

# Keeping up with Annapolis & Its Impact on Your Practice

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Not sure how to keep up with the flurry of legislation that comes out of Annapolis each year? Once you have seen your patients, resolved your latest employee matter, negotiated your provider contracts and coded your bills, you can read through the 2,654 Bills introduced in the Maryland Senate and House of Delegates this year, track each Bill's introduction, hearing schedule and committee report, and then see if the matter is brought to a vote. Or, you can read *Rounds* and *Med-Chi Physician* and get involved with the Montgomery County Medical Society's many programs and lobbying efforts! The following is a list of 10 laws that passed in Annapolis this year which could affect your practice:

## Electronic Health Records

House Bill 706 requires the Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission to designate a central electronic health information exchange for the State on or before October 1, 2009, and for the MHCC to report on its progress in implementing related state laws on or before January 1, 2010. With these efforts, Maryland has become a national leader in developing health information technologies. In addition, House Bill 706 requires certain State payors and health insurance carriers to provide incentives (with monetary value) to providers to promote the adoption and meaningful use of an electronic health record system.

## Changes to Traditional Professional Service Corporation Requirements

With limited exceptions, the name of a professional service corporation (PSC), like a physician practice, is required to include the surname of one or more of the stockholders of the corporation. House Bill 498 excepts from this general rule PSCs in which a majority of the stockholders are physicians licensed by the State Board of Physicians. In addition, Senate Bill 634 narrows the general authority of the State's professional service licensing bodies to allow PSCs, by excep-

tion, to render professional services in two or more professions only in situations where the two (or more) professional services are "the same, similar, or related."

## Establishment of Cultural and Linguistic Competency Program

House Bill 756 establishes a cultural and linguistic health care provider competency program to improve health care providers' ability to communicate with non-English speaking patients and patients from non-English speaking cultures. While the program proposed initially will be voluntary, the Department of Health and Mental Hygiene is charged with developing a method to recognize providers who participate in such programs.

## Billing for Certain Pathology Services

House Bill 1150 authorizes (1) certain providers of pathology services to bill the practitioner that orders, but does not supervise or perform, the pathology services on a Pap specimen, and (2) the provider who collects a Pap specimen to bill the patient or payor for the service, in both cases, provided that certain disclosure and ethical requirements are met.

## Prompt Pay Requirements

House Bill 440 provides that an insurer, non-profit health service or plan shall pay interest on clean claims that are not timely paid.

## Administration of Vaccines by Pharmacists

Senate Bill 700 adds to the list of vaccinations that a practice pharmacy can administer vaccines for pneumococcal pneumonia, herpes zoster or any other vaccinations as determined by the State Board of Pharmacy.

## Notice Requirements for Dispensing Prescriptions

Senate Bill 242 adds to the requirements for a pharmacy or a licensed dentist, physician or podiatrist to prepare and dispense prescriptions, a requirement that the provider or pharmacy provide written

notice to customers regarding the pharmacy's or provider's process for resolving incorrectly filled prescriptions.

## Insurance Provider Panels

House Bill 141 prohibits insurers from using an insurance provider panel if the provider contract for the insurer requires the provider to participate on the insurer's provider panel as a condition to participating on an HMO or non-HMO provider panel. House Bill 141 also requires an entity arranging an insurer provider panel to provide providers with a schedule of fees for up to the 50 most common services billed.

## Uniform Credentialing Forms

In a push to simplify the expensive, labor-intensive job of credentialing health care providers, Senate Bill 646 authorizes the Insurance Commissioner to designate a uniform credentialing form for an online credentialing system.

## Renewal Requirements for Radiographers, Nuclear Medicine Technologists and Radiologist Assistants

House Bill 374 provides that, as a condition to renewing their license, certain licensees may be required to meet additional license requirements as established by the State Board of Physicians.

To find out more information about any bill, you can look the bill up on the home page of the Maryland General Assembly's web site at <http://mlis.state.md.us/>.

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