

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

CL Report 1-15

INTRODUCED BY: Council on Legislation

SUBJECT: Review of 2015 Legislative Agenda

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

RECOMMENDATIONS:

1. **DEFEND THE SCOPE OF MEDICAL PRACTICE SO PATIENTS ARE SEEN BY A PHYSICIAN:** MedChi will fight to ensure that all patients have access to physicians and that physician extenders have appropriate training and physician oversight. Individuals newly insured through ACA implementation has placed unprecedented demands on the health care system as newly insured individuals seek physicians. It is critical that patients have access to physicians and that non-physicians do not use increased demand to inappropriately increase their scope of practice.

Legislative Council recommendation: **CONTINUE**

2. **REPEAL MARYLAND'S STERILE COMPOUNDING LAW:** MedChi will work to ensure patients have appropriate access to vaccines and medications administered in their physician's office by repealing Maryland's overly restrictive sterile compounding law.

Legislative Council recommendation: **ACCOMPLISHED** with passage of HB181/SB69.

3. **PROTECT MEDICAID AND THE UNINSURED:** MedChi will work to incentivize physician participation and to protect the integrity of the Medicaid program, including the protection of enhanced E&M payment for all physicians who serve Medicaid enrollees. MedChi will also work to ensure that Medicaid can serve the significant number of newly enrolled patients and that an adequate safety net remains for individuals who remain uninsured.

Legislative Council recommendation: **CONTINUE**

4. **REFORM UNFAIR INSURANCE PRACTICES:** MedChi will work to reform unfair

insurance practices by supporting initiatives which:

- Prevent insurance carriers from effectively reducing payment via credit cards. **CONTINUE** Requires further study of appropriate mechanism to address objective.
- Prevent workers compensation insurers from limiting a physician's right to dispense medications to an injured worker. **CONTINUE** A two year moratorium on legislation was agreed to by all stakeholders but remains an issue that requires careful monitoring and advocacy.
- Prevent insurance companies from denying payment for preauthorized services because they later determine that a service is experimental or not FDA approved. **ACCOMPLISHED** Current statutory requirements prohibit denials for prior authorized services.

Legislative Council Recommendation: **CONTINUE** what has not been accomplished.

5. DEFEND PHYSICIAN RIGHTS: MedChi will work to protect Maryland's physicians by:

- Addressing laws which direct physician license fees to other programs; **CONTINUE**
- Monitoring the regulatory and disciplinary actions of the Board of Physicians; **CONTINUE**
- Addressing delays in obtaining CDS licenses from the Department of Health & Mental Hygiene **CONTINUE**

Legislative Council Recommendation: **CONTINUE** what has not been accomplished

6. STRENGTHEN MEDICAL LIABILITY REFORM: MedChi will continue to strongly oppose trial lawyer attempts to increase the "cap" on damages in medical malpractice cases and to abolish the defense of contributory negligence; support efforts to establish a pilot project for specialized health courts and to limit repeated continuances in medical malpractice cases; and otherwise work to protect and strengthen the legal liability environment for physicians in Maryland.

Legislative Council Recommendation: **CONTINUE**

7. ENHANCE PHYSICIAN PAYMENT AND INSURANCE REFORM: MedChi will

continue its efforts to improve Maryland's payment climate with these initiatives:

- Work to assure that gain-sharing mechanisms and other payment mechanisms for incentivizing broad system reform are developed through a stakeholder process that includes broad physician participation and have a positive impact on physicians.

CONTINUE

- Remove the sunset provision for the Assignment of Benefit law making it a permanent requirement for insurance carriers. **ACCOMPLISHED** with passage of SB92/HB230.

Legislative Council recommendation: **CONTINUE** what has not been accomplished.

8. **PROTECTING MARYLAND'S CHILDREN:** MedChi will support initiatives to protect children including:

- The support of initiatives to address childhood obesity and efforts to incentivize the consumption of water including a reduction of the sales tax on bottled water.

CONTINUE Budget language was passed that required the Governor's Office on Children to study mechanisms to address childhood obesity including initiatives related to "sugary beverages". Approach to address issue will be determined during the interim.

- The support of efforts to ban minors' use of commercial tanning beds. **CONTINUE**

Legislative Council recommendation: **CONTINUE** what has not been accomplished.

9. **ENDING HEALTH DISPARITIES:** Continued support of legislative and regulatory initiatives to reduce health disparities.

Legislative Council Recommendation: **CONTINUE**

10. **MAKING MARYLAND A TOBACCO FREE STATE:** MedChi will advocate for continued increases in the Tobacco Tax in order to discourage smoking and to help fund to help fund Medicaid's expansion and maintain enhanced E&M payment for all physicians serving Medicaid enrollees. MedChi will also support legislation prohibiting the sale of tobacco products by businesses which provide health care or dispense medications.

Legislative Council Recommendation: **CONTINUE**

11. **TOXIC CHEMICAL EXPOSURE:** MedChi will support the adoption of policies and regulations that provide a physician who is treating a person suspected of exposure to toxic chemicals, access to information regarding the chemicals and will oppose efforts to restrict a physician's ability to appropriately use the information to protect the public health and prevent further exposure.

Legislative Council recommendation: **CONTINUE** Passage of legislation to impose a 2 year moratorium on fracking will make consideration of this issue unlikely in 2016 but should remain MedChi policy for related initiatives.

As adopted by the House of Delegates at its meeting on September 19, 2015.