

MARYLAND BOARD OF PHYSICIANS

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"ASSURING CONTINUED QUALITY HEALTHCARE"

SUMMER 2004

BOARD OF PHYSICIANS ELECTS ITS FIRST CHAIR



Harry C. Knipp, M.D., FACR

At its March 2004 meeting, the Maryland Board of Physicians elected Harry C. Knipp, M.D., FACR, as its first Board Chair. Dr. Knipp will lead the Board as it continues to implement the many changes to the Board procedures resulting from the passage of Senate Bill 500 in 2003.

Dr. Knipp graduated from the University of Maryland School of Medicine in 1976, following in the footsteps of his great grandfather, grandfather, and father, all of whom practiced medicine in Maryland. After completing his postgraduate training, he began his practice of diagnostic radiology. He is certified by the American Board of Radiology. Dr. Knipp brings many years of experience from his own private practice, hospital medical credentialing and quality assurance activities at Carroll County General Hospital, and development of Advanced Radiology, PA,

Dr. Knipp previously served the Board of Physician Quality Assurance, predecessor to the new Board, by membership on the Radiation Technology Advisory Committee. "Dr. Knipp helped Maryland establish standards and a certification program for radiation technologists," said C. Irving Pinder, Jr., Executive Director of the Board of Physicians.

"I know that this Board can make a real difference in the lives of all Marylanders. I saw that happen when I served on the Rad Tech Advisory Committee. I am honored that my fellow Board members elected me as the first Board chair," Dr. Knipp said.

Dr. Knipp was educated in the Baltimore City Public Schools, graduating from the Baltimore Polytechnic Institute and attending Loyola College of Maryland before beginning his medical education. He lives with his wife in Reisterstown and is the father of three.

Under procedures established by the Board, Dr. Knipp will serve as Board chair through June of 2005, at which time the Board will hold its next election of officers. The Board chair represents the Board in many arenas. Dr. Knipp has already been appointed by Governor Ehrlich to the Governor's Task Force on Medical Malpractice and Health Care Access.

PHYSICIAN ASSISTANTS & PATIENT CARE

Physician assistants are welcome physician extenders in many medical practices. Patients are often delighted to schedule an appointment sooner, with a physician assistant, rather than later, with the physician. However, medical care is one arena where patients prefer to have no surprises! Therefore, the Board of Physicians makes the following recommendations: for non-emergent visits or situations, inform the patient when the visit is scheduled that the visit will be with a physician assistant, not with a physician. Patients should be told in advance if a physician assistant will be performing a procedure and should be given the option of having the procedure performed by the supervising physician. Any informed consent form should indicate that the procedure will be done by a physician assistant.



**C. IRVING PINDER, JR.,
EXECUTIVE DIRECTOR**

2004 GENERAL ASSEMBLY

The following bills were passed and signed into law:

Senate Bill 72: This law extends the law requiring licensure of respiratory care practitioners in Maryland. Without the legislation, the provisions would have "sun-setted" on July 1, 2007.

House Bill 384: This law permits pharmacists to administer influenza vaccinations and directs the Boards of Pharmacy, Physicians, and Nurses to adopt regulations to allow pharmacists to administer influenza vaccinations in a manner that safeguards patient safety.

House Bill 433: This law requires the Secretary of Health and Mental Hygiene to convene a workgroup to study and make recommendations for regulatory or statutory changes needed to improve prescription legibility of prescriptions in order to enhance patient safety. The Board of Physicians will be part of the workgroup.

REPORTING OF COMMUNICABLE DISEASES

Diane L. Matuszak, MD, MPH, Director
Community Health Administration, DHMH

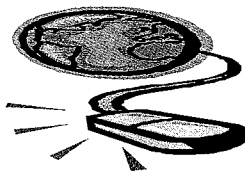
Several new diseases or conditions have recently been incorporated into the State's regulations for reporting of Reportable Diseases, Conditions, Outbreaks, and Unusual Manifestations (**COMAR 10.06.01.03**):

- * All types of arboviral illness;
- * Harmful algal bloom related illness;
- * Pesticide related illness;
- * Pneumonia in a health care worker resulting in hospitalization; and
- * Severe acute respiratory syndrome (SARS).

A complete listing of all reportable diseases and conditions can be accessed through the "Reportable Diseases & Conditions" link under "QUICK LINKS" on the DHMH home page at www.dhmh.state.md.us. Reporting instructions and forms are also available through the same link.

Your participation in our State's ongoing surveillance system fulfills an essential role in preventing uncontrolled transmission of serious communicable diseases. Please be assured that DHMH and local health departments welcome your suggestions for improving this crucial line of defense for all Marylanders.

The Office of Epidemiology and Disease Control Programs at 410-767-6700 can give you further information about reporting diseases, and will welcome your comments or suggestions.



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WWW.MBP.STATE.MD.US

ATTORNEY GENERAL'S OPINION ON SELF-REFERRALS

Maryland's self-referral law, passed by the General Assembly and signed into law in 1993, is intended to prohibit physicians and other health care practitioners from referring patients to other health care entities in which the practitioner has a financial interest. The law makes exceptions for the use of "in-house ancillary services" provided in the office of the practitioner, but the law excludes MRI services, radiation therapy, and computer tomography scans from the definition of "in-house ancillary services."

The Maryland Office of the Attorney General has published a formal opinion on the application of the self-referral law to orthopedic practice groups which own either a MRI machine or a CT scanner. The opinion states, in part:

"In our opinion, the law bars a physician in the orthopedic practice from referring patients for tests on an MRI machine or CT scanner owned by that practice, regardless of whether the services are performed by a radiologist employee or member of the practice or by an independent radiology group. The same analysis holds true for any other non-radiology medical practice that owns an MRI machine or CT scanner." [89 Opinions of the Attorney General (2004), page 10]

An Opinion of the Attorney General represents the considered views of the Attorney General on a significant legal question, generally involving a Maryland law or other law that governs the actions of public officials in Maryland. The Board of Physicians gives these opinions significant weight when deciding issues of law.

