

# Maryland**Medicine**

VOLUME 20 ISSUE 2



**What You Need to Know  
Now About MDPCP,  
Telehealth & Medicaid**

**2019 Legislative Session  
Wrap-Up**

**Interviews:  
MedChi Physician Members  
Serving in the Legislature**

## Physicians Participating in Medicaid Must Sign Up at ePREP by July 1

Federal rules require that providers who render Medicaid reimbursable services must enroll with the Maryland Medical Assistance Program (Medicaid). The deadline for any provider rendering services through a Health Choice managed care organization is July 1. To make this process easier for your practice, the Department has implemented a new self-service electronic Provider Revalidation and Enrollment Portal (ePREP). ePREP is now the one-stop shop for provider enrollment, revalidation, and account changes. Visit [eprep.health.maryland.gov](http://eprep.health.maryland.gov) to submit your enrollment application or create an account linked to your existing enrollment.

There are different processes for enrolling group practices and solo practices. If you have any enrollment questions, please contact us at 1.844.4MD.PROV (1.844.463.7768). For more information about Medicaid's ePREP, and to access training information please go to [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP).

## New Telehealth Regulations Proposed by Board of Physicians

On April 12, 2019, the Maryland Board of Physicians proposed new regulations related to "telehealth" which will govern the practice of what has previously been referred to as telemedicine. These regulations affect licensed Maryland physicians and licensed allied health professions practicing within their existing scope of practice. Among the major provisions of the proposed regulations is establishing a definition of "telehealth" as the use of interactive audio, video, audio-visual, or other telecommunications or electronic technology by a Maryland licensed physician or licensed allied health practitioner to deliver clinical services within their scope of practice. Telehealth does not include audio-only telephone calls, emails or facsimiles between these licensees and patients. In addition, the proposed regulations require the telehealth practitioner to establish certain procedures for use when practicing telehealth, such as ensuring identification of the patient, guarding against data breaches, and other safety protocols. A telehealth practitioner is subject to the same disciplinary grounds as a practitioner that does not utilize telehealth under the proposed regulations.

The proposed regulations can be accessed on pg. 406 at <http://www.dsd.state.md.us/MDR/4608.pdf>. The comment period ended on May 13.

## What You Need to Know Now

1. 380 Primary Care Practices are currently participating in the Maryland primary Care Program (MDPCP) for 2019.
2. MDPCP paid, on average, \$176,000 per practice in 2019.
3. MDPCP Registration for 2020 will begin in late May/early June.
4. Annual Wellness Visits (AWVs) will automatically attribute your Medicare FFS patients to your practice.
5. MedChi is happy to help any practice complete and submit their MDPCP application.

## MedChi Establishes Measles Outbreak Resource Center

In response to the recent measles outbreak in Maryland, MedChi has developed an online resource center to connect physicians with the latest news and resources.

Visit [www.medchi.org/MeaslesResourceCenter](http://www.medchi.org/MeaslesResourceCenter) to find news on the latest outbreaks and resources you can use in your clinical practice, including a vaccine purchasing program, diagnosis tools, and communications for your patients.



### Speaker Busch Was a True Friend of Medicine *In Memoriam: Michael E. Busch (Jan. 4, 1947–Apr. 7, 2019)*

MedChi joined the Maryland General Assembly, the citizens of Anne Arundel County, and all of Maryland in mourning the passing of House Speaker Michael Busch. Speaker Busch began his service in the House of Delegates in 1986, and became Chair of the Economic Matters Committee in 1994. As committee chair, he oversaw health insurance and other aspects of the health care industry. His work led him to develop close relationships with MedChi and many individual physicians. Speaker Busch was a true friend of medicine. He was an effective and inspiring leader and a good and admirable man. He will be greatly missed.

## From the President...

*Benjamin Z. Stallings, II, MD, President, MedChi*

Year after year, Maryland's General Assembly session is as thrilling as it is challenging, as inspiring as it is frustrating. This year's Session proved no different, as MedChi met the challenge of fiercely and fervently advocating on behalf of the physicians, patients, and public health of Maryland. With sixty new legislators and the resulting changes in committee



leadership, the 2019 session was met with uncertainty. Among the many policy issues that were debated, health care emerged as a major topic of consideration.

We are dedicating this issue of *Maryland Medicine* to taking a deep dive into the policies, people, and politics that affect how we care for our patients. We will also acknowledge the passionate

and dedicated MedChi members who shared their time, energy, and considerable expertise to this noble purpose.

I consider it a great privilege to lead our organization and want to express my gratitude to all those who have joined in the process, from the initial policy proposals to the ceremonial bill signings. The great work of MedChi's legislative advocacy team is entirely dependent on you, our valued and treasured members.

Thank you!

## Maryland Legislative Highlights In this issue...

2019 Legislative and Regulatory Victories, Page 5

Tort Reform Efforts Result in Compromise and Defeat of Bills Intent on Weakening Tort Environment, Page 7

MedChi Helps to Defeat Dangerous Scope Expansion for Naturopaths, Page 7

MedChi & Eye Physicians' Society Compromise with Optometrists on Optometric Scope of Practice Expansion, Maintaining Strict Surgical Prohibitions, Page 9

Medicaid E&M Code Payment Rates and Other Budget Priorities, Page 9

MedChi Finds Success in Health Insurance Priorities, Including Mid-Year Formulary Changes and Prior Authorization Law, Page 11

MedChi Fights to Protect Minors in Major Public Health Wins, Page 12

First Aid Room Physician of the Day Brings Awareness of MedChi During Session, Page 13

Maryland Primary Care Program & Care Transition Organization Updates, Page 14

Committee Profile: Medical Economics Council Active on Payer & Technology Fronts, Page 15

Physician (Member) Legislators Making a Difference in State Policymaking: Interviews with Delegate Terri Hill, MD, & Senator Clarence Lam, MD, Pages 16-17

### EDITORIAL STATEMENT

**Editorial Offices:** Montgomery County Medical Society, 15855 Crabbs Branch Way, Rockville, MD 20855-0689; 301.921.4300; sdantoni@montgomerymedicine.org

**Advisory Board:** Bruce M. Smoller, MD (Chair); Stephen J. Rockower, MD (Vice Chair); Gene Ransom, III, Esq (CEO, MedChi); Susan G. D'Antoni (MedChi Director of Publications); Susanna M. Carey (Production Editor)

**Managing Editor:** Catherine Johannesen, 410.539.0872, ext. 3308; CJohannesen@medchi.org

**Advertising:** Victoria Hecht, 410.539.0872, x3312; vhecht@medchi.org

All opinions and statements of supposed fact expressed by authors are their own, and not necessarily those of *Maryland Medicine* or MedChi. The Advisory Board reserves the right to edit all contributions, as well as to reject any material or advertisements submitted.

Copyright © 2019. *Maryland Medicine*, The Maryland Medical Journal. USPS 332080. ISSN 1538-2656 is published by the Medical and Chirurgical Faculty of Maryland, 1211 Cathedral Street, Baltimore, Maryland 21201, and is a membership benefit.

All rights reserved. No portion of this journal may be reproduced, by any process or technique, without the express written consent of the publisher. Advertising in *Maryland Medicine* does not imply approval or endorsement by MedChi unless expressly stated.

**DISCLAIMER:** Some articles may contain information regarding general principles of law. They are not intended as legal advice and cannot be substituted for such. For advice regarding a specific legal situation, consult an attorney licensed in the applicable jurisdiction and with appropriate training and/or experience in the legal area in question.



## CONSULTATIVE INSURANCE REVIEW

*Med Chi Insurance Agency was established in 1975 "by physicians for physicians" to satisfy the needs of doctors and medical practices.*

Contact Keith Mathis at 800.543.1262, ext. 4422 or [KMathis@medchiagency.com](mailto:KMathis@medchiagency.com) today to schedule your "no obligation" review at no cost!

1204 Maryland Avenue  
Baltimore, Maryland 21201  
**410.539.6642** or **800.543.1262**  
410.649.4154 fax  
**[www.medchiagency.com](http://www.medchiagency.com)**

### YOUR "NO OBLIGATION" REVIEW INCLUDES THE FOLLOWING:

#### **Employee Benefits:**

- Group Medical, Dental, and Vision Coverage
- Group Life & Disability
- Voluntary Benefits

#### **Property & Liability:**

- Medical Malpractice
- Workers Compensation
- Medical Office Insurance
- Employment Practices Liability
- Directors & Officers Liability
- Privacy/Data Breach Coverage
- Bonds (Fiduciary/Fidelity/ERISA)

#### **Personal:**

- Life Insurance
- Disability (Individual/Pension/  
Business Overhead)
- Annuities
- Long Term Care
- Estate Planning/Retirement Planning
- Auto/Homeowners/ Umbrella Coverage

# 2019 *Legislative and Regulatory Victories*



## MedChi

*The Maryland State Medical Society*

### PROTECT ACCESS TO PHYSICIAN SERVICES

- MedChi worked closely with the Maryland Society of Eye Physicians and Surgeons to protect patients from harmful surgical expansion while allowing for appropriate optometric scope of practice expansion
- Successfully stopped naturopaths from gaining prescribing authority, a practice that is rightfully restricted to physicians who have completed residency
- After an initial proposal that would decrease Medicaid rates, MedChi successfully secured an additional \$4.76 million for Medicaid E&M rates at 93% of Medicare
- Protected expert witness qualifications and reached a compromise to safeguard the expert witness 25% rule
- Successfully eased administrative burdens to allow physicians to dispense topical medications under a streamlined permit

### ENSURE TIMELY DELIVERY OF HEALTH CARE SERVICES

- Successfully strengthened Maryland's prior authorization laws to provide greater continuity of care for patients and increased transparency
- Introduced and successfully passed legislation to protect patients from mid-year insurance formulary changes
- Advocated successfully for sensible guidelines for the establishment of the Prescription Drug Affordability Board

### ADDRESS BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS

- Collaborated with the Maryland Hospital Association, Maryland Dental Society, Maryland Nurses Association, and Maryland Department of Health to enhance the Prescription Drug Monitoring Program (PDMP) while protecting its integrity by opposing legislation that would have allowed unfettered access to PDMP data by outside entities

### STRENGTHEN PUBLIC HEALTH INITIATIVES

- Successfully supported legislation to increase the minimum age for the purchase of tobacco products and electronic smoking devices to 21 years of age
- Effectively advocated to clarify current law with respect to minor's rights to consent to prevention for HIV or PReP
- Supported successful legislation to restrict tanning bed access for minors
- Strengthened the maternal mortality review and recommendation process
- Successfully lobbied for redefined lead level guidelines



read our full legislative report:

[www.medchi.org/YourAdvocate](http://www.medchi.org/YourAdvocate)

@medchiupdates

@medchiupdates

facebook.com/MedChiupdates

**Your Advocate. Your Resource. Your Profession.**

1211 Cathedral Street • Baltimore, MD 21201 • 1.800.492.1056 • [www.medchi.org](http://www.medchi.org)



**In today's litigious world, you may want  
to consider more comprehensive protection.**

**MEDICAL MUTUAL offers the insurance coverages you need to keep your medical practice safe.**

Malpractice claims. Data privacy breaches. Disciplinary boards. Peer reviews. It's a very complex and risk-filled world for today's Doctors. And good medicine is no guarantee that at some point you won't have to defend your health care and practice decisions. That's why you need MEDICAL MUTUAL. We're a Doctor-owned and directed professional liability insurer and we understand the unique challenges you face. It's no wonder that since 1975 MEDICAL MUTUAL has been the leading provider of innovative and high quality insurance coverages to Maryland Doctors.

**MEDICAL  MUTUAL**  
*Liability Insurance Society of Maryland*

225 International Circle | Hunt Valley, Maryland 21030  
410-785-0050 | 800-492-0193 | [mmlis.com](http://mmlis.com)



## Tort Reform Efforts Result in Compromise on Expert Witness Bill and Defeat of Bills Intent on Weakening Tort Environment

Steve Wise, Esq., Schwartz, Metz, & Wise

After killing a bill in 2018 on the final night of the session that would have completely repealed the 20 Percent Rule, Speaker Mike Busch requested at the start of the 2019 Session that MedChi, the Maryland Hospital Association, and Med Mutual reach a compromise with the trial lawyers that retains the Rule, but fixes certain issues with its application. Talks continued through the final week of the session, when an agreement was reached.

**As agreed to and passed by the General Assembly, Senate Bill 773: Health Care Malpractice Qualified Expert – Qualification**

- defines the term “professional activities”;
- increases the amount of time one can spend as an expert to 25 percent;
- provides for the time period during which the 25 percent is computed;
- establishes that once the expert is qualified in the case they remain qualified;
- and sets rules for when and whether the case can be re-filed if the expert is determined to not comply with the Rule.

MedChi believes that these changes clarify issues that have persisted in the application of the Rule and addresses concerns that have also been raised by defense counsel. Overall, a beneficiary result for the medical community.



As a result of the agreement reached on the qualified expert, no other bill related to medical malpractice passed this session.

The following bills failed in the 2019 session.

### **Senate Bill 813: Personal Injury or Wrongful Death.**

Non-Economic Damages, which would have raised the cap based on the number of beneficiaries in wrongful death cases, in some

cases by as much as 300 percent of the existing cap.

**House Bill 1323/Senate Bill 784: Civil Actions.** Health Care Malpractice Claims (Life Care Act 2019) would have specified the method by which an award or a verdict for future medical expenses must be calculated.

**Senate Bill 322: Medical Malpractice.** Notice of Intent to File Claim would have required a claimant to send a health care provider written notice of the claimant’s intent to file a medical injury claim against the health care provider at least ninety days before filing the claim.

**Senate Bill 323: Medical Malpractice.** Discovery sought to clarify that the discovery available as to the basis of a certificate of a qualified expert in a health care malpractice action includes a deposition of the attesting expert.

## MedChi Helps to Defeat Dangerous Scope Expansion for Naturopaths

Gene Ransom, CEO

Thanks to the advocacy efforts of MedChi and the mobilization of our many engaged members, Senate Bill 900 was defeated in the Education, Health, and Environmental Affairs Committee that would have allowed naturopathic doctors to prescribe non-CDS prescription drugs, a practice for which they are not trained. Unlike MDs and DOs, naturopathic doctors do not complete residency training in patient assessment before prescribing, prescription drugs effects, or prescription drug interactions.

**From a patient safety perspective, allowing these untrained practitioners to prescribe drugs would be dangerous and irresponsible.**

The Senate committee defeat, combined with inaction on House Bill 547, is in keeping with the 2014 law licensing naturopathic doctors in Maryland. The 2014 law expressly excluded prescription drugs from their scope of practice, an appropriate restriction given that naturopathic medicine is a complementary form of medicine and not intended to be a substitute for traditional medical care. The restriction also is in keeping with the Naturopathic Formulary Council’s 2015 report recommending that naturopathic doctors not be permitted to prescribe prescription drugs.

Patient protection is a major component of MedChi’s legislative agenda, and the defeat of this dangerous bill is a credit to the physicians and patients who raised their voices in opposition. **MedChi applauds the Maryland General Assembly members who voted against this bill in the Senate committee and will continue to fight against the inappropriate and dangerous expansion of scope of practice on behalf of the physicians, patients, and public health of Maryland.**



When helping your patients see clearly, **make each moment matter.**

—  
**PNC can help.**



### **We're making business banking easier.**

At PNC, our team of dedicated Healthcare Business Bankers understands your business challenges and the important role that cash flow plays in your success. That's why we offer a range of solutions to help optimize management of your practice's revenue cycle and payables, so your business can run with less complexity and payments can be received promptly.

[Learn more at pnc.com/hcprofessionals](http://pnc.com/hcprofessionals) or by calling 877-566-1355



Make today the day.™

©2018 The PNC Financial Services Group, Inc. All rights reserved. PNC Bank, National Association. Member FDIC



## MedChi & Eye Physicians' Society Compromise with Optometrists on Optometric Scope of Practice Expansion, Maintaining Strict Surgical Prohibitions

David Barañano, MD, President, Maryland Society of Eye Physicians and Surgeons

MedChi worked closely with the Maryland Society of Eye Physician and Surgeons (MSEPS) to successfully negotiate a compromise with the Maryland Optometric Association (MOA) expanding optometric scope of practice while ensuring patient safety and maintaining proper physician oversight in the clinical care of patients. **In an effort spearheaded by MSEPS, and strongly supported by MedChi, Senate Bill 447/House Bill 471 allows additional but limited authority to optometrists to prescribe pharmaceutical agents, diagnosis and treat open-angle glaucoma, order limited tests, and remove foreign bodies.**



Significantly, the legislation reaffirms high standards of safe surgery by clearly prohibiting optometrists from performing surgery on and around the eye. The language, perhaps the safest in the country, prohibits an optometrist from performing procedures using any instruments, including lasers, scalpels, needles, cautery, a cryoprobe, or sutures in which human tissue is cut, burned, vaporized, removed, or otherwise permanently altered by any mechanical means, laser, ionizing radiation, ultrasound, or other means.

**Senate Bill 447/House Bill 471** allows an optometrist to prescribe oral pharmaceutical agents. However, it specifically excludes the prescribing of controlled dangerous substances and other high-risk medications, administering pharmaceutical agents by injection or intravenously, and prescribing oral medications to children under the age of eighteen, except for oral antibiotics if the patient is either sixteen or seventeen years of age and a physician is consulted.

As introduced, **Senate Bill 447/House Bill 471** would have authorized an optometrist to diagnose and treat all forms of glaucoma. MSEPS and MedChi successfully limited this provision to only open-angle glaucoma and then only if an optometrist can document that intraocular pressure and clinical stability have been maintained within a certain timeframe.

Similarly, as introduced, the bills would have allowed an optometrist to remove any foreign body from the eye. Again,

arguing for patient safety, MSEPS and MedChi limited the removal to situations in which the foreign body has not penetrated beyond the Bowman's membrane of the cornea and is within 2.5 millimeters of the visual axis of the cornea or in which the foreign body is peripheral and anterior to the Mid-Stroma. Any removal cannot permanently alter tissue. Lastly, the bills do allow for an optometrist to order only non-genetic blood tests after consulting with a physician.

In working with our optometric colleagues, MSEPS and MedChi achieved an appropriate balance to ensure that patients have access to eye care services while maintaining necessary patient safeguards. With these changes, Maryland remains one of the more restrictive states in the country. In addition, MSEPS and MedChi negotiated that no further changes would be permitted to expand the optometric scope of practice for at least seven years.

## Medicaid E&M Code Payment Rates and Other Budget Priorities

Pamela Metz Kasemeyer, Esq.,  
Schwartz, Metz and Wise

As introduced, the Fiscal Year 2020 budget did not contain additional monies for Medicaid E&M rates, resulting in a percentage decline to 92.5 percent of Medicare. MedChi strongly lobbied the Governor and the members of the General Assembly and, despite falling State revenues, was successful in having an additional \$4.76 million added in the supplemental budget. **As such, Medicaid E&M rates will be at 93 percent of Medicare in the Fiscal Year 2020 budget.**

It is important to note that, while the Fiscal Year 2020 budget is balanced, the Department of Legislative Services (DLS) is projecting a structural deficit beginning in Fiscal Year 2021 in the amount of \$829 million. By Fiscal Year 2024, it is projected to increase to \$1.22 billion. According to DLS,

“the existing structural imbalance in the budget and costs added for Kirwan (school funding) will likely result in a need for additional revenues and/or existing programmatic change. Given the size of Medicaid, any programmatic changes could mean significant changes to how services are currently delivered.”



*continued on page 10*

*E&M Code Payment Rates, continued from pg. 9*

Despite this outlook, MedChi is committed to working with the Governor and the General Assembly to restore E&M rates to 100 percent of Medicare.

**The Fiscal Year 2020 budget does make changes to the Maryland Primary Care Program (MDPCP).** Although the Health Services Cost Review Commission (HSCRC) introduced legislation to transfer the remaining \$10 million from the Maryland Health Insurance Plan Fund to the MDPCP for administrative purposes, the budget committees instead transferred the monies to Medicaid to cover provider reimbursements. **The HSCRC must now determine how or if it can provide administrative support for the MDPCP. This action has NO effect on physician compensation under the MDPCP,** but does limit the administrative support that can be provided by the HSCRC under the MDPCP. MedChi continues to encourage physicians to enroll in the MDPCP. Even though the budget committees diverted the funds away from the MDPCP, the HSCRC is required to submit a report (due by September 1, 2019), outlining the process for evaluating the behavioral health provision in primary care practices and the impact that MDPCP has on Medicare and dually eligible Medicaid and Medicare enrollees with behavioral health needs, including those with serious mental illness.

The Fiscal Year 2020 budget also requires several reports to be submitted and/or actions to be taken by various state agencies.

- Beginning September 30, 2019, the Maryland Department of Health (MDH) and the Opioid Operational Command Center are required to submit **quarterly reports on the spending plan for the use of the funds contained in the Opioid Crisis Fund.**

- The Maryland Institute for Emergency Management Services Systems (MIEMSS) and the HSCRC are required to **report by November 1, 2019, on the strategies for addressing the increasing emergency department overcrowding in the state.**
- The MIEMSS, HSCRC, and the Maryland Health Care Commission (MHCC) are required to **report on the development of new models of care delivery that will improve emergency department overcrowding** by treating low-acuity patients in settings other than the emergency department (e.g., mobile integrated health services, emergency medical services [EMS] without transport, and EMS with transport to an alternative destination).
- The Behavioral Health Administration (BHA) is required to plan and create a **statewide bed registry for all inpatient psychiatric beds**, including total, operational, and vacant inpatient psychiatric beds in all state-run psychiatric facilities, acute general hospitals, and private psychiatric hospitals in Maryland.
- The BHA is required to conduct and report by December 1, 2019, on an **analysis of existing scientific research and evidence surrounding the safety and efficacy of ibogaine** (a psychoactive substance found in the root bark of the iboga plant) treatment for individuals with opioid-use disorders and the feasibility of future scientific research within existing institutions and research facilities.
- MDH and HSCRC are required to submit a **report on the projected operating expenses for MDPCP and the funding sources that will be used to support the MDPCP beginning in Fiscal Year 2020.**



Favorite Healthcare Staffing is a MedChi Affinity Vendor

**MedChi**  
The Maryland State Medical Society

Discounted Rates for MedChi Members!

**Preferred Pricing for MedChi Members**  
**One Call Does It All - Call Today! 410-561-6490**



## MedChi Finds Success in Health Insurance Priorities, Including Mid-Year Formulary Changes and Prior Authorization Law

*Danna Kauffman, Esq., Schwartz, Metz & Wise*

As a result of Resolution 25-18 from the fall House of Delegates, MedChi requested the introduction of House Bill 435/Senate Bill 405: Health Insurance – Prescription Drugs – Formulary Changes. As introduced, the bill would have “frozen” the



formulary, prohibiting any changes mid-year by an insurer as it related to removing a drug from the formulary or changing a prescription drug to a higher cost sharing tier. Because of concerns raised related to the recent spikes in pharmaceutical costs, legislators were concerned about preventing an insurer from making mid-year changes. MedChi worked with legislators and insurers to develop alternative

language to address the issue. **As amended, the bill builds on Maryland’s current exemption process for addressing when a beneficiary needs a drug that is not on the carrier’s formulary. Under the bill, if a carrier either removes a drug from the formulary or moves a drug to a higher cost tier, the beneficiary may be able to continue to access the drug or stay on the drug in the original cost-sharing tier if the authorized prescriber states that there is no equivalent prescription drug in the entity’s formulary or in a lower tier. In addition, if the carrier moves a drug from the formulary or shifts it to a higher cost sharing tier, the carrier must notify a beneficiary currently taking the drug and the member’s health care provider at least thirty days before the change is implemented and include the process for requesting the exemption.**

MedChi was successful in strengthening Maryland’s prior authorization laws to provide greater continuity of care for patients and transparency. House Bill 751: Health Insurance – Prior Authorization – Requirements (sponsored by Delegate Terri Hill, MD) provides that **a carrier must honor a prior authorization from a previous entity for at least the initial**

**thirty days of the beneficiary’s prescription drug benefit coverage, during which time the carrier can initiate its own prior authorization review. The bill also requires that an entity honor a prior authorization when the beneficiary moves between health plans within the same carrier and when there is a dosage change (excluding opioids).** Like House Bill 435/Senate Bill 405, the bill requires carriers to notify a beneficiary, currently taking the drug, and all health care providers at least thirty days before implementing a prior authorization change.

MedChi successfully supported initiatives to provide greater access to health insurance. Senate Bill 36/House Bill 127: Health Insurance – Health Benefit Plans – Special Enrollment Period for Pregnancy (sponsored by Senator Clarence Lam, MD) requires small employer and individual health benefit plans to provide a special enrollment period (ninety days, beginning on the date the health care practitioner confirms the pregnancy) during which an individual may enroll in a health benefit plan. Coverage must become effective on the first day of the month in which the woman receives confirmation of pregnancy.

To ensure the continued success of the state’s Reinsurance Program, the mechanism developed during the 2018 Session to stabilize the individual health insurance market, the General Assembly passed House Bill 258/Senate Bill 239: Health Insurance – Individual Market Stabilization – Provider Fee to continue the assessment on insurers through 2023, the main funding source for the state’s Reinsurance Program. The bill also requires the Maryland Health Insurance Coverage Protection Commission to study and make recommendations on whether the Reinsurance Program should be extended after Calendar Year 2023 and, if so, how it will be funded.

**Lastly, the General Assembly passed House Bill 814/Senate Bill 802: The Maryland Easy Enrollment Health Insurance Program. As introduced, the bills would have imposed a penalty on individuals who did not have insurance. Because of concerns surrounding the fairness of penalizing an individual who still may not be able to afford insurance, the General Assembly amended the bills to provide an individual with additional assistance enrolling in health insurance by indicating so on his or her tax return. Specifically, an individual will indicate on a tax return whether the individual or a dependent claimed on the tax return lacked minimum essential coverage at the time the tax return is filed and, if so, the state will work with the individual to determine whether he/she qualifies for Medicaid or a qualified health plan under the Maryland Health Exchange.**

## MedChi Fights to Protect Minors in Major Public Health Wins

- **Tanning Beds – House Bill 124/Senate 299** (passed) prohibits individuals under the age of eighteen from using tanning beds.
- **Tobacco Use – House Bill 1169** (passed) increases the minimum age for tobacco products and electronic smoking devices to twenty-one years of age. The bill includes an exception for military personnel.
- **HIV PReP – House Bill 1183/Senate Bill 251** (passed) clarifies and strengthens current law with respect to a minor's right to consent to PReP (Prevention for HIV). With the highest incidences of new HIV cases occurring in individuals between the ages of thirteen and twenty-four, access to prevention is an essential element to addressing growing public health concerns.

### MEDICAL SUBLEASE AVAILABLE

Lutherville. Well-maintained office building with good visibility and traffic count. 1,500 square feet with two exam rooms, consult room and reception area. Includes utilities, phone, wifi, and free parking. Available Mon, Wed and Fri. Contact: 410.321.0882.

**Interested in Placing a Classified or Display Advertisement in Maryland Medicine?**

**Contact Victoria Hecht at MedChi. 410.539.0872, x3312, or email her at vhecht@medchi.org.**

## We Empower Doctors to Stay in Sync With Their Patients and Care Team

- Receive **real-time** admissions and discharge **notifications**
- **Customize** direct messages to patients
- Enjoy **secure, simple, and easy** messaging from your own device

### Get Started!

Visit [drfir.st/medchi-sync](http://drfir.st/medchi-sync) today.



We are the **#GuardiansOfHealthcare**  **DrFirst.**



### Clean and feature rich

Really easy to set up and use. We can now securely chat with doctors outside of our practice and even start conversations with patients. Also, the patient centered chat function streamlines communication around each patient which is an incredible time-saver.

—urmomsreviews



## First Aid Room Physician of the Day Brings Awareness of MedChi During Session

Thank you to our members who served as “Physician of the Day” in our State House First Aid Room. Photos of some of these physicians are below.



Top: Padmini Ranasinghe, MD; Aaron George, DO; Wiemi A. Douoguih, MD; Collen White, RN.  
 Middle: Richard Bruno, MD; Jack Gordon, MD; Gary Pushkin, MD (with Gene Ransom, CEO); Reed Winston, MD.  
 Bottom: Steve Rockower, MD (with Senator Mike Miller); Ramsay Farah, MD (with Colleen White); Russ Wright, MD; Michael Murphy, MD.

## Maryland Primary Care Program & Care Transition Organization Updates

The Maryland Primary Care Program (MDPCP) officially began on January 1, 2019, with 380 individual practices participating. All participating practices successfully completed CMS required reporting on their first quarter progress as well as initial challenges.

Practices participating in MDPCP will receive additional prospective payments from Medicare to make transformative changes to the way they deliver care (modeled after CMMI's national Comprehensive Primary Care Plus Model, or CPC+). Practices also will receive technical assistance and data supports to accelerate transformation. **MDPCP is a voluntary program open to all qualifying Maryland primary care providers that provide funding and support for the delivery of advanced primary care throughout the state.** The MDPCP supports the overall health care transformation process and allows primary care providers to play an increased role in prevention, management of chronic disease, and unnecessary hospital use.

The MDPCP offers assistance and support to practices, including:

- **Care Transformation Organizations (CTOs)** – A CTO is as an entity that hires and manages an interdisciplinary care management team capable of furnishing an array of care coordination services to Maryland Medicare beneficiaries

attributed to participant practices. Practice participation with a CTO is completely voluntary, although 78 percent of the practices have chosen to use a CTO for plan year 2019.

- **Practice Coaches** – Each practice coach will be responsible for developing a productive, hands-on relationship with a set group of participating practices. Coaches will provide technical assistance to program participants, serving as a key resource in the practice's transformation journey. Every participating practice and every CTO is assigned a specific Practice Coach.
- **CRISP MDPCP Reporting Suite** – This portal contains data on patient population demographics, diagnoses, in-patient and ER use, as well as claims information.
- **MDPCP Connect** – A website, accessible by all MDPCP participants as well as CTOs, used for sharing of information such as the calendar for webinars and the associated materials, any documents needed by MDPCP practices, and a chat function for participants to speak to one another, ask questions, and share best practices.

MDPCP leadership from the Program Management Office are pleased with the progress and participation of the practices participating in the first year of a very important program, and we all look forward to much success moving forward.

**MENTAL WELLNESS SAVINGS**

TIPS FOR MENTAL WELLNESS

Talk with your doctor and learn more about mental wellness.

Ask for help, connect with others, join a support group.

**SAVE ON MEDICATIONS** with the Maryland Rx Card

For more information contact: [info@marylandrxcard.com](mailto:info@marylandrxcard.com)

**MARYLAND RxCARD.com**

Compliments of: **MedChi**  
The Maryland State Medical Society

**Pharmacy Coupon Prescription**

SCAN FOR FREE APP OR VISIT [FREERXICARD.COM](http://FREERXICARD.COM) TO DOWNLOAD

Available on the App Store | GET IT ON Google Play

Proud Supporter of: **Children's Miracle Network Hospitals**

A donation will be made to your local CMN hospital each time a prescription is processed using this coupon.

## Committee Profile: Medical Economics Council Active on Payer & Technology Fronts

*Colleen George, Center for the Private Practice of Medicine*

MedChi's Medical Economics Council had two committees: The Payer Relations Committee and The Information Technology (IT) Committee.

The Payer Relations Committee has been in existence for many years with the goal of bringing issues before payers, including private carriers and Medicare and Medicaid. We have dealt with issues as diverse as Assignment of Benefits, timely filing, fee schedules, coding issues, and the transition to ICD-10 coding.

The Information Technology Committee was initially created to discuss all aspects of implementation of Electronic Health Records and what MedChi could do to advise and assist. This included the vetting of EHR vendors, assisting with attesting to Meaningful Use for both Medicare and Medicaid, and filing for the Maryland State Payor incentive program.

As EHRs have become the more the norm than the exception, and more insurance carrier issues involve IT issues, such as prior authorization, the functions of the Payer Relations and IT

Committees began to overlap. In response, we have combined the two committees into one. In doing so, we have also realized how many aspects of health care, and other MedChi committees as well. For example, we have had members of the Addictions Committee attend our meetings to discuss the issue of Prior Authorization for Buprenorphine.

We continue to expand our discussions to include the ever-changing landscape of medicine that is unique to Maryland:

- The Maryland Primary Care Program
- How does the Total Cost of Care Model affect physicians in private practice?
- CRISP and the Encounter Notification Service and the Prescription Drug Monitoring Program
- The move from volume to value based care

We welcome additional physician participation for perspective on these important issues. Contact Colleen George at [cgeorge@medchi.org](mailto:cgeorge@medchi.org) if you are interested in participating.

## CRISP FREE Services for Ambulatory Practices

Connect. Share. Improve Patient Care

CRISP is a regional health information exchange (HIE) serving Maryland and the District of Columbia. CRISP is a non-profit organization advised by a wide range of healthcare industry stakeholders. All of the following services are available for FREE to ambulatory practices. For more information, visit the CRISP website at [www.crisphealth.org](http://www.crisphealth.org).

### Clinical Query Portal

The CRISP Portal is a free tool available to clinical staff. As clinical information is created and shared with CRISP, it is made accessible in real time to participating health care providers through the CRISP Portal.

### Encounter Notification Service (ENS)

ENS allows primary care physicians, care coordinators, and others responsible for patient care to receive real-time alerts when patients are admitted/discharged at hospitals. Proactively coordinate your patients' care and schedule any necessary follow-up treatment or visits.

### Prescription Drug Monitoring Program (PDMP)

The Maryland Prescription Drug Monitoring Program gives prescribers, dispensers and other licensed staff access to prescription information for all Schedule II-V drugs filled in Maryland, Virginia and some neighboring states.

For more information and to sign up for any of the **CRISP User Services** contact MedChi at **410-878-9698** or email [cgeorge@medchi.org](mailto:cgeorge@medchi.org).

## Physician (Member) Legislators Making a Difference in State Policymaking: An Interview with Delegate Terri Hill, MD

### *What Made You Get Into Medicine?*

Growing up, I was inquisitive, a tinkerer by nature. I enjoy being of service, was reared in the importance and necessity of giving to and otherwise supporting the less fortunate, loved school and all kinds of learning, and was especially interested in science and math. My family's doctor (a knowledgeable, warm, and accessible man who made house calls!), pharmacist, and dentist — essentially all of the regular health care providers with whom I interacted before the age of ten — were all African-Americans, and my paternal grandmother was a nurse. I later realized that their consistent, seemingly unremarkable presence in my life was, on a subconscious level, profoundly important in modeling and seeding the idea of a career in medicine.

I majored in bio-electric engineering as an undergraduate, with dreams of one day developing artificial limbs that would interface directly with the human neuro-system. Although, as a child, I'd casually entertained the idea of becoming a doctor among several other career aspirations, it was during college that my career focus gradually shifted and I decided to attend medical school.

### *What Motivated You to Run for Office?*

It was the confluence of several things, including an unsought, unexpected opportunity and well-timed invitation, which drove my decision to run. Other motivators were

- increasing frustration over a number of national and international issues — including the direction of health care delivery and the rise in efforts geared toward disenfranchisement and perpetualizing class disparity;
- growing concern about what I saw as a widening divergence in how we as a nation and a people defined ourselves, further departure from the principles of justice, and imminent battle over how American values and human values would be defined for the foreseeable future; and
- the realization that I didn't want to wake up in twenty years disappointed by what we'd become and feel like I might have been able to make a difference but hadn't bothered to try.



**“By virtue of your experience as a physician, you are a subject expert, and politics is “your lane.””**

### *How Do You Balance Being a Physician and a Legislator?*

It is a challenge and requires a great deal of support from and coordination among my practice and legislative staffs, the accommodation of patients and colleagues, and the understanding and forbearance of family and friends.

Fortunately, the legislative session lasts ninety days, so even

though I have responsibilities in both roles year-round, I can generally shift the time commitment prioritization to accommodate what is required to juggle the various demands.

### *What Advice Would You Give to Fellow Physicians Who Are Looking to Take Part in Politics?*

Accept the fact that if only by virtue of your experience as a physician, you are a subject expert and that politics is “your lane.” Follow your natural tendency to problem solve and take whatever small step feels comfortable. Contact your representative, get (more) involved with the local or state medical society or a political interest group. Accept the invitation to meet a candidate. Volunteer on a campaign or in a legislator's office or for an advocacy group. Come to Annapolis as “The Physician of the Day” or to observe a floor session, express your concerns to the legislators, or give testimony before a committee. Run for office. There are numerous ways to step up. Choose one and see what you are inspired to do from there.

### *How Does Being a Physician Change Your View on Legislation?*

Being a physician in clinical practice with decades of experience as a listener, problem solver, and advocate, together with the other cumulative experiences of my life, informs my perspective on legislative solutions and allows me to bring a much-needed perspective on how many policies (not limited to health care policy) and action might impact people at point of delivery. The greater the diversity of life experience and expertise present in the legislature, the greater the potential for finding meaningful solutions to our shared legislative challenges.



## Physician (Member) Legislators Making a Difference in State Policymaking: An Interview with Sen. Clarence Lam, MD

### *What Made You Get Into Medicine?*

I'd always been interested in helping people since I was a child. I think it was a recognition that there are few things as important as individual health, and there are few ways to help someone as worthwhile as improving their health. I decided to specialize in preventive medicine and public health out of a sense that this specialty allows you to help a tremendous number of people outside of the walls of the clinic and hospital using tools that are focused on policy, programs, and regulations to influence the health of a community.

### *What Motivated You to Run for Office?*

It was a combination of factors that motivated me to run for office. First, it was out of a sense of altruism that as a second-generation American—while I was born here, my parents were foreign-born—I wanted to give back to a community that had given so much opportunity to my family. Second, it was a recognition that so many of the tools that involve preventive medicine and public health are tied to efforts that can be initiated by the legislature, like passing laws, creating programs, and influencing regulations.

### *How Do You Balance Being a Physician and a Legislator?*

It is difficult balancing being a physician legislator. As clinicians, we recognize that we don't have much control over our schedules. And as legislators, we don't have much control over our schedules either, which makes the combination of those jobs extremely challenging. This is like working two jobs at the same time. Fortunately, my medical training has taught me to get by on very little sleep!

### *As a Physician Legislator, with a Busy Schedule, How do You Achieve Balance?*

As I mentioned above, this is always a challenge. It is very difficult to manage two conflicting schedules, and that is one reason that I believe we see so few physicians enter into elected

office. On the other hand, I think it's important as a citizen legislature, that I continue working to be able to understand and grasp the challenges that everyday Marylanders see and experience. Professionally, it's important to me to be able to continue working in the profession that I've trained for, and so I find value in continuing my work as a clinician and residency program director.

### *What Methods Do You Use to Relax?*

I read a lot, particularly national and local news publications. I enjoy learning, and reading about current events is not

only enlightening and informative, but also allows me to stay knowledgeable and aware of local issues and community concerns.

### *What Advice Would You Give to Fellow Physicians Who Are Looking to Take Part in Politics?*

I'd say go for it! We need more legislators and elected officials who understand medicine and have a background in science. I recommend starting local, and find and run on issues that you are passionate about. Reach out to other elected officials and see and learn what it's like to serve. (I'm always happy to have physicians shadow me for a day or to serve in my legislative office in Annapolis.) I think it's really

important to serve in elected office because we bring a unique perspective that's often missed, and health care providers are so underrepresented in the legislature that the potential influence we can have in elected office is significant.

### *How Does Being a Physician Change Your View on Legislation?*

As a physician, I'm always looking for the data and the evidence in trying to make sure that we are acting not on anecdotal information, but on solid facts and knowledge. This drive for evidence is important to me as I consider legislation and certainly influences how I look at and examine policies before the General Assembly.



**“[Physicians] bring a unique perspective that’s often missed ... the potential influence we can have in elected office is significant.”**

## MedChi's Newest Physician Members

MedChi welcomes the following new members, who joined between January 23, 2019, and April 26, 2019.

Ghulam Abbas, MD — Comprehensive Primary Care, LLC  
Malik M. Adil, MD — NINDS/NIH  
Joseph Angelo, MD — Joseph Angelo, MD, LLC  
Sally J. Belcher, MD — Comprehensive Primary Care, LLC  
Barbara Bell, MD — Comprehensive Primary Care, LLC  
Lissa Y. Berroa Garcia, MD — Holy Cross Palliative Care  
Balnath Bhandary, MD — Comprehensive Primary Care, LLC  
Megan E. Buresh, MD — Johns Hopkins Bayview Medical Ctr  
Shikha N. Deva, MD — MedStar Medical Group, Gaithersburg  
Visha Dinesh, MD — Comprehensive Primary Care, LLC  
Hillary M. Epstein, MD — Chesapeake Urology Associates, PA  
Justin E. Fang, MD — Chesapeake Urology Associates, PA  
Catherine C. Feaga, DO — University Healthcare Physicians Inc.  
Benjamin Galper, MD — MidAtlantic Permanent Medical Group  
Sherita D. Gaskins, MD, FACOG — Baltimore Washington Med. Ctr.  
Julie G. Gutmark, MD — Laurel Eye Physicians  
Gregory P. Guyton, MD — Greater Chesapeake Orthopedic Assoc.  
Julius A. Ho, MD — Sleep Wake Disorder Center  
Jay Jalisi, MD, FACS — HMJ Health Management Company, LLC  
Charles W. Karesh, MD, CMD — Comprehensive Primary Care, LLC  
Nora Katerji, MD — Privia Health LLC  
Matthew T. Kleese, DO — MedStar Medical Group  
Randi Kodroff, DO — Comprehensive Primary Care, LLC  
Antonina Kolesnikova, MD — Comprehensive Primary Care, LLC  
Leo I. Korotki, MD — Effective Integrated Healthcare  
H. S. Lambert, III, MD — Oakland MRI Center  
Suzan C. Lowry, MD — Charles County Department of Health  
Keshav T. Magge, MD — Cosmetic Surgery Associates  
Rena D. Malik, MD — University of Maryland Medical Center  
Justin McArthur, MBBS, MD — Johns Hopkins Hospital  
Sarah McAvoy, MD — University of Maryland  
Robert C. Miller, MD — University of Maryland Medical Ctr  
Ellen M. Mongan, MD — University of Maryland Medical Ctr  
Brian P. Neuman, MD — Chesapeake Urology Associates, PA  
Kamila A. Nowak Choi, MD — Radiation Oncology Affiliates  
Kelly E. Orwat, MD — Radiation Oncology Affiliates  
David J. Perry, MD — Radiation Oncology Affiliates  
Mihael Polymeropoulos, MD — Vanda  
James B. Potash, MD — Johns Hopkins Hospital  
Sarah Pryor, MD — Johns Hopkins School of Medicine  
Dustin Ray, MD — Johns Hopkins Hospital  
Richard J. Reddet, MD — Johns Hopkins Hospital  
Stephen K. Ronson, MD — Radiation Oncology Affiliates  
Sameer Samtani, MD — Adventist HealthCare Imaging  
Sirisha M. Sastry, MD — Comprehensive Primary Care, LLC  
Lea Selitsky, MD — Johns Hopkins School of Medicine  
Mathew J. Sheldon, MD — Chesapeake Urology Assoc., PA

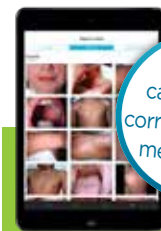
Natallia S. Shotashvili, MD — Comprehensive Primary Care, LLC  
Daniel E. Snow, MD — Comprehensive Primary Care, LLC  
Eric J. Springer, MD — Chesapeake Urology Assoc., PA  
Laura L. Steele, MD — Franklin Square Hospital  
Aisha Taylor, MD — Chesapeake Urology Assoc., PA  
Patrick Y. Tong, MD — Patrick Tong LLC  
Akila N. Viswanathan, MD — Johns Hopkins Hospital  
Nashwa Wahba, DO — Halifax Health  
Spencer A. Ward, MD — The Relationship Center of Bethesda  
Craig Wilder, MD — Dr. Craig Wilder  
Louisa S. Ziglar, MD — Arthritis & Rheumatism Associates, PC



## Make Every Minute Count

### Features:

- ✓ Differential builder
- ✓ Over 41,000 images
- ✓ Quick access to therapy and best tests
- ✓ Medication reactions
- ✓ Travel-related diseases
- ✓ Earn CME



VisualDx can help you correctly identify measles rash.

**20% Off**  
Exclusively  
for MedChi  
Members

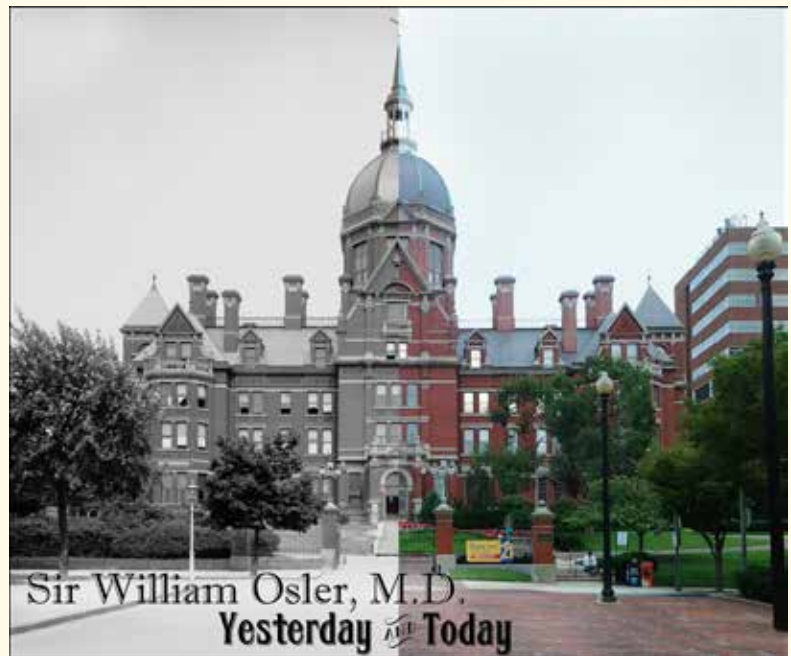


[visualdx.com/medchi](http://visualdx.com/medchi)

## Thomas E. Hunt, Jr., MD, History of Maryland Medicine Lecture *The Continuing Influence of Sir William Osler, MD*

Please join the History of Maryland Medicine Committee for the annual Thomas E. Hunt, Jr., MD, History of Maryland Medicine Lecture. The event is scheduled for Thursday, June 6, 2019, at 5:30 p.m. for a reception and lecture, featuring Paul Rothman, MD, Dean of the Medical Faculty at Johns Hopkins Hospital.

Dr. Rothman will be speaking on the influence of Sir William Osler, MD, over the past century since Osler's death in 1919. For reservations or more information, please email [events@medchi.org](mailto:events@medchi.org).



### Have You Ever...

- Noticed while at work that a physician colleague smelled of alcohol?
- Been concerned by a physician who was so upset and angry with colleagues that it interfered with patient care?
- Been plagued with worry or concern because a colleague "just doesn't seem right?"

### Do You Know Where To Turn If...

- You think a physician friend might have a drinking problem?
- A colleague is self-prescribing pain-killers or other controlled medications?
- A colleague seems depressed, is experiencing mood instability, or is overly anxious to the point that their performance is being affected?



**MPHP** is a private, confidential, non-disciplinary program that advocates for the health and well-being of all physicians and other allied health professionals who are licensed by the Maryland Board of Physicians to safeguard the public. MPHP is HIPAA compliant, and protects the confidentiality of participant records as set forth under state and federal law. MPHP is administered by the Maryland State Medical Society's 501 (c)(3) affiliate, the Center for a Healthy Maryland, and is separate from the Maryland Board of Physicians.

For more information and/or a confidential consultation for you or a colleague who may benefit from our help, please call **800-992-7010** or **410-962-5580**.

# MPHP

MARYLAND PHYSICIAN HEALTH PROGRAM

*Helping One Physician Helps a Thousand Patients*

**MedChi**  
The Maryland State Medical Society

Center for a  
**Healthy Maryland**

1211 Cathedral Street / Baltimore, MD 21201 / 410.878.9698 Ph / 888.507.6034 Fx

©2018 MedChi, The Maryland State Medical Society. All rights reserved.



Address Service Requested

Presorted Standard  
U.S. Postage  
PAID  
Permit No. 48  
Merrifield, VA

## Events

For a complete list of MedChi and component events, visit <http://www.medchi.org/Events>.

### June 8–12

AMA Annual Meeting, Chicago, IL.

### June 12

Baltimore County Medical Association Board of Governors' Meeting. 6:15 p.m. GBMC, Rooms D & E, 6701 N Charles St., Baltimore, MD. Patricia Keiser, 410.296.1232.

### July 9

Baltimore City Medical Society Board Meeting. 6:00 p.m. Malouf Board Room, MedChi Building. Lisa Williams, 410.625.0022.

### July 17

Summer Social Event: Baltimore Orioles vs. Washington Nationals. 7:05 p.m. Oriole Park at Camden Yards, 333 W Camden St., Baltimore, MD. Catherine Johannesen, 410.539.0872, ext. 3308.

### July 17

Montgomery County Medical Society Physician Collegiality Dinner. 5:30 p.m. – 8:30 p.m. Copper Canyon. Karissa Miller, 301.921.4300.

### July 18

MedChi Board of Trustees Meeting. MCMS Headquarters, 15855 Crabbs Branch Way, Rockville, MD. Catherine Johannesen, 410.539.0872, ext. 3308.