

MedChi

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TO: The Honorable Thomas “Mac” Middleton, Chair
Members, Senate Finance Committee
The Honorable Peter A. Hammen

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise
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DATE: March 27, 2014

RE: **SUPPORT WITH AMENDMENT** – House Bill 779 – *Maryland Health Care Commission – Health Care Provider-Carrier Workgroup*

The Maryland State Medical Society (MedChi), which represents more than 8,000 Maryland physicians and their patients, supports House Bill 779 with one amendment.

House Bill 779 establishes a “workgroup” within the Maryland Health Care Commission (MHCC) composed of health care providers and insurance carrier representatives with the aim of “...resolving disputes on issues over which no state agency has statutory or regulatory authority.” (page 2, lines 15-18). Presumably the Workgroup is designed to “iron out” disputes between the health provider community and the insurance community.

While MedChi is certainly not opposed to such an idea, it is concerned that the Workgroup will become a proxy for the issues that will be allowed to go forward in the next Session of the General Assembly. Since the “issues” to be studied by the Workgroup will be determined by MHCC staff, some issues of importance may be excluded from study and discussion. MedChi does not believe that the failure of the Workgroup to discuss a particular issue should be used in a subsequent General Assembly Session to argue that consideration of the issue is “premature” because the Workgroup has not considered the matter.

While the MHCC staff has, in the past, been helpful in resolved certain issues (e.g., statutory rate schedule for non-contracting HMO doctors), it has been the Committees of the Legislature which have resolved big issues (Assignment of Benefits legislation).

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Hence, while MedChi certainly does not oppose House Bill 779, it does not see it as a panacea for resolving differences between doctors and insurance carriers and believes that it may diminish the General Assembly’s role in resolving those disputes.

Accordingly, MedChi supports House Bill 779 with an amendment explicitly stating that the report of any Workgroup to the General Assembly should not be construed to set an agenda for the General Assembly’s consideration of any issue. The proposed amendment would occur on page 4, line 14 of the third reader copy of House Bill 779 as follows: After the period in line 14 add the following language: “THE REPORT SHALL NOT BE CONSIDERED AS SETTING ANY AGENDA FOR CONSIDERATION OF ISSUES BY THE SENATE FINANCE COMMITTEE OR THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE.”

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