MEDCHI HOUSE OF DELEGATES

FINAL REPORTS AND RESOLUTIONS

Actions Taken by the MedChi House of Delegates at its meeting on October 28, 2023

ADOPTED

Board of Trustees Report 2-23 (Information) – Follow up to Resolutions from Spring 2023 House of Delegates Meeting

Board of Trustees Report 3-23 – Strategic Plan

Recommendations:
1. That the House of Delegates adopt the 2024-2028 Strategic Plan, and
2. That the Strategic Plan be operationalized.

Board of Trustees Report 4-23 – 2024 Budget

Recommendations:
1. That the House of Delegates approve the 2024 Budget, and
2. That the remainder of the report be filed.

Council on Communications Report 1-23 (Information) – Overview of Activities for 2023

Council on Legislation Report 1-23 – Review of 2023 Legislative Agenda

Recommendations:

ENSURING TIMELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT

- Advocate for initiatives that streamline and reform utilization management policies (i.e., prior authorization and step therapy laws) in both the commercial market and in Medicaid to reduce administrative burdens, increase transparency, and ensure patients receive the care ordered by their treating physician. CONTINUE
- Ensure that physicians and other health care practitioners are not inappropriately excluded from participating on insurance panels. CONTINUE
- Support policies to ensure that women have equal access to all breast cancer diagnostic examinations and evaluations without cost sharing rather than only routine initial preventive screenings. ACCOMPLISHED
- Address network adequacy and the further standardization of credentialing requirements. CONTINUE

- Advocate that the Fiscal Year 2024 Medicaid budget maintain E&M reimbursement rates to 100% of Medicare to support physician participation in the Medicaid program and ensure that Medicaid patients have adequate access to physician services. ACCOMPLISHED FOR CURRENT FISCAL YEAR BUT CONTINUE FOR NEXT FISCAL YEAR.
- Work with relevant stakeholders to create fair and appropriate policies and procedures for Medicaid payment seizures. ACCOMPLISHED BUT CONTINUE TO MONITOR.

PROTECTING ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE

- Oppose policies that would adversely affect patient care by inappropriately expanding the scope of practice of non-physician providers beyond their education and training, including the ability to independently diagnose, treat, prescribe medications and/or manage medical disorders or refer to themselves as physicians. CONTINUE
- Seek State funding for the MD Loan Assistance Repayment Program, which provides loan repayment to primary care physicians working in underserved areas of the State to encourage more physicians to practice in those areas and address current workforce shortages. ACCOMPLISHED FOR CURRENT FISCAL YEAR BUT CONTINUE FOR NEXT FISCAL YEAR.
- Fight initiatives to weaken Maryland's current medical liability environment and jeopardize Maryland's Total Cost of Care Model, including increasing the "cap" on damages in medical malpractice cases or diminishing immunity protections. CONTINUE
- Monitor the regulatory and disciplinary actions of the Board of Physicians to ensure the proper treatment of physicians. CONTINUE
- Ensure that actions of the Board and its staff during the disciplinary process are transparent and that the laws governing the Board provide for accountability, including the adoption of a requirement that the physician complaint form include a penalty of perjury for false allegations. CONTINUE WITH EXCEPTION OF PERJURY PENALTY WHICH, BASED ON DISCUSSION WITH BOARD, POSES RISKS FOR PHYSICIANS WHO FILE COMPLAINTS.

ADDRESSING BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS

- Advocate for expansion of Maryland's crisis treatment centers throughout the State and addressing access to care barriers for behavioral health services. CONTINUE
- Support innovative approaches to addressing the opioid crisis, such as the establishment of a pilot supervised injection facility. CONTINUE
- Support the continued establishment of partnerships between police departments and mental health professionals to ensure the appropriate response to individuals facing a behavioral health crisis. CONTINUE
- Advocate for comprehensive behavioral health reform that addresses current system deficiencies. CONTINUE

STRENGTHENING PUBLIC HEALTH INITIATIVES

- Continue to support health equity initiatives that address health disparities and the social determinants of health. CONTINUE
- Support polices to increase access for all Marylanders (regardless of immigration status) to free or low-cost health care plans through initiatives that automatically enroll individuals in coverage and/or provide individual or small employer subsidies to improve the affordability of coverage. CONTINUE
- Advocate for public health and safety initiatives, including increasing immunization rates for

children; encouraging the creation of enhanced health education programs and curriculum and the development of health workforce mentorship programs; prohibiting the sale of flavored tobacco products; ensuring equitable access to public transportation; and supporting the development of evidenced based heat regulations by Maryland OSHA. CONTINUE

- Support initiatives that preserve access to reproductive health services consistent with current AMA Policy. ACCOMPLISHED

Council on Medical Policy Report 1-23 – Maryland Primary Care Program Support and Enrollment

Recommendations:
1. That MedChi supports keeping the inclusion of the Maryland Primary Care Program in the Maryland Total Cost of Care All-Payer Model renegotiations; and
2. That MedChi advocate for the State of Maryland and the Center for Medicare and Medicaid Innovation to have open enrollment for Maryland primary care practices and Care Transformation Organizations for participation in the Maryland Primary Care Program in 2024.

Council on Medical Policy Report 2-23 – Continued Support for the Episode Quality Improvement Program

Recommendations:
1. That MedChi continue supporting the EQIP program to facilitate increased expansion into more entities, direct support to smaller practices, and expansion of the program to ensure that quality of care is maximized, and cost of care is minimized, and
2. That MedChi continue to support EQIP and to work to increase access to EQIP for all specialties and continue to maximize the benefit of the program for Maryland physicians.

Resolution 3-23 – Increasing Opportunities for Community-based Clinical Training in Maryland

Resolved, that MedChi work to increase participation in Maryland's Preceptor Tax Credit Program and examine the feasibility of expanding the program beyond healthcare workforce shortage areas.

Resolution 4-23 – Safe Harbor Protections for Compensation Analysis

Resolved, that MedChi advocate for the Maryland Equal Pay for Equal Work Act to include limited liability protections for employers who voluntarily undertake pay equity evaluations and establish good-faith efforts to correct income disparities based on gender.

Resolution 5-23 – Amendment to AMA Policy on Healthcare System Reform Proposals

Resolved, that MedChi will support removal of opposition to single-payer healthcare delivery systems from AMA policy, and instead support evaluation of all healthcare system reform proposals based on our stated principles as in AMA policy.

Note: During deliberation of Resolution 5-23, there was a motion to divide the question. The first resolved clause, stated above, was adopted by the House of Delegates. The second resolved clause was referred to the Board of Trustees.

Resolution 7-23 – Anti-Trust and Tax Status Protections for Consumers and Physicians

Resolved, that MedChi continue to work with the Attorney General of Maryland to determine what

level of market concentration in the health insurance market in Maryland requires actions to protect physicians and patients, and be it further

Resolved, that MedChi request review by the Attorney General of any non-profit carrier that has a market concentration over 50% to determine if a complaint should be filed with the Internal Revenue Service regarding their non-profit tax status.

Resolution 13-23 – Processes to Examine the Health Care Fiscal and Delivery Environment in Maryland

Resolved, that MedChi shall work to develop enhanced patient protections that should be incorporated into and required as part of the Total Cost of Care model and advocate for those protections as part of the model renegotiations with the Centers for Medicare and Medicaid Innovation; and be it further

Resolved, that MedChi shall work with both the Health Services Cost Review Commission and the Office of Health Care Quality to broaden the processes to accept complaints from physicians and other health care practitioners predicated on the policies under the Total Cost of Care model; and be it further

Resolved, that MedChi shall work with the Health Services Cost Review Commission and the Office of Health Care Quality to ensure that any filed complaints from physicians and other health care practitioners are evaluated under the Total Cost of Care model and taken into account when formulating policy changes under the Total Cost of Care model, including in the determination of the hospital's global budget under the Total Cost of Care model on an annual basis; and be it further

Resolved, that MedChi shall work with the Health Services Cost Review Commission to ensure that hospitals are providing the services which they are being paid to provide under their global budget approved under the Total Cost of Care model and in any renegotiation of the model, and shall work with the Health Services Cost Review Commission to ensure that hospitals are investing in technology to support the services for which they are being paid to provide under their global budget; and be it further

Resolved, that MedChi shall work either through the appropriate MedChi committee which has diverse representation including geographic, practice mode, and specialty, or through the hiring of a consultant, to examine the following issues in both the private and public insurance markets as well as under the model:

- specialty payment policies, including the need and ability to reimburse for on call coverage;
- public and private payor rates in Maryland compared to other states (specifically Washington, DC, Virginia, Pennsylvania, West Virginia, and Delaware);
- transparency of payment information in the Total Cost of Care model and third-party payors; and
- any other items deemed relevant for improving the health care fiscal climate in Maryland; and

MedChi shall report any interim findings and recommendations at the 2024 Spring House of Delegates and final findings and recommendations at the 2024 Fall House of Delegates; and be it further

Resolved, that MedChi shall determine the state or federal agencies that have access to or the ability to request data, including economic, payor, financial, and demographic data, that would be beneficial

to support activities and initiatives necessary to advance MedChi's legislative agenda and other priorities and programs and work with them to develop methods for the timely and routine receipt of such data; and be it further

Resolved, that MedChi expand its efforts to ensure that its members are engaged in its advocacy efforts and are well informed of the advocacy efforts undertaken each year by the society including but not limited to efforts related to the Total Cost of Care model and its renegotiation, and public and private payor reform efforts, and work to develop strategies to further provide opportunities for physician comment and feedback.

Resolution 14-23 – Third Party Payer Fee Schedule Transparency

Resolved, that MedChi work to develop a strategy and a plan to require the transparency of third-party payments and to have those payments publicly published at least annually for the top twenty-five codes for all specialties either on a state website or on the individual payor websites.

Resolution 17-23 – Expanding Coverage and Access to Telemedicine for Mental Health Services

Resolved, that MedChi ask the AMA to 1) advocate for existing introduced legislation that expands telemedicine access and coverage for mental health care, including a provision in the bill for the Department of Health and Human Services to report on: 1) telemedicine utilization and 2) strategies for mitigating fraud; and be it further

Resolved, that MedChi ask the AMA to amend their policy "Coverage of and Payment for Telemedicine H-480.946" to 1) explicitly include a statement that telemedicine coverage should not require in-person meetings if doing so compromises quality or access to care for patients.

Resolution 19-23 – Healthcare Transparency in the Practice of Medicine

Resolved, that MedChi, through its members, file bona fide complaints with the Board of Physicians when it is reasonably believed that a non-physician is misrepresenting themselves as a physician, and if it is evident from the Board's responses to those complaints that the current law is insufficient to provide a remedy, introduce legislation to provide the Board with the necessary statutory authority.

Resolution 20-23 – Establishing National Fertility Insurance Coverage Minimum Standards and Access Expansion to Rural and LGBTQ+ Communities

Resolved, that MedChi ask the AMA to 1) conduct a thorough review of and advocate for the creation of a national fertility health insurance benefit minimum standard, which would include identifying a minimum level of fertility coverage that could be available for all Americans, regardless of sexual orientation and state residence; and be it further

Resolved, that MedChi ask the AMA to advocate for increased resources and infrastructure to deliver fertility treatments in rural communities, including but not limited to the number of OBGYN residency programs, REI fellowship programs, and fertility labs; and be it further

Resolved, that MedChi ask the AMA to amend their policy "Resident and Fellow Access to Fertility Preservation H-310.902" to 1) include medical student trainees, 2) include equal benefits for LBGTQ+ and non-LGBTQ+ identifying medical trainees, and 3) advocate for the inclusion of IVF in

what is defined as "infertility treatment" benefits.

Resolution 22-23 – Restrictive Covenants in Physician Contracts

Resolved, that MedChi join the AMA in opposing the FTC proposed rule, *Non-Compete Clause Rule, RIN 3084-AB74*; and be it further

Resolved, that MedChi adopt AMA new policy established by Resolution 237 regarding restrictive covenants (H-265.988) as follows:

> (1) Our American Medical Association support policies, regulations, and legislation that prohibits covenants not-to-compete for all physicians in clinical practice who hold employment contracts with for-profit or non-profit hospital, hospital system, or staffing company employers.
> (2) Our AMA will oppose the use of restrictive covenants not-to-compete as a contingency of employment for any physician-in-training, regardless of the ACGME accreditation status of the residency/fellowship training program.
> (3) Our AMA will study and report back on current physician employment contract terms and trends with recommendations to address balancing legitimate business interests of physician employers while also protecting physician employment mobility and advancement, competition, and patient access to care - such recommendations to include the appropriate regulation or restriction of a) covenants not to compete in physician contracts with independent physician groups that include time, scope, and geographic restrictions; and b) de facto non-compete restrictions that allow employers to recoup recruiting incentives upon contract termination; and be it further

Resolved, that MedChi request that the Maryland Health Care Commission study the impact of non-compete clauses in physician contracts with hospitals; and be it further

Resolved, that MedChi otherwise support legislative and regulatory efforts in Maryland to ban non-compete clauses in physician contracts or limit the scope and/or duration of restrictive covenants; and be it further

Resolved, That MedChi, through its Restrictive Covenants Task Force or through the appropriate councils, continue to study and formulate recommendations and guidance regarding restrictive covenants.

Resolution 23-23 – Public Relations Campaign Regarding Impending Physician Workforce Crisis

Resolved, that MedChi join the American Medical Association's "Your Care is at Our Core" physician reputation campaign.

Resolution 26-23 – Unmatched Medical School Graduates – Delivery of Care

Resolved, that MedChi shall support legislative and regulatory efforts that allow unmatched medical school graduates to deliver healthcare services only while under the supervision of a licensed physician and only for a limited period of time.

Resolution 27-23 – Tort Laws: Medical Malpractice and Medical Claims

Resolved, that MedChi remain a leader on tort reform issues by continue monitoring for initiatives aimed to weaken Maryland's current malpractice and medical claims laws and oppose legislation that remove the cap on noneconomic damages in medical malpractice cases, abolish the defense of contributory negligence and restrict the use of expert witness; and be it further

Resolved, that MedChi remain a leader on tort reform issues by continuing to support and advocate for measures to strengthen medical malpractice laws and address "crisis areas," such as a Birth Injury Fund, extension of the noneconomic damages cap to physician assistants and other healthcare providers, and the development of hospital Patient Safety Intervention Programs without fear of reprisal.

Resolution 28-23 – Cease Reporting of Total Attempts of USMLE STEP1 and COMLEX-USA Level 1 Examinations

Resolved, that MedChi encourages the AMA to support that NBME and NBOME cease reporting the total number of attempts of the STEP1 and COMLEX-USA Level 1 examinations to residency and fellowship programs and licensure. As the scope of this resolution extends beyond the state of Maryland, MedChi requests that the American Medical Association support this resolution.

Resolution 29-23 – Increasing Financial Literacy for Medical Students and Physicians

Resolved, that MedChi, The Maryland State Medical Society, advocate for the integration of financial education programs into the undergraduate and graduate medical education curricula at institutions in Maryland.

Resolution 30-23 – Supporting Academic Medical-Legal Partnerships to Address Social Determinants of Health

Resolved, that MedChi, The Maryland State Medical Society, will support the education of physicians about the value of Medical-Legal Partnerships in addressing patients' unmet legal needs, and ways to screen for these needs; and be it further

Resolved, that MedChi, The Maryland State Medical Society, will support the greater incorporation of civil legal needs as Social Determinants of Health into medical school curricula, similar to the Health Justice Alliance at Georgetown University[7]; and be it further

Resolved, that MedChi, The Maryland State Medical Society, support the establishment and funding of medical-legal partnerships and civil legal aid services to meet patients' legal needs.

Resolution 31-23 – Maryland Loan Assistance Repayment Program Funding

Resolved, that MedChi continue to advocate for and help determine alternate funding sources for the Maryland Loan Assistance Repayment Program for physicians and physician assistants (LARP); and be it further

Resolved, that MedChi will continue to work with all relevant stakeholders to find a permanent funding source other than physician license fees for the Maryland Loan Assistance Repayment Program for physicians and physician assistants (LARP).

Resolution 34-23 – Healthy Supplemental Nutrition Assistance Program (SNAP)

Resolved, that MedChi policy clearly state its commitment to the Supplemental Nutrition Assistance Program (SNAP) having healthy options; and be it further

Resolved, that it be MedChi policy that there should be increased funding and resources to bolster the Supplemental Nutrition Assistance Program (SNAP) and enhance its effectiveness in addressing food insecurity and promoting public health; and be it further

Resolved, MedChi explore funding opportunities via grants from federal, state, and local agencies to collaborate with community organizations and food banks to raise awareness about the Supplemental Nutrition Assistance Program (SNAP) and facilitate its accessibility to eligible individuals and families.

Resolution 35-23 – Expanding Access to Menstrual Products in Maryland

Resolved, that MedChi, The Maryland State Medical Society, will adopt American Medical Association policy (AMA) H-525.973 titled: "Increasing Access to Hygiene and Menstrual Products H-525.973" as follows:

> Our AMA:
> (1) recognizes the adverse physical and mental health consequences of limited access to menstrual products for school-aged individuals;
> (2) supports the inclusion of medically necessary hygiene products, including, but not limited to, menstrual hygiene products and diapers, within the benefits covered by appropriate public assistance programs;
> (3) will advocate for federal legislation and work with state medical societies to increase access to menstrual hygiene products, especially for recipients of public assistance; and
> (4) encourages public and private institutions as well as places of work and education to provide free, readily available menstrual care products to workers, patrons, and students.; and be it further

Resolved, that MedChi, The Maryland State Medical Society, will support policies that expand funding for free or reduced cost menstrual products; and be it further

Resolved, that MedChi, The Maryland State Medical Society, will support policies that allow menstrual products to be purchased through public assistance programs in Maryland.

Resolution 37-23 – Increasing Inclusion of Underrepresented Groups, such as Women and Minorities, in Clinical Trials

Resolved, that MedChi, The Maryland State Medical Society, will adopt the American Medical Association Policy H-460.911 titled: Increasing Minority, Female, and Other Underrepresented Group Participation in Clinical Research as follows:

> 1. Our AMA advocates that:
> a. The Food and Drug Administration (FDA) and National Institutes of Health (NIH) conduct annual surveillance of clinical trials by gender, race, and ethnicity, including consideration of pediatric and elderly populations, to determine if proportionate representation of women and minorities is maintained in terms of enrollment and retention. This surveillance effort should be modeled after national institute of health guidelines on the inclusion of women and

minority populations; and
b. The FDA have a page on its web site that details the prevalence of minorities and women in its clinical trials and its efforts to increase their enrollment and participation in this research; and
c. Resources be provided to community level agencies that work with those minorities, females, and other underrepresented groups who are not proportionately represented in clinical trials to address issues of lack of access, distrust, and lack of patient awareness of the benefits of trials in their health care. These minorities include Black individuals/African Americans, Hispanics, Asians/Pacific Islanders/Native Hawaiians, and Native Americans.
2. Our AMA recommends the following activities to the FDA in order to ensure proportionate representation of minorities, females, and other underrepresented groups in clinical trials:
a. Increased fiscal support for community outreach programs; e.g., culturally relevant community education, community leaders' support, and listening to community's needs;
b. Increased outreach to all physicians to encourage recruitment of patients from underrepresented groups in clinical trials;
c. Continued education for all physicians and physicians-in-training on clinical trials, subject recruitment, subject safety, and possible expense reimbursements, and that this education encompass discussion of barriers that currently constrain appropriate recruitment of underrepresented groups and methods for increasing trial accessibility for patients;
d. Support for the involvement of minority physicians in the development of partnerships between minority communities and research institutions; and
e. Fiscal support for minority, female, and other underrepresented groups recruitment efforts and increasing trial accessibility.
3. Our AMA advocates that specific results of outcomes in all clinical trials, both pre- and post-FDA approval, are to be determined for all subgroups of gender, race and ethnicity, including consideration of pediatric and elderly populations; and that these results are included in publication and/or freely distributed, whether or not subgroup differences exist.; and be it further

Resolved, that MedChi, The Maryland State Medical Society, will advocate for the increased inclusion of women and other minority groups in clinical trials led by Maryland institutions such as the National Institutes of Health (NIH), the Johns Hopkins Health System, and the University of Maryland Health System.

Resolution 38-23 – Establishment of Senior Physician Section

Resolved, that MedChi's Council on Bylaws consider establishment of a Section known as the MedChi Senior Physicians Section, to include all members aged 65 and above, either active or in some stage of retirement.

Resolution 39-23 – Inclusion of GWAPI (Greater Washington Association of Physicians of Indian Origin) in the MedChi House of Delegates

Resolved, that the MedChi House of Delegates hereby recognizes the Greater Washington Association of Physicians of Indian Origin as a valuable partner in advancing the goals of MedChi and the broader healthcare community; and be it further

Resolved, that MedChi's Council on Bylaws be asked to propose an amendment to the Bylaws to outline specific criteria to allow representation to MedChi's House of Delegates for a delegate and alternate delegate from the Greater Washington Association of Physicians of Indian Origin and

similarly situated organizations.

<u>REFERRED TO THE BOARD OF TRUSTEES</u>

Resolution 5-23 – Amendment to AMA Policy on Healthcare System Reform Proposals

Note: During deliberation of Resolution 5-23, there was a motion to divide the question. The first resolved clause was adopted by the House of Delegates. The second resolved clause was referred to the Board of Trustees.

Resolution 6-23 – Supporting the Establishment of Universal Single-Payer Health Care

Resolution 15-23 – Equity and Fairness Related to Facility Fees

Resolution 18-23 – Prescription Drug Affordability

Resolution 32-23 – Employed Physicians Task Force

Resolution 33-23 – Employed Physicians Union

Resolution 36-23 – Increased Research on Airbag Vests for Elderly Patients

<u>WITHDRAWN</u>

Resolutions 8-23, 9-23, 10-23, 11-23, 12-23, 16-23, 21-23, 24-23, and 25-23 were withdrawn.