INTRODUCED BY: Council on Legislation

SUBJECT: Review of 2019 Legislative Agenda

Every year the Legislative Council reviews the prior year’s legislative agenda and decides which issues remain priority issues for the following year.

RECOMMENDATIONS:

PROTECT ACCESS TO PHYSICIAN SERVICES

- Advocate that the Fiscal Year 2020 Medicaid budget fund E&M reimbursement rates equal to the Medicare program to better support physician participation in the Medicaid program and ensure that Medicaid patients have equal access to physician services. **CONTINUE**
  
  ✓ 2019: MedChi was successful in securing $4.6 million in additional revenue to maintain E & M Code reimbursement at 93% of Medicare.

- Oppose policies that would adversely affect patient care by inappropriately expanding the scope of practice of non-physician providers beyond their education and training, including the ability to independently diagnose, treat, and/or manage medical disorders or refer to themselves as physicians. **CONTINUE**
  
  ✓ 2019: Defeated efforts by pharmacists to prescribe smoking cessation and administer injectable medications and biological product. Defeated legislation to expand scope of practice of naturopaths. Worked with MSEPS to pass legislation to expand optometric scope that prohibits any act constituting surgery by an optometrist (law now contains the most restrictive definition of surgery of any other states) and continues to require physician oversight.

- Fight initiatives to weaken Maryland’s current medical liability environment and jeopardize Maryland’s Total Cost of Care Model, including increasing the “cap” on damages in medical malpractice cases and allowing for “professional witnesses” in Maryland. **CONTINUE**, with the exception of “professional witness” issue which was **ACCOMPLISHED**.
  
  ✓ 2019: Successfully negotiated an acceptable modification to the “20% Rule” and defeated all other efforts by Trial Bar to weaken the malpractice laws.
• Protect the ability of physicians to dispense medications to patients, including allowing “prepackaged topicals” to be dispensed without the need for a permit. CONTINUE, with the exception of the “prepackaged topicals” issue which was ACCOMPLISHED.

ENSURE TIMELY DELIVERY OF HEALTH CARE SERVICES

• Support policies that promote greater efficiency and transparency of health insurance that reduces administrative burdens on patients and physicians, including streamlining the prior authorization processes used by insurance carriers and limiting mid-year formulary changes. CONTINUE

  ✓ 2019: Successfully passed legislation to limit Maryland’s prior authorization law and promote greater transparency when mid-year formulary changes are made by insurers.

• Improve Maryland’s payment climate by ensuring that gain-sharing and other mechanisms for system reform include broad physician participation and provide appropriate physician incentives. CONTINUE

• Support initiatives that address drug price transparency for name brand and generic pharmaceutical manufacturers, pharmacy benefit managers and insurers. CONTINUE

• Support continued efforts to address network adequacy and formulary practices and further standardize credentialing requirements. CONTINUE

PROTECTING THE PRACTICE OF MEDICINE

• Monitor the regulatory and disciplinary actions of the Board of Physicians (“BOP”) and support legislation altering the disciplinary process, including:

  o Establishing that when two peer reviewers disagree on the standard of care in a disciplinary action, the case is dismissed unless a supermajority of the panel votes for a third review; CONTINUE WITH INPUT FROM BOARD OF TRUSTEES AND THE MED CHI BOP TASK FORCE, AND BASED UPON BOP SUNSET REVIEW BEING CONDUCTED BY GENERAL ASSEMBLY.

  o Prohibiting insurance carriers and malpractice insurers from denying credentials or coverage based solely on the fact that the physician was placed on probation by the Board, if the probation has ended; and CONTINUE WITH INPUT FROM BOARD OF TRUSTEES AND THE MED CHI BOP TASK FORCE.

  o Requiring the Board to expunge records of public reprimands or probation 3 years after final disposition. CONTINUE WITH INPUT FROM BOARD OF
TRUSTEES AND THE MED CHI BOP TASK FORCE, AND BASED UPON BOP SUNSET REVIEW BEING CONDUCTED BY GENERAL ASSEMBLY.

- Work to further examine credentialing requirements to ensure fairness. **CONTINUE**

ADDRESS BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS

- Advocate for expansion of Maryland’s crisis treatment centers throughout the State and address access to care barriers for behavioral health treatment **CONTINUE**
  - 2019: Supported successful legislation that enhanced behavioral health services in the correction facilities.

- Protect and enhance the integrity of the Prescription Drug Monitoring Program and its use by physicians as a prescribing tool. **CONTINUE**
  - 2019: Defeated legislation that would have granted MCOs access to the PDMP and successfully enacted legislation that enhanced PDMP authority but retained a requirement for TAC involvement in all reviews considered for referral.

- Support the establishment of innovative approaches to addressing the opioid crisis such as the establishment of a pilot supervised injection facility. **CONTINUE**

STRENGTHEN PUBLIC HEALTH INITIATIVES

- Invest in programs to address health disparities and the social determinants of health, including efforts to address homelessness and affordable housing, encourage needle exchange sites throughout Maryland, and provide education and referral for consideration for HIV PrEP. **CONTINUE.**

- Advocate for a broad range of initiatives focusing on child health and safety, including lowering the threshold of intervention for lead exposure; increasing HPV immunization rates for children at the CDC recommended ages; educating parents on the risks of skin cancer and strategies to reduce the risk; preventing the separation of children from their caregivers absent a threat a child's well-being; and limiting authorization of non-security personnel in schools to bring, store or discharge firearms at schools. **CONTINUE** with the exception of lowering the threshold for lead exposure which was **ACCOMPLISHED.**

As adopted by the House of Delegates at its meeting on November 2, 2019.