THE DAILY RECORD

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The start of the session

The 2017 Maryland General Assembly session got underway Wednesday with a fair amount of partisan bluster. Most of it was tolerable. All of it was predictable.

What strikes us worth remarking on is an emerging effort on the part of the Democrats to paint Gov. Larry Hogan as the kissing cousin to President-elect Donald Trump.

Well, good luck with that.

The last time we checked, not only did Hogan decline to support Trump's quest for the GOP nomination, he conspicuously shunned the Republican National Convention and ended up casting his general election vote for … his father. The fact that Hogan now has to deal effectively with the incoming Trump administration makes him no more a fellow traveler than any of the other 49 governors in the U.S., all of whom are charged with looking after the health of their state's citizens.

The "Donald Trump of Annapolis" tag becomes even more absurd when you look at some of the proposals that Hogan has advanced. A measure to provide paid sick leave to employees. Tens of millions of dollars for renewable energy programs. A plan to help Maryland college students with their student loan debt.

Compared to many of the Republican governors now in office – Kansas' Sam Brownback fealty to doctrinaire right-wing spending and tax cuts is clearly harming his state – Hogan looks almost like the second coming of Bernie Sanders.

Don't get us wrong. There are certainly many areas of Hogan's proposals that should come under scrutiny or criticism. And it's the job of lawmakers to engage constructively in those areas, have the debates during this session and improve the proposals. But resorting to gratuitous swipes of the Trump brush only diminishes the Democrats' standing.

Two other items of note:

Both Hogan and legislative Democrats are embarrassing themselves over the transportation scoring law. Hogan says it blocks him from approving the most-needed projects. Democrats say the law is advisory and he can ignore it. We suggest one of two things should happen and happen now. Either the two sides should fix this, or Hogan should go ahead and do exactly what the Democrats suggest – advance the most worthy projects and get them built.

Finally, House Speaker Michael Busch made an excellent point at the Annapolis Summit on Wednesday when the matter of cash bail reform came up. While Busch acknowledged the issue is an important one, he pointed out that lawmakers, the courts and the administration need to be focused on the implementation of the Justice Reinvestment Act. Passed during the last session and signed into law by Hogan, that law represents a transformational change in the state's criminal justice system, a shift from an excessively punitive philosophy to one more focused on effective treatment of offenders before, during and after incarceration.

As Busch noted, how the provisions of the law are administered and whether they are adequately funded and properly assessed are critical to whether the act lives up to its lofty billing or simply becomes one more well-intentioned but illusory reform.

We think that's advice worth following.

Investing in senior care

ERIC **SHOPE**
Commentary

We understand the stereotype: "Please don't put me in a nursing home." But as post-acute and long-term care providers, we know the reality is that most people come to our centers to live, to get stronger and to go home.

Most people don't realize that two-thirds of those who receive quality care in a skilled nursing and rehabilitation center return home on average within 28 days.

Stella Maris is the second-largest skilled nursing and rehabilitation center in Maryland. In addition to post-acute and long-term care Stella Maris provides Adult Day Care, Senior Housing, Hospice, Home Care and Personal Care Services. All in all, we touch over 800 Marylanders in need each and every day.

Our facility provides 12,969 Medicare days of care and 95,708 Medicaid days of care each year. With a payroll of $31.784 million for all our services, we are a major financial enterprise. We just happen to be a not-for-profit and think of that as a plus.

Our experience in providing much-needed care for Marylanders has taught us that the people we care for and our care teams want the same thing we do as employers — stability and predictability.

Our experience in providing much-needed care for Marylanders has taught us that the people we care for and our care teams want the same thing we do as employers — stability and predictability.

That's why we commend Gov. Larry Hogan. While he recently cut $20 million from Medicaid funding, he immediately backfilled that cut with revenues from the Maryland Tobacco Settlement Restitution Fund.

We implore Hogan and other Maryland elected leaders to not balance the state budget on the backs of seniors and those in need. More cuts would severely prohibit us from providing vital services. We know that the state must begin investing now to adequately fund rates going forward.

As a non-profit leader, we are making a business case that skilled nursing and rehabilitation centers are a good investment in quality care for the state and federal government.

Advantages to state

For decades, skilled nursing and rehabilitation centers in Maryland have led the nation in providing quality care to residents with high acuity health challenges. In most other states, our patients would typically be treated in hospitals.

Skilled nursing and rehabilitation centers like ours are an economic powerhouse. Our industry in Maryland directly employs over 36,000 people and supports more than $3 billion in direct employee compensation.

In fact, about 70 cents of every dollar paid to our centers goes to cover labor costs. Whether providing care as a for-profit or not-for-profit center, quality care is a capital and labor-intensive enterprise.

In Maryland and across the country, Medicaid is the public federal and state funded safety net that provides both primary medical care and long-term care to those who are medically and financially in need.

Here in Maryland, less than 20 percent of all people on Medicaid live in skilled nursing and rehabilitation centers. Those Marylanders who face illnesses such as diabetes, congestive heart failure and some form of dementia receive quality care in our skilled nursing and rehabilitation centers instead of hospitals, as would be the case in many other states.

The most important reason why our centers and Maryland seniors cannot take the brunt of more cuts: As a result of emergency budget cuts and chronic underfunding over the past three years, the Medicaid skilled nursing and rehab rate system is currently underfunded to the tune of $178 million.

Avoiding additional cuts and adding to the Medicaid rate will allow Stella Maris and our provider community to continue being high-quality places of care for Marylanders and families in need, economic powerhouses in our communities and full partners to Maryland hospitals in a changing health care environment.

Rehospitalization in Maryland decreased by 11.4 percent between 2012 and 2015, compared to a 5.5 percent decrease nationally. Maryland's current rehospitalization rate of 21.9 percent, according to the new Nursing Home Compare measure, is less than the national average.

The next time you hear the traditional stereotypical view of a skilled nursing and rehabilitation center, we hope you will remember that most of today's centers are a far cry from the centers of yesterday. But for us to survive and continue providing quality care, we need adequate funding and support from our state leaders.

In many respects, Maryland has led the nation in health care; let's not stand by and watch as a critical component of that care is put in danger. We are part of the solution.

Eric Shope is senior vice president of business development at Stella Maris and the board chairman of the Health Facilities Association of Maryland.