



**PRESIDENTIAL REPORT**  
**LAURA PIMENTEL, MD**

The ACEP annual meeting was terrific! We are so proud of Bill Jaquis. He is the first member of MD ACEP to be elected to the national BOD in 30 years. Congratulations, Bill. Thank you and congratulations to all of the great members of MD ACEP who gave educational lectures, attended committee meetings, and presented abstracts at the Research Forum. The chapter was extremely well represented and our wonderful reputation continues to build. Over 130 members of our chapter attended the conference in Denver. Way to go, MD!

As the national election is upon us, it is hard to believe that the next MD session is a short two months away. Fund raising is in full swing. Vice President Dave Hexter and I had the pleasure of attending a fundraiser as representatives of the chapter for Senator Jim Brochin. As a member of the Judicial Proceedings Committee and the Special Committee on Substance Abuse, Senator Brochin has influence over policy very pertinent to healthcare. He has been an advocate and friend to our chapter. The Senator represents District 42 in Baltimore County.



I hope that all MD ACEP members took the opportunity to vote in this crucially important election for the future of our state and our nation.



**LEGAL REPORT**  
**PAM METZ KASEMEYER, ESQ.**  
**SCHWARTZ, METZ & WISE, P.A.**

Health Care Reform Implementation

Maryland continues to move forward with Health Care Reform Implementation. Maryland selected one of the State employees' health benefit plans as its "benchmark" in late September. The plan's benefit coverage is more comprehensive than some of the other plans under consideration. While this will make the benchmark plan somewhat more expensive, it will ensure that benefit parameters of plans offered will ensure comprehensive coverage for their insureds. The State is now focused on determining the financing structure for the exchange. While the financing options do not include proposals that would have negative implications for the physician community, we are monitoring its progress nonetheless. There remain several issues for which the State is awaiting further direction from the federal government. As this is written prior to election day – it goes without saying that the outcome of the elections could change the landscape for federal reform. Further comment on the future of reform will be included in the next report.

All-Payer Medicare Waiver Application

Maryland's hospital industry continues work with Secretary Sharfstein and the Health Services Cost Review Commission to craft Maryland's waiver renewal application. To date, all parties have not coalesced on a framework for the application. There remains a considerable amount of discussion surrounding how much "change" in Maryland's current system should be included in the applications. MD ACEP continues to carefully monitor the progress of those discussions to ensure that any consideration of new payment models include physician input and are reflective of physician interests. This includes discussions regarding "gain-sharing", "bundled payment" programs and other payment models that may impact professional fees or services. The timeframe for submission is rapidly approaching and there is a growing sense of urgency to reach consensus on a framework. It remains a work in progress and MD ACEP remains actively engaged.

Nurse Sedation Regulations

There has been no further development on the nurse sedation regulations. The Board of Nursing has been focused on other issues and there is no indication that they will be advancing this issue in the near future. MD ACEP continues its work to build a coalition of interests that are similarly opposed to the regulations as previously presented. There is cautious optimism that the Board of Nursing will call the stakeholders together for further discussion before formally proposing regulations. However, it remains a work in progress with no current certainty on the Board's next steps.

Board of Physicians

The Board of Physicians has proposed regulations, published in the November 2, 2012 Maryland Register regarding physician disciplinary processes and other threshold issues relative to the regulation of physicians and the practice of medicine. These regulations were previously proposed but then withdrawn following significant objection, in large measure due to the ongoing review of the Board and its operations. MD ACEP will work in conjunction with MedChi to ensure that the statutory and regulatory structure for the physicians is transparent, fair and responsive. These regulations and related legislation that will be introduced this year will require focused and aggressive attention.

**SAVE THE DATE:**

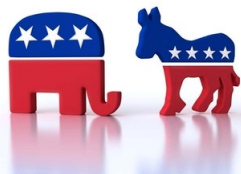
**APRIL 18, 2013**

**MD ACEP ANNUAL EDUCATIONAL CONFERENCE**

**WESTIN BWI HOTEL**

## **PAC REPORT**

**DAVID HEXTER, MD, MPH, FACEP, TREASURER**



The Emergency Medicine Political Action Committee (EMPACT) provides financial support to the campaigns of legislators and candidates who are friends of Emergency Medicine in Maryland and support our issues. EMPACT, along with a strong lobbying team and your grassroots support, are the keys to MD ACEP's long history of legislative success in the Maryland General Assembly. This kind of influence is not automatic and does not come easy. When you send in your annual ACEP dues, we encourage you to check off and include your membership dues to EMPACT.

In addition to 24 EMPACT annual memberships received in the third quarter of 2012, we would like to recognize Dr. Hugh Hill for his Silver Level sponsorship. Also in the third quarter, EMPACT supported the events of Senators Jim Brochin, Rob Garagiola, Joe Getty, Barry Glassman, Ed Kasemeyer, Kathy Klausmeier and Delegates Sue Aumann, Eric Bromwell, Bonnie Cullison, Wade Kach, Peter Murphy, Jim Malone, Susan McComas, Shirley Nathan-Pulliam, Wayne Norman, Nathaniel Oaks, and Kathy Szeliga. If you are an EMPACT member and would like to attend a legislative event, please contact the chapter at [MDACEP@aol.com](mailto:MDACEP@aol.com). For a list of upcoming events, go to <http://www.schwartzmetz.com/fundraisers>. They are a great opportunity to meet your area's community leaders in the private and public sectors.

Like all PACs, EMPACT is required to file detailed reports of its contributions and expenditures with the State Board of Elections. To view these reports, go to <https://campaignfinancemd.us/>.

## **PUBLIC POLICY REPORT**

**ORLEE PANITCH, MD, FACEP**

Although the next session of the Maryland General Assembly is several months away, and we are all deeply enthralled in the Presidential elections, there are still some significant issues brewing for us in Maryland.

Due to Hurricane Sandy, an HGO Hearing on Drug Shortages was postponed. ACEP is involved with this, and we will have ACEP members provide testimony as to the effects in the ED.

In the past legislative session, House Bill 620 and Senate Bill 180 was introduced to establish a State Board of Naturopathic Medicine and would have authorized individuals to become licensed to practice naturopathic medicine in Maryland. These bills were opposed by both Maryland ACEP and MedChi. There is a pending hearing in November to bring stakeholders together to bridge the differences. Maryland ACEP will be watching closely.

There is still discussion regarding the use of anesthetic agents in the Emergency Department as it pertains to nursing care, and the ability of nursing staff to participate in sedation, as needed.

Maryland ACEP is staying abreast of the issues, and will inform.

Please consider getting more involved in Maryland ACEP and in Public Policy.

There is a monthly meeting which can be attended via phone--- please join the committee, and get your voice heard!

Maryland ACEP would like to recognize and congratulate our chapter members that recently earned the designation of **Fellow of the American College of Emergency Medicine**. This prestigious mark of distinction is a testament to their contributions to ACEP and their commitment to emergency medicine. The recipients listed below join a group of accomplished emergency physicians that dates back to 1982, when the ACEP Fellowship was first established. Congratulations!

Roshelle J Beckwith, MD, FACEP  
Sharon Bord, MD, FACEP  
Scott Brannan, MD, FACEP  
Gail Patricia Cunningham, MD, FACEP  
Brian J Delligatti, MD, FACEP  
Richard J Ferraro, MD, FACEP  
Jesse J Irwin, MD, FACEP  
Ishrat Khatri, MD, FACEP  
Frederick K Korley, MD, FACEP  
Tina M Latimer, MD, MPH, FACEP  
Ellen F Lemkin, MD, FACEP  
Matthew J Levy, DO, MSc, FACEP  
Janelle M Martin, MD, FACEP  
Whitney Matz, MD, FACEP  
Dean I Moore, MD, FACEP  
Michael P Murphy, MD, FACEP  
Kiemanh Pham, MD, FACEP  
John M Sasser, MD, FACEP  
Esteban Schabelman, MD, FACEP  
John Schnabel, MD, FACEP  
Cecile G Silvestre, MD, FACEP  
Erin Smith, MD, FACEP

### **Comment Period Extended For the ACEP Cost Effective Care Survey**

ACEP's Cost Effective Care Task Force seeks to identify evidence-based best practices in emergency medicine that can reduce the cost of care without sacrificing quality of care. Your input is needed to guide ACEP's direction on this subject. The survey will be open for 2 more weeks. Please take the short survey now - your response will help develop priorities for improving the value of emergency care.

<http://files.clickdimensions.com/aceporg-awlqd/pages/5a44ccc410ebe111aa71005056ae278f.html>

## MIEMSS Launches New Psychiatric Bed Registry

The Maryland Institute for Emergency Medical Services, in cooperation with the Mental Hygiene Administration of the Department of Health and Mental Hygiene, the Maryland Hospital Association and the Maryland Chapter of the American College of Emergency Physicians, launched a new Psychiatric Bed Registry on November 1, 2012.

### Purpose

Patients entering the emergency departments of Maryland's hospitals for voluntary or involuntary evaluation and treatment have frequently been met with significant delays in in-patient placement. Part of this delay has been identified as a lack of visibility of the resource availability at the in-patient psychiatric hospitals. In an effort to improve the timely placement of psychiatric patients MIEMSS and DHMH, in collaboration with Maryland emergency department and psychiatric inpatient hospital staff, have developed two new matrices on the secure HC Standard internet tool that support the Facility Resources Emergency Database (FRED) and the County Hospital Alert and Tracking System (CHATS). These matrices are called the "Psychiatric Bed Registry" (PBR) and the "ED Psychiatric Patient Information Matrix" (EDPPIM). The PBR is designed to have numbers and types of available psychiatric inpatient beds at that institution, with direct contact numbers to facilitate emergency department staff identification of potential placement sites for their ED psychiatric patient. This will dramatically reduce the work load on the ED/ crisis staff who currently must call around to each of the inpatient psychiatric hospitals to individually identify resource and bed availability. The EDPPIM lists the currently identified patients that will need some form of inpatient psychiatric admission and some resource requirements to address patient needs. The EDPPIM will also provide a new opportunity for inpatient psychiatric hospitals to see the current demand for beds.

### Training

Hands-on interactive training is being made available at locations around the state. These are "Train the Trainer" sessions. Hospitals should work with their MIEMSS regional administrators to find training dates and sites for their ED / Crisis staff and psychiatric service inpatient staff

### Who Should Attend?

Those who attend should be designated by your facility, organization or agency to learn about how the system works and be prepared to train your staff on how to use the system. Those using the system will include ED Staff entering patient information and staff in Psychiatric Facilities who manage the available beds and admissions to their facilities. As this is a component of HC Standard, many of the ED staff members should be familiar

## Will Recent Public Health Incidents Result in Increased Regulations of Physician Offices?

GENE M. RANSOM, III

CEO, MedChi, The Maryland State Medical Society

Two recent high profile public health incidents in Maryland will likely affect public policy. The recent death of a patient at a medical-spa and the outbreak of meningitis tied to injectable steroids will likely result in increased regulation, or consideration of new laws to protect the public. MedChi wants to hear from you on what changes, if any, are needed and what regulatory changes to avoid as we address these public health concerns.

During the week of Sept 17, The Maryland Department of Health and Mental Hygiene (DHMH) began investigating a cluster of three severe invasive *Group A Streptococcus* (GAS) infections in persons who had liposuction at a cosmetic surgery center in Timonium, Maryland. All three patients were hospitalized; one subsequently died, the facility was then ordered closed. As the result of this incident DHMH is seeking public comment on potential approaches to oversight of these facilities. For more information on the DHMH request, visit [THIS SITE](#).

More recently, a national public health story relating to meningitis tied to injectable steroids has affected Maryland. As the result of three Maryland cases of meningitis tied to injectable steroids Maryland Department of Health and Mental Hygiene (DHMH), in conjunction with other states, the Centers for Disease Control and Prevention (CDC), and the US Food and Drug Administration (FDA) have announced the launch of an Outbreak website for updates.

DHMH has identified, to date, at least three Maryland patients that developed meningitis after receiving an injection in September of an already implicated lot of methylprednisolone acetate that was produced and distributed by the New England Compounding Center (NECC). The Department has been posting updates on its [home page](#) under "**Meningitis Cases Associated with Injectable Steroids.**" No other products have been implicated in this outbreak, however, NECC has recalled a number of other products, and the CDC and FDA are advising all health care facilities with NECC products to stop using them.

MedChi would appreciate your thoughts and ideas as we deal with these two important public health concerns. Clearly, public policy leaders will be considering the implications and proposing new rules related to regulations on office based procedures and possibly dispensing of injectables. It is important that we monitor and play a vital role in any new proposed policy changes. If you have a suggestion or idea simply email me at [gransom@medchi.org](mailto:gransom@medchi.org).