LEGISLATIVE OUTLOOK FOR 2015

Maryland Association of Osteopathic Physicians
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Objectives / Goals

- Learn about MedChi’s legislative priorities and plans to advocate on behalf of physicians, their patients, and the public health in 2015.

- Understand DHMH’s proposal to change the Medicare waiver for hospital payments.

- Acquire knowledge to help you better understand how MedChi’s legislative agenda will impact your practice, employment, or study of medicine.

- Learn how to effectively communicate with legislators and other policy-makers about health care issues.
MedChi Facts

- MedChi is the seventh oldest medical society, formed in 1799 in Annapolis, MD

- The Mission of MedChi, The Maryland State Medical Society, is to serve as Maryland's foremost advocate and resource for physicians, their patients, and the public health of Maryland

- MedChi is the largest physician organization in Maryland
  - Physicians – primary care and specialists
  - Medical residents and students
  - Practice managers and medical staff
MedChi Works to Enhance Healthcare for All Marylanders

- Set up Accountable Care Organizations in three regions to meet growing health care demand
- Offering CME and working with specialty societies to enhance medical knowledge
- Fighting to prevent decreases in Medicaid and Medicare payments to physicians which significantly affects their patients
- Meeting the needs of both independent practices and employed physicians
- Free Rx cards to help uninsured and underinsured with prescriptions
# MedChi’s Legislative Agenda

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Physician Issues
Medical Liability Reform

PHYSICIAN GOAL: Protect and strengthen the legal liability environment for MD physicians

- Continue to strongly oppose trial lawyer attempts to
  - Increase the cap on damage awards in medical malpractices cases
  - Abolish the defense of contributory negligence

- Support efforts to
  - Establish a pilot project for specialized health courts
  - Limit repeated continuances in malpractice cases
Physician Payment

PHYSICIAN GOAL: Improve Maryland’s payment climate.

- Broaden Maryland’s Electronic Health Records law to
  - Require that monetary incentives apply to all physicians, not just PCPs
  - Extend the law until at least 2017
  - Increase connectivity to CRISP
Physician Payment (cont.)

- Assure gain-sharing and other incentivizing mechanisms include a stakeholder process and have broad physician participation and positive impacts on practices

- Resist the attempts of health insurers to repeal the 2012 Assignment of Benefits law
  - Introduce legislation to remove the sunset from the Assignment of Benefits
  - Protect AOB legislation requiring insurers to recognize a patient’s voluntary assignment of insurance benefits
  - Ensure that insurance companies are required to send reimbursement checks directly to non-network physicians for delivered medical services when the patient has “assigned” insurance benefits to the doctor
PHYSICIAN GOAL: Strengthen criminal law as it relates to physician protection

- Support increase of criminal penalties for an individual who assaults a physician, nurse, health care worker, or emergency medical services provider in the course of delivering care
PHYSICIAN GOAL: Ensure all patients have access to physicians and physician extenders have appropriate training and oversight. We expect several groups to push for expanded scope:

- Monitor implementation of naturopaths licensing law enacted in 2014
- Non-certified Midwives seek certification
- Some Nurse Practitioners seek definition change
PHYSICIAN GOAL: Protect Medicaid and the uninsured

- Seek to keep the increase in physician payment that took effect in 2013. The increase:
  - Incentivizes physician participation;
  - Maintains the integrity of the program with respect to eligibility, benefits, and physician payment;
  - Ensures the program can accommodate new patients under the new Federal health care law; and
  - Keeps an adequate safety net for the uninsured.
Physician Goal: Reform unfair insurance practices

- Policy makers will consider rules to require health insurers to:
  - Clearly identify a member’s Rx plan on their insurance card and online
  - Provide specific information on the cost of medical tests prior to testing

- Monitor the implementation of the step therapy law (fail first protocols) passed in 2014

- Support physicians’ rights to dispense medications to health care workers
PHYSICIAN GOAL: Make MD a tobacco free state

- Advocate for continued increases in the tobacco tax
- Support legislation prohibiting the sale of tobacco products by businesses which provide health care or dispense medications
PHYSICIANS GOAL: Repeal Maryland’s unique sterile compounding law passed in 2013

- Board of Pharmacy regulations
- Some specialties exempted last year
Children’s Health

PHYSICIAN GOAL: Advocate for initiatives that improve children’s health

- Support proactive programs in MD schools that address childhood obesity
  - Support a sugary drink tax with funds dedicated to health care or public health
  - Support measures to increase the consumption of water, i.e., reducing taxes to a level equivalent to other health drinks
Health Disparities

PHYSICIAN GOAL: End health disparities in Maryland.

- Continue support of legislative and regulatory initiatives to reduce health disparities.
- Encourage innovative programs such as the Health Enterprise Zones
Physician Goal: Provide adequate information to physicians to help them treat patients exposed to toxic chemicals

- Support policies and regulations that grant physicians access to information about chemicals
- Oppose efforts to restrict a physician’s ability to use the information to protect the public health or prevent further exposure
The Waiver
Approved New All-Payer Model

- Maryland is implementing a new All-Payer Model for hospital payment
  - Updated application submitted to Center for Medicare and Medicaid Innovation in October 2013
  - Approved effective January 1, 2014
- Focus on new approaches to rate regulation
- Moves Maryland
  - From Medicare, inpatient, per admission test
  - To an all payer, total hospital payment per capita test
    - Shifts focus to population health and delivery system redesign
Health Services Cost Review Commission

- Oversees hospital rate regulation in Maryland
- Independent 7 member Commission
  - Decisions appealable to the courts
  - Balanced membership
  - Experienced staff
- Broad statutory authority
  - Has allowed Commission methods to evolve
- Broad Support
Phase 1:
- Fall 2013: Advisory Council - recommendations on broad principles
  - Four workgroups convened
  - Focused set of tasks needed for initial policy making of Commission
  - Majority of recommendations needed by July 2014

Phase 2: July 2014 – July 2015
- Always anticipated longer-term implementation activities
- July Workgroup reports to address proposed future work plan
- Advisory Council reconvening
General Elections
General Election Candidates

Terri Hill, MD
Jay Jalisi, MD
Clarence Lam, MD
Tim Robinson, MD
Delegate Dan Morhaim, MD

Five MedChi Members Running for the Maryland General Assembly!
Communicating with Legislators
What Can You Do To Help?

- Contact your Delegates and Senators in the MD General Assembly on important health care issues

- Contact your U.S. Senators and Representatives on SGR & HIT

- Use MedChi’s online Legislative Action Center at [http://capwiz.com/medchi/state/main/?state=MD](http://capwiz.com/medchi/state/main/?state=MD) to get in touch with your legislators and sign up for action alerts!
The Do’s of Effective Communications

- **Identify clearly** the subject or subjects in which you are interested, not just House and Senate bill numbers.

- **State why you are concerned about an issue or issues.** *Sharing your own personal experience*, particularly as a member of the medical community, is excellent supporting evidence. Explain how you think an issue will affect patients, the medical profession, your community or family.

- **Restrict yourself to one, or at most, two topics.**

- **Put your thoughts in your own words.** If a member of the Legislature received numerous letters with nearly identical wording, he or she may discount them as part of an organized pressure campaign.
Try to establish an ongoing relationship with your Delegates and Senators, which will give you more influence as a constituent.

Get involved early in the legislative process by communicating while legislation is being considered by committees, as well as when it is on the House and Senate floor.

Find out the committees and subcommittees on which your delegates and senators serve. Members of the state Legislature have much more influence over legislation within their committees’ and subcommittees’ jurisdiction.
The Don’ts of Effective Communication

- **Don’t ever threaten.** Don’t hint “I’ll never vote for you unless you do what I want”. Present the best arguments in favor of your position and ask for their consideration in a respectful manner.

- **Don’t pretend to wield vast political influence.** Contact your member as a constituent, not a self-appointed spokesperson for the medical community.

- **Don’t use trite phrases or clichés.** They can make your letter sound mass-produced when it isn’t. Just be yourself.

- **Don’t ever link campaign contributions to legislative support**
Closing Comments

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Thank you for inviting me to present!

Q & A