MedChi
The Maryland State Medical Society

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HOD Handbook

Updated 4.22.24

MedChi House of Delegates Meeting
April 28, 2024

From: Clement Banda, MD, Speaker of the House
Renee Bovelle, MD, Vice Speaker of the House

To: MedChi Delegates and Alternate Delegates

Within this handbook, you will find the materials needed for our upcoming House of Delegates meeting on Sunday, April 28, 2024 at 8:00 am via Zoom. Register here.

In the following pages, please find:

1. Agenda
2. Report of the Credentials Committee
3. Position Statements for Candidates for AMA Alternate Delegate
4. Reports and Resolutions
5. Minutes of the October 28, 2023 House of Delegates Meeting

To keep informed of all House of Delegates information, visit www.medchi.org/HOD or contact HOD staff at hod@medchi.org or 410.878.9894.

Resources
MedChi HOD 101
MedChi Bylaws and Rules
HOD Meeting Archives

AGENDA

SUNDAY, APRIL 28, 2024
8:00 am

I.	Welcome	Gene Ransom, Esq.
II.	Breakout Sessions (participants can choose their breakout room)	
	1. The Legalities of Non-Physician Scope of Practice	Cheryl Tawil, LLM
	2. MedChi's Updated Model Employment Contract	Stephen Kaufman, Esq.
III.	Call to Order	Clement Banda, MD
IV.	Report of the Speaker of the House	Dr. Banda
V.	Report of the Credentials Committee	Loralie Ma, MD
VI.	Approval of Minutes	Dr. Banda
VII.	Nominations and Election for AMA Alternate Delegate	Dr. Banda
VIII.	Report of the Center for a Healthy Maryland	Stephen Rockower, MD
IX.	Report of MMPAC and AMPAC	Dr. Rockower
X.	Report of Unity Insurance Agency	Shelly Brouse
XI.	Report of the President	Ben Lowentritt, MD
XII.	Report of the Treasurer	Dr. Ma
XIII.	Report of the CEO	Gene Ransom
XIV.	Consideration of Reports and Resolutions	Dr. Banda
XV.	Unfinished Business	Dr. Banda
XVI.	New Business	Dr. Banda
XVII.	Next Meeting – October 26, 2024	Dr. Banda
XVIII.	Adjournment	Dr. Banda

REPORT OF THE CREDENTIALS COMMITTEE

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Report of the Credentials Committee
Nominations and Elections for 2024 House of Delegates Meetings

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The Credentials Committee for MedChi's April 28, 2024 House of Delegates Meeting submits the following informational report regarding elections to be held in 2024. The complete list of nominations are outlined herein, and the Credentials Committee's determinations and clarifications are noted in *italics.*

Nominations for consideration at April 28, 2024 House of Delegates Meeting

AMA ALTERNATE DELEGATE

This election serves to fill an unexpired Alternate Delegate term that ends June 30, 2025. The winner of this election will take office on July 1, 2024. This person will represent MedChi as an Alternate Delegate at the AMA Interim meeting in November 2024 and again at the AMA Annual meeting in June 2025.

At our fall meeting we will hold another election for this same Alternate Delegate seat, for its regular, full term beginning July 1, 2025 and ending June 30, 2027. Each candidate will have the opportunity to run for that seat, regardless of the outcome of the April election. Each candidate will remain on the ballot for the fall election unless they submit a written withdrawal.

Kathryn Kelly, MD
Internal Medicine | Montgomery County | Member since 2017

Anuradha Reddy, MD
Internal Medicine, Rheumatology | Baltimore City | Member since 2000 | Previously served on Board of Trustees

Manna Varghese, MD
Emergency Medicine | Anne Arundel County | Member since 2023 | Currently serves as Co-Chair of MedChi's Council on Operations

Dr. Varghese's nomination will require a vote of the House of Delegates to set aside the eligibility criteria set forth in Rule 8.1, which requires officers to be a member for at least five years and to serve as either a component or specialty officer or to have attended at least six House of Delegates meetings.

Nominations for consideration at October 26, 2024 House of Delegates Meeting

PRESIDENT-ELECT

Eric Wargotz, MD
Pathology | Queen Anne's County | Member since 1991 | Currently serves as Co-Chair of MedChi's Council on Operations and Chair of the Joint Committee on Continuing Medical Education

SPEAKER OF THE HOUSE

Clement Banda, MD
Dermatology | Howard County | Member since 2002 | Currently serves as Speaker of the House

VICE SPEAKER OF THE HOUSE

Renee Bovelle, MD
Ophthalmology | Prince George's County | Member since 2004 | Currently serves as Vice Speaker of the House and AMA Alternate Delegate

PRINCE GEORGE'S COUNTY TRUSTEE

Gurdeep Chhabra, MD
Oncology | Prince George's County | Member since 2002 | Currently serves as Prince George's County Trustee

SPECIALTY SOCIETY TRUSTEE

Manna Varghese, MD
Emergency Medicine | Anne Arundel County | Member since 2023 | Currently serves as Co-Chair of MedChi's Council on Operations

Dr. Varghese's nomination will require a vote of the House of Delegates to set aside the eligibility criteria set forth in Rule 8.1.

TRUSTEE AT LARGE

Michele Manahan, MD
Plastic Surgery | Baltimore City | Member since 1997 | Currently serves as Trustee at Large and Chair of MedChi's Council on IDEA

AMA DELEGATE

There are three open positions for AMA Delegate. Term begins July 1, 2025.

Renee Bovelle, MD
Ophthalmology | Prince George's County | Member since 2004 | Currently serves as Vice Speaker of the House and AMA Alternate Delegate

If Dr. Bovelle is voted into the position of AMA Delegate, this will open another AMA Alternate Delegate position. Nominees for this position will be accepted from the floor of the House and voted upon during the October 28 meeting.

Gary Pushkin, MD
Orthopaedic Surgery | Baltimore County | Member since 1985 | Currently serves as AMA Delegate and Chair of MedChi's Council on Bylaws

Stephen Rockower, MD
Orthopaedic Surgery | Montgomery County | Member since 1982 | Currently serves as AMA Delegate

Dr. Rockower's eligibility for re-election as AMA Delegate is dependent upon his re-appointment to AMA AMPAC in September 2024. MedChi Bylaws allow for delegation members to serve beyond their 6-term limit if "that individual also holds or is a declared or nominated candidate for an additional elected or appointed position with the AMA, the responsibilities of which extend beyond the end of that delegate or alternate delegate's

term (Bylaws 12.20). The Credentials Committee has interpreted "elected or appointed position with the AMA" to be inclusive of the AMA Board of Trustees, AMPAC, AMA Foundation, AMA Councils, and leadership of a section or caucus. If Dr. Rockower is not re-appointed, a notice will be sent to the House for nominations for AMA Delegate.

AMA ALTERNATE DELEGATE

There are two open positions for AMA Alternate Delegate. Term begins July 1, 2025.

Gurdeep Chhabra, MD
Oncology | Prince George's County | Member since 2002 | Currently serves as Prince George's County Trustee

Dr. Chhabra's nomination was not listed in the first edition of the HOD Handbook due to an administrative error. His nomination has been accepted as "on time" by the Credentials Committee.

Kathryn Kelly, MD
Internal Medicine | Montgomery County | Member since 2017

Anuradha Reddy, MD
Internal Medicine, Rheumatology | Baltimore City | Member since 2000 | Previously served on Board of Trustees

Manna Varghese, MD
Emergency Medicine | Anne Arundel County | Member since 2023 | Currently serves as Co-Chair of MedChi's Council on Operations

Dr. Varghese's nomination will require a vote of the House of Delegates to set aside the eligibility criteria set forth in Rule 8.1, which requires officers to be a member for at least five years and to serve as either a component or specialty officer or to have attended at least six House of Delegates meetings.

James York, MD (Incumbent)
Orthopaedic Surgery | Anne Arundel County | Member since 1982 | Currently serves as AMA Alternate Delegate

RECOMMENDATION: *The Credentials Committee recommends acceptance of this report.*

Respectfully submitted,
Loralie Ma, MD, Chair
Benjamin Lowentritt, MD
Padmini Ranasinghe, MD

Position Statements
Candidacy for AMA Alternate Delegate

Position Statements are Listed in Alphabetical Order
Candidates CVs are Available Upon Written Request to HOD@medchi.org

Kathryn Kelly, MD

Greetings to My Fellow MedChi Members!

My name is Dr. Kathryn Kelly, a member of the Montgomery County Medical Society and MedChi for over 10 years. It is my privilege to come to you to ask for your support of my candidacy for the MedChi Alternate Delegate to the AMA. I have been a leader in my community throughout my education and career leading numerous organizations and advocating for equity in numerous fields. I currently serve as the President of the Howard University Medical Alumni Association where I advocate for equity in healthcare, as well as serving as a Commissioner with the Montgomery County Interagency Commission on Homelessness, where I try to give a voice to those experiencing homelessness specifically in their access to care.

I never shy away from a challenge, and I will always speak up for what is right and against policies and procedures that do not benefit us as physicians. My track record of leadership holds true in national organizations including Tau Beta Sigma. Many may question how a "band sorority" qualifies an individual to lead. Band, as a whole, is about leadership, integrity, hard work, dedication, precision, teamwork, and excellence. I had the honor to lead a nation of chapters and educate a generation of students through our ideals of female empowerment in music, honesty, loyalty, service, and leadership. Ideals and beliefs that have served me well as a physician. However, it did not stop with the sisterhood. I was in charge of a national budget, staff, and organizing our national convention in addition to implementing new programs, training other leaders, constructive supervision, and working with the Board of Trustees to manage our investments, scholarships, and trust.

Specifically in medicine, I am a successful private practice owner and county contractor for persons experiencing homelessness in addition to helping other physicians with their practices through mentorship. I also work with Howard University Hospital Internal Medicine Residents having been a preceptor and site for their continuity clinic for the last 6 years. I am actively involved in the Montgomery County Medical Society and MedChi's efforts on the state level for causes that directly affect physicians and patients and hold leadership positions within MCMS. I know the struggles and will work diligently to represent MedChi as I have done in all other aspects of my life: with integrity and excellence.

This opportunity will afford me an opportunity to work and advocate for a profession that has been my life's dream and passion. I sincerely ask you today for your support and look forward to working FOR you and the interest of physicians in the future.

Respectfully Submitted,
Dr. Kathryn D. Kelly, MD
Board Certified Internal Medicine Physician
Owner, Kelly Collaborative Medicine

Anuradha Reddy, MD

I am writing to express my sincere interest in serving as the MedChi Alternate Delegate to American Medical Association (AMA). As a dedicated healthcare professional committed to advancing the field of medicine and advocating for the well-being of patients, I believe that my extensive professional accomplishments make me a strong candidate for this role. Throughout my career, I have consistently demonstrated leadership, innovation, and a deep commitment to the principles upheld by the AMA. Here are some highlights of my professional achievements:

As a MedChi Member since 2002, I am active in the MedChi Council on Legislation and currently serve as its Health Insurance Subcommittee Chair. As a delegate from BCMS to MedChi House of Delegates, I was involved in many resolutions that were passed. I testified in the Maryland General Assembly hearings in Annapolis and actively lobbied for two successful bills: Preauthorization of Health Care Services – House Bill 470 in 2012; and Step Therapy or Fail First Protocol – House Bill 1233 in 2014. Received Distinguished Member award in 2012. Served as the Baltimore City Trustee at the MedChi Board of Trustees, 2014-2022. Currently serving on the IMG section of the MedChi addressing the needs of the IMGs in Maryland. I am presently serving on MedChi Finance Committee and Membership Committee.

Accomplishments during my tenure as the President the Baltimore City Medical Society include: Worked diligently to increase the society's membership; Consolidated seven committees into three and streamlined operational and functional performance of the society; and sponsored three resolutions in Annapolis that were adopted by the MedChi House of Delegates - electronic health records, alcohol tax for funding health programs and mandatory vehicle interlock.

As the Chair of the BCMS Women in Medicine, launched the Woman in Medicine Committee, which serves as a resource for woman physicians. Through collaboration with other physicians and health professionals, the Committee held annual educational and networking events; provided health screenings to women residing in shelters; sponsored clothing and toiletry drives to assist those in need; and encouraged sustained engagement in organized medicine. Received Distinguished Service award as the Chair of Women in Medicine.

As the American Association of Physicians of Indian Origin Maryland Chapter President, organized educational programs for physicians, fund raising events, raised funds, and donated to My Sister's Place Women's Center, Baltimore City. Increased membership by 30% and encouraged physicians to be more involved in organized medicine. Actively worked with Maryland State AAPI to get positions for IMGs with practicing physicians for mentoring.

Raised funds for various non-profit organizations. Received Certificate of Fellowship from the Washington Academy of Sciences in recognition of outstanding achievements and contributions in the field of healthcare.

In summary, my tenure as president of the American Association of Indian Physicians and the BCMS, coupled with my extensive involvement in MedChi legislative advocacy and community service, reflects my unwavering dedication to advancing healthcare excellence and advocating for the well-being of both patients and healthcare professionals.

Manna Varghese, MD

My name is Manna Varghese, and I am an Emergency Medicine physician at BWMC. I currently serve on the Board of MedChi as co-Chair of the Council on Operations. I am honored to be running for election for the alternate delegate position to the AMA and greatly appreciate your consideration. I have been involved with the AMA for the past eight years and have extensive experience in the AMA House of Delegates (HOD). The role of alternate delegate requires considerable time spent in resolution review and providing testimony before members of the HOD. My experience in these areas over the past eight years in various other sections of the AMA will serve me well as I look to represent the policies of MedChi to the AMA.

On a personal note, I am originally from Ellicott City and moved away for medical school and my Emergency Medicine training. I am thrilled to have moved back and to work in Maryland. I appreciate you welcoming me back home and humbly request that you vote to allow me to run for the alternate delegate position given my experience. I look forward to serving you in this role.

REPORTS & RESOLUTIONS

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The following items are informational only and will not be considered official until action is taken by the House of Delegates on April 28, 2024

Reminder: only the "Resolved" portions of the resolutions are considered by the House; the "Whereas" portions, citations, and other references are informational and explanatory only.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

BOT Report 1-24

INTRODUCED BY: Board of Trustees

SUBJECT: Follow up to Resolutions from 2023 Fall House of Delegates Meeting

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The Board of Trustees presents the following informational report on the follow up actions for resolutions from the 2023 Fall House of Delegates Meeting:

RES.	TITLE	RESOLVES	FOLLOW-UP
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.	MedChi promoted the Preceptor Tax Credit Program and Maryland's loan assistance repayment program to its members. MedChi's CEO became chair of MD LARP and is advocating in that group for information sharing throughout Maryland.
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.	Added to legislative agenda and policy compendium. Legislation in the 2024 MGA session was closely monitored, but MedChi took no position
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; and be it further RESOLVED, that MedChi will support a national unified financing healthcare system that meets the principles of freedom of choice, freedom and sustainability of practice, and universal access to quality care for patients.	First resolved was adopted and becomes MedChi policy. Second resolved was referred and considered by BOT at its 11.16.23 meeting. BOT referred it to the Council on Medical Economics for consideration. The Council is bringing this back to the House with a recommendation to support (CME Report 1-24).
6-23	Supporting the Establishment of Universal Single-Payer Health Care	Referred	Considered by BOT at 11.16.23 meeting; BOT referred it to the Council on Medical Economics for consideration. The Council is bringing this back to the House with a recommendation not to support (CME Report 1-24).

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	MedChi leadership met with Maryland Attorney General to discuss.
8-23	Communication of MedChi's Initiatives with the HSCRC, Medicare Waiver and Alternative Payment Model Development		Resolution 8-23 was withdrawn.
9-23	Determination of Causes of Low Medicare Rates for Physicians in Maryland		Resolution 9-23 was withdrawn.
10-23	Determination of Causes of Low Payment Environment in Maryland		Resolution 10-23 was withdrawn.
11-23	Patient Protection Requirements in Medicare Waiver		Resolution 11-23 was withdrawn.
12-23	Payment Transparency in the Total Cost of Care Waiver		Resolution 12-23 was withdrawn.
13-23	Process 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	Added to legislative agenda Looking AHEAD Task Force established by Benjamin Lowentritt and has met several times in early 2024 to establish subcommittees and priorities its efforts.

		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.	
14-23	Third Party Payor 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.	Considered by BOT at 11.16.23 meeting; BOT referred it to the Council on Medical Economics for consideration. The Council is developing a strategy to address the requirements of this resolution (CME Report 1-24).
15-23	Equity and Fairness Related to Facility Fees		Considered by BOT at 11.16.23 meeting; BOT referred it to the Council on Medical Economics for consideration. The Council is bringing this back to the House with a recommendations (CME Report 1-24).
16-23	Requirement for Hospitals to Pay for Call Coverage When Services are Provided		Resolution 16-23 was withdrawn.

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.	Considered by the AMA delegation. The delegation will communicate with the AMA on this issue.
18-23	Prescription Drug Affordability	Referred.	Considered by BOT at 11.16.23 meeting; BOT referred it to the Council on Medical Economics for consideration. The Council is bringing this back to the House with a request for more information (CME 1-24).
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.	MedChi's lobbying firm was tasked with working with several physicians on complaints relating to these issues.

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 futher 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.	Considered by the AMA delegation. The delegation will communicate with the AMA on this issue.
21-23	Increasing Access to Training for Radiologic Technology Assistants, Including Medical Assistants		Resolution 21-23 was withdrawn.
22-23	Restrictive Covenants Task Force	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.	Added to policy compendium Added to policy compendium

		(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	Added to legislative and regulatory agenda.
		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	Added to policy compendium. MedChi supported legislation in 2024 Maryland General Assembly Session.
		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.	To be considered by Restrictive Covenants Task Force. RCTF provided a final report with recommendations to the BOT 02.22.24; BOT voted to dissolve RCTF and refer further matters to the Council on Medical Economics
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.	MedChi signed on to campaign with AMA
24-23	Need for Data to Support MedChi Activities and Initiatives		Resolution 24-23 was withdrawn.
25-23	Need for MedChi to Be More Assertive, More Effective Voice of Patients & Physicians		Resolution 25-23 was withdrawn.

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.	Added to legislative agenda. MedChi supported legislation in 2024 Maryland General Assembly Session.
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.	Continues to be part of MedChi's legislative agenda. Added to policy compendium
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 submitted to I-23, but not accepted for consideration. Will be resubmitted for A-24.
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.	MedChi is communicating with medical institutions to advocate for this and offer MedChi's assistance.

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.	MedChi is communicating with Johns Hopkins seeking the establishment of a center similar to University of Maryland's.
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).	Added to legislative agenda. MedChi provided a large amount of input into the LARP report and is working to increase HSCRC funding for LARP. MedChi worked successfully to increase the LARP budget allotment during the 2024 Maryland General Assembly Session.
32-23	Employed Physicians Task Force	Referred.	Considered by BOT at 11.16.23 meeting; BOT referred it to the Center for Employed Physicians
33-23	Employed Physicians Union	Referred.	Considered by BOT at 11.16.23 meeting; BOT referred it to the Center for Employed Physicians

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.	Becomes MedChi policy. Gene Ransom and Dr. Eric Wargotz met with Congressman Andy Harris to discuss.
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	Becomes MedChi policy

		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.	Added to legislative agenda. Medchi will continue to monitor and support relevant legislation.
36-23	Increased Research on Airbag Vests for Elderly Patients	Referred.	Considered by BOT at 11.16.23 meeting; BOT referred it to the Council on Medical Policy for consideration by the Public Health Committee.
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. 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	Becomes MedChi policy

		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.	MedChi is communicating with medical institutions; In progress
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.	To be considered by the Council on Bylaws
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.	To be considered by the Council on Bylaws

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

CME Report 1-24

INTRODUCED BY: Council on Medical Economics

SUBJECT: Report Back to House of Delegates on Referred Resolutions

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Resolution 5-23: Amendment to AMA Policy on Health System Reform Proposals

Resolution 5-23 was presented to the House of Delegates with the following resolved clauses:

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; and be it further

RESOLVED, that MedChi will support a national unified financing healthcare system that meets the principles of freedom of choice, freedom and sustainability of practice, and universal access to quality care for patients.

During House of Delegates 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, who in turn referred it to the Council on Medical Economics for further consideration.

Recommendation: After reviewing and discussing the information above, the Council on Medical supports the second resolved clause. The Council recommends that it be MedChi policy to support a national unified financing healthcare system that meets the principles of freedom of choice, freedom and sustainability of practice, and universal access to quality care for patients.

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

The Medical Student Section introduced a resolution regarding a national single-payer healthcare system in which the healthcare for all residents of the United States would be financed by a single entity. The following clauses were presented to the House of Delegates for consideration:

RESOLVED, that MedChi, The Maryland State Medical Society, supports the American Medical Association in pursuing federal legislation to establish a single-payer healthcare system; and be it further

RESOLVED, that MedChi, The Maryland State Medical Society, supports the establishment of a single-payer healthcare system at the federal level.

The House of Delegates referred this resolution to the Board of Trustees, who in turn referred it to the Council on Medical Economics for further consideration.

Recommendation: After much discussion and careful consideration, the Council on Medical Economics has voted not to support these resolutions.

Resolution 14-23: Third Party Payor Fee Schedule Transparency

Montgomery County Medical Society introduced a bill that was adopted by the House of Delegates regarding Third Pary Payor 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.

Recommendation: The Council on Medical Economics is developing a strategy to address the requirements of this resolution.

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

RESOLVED, that the Maryland Delegation to the American Medical Association submit a resolution at AMA Interim 2023 which will ask the American Medical Association to evaluate the best strategy to have facility fee equality and fairness by

a) adding a facility fee for independent physicians to allow for recoupment of their own overhead costs; OR
b) eliminating all facility fees as the Centers for Medicare & Medicaid Services has requested.

The House of Delegates referred this resolution to the Board of Trustees, who in turn referred it to the Council on Medical Economics for further consideration.

Recommendation 1: The Council on Medical Economics recommends a division of the question since the resolved clauses request two separate actions.

Recommendation 2: The Council on Medical Economics supports adding a facility fee for independent physicians to allow for recoupment of their own overhead costs. The Council recommends that MedChi ask the American Medical Association to support facility fees for independent physicians to allow for recoupment of their own overhead costs.

Recommendation 3: The Council on Medical Economics does not support the elimination of all facility fees.

Resolution18-23: Prescription Drug Affordability

Prince George's Medical Society submitted a bill in an effort to protect the lives and well-being of every family in Maryland's access to affordable prescription drugs being essential.
Due to the fact that overall drug prices have increased, making many of them unaffordable.
Maryland has a Prescription Drug Affordability Board with the authority to use upper payment limits to make high-cost drugs more affordable for state and local governments.

The House of Delegates referred this resolution to the Board of Trustees, who is turn referred it to the Council on Medical Economics for further consideration.

Recommendation: No background information is included such as cost, budget, and enforceability concerns so the Council on Medical Economics requests additional information to form an opinion regarding support or non-support.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 1-24

INTRODUCED BY: MedChi Board of Trustees

SUBJECT: Prevention and Detection of Colorectal Cancer

Whereas, it is MedChi's mission to serve as Maryland's foremost advocate and resource for physicians, their patients and the public health

Whereas, colorectal cancer is the second most common cause of cancer death in the United States; and

Whereas, there are racial, geographic, and socioeconomic disparities in colorectal cancer incidences and mortality in both the United States and Maryland; and

Whereas, the United States Preventative Task Force and American Cancer Society recommend beginning colorectal cancer screenings at forty-five years of age; and

Whereas, there are educational, availability, cost, and insurance barriers to Maryland patients obtaining colorectal cancer screenings and treatment; and

Whereas, the American Society for Gastrointestinal Endoscopy ("ASGE") is a global leader dedicated to advancing patient care and digestive health through education and advocacy and promoting excellence in gastrointestinal endoscopy; and

Whereas, MedChi and ASGE have partnered to develop a colorectal screening program to increase awareness, screening, and treatment, when applicable, for underinsured and uninsured Marylanders; therefore be it

Resolved, that MedChi aid in expanding colorectal cancer awareness in Maryland and; be it further

Resolved, that MedChi support efforts to increase colorectal cancer screening and treatment in Maryland.

Fiscal Note: Included in existing legislative advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 2-24

INTRODUCED BY: Public Health Committee

SUBJECT: Youth Vaping Prevention

Whereas, vaping and E-cigarette products, introduced in 2007, have gained widespread popularity in the last decade due to robust media campaigns and propaganda aimed at transitioning individuals from conventional tobacco cigarettes to a perceived "healthier" alternative; and

Whereas, in 2023, roughly 2.80 million U.S. middle and high school students used at least one non-pharmaceutical nicotine product, including e-cigarettes;[1] and

Whereas, for the 10th year, e-cigarettes have been the most commonly used tobacco product among both middle and high school students. According to the most recent data from National Youth Tobacco Survey (NYTS), 2.13 million students use e-cigarettes with 4.6 percent of middle school and 10.0 percent of high school students reporting current use;[1,2] and

Whereas, according to the CDC, over 4% of adults over the age of 18 are full-time vape and e-cigarette users, and the FDA reports that almost 8% (2.13 million) of students under the age of 18 acknowledge current use of e-cigarettes or vape products;[3,4] and

Whereas, one of the primary drivers of vape and e-cigarette use has been identified as the flavor and flavor variety of these products;[5,6] and

Whereas, there are clear short term adverse effects that could result from using e-cigarettes including sore throat, headache, cough, elevated heart rate, nausea, and vomiting.[7,8] Additionally, there are severe acute adverse effects including nicotine poisoning from accidental ingestion, e-cigarette or vaping product associated lung injury (EVALI), and trauma from exploding devices that has been reported;[9] and

Whereas, the FDA currently regulates only the components of e-cigarettes and vapes, excluding the flavoring; and

Whereas, MedChi has previously endorsed legislation promoting public health and air safety through the enactment and support of the Indoor Air Act; and

Whereas, the American Medical Association (AMA) has passed resolutions advocating for smoke and vape-free environments (H-490.913) and urging increased regulation of E-Cigarettes (D-495.992). The AMA has also supported the study of vape products and the regulation of tobacco products (H-495.988), and has an upcoming CSAPH report on e-cigarettes and the impact on youth coming at A24; therefore be it

RESOLVED, that MedChi supports the inclusion of all forms of e-cigarettes (e.g., disposable, refillable cartridge, and tank-based e-cigarettes) in the language and implementation of relevant nicotine-based policies and regulations by the Food and Drug Administration or other regulatory agencies.

Fiscal Note: Included in existing legislative advocacy budget.

REFERENCES:

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4. FDA. Results from the Annual National Youth Tobacco Survey. Federal Drug Administration. 2023. Link: https://www.fda.gov/tobacco-products/youth-and-tobacco/results-annual-national-youth-tobacco-survey#2023%20Findings%20on%20Youth%20Tobacco%20Use
5. Kong G, Morean ME, Cavallo DA, Camenga DR, Krishnan-Sarin S. Reasons for Electronic Cigarette Experimentation and Discontinuation Among Adolescents and Young Adults. *Nicotine Tob Res*. 2015;17(7):847-854.
6. Trucco EM, Fallah-Sohv N, Hartmann SA, Cristello JV. Electronic Cigarette Use Among Youth: Understanding Unique Risks in a Vulnerable Population. *Curr Addict Rep.* 2020;7(4):497-508
7. Fadus MC, Smith TT, Squeglia LM. The rise of e-cigarettes, pod mod devices, and JUUL among youth: Factors influencing youth, health implications, and downstreat effects. *Drug Alcohol Depend.* 2019;201:85-93.
8. Bozier J, Chivers EK, Chapman DG, et al. The Evolving Landscape of e-cigarettes. *Chest.* 2020;157(5):1362-1390.
9. Tzortzi A, Kapetanstrataki M, Evangelopoulou V, Behrakis P. A systematic literature review of e-cigarette related illness and injury: not just for the Respirologist. *Int J Environ Res Public Health*. 2020;17(7):2248.

Relevant AMA policy:
Tobacco Prevention and Youth H-490.914
Smoke-Free and Vape-Free Environments and Workplaces H-490.913
Legal Action to Compel FDA to Regulate E-Cigarettes D-495.992
Electronic Cigarettes, Vaping, and Health H-495.972
FDA to Extend Regulatory Jurisdiction Over All Non-Pharmaceutical Nicotine and Tobacco Products H-495.973
Tobacco Product Sales and Distribution H-495.986
FDA Regulation of Tobacco Products H-495.988

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 3-24

INTRODUCED BY: Baltimore City Medical Society

SUBJECT: Electronic Health Record Vendors

Whereas, physician practices engage electronic health record (EHR) vendors to maintain their patient files and documents; and

Whereas, Maryland law requires maintenance of patient records for stated timeframes and under certain circumstances; and

Whereas, in the event of a medical practice's closing EHR vendors must comply with Maryland law regarding maintenance of patient records, and provision of same, upon patient request; and

Whereas, physicians want assurances that EHR vendors know and are complying with Maryland law and that their patient records are safeguarded; therefore be it

RESOLVED, that MedChi research the practices of electronic health record vendors to determine their compliance with Maryland law with respect to storage, maintenance, and dissemination of patient records on the occasion of a medical practice's closing and report the findings of such research to the MedChi House of Delegates and entire membership.

Fiscal Note: Undetermined/unknown cost of legal and other research; would need more details on output requested to understand impact.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 4-24

INTRODUCED BY: Alleghany, Caroline, Queen Anne's, Somerset, Washington, and Wicomico County Medical Societies

SUBJECT: Expansion of Residency Slots in Rural and Underserved Areas of Maryland

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Whereas, MedChi, The Maryland State Medical Society is committed to advancing healthcare equity and access for all residents of Maryland; and

Whereas, there exists a significant shortage of physicians in rural and underserved areas of Maryland, leading to inadequate access to healthcare services for many residents; and

Whereas, the expansion of residency slots, particularly in rural and underserved areas, is crucial for addressing this shortage and improving healthcare access and outcomes for the affected populations; and

Whereas, the Association of American Medical Colleges (AAMC) reports that increasing the number of residency positions is essential to meet the growing demand for healthcare services, particularly in rural and underserved areas; and

Whereas, initiatives such as the Advancing Health Equity And Diversity (AHEAD) initiative provide an opportunity to address healthcare disparities by fostering collaboration and innovation in medical education and training; and

Whereas, the inclusion of discussions on expanding residency slots in rural and underserved areas within the AHEAD initiative aligns with MedChi's mission to advocate for policies that enhance healthcare access and quality for all Maryland residents; therefore be it

RESOLVED, that the MedChi House of Delegates supports the inclusion of discussions regarding the expansion of residency slots in rural and underserved areas of Maryland as part of the AHEAD initiative; and be it further

RESOLVED, that MedChi urge policymakers, medical institutions, and relevant stakeholders to prioritize the allocation of resources and funding towards increasing residency slots in rural and underserved areas of Maryland, with a focus on specialties that are most needed in these communities.

Fiscal Note: Included in existing advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 5-24

INTRODUCED BY: Medical Student Section
Ayda Soltanian and Celina Thomas, University of Maryland School of Medicine

SUBJECT: Implementation of an Enhanced Curriculum of Contraception Counseling for Internal Medicine Residents

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Whereas, in 2014 the Centers for Disease Control and Prevention released a guideline stating that primary care physicians should provide contraception counseling and prescribe the selected method or refer the patient to a specialist for LARC placement[1]. However, many studies dating since then have revealed that internal medicine residents tend to avoid providing complete contraception counseling to their patients due to multiple factors, namely lack of knowledge; and

Whereas, internal medicine physicians are responsible for providing primary care to women of childbearing age with complex medical problems, who are at an increased risk of an unintended pregnancy with complications. Thus, it is important for these physicians to be able to adequately identify these patients where a pregnancy would be high risk and prioritize contraception counseling for them. However, prior studies have indicated that internal medicine residents report inadequate knowledge of contraception as a barrier to counseling their patients on this topic[2]. This training gap can lead to unplanned pregnancy, and complications such as HIV transmission from mothers to newborns, unsafe abortions, endometrial and ovarian cancers; and

Whereas, internal medicine residency programs, civilian and military, do not place an emphasis on contraception in the primary care setting, although it is specifically taught in obstetrics/gynecology and family medicine residency programs. Nearly half of all pregnancies in the United States are unintended with a relatively higher proportion occurring in military populations, which can have a large impact on military readiness[3]. There are multiple factors that can lead to an unplanned pregnancy, especially for those in the military. These include confidentiality concerns, health-seeking stigmatization, poor medication compliance, difficulty obtaining medication refills, and lack of provider knowledge. Unplanned pregnancies are not only harmful to military women, they are also costly. Internists are responsible for supplying a majority of medications that have teratogenic properties, yet multiple studies indicate that suggest poor preparation in contraception prescription and counseling; and

Whereas, following the *Dobbs v. Jackson Women's Health Organization* Supreme Court decision in 2022, there has been a significant reduction in access to abortion and other contraceptive options[4]. Thus it has become increasingly crucial for all health care providers to be able to counsel their patients on these options. The existing American Medical Association policy, H-425.976, regarding preconception care states that "Our AMA supports the education of physicians and the public about the importance of preconception care as a vital component of a woman's reproductive health."[5] A recent study from the American Journal of Obstetrics and Gynecology reported that based on their national database, only 19.8% of internal medicine physicians prescribed the pill, patch, or ring compared to 73.1% of obstetrician-gynecologists[6]. 41-45% of preventive care visits among women of reproductive age are made to family practitioners or internists[7]. Thus, more emphasis needs to be placed on this subject matter during their residency training; and

Whereas, Curricular enhancement with improved classroom and experiential learning for residency programs would fill this training gap. An early intervention starting at the resident level will address the discomfort and hesitancy to better prepare future providers in internal medicine in preconception and conception care; and

Whereas, Early exposure and better comprehension of patients who are seeking birth control advice and pregnancy planning will help develop the minds of internal medicine residents. Residents will be able to provide better and more comprehensive care for their patients, which elicits a trusted relationship between physician and patient. As future physicians, it is important to. Strengthening the current curriculum would shed light on this vulnerable population in healthcare, and aid in addressing the lack of confidence experienced by residents; and

Whereas, In the United States, residents and physicians report low levels of confidence and knowledge in gender-based care for reproductive-aged women. They report limited clinical exposure as a reason for this practice gap; this is also seen at the faculty level and leaves many training programs without adequate teaching on this subject[7]. Due to this gap in teaching, a culture based on referrals to specialists has been created which further limits residents' learning opportunities. Pregnancy and its complications need to be addressed in a timely manner with continued monitoring from the patient's provider. The hesitancy of residents and physicians has delayed and at times prevented the proper delivery of care to these patients; and

Whereas, A curriculum that focuses on reducing this education gap will provide physicians with a proper background on how to adequately advise on different contraception methods and their associated effectiveness and adverse events. This will emphasize the importance of providing complete and appropriate care to women during primary care visits. This curriculum can be integrated into residency programs' already established curriculums; and

Whereas, Oftentimes in the residency curriculum, contraception counseling is taught in a lecture-style, didactic format. Although residents report that contraception is a vital part of preventive care, they report various rates of contraception counseling, knowledge of the various options and comfort with counseling. This education method does not seem sufficient to equip residents with the proper clinical and inter-personal training they will need to work with their patients during their careers; and

Whereas, Improved education and clinical training is necessary at the residency level to address the hesitation in providing contraception counseling to patients and reduce the consequences that these patients ultimately face; therefore be it

RESOLVED, that MedChi encourage Maryland residency programs to integrate curricula that emphasizes contraception training for internal medicine residents and to undertake efforts to better equip physicians to care for women of childbearing age; and be it further

RESOLVED, that MedChi encourage internal medicine residency programs to enhance the current three-year curricula in place to include a more extensive discussion on different methods of contraception, their side effects, and level of effectiveness for patients seeking contraception and to develop curricula that addresses the education gap of contraception counseling and the resulting lack of confidence in addressing this topic on preventive visits.

Fiscal Note: No significant fiscal impact.

REFERENCES:

1) Contraceptive counseling by general internal medicine faculty and residents
2) A Novel Contraception Counseling and Shared Decision-Making Curriculum for Internal Medicine Residents
3) It Takes a Village: An Interdisciplinary Approach to Preparing Internal Medicine Residents to Care for Patients at the Intersection of Women's Health, Gender-Affirming Care and Health Disparities
4) An Expanded Primary Care-Based Women's Health Clinic to Improve Resident Education and Patient Care in Resident Continuity Clinic
5) American Medical Association, Policy H-425.976: Preconception Care
6) An Interactive Curriculum to Teach Person-Centered Contraceptive Counseling
7) Incorporating Long-acting Reversible Contraception into Primary Care: A Training and Practice Innovation

MEDCHI HOUSE OF DELEGATES MEETING
October 28, 2023
MINUTES

DELEGATES PRESENT

A list of delegates present is on file in the Executive Office of MedChi.

CALL TO ORDER

The 438th meeting of the MedChi House of Delegates was held at the Hotel at Arundel Preserve in Hanover, Maryland. The meeting was called to order at 10:00 am.

REPORT OF THE CREDENTIALS COMMITTEE

Seth Flagg, MD, Chair of the Credentials Committee, reported that there was a quorum with greater than fifty delegates present.

APPROVAL OF MINUTES

The minutes of the April 30, 3023 House of Delegates meeting were approved as submitted.

MEMBERSHIP REPORT

The membership report was presented. Emeritus membership requests were submitted for approval by the House of Delegates. There was a motion to approve the new emeritus members. The motion was adopted.

MEMORIALS

Memorial recognitions were shared and a moment of silence was observed in honor of Joseph Snyder, MD, and Jack McKay Zimmerman, MD.

AWARDS

The 2023 Dr. Henry P. and M. Page Laughlin Distinguished Member Award was presented to Erinn Maury, MD. The 2023 Dr. Henry P. and M. Page Laughlin Distinguished Administrative Award was presented to Andrea Mullin. The 2023 Dr. Henry P. and M. Page Laughlin Distinguished Editorial Award was presented to Stephen Rockower, MD. The 2023 Dr. Henry P. and M. Page Laughlin Distinguished Board of Trustees Member Award was presented to Harry Ajrawat, MD. The 2023 Legislative Award was presented to Joseline Peña-Melnyk. The 2023 President's Awards were presented to George Malouf, Jr, MD, Cheryl Matricciani, Laura Herrera Scott, MD. Finally, the 2023 Dr. Henry P. and M. Page Laughlin Distinguished Public Officer Award was presented to Senator Ben Cardin, and Senator Cardin gave a keynote address to the House.

NOMINATIONS AND ELECTIONS

The nominations were presented as follows:

President-elect: Padmini Ranasinghe, MD
Speaker of the House: Clement Banda, MD
Vice Speaker of the House: Renee Bovelle, MD
Baltimore County Trustee: James Williams, DO
Montgomery County Trustee: Carolyn O'Conor, MD
Eastern Group Trustee: Rene Desmarais, MD
Delegates to the AMA: Loralie Ma, MD, Shannon Pryor, MD; Padmini Ranasinghe, MD
Alternate Delegates to the AMA: Renee Bovelle, MD, Karen Dionesotes, MD; Bruce Wollman, MD

There was a motion to accept the slate of nominations and elect all candidates in uncontested elections. The motion was adopted and all candidates were elected to office. It was noted that Padmini Ranasinghe's election to AMA Delegate creates a vacancy in her previous role as AMA Alternate Delegate. It was announced that since the House will meet again before this change takes effect, the election for that AMA Alternate Delegate seat will be held at the spring 2024 House of Delegates meeting to allow candidates time to prepare.

REPORT OF THE CENTER FOR A HEALTHY MARYLAND

Stephen Rockower, MD, presented an update on Center for a Healthy Maryland activities.

REPORT OF THE MARYLAND MEDICAL POLITICAL ACTION COMMITTEE

Stephen Rockower, MD, presented an update on the Maryland Medical Political Action Committee.

REPORT OF UNITY INSURANCE AGENCY

Shelly Brouse presented an update on Unity Insurance Agency.

REPORT OF THE PRESIDENT

James York, MD, presented a summary of his tenure as MedChi President.

TREASURER'S REPORT

Gene Ransom presented the financial report through September 30, 2023.

REPORT OF THE CHIEF EXECUTIVE OFFICER

Gene Ransom presented the Operations Report.

OATH OF OFFICE

Benjamin Lowentritt, MD, was installed as MedChi's 176th President. Dr. Lowentritt shared his inaugural address.

REPORT OF THE REFERENCE COMMITTEE

David Hexter, MD, Chair, presented the Reference Committee Report and the following actions were taken by the House of Delegates:

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.

REFERRED TO THE BOARD OF TRUSTEES

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

WITHDRAWN

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

NEXT MEETING

The next meeting of the House of Delegates will be held virtually on Sunday, April 28, 2024.

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:30 pm.
Respectfully submitted,
James J. York, MD
President