

## Our Priority:

# PROTECT MEDICAID



Medicaid enrollment has significantly increased in recent years, resulting in increased access to quality health care for our most vulnerable populations. But Medicaid cuts can threaten the viability of the medical practices that provide this care. Maryland must continue to address socioeconomic inequities and health disparities by ensuring proper payment rates.

**MedChi successfully advocated for appropriate Medicaid funding in the State of Maryland's FY 2024 budget. As we look ahead to the FY 2025 budget, we must protect Maryland's investment in Medicaid to ensure that access to primary care services for Maryland's most vulnerable patients is not negatively impacted.**

Issue	MedChi Advocacy
Increasing cost drivers are putting medical practices at risk. Shortages in the healthcare workforce have resulted in practices having to increase staff salaries and wages. Cumbersome utilization review practices (i.e., prior authorization) increase costs to a practice by requiring them to hire additional staff. These cost drivers and the time it takes to provide care to patients affect whether a practice can participate in certain programs or with certain payers.	Ensuring sufficient payment for E&M codes will support the ongoing financial viability of medical practices and enable them to continue to contract with Medicaid to ensure access to health care services for Maryland's most disadvantaged patients. Maryland must retain its current investment in Medicaid to protect patient access.
Medicaid serves more than 1.8 million Marylanders, or about a quarter of Maryland residents. Half of those are children. The program provides access to care for low-income individuals and families.	Fewer Medicaid physicians means less access to quality care for Maryland's most disadvantaged residents. Maryland must retain Medicaid rates at current levels so that physicians are not forced to stop accepting Medicaid.

**Call or e-mail [your legislators](#) and ask them to ensure that Medicaid E&M rates remain funded at current levels.**

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