

August 3, 2017

Joseph A. Ciotola, M.D. and Deborah Mizeur
Co-Chairs of the Work Group on Rural Health Care Delivery
c/o Government Relations & Special Projects
Maryland Health Care Commission
Metro Executive Office Building
4201 Patterson Avenue
Baltimore, MD 21215-2299

Dear Dr. Ciotola and Mrs. Mizeur:

On behalf of MedChi, The Maryland State Medical Society, I would like to thank you for the opportunity to serve the Work Group on Rural Health Care Delivery. MedChi's members appreciate the Work Group's interest in the physician voice and the inclusion of their insights in these recommendations.

As a whole, MedChi supports the Rural Community Health Complex demonstration project, as it will improve health equity and quality for a population that struggles with accessible health care by increasing coordination of care through the use of care managers and integrating behavioral health services, in addition to providing several incentives and opportunities for medical students, residents, physicians, and other practitioners to practice in the rural community, and creating additional resources for crisis response. MedChi is concerned, however, with how this project will be financed, as the recommendations do not point to a specific source of funding.

MedChi also asks the Work Group to consider the following comments with respect to its recommendations.

Recommendation 1: A Rural Community Health Complex Demonstration

Recommendation 1.e: Tax Credits, Loan or Grant Opportunities: MedChi strongly supports the use of tax credits and loan or grant opportunities to incentivize rural practices to hire or mentor students and practitioners. Rural private practices could take advantage of these programs to expand their work force, but the tax implications for the practice would need to be addressed.

Recommendation 1.f: Economic Impact: MedChi agrees that the Community Health Resources Commission could serve as an incubator for pilot projects. However, the report should include the following language, which is consistent with last year's budget recommendations from the Maryland General Assembly.

"1.f. Charge the Community Health Resources Commission with incubating pilot projects in rural communities to support of the Rural Health Community Complexes. ~~The General~~

~~Assembly could create an additional funding source for local projects that are aimed at promoting health; these projects should be focused on rural communities and allow communities to meet their own needs. Given the CHRC's track record in supporting innovative and successful projects in rural areas, the Work Group recommends full restoration of the CHRC's budget to \$8 million in FY 2019."~~

Recommendation 2: Governance

MedChi asks that physicians are represented on any governing agency that is created to oversee the health complex demonstration project, as physicians can provide insight into how the program will affect their practice and their patients.

Recommendations 3 and 4: Student and Resident Incentives

MedChi strongly supports the initiative to create a Rural Scholarship Program for medical students and other health professional students, as well as the effort to provide incentives to medical students and residents to practice in rural communities. The Rural Health Work Group should seek an exemption from the Accreditation Council for Graduate Medical Education (ACGME) to allow residents to participate in rural residencies, as certain geographic restrictions may prevent them from doing so.

Recommendations 5 and 6: Professional Incentives

MedChi believes that the Maryland Loan Assistance Repayment Program and the J-1 Visa program will be necessary and effective recruitment tools. MedChi strongly supports the expansion and realignment of these programs, as well as the streamlining of these programs' oversight agencies, to aid physicians who wish to care for the underserved communities.

Recommendations 3-7: Inclusion of Specialty Services

MedChi suggests that these recommendations offer opportunities and incentives to not only primary care practices, but specialty practices as well, because access to specialty services in rural areas is limited.

Recommendation 8: Behavioral Health and Crisis Response Services

MedChi strongly appreciates the efforts to expand and improve behavioral health and substance abuse services, such as the Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) in the community. Programs like BHIPP have proven to be successful as it allows the primary care provider to work with a mental health "advisor," and improve patient care. Additionally, an expansion of crisis response systems is especially important, given the current Opioid Crisis that Maryland (and the country) faces.

Recommendation 11: Expansion of Non-Medicaid and Non-Emergency Transportation

MedChi agrees with the Rural Health Work Group that sufficient transportation plays an important part in this project's success. The Rural Health Work Group should look to Queen Anne's County's mobile transport initiative as a model.

Thank you for your consideration on these issues. Overall, the draft report looks promising, and MedChi looks forward to assisting in the project's implementation. Please let me know if I can provide any additional insight to the comments above.

Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Gene M. Ransom, III". The signature is written in a cursive style with a horizontal line under the name.

Gene M. Ransom, III
Chief Executive Officer