doreen Kelly and Helen Lettlow, Deputy Health Officer
Guests:	Tara O. Clemons, MedStar Montgomery, Robert M. Pestronk, Executive Director, National Association of County and City Health Officials and Dourakine Rosarion, DHHS Special Assistant, Office of the Director

1.0 Call to Order

Chair Marcos Pesquera called the annual retreat meeting to order at 3:35 p.m. upon reaching a quorum.

2.0 Welcome and Overview – Marcos Pesquera, Chair

2.1 Introductions and Retreat Overview – Mr. Pesquera asked all present to introduce themselves and discussed the goals for the retreat.

2.2 Approval of Minutes – Dr. Gregory Serfer made a motion to approve the September 2012 meeting minutes. Dr. Michelle Hawkins seconded the motion to approve the minutes. The motion was passed by unanimous voice consent.

3.0 Overview of Montgomery County Affordable Care Act (ACA) Preparations – Dourakine Rosarion, DHHS Special Assistant, Office of the Director

Mr. Marcos Pesquera introduced Dourakine Rosarion and thanked her for spending time with the Commission on Health.

Ms. Rosarion's PowerPoint presentation is included at the end of these minutes.

Discussion followed the presentation related to the following issues: capacity issues for primary care; the meaning of a "qualified" plan; essential health benefits in Maryland; dental services are not included in the adult plans; approximately 120,000 uninsured adults are in Montgomery County with the potential for approximately 45,000 to remain uninsured; electronic health records in Montgomery County; Health Enterprise Zones and the possibility of the COH signing a letter of support for a DHHS application.

MOTION: Ms. Graciela Jaschek made a motion for the Commission on Health to prepare a letter of support for the Department of Health and Human Services (DHHS) Health Enterprise Zone application for the Takoma Park/Long Branch area, including activities to combat diabetes. Dr. Shari Targum seconded the motion, which was passed unanimously by voice consent.

4.0 The Affordable Care Act – Implications for Local Public Health – Robert M. Pestronk, Executive Director, National Association of County and City Health Officials

Mr. Ron Bialek introduced Mr. Pestronk, Executive Director of NACCHO since 2008. He previously served as the Health Officer of Genesse County, Michigan for 22 years. Mr. Pestronk has made a reputation as a collaboration builder and focused on leveraging resources whenever possible.

Mr. Pestronk discussed the following: what we find in communities is due to what we put into place; how the COH can nurture a new view of public health; how we want healthier people and should consider ways to make that happen; local health can focus on federal and local resources to reduce disparities; create conditions to make good health easier; how rules created for the marketplace can help with better health outcomes; carefully examine legal authority over health conditions in the county; read public health codes; examine organizational form within DHHS; primary care and public health might be more closely related; how to reward good outcomes; decisions on urban planning have health consequences; assessment, policy development, assurance, form and capacity are all considerations for local health departments; health equity; Institute of Medicine report on the branding of local health departments; what basic services every local health department might offer; thinking about categorical programs like family planning and immunization services; remembering that disease does not respect who is and isn't covered by insurance; look at available data and revenue tracking; Affordable Care Act (ACA) and the benefit for non-profit hospitals; the need for community health improvement processes; community transformation grants; accountable care organizations; role for emergency response; and familiarity with quality improvement; training of staff.

5.0 Strategic Planning and Work Group Formation – Marcos Pesquera, Chair and Ron Bialek, Vice Chair

Mr. Pesquera and Mr. Bialek described the potential work groups for the year and asked the membership to decide on an area they would like to work on for the upcoming year. Each work group was asked to look at the worksheets provided and determine a chair and vice chair for the group along with determining the scope and parameters for the group.

5.1 ACA - Access to Care: Mr. Ron Bialek, Ms. Kathy Ghiladi, Mr. Pierre-Marie Longkeng, Mr. Wayne Swann and Mr. Steve Thronson have chosen to join this work group.

5.2 ACA - Data: Ms. Graciela Jaschek, Ms. Doreen Kelly, Ms. Linda McMillan and Mr. Marcos Pesquera have chosen to join this work group.

5.3 ACA - Prevention: Mr. Mitchell Berger, Dr. Michelle Hawkins, Dr. Alan Kaplan, Dr. Harry Kwon, Ms. Marcia Pruzan and Dr. Ashraf Sufi have chosen to join this work group.

5.4 Obesity/Cardiovascular Disease: Ms. Tara Clemons, Dr. Daniel Russ, Dr. Gregory Serfer, Dr. Shari Targum and Dr. Ulder J. Tillman have chosen to join this work group.

6.0 Wrap Up – Marcos Pesquera, Chair and Mr. Mitchell Berger

Mr. Pesquera and Mr. Berger asked each work group to give a brief summary of the discussions they had related to the ACA and obesity/cardiovascular disease.

6.1 ACA - Access to Care: The work plan sheet is attached at the end of the minutes

6.2 ACA – Data: The work plan sheet is attached at the end of the minutes

6.3 ACA - Prevention: The work plan sheet is attached at the end of the minutes

6.4 Obesity/Cardiovascular Disease: The work plan sheet is attached at the end of the minutes

7.0 Staff Report and Survey Evaluation – Jeanine Gould-Kostka

Ms. Gould-Kostka and Mr. Pesquera asked COH members to be prompt in completing the Survey Monkey Retreat Evaluation that will be sent out next week.

Ms. Gould-Kostka thanked Adventist HealthCare for the use of their facilities. Ms. Doreen Kelly thanked the Retreat Planning Committee (Mr. Berger, Mr. Bialek, Mr. Pesquera and Ms. Gould-Kostka) for their hard work and attention to detail as well.

8.0 Adjournment

Dr. Daniel Russ made a motion to adjourn at approximately 8:05 p.m. Dr. Gregory Serfer seconded the motion, which was passed by unanimous voice consent.

Respectfully submitted,

Jeanine Gould-Kostka
Staff to Commission on Health

<table>
<tr><td colspan="2">FY13 WORKPLAN – ACA – Access to Care Workgroup</td></tr>
<tr><td>Goal:
To promote meaningful access to health care for individuals who remain uninsured following exchange implementation as well as the insured, all of whom may face increased demand for health care and capacity challenges</td><td>Chair/Vice Chair:</td></tr>
<tr><td colspan="2">Members:
1. Ron Bialek
2. Kathy Ghiladi
3. Pierre-Marie Longkeng
4. Wayne Swann
5. Steve Thronson</td></tr>
<tr><td colspan="2">Preliminary Timeline for Workgroup Activities
1.
2.
3.
4.</td></tr>
<tr><td>Key Steps to achieve outcomes</td><td>Lead</td></tr>
<tr><td>A. Determine Initial Scope/Parameters of Workgroup

Impact of overall ACA provisions on health insurance coverage and access to healthcare services for County residents including:
■ Impact of health exchange implementation
■ Impact of Medicaid expansion in Maryland

Role of Navigator – support County’s possible interest in serving as Navigator and responding to the State’s RFP</td><td></td></tr>
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Focus on capacity concerns – what affects capacity? Having sufficient providers, clinic locations, office hours, reducing waiting times, funding. What makes access meaningful? Examine role of enabling services such as transportation, translation, Information, education, food, housing Preventive care Health Equity Once the workgroup has more information on the above, scope can be narrowed to effectively address our overall goal.	
B. Discuss What is Known About the ACA Medicaid expansion angle Exchange implementation in 2014 Healthcare workforce development provisions ACO provisions Medical Homes There will be a lot more coverage which will likely increase demand. Capacity, however, may be limited in the County. In addition, many will remain uninsured required "safety net" providers of care. Community Health Centers (CHC) Medicaid Primary Care Physician payment increases Children's Health Insurance Program (CHIP) funding Young adult coverage Community care transitions programs Consumer assistance program grants Early retiree coverage	
C. Discuss What the Workgroup Needs to Learn Navigator roles/functions, as may be articulated under ACA Barriers to access that may be addressed by the ACA (e.g., possible funding/program opportunities for the County). These may include language services, ways to address capacity and wait times, transportation, and others. Getting most out of the Affordable Care Act : where can the County tap	

in to reduce the number of uninsured and underinsured	
D. Explore Where/How to Obtain Additional Information Guest speaker at next meeting (Sharon Zalewski, Primary Care Coalition of Montgomery County, will give an overview of safety net programs in Montgomery County and discuss Montgomery Cares and implications of the ACA) Our own research Ron volunteered to look into the issue of how the ACA may be addressing ways to deal with barriers to access.	
E. Potential Types of Recommendations to the County Executive and County Council - Support County efforts to become a Navigator? Short turn-around time for this. - Support the expansion of primary and specialty care through Montgomery Cares - Solutions from the group discussion - County to apply for various grants from ACA - Capacity expansion: CHC	

FY13 WORKPLAN – ACA – Data Workgroup	
Goal: Improve Data Collection, advising the county officials on data opportunities with ACA Ability to share data with patients, reporting capabilities, meaningful use, at the clinic	**Chair/Vice Chair: Graciela Jaschek / Linda McMillan**
Members: 1. Doreen Kelly 2.Graciela Jaschek 3.Linda McMillan 4.Marcos Pesquera	

Preliminary Timeline for Workgroup Activities 1. 2. 3. 4.	
Key Steps to achieve outcomes	**Lead**
A. Determine Initial Scope/Parameters of Workgroup *Data needed to support our Access, Obesity/Cardiovascular and Prevention Committee *Determine what data is appropriate to assist Healthy Montgomery Priorities and see if they are required to be part of the EMR	
B. Discuss What is Known About the ACA *What does ACA requires about data collection and utilization * What is the county and state doing in regard to implementation and requirements * How to use data to evaluation and to measure improvement * Meaningful Use meaning, what does that mean for patients	 Graciela Doreen Marcos
C. Discuss What the Workgroup Needs to Learn *PCMH ask a speaker from these practices to come and speak about their model and how they will use their data with patient management and outside. *Educating our commission on HIE (CRISP, PCC) (what is in the EMR about the primary care visit as it relates to behavioral health?) *Kaiser…how they use their system to encourage people towards preventive services *Healthy Montgomery Data	 Linda Marcos/ Ron Marcos/ Ron
D. Explore Where/How to Obtain Additional Information *What are the data points requirements for the EMR	
E. Potential Types of Recommendations to the County Executive and County Council *Request reports from the top 10 focus areas defined by the Healthy Montgomery Steering Committee	

FY13 WORKPLAN – ACA – Prevention Workgroup	
Goal: Preventive Services and Activities: funding, achieving goals and educating the public	**Chair/Vice Chair:** To be determined

Members: 1. Mitchell Berger 2. Michelle Hawkins 3. Alan Kaplan 4. Harry Kwon 5. Marcia Pruzan 6. Ashraf Sufi	
Preliminary Timeline for Workgroup Activities 1. Get data on prevention: Review recent medical literature to see if prevention of disease is more cost effective than active or chronic disease. 2. Look at the Patient Protection and Affordable Care Act prevention provisions (http://www.healthcare.gov/law/features/rights/preventive-care/index.html) 3. Review relevant Web sites (Healthcare.gov; Medicare.gov)	
Key Steps to achieve outcomes	**Lead**
A. Determine Initial Scope/Parameters of Workgroup • Clinical versus environmental issues • Primary, secondary and tertiary prevention • Injury prevention (e.g., driver education, fall prevention for elderly, child safety) • Barriers to prevention(e.g., language barriers, lack of transportation and financial resources) • What is and is not covered by the ACA act • What preventive services currently are offered by insurance companies and others? • Are there any restrictions on part of these services? Do the patient have to pay part of these services and how much?	
B. Discuss What is Known About the ACA Requirement for certain essential benefits to be provided by insurers (http://www.ncsl.org/issues-research/health/state-ins-mandates-and-aca-essential-benefits.aspx) Public health prevention funding • Is funding enough? • What happens if the funding is reduced or eliminated? (http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=63)	
C. Discuss What the Workgroup Needs to Learn • What is/is not covered • Reimbursement • Barriers • Grandfathering- Those already insured may be able to keep	

additional benefits or not • Impact on immigrants and other special/vulnerable populations • What is our county going to do-both in its role as a large employer and as a governing entity? • What are large employers in our community planning to do as ACA is implemented (e.g., Lockheed; federal government; contractors) • What are other counties/cities planning to do as ACA is implemented? • Prevention can potentially encompass numerous topics/issues-learning the main priorities of health care providers and residents in our community can help us narrow our focus.	
D. Explore Where/How to Obtain Additional Information • Web search • Perceptions of health care providers and residents (e.g.., surveys, focus groups) • County/state data (e.g., Behavioral Risk Factor Surveillance Survey; Healthy Montgomery) • Multipronged approach to increase the awareness of the public via printed educational material in different languages, educational talks on the topic by health care providers, liaison with different ethnic and religious communities and publishing the information on their web-sites.	
E. Potential Types of Recommendations to the County Executive and County Council • Education of Public-What is available both under ACA and in other relevant areas (ex. Are citizens aware Wal-Mart, CVS and others offer cheap generic drugs?) • Encourage council advocacy • Support/implement guidelines for prevention • Facilitate access to preventive services (e.g., transportation, reducing language barriers)	

FY13 WORKPLAN – Obesity/ Cardiovascular Disease Workgroup	
Goal:	**Chair/Vice Chair: Daniel Russ / Tara Clemons**

Members:
1.Gregory Serfer
2.Ulder Tillman
3.Tara Clemons
4.Daniel Russ
5. Shari Targum

Preliminary Timeline for Workgroup Activities
1.
2.
3.
4.

Key Steps to achieve outcomes	**Lead**
A. Determine Initial Scope/Parameters of Workgroup ▪ How to reduce high blood pressure in the community.	All Members
B. Discuss What is Known About the Healthy Montgomery Effort to Date: ▪ Healthy Montgomery supported the Million Hearts Grant thru a support letter. ▪ More information sharing. ▪ Expect next area of focus to be CV Health.	
C. Discuss What the Workgroup Needs to Learn ▪ What efforts are occurring in community? ▪ What disparities can be identified? ▪ Demographic Data collection related to topic.	
D. Explore Where/How to Obtain Additional Information ▪ Healthy Montgomery website. ▪ Minority Heath Initiative ▪ Identify what local hospitals are doing.	
E. Potential Types of Recommendations to the County Executive and County Council as well as the Healthy Montgomery Steering Committee ▪ Education ▪ Community based screening. ▪ Identifying barriers such as diet, nutrition, and diet.	

Health Care Reform
Past, Present, and Future

COMMISSION ON HEALTH

MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

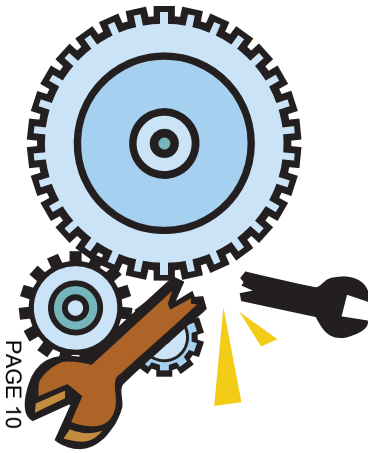
OCTOBER 18, 2012

Health Care Reform
Past…

THE ROAD TO HEALTH CARE REFORM

Why Health Care Reform Occurred

3



- **Costs**
  - Unaffordable to Individuals
  - Excessive Growth in Overall Costs
- **Quality & Safety Concerns**
  - Uneven & Inconsistent
  - Disparities in Outcomes
  - Preventable Medical Errors
- **Access**
  - Rising Uninsured/Underinsured Population
  - Decreasing Provider Availability
- **Inadequate Use of Health IT**
  - Clinical Information
  - Program Management
- **Sickness vs. Wellness**
  - Primary Focus on Disease…Not Wellness
  - Under-investment in Public Health

Patient Protection and Affordable Care Act

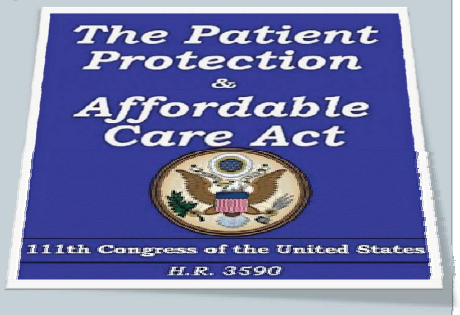
4

- The *Patient Protection and Affordable Care Act* requires each state to establish a "***health insurance exchange***" by 2014
- Expands Medicaid to include individuals with incomes up to 138% of the federal poverty level
- Establishes tax credits for individuals with incomes between 138% - 400% of the federal poverty level
- Establishes tax credits for small businesses that provide health insurance to employees

Patient Protection and Affordable Care Act
(continued)

5

- Creates both ***Individual* and *Small Business Health Options Program*** (SHOP) Exchanges
- Provides determination of qualified health plans to participate in the Exchange – four "***metal***" levels



Patient Protection and Affordable Care Act
(continued)

6

- Several provisions of the Patient Protection and Affordable Care Act:
  - Coverage extended to adults with pre-existing medical conditions
  - Lifetime dollar limits prohibited in relation to essential health benefits in regards to new policies
  - Parents can continue to provide health insurance coverage for children until the age of 26
  - In most cases, insurers are prohibited from excluding pre-existing medical conditions for children under the age of 19

Patient Protection and Affordable Care Act
(continued)

7

- All new insurance plans must cover preventive care *and* medical screenings without charging co-payments, co-insurance, or deductibles for these services
- Individuals affected by the Medicare Part D coverage gap will/have receive(d) a $250 rebate
  - 50% of the gap was eliminated in 2011
  - The gap will be completely eliminated by 2020
- Restriction on enforcement of annual spending caps enacted
  - Will be completely prohibited by 2014
- Insurance companies are now prohibited from cancelling policy coverage when an enrollee is sick

Patient Protection and Affordable Care Act
(continued)

8

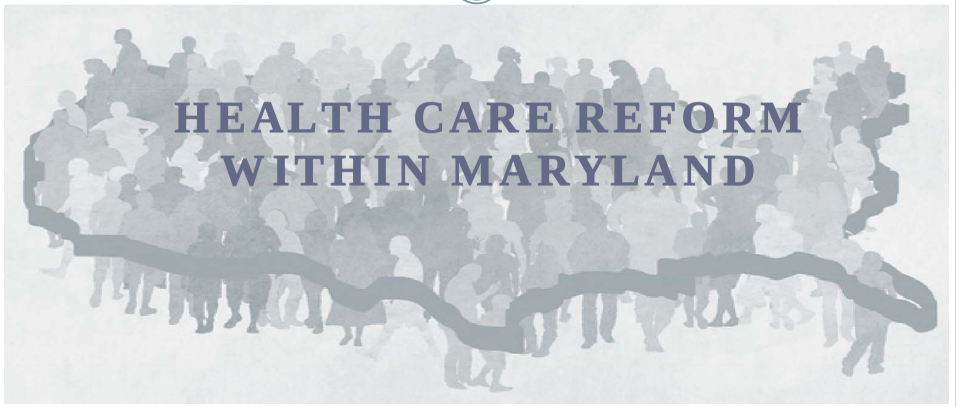
- All new insurance plans must cover recommended childhood immunizations and adult vaccinations without charging co-payments, co-insurance, or deductibles when provided by an in-network provider
- Insurers must spend 80% (for individual or small group insurers) or 85% (for large group insurers) of premium dollars on health costs and claims
- All new health plans must cover certain preventive services (such as mammograms and colonoscopies) without charging a deductible, co-pay or coinsurance

Patient Protection and Affordable Care Act
(continued)

9

- Women's Preventive Services (including well-woman visits, support for breastfeeding equipment, contraception and domestic violence screening) will be covered without requiring a deductible, co-pay or coinsurance
- All health insurance companies must inform the public when a rate increase of 10% or more is requested for individual or small group policies
- Creation of ***Community-Based Collaborative Care Networks;*** hospitals and all Federally Qualified Health Centers (FQHC) in the community must meet the required level of Medicaid or low-income inpatient utilization

Health Care Reform
Present…



Patient Protection and Affordable Care Act

11

- Maryland is creating its Exchange to be an accessible and competitive marketplace for Marylanders to search for **and** enroll in affordable health insurance plans as well as determine eligibility for Medicaid and Federal tax credits
- ***Maryland Health Connection*** is the State's health insurance Exchange

maryland health connection

Maryland Health Connection

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www.marylandhealthconnection.gov

Maryland Health Connection
(continued)

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- Maryland Health Connection will serve as the marketplace where individuals, families and small businesses can:
  - Compare health insurance options
  - Calculate total out-of-pocket costs based on eligible subsidies or tax credits
  - Enroll in the health plan that addresses his/her coverage needs
  - Link to regional or local ***Navigator Entities*** who, along with a ***Call Center***, will assist eligible persons enroll within the Exchange

Maryland Health Connection
(continued)

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- Maryland Health Connection expands access to the 730,000 Marylanders who are currently without health insurance
  - 147,000 statewide enrollees projected in the first year
- Establishes requirements for "qualified plans" who can conduct business within the Exchange
- Provides Federal subsidies and tax credits for individuals up to 400% of Federal Poverty Level to help pay for health insurance premiums

Maryland Health Connection
(continued)

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- Lowers uncompensated care costs in the health care system; resulting in lower insurance premiums across the State
- Gives Marylanders access to primary care physicians and preventive services
- Establishes a core set of benefits that are "essential" for every health insurance plan offered in Maryland

Maryland Health Connection
(continued)

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- **Essential Health Benefits**
  - Ambulatory Patient Services
  - Emergency Services
  - Hospitalization
  - Maternity & Newborn Care
  - Mental Health & Substance Use Disorder Services
  - Prescription Drugs
  - Rehabilitative & Habilitative Services and Devices
  - Laboratory Services
  - Preventive, Wellness Services & Chronic Disease Management
  - Pediatric Services (Including Oral & Vision Care)

Maryland Health Connection
(continued)

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- A "*no wrong door*" approach to help Marylanders determine eligibility for ***no cost*** and ***low cost*** health insurance:
  - Medicaid
  - Commercial Plans
  - ***Metal*** Levels:
    - Bronze
    - Silver
    - Gold
    - Platinum

Maryland Health Connection
(continued)

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- Maryland Health Connection will provide online, in person, or telephonic assistance to persons seeking coverage
- **Open Enrollment begins <u>October 2013 and will continue through March 2014</u>**

Health Care Reform
Future…

IMPACT OF HEALTH CARE REFORM WITHIN MONTGOMERY COUNTY?

Health Care Reform Related Activities

20

- October 2010 conference held in Montgomery County
- 100+ healthcare professionals, advocates, and policy makers attended
- *Objective*: develop priority areas and strategies to move Montgomery County towards the goal of universal health care and maximize opportunities under the Patient Protection and Affordable Care Act

Health Care Reform Related Activities
(continued)

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Six Areas of Focus Within Montgomery County

- Community-Based Delivery System
- Public Health and the Community
- Aging and Long-Term Care
- Behavioral Health Financing and Delivery
- Workforce
- Health Information Technology and Exchange

Montgomery County

22

- **120,000** Montgomery County residents are currently uninsured
- **45,000** residents will remain uninsured despite health care reform provisions
- An additional **20,000** residents will be ineligible if Maryland does not enact the *Basic Benefit Plan Option*
  - Highly unlikely at this time
  - Legal immigrants (persons with less than five years of legal residency) will be negatively impacted
- Altogether, **55,000** Montgomery County residents will be eligible for coverage as a result of health care reform
  - **Concern**: the anticipated impact on the County's network of social services is unknown at this time

Department of Health and Human Services

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- **Departmental Response to Health Care Reform**
  - Monitor Federal and State decisions/regulations
    - Advisory Committee Membership
  - Expansion of Primary Care
    - Prevention and Continuity of Care Services
  - Continuation of Service Integration Activities
    - Behavioral Health
    - Social Services
  - Pursuing State *Navigator Entity* Designation

Department of Health and Human Services
(continued)

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- Procurement of Electronic Health Records System as well as departmental technology upgrades
- Healthy Montgomery
  - The mission of Healthy Montgomery is to achieve optimal health and well-being for Montgomery County, Md. residents
  - The Healthy Montgomery process is based upon an ongoing sustainable community and consensus-driven approach that identifies and addresses key priority areas that ultimately improve the health and well-being of our community

Department of Health and Human Services
(continued)

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www.healthymontgomery.org

Maryland Health Enterprise Zones (HEZ)

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Health Enterprise Zones Goals:

- Reduce health disparities among racial and ethnic minority populations and among geographic areas
- Improve health care access and health outcomes in underserved communities
- Reduce health care costs and hospital admissions and re-admissions

Maryland Health Enterprise Zones Defined

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- A community, or contiguous cluster of communities, defined by zip codes boundaries (one or more multiple zip codes)
- Current residential population of at least 5,000 individuals
- Demonstrate economic disadvantage by having either:
  - A Medicaid enrollment rate above the median value for all Maryland zip codes; or
  - A WIC participation rate above the media value for all Maryland zip codes; and

Maryland Health Enterprise Zones Defined
(continued)

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- An HEZ must demonstrate poor health outcomes by having either:
  - Life expectancy below the media value for all Maryland zip codes;

    or
  - A percentage of low birth weight infants above the median value for all Maryland zip codes.

Maryland Health Enterprise Zones

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- **Statewide**
  - Two to four areas will receive HEZ designation within the first round of applications
- **Montgomery County**
  - Montgomery County seeks HEZ designation for the Long Branch/Takoma Park area
  - If successful, Community Health and Empowerment through Education and Research (CHEER) will coordinate the County's efforts regarding this initiative

    http://communitycheer.org

Maryland Health Enterprise Zones
(continued)

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- Through 2016, a combined total of $4 million per year will be distributed amongst the HEZ designated areas
  - Areas may request $500k and $2 million per year
- Additionally, the State is offering other incentives to support strategies to reduce health disparities, expand services, and encourage health care providers/entities to provide services within the HEZ areas

Maryland Health Enterprise Zones
(In Montgomery County)

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The Department is a member of a collaborative group of local organizations that meets regularly in preparation for the submission of an HEZ proposal

With community input, the group will develop the core health challenge(s) to be addressed within the proposal

The Department will continue to advocate and support the efforts of this group to establish a Health Enterprise Zone within Montgomery County

Maryland Health Enterprise Zones
(Key Dates)

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- October 5th – Release of HEZ RFP
- October 11th – HEZ Question & Answer Conference Call
- October 19th – Letters of Interest
- November 13th – HEZ Proposals from approved applicants
- December 11th – Presentations by selected applicants
- December 21st – Announcement of HEZ designations

Health Care Reform
Past, Present, and Future

Q&A

Thank you!

Dourakine Rosarion, Special Assistant

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RESOURCES:
WWW.MONTGOMERYCOUNTYMD.GOV
WWW.MARYLANDHEALTHCONNECTION.GOV
WWW.DHMH.MARYLAND.GOV