



EMinMD

Chapter Newsletter

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President's Message

Maryland ACEP Members,

As we start to see the Maryland COVID-19 positivity rate decline, it gives us all a better sense that we may be returning closer to “normalcy” soon. Maryland ACEP has been very busy over the past couple of months during the legislative session and the weeks following working on your behalf to identify and be very vocal on any issues impacting Emergency Medicine.

We have had a very unusual but active session to say the least. You will see in this issue an update on the most important legislative issues. Later this summer ACEP will host its [Leadership and Advocacy Conference \(LAC21\)](#) on July 25-27. For any of you who are interested, this is an opportunity to get involved, understand how to better advocate for the specialty, spend a few days in DC to hear the latest information from key leaders.

Join me in welcoming the newly elected Chapter Board Members. See who they are [here](#).

I hope you enjoy this issue!

Upcoming Chapter Events

The next Chapter Board Meeting will be held **Friday, June 18th**.

Public Policy Meeting 10:30AM EST
Chapter Board Meeting 11:30AM EST

All members are welcome to attend any portion. The Microsoft Teams link will be shared, via email, prior to the date.

News Education Committee **Michael C. Bond, MD, FAAEM, FACEP** **Education Committee Chair**

Maryland ACEP hosted its annual Education and Business Meeting on March 18th, 2021. This virtual event was highly attended by over 200 individuals and has received excellent evaluations. Topics included Cardiology Updates, Emergency Delivery in your ED, COVID-19 and the State of Maryland, Updates on the treatment of DKA, Supporting the Code: Documentation Pearls and Pitfalls, The Doctor as The Patient, Respecting your Elders, High-Yield Geriatric EM Pearls & Pitfalls, and others. Speakers included Joelle Borhart, Amal Mattu, Corey Slovis, David Marcozzi, Phillip Magidson, Kavita Jackson, Gregory Jasani, Casey Collins, Christopher Lemon, Danielle Matilsy, Cheyenne Falat and Mark Rosenberg, current ACEP President.

Even though this conference was virtual, the lectures were so well done and exciting that most participants attended the entire conference. If you would like to watch a lecture, please head to our [YouTube Channel](#) to view the lectures.

We hope our next conference can be a hybrid event where most participants are able to see the lectures in person but will plan to still have a virtual component to be able to increase participation in those that might not be able to travel to Baltimore.

The chapter Education Committee is also looking for volunteers for the committee. Help us plan our next conference and help identify outstanding speakers. If you are interested, please send an [email](#) to Adriana, Chapter Executive Director and tell her you would like to become a member of the committee.

Claim your CME Certificate



If you attended the 2021 Educational Conference & Annual Meeting in March, you are now able to claim your CME certificate.

To access CME certificates:

- Log in to ACEP.org/CMETracker using your ACEP web credentials.
- Locate the activity.
- Enter credit hours being claimed commensurate with your participation.
- Click on add to transcript.

You will be given the option to download or print your certificate.

A few useful links => [CME Tools & Trackers](#) and [CME Tracker Login](#).

2021 Award Recipients

This year, during the 2021 Educational Conference & Annual Meeting that was held in March, a plaque was issued to each award recipient in appreciation for their years of commitment and dedication to emergency medicine.

Congratulations to Dr. Marcozzi, Dr. Delbridge, Dr. Jasani, Sherry, RN & Dr. Linton. Read more [here](#).

Just an example =>



Legislative News

Theresa E. Tasse, MD
Danna Kauffman - Chapter Lobbyist



One for the History Books

The 442nd Session of the Maryland General Assembly concluded at midnight on Monday, April 12th. As expected, this was an unprecedented Session, conducted entirely virtual via Zoom and YouTube.

Despite this being a virtual Session and a Session operating during a catastrophic health emergency, the number of bills introduced was higher than in previous sessions. For example, this Session, the General Assembly considered 2,788 bills and resolutions.

As a comparison, the General Assembly considered approximately 2,499 bills and resolutions during the 2019 Session. Below is a snapshot of bills of interest to MDACEP. The full Session report can be found [here](#).

Despite the heroic efforts by our health care workers during this past year, the General Assembly failed to pass legislation to extend immunity protections. Maryland's current law states that "a health care provider is immune from civil and criminal liability if the health care provider acts in good faith and under a catastrophic health emergency proclamation." ¹ This law was originally passed following the attacks on September 11, 2001. Knowing what we know now

regarding catastrophic health emergencies caused by a communicable disease, the medical community sought to expand the protections. [Senate Bill 311/House Bill 25: Catastrophic Health Emergency – Health Care Providers – Definition and Immunity \(Maryland Health Care Heroes Protection Act\)](#) (failed) would have expanded the definition of health care provider to include an employee, agent or contractor of a health care facility who provides or assists with the delivery of health care and would have applied the protections to acts directly or indirectly related to the Governor’s proclamation, an important distinction given the prohibition on procedures and the lack of standards of care for responding to the virus. Considering that this General Assembly has repeatedly tried to weaken Maryland’s current medical malpractice laws, the General Assembly took the stance that Maryland’s law was adequate and that an expansion would somehow erode the standard of care within the medical community.

[Senate Bill 3/House Bill 123: Preserve Telehealth Access Act of 2021](#) (Chapter 70) (passed) codifies the use of telehealth that occurred during the COVID-19 pandemic. It allows for audio-only and payment parity between in-person and telehealth visits. It also extends the protections to Medicaid but provides flexibility to implement in regulations. The bill’s provisions are effective between July 1, 2021 through June 30, 2023. During that time, the Maryland Health Care Commission is required to study the provision of telehealth and issue a report with recommendations to the General Assembly on or before December 1, 2022. This timeline provides the General Assembly the opportunity to make changes to the law during the 2023 Session (prior to the termination of the provisions on June 30, 2023). This bill has already been signed by the Governor and will go into effect on July 1, 2021. [House Bill 732/Senate Bill 568: Health Care Practitioners - Telehealth - Out-of-State Health Care Practitioners](#) (failed) that would have authorized an “out-of-state health care practitioner” to provide telehealth services to a patient in Maryland failed.

Several bills seeking to better address behavioral health did pass this year. Given the COVID-19 pandemic, it is anticipated that behavioral health issues will remain on the forefront in future sessions.

[Senate Bill 41/House Bill 132: Health - Mental and Emotional Disorders - Consent \(Mental Health Access Initiative\)](#) (passed) lowered the age for when a youth can seek mental health treatment from 16 years old to 12 years old. Specifically, the bill establishes that a minor who is at least age 12 and is determined by a health care provider to be mature and capable of giving informed consent has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by the health care provider or a clinic. The capacity of any minor to refuse consultation, diagnosis, treatment for a mental or emotional disorder for which a parent, guardian, or custodian of the minor has given consent remains unchanged. A minor younger than age 16 may not consent to the use of prescription medications to treat a mental or emotional disorder. The bill also authorizes a health care provider to decide to provide specified information to a parent, guardian, or custodian of a minor unless the health care provider believes that the disclosure will lead to harm to the minor or deter the minor from seeking care. If acted upon favorably by the Governor, the bill will take effect October 1, 2021.

After multiple attempts over many Session, [Senate Bill 105/House Bill 289: Peace Orders - Workplace Violence](#) (passed) finally passed, which authorizes an employer to file a petition for a peace order that alleges the commission of specified acts against the petitioner’s employee at the employee’s workplace. The employer must notify the employee before filing for the peace order. It extends existing statutory provisions relating to the filing, issuance, and modification of peace orders, as well as the shielding of related court records, to peace orders filed by employers on this

basis. An employer is immune from any civil liability that may result from the failure of the employer to file a petition for a peace order on behalf of an employee. An employer may not retaliate against an employee who does not provide information for or testify at a peace order proceeding. Originally, the Senate removed the immunity clause if an employer did not file a peace order. The House rejected it and the compromise is that the immunity clause will be part of the original bill but will “sunset” or be removed after October 1, 2023. If acted upon favorably by the Governor, the bill will take effect October 1, 2021.

[Senate Bill 279/House Bill 396: Public Health - Overdoses and Infectious Disease Prevention Services Program](#) (failed) would have established what has been known as a “safe injection sites” by authorizing a “community-based organization” to establish an Overdose and Infectious Disease Prevention Services Program to provide a supervised location where drug users can consume pre-obtained drugs, as well as receive other services, education, and referrals. This bill has been introduced for several years.

Over the interim, representatives from MDACEP will be participating on a Physician Advisory Group, formed by MedChi to discuss a proposal to authorize downstream risk arrangements in Maryland. [House Bill 1021/Senate Bill 758: Health Insurance - Incentive Arrangements - Authorization](#) (failed) was withdrawn prior to the bill hearing and would have authorized insurers to enter into downstream risk arrangements with physicians and other entities, an arrangement which is currently prohibited under Maryland law. Given the complexity of this issue and the concerns raised by physicians, the sponsors agreed to withdraw the bill but requested that interested stakeholders work over the interim to develop legislation for the 2022 Session that will both allow for these arrangements but provide physicians and others with necessary protections. To speak with one voice, MedChi is forming a Physician Advisory Task Force for this issue with representation from all specialties, including MDACEP members.

¹ **Section 14-3A-06 of the Public Safety Article.**

Opioid Use Disorder & New CPT Code for MAT **Jason Adler, MD, FACEP, FAAEM** **Maryland ACEP Chapter Member**

“An acceleration of overdose deaths during the pandemic”

As of 2018, [Maryland ranked #5](#) in the nation for opioid overdose death rate per 100,000 persons. When broken down by county, Baltimore city was the highest in the state with a crude rate of 119 opioid overdose deaths per 100,000 persons, followed by Cecil County with a crude rate of 70.9.

Last January, Annals of Emergency Medicine published a [study](#) showing the one-year all-cause mortality after emergency department visits for non-fatal opioid overdose is 5.3%.

This may be one of the highest risks discharges we do in emergency medicine.

A press release from the [CDC](#) last December 2020 stated “Over 81,000 drug overdose deaths occurred in the United States in the 12-months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period. The latest numbers suggest an acceleration of overdose deaths during the

pandemic.” The primary driver of these overdoses are synthetic opioids, which “increased 38.4%” from June 2019 to May 2020.

Also in December, JAMA psychiatry published a [study](#) based on EMS data, showing overdose related out of hospital cardiac arrests increased 58% from April to July 2020.

Medication Assisted Treatment (MAT) is a lifesaving therapy.

A new CPT code for Medication Assisted Treatment (MAT)

A new CPT code was introduced this year. Code G2213 offers new [guidance](#) for: “initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services”. It is meant to be used as an add-on code to the primary E/M services provided, and/or Observation or Critical Care.

Emergency physicians have been on the front line of the opiate crisis for years and are well versed in advocating for this vulnerable population. There is now long overdue funding to address this significant crisis.

The code involves three components: initiation, assessment, and referral. As always, medical necessity should be your guiding force.

Here is a practical guide to demonstrate the medical necessity to capture this code:

Your documentation should address why MAT is being considered: did the patient present with an overdose or withdrawal, complications related to opioid use, or is there a patient request? Does the patient meet [DSM-V](#) criteria for Opioid Use Disorder? Is the patient ready to start MAT and can follow up be arranged? A peer recovery coach or SBIRT can be an invaluable asset in bridging some of these gaps.

Here is a proposed template you could use tomorrow:

“Patient presented with [***] and was assessed for OUD using DSM-V criteria. Pt has demonstrated readiness to start MAT, and plan to initiate buprenorphine (16mg qd x 7d) starting today. Pt has been seen by SBIRT/peer recovery coach and follow up has been arranged (***time, facility). Pt was given a prescription for naloxone. Diagnosis: OUD, opioid withdrawal or overdose”

The value of offering MAT to this at-risk population cannot be overstated. Studies have shown that [more patients engage in treatment after MAT services in the emergency department](#), versus a referral alone. We also know that patients who receive information about drug treatment after an overdose are [more likely to seek treatment](#). It is encouraging to see this life saving work being recognized.

The G2213 code is valued at 1.3 wRVU, or 1.89 total RVU's.

Resident Corner

Earlier this year, a welcome package was given to the new residents & intern class at the University of Maryland School of Medicine. In each package, a MDACEP Label Pin was given as gift to each new resident. They are wearing the chapter lapel pins proudly!



From Left to Right: Richard Jean-Louis, MD; Rayan El-Sibai, MD; Lauren Rosenblatt, MD (Faculty/Development Fellow/Chief Resident); Samantha King, MD; Karl Dachroden, MD; Cheyenne Falat, MD (Faculty/Development Fellow/Chief Resident).

Social Media

Did you know that there are many valuable benefits to social media for a non-profit organization such as the Maryland ACEP Chapter?

A list of a few of the benefits are the following:

- The ability to uncover industry trends in real-time
- Provide better customer service
- State the chapters position over legislative issues that affect emergency medicine across the state
- Build a better search engine presence for the chapter
- Appeal to younger, social-savvy potential members
- Social media platforms allow organizations to tell their story
- Messages can help engage supporters, increase awareness, and promote fundraising initiatives
- Facilitates the sharing of ideas, thoughts, and information through the building of virtual networks and communities

Why is it important to know this? The chapter is looking to fill a Social Media Ambassador position.

What is the role, responsibilities, and terms of this position? [Read details here.](#)

Where will you get the content for the chapter Facebook and Twitter channels? Adriana, Chapter Executive Director will be providing you with most of the content. However, it will also be your responsibility to watch for important content at the local level that should be shared immediately via social media - to get the word out. For example, you may hear about something at your local hospital that could potentially affect all emergency departments and emergency physicians in Maryland.

If you like social media and are interested in this position, [please reach out](#). Additionally, if you have social media, please follow us on Facebook and Twitter and retweet or like our posts so that we can build a better search engine presence for the chapter.

We need your support of the chapter social media channels!



Congratulations!

New Clinical Officer (UMMC)!

Join us in congratulating David E. Marcozzi, MD, FACEP in his new role as Chief Clinical Officer at the University of Maryland Medical Center. Read the press release [here](#).

Welcome New Members!

A special welcome to the new members of the Maryland Chapter and to those that renewed their membership with the chapter. We are excited to have you.

Alex Rosin, MD
Anthony Albert Salerno
Aria Shi
Benjamin A Johnson
Bonnie Kerr, MD, FACEP
Candice Dior Jordan
David N Klein, MD, FACEP
Eric Beauvois, MD
Eric Matthew Friedman
Ivan Hernan Buitrago
Jamie Palmer
Kerri Hirt Suissa, MD, FACEP

Lilian Anosike
Lucille M Martin
Patricia Pugh, DO
Patrick McCarville, MD
Rachel Kester
Rebecca L Schulman, MD
Robert Kearney Lord
Scarlett Guizhi Guo
Sheri LiTyrus Park
Usama Anwar Qadri, MD
Zachary Dezman, MD

You may wonder if you should get involved with Maryland ACEP or EMRA or at the national level? We encourage you to get involved!

If you are unsure about how to get involved, feel free to contact the chapter [directly](#).

Other Chapter Events

The DC ACEP Chapter has extended an invitation to all ACEP State Chapters to attend the EM Workforce Town Hall that they will host.

**Tuesday, June 8th
6:00PM EST**

The panelist are Dr. Aisha Terry and Mr. Salsberg the Primary Investigator of the EM Workforce Study. Read more details [here](#). See the flyer [here](#). Register for the Town Hall [here](#).

Any questions for the panelist should be submitted via [email](#) to the DC ACEP Chapter by Monday, June 1st @ 5:00PM EST.

[2021 Educational Conference Sponsor Articles](#)

Alexion Pharmaceuticals, Inc.

Thanks to Alexion Pharmaceuticals, Inc. for being a Silver Sponsor of the 2021 Educational Conference & Annual Meeting. [Read an interesting article](#) provided by Erica Roberts, Coagulation Institutional Account Manager. If you would like more information, Erica can be reached via [email](#).

Genentech, Inc.

Genentech supports Stroke Awareness Month! [Read an interesting article](#) written by a Stephen H. Anderson, MD, FACEP, an emergency physician. This article was provided by Meghan Frye, Therapeutic Area Manager: Lytics Franchise. If you would like more information, Meghan can be reached via [email](#).

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