

MedChi

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TO: The Honorable Joseph F. Vallario, Jr., Chairman
Members, House Judiciary Committee
The Honorable Wendell Beitzel

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: February 24, 2010

RE: **SUPPORT** – House Bill 671 – *State Government – Maryland Tort Claims Act*
– *Garrett County Physicians*

The Maryland State Medical Society (MedChi), which represents over 7,300 Maryland physicians and their patients, supports House Bill 671.

This bill addresses a critical access to care issue for pregnant women in Garrett County. There are currently no OB/GYNs practicing in Garrett County. Four family physicians have agreed to see OB/GYN patients but this agreement has significant malpractice cost implications. OB/GYNs typically pay a significantly higher malpractice rate than family physicians. The number of deliveries in Garrett County is small enough that while their malpractice insurance has increased, their practice income cannot absorb the cost. Medical Mutual has given them a preferential rate provided they do a limited number of deliveries. Unfortunately, the threshold set by Medical Mutual is low enough that these physicians will have to discontinue doing Medicaid deliveries – leaving no practitioners in Garrett County providing services to pregnant women enrolled in Medicaid.

DHMH has been actively working with these physicians to find a permanent solution. There are several options including opening a County facility or having the physicians affiliate with the federally qualified health center located in Garrett County. None of the permanent solutions can be implemented before it becomes necessary for these physicians to quit seeing Medicaid patients. House Bill 671 provides a short term

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solution to this challenging access issue. House Bill 671 will include these physicians in the definition of “State personnel” to enable them to be covered under the Maryland Tort Claims Act” if the Secretary determines Garrett County to be medically underserved and the physicians provide prenatal and obstetrical services to Medicaid recipients. The fiscal impact of this temporary solution is expected to be negligible.

MedChi strongly urges the Committee to assist DHMH and these four physicians in their efforts to assure access to high quality prenatal and obstetrical services. Further MedChi would like to applaud the Department for identifying a creative solution to a challenging access to care problem. MedChi finds the solution to be creative and fiscally responsible and hope that similar approaches will be considered to address challenging access issues in other regions of the State. It is a model that deserves further investigation. MedChi urges a favorable report.

For more information call:

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