

# **MedChi\_Danna Kauffman\_FAV\_SB0600**

Uploaded by: Kauffman, Danna

Position: FAV

# MedChi

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*The Maryland State Medical Society*

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TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Edward R. Reilly

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer  
J. Steven Wise  
Richard A. Tabuteau

DATE: February 26, 2020

RE: **SUPPORT** – Senate Bill 600 – *Health Insurance – Reimbursement of Primary Care Providers – Bonus Payments – Applicability*

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The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 600, which defines the term “primary care provider” to ensure that physicians and other health care providers receive the bonus payment from carriers for providing after hours and weekend and holiday services.

In 2010, the General Assembly passed the “bonus payment” legislation as an incentive for physicians to provide additional access to primary care services outside of normal operating hours. The goal was to reduce emergency department utilization during those times when a physician’s office is typically closed. While some physician offices have implemented extended hours, patients are frequently relying on urgent care centers for their primary care services when their physician’s office is closed or unavailable, at a lower cost to both the State and the insurance industry. Given that both settings, a primary care office or an urgent care setting, have assisted in achieving the goal of reducing emergency department utilization, both should be entitled to the bonus payment in accordance with the parameters set forth in the statute. We urge a favorable vote.

**For more information call:**

Danna L. Kauffman  
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J. Steven Wise  
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410-244-7000



**PatientFirst\_Danna Kauffman\_FAV\_SB0600**

Uploaded by: Kauffman, Danna

Position: FAV



TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Edward R. Reilly

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer  
J. Steven Wise  
Richard A. Tabuteau  
410-244-7000

DATE: February 26, 2020

RE: **SUPPORT** – Senate Bill 600 – *Health Insurance – Reimbursement of Primary Care Providers*  
– *Bonus Payments – Applicability*

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Patient First, a provider of primary care and urgent care services throughout Maryland, strongly supports Senate Bill 600, which ensures that providers of both services receive bonus payments for providing after hours care. To accomplish this, Senate Bill 600 defines a “primary care provider” as a licensed physician assistant, a certified nurse practitioner or a licensed physician certified in family practice, internal medicine, or pediatrics or otherwise identified as a provider of primary care in an applicable insurance contract who provides basic health care or urgent care services, including diagnostic, treatment, consultative, referral, and preventative services.

Maryland law requires carriers to pay a bonus payment to “primary care providers” for services provided after 6:00 P.M. and before 8:00 A.M. and on weekends and national holidays. Because the legislation failed to define “primary care provider,” carriers have alleged that only “designated primary care providers” are included under the bill and not providers of urgent care services. We disagree. The purpose of the existing law is to increase access to primary care services in order to reduce emergency room utilization. Regardless of whether these services are provided in an office or in an urgent care setting, the same purpose is achieved, and both should be eligible for the same bonus payment. As discussed below, we believe that this position aligns with legislative intent not to exclude urgent care settings or other providers.

The issue of emergency department overcrowding has been a topic of concern in Maryland for over two decades, resulting in numerous studies and recommendations. A 2006 report from the Maryland Health Care Commission,<sup>1</sup> which examined the use of Maryland hospital emergency departments, recommended:

*Strategies should be developed and implemented to encourage the use of primary care and urgent care services in the community rather than emergency departments. Effective strategies will combine efforts to improve the availability and convenience of services and to provide incentives to both patient and provider.*

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<sup>1</sup> Maryland Health Care Commission, *Use of Maryland Hospital Emergency Departments: An Update and Recommended Strategies to Address Crowding*. December 22, 2006.

A sub-recommendation of this recommendation further concluded:

*Private and public payers should examine ways **to compensate providers for improving access to primary care services**. These might include differential rates for providers' success in decreasing emergency department utilization, for providing prompt appointments for emergent conditions, for having evening and weekend hours, and for developing innovative service programs. (emphasis added)*

This recommendation did not limit "provider" to one setting and, in fact, directly included urgent care services in the reference to providing differential rates for evening and weekend hours. Following the 2006 report, the General Assembly created the Task Force on Health Care Access and Reimbursement and, in 2008, the General Assembly amended the legislation to include two additional areas:

(8) *Whether there is a need to provide incentives for physicians and other health care providers to be available to provide care on evenings and on weekends; and*

(9) *The ability of primary care physicians to be reimbursed for mental health services performed within their scope of practice.*

Ironically, the General Assembly used the term "primary care physician" as it related to mental health services but did not use it when discussing incentives for physicians and other health care providers. The Task Force report concluded that insurance carriers and health plans should pay primary care providers a premium for visits after the 5:00 PM end of the workday and on weekends for scheduled and unscheduled appointments. However, while using the term "primary care provider," the report did not discuss that the terminology was to be limited to one setting.

Again, the primary purpose of the legislation has been to increase access to primary care services to reduce emergency room utilization. As noted in the Task Force report "[l]imited availability of **after-hours primary care** is most likely a contributing problem to the overburdened emergency medical system in Maryland. Almost 35% of Maryland emergency department visits in 2005 were classified as either nonemergency or emergency (i.e., requiring care within 12 hours), **but could have been treated in primary care settings.**" (emphasis added).

Services provided under the designation of primary care and urgent care are virtually synonymous but are being differentiated as a mechanism for not paying the bonus payment. For example, of the top 20 diagnoses treated under each designation of primary care and urgent care services, 12 of them are identical, such as respiratory infections, flu, bronchitis and pneumonia. For the remaining diagnoses, these are diagnoses that would typically not be seen in a physician office and would require emergency services (but can be handled by many urgent care centers) due to the need for additional diagnostic measures. Urgent care centers are being utilized as an extension for other, in-office, primary care providers. Medical records are shared, and care is coordinated among the two. As such, given that urgent care centers are achieving the basic purpose of reducing emergency utilization and work with other primary care providers on the coordination of care, they should be equally compensated under the bonus payment statute.

Therefore, for the above reasons and to recognize the community benefit provided by urgent care settings in providing care when designated primary care providers are not available, we urge a favorable vote on Senate Bill 600.

## **SB600, Senator Reilly**

Uploaded by: Senator Reilly, Senator Reilly

Position: FAV

EDWARD R. REILLY  
33rd Legislative District  
Anne Arundel County

Finance Committee



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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**SENATE BILL # 600 Health Insurance – Reimbursement of Primary Care  
Providers – Bonus Payments - Applicability**

**DATE:** January 26, 2020

**COMMITTEE:** Finance

**SUMMARY OF BILL:** Defines the term “primary care provider”, as it applies to Bonus Payments from insurance carriers to providers.

**EXPLANATION:**

Defines the term, “primary care provider” and provides for a bonus payment from carriers when services are rendered in either a primary care office or urgent care facility, after 6:00pm and before 8:00am on weekends and national holidays.

Current Maryland law requires a bonus payment to “primary care providers” for services on weekends and national holidays, after 6pm and before 8am.

Services provided in both an office and urgent care setting are the same, but lacking a clear definition of “primary care providers”, the carriers are not paying Bonus Payments to urgent care providers.



## **MDAFP\_Steve Wise\_FAV\_SB0600**

Uploaded by: Wise, Steve

Position: FAV



# MARYLAND ACADEMY OF FAMILY PHYSICIANS

ABLE, RESPONSIVE FAMILY PHYSICIANS SERVING THEIR COMMUNITIES

TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Edward R. Reilly

FROM: MD Academy of Family Physicians, Mozella Williams, M.D., President

DATE: February 26, 2020

RE: SUPPORT – Senate Bill 600-Health Insurance-Reimbursement of Primary Care Providers-Bonus Payments-Applicability

On behalf of the Maryland Academy of Family Physicians (“Academy”), I am writing in support of SB 600—Health Insurance-Reimbursement of Primary Care Providers-Bonus Payments-Applicability. The Academy is the largest professional medical specialty society in Maryland, with over 1,200 members who are practicing family physicians, family physicians in training and medical students. The Academy requests your support this legislation for the reasons set forth below.

Existing law requires insurers to pay a bonus payment to “primary care providers” for services provided after 6 p.m. and before 8 a.m., and on weekends and national holidays. The purpose of this legislation is to ensure that urgent care centers and others are properly treated as primary care providers for purposes of the statute. The purpose of the existing law is to reduce emergency room utilization and to provide primary care services when the patient’s designated primary care provider is unavailable. Regardless of whether these services are provided in an office or in an urgent care setting, they achieve the same purpose, and therefore should be compensated equally.

For these reasons, the Academy strongly supports SB 600.

## **ACNM\_FWA\_SB 600**

Uploaded by: Elliott, Robyn

Position: FWA



**Committee:** Senate Finance Committee

**Bill Number:** SB 600

**Title:** Health Insurance – Reimbursement of Primary Care Providers – Bonus  
Payments - Applicability

**Hearing Date:** February 26, 2020

**Position:** Support with Amendment

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The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports Senate Bill 600 – *Health Insurance – Reimbursement of Primary Care Providers – Bonus Payments – Applicability* with an amendment. This bill would add a definition of primary care provider to the law requiring state-regulated health plans to pay a bonus payment for services provided in the office outside of regular office hours. Currently a definition of primary care provider is missing from the law. This bill defines a primary care provider as: 1) a physician certified in family practice, internal medicine, or pediatrics or otherwise identified as a primary care provider in a contract, 2) a physician assistant, or 3) a nurse practitioner.

ACNM supports the bill clarifying the law with one amendment. Certified nurse-midwives (CNMs) are primary care providers that provide comprehensive care to women that includes wellness, preventive care, screening, and treatment. They also provide primary care for newborns. In addition, CNMs are recognized as primary care providers under existing federal health care programs, including the National Health Service Corps, that address primary care workforce expansion, reimbursement for services, and loan repayment programs. Therefore, we suggest the following amendment:

*On page 2 in line 10, strike “OR” and insert “,”; and in line 11 insert “, OR CERTIFIED NURSE- MIDWIFE” after “PRACTITIONER”*

Thank you for your consideration of our testimony, and we urge a favorable vote with this amendment. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

## **MD Health Care Comm\_INFO\_SB 600**

Uploaded by: Renfrew, Megan

Position: INFO

STATE OF MARYLAND



Andrew N. Pollak  
CHAIR

Ben Steffen  
EXECUTIVE DIRECTOR

**MARYLAND HEALTH CARE COMMISSION**

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215  
TELEPHONE: 410-764-3460 FAX: 410-358-1236

February 26, 2020

The Honorable Delores G. Kelley, Chair  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

**RE: SB 600 – Health Insurance - Reimbursement of Primary Care Providers - Bonus Payments - Applicability - INFORMATION**

Dear Chair Kelley:

The Maryland Health Care Commission (Commission) would like to provide the Senate Finance Committee with information related to Senate Bill 600 (SB 600). SB 600 requires health insurance carriers to pay bonus payments to primary care providers who provide services outside of normal business hours in non-hospital settings.

This policy was a recommendation of the Task Force on Health Care Access and Reimbursement in 2010. The Task Force recommended that insurance carriers and health plans provide a bonus payment when primary care providers (including physicians or nurses) provide scheduled or unscheduled care after hours. The Task Force also encourage increased use of telehealth. The Task Force thought that lack of availability of after-hours primary care services and telehealth services was a likely contributor to overutilization of emergency departments at hospitals.

Over the last decade, value-based payment reforms, including the Maryland Primary Care Program, have encouraged expansion of access to care outside of business hours. At the same time, the urgent care and retail clinic markets have grown, providing patients with more options for primary care services. Growth in urgent care and retail clinic use raise concerns about continuity of care, as patients seek convenience rather than sustained relationships with a primary care provider. Continuity of care issues are exacerbated when treatment is provided in

*Note: The Maryland Health Care Commission is an independent State agency. The position of the Commission may differ from the Maryland Department of Health*

The Honorable Delores Kelley

February 25, 2020

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urgent care centers and retail clinics that do not use electronic medical records systems that support information exchange with primary care providers. While bonus payments to primary care providers for expanded hours remains a good idea, today many better approaches exist to increase provider accountability and increase access to care. For example, the Maryland Primary Care Program (MDPCP) was established in 2019 to further the delivery of all six quality domains of the national quality strategy, including patient safety, effective clinical care, person and caregiver-centered experience and outcomes, communication and care coordination, community/population health, and efficiency and cost reduction.

I hope you find this information useful. Please feel free to contact me at (410) 764-3566 or [Ben.Steffen@maryland.gov](mailto:Ben.Steffen@maryland.gov), or Megan Renfrew, Government Affairs and Special Projects, at (410) 764-3483 or [Megan.Renfrew@maryland.gov](mailto:Megan.Renfrew@maryland.gov) if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Ben Steffen". The signature is written in a cursive, slightly slanted style.

Ben Steffen

Executive Director

Maryland Health Care Commission

*Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.*