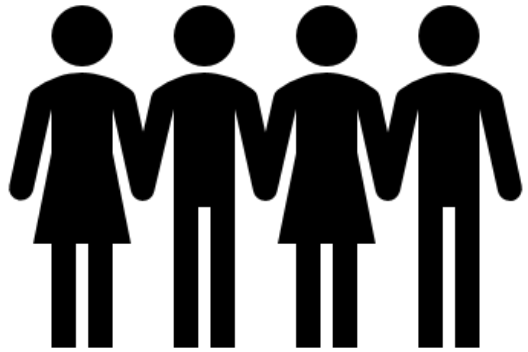
# Fall House of Delegates 2020

GENE M. RANSOM, III

OPERATIONS REPORT

# Membership Update



# Key Membership Info

**Dues Billing cycle was launched on October 1, 2020**

- The first notice was via email
- Members can update their contact information and interests in their profile on the website
- Invoices via USPS should have hit mailboxes by 10/9
- The same membership types and dues levels are offered (no new types or discounts)
- The membership application on the website will be updated/modified in the next few weeks
- Continued investigation into offering installment plans and the Return on Investment

# MEDCHI DATABASE CENSUS DATA as of 11/2/2020

| | Paying Members | | | | | | | | | | | | non-paying | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1st | 2nd | ADNET | AFF | ASSOC | Full | Group | INT | MCA | MCAS | OM | Total | 40 | Emeritus | RES | STU | Total | |
| Allegany County | | | | | | 40 | | | | | | 40 | 10 | 33 | | 1 | 44 | 84 |
| Anne Arundel County | 1 | 4 | 57 | | 19 | 277 | 25 | | | | | 383 | 30 | 89 | 1 | | 120 | 503 |
| Baltimore City | 10 | | 4 | | 34 | 339 | 4 | 1 | | | | 392 | 86 | 178 | 12 | 6 | 282 | 674 |
| Baltimore County | 6 | 6 | 2 | | 63 | 491 | 39 | | | | 3 | 610 | 108 | 215 | 6 | 1 | 330 | 940 |
| Calvert County | | | 3 | | 1 | 18 | | | | | | 22 | 2 | 13 | | | 15 | 37 |
| Caroline County | | | | | | 1 | | | | | | 1 | 2 | | | | 2 | 3 |
| Carroll County | | | | | 2 | 47 | 2 | | | | | 51 | 10 | 29 | | | 39 | 90 |
| Cecil County | | | | | 2 | 18 | | | | | 1 | 21 | 3 | 10 | | 1 | 14 | 35 |
| Charles County | | 2 | 7 | | 4 | 34 | 3 | | | | | 50 | 3 | 18 | | | 21 | 71 |
| Component Not Applicable | | | | | 1 | 13 | | | | | 46 | 60 | | | 1234 | 1024 | 2258 | 2318 |
| Dorchester County | | | 1 | | 2 | 7 | | | | | | 10 | 3 | 3 | | | 6 | 16 |
| Frederick County | 1 | 2 | | | 12 | 94 | 1 | | | | 3 | 113 | 10 | 20 | | | 30 | 143 |
| Garrett County | | | | | | 14 | | | | | | 14 | 3 | 1 | | | 4 | 18 |
| Harford County | 1 | | | | 3 | 56 | | | | | | 60 | 13 | 29 | | | 42 | 102 |
| Howard County | 2 | 2 | 1 | | 29 | 176 | 2 | | | | 2 | 214 | 16 | 37 | 1 | | 54 | 268 |
| Kent County | | | 1 | | | 11 | | | | | | 12 | 1 | 9 | | | 10 | 22 |
| Montgomery County | 14 | 10 | 1 | | 4 | 925 | 26 | 3 | 6 | 117 | 116 | 1222 | 136 | 270 | | | 406 | 1628 |
| NO COMPONENT | | | | | | 6 | | | | | 15 | 21 | 1 | | 5 | 4 | 10 | 31 |
| Out Of State Affiliate | | | | 15 | | | | | | | | 15 | 2 | 25 | | | 27 | 42 |
| Prince George's County | 2 | 3 | 5 | | 65 | 317 | | | | | | 392 | 59 | 84 | | | 143 | 535 |
| Queen Anne's County | | | | | 1 | 5 | | | | | | 6 | 3 | 3 | | | 6 | 12 |
| Somerset County | | | | | | 1 | | | | | | 1 | | 4 | | | 4 | 5 |
| St. Mary's County | | | 3 | | 1 | 10 | | | | | | 14 | 4 | 8 | 1 | | 13 | 27 |
| Talbot County | | | | | | 38 | | | | | | 38 | 6 | 24 | | | 30 | 68 |
| Washington County | 1 | 8 | 9 | | 10 | 77 | | | | | 1 | 106 | 11 | 37 | 2 | | 50 | 156 |
| Wicomico County | | 2 | | | 2 | 91 | | | | | | 95 | 19 | 43 | | | 62 | 157 |
| Worcester County | | | | | | 9 | | | | | | 9 | | 6 | | | 6 | 15 |
| **Grand Total** | 38 | 39 | 94 | 15 | 255 | 3115 | 102 | 4 | 6 | 117 | 187 | 3972 | 541 | 1188 | 1262 | 1037 | 4028 | 8000 |

# CME Update

Maryland
DEPARTMENT OF HEALTH

MedChi's CME Department has worked throughout the pandemic, with the Maryland Department of Health to provide CME Credit for all of the MDH COVID-19 Maryland Update webinars, presented by Dr. Howard Haft.

To date there have been 56 separate webinars in this series with over 2,900 participants.

# CME 2020

MedChi CME continues to work to develop CME presentations to help physicians with COVID-19. these include:

- Understanding and Addressing the Global Spread of the 2019-nCOV Infection: A Clinician's Guide.
- Emerging Physician Recruiting and Retention Paradigms During and Post-COVID-19
- Medical Practice in the Face of COVID-19
- COVID-19 in the Ambulatory Care Setting.
- How to Keep Your Private Practice Viable Under COVID-19
- Coping with COVID-19: Technology Matters

MedChi is pursuing grants from government and commercial sources to provide support for COVID activities and other CMEs. Four have been awarded for $1,000 each, regarding COVID-19 and treating and Managing Lung Cancer, Obesity, Diabetes Management, and Dermatology.

# CME 2020

- MedChi's CME department has engaged its accredited providers in working to maintain the reaccreditation process and assist them with transition their CME programs to provider more virtual education for physicians.
- The Department continues to received applications for joint providerships, 35 to date
- MedChi is working with joint providers to convert live meetings planned to virtual meetings.

# Law & Advocacy

# Medicare Loan Forgiveness

Click this link to read more:

https://www.baltimoresun.com/opinion/op-ed/bs-ed-op-0616-hospitals-financial-crisis-coronavirus-20200615-kr3yrncxnzdg5lkugambm4s2uu-story.html


COVID-19 has created financial challenges for hospitals and doctors. (Hannah McKay/AP)

Right now, the very people and organizations Marylanders depend on for health care are facing a financial crisis. As the coronavirus pandemic spread across the nation and the state, hospitals increased capacity while physician practices shuttered most non-COVID-19 services. This has created a drastically unstable health care and economic situation that must be addressed.

Earlier this year, Congress did provide much-needed assistance to select physicians and hospitals in the form of $175 billion in emergency grants. They also approved a provision for all health practitioner COVID-19 costs, including lost revenues, to be reimbursed. While these grants are appreciated, it is not nearly enough to cover physician practice and hospital losses.

Facing mounting costs, physician practices and hospitals have been left with only one realistic lifeline, the Centers for Medicare & Medicaid Services Accelerated and Advance Payment Program, a seldom-used loan program for providers experiencing short-term cash flow issues. In three and a half weeks, physicians and hospitals received $101 billion in loans to stabilize their financial position. In Maryland alone, these loans totaled nearly $2.4 billion.

# HSCRC Regional Partner Grant

**TLC-MD/HSCRS Grant Application Proposal**

MedChi will provide 1.5 FTEs to conduct Provider Outreach, Remote Patient Monitoring, and Practice Transformation.

During this time of COVID-19, the work will primarily be done remotely, and after the crisis is over and restrictions have been lifted, we will provide in-person practice visits.

**Scope of Work:**

Provider Outreach:

Reach out to 250 providers per quarter

Successfully enroll 60 providers per quarter

Educate enrolled providers on use of referral system through CRISP ULP

**Remote Patient Monitoring**

Equipment to monitor:
Blood Pressure Cuff for Hypertension

Pulse Oximeter - for Oxygen levels

Blood Glucose Monitor for Diabetes

Scale for Weight

**Practice Transformation**

Assist practices with individualized training to fully integrate Diabetes screening and
referrals into their practice workflow including, but not limited to, intergrading their specific EHR

# Requesting Additional Liability Protections

MedChi
The Maryland State Medical Society

Your Advocate.
Your Resource.
Your Profession.

July 8, 2020

Senator Benjamin Cardin
509 Hart Senate Office Building
Washington, DC 20510

Senator Chris Van Hollen, Jr.
110 Hart Senate Office Building
Washington, DC 20510

Dear Maryland Delegation:

I write to urge you to work with your House colleagues to include narrowly tailored liability protections for healthcare facilities into the final version of COVID-19 Phase IV legislation. Maryland's hospitals, urgent care centers, and physician practices are nervous to operate, even while state necessary to do so, because they cannot afford to fend off lawsuits claiming they exposed someone to COVID-19.

Healthcare facilities—despite their already stringent cleanliness standards—worry that they will be unable to treat patients who need "elective" surgeries (which are often for serious conditions such as cancer or heart disease) without liability protections. Doctors and Nurses who follow the strict health guidelines and operate in good faith should not be inhibited during work with the fear of legal action.

Moreover, local primary care practices are already struggling economically from this crisis. The lack of liability protection can be disastrous from primary care practices, an inaccurate lawsuit could extract much-needed resources from a practice that is barely surviving economically. This has a ripple effect; patients who have used the same practice for decades will lose their familiar primary care physician.

There consensus on both sides of the aisle that federal liability protections should only apply to responsible entities. A healthcare facility that fails to act reasonably and prohibits its employees from wearing masks, for example, would not be protected from liability if a patient contracted COVID-19. However, healthcare centers that take safety precautions— such as mandating that employees wear masks and adjusting their operations to help their patients stay at least six feet apart—should not be liable for exposure to COVID-19.

Experts predict that COVID-19 will continue to be a public health threat for at least the next year. Maryland's hospitals, urgent care centers, and primary care practices cannot afford to operate in uncertainty for so long, they need Congress to pass long-term solutions to help them stay open. Maryland has always been able to rely on you to advocate for our citizens, businesses, and institutions, I know you will continue to do so as Congress negotiates the COVID-19 Phase IV relief bill. I again urge you to work across the aisle to pass narrowly tailored protections against liability for COVID-19 exposure. Maryland health facilities that properly follow health guidelines should be able to operate safely without the fear of being sued.

Signed,

Gene M. Ransom III
CEO MedChi, The Maryland State Medical Society

# Expungement

MedChi
The Maryland State Medical Society

Your Advocate.
Your Resource.
Your Profession.

June 1, 2020

Dr. Damean W.E. Freas, D.O., Chair
Maryland Board of Physicians
4201 Patterson Ave.
Baltimore, MD 21215

RE: Expungement of Physician Disciplinary Records

Dear Dr. Freas:

I am writing to thank you for the great work we have been doing together on COVID-19, as well as, our recent meeting and the February 14, 2020, letter from Christine Farrelly. MedChi's relationship with the Board has been positive of late and I hope we are entering a new era. While COVID-19 remains the priority for all of us, I want to provide you an update on our thought process on efforts to reform the physician disciplinary expungement process in Maryland.

As you are aware, the expungement of physician disciplinary records has been a recurring subject of legislation in the Maryland General Assembly. Most recently, in the 2018 Legislative Session, proposed House Bill 1193 would have mandated physician disciplinary record expungements in certain cases after three years following the final disposition of a case. The Board opposed these efforts because the mandatory nature of the expungement allowed the Board no discretion or ability to consider the circumstances surrounding the discipline, any recent disciplinary records, or other relevant factors.

With these concerns in mind, we informally discussed at our recent meeting a framework for expungement. The basic premise was that a physician could apply for expungement three years following the final disposition of a case under the following circumstances:

1. Upon application supported by the signature of twenty physicians, or MedChi or a recognized Specialty Society (which would prevent a floodgate of applications);
2. No expungement for crimes of violence, or sexual offenses; and

Again, I would like to thank The Board for Christine Farrelly's letter memorializing our conversation surrounding this process, and invite you to provide any thoughts or feedback regarding our proposal. If this is a good starting point I will direct my legislative lawyers to draft a bill for your review. It is my hope next session we will be sitting at the table together and supporting a fair and balanced measure to resolve this issue.

We look forward to working with you.

Sincerely,

Gene M. Ransom III
CEO, MedChi


**Maryland – Good Samaritan Law**

**(Md. Code, § 5-603 of the Courts and Judicial Proceedings Article)**

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According to the language of this act, immunity under this statute is only available to those individuals who provide assistance or medical care "without fee or other compensation." The statute ***does not*** provide immunity to those individuals who provide assistance or medical care and receive a fee or other compensation for that assistance or medical care.

If you find yourself in the role of a Good Samaritan during this time of crisis and you are not accepting a fee or other compensation, then the act may apply to you. Additionally, the immunity granted is qualified by providing that the acts are given "in a reasonably prudent manner" and the rendering of medical care or assistance must not be "grossly negligent." Maryland courts have held that as this is a qualified immunity, the determination of whether the immunity applies will be determined by the trier of fact. *Artis v. Cyphers*, 100 Md. App. 633, 642 A. 2d 298, *aff'd*, 336 Md. 561, 649 A.2d 828 (1994).


April 16, 2020

# Sign on Immunity Letter

Click here to read more!

https://www.medchi.org/Portals/18/Files/Resources/Letter%20to%20Governor%20Hogan%20(immunity)%20FINAL.pdf?ver=2020-04-16-113057-267

April 18, 2020 Governor Hogan Issued A Mask Order

This is still active in Maryland

# Issues with Board of Physicians

Maryland Physician Licensee SCAM  - A threatening phone call posing as the Maryland Board of Physicians regarding the status of a practitioner's license is being made. To view a sample of the call, please see the front-page of the Board's website found at: https://www.mbp.state.md.us/

Expungement we continue to work on this issue with the Board

Board contract is in process

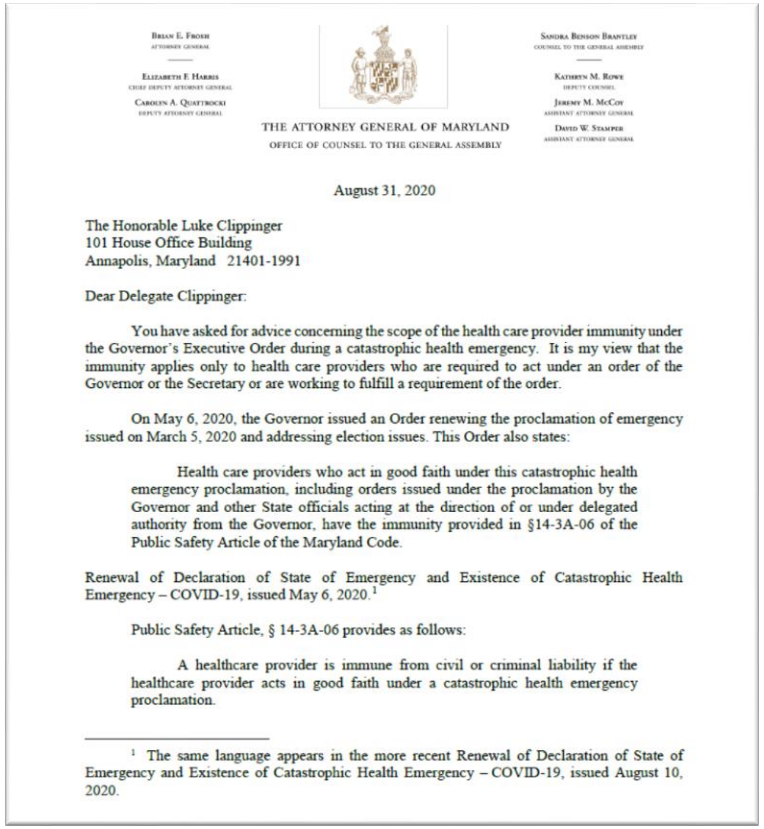
We are also working on fixing the corporate name issue, as well as a PA tax preceptor issue.

# Tort

MedChi has been active with the AMA on efforts in Washington

Next Session will work with Defense oriented groups

Attorney General unofficial opinion letter



BRIAN E. FROSH
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ASSISTANT ATTORNEY GENERAL

THE ATTORNEY GENERAL OF MARYLAND
OFFICE OF COUNSEL TO THE GENERAL ASSEMBLY

August 31, 2020

The Honorable Luke Clippinger
101 House Office Building
Annapolis, Maryland 21401-1991

Dear Delegate Clippinger:

You have asked for advice concerning the scope of the health care provider immunity under the Governor's Executive Order during a catastrophic health emergency. It is my view that the immunity applies only to health care providers who are required to act under an order of the Governor or the Secretary or are working to fulfill a requirement of the order.

On May 6, 2020, the Governor issued an Order renewing the proclamation of emergency issued on March 5, 2020 and addressing election issues. This Order also states:

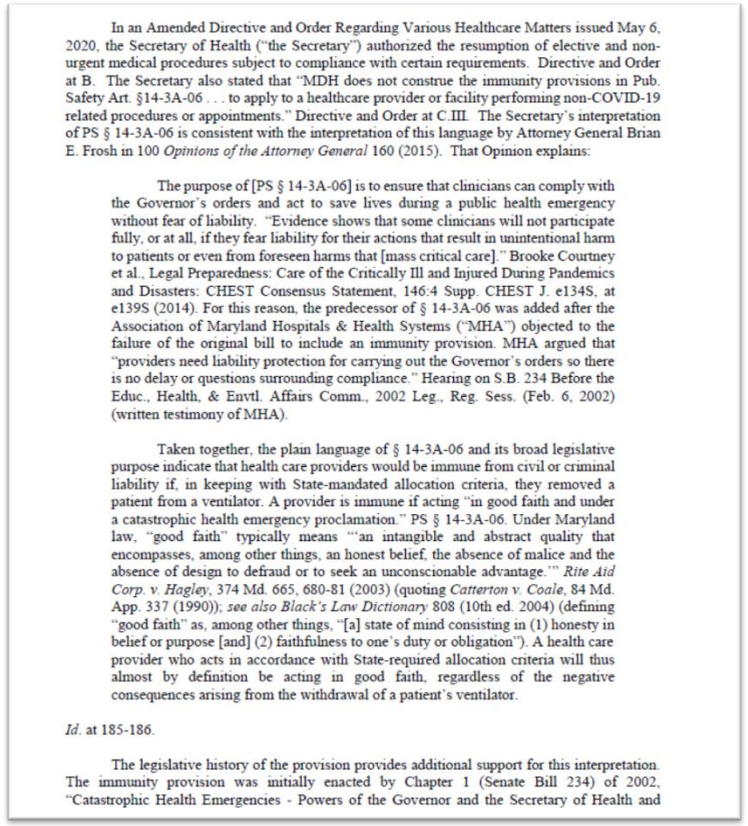
> Health care providers who act in good faith under this catastrophic health emergency proclamation, including orders issued under the proclamation by the Governor and other State officials acting at the direction of or under delegated authority from the Governor, have the immunity provided in §14-3A-06 of the Public Safety Article of the Maryland Code.

Renewal of Declaration of State of Emergency and Existence of Catastrophic Health Emergency – COVID-19, issued May 6, 2020.[1]

Public Safety Article, § 14-3A-06 provides as follows:

> A healthcare provider is immune from civil or criminal liability if the healthcare provider acts in good faith under a catastrophic health emergency proclamation.

[1] The same language appears in the more recent Renewal of Declaration of State of Emergency and Existence of Catastrophic Health Emergency – COVID-19, issued August 10, 2020.



In an Amended Directive and Order Regarding Various Healthcare Matters issued May 6, 2020, the Secretary of Health ("the Secretary") authorized the resumption of elective and non-urgent medical procedures subject to compliance with certain requirements. Directive and Order at B. The Secretary also stated that "MDH does not construe the immunity provisions in Pub. Safety Art. §14-3A-06 . . . to apply to a healthcare provider or facility performing non-COVID-19 related procedures or appointments." Directive and Order at C.III. The Secretary's interpretation of PS § 14-3A-06 is consistent with the interpretation of this language by Attorney General Brian E. Frosh in 100 *Opinions of the Attorney General* 160 (2015). That Opinion explains:

> The purpose of [PS § 14-3A-06] is to ensure that clinicians can comply with the Governor's orders and act to save lives during a public health emergency without fear of liability. "Evidence shows that some clinicians will not participate fully, or at all, if they fear liability for their actions that result in unintentional harm to patients or even from foreseen harms that [mass critical care]." Brooke Courtney et al., Legal Preparedness: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement, 146:4 Supp. CHEST J. e134S, at e139S (2014). For this reason, the predecessor of § 14-3A-06 was added after the Association of Maryland Hospitals & Health Systems ("MHA") objected to the failure of the original bill to include an immunity provision. MHA argued that "providers need liability protection for carrying out the Governor's orders so there is no delay or questions surrounding compliance." Hearing on S.B. 234 Before the Educ., Health, & Envtl. Affairs Comm., 2002 Leg., Reg. Sess. (Feb. 6, 2002) (written testimony of MHA).
>
> Taken together, the plain language of § 14-3A-06 and its broad legislative purpose indicate that health care providers would be immune from civil or criminal liability if, in keeping with State-mandated allocation criteria, they removed a patient from a ventilator. A provider is immune if acting "in good faith and under a catastrophic health emergency proclamation." PS § 14-3A-06. Under Maryland law, "good faith" typically means "'an intangible and abstract quality that encompasses, among other things, an honest belief, the absence of malice and the absence of design to defraud or to seek an unconscionable advantage.'" *Rite Aid Corp. v. Hagley*, 374 Md. 665, 680-81 (2003) (quoting *Catterton v. Coale*, 84 Md. App. 337 (1990)); *see also Black's Law Dictionary* 808 (10th ed. 2004) (defining "good faith" as, among other things, "[a] state of mind consisting in (1) honesty in belief or purpose [and] (2) faithfulness to one's duty or obligation"). A health care provider who acts in accordance with State-required allocation criteria will thus almost by definition be acting in good faith, regardless of the negative consequences arising from the withdrawal of a patient's ventilator.

*Id.* at 185-186.

The legislative history of the provision provides additional support for this interpretation. The immunity provision was initially enacted by Chapter 1 (Senate Bill 234) of 2002, "Catastrophic Health Emergencies - Powers of the Governor and the Secretary of Health and

# The New RPM Rules Went Into Effect On January 1, 2020

From CMS.gov (https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf)

Clinicians can provide remote patient monitoring services to both new and established patients

Services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease

CPT codes include 99091, 99457-99458, 99473-99474, 99493-99494

From https://www.cms.gov/files/document/r265bp.pdf

CMS defined remote patient monitoring under the Medicare home health benefit as, “the collection of physiologic data (for example, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient or caregiver or both to the home health agency.”

Remote Patient Monitoring (RPM) allows practices to better track patient care, monitor therapeutic benefit, and identify problems before they become serious.

# Remote Patient Monitoring

# Remote Patient Monitoring

The focus of health care continues to shift from reactive acute care to proactive patient-centered care.

Remote patient monitoring (RPM) is becoming an important component of care that contributes to better patient outcomes and higher satisfaction.

Given that chronic illness accounts for 95% of all Medicare spending, CMS believes there is significant opportunity to reduce healthcare costs through improved care management and coordination.

CMS recognizes that chronic management is complex and requires significant planning and coordination.

The introduction of the new billing codes is intended to encourage physicians and other healthcare providers to invest in RPM and care management programs (such as PCM and CCM) and to compensate those providers for the time spent between appointments helping patients to stay on track with their treatments and achieve better health.

# Available Monitoring Devices

Blood Pressure Cuff

Glucometer

Thermometer

Pulse Oximeter

Weight Scale

Electrocardiograph (ECG) Device

Opioid Prescription Monitoring

# CPT Code Examples

**CPT Code 99453:** Initial set-up and patient education of monitoring equipment use

**CPT Code 99454:** Supply of device(s), daily collection, transmission, and report/summary services by the clinician managing the patient, each 30 days

**CPT Code 99457:** Remote physiologic monitoring treatment management services by clinical staff/physician/other qualified health care professional, first 20 minutes, each 30 days

**CPT Code 99458:** Each additional 20 minutes (Listed separately in addition to code for primary procedure)

# Public Health


# MedChi Call's For Action to Address The Public Health Crisis of Racism

# IDEA Task Force

Special thank you to Dr. Michele Manahan for putting together this taskforce, to focus on Inclusion, Diversity, Empowerment and Advocacy.

# CRISP

The CRISP Team did a great job working with the Maryland Department of Health on the COVID-19 Appointment Call Center along with A couple other MedChi employees, so we thank them all for their efforts.

The team is now back to focusing on the Maryland Primary Care Program participants and are ready to serve the new practices once approved later this Fall.

We are in discussion with CRISP Leadership to ensure we keep the CRISP Contract viable as time goes on and funding changes are made at CRISP.

# PDMP

The current PDMP contract goes through this month, and we received verification this week that the contract will be extended for another year.

We need to adjust the Scope of Work expectations due to the inability to hold in-person meetings.

The Department of Health has asked we investigate the possibility of creating additional on-line CME programming regarding tapering Guidelines for Benzodiazepines and improving the communication/relationship between pharmacists and prescribers.

# MDPCP/CTO

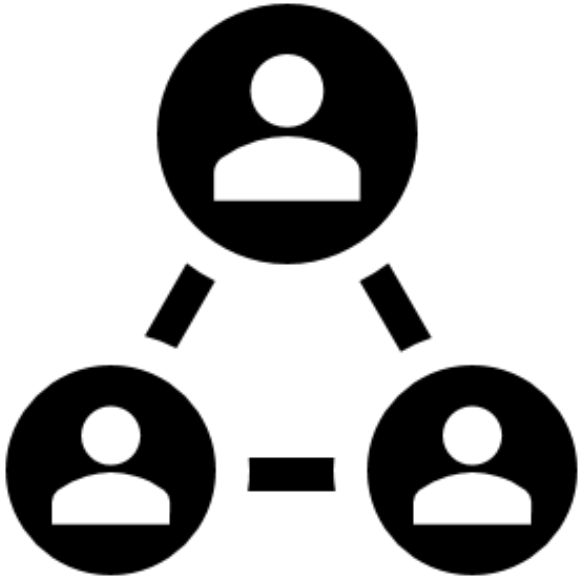
The new MDPCP and CTO practices will be announced sometime in the next 45 days.

We are hopeful about the addition of at least eight new practices in the MedChi CTO.

We have discussed the additional staffing needs based on adding new practices.

MARYLAND DEPARTMENT OF HEALTH
Maryland Primary Care Program

# Associations & Non-Dues Revenue



# Association Management Division

Many meetings are being held this fall for the associations that we manage. Revenues are stable since we continue to provide services to all our managed societies.

Sophie Pumphrey, our association management coordinator, will be going on maternity leave sometime in October through the end of the year.


# Non-Dues Revenue

Revenues are down since event sponsorships were not a possibility this year.

Our agreement with Maryland Rx Cards was recently expanded and terms were altered to benefit MedChi

# MedChi Press Releases & Media

August 3: Advance Care Planning for You and Your Family, Part II – *YouTube Video by AARP Maryland Featuring Gene Ransom*

September 14: ASAE Announces 132 Professionals Earned Prominent CAE Credential

September 15: September 17 is National Physician Suicide Awareness Day

September 17: Physician Suicide Letter to the Editor by Michele Manahan, MD, MBA, FACS – *Featured in Capital Gazette*

September 18: MedChi Warns Physicians of Maryland Physician Licensee Scam


September 28: 3 Ideas to Ensue Physician Practice Viability While Promoting Public Health –*YouTube Video by Gene Ransom*

# MedChi Press Releases & Media

October 5: Survey: MedChi Highlights New Health Laws That Began October 1

October 7: The Pandemic Poses Risks For Older Doctors. Some Are Retiring Early in Response – *Featured in The Washington Post*

October 17: Remote Patient Monitoring – *YouTube Video by Gene Ransom*

October 19: DEA National Prescription Drug Take Back Day – October 24

October 26: MedChi Collaborates With Enable Healthcare as a Resource For Remote Patient Monitoring and Other Value Based Care Solutions

October 27: MedChi Collaborates With Enable Healthcare as a Resource For Remote Patient Monitoring – *Featured in EIN Presswire*


Any employee that is sick, is asked to remain home

Employees that choose to come to the office are required to report to front desk for “Daily Wellness Check”, where their temperature is recorded.

- If fever is present, they will be asked to go home and contact their medical provider.

We have been abiding by our policy to cancel or postpone all meetings and events


We have been utilizing ZOOM or Teams for meetings, as much as possible

Employees have been utilizing remote work, as much as possible


Employees are working directly with their supervisors, regarding their work schedules

# What is MedChi Doing for Employees Amid COVID-19?

# Thank You MedChi Staff

MedChi
The Maryland State Medical Society

Whether working remote, or in the office, the MedChi staff has done an amazing job during these unprecedented times.