The Honorable Anthony G. Brown  
Lieutenant Governor  
State House  
100 State Circle  
Annapolis, MD 21401

The Honorable John Colmers  
Secretary, Department of Health and Mental Hygiene  
201 W. Preston Street  
Baltimore, MD 21201

Dear Lt Governor Brown and Secretary Colmers:

On behalf of the members of MedChi, the Maryland State Medical Society and the patients they serve, I would like to again applaud this Administration's commitment to proactively and comprehensively address the myriad of issues that face the State as it implements federal health care reform. MedChi appreciates the Council's comment to solicit public comment, and recognizes that several issues we have brought to the attention of the Council have been added as recommendations. That being said, the physician community believes there are a number of critical components to the reform recommendations that have been missed or need further clarification.

1. **Primary Care Physician Access and Reimbursement Issues**

Med Chi applauds the recommendations relating to primary care access and reimbursement. Specifically, the recommendation regarding implementation of the Loan Assistance Repayment program enacted several years ago by the Maryland General Assembly and signed into law by Governor O'Malley should remain a primary focus of the Council. However, there are a number of other factors contributing to the primary care shortage in the State, not the least of which is woefully inadequate reimbursement and significant barriers to recruitment and retention of physicians which are not addressed in the recommendations. **If the State is to tackle its escalating physician shortage, it will be essential for the Council to adopt additional recommendations addressing access to physicians and enhanced reimbursement.**

2. **Scope of Practice needs to be more clearly defined**

MedChi will continue fight to assure that all patients have access to physicians and that advance practice nurses, physician assistants and other non-physician providers have appropriate training and physician oversight to match the care that they are providing. The new federal health reform law will place unprecedented demands as hundreds of thousands of newly insured individuals seek doctors. It is important that these new patients find doctors and that non-doctors do not use this as an opportunity to increase scope of practice without adequate education and training. Med Chi strongly supports the “team” approach to addressing both increase demand for services and as a means to improve the quality of care. However, at the core of the “team” approach should be
the right of the patient to have a physician and for the physician to be the leader of that team. A recommendation should be added clearly that states that the everyone should have the right to a doctor.

3. Malpractice Reform

MedChi was glad to see malpractice reform mentioned in the report, and we strongly believe that malpractice reform is key to lowering the cost of defensive medicine. To that end, we would suggest the adoption of three additional recommendations related to malpractice reform and the cost of defensive medicine. The Council should recommend strong State opposition to any attempt to increase the “cap” on damages in medical malpractice cases; the Council should support efforts to establish a pilot project for specialized health courts; and the Council should ask for a study of the continued efficacy of the Maryland Health Claims Arbitration system.

4. Health Insurance Exchange

MedChi is concerned with the direction the Council seems to be headed with regard to the exchange. **MedChi opposes any resolution where the Exchange is a government agency,** even a so-called “independent” public agency. However, we do believe that public oversight is important and thus, we would suggest that the structure of the Exchange be affected by the passage of legislation creating a Maryland non-profit corporation whose board members are subject to appointment by the Governor and confirmation by the Senate. We believe that such an organization would be more flexible and responsible to market conditions than a governmental organization. Second, as to the financing of the Exchange, we believe that the Exchange should receive the same commission income from the carriers that is given to private insurance agents and brokers in the private market. Hence, the price to consumer and the payment of commissions would be the same whether the product was obtained in the Exchange or in the private market. Third, we believe that the Exchange should exist side by side with the private market as that would cause the least disruption to those arrangements which are now working properly.

Med Chi appreciates the opportunity to provide input to the Council and looks forward to working with the various stakeholders on the issues it has identified in this letter as well as those issues identified by other stakeholders. Again we applaud the Administration for its proactive approach to health reform implementation and remain available as a resource to the Council as it moves forward with its work.

Sincerely,

Gene M. Ransom, III
Chief Executive Officer
MedChi, The Maryland State Medical Society

CC: Council Members