



2008 Legislative Agenda*

MEDICAID AND THE UNINSURED: MedChi will continue to protect the integrity of the Medicaid program with respect to eligibility and benefits and will continue to advocate for increased access to appropriate care for all Maryland citizens regardless of coverage or ability to pay. We consider an increase in the tobacco tax the best manner to financially support this goal.

MEDICAL LIABILITY REFORM: Certain reforms in House Bill 2 (2005) expire in 2008. MedChi will work to continue these and other reforms:

- Continue successful efforts to maintain stable cost to physicians for malpractice insurance;
- Oppose trial lawyer attempts to change contributory negligence rule;
- Pass legislation to keep current monetary cap on non-economic damages constant and not subject to yearly increases; **(HB 606)**
- Resist trial lawyer efforts to weaken Certificate of Merit requirements for filing of medical malpractice cases;
- Pass legislation for a more effective apology law. **(HB 607)**

PHYSICIAN PAYMENT REFORM: Maryland physician reimbursements fall below the 25th percentile nationally, according to the Maryland Health Care Commission. MedChi will work to improve the reimbursement climate for Maryland physicians with multiple initiatives including:

- Correct current “cramdown law” to clarify that a physician may decline to participate in a particular insurance product and not be required to take all products offered by an insurance carrier; **(HB 1175, HB 1219, SB 611, SB 811)**
- Require insurers to reimburse for CPT codes for administrative services; **(HB 709, SB 469)**
- Mandate that insurers provide a physician with a written copy of their fees for fifty (50) most common codes as opposed to present requirement of twenty (20) codes and with a copy of their pharmaceutical formulary at the time of contract execution and 30 days prior to any change and renewal contracts that highlight significant changes; **(HB 815)**
- Monitor and support efforts of Governor’s Task Force on Health Care Access and Reimbursement to achieve adequate physician reimbursement; encourage Task Force to recommend reform of Maryland’s HMO “balance billing” law and increased authority for the Maryland Insurance Administration over health insurance abuses and health insurance premium increases.
- Mandate that carriers reimburse physicians, once credentialed, for delivery of past medical services to their enrollees. **(HB 594, SB 595)**

PUBLIC HEALTH: MedChi will advocate for continued improvements in Maryland’s public health agenda.

- Discourage tobacco use and increase funding for access for the growing number of uninsured. MedChi supports an increase of \$1.00 per-pack in the cigarette tax to fund expanded health care programs;
- Change Maryland’s HIV laws to comply with Centers For Disease Control recommendations; **(HB 991, SB 826)**
- Regulate the use of tanning beds by minors; **(HB 1358)**
- Ban text messaging while driving. **(HB 380, HB 1110)**

SCOPE OF MEDICAL PRACTICE: MedChi will fight to assure that all patients have access to physicians and that non-physician practice is consistent with appropriate training and physician oversight.

UNITED ACTION WITH ALLIED AND SPECIALTY GROUPS:

- Support of efforts to assure that physicians administering vaccines are reimbursed for all associated costs;
- Support efforts of ophthalmologic community for more effective vision screening in the primary grades. **(HB 653, SB 600)**
- Oppose legislation requiring burdensome injury reporting requirements that violate patient privacy and impose criminal penalties on doctors.

*MedChi’s Agenda is listed alphabetically; each item is equally important and will receive priority attention.