



AFT Healthcare-Maryland
7127 Rutherford Road
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Local 5197

WRITTEN TESTIMONY

COMMITTEE: Appropriations

BILL: HB 1525 – Maryland Department of Health and Motor Vehicle Administration – State, Medical, Nursing and Security Personnel

DATE: March 5, 2020

POSITION: Support

As somatic physicians working at the state psychiatric hospitals we support HB 1525 with the inclusion of the amendment that properly states our current job title with the corresponding new psychiatrist job title. As somatic physicians we are not psychiatrists, but care for the comprehensive medical needs of the hospitalized patients. The somatic physicians are responsible for conditions such as diabetes, hypertension, asthma, and heart disease. If a patient has a heart attack, passes out, has a stroke, or is injured in a physical altercation, we are the physicians who are called. We care for these patients making every effort to safely treat them at our facility to avoid costly transfers to outside facilities. Psychiatric patients are typically physically "sicker" than the general population, both because of their mental illness and because of numerous medication side effects. Often their mental illness makes caring for these patients more difficult and demanding. They are often argumentative, delusional, and occasionally assaultive. Many of us have been spit on, slapped, or even punched in the face. Despite this we typically care for 3-4 times the number of patients that are treated by our psychiatrist colleagues. By working hard to overcome these obstacles we provide quality patient care reducing outside hospitalizations and containing costs. Because of this, our group of somatic physicians believe that we should be fairly compensated for our work.

In 2018 the Department of Budget and Management approved a 12% salary increase for current psychiatrists and the implementation of a higher pay schedule in an effort to address an

In 2018 the Department of Budget and Management approved a 12% salary increase for current psychiatrists and the implementation of a higher pay schedule in an effort to address an outdated salary scale which caused recruitment and retention problems. While we agree with this much needed increase, unfortunately it came through the creation of a new classification and pay grade for psychiatrists that excluded somatic physicians without their input or consultation. As a result equivalent responsibilities are no longer receiving equivalent pay.

For years psychiatrists and somatic physicians have had the same job description as contained in the MS-22 and have had equally important duties as active members of the treatment team. The inclusion of all specialists in a single class acknowledged the similarity of the roles performed by both psychiatrists and their somatic physician colleagues. Both groups were employed by MDH under the same class and pay grade. The title of the grade was "physician clinical specialist." As the name reflects, all physicians in this class are board certified specialists. The requirements of specialization, as defined by the American Board of Medical Specialties, are similar for both psychiatrists and their internal medicine and family medicine colleagues. In brief, this requires the successful completion of an approved residency program of 3 years after medical school, passing a rigorous board exam, and completing continuing education requirements. The inclusion of psychiatrists, family medicine, and internal medicine physicians in the same classification recognized their equivalent education, training, and expertise.

The department has defended the decision to separate the class based on their difficulty hiring psychiatrists to fill open positions. While this is a real concern, it is not unique to psychiatrists. It has also been difficult to hire somatic physicians. As an example, a position at Perkins could not be filled because of the salary. The position remained open and unfilled for 4 years. This has left the remaining somatic physicians to care for more patients and are unable to take their annual leave as desired because of lack of coverage. This environment impacts the quality of care negatively. Similarly, a position at Springfield Hospital Center had been open for 1.5 years before the position was filled. Only one person applied for the position and in order to

attract the candidate he was hired at the highest step leaving no potential for advancement within current job. Despite hiring at the highest step, according to the Merritt Hawkins salary review, and confirmed by outside offers, the pay was still 20% less than the average starting salary in the private sector. More recently a position at Spring Grove Hospital Center had to be reposted 5 times before a physician was found and to the best of our knowledge a position at the Eastern Shore remains unfilled.

While the implementation of the new psychiatrist pay scale in 2018 has provided for the recruitment and retention of quality psychiatrists, it has left the somatic physicians with a severely outdated pay scale and continued recruitment issues. As it currently stands a psychiatrist hired at the base of the pay scale will make significantly more than a somatic physician who has worked for the state for their entire career and reached the highest step possible. This discrepancy does not reflect the similar training, specialization, and job duties between the two newly divided groups of physicians. Furthermore, this pay disparity is not reflected in the private sector where, according to the Merritt Hawkins survey, the average pay difference is just 3% between psychiatrists and internists. We view the decision to separate the psychiatrists from the somatic physicians unfair and discriminatory and therefore support this bill that would rectify the problem.

We urge the committee to support HB 1525, with amendments,

Respectfully submitted,

Christopher Wagner, MD

Name and Title

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⑤ SYBID 2A701 MD 3/2/21

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