

## State & National News Digest

## Mandatory Vaccine Reporting Begins October 1, 2019, in Maryland's ImmuNet

A new requirement was passed into law during the 2019 Legislative Session, that as of October 1, 2019, all vaccinations administered in Maryland are required to be reported to Maryland's Immunization Information System, ImmuNet.

Your medical practice may already be reporting to ImmuNet. You can sign in to ImmuNet to check if your patients' vaccination records are there. You can go to this link to check or to enroll: https://bit.ly/2LkqZE4.

**Exemption:** Should your practice encounter a patient with concerns about their health information being reported to ImmuNet, an exemption is available. This brochure is available to educate patients about ImmuNet and to inform them of their right to "refuse to permit" ImmuNet reporting: bit.ly/2KcR3l9. An opt-out form must be filed in the case of a refusal.

For Physicians Already Reporting to ImmuNet: If you report to ImmuNet, whether you enter your data manually, upload flat files, or submit your data through your Electronic Medical Records either with a direct connection to ImmuNet or via CRISP, you can sign in to ImmuNet to check that your data is being entered or sent across successfully. Periodic checks help to ensure the quality of patients' data. Be aware that vendors must communicate updates made to EHR interfaces to Immunet, as that can affect data submission.

If your organization is reporting through a network or umbrella EMR under the same group Organization ID, you should have your EMR vendor update the Organization ID to the one for your specific site. This will ensure your data and reporting status are reflected correctly under your specific site in ImmuNet. If you need your specific site Organization ID, please contact the ImmuNet Help Desk. (See contact information in Resources)

For Physicians Not Yet Reporting to ImmuNet Who Have an EMR System: If you participate in the CMS Promoting Interoperability (PI) programs (the EHR Incentive Program or Meaningful Use or MIPS), you may already be registered to report to ImmuNet. If you are still in the queue and have a TEST file ready to submit, contact the Public Health Reporting Help Desk.

Providers not participating in the CMS PI programs should also register to get in the queue for testing. Please visit the Public Health reporting webpage (https://bit.ly/2HwJUuw) to view the onboarding steps (Registration, Testing, and Production), including the ImmuNet specifications. Once registered, you will receive an acknowledgment that you have been placed in

the onboarding queue, and an onboarding/validation staff will contact you to get started.

Multiple locations sharing the same EMR system can register and onboard together as a group effort. However, each location/site will be assigned a separate Organization ID in ImmuNet.

ImmuNet supports bidirectional data exchange through the Maryland State Health Information Exchange partner, CRISP. Instructions for onboarding with CRISP can be found at https://crisphealth.org/.

For Physicians Not Yet Reporting to ImmuNet Who Do Not Have an EMR System: The Maryland Department of Health (MDH) strongly recommends reporting vaccination data to ImmuNet through an EHR/EMR.

If EHR/EMR is not a feasible option for you, there are two other methods of reporting to ImmuNet. Both will require that you have an ImmuNet account. If you don't have one, complete the ImmuNet Enrollment by uploading flat files to ImmuNet on a daily basis or entering patient vaccination data manually in ImmuNet on a daily basis:

There are ImmuNet training videos for guidance available on ImmuNet's website.

## MedChi's CDS CME Roadshow Provides Education to Meet Licensure Requirement

As of fall 2018, Maryland law requires all new and renewal applicants for the Maryland CDS Registration issued by the Office of Controlled Substances Administration to attest to completing two hours of Continuing Medical Education (CME) related to the prescribing or dispensing of Controlled Dangerous Substances. In partnership with the Maryland Department of Health, MedChi has been offering an approved two-hour CME program to help physicians and other prescribers fulfill this requirement. To date, we have held many presentations throughout the state of Maryland, helping an estimated 350 prescribers to complete the required credits.

All CME events are free of charge. Space is limited, and RSVPs are required. If you would like to host a CME event at a hospital, medical center, or work place; you would like access to an approved CME course online; or you would like to RSVP (see Events, pg. 16), please reach out to Amalia Rivera Oven at ariveraoven@medchi.org, or 800.492.1056 ext. 3321.

### From the President...

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

My friend (and MedChi Past President) Stephen Rockower, MD, is fond of saying that "if you're in medicine, you're in politics." I'm going to paraphrase to introduce this issue of *Maryland Medicine*: If you're in



medicine, you're in law. Although only a small group of industrious physicians also have law degrees under their belts, each of us is required by the nature of our work to learn and understand the legal considerations that go hand in hand with the practice of medicine.

MedChi's advocacy efforts in Annapolis are often centered on the

need to reduce the burdensome legal complexities for physicians and patients. The results of each legislative session directly impact the laws and regulations that must be navigated by practicing physicians.

Although MedChi cannot offer legal advice to members, we can (and do) offer as many resources as possible to ensure that you understand the complex legal issues that must be considered by practicing physicians. We have outlined a few legal considerations in this issue that I hope you'll find useful, but they only scratch the surface of the many complexities of medical practice and business ownership. Thankfully, MedChi's Law & Advocacy team and Practice Management team are ready for your calls, emails, and questions.

I, for one, am comforted by having MedChi as a resource for the complexities of medical practice. MedChi's support allows me to concentrate on medicine and to focus on my patients. I hope you share my appreciation for this wonderful resource.

## Important Contact Information on Topics Noted in This Issue

- 1. Practice Management Services: 410.539.0872, ext. 3360.
- 2. PDMP Call Center: 410.539.0872 ext. 3324, or pdmp@medchi.org.

## **Non-compete Clauses: Key Considerations**

Gene Ransom, CEO

Non-compete clauses are a staple of thousands of health care agreements in Maryland. While some non-compete language can be fair and reasonable, some non-compete clauses put the physician at a severe disadvantage. Physicians can use non-compete language to protect their practice when hiring mid-level employees like nurse practitioners or physician's assistants. Other physicians are required to agree to a non-compete as a condition of employment by a hospital system. Most often, after a physician leaves an employer, non-competes will limit the area the physician can work to a certain geographic region.

In Maryland, non-compete language found in employment contracts is enforceable if non-compete conditions are:

- 1. Supported by adequate consideration;
- 2. Ancillary to an employment contract;
- 3. Limited to the area and duration that are reasonably necessary for the protection of the employer; and
- 4. Not an undue hardship on the employee or contravene public policy. Source: Becker v. Bailey, 299 A.2d 835, 838 (Md. 1973)

Maryland law will enforce non-compete restrictions for two reasons: (1) if the former employee could misuse trade secrets or client lists that would result in unfair competition, or (2) if the former employee provided unique services.

Maryland courts use the "blue-pencil" approach and will strike unreasonable provisions of the non-compete while enforcing the remainder of the restriction. Other state courts may strike the entire agreement if it is even partially unenforceable.

Please consider the following when you negotiate non-compete language:

- Consult an attorney before signing anything. MedChi can refer you to a lawyer who understands health care and noncompete clauses.
- Remember that each state's laws are different, and what applies to your colleague in Texas may not apply to you in Maryland. Every state has a different set of codes, rules, and case law in effect.

MedChi has had an increasing number of questions and comments from members concerning non-compete clauses and what is considered fair public policy. MedChi would like to hear your questions, comments, or concerns. Please do not hesitate to share your thoughts on this or any other issue.

Gene Ransom is CEO of MedChi. He can be reached at gransom@ medchi.org.



## CONSULTATIVE INSURANCE REVIEW

Med Chi Insurance Agency was

Contact Keith Mathis at 800.543.1262, ext.

410.539.6642 or 800.543.1262 www.medchiagency.com

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

#### **Employee 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:

## What to Do When An Investigator Arrives

Marc K. Cohen, Esq.

Most law-abiding physicians never expect to be questioned by a board investigator or law enforcement official. However, with increasing regulation and stepped-up enforcement efforts by both state and federal governments, physicians are more likely than ever to find a government agent at their door.

When encountering a Board investigator, a DEA agent in a raid jacket, or a badge-flashing G-man, it is critical that you remain cognizant of your rights and responsibilities under the law and your objectives. The following are basic facts and rules that any physician and his or her employees should know:

- 1. Relax. If they wanted to arrest you, they would have done it when they first arrived.
- 2. Request appropriate identification from the investigator. Ask if they have a subpoena and for a copy. Government investigators have the right to contact you and to request an interview. Such contacts might occur at your place of business or off-hours at home or otherwise off premises.
- 3. Neither you nor your employees are required to speak to **government investigators**. They do not have legal authority to compel you to speak or to submit to an interview. It is improper for investigators to resort to threats or intimidation, whether expressed or implied, to obtain an interview. If a Board investigator is present, it is likely that the investigator will have a Board subpoena for records or even your license. You will need to comply with the subpoena. Licensees also have a statutory duty to cooperate with a Board investigation. If you are pressed to respond to Board investigator questions under such circumstances, it is usually best to say little and be highly circumspect.
- 4. Some subpoenas grant the government the right to immediately seize records, licenses, or other items, but some provide a period of time to provide these things. Read the subpoena carefully and always ask for the right to copy anything that will be taken that day.
- 5. Before speaking with a government investigator,

- remember that any statements you make may have significant legal consequences. If you are prosecuted or sued by the government, the statements you make can be used against you or your employer in court. What you consider to be a handy explanation may prove to be an ill-advised statement. "I really owed this money, I don't know her, I was not present," may prove to be the worst explanation.
- 6. You have the right to speak with the government investigators, as well as the right to decline to be interviewed. You also have the right to have counsel present during any interview, to confer with counsel at any time, and to terminate an interview at any time. It is strongly recommended that you immediately contact competent legal counsel before speaking with an investigator. Most Boards, either expressly or by established policy, acknowledge this right and will not interfere with any effort to call your lawyer to get advice.
- 7. If you submit to an interview, tell the truth. State as fact only those matters you know to be fact; do not guess or speculate.
- 8. If you speak to the government investigator, after the interview make complete and thorough notes (e.g., statements the investigator made, questions asked, and answers you gave). Try to copy anything that may be taken under subpoena. This information will be invaluable to your counsel in determining the subject matter of the investigation and preparing a response to follow up government action.
- 9. If you decline to speak with the government investigator, you may receive a subpoena to appear before a grand jury or a Board subpoena to appear for an interview/ interrogation. If you are served with a subpoena, it is strongly urged that you contact competent legal counsel for advice concerning your rights and responsibilities.
- 10. If it appears likely that a government investigator will seek to interview your employees, provide a memorandum prepared by counsel outlining their rights and responsibilities.

#### **EDITORIAL STATEMENT**

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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.

## Some ideas are better than others for keeping your practice safe.





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## **Legal Considerations in the Medical Treatment of Minors**

Stephen Johnson, Esq.

For many years, physicians and their staff members have frequently contacted MedChi with questions regarding the provision of medical care to minors. Most frequently, the issues at hand involve the boundaries between minor autonomy and parental authority.

Under Maryland law, any person eighteen years or older is considered an adult and may consent to health care. However, persons who have been adjudicated as disabled may have had their ability to consent to health care restricted. The power to consent to health care brings with it, in most instances, the power to control access to health care information. Persons who can consent to health care can also consent to the use of their medical records and information as provided by HIPAA and the Maryland Medical Records Act. In certain instances, however, this power of consent is shared with parents.

In general, persons under the age of eighteen are considered minors, and consent of a parent or guardian is required for health care treatment. However, a minor who is either (1) married; (2) a parent; or (3) living separate and apart from the minor's parent, parents, or guardian, and is self-supporting is considered "emancipated" and may consent to health care.

A physician also may act on a minor's consent to treatment without the necessity of obtaining the parents' or guardian's consent in the following instances.

**Blood donation:** A minor who is at least seventeen may make a blood donation without the need to obtain parental consent.

**Emergencies:** If, in the judgment of the attending physician, the life or health of the child would be adversely affected by delaying treatment.

#### **Specific conditions or treatments:**

- STDs
- Contraception other than sterilization
- Pregnancy
- The provision of a physical exam to treat injuries or obtain evidence from an alleged rape or sexual offense.
- Psychological treatment: If, in the judgment of the attending physician or a psychologist, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual.
- Substance abuse, including alcohol abuse: Minors can receive advice or treatment regarding the above without parental consent. However, minors do not have the capacity to refuse in-patient substance abuse treatment to which a parent has consented.

**Abortion:** A minor may consent to an abortion on her own; however, except under the following circumstances, a physician may not perform an abortion on an unmarried minor without first giving notice to a parent or guardian of the minor. A physician may proceed without providing notice if in the professional judgment of the physician, notice to the parent or guardian might lead to physical or emotional abuse of the minor, the minor is mature and capable of giving informed consent to an abortion, or notification would not be in the best interest of the minor.

A physician may also proceed without giving notice to parents if the minor does not live with a parent or guardian and a reasonable attempt to give notice is unsuccessful. A physician may not provide notice to a parent or guardian if the minor decides not to have an abortion.

Disclosure of information about treatment to parent or guardian: Parents, unless their right to consent to health care for a minor has been specifically limited by a court order or a valid separation agreement, have the right to access their child's medical information. However, if the information pertains to treatment to which the child had the right to consent and did in fact consent to, as outlined above, then the decision about whether to provide the parent with information is within the discretion of the attending physician, with the further exception that the physician may not disclose information about an abortion to which the minor has consented.

Informal kinship care: A relative of a child who is providing "informal kinship care" to the child due to a situation of "serious family hardship," as defined by Maryland Health General 20-105 and including death, serious illness, drug addiction, incarceration, abandonment, or assignment to active military duty of a parent or legal guardian, may consent to health care on behalf of the child if the child is not in the custody of the Department of Social Services or in another guardianship arrangement. The relative must sign an affidavit in the form prescribed by Health-General § 20-105 and give a copy to a health care provider treating the child, as well as file the form with the Social Services Administration of the State Department of Human Services. Forms for this purpose are available at https://bit.ly/2UcTcAI or free of charge from local health departments and boards of education.

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Medical Treatment of Minors, continued from p. 7

**Delegation of parent's authority to consent to immunization of minor:** A parent of a minor may delegate authority to consent to immunization of their child to a grandparent, adult brother or sister, adult aunt or uncle, a stepparent, or any adult who has care and control of the minor. If one of the above is the primary care giver of the child, he/she may delegate the right to consent to another adult as provided. Additionally, authority to consent is given to an adult who has care and custody of child by order of the court.

If a parent is not reasonably available (as defined in statute), and the parent of the child has not prohibited consent, one of the individuals listed above may give consent. Or consent may be obtained from a court that has jurisdiction over a suit in which the child is the subject, or from an adult who has care and custody by order of the court, or from the Department of Juvenile Services for minors in its care or custody.

Please contact MedChi Membership Services Division at members@medchi.org, or 410.539.0872 for further information.

Stephen Johnson, Esq., is MedChi's former general counsel. For questions related to this article, contact 800.492.1056, ext. 6001.

## **Medical Records Retention FAQs**

How long must pediatric medical records be retained? For pediatric patients, the law requires retention until the patient reaches the age of eighteen years, plus three years or five years from the last date of records, or whichever is later.

How long must adult medical records be retained? Maryland law requires retention of medical records on adult patients for five years from the last date of record.

## How long must documentation of released records be retained?

Federal HIPAA regulations require documentation of records being released or disclosed for six years from the date of the disclosure. Insurance plans under federal jurisdiction may request documentation of service for up to seven years from the date of payment. Insurance carrier contracts may have additional retention requirements.

Always check with your medical liability carrier for additional retention requirements based on your patient population and medical practices. For more information, contact Colleen George at 888.507.6024, or cgeorge@medchi.org.



- 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?"



- You think a physician friend might have a drinking problem?
- A colleague is self-prescribing pain-killers or other controlled medications?
- A colleague seemes 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**.









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## Medical Records Copying Fees: What Are Physicians Allowed to Charge?

Colleen George

Certain provisions of Maryland law that went into effect on October 1, 2016, address medical records in an electronic format. Under Health-General Article, §4-304, Annotated Code of Maryland, health care providers are permitted to charge patients (or the patient's authorized representative) a fee for copying medical records.

- The fee for copying records in electronic format is 75 percent of the per-page fee (see below) and may not exceed \$81.63, as well as the actual cost of postage and handling. Health care providers may charge a preparation fee of \$22.88, if the records are sent to a provider or a person other than the patient or the patient's personal representative. Federal HIPAA regulations do not allow a charge for a preparation fee for records provided directly to the patient.
- The fee for copying paper records is not to exceed .83 cents for each page of the medical record and the actual cost of postage and handling. Health care providers may charge a preparation fee of \$22.88 if the records are sent to another provider or a person other than the patient or the patient's personal representative. Federal HIPAA regulations do not allow a charge for a preparation fee for records provided directly to the patient.

The following rules continue to apply:

- No fee may be charged to transfer the records of a Medicaid recipient to another provider.
- A practitioner may not withhold medical records because of unpaid fees for medical services.
- The records may not be withheld under an emergency request from a state or local governmental unit concerning a child protective services or adult protective services case pending payment.
- A physician should not withhold records that have been subpoenaed pending payment of copying and preparation charges but may bill any non-governmental entities subpoenaing records.

In the opinion of MedChi's Committee on Ethics and Judicial Affairs, records should not be withheld from another health practitioner pending payment of the copying fees if to do so would hinder an ill patient from receiving needed medical attention.

Physicians may not demand payment of the allowed charges before turning the records over to a patient or other authorized person. The Board of Physicians is empowered to discipline a physician who fails to comply with the requirements of the Medical Records Act and HIPAA.

## **Guidelines for Terminating the Patient-Physician Relationship**

Colleen George

One of the unique challenges of practicing medicine is deciding when the patient-physician relationship has reached the end of the road. Coming to the conclusion that it is time to part ways with a patient is never easy for physicians and is often accompanied by conflicted feelings. While medicine is a business, it is a business that comes with an ethical duty to patients. No physician is immune from the instinct to continue helping and caring for patients, even when it becomes difficult to do so. Physicians vary a great deal in how they manage challenging patients — some choose to continue care and some find that they feel most comfortable ending the relationship. Neither is right or wrong, but physicians are within their rights to end a relationship that is no longer therapeutic.

At the same time, however, physicians are obligated to "do no harm" to their patients. **Prior to termination of the relationship, physicians should evaluate the case to ensure** 

that the patient is not at a critical stage in treatment, will be given appropriate notice, and has the opportunity to find another physician.

Formal termination of a patient-physician relationship is only required if a relationship has actually been established. Once a relationship has been established, a physician owes the patient a duty of care. There may be some situations in which the formation of a relationship is nebulous. Physicians should assume that a relationship exists if they have offered any treatment — even if not in person. Advice given over the telephone or through electronic means is still medical advice and may establish a relationship. If in doubt, it is prudent to assume the relationship has been established and a duty to care for the patient exists. Ending the relationship without appropriate notice could be considered a breach of this duty.

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## **Cover Story**

Terminating the Patient-Physician Relationship, continued from p. 9

While both physician and patient have the right to terminate the relationship, the requirements for ending the relationship are more complicated for physicians.

## Acceptable reasons for relationship termination include the following:

- Patient noncompliance with recommended treatment
- Failure to keep appointments
- Abusive or rude behavior toward physician or staff
- Outstanding balances that the patient does not attempt to pay
- Prescription fraud by patient
- Failure to comply with the requirement of a pain management contract

Some circumstances warrant special attention and consideration before the relationship termination:

- Physicians are discouraged from establishing blanket policies that allow staff to terminate relationships for nonpayment. Physician review should be required.
- Termination of relationships during post-operative or acute care periods is not recommended.
- Patients with mental health concerns may require extra patience on the part of the physician. Physicians should avoid terminating the relationship with a patient in a psychiatric crisis or with suicidal thoughts.

• Rural providers may find termination more difficult because of a lack of available specialists.

Risk management experts recommend that physicians develop a standardized process for dismissing patients. This process should include a written letter with the following elements:

- Date of termination.
- Specific grace period for finding another physician.
- Resources for locating a new physician (Although it is not advisable to name a specific physician, clinic, or group, the dismissing physician can refer to the patient's insurance company, county medical society, or a physician referral service.)
- Authorization for the release of medical records.
- Optional explanation of reasoning for the relationship termination.

As with any professional document, it is important to avoid inflammatory, accusatory, or unprofessional language.

If handled judiciously and with appropriate notice, termination of the patient–physician relationship need not be detrimental to either party. Careful review of each case by the physician is key. While physicians must be cautious when ending relationships with patients, it is generally within their rights to do so.

For more information, contact MedChi at 800.492.1056.





## **Considerations for Practice Closure and Medical Records**

Colleen George

When a private medical practice is being closed due to physician retirement, relocation, or other factors, physicians are responsible for making the appropriate arrangements for the disposition of medical records. Older physicians should choose a designee, a family member, estate attorney, or any other appropriate custodian, to be responsible for the records if they pass away before the time limit for record keeping. When the physician passes, records become property of the estate.

Letters should be mailed to all patients indicating the closing. A newspaper ad (local newspaper is acceptable) should be placed for two weeks to notify patients who were not reached by letter of the practice closing date and a phone number to call for record requests. Both the letter and the newspaper ad should be repeated in three months. Finally, MedChi recommends continuation of a phone service with a set outgoing message for a minimum of six months.

All communications, including the phone message, should include:

- An address to request medical records in writing
- An indication that medical record requests should include the patient's name, DOB, last for digits of their social security number, and an address for records to be sent
- Any cost associated with record request

By law, physicians have twenty-one business days to send records to the address given in written inquiries.

If, at any time after the six months, you would like to no longer offer the service of providing the individual patients with their records, you may do so by notifying the Board of Physicians. An additional newspaper ad must be placed for two weeks and a letter must be sent informing patients their records will be destroyed after a specified date.

Aside from patients, you should notify the following when you're closing your practice: employees, payors, licensing board, professional liability insurer, office space leasing agent/owner, utility companies, accountant, professional associations.

Completing these steps will satisfy your due diligence in notifying all of your patients. MedChi recommends you retain the patient records for seven years in the event of any type of litigation.

Colleen George is the Executive Director at MedChi's Center for the Private Practice of Medicine. She can be reached at 888.507.6024, or cgeorge@medchi.org.

## Requirements for the Use of Interpreters in Medical Practice

Stephen Johnson, Esq.

Questions frequently arise involving communications with patients with limited proficiency in the English language. Limitations may arise due to either hearing and speech impairment or limited English proficiency for those whose native language is not English.

Perhaps surprisingly, the rules for treating hearing impaired patients are different from those for persons with limited English proficiency.

## Are medical practices required to provide interpreters for hearing impaired individuals?

Practically speaking, yes. Practices are required to make a reasonable accommodation to patient disabilities to achieve effective communication (see https://www.ada.gov/effective-comm.pdf for a discussion of what "effective communication" is). Some limited encounters may not require the use of an interpreter if the need of exchange of information is limited.

The following are two important points to note:

- Unfortunately, enforcement agencies do NOT consider using an interpreter to be an unreasonable accommodation even if the cost of the interpreter exceeds the reimbursement for the visit.
- Physicians should not ask the patient to use their relatives to translate, as this may involve both issues of patient privacy and accuracy. The best solution is use trained and certified interpreters with experience in medical translation from a professional service.

## Are medical practices required to provide foreign language interpreters for patients who are not fluent in English?

In most cases, the answer is no. The exception would be when there is federal funding of the facility (acceptance of Medicare Pt. B doesn't count but Medicaid does; for more information see https://bit.ly/2ZmUqz8).

The above may contain information regarding general principles of law. It is not intended as legal advice and should not be substituted for such. For advice regarding a specific legal situation you must retain an attorney licensed in the applicable jurisdiction and with appropriate training and/or experience in the legal area in question.

Stephen Johnson, Esq., is MedChi's former general counsel. For questions related to this article, contact 800.492.1056, ext. 6001.

## **MedChi and Component News**

## **BCMS Gala Held in May**

Lisa Williams, Executive Director

Members of Baltimore City Medical Society (BCMS) and guests were welcomed to the 2019 President's Gala at the Center Club on May 4, 2019. **President Tom Edmondson, MD, presented 2018 President, Padmini Ranasinghe, MD, with the Society's** 



commemorative plaque, recognizing her distinguished service and leadership. In his inaugural remarks as BCMS's 116th president, Dr. Edmondson, a geriatrician and Medical Director at AbsoluteCARE, shared his decision to become a member of BCMS-MedChi: "I realized that I needed to reach out and join professional organizations that could be a platform to implementing sustainable changes in our profession and health care system." Dr. Edmondson has held various positions on the BCMS board and is providing leadership for the Society's "Clear Vision: Membership 2020," a two-year initiative to

recruit and retain members. Key elements of the initiative are a series of focus groups and member surveys to better understand and represent the collective needs of physicians.

Jos Zebley, MD, president of the BCMS Foundation,



presented the Foundation's Physician Community Service Award to Lenny Feldman, MD, President of the Behavioral Health Leadership Institute. In addition to his work as the Med-Peds Urban Health Residency Program Director at Johns Hopkins and as the Associate Program Director of the Osler Medical Residency, Dr. Feldman volunteers as President of the board at the Institute. The Institute was incorporated as a nonprofit in 2003 to improve delivery of behavioral health services to vulnerable, under-served, and high-risk populations by bridging the

gap between community needs, responsive service delivery, workforce development, and research. A \$500 donation from the BCMS Foundation was given to the Institute to assist with program services. The Physician Community Service Award is given each year during the Gala. To nominate a physician who is engaged with the Baltimore City community, contact the Foundation: info@bcmsdocs.org or 410.625.0022.

Lisa Williams is the Executive Director of the Baltimore City Medical Society. She can be reached at info@bcmsdocs.org.

## MedChi Passes Resolution to Ask State to Maintain Accurate Immunization Records on Vaccinated and Nonvaccinated Children

Russel Kujan, Executive Director

Three days after trip to a Pikesville kosher market for Passover, Gary Pushkin, MD, and his wife Kathy Abbott discovered they may have been exposed to the measles virus. That is how the story begins in a *Washington Times* article about the spread of measles in Maryland. The current measles outbreak raised concern with Dr. Pushkin. He spoke to Baltimore County Medical Association members about what could be done to protect Marylanders short of forcing parents to immunize their children. To read the *Washington Times* article, visit https://bit.ly/2LirAGC.

Maryland requires children entering school for the first time to have received required immunizations, although statute allows for religious exceptions. Before entering school there is no official reporting of unvaccinated children. The Maryland Department of Health immunization registry, ImmuNet, does not keep records on children who have not been vaccinated. The registry only keeps data on children who have been vaccinated. In addition to the lack of reporting prior to school, there could be a lack of data for homeschooled children who have not been vaccinated.

If data on unvaccinated children were collected, public health officials would have more accurate data on vaccination rates which would better inform county and state action. The Baltimore County Medical Association presented a resolution to the MedChi House of Delegates (HOD) for the state to create a "system to report children who have not been immunized prior to enrollment into a preschool or school, public or private, to the Maryland Department of Health." The resolution was passed at the April HOD meeting. The passage of this resolution will direct MedChi to advocate for changes in the Maryland Department of Health's collection of immunization data to include unvaccinated children.

Russel Kujan is the Executive Director of the Baltimore and Hartord County Medical Associations. He can be reached at rkujan@medchi.org.

## **Member Profile: David Myles, MD**

As a practicing pediatrician and proud MedChi, MCMS, and AAP member, I decided to run for a seat on Rockville's city council because of an adage attributed to Abraham Jacobi, one of the founders of American pediatrics. "... It is not enough,



however, to work at an individual bedside in a hospital. In the near or dim future, the pediatrician is to sit in and control school boards, health departments, and legislatures."

While there are many obvious differences between practicing medicine and campaigning (I've never lost weight while practicing medicine but have done so while canvassing), I have found that patients and voters respond well to establishing a rapport. Whether it is a voter or a patient, I have found that I am most effective at establishing

that rapport by finding areas of common interest (safety of children, schools, etc.). Voters have generally responded well to my chosen profession (pediatrics) and conclude that I am competent. This has often helped to break the proverbial "ice" when they open their door to me, a complete stranger. They often correctly assume that I have the best interest of vulnerable populations in mind, and that I, if elected, will be mindful of their concerns.

No different from practicing medicine, there have been some less than ideal interactions with a small group of voters. Such tense situations are often resolved with respectful dialogue. That said, I have been humbled by the repeated demonstrations of hospitality (e.g., people welcoming me into their homes,

providing cool beverages), which is similar to the trust that patients and parents place in me as I ask probing questions and perform invasive procedures. Such positive interactions far outnumber the negative and remind me that I am pursuing public service for the right reasons.

I encourage all of my physician colleagues to get involved in advocacy by becoming a candidate, donating to candidates you support, and/or becoming more involved with your county medical societies and MedChi. Such involvement is particularly important when legislation of concern to you or the patients you serve is being considered locally, in Annapolis, and/or in Washington. For it is through physician involvement that we can be a trusted voice for our patients and profession.

If you would like to learn more about my candidacy, or donate to our campaign, please visit www.DavidEricMyles.com.

## **MedChi's Newest Physician Members**

MedChi welcomes the following new members, who joined between June 20, 2019, and July 29, 2019.

Nathan Deckard, MD — Central ENT Consultants Kanika M. Hampton Bipat, MD — HamptonBipat Medical & Wellness Care

Rebecca Levitt, MD — Growth and Wellness Pediatrics in Bethesda, MD

Mohammad Malik — Multi Specialty HealthCare Krishan M. Mathur, MD — Cambridge Cancer & Infusion Center

Paul J. Quesenberry, MD — Meritus Health, Hagerstown Shari Targum, MD — VA Medical Center

## **MedChi History: The Reading Room**

In the late 1800s and the first half of the 1900s, one of the most well-used rooms at MedChi was the Reading Room, later named the Krause Room. Physicians could not afford to subscribe to every single medical journal, so they would come to MedChi to catch up on the most recent literature. William Osler, MD, was a firm believer in the younger physicians learning from the older ones, and vice versa. Knowledge went up and down the ladder. Luckily, the reading room has been updated (pictured here in the 1940s), and the bookcases, installed in the 1980s, are now filled with a fascinating assortment of medical objects and ephemera.



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Jamaal W. Stafford, Esq. is responsible for the contents of this advertisement.

## CRISP FREE Services for Ambulatory Practices

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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.

#### **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.



James S. Jacobs David C. Dembert Carolyn Jacobs Jacob M. Horowitz

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# Events

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

## September 19

Cecil County CDS CME Roadshow Meeting. Topic: Prescription Drug Monitoring Program (PDMP) Best Practice and Clinical Use. Speaker: Colleen George. Union Hospital, 106 Bow St., Elkton, MD. Amalia Oven, 410.539.0872, ext. 3321.

MedChi Board of Trustees Meeting. MedChi Building 1211 Cathedral St., Baltimore, MD. Catherine Johannesen, 410.539.0872, ext. 3308.

## September 25

Frederick County CDS CME Roadshow Meeting. Topic: Prescription Drug Monitoring Program (PDMP) Best Practice and Clinical Use. 5:30 p.m. Frederick Memorial Hospital, 400 West Seventh St., Frederick, MD. Amalia Oven, 410.539.0872, ext. 3321.

Baltimore County Medical Association CME Event. GBMC 6701 N Charles St., Baltimore, MD. Patricia Keiser, 410.296.1232.

Montgomery County Medical Society Members Meeting. Bethesda Marriott. Alyx Hawkins, 301.921.4300.

#### October 2

Wicomico County Medical Society Meeting. Topic: Physician Burnout. Speaker: Brooke Buckley, MD. Evolution Craft Brewing Co., 201 E Vine St., Salisbury, MD. Cathy Peters, 410.539.0872, ext. 3369.

#### October 16

Carroll County Medical Society Membership Meeting. Speaker: Benjamin Stallings, MD. 6:00 p.m. Liberatore's, 521 Jermor Lane, Westminster, MD. Cathy Peters, 410.539.0872, ext. 3369.

#### October 28

Baltimore City Medical Society Physician-Student Exchange. 6:00 p.m. MedChi Building, Osler Hall, 1211 Cathedral St., Baltimore. Lisa Williams, 410.625.0022.

#### December 7

Presidential Gala. Royal Sonesta Harbor Court Hotel, 550 Light Street, Baltimore, MD. Catherine Johannesen, 410.539.0872 ext. 3308.