What You Need to Know Now

Recap: MedChi's Successful Legislative Session

What's Your Political M.O.?

Physician Candidates Campaign for Office
MedChi and CFHM Team Up to Help End Prostate Cancer

MedChi, The Maryland State Medical Society, and the Center for a Healthy Maryland, Inc. (CFHM) have teamed up once again for the ZERO Prostate Cancer Run/Walk in Baltimore, MD on Sunday, September 23, 2018. The funds raised from ZERO Prostate Cancer Run/Walk provide research for new treatments, free prostate cancer testing, and education for men and families about prostate cancer.

For more information, contact Josette Fullard at jfullard@medchi.org, or visit the MedChi/CFHM team page to register. Please register by September 1, 2018. If you cannot join us, support us. All donations are welcome.

Together we can get healthy, have fun, and save lives!

AMA: CVS–Aetna Merger Should Be Blocked

After extensive analysis, AMA opposes the merger of the pharmacy chain and health insurer. The AMA position is based on evidence indicating the merger’s likely anticompetitive effects on Medicare Part D, pharmacy benefit management services, health insurance, retail pharmacy, and specialty pharmacy.

Since December, the AMA has conducted an intense evaluation of the proposed merger, and urged state and federal regulators to do the same. During its analysis, the AMA sought the views of prominent academic experts in health economics, health policy, and antitrust law.

The AMA will file a post-hearing memorandum outlining its concerns. The AMA filing will outline the merger’s potential negative consequences for health care access, quality, and affordability, including:

- An expected increase in premiums due to a substantial increase in market concentration in 30 of 34 Medicare Part D regional markets.
- An anticipated increase in drug spending and out-of-pocket costs for patients as Aetna and CVS fortify their dominant positions in the health insurance, pharmaceutical benefit management, retail, and specialty pharmacy markets that already lack competition.
- A reduction in competition in health insurance markets that will ultimately adversely affect patients with higher premiums and a reduction in the quality of insurance.
- A foreseeable failure to realize proposed efficiencies and benefits because the merger faces enormous implementation challenges, and those efficiencies have a questionable evidence base.

To ensure patients are better served by dynamic and competitive health care markets, the AMA will endeavor to persuade federal and state regulators to oppose the merger.

Maryland Health Care Commission (MHCC) Releases Annual Report on Health Care Expenditures

The MHCC published a report on spending and utilization of health care services in Maryland’s privately fully-insured market for 2016. This report, part of a series of annual reports using data from the Maryland Medical Care Data Base (MCDB), shows that health care costs continued to increase in Maryland in 2016, although the rate of the increase was less than the rate of increase in 2014 and 2015.

Overall, per capita spending on health care increased by 5 percent. Spending per capita declined for hospital inpatient services, labs, and imaging, but increased for hospital outpatient services, physician services, and retail prescriptions. Unit cost decreased for outpatient services but the per person spending did not decrease for outpatient services due to increases in utilization of these services. Per capita spending in the individual market, including Exchange and off-Exchange products, climbed by 12 percent. Spending in the DC metro area was higher than in other regions in the state.

Additional information on disease burden, individual out-of-pocket costs, and other topics are available in the report.

What You Need to Know Now

1. The Prescription Drug Monitoring Program (PDMP) Use Mandate began July 1, 2018.
2. MedChi has opened a PDMP Call Center for prescribers and pharmacists with questions regarding the Use Mandate (800.492.1056, x3324; direct dial, 410.878.9688; pdmp@medchi.org).
3. The Maryland Primary Care Program has been approved by the Centers for Medicare and Medicaid. Practices will register for the program in August 2018, and the program will begin in January 2019.
4. Fingerprinted Criminal Background checks must be completed prior to renewing your Medical License with the Maryland Board of Physicians.

Cover Photo: Gene Ransom, MedChi CEO, shown at bill signing for HB 736/SB 376, which allows pharmacists to discuss less expensive options with patients.
From the President...

Recapping MedChi’s Successful Legislative Session

Gary Pushkin, MD, President, MedChi

MedChi, The Maryland State Medical Society, fought a hard battle in the 2018 Legislative Session and came out victorious. The fight would not have been won without YOU, the MedChi member. I would like to thank ALL members for their support and congratulate you on YOUR legislative victories. Without this support, MedChi would not have had one of its most successful sessions in history.

Defeated the Weakening of Maryland’s Medical Malpractice Laws by Plaintiff’s Attorneys

Senate Bill 30/House Bill 1581 would have eliminated the “20% Rule,” Maryland’s long-standing law prohibiting “professional witnesses.” MedChi members sent more than 1,500 emails to their legislators in the last days of Session, resulting in the bill’s defeat (41–89) despite it being passed by the Senate (by one vote). This incredible victory, which many believed was impossible, clearly demonstrates the collective power of the physician community. MedChi also defeated efforts to triple noneconomic (“pain and suffering”) damages.

Secured Additional Funding for Physician Payments

MedChi successfully lobbied to preserve $17.6 million in the Governor’s budget to maintain Medicaid physician rates, getting us one step closer to returning the rates to 100 percent of Medicare.

Successfully Lobbied for the Adoption of Pragmatic Solutions to Maryland’s Opioid Crisis

MedChi lobbied for proactive initiatives to address Maryland’s opioid crisis while fighting initiatives that would have unfairly targeted or unnecessarily burdened physicians. MedChi supported the creation of a “Pill Mill Tip Line” and development and expansion of crisis response systems. MedChi defeated efforts that would

What’s Your “M.O.” When It Comes To Politics?

Susan D’Antoni, with insights from Stephen Rockower, MD, and Duane Taylor, MD

“If you are in medicine; you are in politics!” Are you a GA, a PPA, or a PI?

Grassroots Activist (GA):

- The GA is aware of issues and trends affecting the profession of medicine, patient care, and health care delivery.
- When MedChi and/or your component society sends out a legislative alert, the GA ACTS! She goes to the MedChi website and sends an email via the Legislative Center to her senators, delegates or representatives, or makes a phone call to the legislator’s office, and encourages her colleagues to do the same.
- The GA contributes to the Maryland Medical PAC (MMPAC) to ensure that candidates who are supportive of Medicine and who are fighting to protect the interests of Maryland physicians and their patients are elected or re-elected.

Public Policy Activist (PPA):

All the above and:

- The PPA participates in their component society’s Lobby Day each year. The PPA understands this is an opportunity to connect with elected leaders during the session to influence the outcome of bills which affect the practice of medicine, delivery of care, and health care financing. The PPA recognizes there is “power in numbers” and the importance of the coordinated voice of Medicine. The PA understands the importance of “putting a face with a name.”
- The PPA participates in his component society’s annual legislative breakfast or other forums at which legislators are present seeing these as opportunities to demonstrate involvement in and support of MedChi’s legislative agenda.
- The PPA becomes a key contact through their component society’s legislative committee and welcomes being assigned to a delegate or senator from his district. The PPA makes a point of developing a relationship with his legislator(s) throughout the year so the legislator will recognize him as a resource on a variety of medical and nonmedical issues during the session. The PPA recognizes that it’s important to cultivate relationships even if the legislator is not on a committee of jurisdiction over medical issues. Every vote counts in committee and on the floor!
- The PPA contributes personal funds to the elections of candidates which share his views and who have supported MedChi’s legislative agenda. The PPA knows that legislators don’t forget your name when you have given them money.

Continued on page 13

Continued on page 13
Some ideas are better than others for keeping your practice safe.

Medical Mutual offers comprehensive protection for your practice and professional reputation.

You would need 360° vision to see all the possible perils of the current health care and legal environments. In particular, even for good Doctors, claims can strike at any time from any direction. So, if you want to wrap your practice in a blanket of protection the best idea is to look to Medical Mutual, Maryland’s leading medical professional liability insurance company. Since 1975, we’ve successfully defended thousands of Doctors from the unexpected and given them the peace of mind they need to practice quality medicine.

Medical Mutual

Liability Insurance Society of Maryland
Maryland Medicare All-Payer Contract Gets an Extension

The all-payer contract, also known as the Maryland Medicare Waiver, contemplates increased physician activity changing from a model totally based on hospital payments looking at the total cost of care in Maryland. The new agreement considers an increase in physician activity, and includes pro-physician protections negotiated by the physician community.

“The new Maryland Model will expand health care access and affordability—and ultimately improve quality of life—for Marylanders, especially those with chronic and complex medical conditions,” said Governor Hogan. “Maryland continues to lead the nation in innovative health care delivery, and the expansion of our successful model is a huge step forward in our efforts to ensure that every Marylander has access to quality care.”

The Maryland Model aims to control the growth in health care costs, both at hospitals and community providers, while improving patient outcomes and quality of care. To achieve this comprehensive coordination across the entire health care system, the Maryland Model will:

- Coordinate care across both hospital and non-hospital settings, including mental health and long-term care
- Invest resources in care that is focused on the patient and enhance primary-care teams to improve individual patient outcomes
- Set a range of quality and care improvement goals and provide incentives for providers to meet them
- Concentrate system and community resources on population health goals to help address opioid use and deaths, diabetes, hypertension, and other chronic conditions
- Encourage and facilitate programs focusing on the unique needs of Marylanders across geographic settings and other key demographics

This comprehensive approach ensures the patient is at the center of decision making and their needs are being met with greater transparency and accountability.

“For thirty-six years, the Maryland All-Payer Model has been transformative in delivering affordable, high-quality health care to Maryland’s families,” said Rep. Andy Harris, MD (1st District). “Once again, Governor Hogan is demonstrating his commitment to helping Maryland families and to driving Maryland innovation. The new, extended version of the Maryland Model will be even more effective in controlling the cost of health care while maintaining access, and in improving the quality of outcomes for Maryland patients.”

The all-payer contract agreement includes the Maryland Primary Care Program and other Care Redesign Programs that will help Maryland physicians achieve new value-based Medicare requirements.
CONSULTATIVE INSURANCE REVIEW

Med Chi Insurance Agency was established in 1975 “by physicians for physicians” to satisfy the needs of doctors and medical practices.

Contact Keith Mathis at 800.543.1262, ext. 4422 or KMathis@medchiagency.com today to schedule your “no obligation” review at no cost!

1204 Maryland Avenue
Baltimore, Maryland 21201
410.539.6642 or 800.543.1262
410.649.4154 fax
www.medchiagency.com

YOUR “NO OBLIGATION” REVIEW INCLUDES THE FOLLOWING:

Employee Benefits:
• Group Medical, Dental, and Vision Coverage
• Group Life & Disability
• Voluntary Benefits

Property & Liability:
• Medical Malpractice
• Workers Compensation
• Medical Office Insurance
• Employment Practices Liability
• Directors & Officers Liability
• Privacy/Data Breach Coverage
• Bonds (Fiduciary/Fidelity/ERISA)

Personal:
• Life Insurance
• Disability (Individual/Pension/ Business Overhead)
• Annuities
• Long Term Care
• Estate Planning/Retirement Planning
• Auto/Homeowners/ Umbrella Coverage
MedChi and Component News

MedChi’s Delegation to AMA Active on Key Issues

Maryland’s delegation to the American Medical Association played an active leadership role at the AMA’s Annual Meeting in Chicago. Serving on behalf of MedChi members and the physicians and patients of Maryland, the delegation worked closely with a contingent of twelve Maryland medical students to successfully champion an ambitious slate of resolutions calling for action on gun violence prevention, LGBTQ health education, physician dispensing, and other public health and economic concerns.


MedChi is especially pleased to announce that Padmini Ranasinghe, MD, MPH, has been elected to serve on the AMA’s Council on Science and Public Health. Dr. Ranasinghe is an internist, epidemiologist, and preventive medicine specialist at Johns Hopkins, where she also serves on the medical education faculty. She is the President of the Baltimore City Medical Society and serves on the MedChi Board of Trustees. MedChi is proud to be represented in leadership roles throughout the AMA, including on the Board of Trustees, various councils, and the AMPAC board.

More details about the AMA Annual Meeting can be found at www.ama-assn.org/hod-annual-overview.

MedChi Provides Online Education on Opioids and the Maryland PDMP

MedChi has launched a new online Continuing Medical Education Catalogue. The online educational site will provide physicians and other health care clinicians educational resources to address their needs and improve patient care.

The inaugural activity for the platform is Maryland Prescription Drug Monitoring Program (PDMP) Best Practice and Clinical Usage. The presentation describes the Maryland Prescription Drug Monitoring Program (PDMP), addresses when PDMP query is required, summarizes what the PDMP query portal looks like and what other states’ data can be accessed through the query portal. It also establishes how to use the PDMP as a clinical tool and to identify where to find safe opioid prescribing resources. This presentation is the result of an ongoing collaboration with the Maryland Department of Health (MDH) and MedChi to improve clinician understanding of the PDMP and its use, as well as address its value and importance in addressing the current Opioid Crisis.

Charles County Medical Society Installs New President

The Charles County Medical Society has reasons to celebrate! Richard Cook, MD, has become the newest President of the Charles County Medical Society. At the May 24 meeting Dr. Cook accepted the position from interim President, Dianna Abney, MD. Dr. Abney will remain active, serving as the Charles County Medical Society Treasurer. Her service is deeply appreciated.

As a third-generation physician, raised in Annapolis, Dr. Cook has more than fifteen years of experience practicing Internal Medicine in Maryland. He is a graduate of Howard University School of Medicine. His residencies were completed in Baltimore at Union Memorial and University of Maryland Hospitals. He lives in Hughesville, Maryland, with his wife, who is a physician, and three children.

MedChi and Component News continued on page 8
Dr. Cook is running for Charles County Commissioner, in District One. His motto, "Truth Shaping Politics, not Politics Shaping Truth," is backed up by the fact that he accepts no campaign contributions; preferring to give government back to the people. The Medical Society wishes him well in his endeavors.

**House of Delegates Meeting**

**Featured Visits from Legislators and Health Leaders**

On April 29, MedChi held its 2018 Interim Meeting and Spring House of Delegates Meeting. Delegates gathered to discuss health topics and set policy for the organization. MedChi was honored with a presentation by Maryland Secretary of Health Robert R. Neall. We were pleased to present the 2018 Legislative Awards to Senator Joan Carter Conway, Senator Robert Cassilly, and Delegate Kathleen Dumais. Former Secretary of Health Nelson Sabatini was honored with the 2018 Laughlin Distinguished Public Officer Award for his efforts as a public health and patient advocate in Maryland. MedChi’s Immediate Past President, Stephen Rockower, MD, was presented with the 2018 Laughlin Distinguished Member Award.

The House of Delegates adopted resolutions to establish MedChi task forces on global budgeting, physician well-being, and gun violence. Eleven resolutions that were passed by the House will be addressed at the federal level by the American Medical Association. The House also reaffirmed MedChi’s commitment to eradicating gender-based income disparities for physicians.

The next meeting of the House of Delegates will be held during our Annual Meeting on September 22, 2018 in Hanover, Maryland. All MedChi members are invited to attend. Those interested in serving as a delegate should reach out to their component medical society or contact Catherine Johannesen at cjohannesen@medchi.org or 800.492.1056, x3308.

**“All Politics is Local”— Component Medical Societies Make Annapolis House Calls**

*Lisa Williams*

Component medical societies initiated “Annapolis Lobby Days” many years ago, and continue annual visits to Annapolis during the ninety-day General Assembly.

Prior to the components’ lobby days, association leaders and other physicians interested in advocacy and grassroots lobbying are recruited to participate. Between ten and twenty-five physicians often participate in each component lobby day. Component society staff schedule appointments with their county’s elected senators and delegates before and after the session.

Lobby days begin with a morning review of key bills and issues by the MedChi legislative team. Because the legislative process is always changing and progressing, this update is key to physicians’ understanding the status of the bill.

This year, the broad areas of discussion with the delegation were medical liability, Medicaid access, and priorities in addressing the growing opioid crisis. Legislators were receptive to MedChi and component positions, with a few able to join members for lunches hosted by the component society for further conversation.

*MedChi and Component News continued on page 14*
MedChi Needs Physicians to Staff First Aid Room

From the first day until the last day of the session, MedChi needs physician volunteers to staff the First Aid Room. Volunteer physicians work with a nurse to address any medical issues that arise. If you are interested in volunteering in the 2019 session, please contact Kevin Hayes at khayes@medchi.org.

Physician Candidates Campaign for State Office

MedChi is excited to watch the 2018 elections as a group of physician leaders prepare to take a major step toward representing their communities in the Maryland General Assembly. Several new physicians hope to be part of Maryland’s legislature. For a complete listing of all candidates, visit www.elections.maryland.gov. Please visit www.medchi.org/MMPAC for the results of the physicians’ races.

Richard Bruno, MD (Leg. District 41)
Terri Hill, MD (Leg. District 12)
Jay Jalisi, MD (Leg. District 10)
Nilesh Kalyanaraman, MD (Leg. District 43)
Clarence Lam, MD (Sen. District 12)
Paul Manicone, MD (Leg. District 23B)
Tim Robinson, MD (Leg. District 42B)
## ALLERGY SEASON SURVIVAL GUIDE

1. **Change Clothes**  
   After being outside

2. **Shower**  
   Frequently

3. **Stay**  
   Hydrated

4. **Save on Your Prescriptions**  
   Discounts on Brand & Generic Drugs

<table>
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<tr>
<th>Drug Name</th>
<th>QTY</th>
<th>Retail Price</th>
<th>Discount Price</th>
<th>Savings</th>
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<tbody>
<tr>
<td>Montelukast (Singular) TAB 10MG</td>
<td>30</td>
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<td>52%</td>
</tr>
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<td>Levocetirizine (Xyzal) TAB 5MG</td>
<td>30</td>
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<td>$14.95</td>
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</tr>
<tr>
<td>Azelastine SPR (Astepro) 157MCG</td>
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<td>$81.99</td>
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</tr>
<tr>
<td>Desloratadine (Clarinex) TAB 5MG</td>
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<td>$131.83</td>
<td>$28.35</td>
<td>78%</td>
</tr>
<tr>
<td>Clarinex (Brand) TAB 5MG</td>
<td>30</td>
<td>$409.62</td>
<td>$235.26</td>
<td>43%</td>
</tr>
</tbody>
</table>

Discounted prices were obtained from participating pharmacies. Prices vary by pharmacy and region and are subject to change.

For more information please contact: John Cenerazzo • John@MarylandDrugCard.com • MarylandDrugCard.com
MedChi’s Newest Physician Members

MedChi welcomes the following new members, who joined between April 1, 2018, and June 12, 2018.

Reza Alavi, MD — DaVita Medical Group
Padmaja Bandi, MD — Erickson Health Medical Group of Maryland, PC
Monique K. Chheda, MD — Shady Grove Dermatology, Laser & Vein Institute
Samir V. Chheda, MD — Community Radiology Associates
Marianne Cloeren, MD, MPH — Managed Care Advisors, Inc.
Lauren M. Curtis, MD — Johns Hopkins
Lynda S. Dougherty, MD — Fairfax Colon and Rectal Surgery, PC
Kendall Dupree, MD — Sinai Hospital
Sasha R. Jarrett, MD — Chesapeake Anesthesia Associates
Nilesh Kalyanaraman, MD — Health Care for the Homeless
Arkadiy Koshkin, MD — Chesapeake Anesthesia Associates
Peter E. Lavine, MD — Peter E. Lavine, MD
Alex S. Mohseni, MD — Memorial Hospital
Elzbieta M. Mroz, MD — Family Healthcare of Elkton
Richard O. Odero, MD — Community Radiology Associates
Barbara A. Parey, MD — Family Healthcare of Elkton
Pradip Sahdev, MD — Advanced Surgicare of Maryland
Paul S. Schaefer, MD — Community Radiology Associates
Vivian Umeozulu, MD — Canna Care Docs
Surender K. Vaswani, MD — Allergy & Asthma Clinical Center
Kimberly C. Walker, MD — Regenerations Counseling Services
David J. Wang, MD — Maryland Cardiovascular Specialists
Ming Yi, MD — Erickson Health Medical Group of Maryland, PC

Carolyn B. O’Conor, MD
(Family Medicine, Rockville)
was honored as the incoming President of Montgomery County Medical Society at Corks & Forks for a Cause at Rocklands Farm & Winery. A celebration of Medicine in Montgomery County was held along with fundraising activities for the National Capital Physicians Foundation.
CRISP FREE Services for Ambulatory Practices

Connect. Share. Improve Patient Care

CRISP is a regional health information exchange (HIE) serving Maryland and the District of Columbia. CRISP is a non-profit organization advised by a wide range of healthcare industry stakeholders. All of the following services are available for FREE to ambulatory practices. For more information, visit the CRISP website at www.crisphealth.org.

Clinical Query Portal
The CRISP Portal is a free tool available to clinical staff. As clinical information is created and shared with CRISP, it is made accessible in real time to participating health care providers through the CRISP Portal.

Encounter Notification Service (ENS)
ENS allows primary care physicians, care coordinators, and others responsible for patient care to receive real-time alerts when patients are admitted/discharged at hospitals. Proactively coordinate your patients’ care and schedule any necessary follow-up treatment or visits.

Prescription Drug Monitoring Program (PDMP)
The Maryland Prescription Drug Monitoring Program gives prescribers, dispensers and other licensed staff access to prescription information for all Schedule II-V drugs filled in Maryland, Virginia and some neighboring states.

For more information and to sign up for any of the CRISP User Services contact MedChi at 888.507.6024 or email info@medchiservices.org.
From the President continued...

have allowed law enforcement, local health
departments, and insurance companies
direct access to the Prescription Drug
Monitoring Program.

Protected and Enhanced the Practice of
Medicine

MedChi continued to protect the integrity
of the practice of medicine. Working with
the Maryland Society of Eye Physicians and
Surgeons, MedChi defeated an expansion of
scope by optometrists. Likewise, MedChi
worked with the Maryland Orthopaedic
Association to prohibit the attempt by
podiatrists to use the term “physician”.
MedChi worked for the successful passage of
legislation that makes Maryland a member
of the Interstate Medical Compact. MedChi
also successfully advocated to prohibit
hospitals and insurers from requiring
physicians to maintain their specialty
certifications through the American Board
of Medical Specialties. The issue will be
studied over the interim by the Maryland
Health Care Commission.

Ensured that Patients Can Benefit from
Less Expensive Drug Costs

MedChi successfully worked with “Health
Care for All!” and other Maryland health
leaders to prohibit “gag clauses” in pharmacy
benefit contracts to allow pharmacists to
discuss less expensive options with patients.

Advanced Public Health Initiatives

MedChi successfully advocated for public
health concerns, including legislation
for students to use sunscreen at school
activities without written permission from
their physician; legislation that requires
correctional facilities to provide feminine
hygiene products to inmates and have
written policies regarding medical services
for pregnant inmates; and legislation that
establishes a grant program to address youth
homelessness.

Thank you again to every physician who
made a phone call, sent an email, came
to Annapolis, or attended a fundraiser. A
successful effort is a team effort.

Continued from page 3

Political Influencer (PI):

All the above and:

• The PI often volunteers on important committees at a local or state level to
  share expertise, and represent medicine knowing the value of “being at the
table.” The PI knows these roles open doors to other opportunities.
• The PI participates in campaign fundraisers and enjoys meeting and greeting
  the candidate and other legislators or supportive constituents. The PI doesn’t
  hesitate to put a sign on their lawn in support of particular candidates.
• The PI asks pointed questions so the candidate understands the importance
  of an issue.
• The PI cultivates relationships on a local, state and federal level and responds
  quickly when called to testify or to provide insight on issues. The PI shows
  they are community-minded.

Being involved takes time, talent and resources. Every physician has one or more
of these to give. Get involved. Start at the beginning. The rewards will come back
FOR you and your patients.

Susan D’Antoni is the Executive Director of Montgomery County Medical Society.
She can be reached at sdantoni@montgomerymedicine.org.

Maryland Medical Political Action Committee
(MMPC) Supports MedChi Advocacy

One way to get involved after the legislative season is to join your Maryland
Medical Political Action Committee (MMPC). Your MMPAC membership
supports MedChi’s lobbying efforts during the Maryland General Assembly
Session and allows MedChi to succeed in serving as your advocate.

In 2018, MMPAC contributions helped

• Kill attempts by the trial attorneys to allow “professional witnesses”;
• Successfully oppose a potential increase on the cap for non-economic
damages;
• Increase the Governor’s Fiscal Year 2019 Medicaid budget by $17.6
  million;
• Advocate for common-sense Opioid legislation; and
• Prevent broad expansion of non-physicians’ scope of practice.

MMPAC is grateful to all of its members for their continuous support. For more
information and how to join, you can visit www.medchi.org/MMPC.
Lobby days are followed by e-mails and calls to legislators to provide additional information on positions on key bills.

Annapolis House Calls are just one way of maintaining communication with legislators. Each year, component delegations are invited to other component society events. Baltimore City Medical Society holds an annual holiday reception to which legislators are invited, and Montgomery County Medical Society holds an annual legislative breakfast in December. Legislators frequently receive copies of component society communications, or patient communications. In addition, physician members attend fundraising and district meetings that allow for more casual interaction with legislators. During the General Assembly, legislators know component society members and are pleased to have them visit.

Plan to join your component society lobbying team in Annapolis in 2019, the first year of a new four-year term. Look for the component society lobby dates in future communications, and volunteer to staff the first aid room.

As U.S. House Speaker Tip O’Neill said, “All politics is local.”

Lisa Williams is Executive Director of Baltimore City Medical Society. She can be reached at info@bcmsdocs.org.
MPHP is a private, confidential, non-disciplinary program that advocates for the health and well-being of all physicians and other allied health professionals who are licensed by the Maryland Board of Physicians to safeguard the public. MPHP is HIPAA compliant, and protects the confidentiality of participant records as set forth under state and federal law. MPHP is administered by the Maryland State Medical Society’s 501 (c)(3) affiliate, the Center for a Healthy Maryland, and is separate from the Maryland Board of Physicians.

For more information and/or a confidential consultation for you or a colleague who may benefit from our help, please call 800-992-7010 or 410-962-5580.

MedChi’s Buildings Have Rich Architectural History

MedChi built one of its buildings in 1909 and acquired the other main building in the mid-1970s for the sum of $1.00. Of course, MedChi had to renovate the building after buying it. The 1898 building was originally the University School of Baltimore, a private school. By the early 1910s, it had become a Baltimore City Public School. As School #49, it served as an accelerated school for students who completed three years of junior high school in two years. A number of MedChi members attended the school.

The main building, and the former gymnasium which is now the MedChi Agency, are filled with a variety of architectural details, reflecting the building’s former life. When you next visit the MedChi offices, please take a minute to notice, and appreciate, the architectural details, some of which are shown here.
Events

For a complete list of MedChi and component events, visit http://www.medchi.org/Events.

**July 10**
Baltimore City Medical Society Board Meeting, 6:00 p.m.
MedChi Office, Malouf Board Room, 1211 Cathedral Street, Baltimore. Lisa Williams, 410.625.0022.

**July 19**
MedChi Board of Trustees Meeting, 6:00 p.m. MCMS Headquarters, 15855 Crabbs Branch Way, Derwood, MD. Cathy Johannesen, 410.539.0872, ext. 3308.

**September 5**
Baltimore County Medical Association Board of Governors’ Meeting, 6:15 p.m. GBMC Rooms D & E. Patricia Keiser, 410.296.1232.

**September 13**
MedChi Board of Trustees Meeting. MedChi Office, Osler Hall, 1211 Cathedral Street, Baltimore. Cathy Johannesen, 410.539.0872, ext. 3308.

**September 22**
House of Delegates Meeting. Arundel Preserve Hotel, 7795 Arundel Mills Blvd., Hanover, MD. Cathy Johannesen, 410.539.0872, ext. 3308.

**September 24**
2018 Baltimore City Medical Society Physician – Student Exchange.

**September 26**
Baltimore County Medical Association, CME Event.
GBMC, 6701 N. Charles Street, Baltimore, MD. Patricia Keiser, 410.296.1232.

**October 17**
Montgomery County Medical Society, General Membership Meeting. Bethesda North Marriott, Bethesda, MD. Karissa Miller, 301.921.4300.