Maryland Medicine

2023 Legislative Roundup

2023 Legislative and Regulatory Victories
Highlights from Our 175th Presidential Gala
New Component Society Leadership Installed: MCMS and BCMS
From the President...

James York, MD

Coming out of this latest legislative session, I am thrilled to report that MedChi had a banner year in terms of “wins” and bills defeated. Our advocacy efforts truly paid off as we worked hard to protect patients and physicians, while also broadening access to health care.

In this issue, we take a closer look at some of the subject areas that were our primary focus, with submissions from MedChi members as well as the Annapolis-based lobbying firm of Schwartz, Metz, Wise & Kauffman.

One of MedChi’s biggest victories was the approval of funding in the state budget, which will pay physicians a higher rate for Medicaid evaluation and management (E&M) codes than Medicare E&M codes; this is a significant win for Maryland patients and physicians alike.

Step Therapy Reform was another win. Simply put, patients will soon be able to bypass certain treatments and move on to more effective treatments, without delay. Similarly, progress was made on the issue of prior authorization. While it remains an ongoing problem, legislators have committed to working with MedChi in the interim to find a solution that will streamline the process for patients to obtain necessary treatment.

MedChi also fought back on several bills and was victorious in defeating them. Several scope of practice bills were “killed” by MedChi, as they would have undermined patient safety and put patients at risk by allowing certain professionals to perform medical functions beyond their “scope,” or training and expertise. MedChi also successfully opposed measures that would have unnecessarily weakened the Maryland tort system.

All of this and more can be found in this issue. As you read these articles, think about how YOU can get more involved in MedChi. Your input makes a difference. As you peruse these pages, ask yourself: Can I volunteer as “Physician of the Day” in the first aid room during session . . . serve on the legislative committee . . . or testify on a bill or issue? Can I email my legislators when we send out an alert on an important issue? Each of us can make a positive difference that will directly affect our work and our livelihood as physicians.
2023 Session Results in Major Wins for Physicians, Patients, and the Public Health

Gene Ransom III

During the 2023 General Assembly Session, MedChi, the Maryland State Medical Society, made great strides in promoting the interests of both physicians and patients alike. Through the passage of step therapy legislation, groundwork on reforming prior authorization, and, most importantly, protecting Medicaid funding, MedChi has taken a significant step toward improving health care in the state of Maryland. This success was thanks to the work of countless members who served in the first aid room, legislative days, and generally communicating with Maryland elected officials.

Step therapy legislation is an essential component of health care reform that ensures patients have access to the most effective treatments available. In step therapy, patients start with a lower cost medication before progressing to more expensive options only if the first medication is ineffective. While this approach may help to reduce health care costs, it can also lead to delays in treatment, exacerbation of symptoms, and adverse effects. By passing step therapy legislation, MedChi has ensured that physicians can make the best decisions for their patients without undue influence from insurance companies.

Another critical issue facing physicians and patients is the burden of prior authorization requirements. Prior authorization is a process by which insurance companies require physicians to obtain approval before providing certain treatments or medications. This process can be time-consuming, frustrating, and can delay necessary care for patients. By working to reform prior authorization requirements, MedChi has taken a significant step toward streamlining the health care process, reducing costs, and improving patient outcomes.

Finally, protecting Medicaid funding is essential for ensuring that all patients have access to the care they need. Medicaid is a crucial program that provides health care coverage to millions of Americans, including low-income individuals, children, and pregnant women. However, Medicaid funding has come under threat in recent years, which can have a devastating impact on patients and health care practitioners.

Fiscal year 2023 rates were raised to parity with Medicare during the 2022 Session. However, Medicare recently decreased E&M rates by 2 percent, causing Medicaid rates to become slightly higher. Given that the budget maintains the current E&M rates, for the first time, rates paid to physicians will be more than Medicare and will contribute to enhanced physician participation in Medicaid and greater access to care for Medicaid patients. By advocating for the protection of Medicaid funding, MedChi has shown its commitment to ensuring that all patients have access to quality health care.

This Session, MedChi has taken important steps toward improving health care in the state of Maryland. These efforts will undoubtedly have a positive impact on patients and physicians alike, and the MedChi members who engaged should be commended for their tireless advocacy and hard work in these areas. A full summary of all the issues we worked on can be found on pages 6–7 in this issue (refer to the Legislative Victories Flier).

Gene Ransom III is the CEO of MedChi, The Maryland State Medical Society.

Significant Strides Made in Behavioral Health This Past Session

Contributed by Schwartz, Metz, Wise & Kauffman, PA

Addressing behavioral health was a major priority for both the Senate and House of Delegates, and the new Administration. Early in Session, the Senate introduced a bipartisan package of bills that were also included in bills introduced by the House of Delegates. These initiatives, supported by MedChi, were successfully enacted and will dramatically enhance the state’s response to the behavioral health needs of Maryland residents. They are summarized below.

Senate Bill 101/House Bill 48: Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion requires Medicaid reimbursement for behavioral health services delivered in primary care settings through the Collaborative Care Model. In 2018, legislation was enacted that created a Collaborative Care Pilot Program. The “collaborative care model” is a patient-centered, evidence-based approach for integrating physical and behavioral health care services in the primary care setting. The pilot program proved to be very effective, and passage of this legislation will expand access to the collaborative care model for all Medicaid recipients. Currently these services are covered by commercial carriers.

Senate Bill 362/House Bill 1249: Certified Community Behavioral Health Clinics – Planning Grant Funds and Demonstration Application will increase access to comprehensive community-based mental health and substance use care by expanding Maryland’s network of Certified

continued on page 11
Health Insurance Reform Once Again at the Forefront in 2023 Session

Contributed by Schwartz, Metz, Wise & Kauffman, PA

There has been growing concern by physicians and patient groups over the use of policies by health insurance carriers that too often deny or delay patient care, such as prior authorization and step therapy. In 2021, the American Medical Association (AMA) conducted a survey on the impact that prior authorization has on physicians and patients. The survey revealed that 93 percent of physicians reported delays in access to necessary care and 82 percent of physicians reported that patients abandoned their recommended course of treatment because of prior authorization denials.

MedChi recently added its signature to a national letter regarding a policy implemented by Cigna notifying network providers that payment will be denied for E/M services reported with modifier 25 if records documenting a significant and separately identifiable service are not submitted along with the claim. The letter urges Cigna to reconsider this policy due to its negative impact on practice administrative costs and burdens across medical specialties, as well as the potentially negative effect on patients.

This past Session, MedChi successfully convened a coalition of more than fifty organizations representing physicians, health care practitioners, patient advocacy groups, and manufacturers to support a package of reform bills on step therapy, utilization review/prior authorization, and “any willing practitioner,” all of which were opposed by the insurance industry. The General Assembly ended up passing Senate Bill 515/House Bill 785: Health Insurance – Step Therapy or Fail First and Prior Authorization – Revisions. This bill, effective January 1, 2024, requires health insurance carriers to adopt a policy to approve a step therapy exception request if, based on the professional judgment of the prescriber, the step therapy drug will negatively impact the patient under specified circumstances. The bill ensures that when an exception is granted, the carrier or PMB must authorize coverage for the prescription drug rather than require the insured to then undergo prior authorization for the requested prescription drug, which is often current practice. Regarding prior authorization, except for an opioid that is not an opioid partial agonist, a carrier or PBM may not require more than one prior authorization if two or more tablets of different dosage strengths of the same prescription drug are prescribed at the same time as part of an insured’s treatment plan and (2) manufactured by the same manufacturer. This provision addresses an issue raised by the Maryland Psychiatric Society but pertains to all medications.

The General Assembly also considered Senate Bill 308/ House Bill 305: Health Insurance – Utilization Review – Revisions, which would have made comprehensive changes to the utilization review process, including prohibiting a reauthorization for a prescription drug if a patient is being well managed on the prescription drug. While this bill did not pass, both the House Health and Government Operations Committee and the Senate Finance Committee committed to MedChi that they would work with the advocates over the interim to address the concerns raised by the physician community in anticipation of legislation returning next session. One key point made by legislators during the hearings was the realization that, while carriers and pharmacy benefit managers are ultimately making decisions on whether care will be delivered (and paid for), they are not subject to the same liability exposure as physicians.

Lastly, upon hearing reports of physicians and health care facilities being denied entry to networks, MedChi requested the introduction of House Bill 1108: Health Insurance Carriers and Managed Care Organizations – Participation on Provider Panels. Delegate Robyn Lewis, the bill sponsor, sent letters to the Maryland Managed Care Organization Association (MMCO) and the League of Health and Life Insurers requesting meetings this interim to fully examine these issues and the reasons for the denials.

All in all, this session brought positive changes to health insurance reform and elevated these issues for new and returning legislators. MedChi applauds the work of its members who sent more than 2,200 emails to legislators sharing their stories and highlighting the damaging effects of utilization review and other insurance policies. This interim, MedChi will undertake a comprehensive review of these policies and continue to work with patient advocacy groups, members, and legislators to address the negative affect these policies have on patient care and the additional cost and burden they place on physician practices.
Scope of Practice Issues Abound in 2023 Session

Contributed by Schwartz, Metz, Wise & Kauffman, PA

Each year across the United States, health professionals seek changes in what constitutes their “scope of practice”; that is, what tasks and procedures they are permitted to do under the law. Maryland is no exception, as we witness many of these suggested changes proposed by pharmacists, nurses, physician assistants, and others. MedChi reviews these proposals carefully to determine if, in the view of the physician who will ultimately be responsible for the patient, the change is in keeping with the education and training of the profession at issue, and if it is in the best interest of the patient. Sometimes the change is warranted, sometimes the change needs tweaking, and sometimes it’s just a bad idea altogether. Determining which category a bill falls into is not easy work, and this tough task falls to MedChi’s Legislative Council.

The 2023 Session of the General Assembly brought up plenty of scope of practice bills for consideration. Chief among them were two bills proposed by the Physician Assistants (PAs), an issue that dates back to 2022. At the request of legislative leaders, MedChi participated in a workgroup with Physician Assistants during the last interim to work through legislation proposing significant changes to the PA law. This workgroup — on which James York, MD; Loralie Ma, MD; Doug Mitchell, MD; Michael Niehoff, MD; Benjamin Lowentritt, MD; and representatives of MDACEP served, made some progress, but did not reach agreement prior to the 2023 Session. The PAs introduced their bills, Senate Bill 673/House Bill 727: Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023) (failed) and Senate Bill 674/House Bill 722: Physician Assistants – Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023) (failed) with the understanding that discussions would continue during Session.

MedChi opposed the “Modernization Act,” expressing concern over unresolved issues, such as the ambiguous definition of “collaboration,” the need to specify the contents of the collaboration agreement, and the question of how many PAs can be supervised by one physician in a non-facility setting. There were some areas of agreement, such as moving from a supervisory relationship to one of collaboration and reducing several administrative burdens associated with filing delegation agreements. These were conveyed during the legislative hearings on the bill by Steve Wise and Dr. Loralie Ma, who testified before the House and Senate Committees.

MedChi supported the “Parity Act” with amendments, which identified sixteen different areas of the law where PAs sought to be added to the list of practitioners who can perform certain tasks. While MedChi agreed with many of these, they did not agree with adding PAs to the list of those practitioners who may certify voluntary and involuntary admission. MedChi sought to amend those tasks in the Parity Act.

Hours of negotiations took place on both bills, resulting in a revised Modernization Act that MedChi was largely prepared to support. However, the PAs had issues with limiting their practice to tasks that were “customary to the practice of the physician,” among other things. In the end, agreement could not be reached, resulting in both bills dying. Discussions will resume on this issue in the coming interim.

On other scope of practice matters, Senate Bill 516/House Bill 556: Cannabis Reform (passed) was introduced to implement the recreational cannabis market in Maryland, as per the referendum approved by voters in November of 2022. While MedChi did not take a position on the larger issue, members of MedChi’s Cannabis Committee identified a very important issue within the bill that was successfully addressed. The bill would have allowed registered nurses to recommend medical cannabis, contrary to existing law under the current medical market, and this was due to the use of the word “or” instead of “and,” a lesson in how careful reading of legislation can make all the difference. An amendment was obtained, fixing this error.

Senate Bill 372/House Bill 1232: Health Occupations – Pharmacists – Administration of Vaccines (failed) was an emergency bill that proposed to permanently authorize a licensed pharmacist to order and administer vaccinations to individuals as young as three years old. The current provisions, which sunset June 30, 2023, were enacted to reflect federal policy adopted during the COVID-19 public health emergency. The House amended the bill to extend the sunset for an additional year, but the Senate did not pass the bill, returning Maryland law to its original pre-COVID framework. It should be noted that while the current provisions will sunset, the Maryland Department of Health (MDH) will release a report on the impact of the change in vaccination policy during the public health emergency, likely generating a revisit to this issue in 2024.

Senate Bill 376/House Bill 351: Health Occupations – Licensed Direct-Entry Midwives – Previous Cesarean Section (failed) would have authorized a licensed direct-entry midwife to assume or continue to take responsibility for a patient if the patient has had a single previous cesarean section that resulted in a confirmed low transverse incision and was performed at

continued on page 9
MEDCHI PROTECTED PHYSICIAN SERVICES, PAYMENTS, AND THE PRACTICE OF MEDICINE

• Maintained funding of Medicaid E&M payments at the current level, resulting in payments for the first time being higher than Medicare.
• Changed the requirement for hospitals to re-credential physicians to every three years instead of every two years.
• Removed the requirement that a health care practitioner must have a Social Security number by allowing a health care practitioner to use the practitioner’s Individual Taxpayer Identification Number as a condition for licensure, certification, or registration.
• Amended the law to allow the Maryland Board of Physicians to recognize retired physicians as “Emeritus” rather than “Inactive”.
• Streamlined the use of third-party agreements between patients, pharmacists, and physicians.
• Defeated legislation allowing false claims lawsuits to be continued by a person, even after the State of Maryland elects to not pursue the claim.
• Defeated legislation that would repeal the cap on non-economic damages in cases NOT involving health care claims.
• Defeated legislation that would have inappropriately expanded the authority of the Director of the Health Care Alternative Dispute Resolution Office.
• Required step-therapy exceptions to be granted if, based on the professional judgment of the prescriber, the step therapy drug is detrimental to the patient under several specified circumstances.
• Blocked legislation to permanently expand the scope of practice for a pharmacist to order and administer vaccinations.
• Protected Maryland physicians from out-of-state investigations and penalties related to delivering legally protected reproductive care.

MEDCHI PROTECTED AND EXPANDED PATIENT ACCESS TO CARE

• Expanded coverage and eliminated cost-sharing requirements for breast and lung cancer screenings.
• Required health insurance carriers, beginning January 1, 2024, to provide coverage for biomarker testing.
• Continued to facilitate program enrollment in Medical Assistance.
• Advocated for health care and dental coverage for non-citizens.
• Ensured that Marylanders will continue to receive health care through telehealth and that physicians will be properly paid for providing telehealth services.
• Protected reproductive freedom and health care services.
• Expanded Medicaid benefits to cover gender-affirming care.

MEDCHI ADDRESSED BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS

• Expanded Medicaid reimbursements to cover behavioral health services delivered in primary care settings through the Collaborative Care Model.
• Increased access to comprehensive community based mental health and substance use care by expanding Maryland’s network of Certified Community Behavioral Health Clinics.
• Assisted in establishing the Behavioral Health Value-Based Purchasing Pilot Program, an intensive care coordination model using value-based purchasing in the specialty behavioral health system.
• Established the Behavioral Health Workforce Investment Fund to educate, train, certify, recruit, place, and retain behavioral health professionals and paraprofessionals.
• Supported funding in the Fiscal Year 2025 Budget to the 9-8-8 Trust Fund.
• Established the Access to Mental Health Advisory Committee within the Maryland Higher Education Commission to increase mental health services on higher education campuses.
• Worked with the Maryland Department of Health to develop and implement a public awareness campaign to encourage the use of mental health advance directives in the State of Maryland.

MEDCHI STRENGTHENED PUBLIC HEALTH INITIATIVES

• Required the Maryland Department of Agriculture, in consultation with the Maryland Department of the Environment, Maryland Department of Health, and the U.S. Environmental Protection Agency, to study the use of PFAS in pesticides in the State of Maryland.
• Required the adoption of regulations related to mold assessment and remediation.
• Ensured that equity be considered during the development of transportation planning.
• Established a Commission on Public Health to make recommendations to improve the delivery of “foundational public health services” in the State of Maryland.
• Established a Rare Disease Advisory Council to enhance research and provide policy recommendations on matters related to individuals living with rare diseases in the State of Maryland.
As the statewide professional association for licensed physicians, we are dedicated to our mission to serve as Maryland’s foremost advocate and resource for physicians, their patients, and the public health.

**WHAT’S AHEAD: HARD WORK ON BIG ISSUES**

**PRIOR AUTHORIZATION**

This Legislative Session, MedChi successfully convened a coalition of over fifty organizations, representing physicians, health care practitioners, patient advocacy groups, and manufacturers to support a package of reform bills on step therapy, utilization review/prior authorization, and “any willing practitioner,” all of which were opposed by the insurance industry. The Maryland General Assembly passed Senate Bill 515/House Bill 785: Health Insurance – Step Therapy or Fail-First Protocol and Prior Authorization – Revisions, which will require health insurance carriers to adopt a policy to approve a step therapy exception request if, based on the professional judgment of the prescriber, the step therapy drug is detrimental to the patient. Legislation on comprehensive utilization law reform did not pass, but commitments were made to MedChi by the House and Senate Committees for work to continue over the interim in anticipation of legislation returning next Legislative Session. All in all, this Legislative Session brought about positive changes and elevated the issue of utilization law reform for the new and returning legislators. MedChi applauds the work of our members who sent over 2,200 emails to legislators highlighting the damaging effects that utilization review has on patients and the ability to provide quality patient care.

**MEDICAL MALPRACTICE**

Legislative deliberations over the course of this Legislative Session were very concerning and make clear that many of the newer members of The Maryland General Assembly need to be informed and educated by physicians about the importance of a stable medical malpractice insurance environment and why it is important for patients’ access to care. Although we successfully thwarted legislation this year that would have removed the limit on non-economic damages (pain and suffering), we expect to see additional legislation in the near future seeking to remove the cap and make other trial-lawyer inspired changes to Maryland’s tort system. MedChi will focus its legislative efforts on ensuring that changes to our tort laws do not force physicians out of Maryland.
Unity Insurance is a full-service independent insurance agency that works in direct partnership with MedChi offering a complete portfolio of insurance solutions to meet your needs. With our team, you will have direct access to insurance professionals who understand healthcare professionals and the risks inherent to your practices. We can evaluate your current portfolio and help to identify any gaps in coverage. Contact us today to schedule a no-obligation review.

**We offer insurance solutions for:**

- Professional Liability
- Business Owners - Property & General Liability
- Cyber Liability & Data Breach
- Workers Compensation
- Employee Benefits
- Individual Life, Disability, & Long Term Care
- 401(k)
- Personal Insurance

**Contact us today to schedule a no-obligation review.**

**PHONE:** 410.539.6642  
**FAX:** 410.752.5421  
**E-MAIL:** hello@unityinsurance.co  
**www.unityinsurance.co**
Almost two decades have passed since Maryland experienced a serious medical malpractice insurance crisis, with the market for physician policies remaining relatively stable since 2004. While hospitals are having trouble in the secondary insurance market, this has not yet impacted individual physician rates.

But physicians should not be lulled to sleep by the currently calm waters, as storm clouds loom on the horizon. These clouds come in the form of legislative proposals from trial lawyers who want to upend Maryland’s tort system and members of the Legislature who seem willing to listen to them. With a slew of new legislators occupying seats in the Senate and House, MedChi must engage in educational and advocacy efforts in the months ahead or suffer the consequences.

One good example of potential trouble that could come to haunt at a future date was House Bill 862: Civil Actions – Noneconomic Damages – Personal Injury or Wrongful Death, which would have repealed the cap on non-economic damages that applies to cases not involving health care claims. For those who lived through the medical malpractice crisis of 2003–04, the reception of this bill was cringeworthy. Legislators asked why the bill was limited to non-health care claims and suggested that future legislation should also repeal the damage cap on medical malpractice awards. While the legislation did not pass, the colloquy was very concerning and makes clear that many of the newer members of the Legislature are unaware of Maryland’s history when it comes to malpractice, why a cap exists, and why this is important.

Though less impactful than the damages legislation, House Bill 858: Health Care Alternative Dispute Resolution Office – Authority of Director – Dispositive Issues of Law would have allowed the Director of the Health Care Alternative Dispute Resolution Office to rule on dispositive issues of law if an arbitration panel chair has not been appointed or is not available. Under Maryland’s law for health care malpractice claims, all suits must first be filed with the Office. MedChi, along with Medical Mutual Liability Insurance and others, opposed this bill, arguing that the expansion of the Director’s role is inappropriate. At present, cases are referred to arbitration panels so that an objective person can review the case without concern for other administrative matters. Opposition to the bill lay largely in the fact that if the Director stepped into this role, a line would be blurred. Ultimately the bill was withdrawn by the sponsor.

Finally, Senate Bill 666/House Bill 773: Maryland False Claims Act and Maryland False Health Claims Act – Revisions were filed at the request of the Attorney General. The False Claims Act allows a person to sue on behalf of the state to recover state funds that were disbursed as the result of fraud, including payments made under public health insurance programs like Medicaid and Medicare. These qui tam lawsuits allow a private “relator” to file lawsuits on behalf of the State, and the State then takes over the case, rewarding the relator with 15–25 percent of the funds recovered. Under current law, the relator cannot continue the case if the state chooses not to proceed, but the bill, which MedChi opposed, would have repealed this important check and balance. The House bill was withdrawn by the sponsor.

As introduced, Senate Bill 449/House Bill 401: Maryland Audiology, Hearing Aid Dispensing, Speech-Language Pathology, and Music Therapy Act – Definitions and Application (passed) would have significantly expanded the scope of practice of hearing aid dispensers. The legislation was ostensibly introduced in response to federal regulatory changes, but the language in this bill took it further. After the amendments, which were supported by MedChi, hearing aid dispensers can order and dispense hearing aids, and Maryland law now comports with the federal regulatory changes.

Scope of practice proposals just like these crop up every year. There will undoubtedly be more to consider in 2024, and MedChi will continue to evaluate them and act accordingly.
Getting the right pieces in place is the foundation of every strong defense. At MEDICAL MUTUAL, our aggressive and unyielding approach to defending good medicine has made us the leading professional liability insurer in Maryland. Our dedicated claims management team utilizes only the top defense attorneys in the state. When we’re defending your reputation and your practice our strategy is simple: we don’t back down.

Aggressive claims defense is one of the many benefits of being a MEDICAL MUTUAL Insured. Our Doctors also enjoy:

- Exclusive access to the best defense attorneys in Maryland
- The Mutual Advantage Plan financial reward program
- MedGuard administrative defense coverage and e-dataRESPONSE data breach response coverage
- Comprehensive risk management education programs with premium discounts and CME credits
- A large collection of online resources
- Superior service from experienced, local Insurance Producers (Agents)
Community Behavioral Health Clinics (CCBHCs). Based on the federally qualified health center model, these clinics provide services to the underserved, regardless of their ability to pay. The Maryland Department of Health (MDH) is required to apply for federal planning grant funds and inclusion in the federal demonstration program for state-certified community behavioral health clinics.

**Senate Bill 581: Behavioral Health Care Coordination Value-Based Purchasing Pilot Program** establishes the Behavioral Health Value-Based Purchasing Pilot Program. The program is designed to pilot an intensive care coordination model using value-based purchasing in the specialty behavioral health system. Five hundred individuals will be selected for the pilot program, which is designed to provide person-centered, team-based services that will assess the behavioral health needs of the individual and help them navigate the health care system. Mandatory funding in the amount of $600,000 is earmarked for the pilot beginning in fiscal year 2025 and ending in 2027.

**Senate Bill 283/House Bill 418: Mental Health – Workforce Development – Fund Established** establishes the Behavioral Health Workforce Investment Fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. Maryland Health Care Commission (MHCC), in coordination with stakeholders, must conduct a comprehensive behavioral health workforce needs assessment and report back to the General Assembly by October 15, 2024.

**Senate Bill 582/House Bill 1148: Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)** is an omnibus bill that includes many of the provisions passed in the bills discussed above. This bill, as amended, (1) establishes a Commission on Behavioral Health Care Treatment and Access; (2) creates a Behavioral Health Care Coordination Value-Based Purchasing Pilot Program; (3) extends for two years provisions relating to telehealth services; (4) requires MHCC to study and make recommendations regarding telehealth; and (5) requires MDH to apply for federal grant funds and inclusion in the state certified community behavioral health clinic demonstration program.

In addition to the package of behavioral health initiatives discussed above, several other behavioral health bills were also enacted: **Senate Bill 3/House Bill 271: 9-8-8 Trust Fund – Funding** requires the Governor to provide $12,000,000 in the fiscal year 2025 budget to the 9-8-8 Trust Fund and provide grant funding to crisis response services. **Senate Bill 263/House Bill 573: Maryland Higher Education Commission – Access to Mental Health Advisory Committee – Establishment** establishes the Access to Mental Health Advisory Committee within the Maryland Higher Education Commission to study and make recommendations regarding access to mental health services on higher education campuses. **Senate Bill 154: Public Health – Mental Health Advance Directives – Awareness and Statewide Database** requires MDH to develop and implement a public awareness campaign to encourage the use of mental health advance directives in the state. The Behavioral Health Administration and MHCC must jointly study how first responders and behavioral health crisis providers can access the advance directives database when responding to a behavioral health crisis. The report is due to the General Assembly by December 1, 2023.

Finally, and of note, MedChi President Dr. James York formed the MedChi Task Force on Children’s Mental Health to provide a forum for MedChi to actively address issues that impact challenges associated with children’s behavioral health needs, with an emphasis on school initiatives. The work of the Task Force will continue throughout the interim.
Creating a future where disease is a thing of the past.

We are Janssen, the Pharmaceutical Companies of Johnson & Johnson. Bold thinkers. Big dreamers. Fearless advocates on behalf of patients. So that one day, the world's most daunting diseases will be found only in the pages of history books. Learn more at www.janssen.com.
MCMS Celebrates Medicine & New Leadership at Recent Installation

Susan G. D’Antoni, FAAMSE

Montgomery County Medical Society (MCMS) held its 120th Installation of Officers and Annual Meeting on April 27th in Bethesda. It was the first large-scale meeting since the fall of 2019, and it was an opportunity to focus on moving forward out of COVID-19. Being together, without masks or distancing, was such a treat as members hugged and shook hands and interacted with partners and exhibitors. Collegiality and reconnecting after three years was a primary goal of the evening. The “Celebration of Medicine” was an opportunity to celebrate and toast physicians, new members, forty-year members, partners, and new and outgoing leadership and service.

Tuesday Cook, MD, outgoing 2022–23 President, presided over the recognition of special guests and presentation of awards and recognitions. Carolyn O’Conor, MD, Chair of the Awards Committee, presented the 2023 Webster Sewell, MD, Access to Care Award to the Primary Care Coalition.

Jim York, MD, MedChi President, provided congratulatory remarks to MCMS’ outgoing and incoming presidents, and Gene Ransom, CEO of MedChi, provided an update on the victories that came in Maryland’s latest legislative session.

A high point was the remarks of Maryland House HGO Committee Chair, Delegate Joseline Peña-Melnyk, encouraging physician involvement in legislative affairs to ensure health equity and access. She administered the Oath of the Presidency to Angela Marshall, MD, MCMS President 2023–24. Dr. Marshall then inducted the 2023–24 Executive Board.

Angela Marshall, MD, FACP, is the founder of Comprehensive Women’s Health. Dr. Marshall is a Board-Certified Internist and a Fellow of the American College of Physicians. She began her career as an Electrical Engineer after earning a degree from Georgia Tech. Although she enjoyed the field of engineering, she decided to combine her love for science and passion for helping people by pursuing a career in women’s health.

Dr. Marshall joined the Medical Society in 2007 and first served on the Executive Board as a Presidential Appointee in 2012. She then served as Women in Medicine Committee co-chair and as an MCMS delegate to the House of Delegates. She began her service as an officer in 2018 as Treasurer. She demonstrated her leadership capability and continued to serve on the Executive Committee, being elected President-Elect in 2022. We know she will lead MCMS effectively in the coming year.

Susan G. D’Antoni, FAAMSE, is Chief Executive Officer of MCMS. She can be reached at sdantoni@montgomerymedicine.org.
Imagine a huge, global community of medical minds working together to improve patient outcomes. An app that knows no geographical boundaries, where doctors can safely weigh in on patient cases and share cases of their own. A free-flowing exchange of knowledge with experts on the front-line discussing cases that matter, and in real time.

This community exists. It’s called Figure 1.

Figure 1’s mission is to democratize medical knowledge and bring better medicine to all patients. To date, Figure 1’s global community of over 3 million members has contributed more than 100,000 real-world cases and fostered discussion on everything from rare conditions to strategies for patient care. A safe, secure platform with controls in place to maintain patient anonymity.

Figure 1 members have full access to an accredited CME Center, a hub offering free CME credits available on demand.

By downloading this app, you can now have access to the most relevant patient cases and the sharpest medical minds right at your fingertips. Literally.

Peer-to-peer collaboration on cases that matter. Right at your fingertips. Literally.
BCMS Presidents’ Gala 2023: Leading the Way, Past, Present and Future
Lisa B. Williams

Baltimore City Medical Society members and guests gathered on March 25, 2023, at M&T Bank Stadium’s Southeast Club to honor past presidents Tom Edmondson, MD (2019), Kavita Kalra, MD (2020), and Camellus Ezeugwu, MD (2021 and 2022), and incoming president, Ron Delanois, MD (pictured, left), for their ongoing membership, service, and leadership. Past presidential celebratory gatherings were paused due to COVID-19.

While gratefully acknowledging the leadership of recent presidents, the evening highlighted the 235th Anniversary of the founding of Baltimore City Medical Society. Pictures of early presidents, Charles Frederick Wiesenthal, MD, and Harry J. Friedenwald, MD, who led the Society in 1788 and 1904, respectively, greeted guests as they arrived. (BCMS became a component of MedChi in 1904.) Also on display were commemorative posters featuring former Medical Society office locations, pictures of early BCMS leadership of both women and black physicians, and a fifty-year timeline of the Baltimore City Medical Society Foundation.

Ron Delanois, MD: Dr. Delanois is a board-certified, fellowship-trained orthopedic surgeon who has more than twenty years of experience with complex hip, knee, and shoulder reconstructive surgery. He serves as the Jerome P. Reichmister, MD, Endowed Chairman of Orthopedics for the Rubin Institute for Advanced Orthopedics, the Division Director of the Center for Joint Preservation and Replacement, the Director of Hip, Knee, and Shoulder Surgery, and also the Director of the Research Division and Research Fellowship Program, at LifeBridge Health. Dr. Delanois is a graduate of the Uniformed Services University of the Health Sciences. He then did his orthopedic training in the Air Force at Wilford Hall Medical Center in San Antonio, Texas, and completed a Fellowship in Hip and Knee Replacement Surgery at The Johns Hopkins Medical Institutions.

September 9 Financial Symposium: During his remarks, Dr. Delanois announced Baltimore City Medical Society’s inaugural annual educational program, “Physicians Leading Physicians to Financial Independence,” to be held on Saturday, September 9, 2023, at the Delta Marriott Hotel located in the Village of Cross Keys in northeast Baltimore. Keynote speaker is Ty Bullard, MD, a University of North Carolina professor, who developed a financial curriculum for medical residents at his University. He is a frequent lecturer across the country, committed to helping physicians improve their financial health. Conference sessions will address a range of financial topics, all presented by physicians. For registration information: info@bcmsdocs.org.

Lisa B. Williams is CEO/Executive Director of Baltimore City Medical Society/Baltimore City Medical Society Foundation.

MCMS Lobby Day 2023

Montgomery County Medical Society held its annual lobby day in Annapolis on Wednesday, March 1. Fifteen physician members and staff participated in the event. Meetings were held with legislators representing Montgomery County, including Delegate Emily Shetty (District 18) who is shown above. Following the individual meetings, lunch was served at Harry Brown’s for physicians, legislators, and their staff.
Being a physician is stressful. With so many patients’ well-being depending on you, it’s easy to feel exhausted and overwhelmed. If you experience symptoms of stress on a near-constant basis, you may be suffering from burnout, which is characterized by

- Feeling overextended
- Feeling emotionally and physically depleted, drained and used up
- Depersonalization
- A sense of reduced accomplishment in day-to-day work

Studies have shown burnout to be dangerous for both you and your patients.

Now there is help. The Maryland Physician Health Program (MPHP) assists physicians in a private, confidential setting to address issues that may potentially impact your ability to practice medicine.

MPHP assesses and refers participants to clinically appropriate treatment, helps participants develop an individualized plan, provides case management to facilitate progress with the plan, and provides advocacy on behalf of the participant when needed. Get the help you need to keep you healthy and performing at your optimal best.

For a confidential consultation, call 800-992-7010 or 410-962-5580 or email Phpinfo@medchi.org.
MedChi’s 175th Presidential Gala
Highlights from the Presidential Gala on April 22, 2023, honoring the induction of MedChi President James J. York, MD.
YOU WORK WITH PLENTY OF PARTNERS. AN INSIGHTFUL BANKER SHOULD BE ONE OF THEM.

With a specialty in healthcare banking, we understand the unique challenges and opportunities of the industry. Let’s talk about financing and custom solutions that will smooth the way whether you’re acquiring a practice, buying out a partner, or equipping a location. For a conversation, contact Sarah McMahon, Vice President & Relationship Manager, Commercial Banking, 301-774-6400 x6911.

FINANCIAL HEALTH

Maryland practitioners can now prescribe buprenorphine for opioid use disorder without an x-waiver. Only a DEA number is needed.

1-855-337-MACS (6227) | www.marylandmacs.org

Credit products offered by Sandy Spring Bank. Credit qualification is subject to Bank underwriting and approval. Member FDIC. The terms expressed above are intended for discussion purposes only and do not in any way represent an offer, commitment, or obligation to lend or extend credit. Actual loan terms and documentation requirements are subject to product criteria and credit approval. Loan programs subject to change without notice and cancellation at any time. Sandy Spring Bank and the SSB logo are registered trademarks of Sandy Spring Bank. © 2023 Sandy Spring Bank. All rights reserved.
Painful Lessons — A Book Review

American Pain: How a Young Felon and His Ring of Doctors Unleashed America’s Deadliest Drug Epidemic, by John Temple
Empire of Pain: The Secret History of the Sackler Dynasty, by Patrick Radden Keefe
Reviewed by Stephen Rockower, MD, and Bruce Smoller, MD

Greed. The desire to accumulate riches without giving thought to other people’s pain. That greed, and the pain it both exploited and profited from many times over, is the subject of these two books.

These books retell the nightmares of the opioid crisis, one from the top, the other from the very bottom. Empire of Pain tells the story of the Sackler family’s sophisticated corporate efforts to promote and orchestrate the deadly drug as a pain panacea. American Pain tells the tale of the decidedly lowbrow efforts of two brothers and their cronies to cash in on the opioid fever that promised relief but brought despair to so many, by running a narco-tourist mill that at one time marketed 90 percent of the opioid used in this country.

Empire of Pain recounts the saga of the Sackler family, beginning with Arthur Sackler and his brothers Mortimer and Raymond. All three were physicians, but Arthur was the powerhouse. While in college and medical school, he had a side business writing advertising copy, especially for medical journals. He took over an advertising firm, McAdams, and first promoted Terramycin as a “broad spectrum” antibiotic, then the new “minor tranquilizers,” Valium and Librium, for Roche. He developed and deployed a large army of “detailers” to fete the doctors directly to prescribe the new drugs, as well as planting articles in The New England Journal of Medicine (in which he was a major advertiser). At the same time, he had a minority interest in the another major advertising firm promoting different drugs. He established the Medical Tribune, an informational journal, but planted stories favoring his clients, of course keeping his ownership secret.

Along the way, he and his brothers purchased Purdue Frederick, a small firm selling Betadine. He became interested in pain control, and marketed MS Contin, a long-acting morphine drug for cancer pain. Interestingly, it was marketed without FDA approval, as they contended it was just another form of a previously approved product. By that time, Arthur had died, and the business was being run by his nephew, Richard. The detailers were instructed to “sell, sell, sell.” When the patent on MS Contin was running out, they switched the formulation and marketing to oxycodone that was perceived as “less addictive.” Thus was the genesis of OxyContin.

American Pain tells the story of how twin brothers, Chris and Jeff George, and their friend Derik Nolan, set up a business to sell narcotics in Florida to “tourists” from Kentucky, West Virginia, Tennessee, and Ohio. They hired physicians via Craigslist who prescribed OxyContin, Xanax, and Valium, up to 240 pills each per month. The physicians were paid by the number of patients they saw, so seventy-five or more patients were seen a day at four to five minutes per patient. Since the lines were long, the front desk would charge $50 to any patient to be moved to the front of the line, along with the $200 visit fee, all paid in cash. The real moneymaker, though, was the dispensing. Not only did they give prescriptions, they also were filled on the spot, paid for with more cash. The American Pain clinic had to buy all the narcotics, using the physicians’ DEA numbers. At one point, they and other pill mills in Florida were the largest purchaser of narcotics in the country, accounting for 90 percent of all the narcotics used.

Eventually, the DEA took notice of the Sacklers and the American Pain clinic because of the numerous overdoses and deaths that were occurring due to Oxycodone. The Sacklers fought vigorously in many courts, declaring the medicine was not at fault; it was the patients who took them inappropriately. Many times they won, but eventually they took a plea bargain implicating the parent company, Purdue Frederick, not the subsidiary that was actually making the pills, Purdue Pharma. They paid a $600 million fine, but they were making billions. By the end of the story, the Sackler family, philanthropists, cultural touchstones, and benefactors, had carved such a trail of waste that museums, universities, and public spaces were falling over one another in their attempts to erase the Sackler name from the halls of academe and the galleries of iconic museums.

continued on page 22
PATIENTS ARE ASKING FOR PROTON THERAPY.
Here’s why.

Proton therapy isn’t just saving lives, it’s making the quality of those lives better. This technology targets solid, localized tumors and spares healthy tissues and organs, causing fewer side effects. If you have a cancer patient who qualifies, consider a referral to the Maryland Proton Treatment Center – the region’s leader.

FIND OUT MORE!
Visit AskForProtons.com/physicians
Or call 410-369-5200

BHIPP is made possible through funding from the Maryland Department of Health, Behavioral Health Administration and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HSS) as part of award U4CMC32913-01-00. The content are those of the author and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Attention Emergency Medicine Professionals!
Do your pediatric patients have mental health concerns?
Contact BHIPP for support through:

Care coordination
Consultation
Resources & referrals
Training with free CMEs

855-MD-BHIPP (855-632-4477)
www.mdbhipp.org

All services are free - no insurance needed!
MedChi’s Newest Physician Members

MedChi welcomes the following new members, who joined between February 3 and April 30, 2023.

Mohammed A. Ali, MD — Meritus Medical Center
Mohammad E. Alaff, MD — Johns Hopkins Medicine
Brian Aprill, MD — Meritus Medical Center
Enrique Aradillas, MD — Clearway Pain Solutions
Hugo Bonatti, MD — Meritus Medical Center
Brian K. Bonham, MD — Meritus Medical Center
Andrew M. Cameron, MD,Ph.D. — Johns Hopkins Medicine
Sarah Michelle Chang, MD — Washington Eye Institute
Jessica D. Close, DO — Meritus Medical Center
Philip Charles Corcoran, MD — Meritus Medical Center
Tania Ruth Crussiah, MD — Meritus Medical Center
Daniel Deaton, MD — Meritus Medical Center
M. Kate Diehn, MD
Salvatore DiMercurio, MD
Andrew H. Ditto, MD — Meritus Medical Center
Samuel P. Eng, MD — Meritus Medical Center
Catherine Feaga, DO — Meritus Medical Center
Peter T. Filipov, MD — Azar Eye Surgery Center, LLC
Bradley Foerster, MD — Community Radiology Associates
Parag Dinesh Gandhi, MD — Maryland Eye and Face
David E. Gar-El, MD — Union Hospital
Adrian Garza-Cavazos, MD — Meritus Medical Center
Matthew H. Gibson, MD — Meritus Medical Center
Victoria Marie Giffi, MD — Meritus Medical Center
Susanna Goheen, MD — Meritus Medical Center
Rachel Gougian, DO
Rose Griffin, MD — Meritus Medical Center
Michael Guadiose, MD — Meritus Medical Center
William Hamilton, MD — Meritus Medical Center
Mahmudul Haque, MD — Mid-Atlantic Nephrology Associates
Helen O. Harrington, DO — Meritus Medical Center
Giovanni Impeduglia, MD
Greesh John, MD — Clearway Pain Solutions
Dale Johnson, MD — SHORE HEALTH SYSTEM
Reshma Rao Kundapur, MD — Physician Associates
Kelly L. Mcguigan, MD — Anne Arundel Dermatology, PA
Aaron M. McPeek — Clearway Pain Solutions
Fatima A. Naqvi, MD — Holy Cross Health
Charlie Oshinsky, MD — Arthritis & Rheumatism Assoc., P.C.
Rita Pabla, MD
Vincent J. Perrotta, MD — Peninsula Plastic Surgery, PC
David G. Roberts, III, MD
Eva Rottman, MD — Arthritis & Rheumatism Associates, P.C.
Kamran A. Saraf, MD
Hirenkumar J. Shah, MD
Aneesh K. Singla, MD — National Spine & Pain Center
Allen Y. Tien, MD — Medical Decision Logic, Inc.
Alisha Tuteja, MD — Comprehensive Primary Care, LLC
Yael Varnado Rhodes, MD
April Walker, MD — Comprehensive Women’s Health
Colleen Wallace, MD
Joseph Weinstein, MD — Community Radiology Associates
Alan S. Weiss, MD — Annapolis Integrative Medicine
Ambroise Wonkam, MD — Johns Hopkins Medicine
Patrick Wright, DO — Community Radiology Associates
Timothy S. Yoon, MD — Clearway Pain Solutions
Jiaying Zhang, MD — Johns Hopkins Medicine

PLACE EXPIRED OR UNUSED PRESCRIPTION DRUGS IN DRUG DROP BOXES.

Find a Drug Drop Box at any of Baltimore County’s ten police precincts.

In Baltimore County, EVERY DAY is DRUG TAKE BACK DAY.

Call 410-887-3828 for more information.

Supported by MDH and SAMHSA

Volume 24, Issue 2 21
The Georges and Nolan were not so lucky. When they were shut down, they had more than $10 million in cash, plus more in various banks. All was seized. Most of their doctors gave up their licenses and did jail time, as did the Georges and Nolan.

As physicians, we find these books, Empire of Pain especially, are at times difficult to read. Some of us, a small minority, participated in the greed. Many of us got taken in, believing that a moneyminded, established, and powerful pharmaceutical firm would not lie in the service of profits. We were hoodwinked. Even against our better judgment and our better natures, we believed in the drivel their representatives pushed, lubricated by the occasional luncheon, conference, and pleasure trip.

There are a few problems with Empire of Pain. Keefe fails to mention when he speaks about Arthur Sackler, who was not involved in marketing opioids, that benzodiazepines, the drug class that Arthur marketed so expertly, was developed in part because barbiturates were killing many people from overdoses both inadvertent and suicidal. It was a real advance, and, although overprescribed, helped many patients appropriately. Reality is rarely black and white, and physicians’ acceptance of reasonable therapeutics was appropriate and honorable until perspective was finally lost. By and large, though, Empire diligently sets out a sordid tale of profit over common medical sense, and does it in a readable, comprehensive, and, at times, painful way.

American Pain is a story well told. Aside from the reader feeling like taking a shower after reading it, it moves quickly and reads somewhat like a made-for-television cautionary tale (in fact, in February, it aired as a CNN Films’ documentary: https://www.cnn.com/2023/02/03/us/american-pain-pill-mill-documentary-cec/index.html).

What do we learn from these tales? Selling is selling, and drug salespeople are no different, whether disguised as a legitimate company or a clinic in a strip mall. When the product is one that becomes irresistible, it basically sells itself, as patients demand more of it. When there is money to be made, all bets are off.
House of Delegates: Then and Now

Medchi’s historic medical journals, which date back to 1878, are fascinating to peruse and read about the semi-annual House of Delegates meetings.

Traditionally, the annual meeting was held in Baltimore, with the secondary House of Delegates meeting being held at locations throughout the state, from Ocean City to Deep Creek Lake. Meeting time was divided between a business session and a scientific session.

It was during the scientific session that the committees — including Diabetes, Tuberculosis, Automotive Highway Disasters, Veterans Affairs, Medical Economics, and the awkwardly named Committee to Confer with Insurance Carriers in Regard to Problems of Specialties, Radiology, Pathology and Anesthesiology — all reported on the actions that they had undertaken in the previous six-months.

In the September 1959 issue of MedChi’s medical journal, there are twenty-three pages devoted to resolutions, votes, and reports from committees as varied as the Committee to Investigate the Problem of Practicing Physicians in Government Service and the Committee to Investigate Group Insurance on a State-Wide Basis. In that same year, there existed a standing committee for a proposed new building. One property under consideration was on the west side of Cathedral Street, precisely where the Meyerhoff Symphony Hall now stands.

Nowadays our secondary meetings are less complicated and more user-friendly. Members no longer need to drive to a remote location and clear their schedules for an entire day. They can avail themselves of Zoom technology and use sophisticated balloting and tabulation software. How times have changed.