2022 Legislative Roundup

2022 Legislative Victories

We’re Live Again!
House of Delegates Recap

MedChi Salutes Its
Physicians of the Day
From the President...
Loralie Ma, MD

Health care access has always been an important issue for me. Having had rheumatic fever as a child, which kept me out of school for many months, it was hard to catch up once I was over my illness. Because of this experience, I believe it is difficult for anyone to strive for their best life if their health care needs are not addressed. I am therefore so pleased with the passing of the 2023 health care budget in Maryland. Strong advocacy from MedChi resulted in Medicaid finally achieving 100 percent parity in payment with Medicare. This will increase equity of access to care for all Maryland citizens.

MedChi was instrumental in helping pass legislation to extend the Interstate Medical Licensure Compact, which was set to expire later this year but will now extend to 2030. The Compact allows physicians to practice in multiple member states but importantly retains the requirement that they become licensed in each state and subject to disciplinary requirements in each state.

Another win for Maryland physicians was Senate Bill 626, the LARP Bill, which significantly increases funding for medical student loan repayment for those who practice in underserved areas. This is a win for both early career physicians and patients who reside in under-resourced areas. My grandmother lived in a rural area in southern Illinois and the lack of access to care for her cardiac issues and her glaucoma negatively impacted the quality of her life.

In addition to wins, there was also legislation that MedChi fought against. Namely, a bill that would have allowed podiatrists to identify themselves as podiatric physicians — a name that is misleading at best.

These are just a few of some of the noteworthy new pieces of legislation that came out of the 443rd Maryland General Assembly session. Thanks to MedChi’s commitment and perseverance, these new laws translate to major advancements on behalf of Maryland’s physicians, patients, and public health. You can read all about them in this issue.
2022 Session Proves to Be a Win for Physicians and Patients in Medicaid Program

*Contributed by Schwartz, Metz, Wise & Kauffman, PA*

The 2022 Session was a win for both physician reimbursement and covered benefits under the Medicaid program. As a result of MedChi’s tireless advocacy over several years, Governor Hogan included $68.5 million in the FY 2023 budget to restore Medicaid reimbursement for evaluation and management (E&M) codes to 100 percent of Medicare rates. The General Assembly adopted the increase, which becomes effective July 1, 2022.

The State adopted Medicare parity in 2012 in response to the Affordable Care Act, resulting in significantly more individuals being covered under Medicaid. The enhanced rates proved to be a success as health care practitioner participation in Medicaid significantly increased, thereby addressing access to care challenges. Since the reduction of E&M Code reimbursement in 2015, restoration to Medicare parity has been a primary objective of MedChi, especially since the onset of the COVID-19 pandemic, which brought about exponential growth in Medicaid enrollment and resulted in significant negative impacts on physician practices, patient access, and health outcomes. Restoration of E&M code reimbursement to 100 percent of Medicare is a major win not only for physicians but also for communities who lack access to health care services and likely endure socioeconomic inequity and health disparities.

In addition to restoration of E&M codes to Medicare parity, the General Assembly enacted a number of legislative proposals that addressed access to care and health disparities by enhancing Medicaid benefits. These successful initiatives include: coverage of comprehensive medical care and other health care services to non-citizen pregnant women (whose immigration status makes them ineligible for Medicaid), including twelve months postpartum coverage and coverage for their children up to age one; coverage of comprehensive adult dental care for adults whose annual household income is at or below 133 percent of the federal poverty level; coverage of self-measured blood pressure monitoring for enrollees diagnosed with uncontrollable high blood pressure; community violence prevention services (subject to a federal waiver approval); doula services under a defined regulatory structure; and requirements for an adequate network of practitioners available to provide substance use disorder services for minors under the age of eighteen. All in all, a very successful Session.

General Assembly Approves Value-Based Insurance Models in the 2022 Session

*Contributed by Schwartz, Metz, Wise & Kauffman, PA*

In the 2022 Session, MedChi worked diligently with stakeholders on House Bill 1148/Senate Bill 834: Health Insurance – Two-Sided Incentive Arrangements and Capitated Payments – Authorization. This bill allows insurance carriers to enter into two-sided incentive arrangements and capitated models with physicians and other health care practitioners, arrangements prohibited under current Maryland law. When the legislation was first introduced during the 2021 Session, MedChi opposed the measure. MedChi’s initial opposition was twofold. For physicians that did not want to participate in these models, the legislation had to include assurances that entering into arrangements would be voluntary and that physicians could not be unduly pressured to participate in them. Given the complexity of these arrangements, not every physician or group is well-suited or in a position to take on risk, especially smaller practices. For physicians that voluntarily choose to participate, the legislation needed to require that contracts had minimum guardrails in place to protect physicians against unreasonable recoupment.

For nearly a year, MedChi worked tirelessly in concert with CareFirst, the Maryland Hospital Association, physician specialty societies, and other insurance carriers to address all concerns. Now, the legislation specifically states that entering into these arrangements is voluntary and that an insurance carrier may not reduce a physician’s fee schedule based on the physician choosing not to enter into such an arrangement. For those who choose to participate, the legislation — among other protections limits recoupment to no more than 50 percent of the excess above the mutually agreed upon target budget, specifies that the maximum liability for total recoupment may not exceed 10 percent of the annual payments from the carrier to the physician, and states that the opportunity for the physician’s gains must be greater than the opportunity for recoupment by the carrier.

With these and the other protections now in place, MedChi has helped to craft legislation that provides some of the strongest protections on value-based arrangements nationwide. MedChi will continue to work with our members to ensure that they have the proper tools to evaluate these arrangements and that the “letter of the law” is being followed.
MedChi Contends With a Slew of Scope of Practice Bills

Contributed by Schwartz, Metz, Wise & Kauffman, PA

Every legislative session MedChi reviews bills that propose to expand the scope of practice of various licensed health occupations. The 2022 Session witnessed an avalanche of scope bills, with the major ones summarized below.

**House Bill 790/Senate Bill 311: Health Occupations – Podiatric Physicians** (failed) would have allowed podiatrists to use the term “podiatric physician”, as is used in numerous other states. MedChi successfully opposed the bill for the fourth year in a row, with MedChi President Dr. Loralie Ma testifying at the hearing. MedChi argued that the term “physician” should be reserved to M.D.’s and D.O.’s, and that its use by other professions will create confusion for patients, and set a precedent starting with podiatrists that could be made worse in the coming years when chiropractors, naturopaths, and others follow suit.

**House Bill 830: State Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists and Music Therapists – Physician Members – Repeal** (failed) would have removed from the Audiology Board its two physician members. MedChi opposed this removal. Similar legislation passed twenty years ago but was vetoed, with a later compromise resulting in the physician members of the Board remaining but prohibited from voting on scope of practice matters.

**Senate Bill 62/House Bill 28: Pharmacists – Aids for the Cessation of Tobacco Product Use** (passed with amendments). MedChi submitted amendments narrowing this legislation to include only nicotine replacement therapies (some of which are already available over the counter), and that excluded Chantix, Zyban, and similar products which can potentially cause more serious side effects.

**Senate Bill 355: HIV Prevention Drugs – Prescribing and Dispensing by Pharmacists and Insurance Requirements** (failed) was very similar to legislation introduced in 2021 and would have authorized pharmacists to prescribe and dispense certain HIV-prevention drugs.

**House Bill 55/Senate Bill 1011 and Senate Bill 312: Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration** (passed with amendments) would have allowed nurse anesthetists to prescribe anesthesia-related medications for up to ten days without collaborating with a physician and would have allowed nurse anesthetists to work with podiatrists without the involvement of a physician. MedChi supported amendments that: 1) required collaboration with a physician when prescribing anesthesia-related medications; and 2) removed the podiatry language from the bill. MedChi’s Legislative Council had voted to oppose both of these bills.

**House Bill 276/Senate Bill 513: Health Occupations – Clinical Nurse Specialists – Prescribing Authority** (failed), as introduced, would have allowed a clinical nurse specialist (CNS) to prescribe medications and to “order, perform, and interpret… diagnostic tests.” MedChi spent a considerable amount of time researching the background of CNSSs, of which there are less than 300 in the state, which made finding physicians who have worked with them a challenge. MedChi obtained amendments in the House that eliminated the language on diagnostic tests, but in the end, the legislation failed.

General Assembly Provides Record Funding for Loan Assistance Repayment Program

Contributed by Schwartz, Metz, Wise & Kauffman, PA

Heading into the 2022 Session, MedChi prioritized the funding of the Maryland Loan Assistance and Repayment Program for Physicians and Physician Assistants (LARP) and sought $2 million per year for the next two years during which time a permanent funding source would be sought. This goal was exceeded and then some. Not only did the initial Fiscal Year 2023 budget contain $1.4 million for LARP, but the amount was increased in a supplemental budget by $3 million for a total allocation of $4.4 million for the Fiscal Year 2023 budget, far more than any amount previously budgeted by the State.

LARP provides loan repayment assistance to primary care physicians who agree to work in underserved areas of the State for two years. As a result of legislation that MedChi worked on in depth in 2020, the General Assembly established a workgroup to evaluate and improve the LARP program. MedChi CEO Gene Ransom served on the workgroup, and foremost among its recommendations was that the State invest more money in LARP. Historically, LARP relied on limited funding from a single source—physician licensure fees, which is too narrow a base and produces too little funding for such an important issue. Medical school debt compared to potential income is one of the major reasons physicians do not choose to go into primary care. The record funding for LARP is a major step toward incentivizing young physicians to do so.
MedChi Physician of the Day — 2022 Legislative Session

MedChi physicians take turns volunteering to be the “MedChi Physician of the Day” in the Annapolis First Aid Room during the Legislative Session. The experience yields several opportunities, chief of which are meeting and speaking with legislators, providing valuable medical assistance to the Maryland General Assembly, and spending time in the House and Senate chambers observing day-to-day activities firsthand. Pictured (top row, l to r) Dimitri Coupet, MD; George Malouf, MD; H. Russell Wright, MD; Toyin Opesanmi, MD; (middle row, l to r) Benjamin Stallings, MD, with Del. Curt Anderson; Harry Kaplan, MD; (bottom row, l to r) Willarda Edwards, MD, with Sen. Clarence Lam; Pallavi Gowda, MD; Alan Gonzalez Cota, MD.

To volunteer as the MedChi Physician of the Day during the 2023 Legislative Session, email Chip O’Neil at coneil@medchi.org.
As the statewide professional association for licensed physicians, we are dedicated to our mission to serve as Maryland’s foremost advocate and resource for physicians, their patients, and the public health.
LEGISLATIVE AND REGULATORY VICTORIES

FOR THE 2022 MARYLAND LEGISLATIVE SESSION, MEDCHI ACHIEVED SIGNIFICANT VICTORIES ON BEHALF OF ALL MARYLAND PHYSICIANS AND PATIENTS:

MEDCHI PROTECTED ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE

- Successfully secured funding in the Fiscal Year 2023 Budget that restores Medicaid E&M reimbursement codes to 100% of Medicare.
- Successfully increased funding of the Physician Loan Assistance Repayment Program (LARP). Not only did the initial Fiscal Year 2023 Budget contain $1.4 million for LARP, but the amount was increased in a supplemental budget by $3 million for a total allocation in the Fiscal Year 2023 Budget of $4.4 million. Fully funding LARP is a powerful tool at the state’s disposal to ensure patient access to physicians in every part of Maryland.
- Defeated legislation that would adversely affect patient care by inappropriately expanding the scope of practice of non-physicians beyond their education and training, including the ability to diagnose, treat, prescribe medications and/or manage medical disorders, or refer to themselves as physicians.

MEDCHI ADDRESSED BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS

- Successfully lobbied to establish a Suicide Fatality Review Committee to assist the State of Maryland in addressing the increasing incidences of suicide. The committee is charged with developing initiatives that will prevent suicide by addressing identified contributing factors.
- Successfully worked to establish the 9-8-8 Trust Fund for the purpose of providing reimbursement for costs associated with designating and maintaining 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline.
- Increased access to opioid reversal medications by allowing community service programs, such as homeless service programs, outpatient treatment programs, local health departments, and other community-based organizations to offer FDA approved medications free of charge.
- Protected settlement funds from opioid related litigation to ensure they are used to prevent overdoses and provide addiction treatment.

MEDCHI ENSURED TIMELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT

- Protected physicians who choose to enter into two-sided incentive arrangements with insurance carriers by ensuring the arrangements are voluntary, transparent, and limit risk. Maryland now has the strongest protections in the nation for physicians entering it to value-based care arrangements with insurers.

MEDCHI PROTECTED THE PRACTICE OF MEDICINE

- Defeated legislation that would allow podiatrists to be identified as physicians.
- Blocked legislation that would have removed physicians from the Audiology Board.

MEDCHI STRENGTHENED PUBLIC HEALTH INITIATIVES

Thanks to MedChi, Medicaid will now provide:
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- Coverage for pregnant women who are non-citizens.
- Coverage for home blood pressure monitoring.
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**MedChi House of Delegates Meets In Person for First Time Since 2019**

After two years of limited but successful virtual House of Delegates (HOD) meetings, MedChi successfully met in person on Sunday, May 1, 2022, at the Hotel at Arundel Preserve in Hanover, Maryland.

MedChi’s House of Delegates meets twice a year, spring and fall, to establish legislative, regulatory, public health, and organizational policies that support our mission to serve as Maryland’s foremost advocate and resource for you, your patients, and the public health. The House of Delegates governance structure ensures that MedChi’s broad and diverse membership of over 9,000 individuals have a voice in the organization’s priorities. The HOD amplifies and strengthens the individual voice of a physician, resident, or medical student.

Case in point: Preetham Bachina and Krista Chen, medical students from Johns Hopkins University School of Medicine, researched federal guidelines and standards for the security of protected health information and the protection of patient privacy. Finding that current regulations do not sufficiently guarantee patient privacy in the modern age, the medical students drew upon the medical community’s ethical obligation to protect patient privacy and submitted a resolution calling on MedChi to encourage research into evidence-based practices to update guidelines protecting patient health information. MedChi will ask the AMA to study the modern threats to patient privacy and generate recommendations to guide AMA advocacy in this area for the betterment of patient rights. The HOD adopted this resolution, thereby directing the organization to act on these concerns. This illustrates how one voice (or, in this case, two voices) becomes the advocacy platform of a statewide organization.

In addition to supporting patient privacy protections, MedChi’s HOD also adopted policy to support access to and coverage for gender-affirming care; advocate for increased organ donation education in medical school curricula; support the decriminalization of HIV transmission and destigmatize HIV infection; recognizes the critical role of physicians involved in environmental justice efforts. The House also voted to turn the Inclusion, Diversity, Empowerment, and Advocacy (IDEA) Task Force into a permanent MedChi committee and, eventually, a council.

Beyond policy-setting, Medchi also celebrated those who contribute to MedChi and Maryland medicine in significant ways. E. Albert Reece, MD, and Paul Rothman, MD, were honored for their respective tenures as deans of the University of Maryland School of Medicine and Johns Hopkins University School of Medicine. Benjamin Lowentritt, MD, was honored for his leadership on MedChi’s value-based legislation efforts (pg. 11).

The HOD also honored the memory of Barton Gershen, MD, whose “Word Rounds” column continues to grace the pages of this publication (pg. 21).

MedChi remains grateful to its members for spending a Sunday morning accomplishing the business of its organization and looks forward to seeing members at the next House of Delegates meeting on Saturday, November 5, 2022.
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Top row, l to r: Jill Gershen accepts award on behalf of her father, Barton Gershen, MD, from Stephen Rockower, MD; Shannon Pryor, MD; Preetham Bachina, MS-1 at Johns Hopkins University School of Medicine; Dan Morhaim, MD. Bottom row, l to r: Benjamin Lowentritt, MD, accepts award from Loralie Ma, MD; Padmini Ranasinghe, MD, with CEO Gene Ransom; Chip O’ Neill accepts award from Stephen Rockower, MD; David Hexter, MD.
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MCMS Celebrates Passing of the 119th Presidential Gavel

Susan G. D’Antoni, FAAMSE

On April 28, 2022, Montgomery County Medical Society held its 119th installation of officers. Irfana Ali, MD, outgoing president welcomed members of the Executive Board and guests to the event held at a local restaurant in Rockville.

She reflected on the toll the pandemic has taken on the community and our medical community. This is the second pandemic in the history of Montgomery County Medical Society since the Society was founded in 1903. Dr. Ali also noted that there have been 171,000 cases reported to date and so many more which have gone unreported. In 1903, there were 224 Montgomery County residents to die of the Spanish Flu. There have now been 2,035 deaths in Montgomery County, and over 14,000 deaths statewide. These were our members’ patients, their medical colleagues, and other health care professionals. A moment of silence was held to remember their passing.

The installation celebrated moving forward, how Medicine came together as a profession to support each other to get through this very difficult time, and how MCMS responded to help all of us not only survive the pandemic, but to thrive in the future.

Dr. Ali noted how everyone has been touched personally and professionally by COVID-19. She lost two emergency medicine colleagues, and her own practice had to shut its doors because of her staff were sick with COVID-19. COVID-19 also required physicians to adapt, innovate, grow, and have faith that together we were coming through the pandemic stronger and more resilient and the Medical Society also adapted, innovated and grew to help all of us to survive these last twenty-four months.

Dr. Ali noted, “Our Medical Society staff pivoted to respond to our needs as they truly worked together like a machine even though they too were working from home, reliant on regular meetings via Zoom, to do the work of ten people.”

Dr. Ali was presented with the Past President’s plaque by Annette M. Pham, MD, Immediate Past President. Within MCMS, Dr. Pham and Dr. Ali are known as the “Pandemic Presidents.”

Dr. Ali introduced the incoming president, Tuesday Cook, MD. Dr. Cook began practice in 2008 as an Advanced Laparoscopic and Bariatric Surgeon. She is Board Certified by the American Board of Surgery and is a Fellow of the American College of Surgeons. Dr. Cook is also Obesity Medicine board-certified as a Diplomate of the American Board of Obesity Medicine.

She received her medical degree from Howard University College of Medicine and afterward completed a general surgery residency at Howard University Hospital in Washington, D.C. She subsequently completed a fellowship in Minimally Invasive and Bariatric Surgery at the Pennsylvania State University Milton S. Hershey Medical Center. She has served as a Clinical Instructor both in Pennsylvania and Maryland. Annually, she has welcomed both high school and college students to shadow her in the office and hospital. During the COVID-19 pandemic, in lieu of shadowing, she began to give virtual presentations to middle and high school students across the country, mostly from underrepresented backgrounds encouraging entrance into the medical profession.

Dr. Cook has served as a physician panelist in Town Hall discussions with the White House COVID-19 Health Equity Task Force as a proponent of increased access to care and health equity, discussing the social and political determinants of health in minority communities. She has

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MedChi Student Section Advocacy Day Update

Sandra Kong, MS1, Hopkins

Medical students from the Johns Hopkins School of Medicine and University of Maryland School of Medicine came together for the MedChi Medical Student Section annual Advocacy Day to advocate for SB 778 – Maryland Medical Assistance Program – Children and Pregnant Women (Healthy Babies Equity Act). The students met with the offices of Senators Klausmeier, Malcolm, Feldman, Hershey, Jennings, and Benson to lobby for the bill as well as learned legislative advocacy meeting techniques from Steve Wise of Schwartz, Metz, Wise, and Kaufman. The students found the event to be both informative and productive, with most offices expressing support for the bill during the meetings.

Dr. Cook joined Montgomery County Medical Society in 2011 and first became involved in MCMS in the Women in Medicine Committee as co-chair and serving on the Executive Board in that capacity beginning in 2017, and as a delegate to the House of Delegates. She began her service as an officer in 2019.

It was quite touching that Dr. Cook’s mother, March Cook, administered the Oath of the Presidency to her daughter and presented the MCMS President’s White Coat to the new MCMS President. Ms. Cook noted, “I always knew that Tuesday would do great things with her life.” Dr. Cook was joined by her husband, daughter and guests to celebrate her installation as president.

Dr. Cook presented the President’s White Coats to both Dr. Annette Pham and Dr. Irfana Ali since their installations were held virtually.

Susan G. D’Antoni, FAAMSE, is CEO of Montgomery County Medical Society. She can be reached at sdantoni@montgomerymedicine.org.

MCMS 119th Presidential..., continued from pg. 15

worked with payors in Maryland in connecting vulnerable populations to the COVID-19 vaccine. She continues to do numerous presentations and community work both in Maryland and around the U.S. regarding vaccine hesitancy and advancing equitable healthcare, especially as it relates to obesity and metabolic disorders.

She serves on local, state, national and international committees focused on decreasing health disparities for people of African descent and LatinX communities through policy development and legislation, including MedChi’s Inclusion, Diversity, Equity and Advocacy Task Force. Her ultimate goal is equity for people of color, both in national and international settings.

Dr. Cook is an Executive Board Member of the Women’s Leadership in Surgery Society and is Chair of their Diversity Committee. She is a member of the Society of American Gastrointestinal and Endoscopic Surgeons and the American Medical Association and is prior Secretary of the Board for the Maryland State Chapter of the ASMBS.

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Microbe Hunters
Bart Gershen, MD (1933–2021)

In 1346, Mongol raiders attacked an Italian trading post at Caffa, located on the Silk Road, established by Marco Polo in 1295. During that siege, an epidemic of Bubonic Plague erupted among the Mongol fighters, forcing them to withdraw. As they departed, the Mongols catapulted many of their dead over the wall and into the trading post. The Italian merchants eventually resumed their homeward journey, unaware that among them were some who were incubating the Plague. They would soon become the vector of Europe’s Black Death, resulting in the loss of 40–50% of its population.

Bubonic Plague is the result of infection with the gram-negative bacterium *Yersinia pestis*, contracted from the bite of the oriental rat flea *Xenopsylla cheopis*. Bubonic is from Greek *boubon*: “groin swelling” referring to the tender, enlarged lymph nodes in the groin and axilla often prominent in this disease. *Yersinia* is derived from the name of the scientist who first identified the plague organism — Alexandre Yersin, a French bacteriologist working at the Pasteur Institute. (The organism was initially called *Pasteurella pestis*.) The flea genus *Xenopsylla* is derived from the Greek words *xenos*: “foreign” and *psylla*: “flea.” Its species name, *cheopis* stems from the fact that the flea was initially discovered in Egypt near the tomb of the Pharaoh Cheops. Therefore, the insect is the “foreign flea of Cheops.”

*Xenopsylla cheopis* by the bite of the oriental rat flea

*Murine Typhus* — while he was investigating that disease in Mexico. Murine Typhus is caused by *Rickettsia typhi*, and it is also spread by the bite of the oriental rat flea *Xenopsylla cheopis*. The flea ingests these organisms while feeding on its animal reservoir — mice. The term *murine* stems from Latin *murinus*: “of mice.”

Rickettsial organisms not only cause several forms of Typhus and Rocky Mountain Spotted Fever, they are also responsible for Rickettsial Pox and Scrub Typhus (*Tsutsugamushi Fever*), among other diseases. *Typhoid Fever* was so named because many of its symptoms resembled those of Epidemic Typhus — thus typhus plus Greek *oides*: “like or resembling,” that is “typhus-like”. Typhoid Fever is caused by the gram-negative rod *Salmonella typhi*. Its genus name is derived from Daniel Elmer Salmon (1850–1914), a veterinary surgeon who spent his career researching animal diseases for the U.S. Department of Agriculture. The organism was named in honor of Dr. Salmon by his assistant.

By now, it must be obvious that many pathogenic organisms have been named for investigators who were involved in their discovery. We note such scientists as Theodor Klebs, Theodor Escherich, Kiyoshi Shiga, Sir David Bruce, Joseph Lister, Alberto Leopoldo Barton, Henrique da Rocha Lima, Amedee Borrel and Willy Burgdorfer, among others. These men are associated with infections caused by *Klebsiella*, *Escherichia*, *Shigella*, *Brucella*, *Listeria*, *Bartonella*, *Rochalima*, and the agent that causes Lyme Disease — *Borrelia burgdorferi*.

However, not all infectious diseases are named for people. The *Hanta virus* was first discovered during an outbreak near the *Hantan River* in South Korea, the *Marburg virus* initially caused an epidemic in *Marburg, Germany*, the *Ebola virus* was isolated from patients living near the *Ebola River* in Zaire, *Bornholm Disease* (epidemic pleurodynia) was first described on the Danish island of *Bornholm*, and *Coxsackie virus* was first recovered from patients living in the small village of *Coxsackie, New York*. It is obvious that etymology not only applies to everyday words, but also to names of people, places — and even the genus and species of organisms.

Knowing a word’s origin will not add a dime to your pocket, but will inevitably increase your understanding of the world — and that, as Hamlet says, is a consummation devoutly to be wished.

This article (abridged from its original version) first appeared in *Word Rounds II*. Bart Gershen, MD, was honored posthumously at the MedChi House of Delegates meeting. His family accepted the Memorial Resolution and the recognition of Dr. Gershen’s admiring peers.
MedChi’s Newest Physician Members

MedChi welcomes the following new members, who joined between February 1, 2022, and April 25, 2022.

Ruth N. Agwuna, MD — Ruth N. Agwuna, MD, PC
Chelsea Allen, MD — Kenneth Klebanow & Associates, PA
Valerie A. Asher, MD — Maryland ENT Associates
Deondra P. S. Asike, MD
Michael Assayag, MD — Rubin Institute for Advanced Orthopaedics
Anne Banfield, MD
Stephen M. Bell, MD — Rubin Institute for Advanced Orthopaedics
Craig H. Bennett, MD — Rubin Institute for Advanced Orthopaedics
David A. Bianchi, MD — Maryland ENT Associates
Christopher Bibbo, MD — Rubin Institute for Advanced Orthopaedics
Jeffrey T. Brodie, MD — Towson Orthopaedic Associates
Jay R. Bronder, MD — Neurology Center
Patrick J. Brown, MD — Western Maryland Dermatology
Scott E. Brown, MD — Sinai Hospital
Sandy Christiansen, MD
James E. Conway, MD — Baltimore Neurosurgery & Spine Ctr
Janet D. Conway, MD — Rubin Institute for Advanced Orthopaedics
Kenneth M. Crandall, MD — University of Maryland Medical Center
John E. Danneberger, MD — Anne Arundel Urology
Brian P. Driscoll, MD — Maryland ENT Associates
Rajiv Dua, MD, MBA — Centennial Medical Group, PA
Eric R. Emanuel, MD — Anne Arundel Urology
Daniel Fernicola, MD — Johns Hopkins Community Phy-Heart Care Bethesda
Nathaly Francois, MD — Chesapeake Urology, A United Urology Group Member
Patricia Frye, MD — Takoma Integrative Care
Limary Garcia-Gonzalez, MD — Kenneth Klebanow & Associates, PA
Ira M. Garonzik, MD — Baltimore Neurosurgery and Spine Center
Stephen W. George, MD — Arthritis Care Specialists of Maryland
Joseph Gibbons, MD — Centennial Medical Group, PA
David A. Gorelick, MD, PhD
Alyssa K. Gracely, MD — Chesapeake Urology, A United Urology Group Member
Trudy R. Hall, MD — UMMS Leadership
John E. Herzenberg, MD — Rubin Institute for Advanced Orthopaedics
Teresa A. Hoffman, MD — Hoffman & Associates
Mara Holton, MD — Anne Arundel Urology
Carrie Houssock, MD — JEV Plastic Surgery and Medical Aesthetics
Robert Howard, MD
John V. Ingari, MD — Rubin Institute for Advanced Orthopaedics
David Jacobs, MD — OrthoMaryland
Rena Marie Johnson, MD — Centennial Medical Group, PA
Roderick King, MD, MPH — UMMS Leadership
Stewart L. Koehler, MD — Orthopaedic Specialists of MD
Kent G. Krejci, MD — Anne Arundel Urology
Clarence K. Lam, MD
Robert B. Lehman, MD — Psychiatric Consultants
David A. Levy, MD — Chesapeake Urology, A United Urology Group Member
Andrea Limpuangthip, MD — Mercy Medical Center
Robert W. Macht, MD — Macht Medical Group
Steven Maggid, MD — Capital Women’s Care
Jackie L. Martin Jr., MD, MBA
James H. Masterson, MD — Chesapeake Urology, A United Urology Group Member
Scott T. Maurer, MD
Philip McClure, MD — Rubin Institute for Advanced Orthopaedics
Laura McGarry, DO — Chesapeake Urology, A United Urology Group Member
Eugene Miknowski, MD — Comprehensive Primary Care, LLC
Marek A. Mirski, MD — The Johns Hopkins Hospital
Michael Mont, MD — Rubin Institute for Advanced Orthopaedics
Janna V. Mudd, MD — Hoffman and Associates at Mercy
James Nace, DO — Rubin Institute for Advanced Orthopaedics
Kijana N. Nix, MD
Liesl K. Nottingham, MD — Maryland ENT Associates
David J. Osborn, MD — Chesapeake Urology, A United Urology Group Member
Robert M. Peroutka, MD — Rubin Institute for Advanced Orthopaedics
Aliya Poshni, MD
Ebenezer K. Quainoo, MD — Baltimore Healthcare, PC
Manuel V. Ramos, Jr, MD — Feirtag and Ramos, PA
Stuart C. Ray, MD, FACP — The Johns Hopkins Hospital
Lee H. Riley, MD — Johns Hopkins Outpatient Center
Steven D. Rock, MD — Anne Arundel Urology
James R. Rost, MD — Adventist HealthCare White Oak Medical Center
Jasmin Sabbaz, MD — Cardiovascular Specialists of Central Maryland
Robert M. Saltzman, MD — Rubin Institute for Advanced Orthopaedics
Devang Sharma, MD — Chesapeake Urology, A United Urology Group Member
Armel Simo, MD — Petro Health LLC
Shawn C. Standard, MD — Rubin Institute for Advanced Orthopaedics
Tanya Tan, MD — Comprehensive Primary Care, LLC
Janak Vidyarthi, MD
Patrick S. Whelan, MD — Chesapeake Urology, A United Urology Group Member
Edward J. Wolf, MD — Woodholme Gastroenterology Associates
The History Behind 1211 Cathedral Street

On Thursday morning, May 13, 1909, a group of distinguished gentlemen met at the newly completed headquarters of the Medical & Chirurgical Faculty for the dedication of the building. Among those were the archbishop of Baltimore, the leading rabbi in the city, the mayor, and numerous physicians. Among the physicians present was William Osler, MD, who had come back to Baltimore from his home in Oxford, England, and had spearheaded the effort to build the “forever” building. In the ensuing years, Dr. Osler would continue making donations to help pay off the loan for the building.

The building was designed by the architecture firm of Ellicott & Emmart, which designed many fine homes in Roland Park and Guilford. A contemporary account says that in addition to numerous meeting rooms and a large hall there were “several rooms for special purposes in connection with various branches of medical research,” including a working laboratory. There was also an apartment for the librarian, Marcia C. Noyes, which “consisted of a living room, dining room, kitchen, two bedrooms and a bath, in addition to a servant’s room and bath.” The MedChi building is not dissimilar to the original Medical Society of the County of Kings, in Brooklyn, New York, which is now used as a church.

The total cost of the building was $64,342.49, with 572,090 cubic feet, making the cost per cubic foot $.112. In 2022 dollars, the building would have cost more than $9 million!

MedChi Events

A complete list of MedChi and component events can be found at: http://www.medchi.org/Calendar-of-Events.

JUNE
8: Baltimore City Medical Society Board of Directors’ Meeting
8: Baltimore County Medical Association Board of Governor’s Meeting

JULY
12: Gender Pay Equity Subcommittee Meeting
13: Baltimore City Medical Society Board of Directors’ Meeting
14: MedChi Board of Trustees Meeting

AUGUST
9: Gender Pay Equity Subcommittee Meeting
10: Baltimore City Medical Society Board of Directors’ Meeting

SEPTEMBER
13: Gender Pay Equity Subcommittee Meeting
14: Baltimore City Medical Society Board of Directors’ Meeting
15: MedChi Board of Trustees Meeting
21: Baltimore County Medical Association Board of Governor’s Meeting
28: Baltimore County Medical Association CME Program
Join
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* $100 deposit offer ends 12/31/2022 and may be withdrawn at any time. Member must enter promotion code when applying online or provide promotion code to Member Service Representative at Tower branch or Tower representative during the site visit. $100 deposit will be deposited in qualified Prime Share account within 6-8 weeks from account opening. The minimum balance to open and maintain a Prime Share account is $5. Annual Percentage Yield as of 4/1/2022 is 0.22% and subject to change. See towerfcu.org for current rate. $100 bonus is subject to taxation. New member accounts only. Current Tower members, employees and employees’ family members are not eligible for the $100 bonus. Tower’s field of membership eligibility requirements must be met to qualify.

IT'S EASY TO JOIN! Visit towerfcu.org & use promo code MEDCHIMBR2022. Or email or call:

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