

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 18-20

INTRODUCED BY: Caroline County Medical Society
 Kent County Medical Society
 Queen Anne’s County Medical Society
 Talbot County Medical Society

SUBJECT: Protecting Medicaid Access

1 Whereas, in 2012 to address health care expansion and a significant lack of physician
2 participation in Medicaid, the State increased reimbursement for Evaluation and Management
3 (E&M) codes in Medicaid to 100% of Medicare rates for all physicians who accept Medicaid;
4 and
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6 Whereas, that increase was taken away by the O’Malley administration in 2015 due to budget
7 shortfalls, E&M codes were reduced mid-year from 100% of Medicare to 87% of Medicare.
8 Whereas, MedChi, through strong advocacy, fought for restoration and successfully won an
9 increase to 92% of Medicare; and
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11 Whereas, in 2016 MedChi requested full restoration of the rate and successfully worked with the
12 General Assembly to increase rates to 96% of Medicare. While Governor Hogan ultimately did
13 not agree to the method used for funding, he did increase E&M code reimbursement to 94%,
14 effective October 1, 2016; and
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16 Whereas, in 2017 MedChi continued to advocate for restoration of funding to full Medicare
17 parity. However, a significant Medicaid deficit coupled with uncertainty at the federal level
18 raised the likely potential for further decrease in E&M code reimbursement. However, MedChi
19 was success in maintaining the 94% rate; and
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21 Whereas, 2018 Governor Hogan included \$17.6 million dollars in the budget to maintain
22 Medicaid rates for the coming fiscal year. This is particularly notable as numerous other provider
23 reimbursement rates, such as developmental disability and community mental health providers
24 and providers who contract with the Department of Human Services to care for children in out-
25 of-home placements, were capped significantly below statutory mandates; and
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27 Whereas, MedChi has been a leader in protecting Medicaid, and now draconian cuts are being
28 proposed to this important lifesaving program; therefore be it
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30 Resolved, that MedChi reemphasizes our strong support for Medicaid parity with Medicare; and
31 be it further
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33 Resolved, that MedChi work to oppose both a reduction to the Medicaid physician fee schedule
34 and the removal of the rural Medicaid subsidy.
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37 Fiscal Note: Included in existing legislative advocacy budget.