



A Statewide Approach to Community Health & Cost Control: The Power of Partnerships

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CHRC Statutory Foundation

- The Maryland Community Health Resources Commission was created by the General Assembly via the Community Health Care Access and Safety Net Act of 2005
- CHRC statutory charge
 - Expand access in underserved communities
 - Strengthen safety net provider capacity
 - Reduce avoidable emergency department use

Ch. 280

2005 LAWS OF MARYLAND

CHAPTER 280

(House Bill 627)

AN ACT concerning

Community Health Care Access and Safety Net Act of 2005

FOR the purpose of altering the eligibility requirements of the Maryland Pharmacy Discount Program to cover individuals who are not Medicare beneficiaries, who lack other public or private prescription drug coverage, who have a certain annual household income, and to exclude Medicare beneficiaries; altering the price at which an enrollee in the Program may purchase certain prescription drugs; requiring the Health Services Cost Review Commission hospitals to develop a financial assistance policy for hospitals financial assistance policies to provide free and reduced-cost care to certain patients; requiring hospitals to post a certain notice; requiring the Health Services Cost Review Commission to develop a uniform financial assistance application and require each hospital to use the application for a certain purpose; requiring the uniform financial assistance application to meet certain requirements; requiring a hospital to provide the uniform financial assistance application to certain patients; requiring the Health Services Cost Review Commission to develop a standard policy for hospitals to collect debts owed by certain patients hospitals to submit to the Health Services Cost Review Commission certain debt collection policies; requiring the Health Services Cost Review Commission annually to obtain from hospitals the amount of money needed to support the cost of a certain specialty network; requiring the Health Services Cost Review Commission to calculate a certain percentage and determine a certain share of funding owed by each hospital; requiring the Health Services Cost Review Commission to assess the underlying causes of uncompensated hospital professional services and make certain recommendations to the General Assembly; authorizing the Health Services Cost Review Commission to adopt certain regulations to report to certain Committees committees of the General Assembly on or before a certain date on the details of certain hospital policies; requiring nonprofit hospitals to include certain information in their community benefit reports to the Health Services Cost Review Commission; providing that a certain nonprofit health maintenance organization is not subject to the insurance premium tax; establishing the Maryland Community Health Resources Commission as an independent commission that functions within the Department of Health and Mental Hygiene; establishing the powers and duties of the Maryland

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Maryland's Community Health Investment Engine



- Strategic, accountable investment platform aligned with state health equity priorities
- Targeted funding to high-need communities to drive measurable system outcomes
- Statewide competitive process with data-driven selection
- Performance-based funding tied to clinical and utilization metrics
- Milestone disbursements with structured monitoring and authority to recover funds

CHRC Priority Investment and Intervention Areas

CHRC directs resources to community interventions that drive system performance:

- Access to primary and behavioral health care
- Community health workers and care coordination
- Home-based and supportive services
- Transportation, nutrition, and legal supports that address social drivers of health



Independent CRISP analysis confirms significant reductions in avoidable utilization.

System-level impact

- 75 percent of grants sustained
- \$59.7 million leveraged



CRISP
*Chesapeake Regional Information
System for our Patients*

Pathways to Health Equity Pilot

- 11,051 patients served
- 19 percent reduction in inpatient visits
- 14 percent reduction in ED visits
- 26 percent reduction in readmissions

HERC Early Results

- 9,038 patients served
- 24 percent reduction in inpatient visits
- 11 percent reduction in ED visits
- 27 percent reduction in readmissions

HEALTHCARE MADE EASY.

gilchrist **GBMC** Health Partners



IN YOUR NEIGHBORHOOD | IN YOUR HOME



This program is funded in part by the Maryland General Assembly as part of the Maryland Health Equity Resource Act. Grant funding is administered by the Maryland Community Health Resources Commission. For more information, please visit <https://health.maryland.gov/ncsl/gilchrist.html>. The views presented here are those of the grantee organization and not necessarily those of the Commission, its Commissioners, or its staff. This publication is graciously brought to you in part by The Memei Langdon Stout Memorial Lectureship in Human Communications.

“To every patient, every time, we will provide the care that we would want for our own loved ones.”



Introduction

HealthCare Made Easy

As a Pathways grantee, we connected **1,500** people with advanced primary care

Population

- Low income, minority, medically underserved
- People with diabetes, hypertension, obesity
- Frail, elderly individuals who need in-home care
- Individuals with barriers to care and other social drivers that impact health and wellbeing

HERC Service Target: 3,025 new patients



“To every patient, every time, we will provide the care that we would want for our own loved ones.”

Community Partners & Social Drivers of Health (SDOH)

57% of patients have a SDOH requiring intervention



Community Partners

- Govans Ecumenical Development Corporation (GEDCO)
- Mack Lewis Foundation
- Maryland Volunteer Lawyers Services (MVLS)
- The BIT Center
- University of Maryland/Hair Network
- Baptist Ministers Conference of Baltimore

Pathways Outcomes

Chronic Condition Screenings and Control



Weight screened



Blood pressure screened



Blood pressure controlled



Diabetics controlled



Depression & Anxiety screened

Community Interventions



98 Events



4,300 received education



57,076+ pounds of food

Reductions in Hospital Utilization

Inpatient Charges



\$8,729,096

52% reduction

ED Charges



\$1,471,241

26% reduction

REDUCTIONS DATA SOURCE: Data provided by CRISP using HSCRC IP and OP Casemix data including all inpatient discharges and outpatient hospital visits at Maryland acute care hospitals. Analysis includes all visit types combined: IP, ED, OBS>23, and OP Visits.

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If you want to go fast, go alone.
If you want to go far,

GO TOGETHER.

African Proverb

