MedChi’s 2022 Legislative Priorities

Value-Based Care To Be On Legislative Agenda

What’s New in Health Care Mergers and Acquisitions
From the President...

Loralie Ma, MD

I am very excited to begin my year as President of MedChi. Our lives and the profession and mission of medicine have been so challenged by Covid-19. While we are still not finished with COVID 19, we know that we are coming to a means of dealing with it and hopefully a light at the end of the tunnel for coming out of this pandemic.

At MedChi we learned a lot during the pandemic as well. We learned we could reach out to physicians and patients using technology with virtual meetings, virtual work, and virtual telehealth visits.

I am hoping that we can take what we've learned to work on hybrid solutions to many issues, so that we can reach out to physicians throughout the state of Maryland and in doing so help them reach their patients and serve them better.

It will be important to get together and meet in person again as there is something special about face-to-face interaction.

However, we have learned that we can overcome a lot of physical and distance barriers using virtual platforms. Reaching our patients with telehealth and remote patient monitoring can help to better care for patients on a day to day basis and keep them from having emergent visits to the hospital. Treating chronic diseases like diabetes, hypertension, heart and kidney failure can be better done using overlapping technologies as well as face-to-face visits.

In reaching out to physicians across the state, whom we have not been able to reach previously, we are seeing new ideas and new perspectives.

And yet, we know our patients have suffered from the isolation caused by COVID and we want to get back to helping patients with depression and other mental health issues and with substance use issues. Opioid dependence increased during the pandemic and we need to use all of our tools to get back to better helping these patients.

I am hoping very much that we can take we knew, what we have learned, and what we are going to learn in order to make an even better MedChi and provide an even better service for our physicians and their patients.

I look forward to working with you this year.

What You Need to Know Now

1. The Maryland 2022 Legislative Session starts on January 13. MedChi members are encouraged to sign up for Physician of the Day, participate in your component society’s lobby day when planned, and be on the lookout for Legislative Alerts so you can be an instrumental grassroots activist to benefit your practice and your patients.

2. SB0166 / CH0229 Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substances, which passed during the 2020 legislative session, goes into effect on January 1, 2022. The bill requires that prescribers issue certain controlled dangerous substances prescriptions electronically, beginning on that date. The bill also notes that MHCC will define a low volume threshold for prescribing that would exempt prescribers from these requirements. MedChi continues to request clarification from MHCC about how low volume is defined and the process to receive a waiver. Stay tuned.

3. If you received Provider Relief Funding in Period 2 (July 1, 2020 to December 31, 2020), the deadline to use those funds was 12/31/2021, and reporting must be completed by 3/31, 2022. See pg. 15 for more details.

4. MedChi and component societies want to know how to communicate our value to you. Complete the Communications Survey to give us your feedback: https://www.surveymonkey.com/r/MedChiCommunicationsSurvey2021. It’s open through January 31, 2022.

5. Membership has its privileges. Renew your membership now if you haven’t already so you will continue to be “in the know” about MedChi and component society activities, programs, and updates on COVID-19.
Value-Based Care To Be A Focus of 2022 Legislative Agenda

Danna L. Kauffman

Under Maryland’s Total Cost of Care Model, Maryland’s health care system has focused on reducing costs and improving quality of care for Marylanders who receive care in hospital and non-hospital settings. Maryland physicians largely remain on fee-for-service reimbursement incentives and, because of the Total Cost of Care Model, are left out of national, Medicare value-based payment programs. Therefore, MedChi has been diligently working with the HSCRC and other specialty societies to develop the Episode Quality Improvement Program (EQIP). EQIP is a voluntary program that will engage specialist physicians who treat Maryland Medicare beneficiaries in care transformation and value-based payment through an episode-based approach. EQIP will hold participants accountable for achieving cost and quality targets for one or more Clinical Episodes. The first Performance Year of EQIP, set to begin on January 1st, will cover a range of initial Clinical Episodes in cardiology, gastrointestinal, and orthopedics. For more information: https://bit.ly/3q1bN3e.

During the 2021 Legislative Session, legislation was introduced by Chair Shane Pendergrass and Senator Pam Beidle - House Bill 1021/Senate Bill 758: Health Insurance – Incentive Arrangements – Authorization - to allow certain health care practitioners to enter into two-sided incentive arrangements and capitation arrangements with carriers. The current law does not allow these types of arrangements outside of the federal waivers granted under Maryland’s Total Cost of Care contract because the acceptance of risk is equivalent to being in the insurance business. Due to MedChi’s opposition, the legislation was withdrawn but a letter was sent to MedChi, the Maryland Hospital Association (MHA) and CareFirst (the main advocate) requesting that the three entities work to develop consensus legislation for the 2022 Legislative Session. Since then, MedChi created the CareFirst Physician Task Force, which meets biweekly with MHA and CareFirst.

MedChi has focused its concerns on a few core areas, including data transparency, fair negotiations, and self-referral. Given that MedChi members are divided on these arrangements, MedChi has been working to ensure that those who do not want to participate will not be coerced by rate reductions or unfavorable contract terms. While many legislative concerns have been addressed, we continue to negotiate to ensure the highest level of protection for our members.

Danna L. Kauffman, Esq., is a Partner at Schwartz, Metz & Wise, PA.

Restoration of Medicaid E&M Codes to 100% Parity with Medicare

Pam Kasemeyer

MedChi will be seeking to restore evaluation and management (E&M) code payment rates to 100 percent parity with the amount paid under the Medicare program beginning with the coming fiscal year — FY 2023. Given the exponential growth in Medicaid enrollment, combined with the negative impact that the COVID pandemic has had on physician practices, patient access, and health outcomes, MedChi believes that restoration of Medicaid E&M reimbursement codes to full Medicare parity is not only fiscally prudent but also essential.

In 2012, the State increased payment rates to providers for E&M codes under the Medicaid program to 100 percent of the amount paid under the Medicare program. This action was in response to adoption of the Affordable Care Act (ACA), which resulted in significantly more people being covered under Medicaid. The enhanced rate proved to be a success, and health care practitioner participation in Medicaid significantly increased. Despite the success in increasing provider participation and access to care as a result of establishing Medicare parity for E&M codes, rates were reduced to 92 percent of Medicare in 2015. The Hogan Administration restored rates to 94 percent of Medicare in 2016 and thankfully has maintained the 94 percent rates through FY 2022. However, reestablishment of 100 percent Medicare parity must be achieved if the State is to maintain the success it has had in recruiting and retaining physicians and other health care providers to participate with Medicaid.

During the pandemic Medicaid enrollment has increased significantly. The impact on communities affected by lack of access to health care, combined with socioeconomic and health disparities, points to the inescapable conclusion that Medicaid E&M payment rates should be restored to Medicare parity is inescapable. Access to proper health care is a key means of addressing these inequities. Restoring the current reimbursement rates to 100 percent Medicare parity will assist Maryland in recruiting and retaining the physicians necessary to ensure that access.

Pam Kasemeyer, Esq., is a Partner at Schwartz, Metz & Wise, PA.
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 PRIORITIES 2022**

**Willarda Edwards, MD**  
MedChi Past President and  
American Medical Association (AMA)  
Board of Trustees Member  
MedChi strives to work on behalf of our members, non-members, and patients in Maryland. This includes closely collaborating with our component medical societies and nationwide organizations like the American Medical Association (AMA). A big focus of these collaborations is legislative advocacy to help share the value of MedChi’s mission to serve as Maryland’s foremost advocate and resource for physicians, their patients, and the public health.

**Padmini Ranasinghe, MD**  
MedChi Vice Speaker of the House and Treasurer  
For over 15 years, I am proud to be part of MedChi, a pioneering physician organization that has become a model for the nation for physician involvement in healthcare initiatives. MedChi is continuing to show success in advocating for our patients and physicians by working tirelessly with legislators and other stakeholders in Maryland and in our nation’s capital. I am equally proud to be associated with the amazing group of dedicated people who work hard in promoting comprehensive public health for everyone.

**Kathleen D. Keeffe Hough, MD**  
Chair, MedChi Public Health Subcommittee  
Advocating for public health is one of the core values of MedChi. Public Health has proven to be one of the most critical factors impacting Marylanders. From protecting access to fresh food and water to dealing with infectious disease, environmental, and opioid crises, MedChi has excelled in being a trusted health resource for public health issues in Maryland.

**Lawrence Green, MD**  
Chair, MedChi Boards & Commissions Subcommittee  
Thanks to MedChi, Maryland physicians have a well-respected seat at the table both in Annapolis and with medically related state regulatory agencies. MedChi not only is there to advocate for our (and our patients) common interests and needs, but it also is there to defend us against those who try to lessen our ability to provide the best care.
PROTECTING ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE

• Advocate that the Fiscal Year 2023 Medicaid budget returns E&M reimbursement rates to 100% of Medicare. Medicare parity is essential to support physician participation in the Medicaid program and ensure that Medicaid patients have adequate access to physician services.

• Seek state funding for the Maryland Loan Assistance Repayment Program (LARP), which provides loan repayment to primary care physicians working in underserved areas of the state. Medical school debt compared to potential income is a major reason why physicians do not choose primary care. Fully funding LARP is a powerful tool at the state’s disposal to ensure patient access to physicians in every part of Maryland.

• 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.

• 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.

ENSURING TimELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT

• Work with specialty societies and other organizations to educate state legislators on the administrative burdens placed on physicians due to prior authorization requirements and the negative effect that the process can have on patient care delivery.

• Develop a comprehensive strategy to address, streamline and reform utilization management policies in both the commercial market and in Medicaid.

• Support initiatives that reform the prior authorization process.

• Address network adequacy and the further standardization of credentialing requirements.

PROTECTING THE PRACTICE OF MEDICINE

• Monitor the regulatory and disciplinary actions of the Maryland Board of Physicians to ensure due process rights of physicians are guaranteed.

• Ensure that actions of the Maryland Board of Physicians and its staff during the disciplinary process are transparent and that the laws governing the Maryland Board of Physicians provide for accountability including the adoption of a requirement that the physician complaint form include a penalty of perjury for false allegations.

• Work with relevant stakeholders to create fair and appropriate policies and procedures for Medicaid payment seizures.

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.

• Support innovative approaches to addressing the opioid crisis, such as the establishment of a pilot supervised injection facility.

• Support the continued establishment of partnerships between police departments and mental health professionals to address decriminalization of mental illness and enhance appropriate response to behavioral health crises.

• Advocate for comprehensive behavioral health reform that addresses current system deficiencies.

STRENGTHENING PUBLIC HEALTH INITIATIVES

• Support health equity initiatives that address health disparities and the social determinants of health.

• 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; and equitable access to public transportation.

• Support the development of evidenced based heat regulations by Maryland OSHA that include protections for indoor as well as outdoor workers and that data on all workers, including food and farm workers, be compiled using industrial and occupational categories established by the Bureau of Labor.
Unity Insurance Looks Back on a Successful Year

While the team at Unity Insurance has been serving the medical industry since 1975, we are excited to celebrate our first full year as Unity Insurance! After 45 years of operating as MedChi Insurance Agency, an extension of MedChi - The Maryland State Medical Society, we felt it was time to rebrand to better align with our commitment to serving you and your teams. Thus, Unity Insurance was born! While we remain focused on insurance solutions for the healthcare industry, we now also offer comprehensive business insurance, group benefits, and personal insurance solutions to serve a variety of industries across Maryland and the Mid-Atlantic region!

WHAT SETS US APART

Choice
As an independent insurance agency we have great relationships with many well-known, reputable insurance companies, giving you the power of choice.

Expertise
Our insurance advisors have years of experience in the insurance industry and serve as your advocate from selecting coverage through filing a claim.

Service
Our insurance advisors have a strong passion for insurance and protecting what you value most in business and in life. We treat our customers like family.

Community
Fulfilling our commitment to service is about more than writing checks. It’s about making an impact. We do that with the help of the Unity Insurance family.

“Any physician, group, or organization that chooses to make a change to Unity Insurance would not regret it. They are absolutely the best.”
When the ball drops at midnight on January 1, 2022, it means more than a new year. It's also when Maryland's law mandating electronic prescribing for controlled substances (EPCS) goes into effect. Maryland is in good company, as it's one of thirty-four states with e-prescribing mandates, some states requiring it for all drugs, others — like Maryland — requiring it only for controlled substances for now.

There is good reasoning behind these laws. E-prescribing has long been recognized for its role in increasing patient safety and health care efficiency. And while its use has grown over the years, it still hasn't achieved universal adoption, especially for EPCS. Currently, Maryland ranks thirtieth overall among states for the number of prescribers set up for EPCS and should improve its rank as the new law is implemented.

**Why EPCS matters**

EPCS benefits everyone. E-prescribing helps eliminate medical errors with safety alerts for allergies and potential drug interactions. It also helps pharmacies avoid errors that could be introduced by manually entering prescription information that comes via fax, phone, or paper. Patients appreciate and expect the convenience of not making a special trip to the pharmacy to drop off a prescription.

Families who have lost loved ones to opioid misuse, substance use disorder, and overdose have been passionate advocates for these new mandates because EPCS helps prevent prescription fraud that can contribute to the opioid crisis. DrFirst is proud to have developed and introduced the first-ever EPCS technology in 2010, working with the Massachusetts Department of Health under a waiver from the U.S. Drug Enforcement Administration (DEA).

With the new law going into effect, physicians and other prescribers will need to determine how it applies to their practices. Every state allows for some exceptions to the mandate. In Maryland, prescribers can be exempted from the requirement if:

- The prescription is for a patient in a nursing home, assisted living center, hospice, dialysis clinic, or prison
- They applied for a waiver for economic hardship, technical difficulty outside the prescriber’s control, or other exceptional circumstances, and that waiver has not been rejected

In addition to Maryland’s new EPCS mandate, the federal government’s Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, effective January 2021, required providers to use EPCS for all schedule II-V prescriptions for Part D or Medicare Advantage plans. Like similar state laws, federal law allows for changes and exceptions, which the U.S. Department for Health and Human Services can put in place.

**Is existing technology the right solution for your practice?**

Because e-prescribing systems vary in features and functionality, prescribers need to ensure that the solutions they consider are easy to use, efficient, cost-effective, and have robust clinical decision support.

DrFirst offers two e-prescribing products that streamline workflow, inform medication reconciliation, and support medication adherence: the web-based Rcopia software and the mobile app, iPrescribe. Both solutions provide:

- Automated safety alerts for potential allergies and drug interactions, based on the patient's information and DrFirst's robust medication history
- Prescription formulary and cost transparency, as well as alternative therapies to consider, based on the patient’s insurance coverage
- Provider-specific favorites to save keystrokes
- Prescribing for all medications, including controlled substances
- In-workflow checking of state Prescription Drug Management Programs (PDMPs) to help mitigate the opioid crisis

The mobile application, iPrescribe, includes this robust functionality and is available on both Android and iOS platforms. You can find more information about Rcopia and iPrescribe on DrFirst’s website.

**Colin Banas, MD, MHA, is the Chief Medical Officer for DrFirst. He was an Internal Medicine Hospitalist and former Chief Medical Information Officer for VCU Health System in Richmond, VA. He has testified before the U.S. Senate and the Office of the National Coordinator (ONC) on health IT and the Meaningful Use program.**
Merritt Healthcare Advisors (MHA) is the industry’s leading healthcare advisory firm focused exclusively on representing owners of healthcare businesses, surgical facilities and practices who are considering a strategic transaction, whether it is partnering with another group, selling an interest in their business or growing their business through acquisitions.

MERGERS AND ACQUISITIONS (M&A) EXPERTISE
If you’re considering a sale or strategic joint venture, we leverage our investment banking background to manage the process and help get you the best price and optimal non-financial terms. As registered securities brokers*, we have both the experience and the qualifications required to deliver your ideal results.

PRACTICE AND OUTPATIENT SURGERY CENTER FOCUS
As the only firm with actual “owners” experience, we have unique knowledge that comes from owning, developing and managing our own facilities. This insight enables us to best understand and present your business.

UNMATCHED EXPERIENCE
Our leadership team has more than a century of combined experience working in healthcare and has successfully completed over $4b in transactions on behalf of our clients.

PROVEN PROCESS
Positive outcomes are the result of a deep understanding of your business, transactional expertise, knowledge of the Seller and Buyer communities and the ability to most effectively package, market and manage the sales process.

EXCEPTIONAL RESULTS
By reducing risk for the owners, effectively positioning your organization, creating the most effective marketing piece, validating our projections and the integrity of the offering, creating the most competitive environment for your business and then understanding how to push potential buyers to agree to the terms of the deal we want, we make a significant impact on the financial and non-financial outcomes of your sale.

*Principals of Merritt Healthcare (“Merritt”) are registered representatives of Burch & Company, Inc. (“BCI”), member FINRA. Merritt principals are licensed investment banking agents of BCI. All services requiring a securities license are performed through BCI. BCI & Merritt are unaffiliated entities.
What’s Going on in Health Care Mergers and Acquisitions?

John Carron, MBA & Brian Horan, CPWA*

Health care mergers and acquisitions (M&A) are setting records in 2021. Here are some things to think about if you are considering making a move.

Tips on things to do now to maximize your valuation when the time comes to sell:

• Understand your business and maximize your cash flows. Many sellers spend too much time preoccupied with anticipating what multiple of cash flow that they might achieve, and not enough time thinking about growth by increasing “adjusted” or “pro forma” cash flow. Buyers and their advisors should carefully review financials and operations for normalizing adjustments including opportunities for expense savings and growth like hiring new physicians or expanding ancillary services.

• Experience has a big impact on deal outcomes. Don’t go it alone. An advisor and accountant with deep sector experience will almost always generate more value for their clients than businesses that try and get the best deal for themselves. Buyers generally will have smart M&A professionals with MBAs who have done hundreds of deals and still hire teams of accountants and consultants to review every aspect of your business before they complete a purchase. Stack the deck in your favor.

• Continue executing to maintain and grow your value. Any purchase-related transaction will take months, and may entail a significant amount of day-to-day focus, which may not end in a deal. Maintain your value by continuing to execute on your business plan while negotiating a deal.

What to think about when considering a buyer:

• What are you looking for in a new partner? Potential partners may include hospitals, national strategies, health systems and/or private equity. Each may bring a different vision and future opportunity set for your consideration. Beyond initial valuation, make sure your interests are aligned with your partner’s.

• Who oversees what? Buyers should lay out how they intend to govern the new partnership and what decision-making will be left with selling physicians. Make sure these terms and conditions are agreeable to you.

• Your exit strategy: Is there an opportunity to monetize again if a private equity firm sells in a few years? What happens to your shares if you want to retire or leave the practice? What are the terms of my-non-compete? Know your exit strategy.

Setting yourself up for your next chapter: Having a registered investment advisor (RIA) or other fiduciary to help guide you as you make financial decisions during your career is invaluable assistance for many physicians. When faced with a large liquidity event, such as the sale of a business, owners should make sure to seek out their advisors early in the process so they can plan for the investment and tax implications of the transaction. The cash infusion from a sale of a business creates a great opportunity to revisit your investment asset allocation to ensure it reflects your future goals. Finally, it is important for you to talk to your financial advisor about your future cash flow needs after the sale. If you plan to keep working, will your income be the same level or lower than what you were accustomed to making? Your advisor can help you design a plan that will address those issues.

Make time to incorporate their philanthropic goals in the process. Besides a basic cash donation to a charity of your choosing, there are other options available that allow you to fulfill your legacy goals while offering additional benefits. Charitable Remainder Trusts (CRT) come in many different forms with odd sounding acronyms like CRAT, CRUT, NCRUT, and NIMCRUT that can provide for you or your heirs while also benefiting the charities you choose. Your financial advisor, attorney and tax advisor can help you sort through the alphabet soup to find an appropriate solution for you and your family. Another instrument to consider when preparing to sell your practice is to gift some of your ownership stake in the business to a Donor Advised Fund (DAF) before accepting or finalizing the terms of a sale. With any of these strategies, you want to make sure you are working with a professional that is familiar with their structure, limitations, benefits, and drawbacks so they can guide you towards the best options based on your circumstances.

Selling a business you have devoted countless hours of your life to building is an exciting and nerve wracking endeavor. Having trusted professionals to guide you through the process can help you navigate the experience in the best way possible.

John Carron is a Partner at Merritt Healthcare Advisors1 in Ridgefield, CT, and Brian Horan is a Registered Investment Advisor at West Financial Services2 in McLean, VA.

2. West Financial Services, Inc. ("WFS") offers investment advisory services and is registered with the U.S. Securities and Exchange Commission ("SEC"). SEC registration does not constitute an endorsement of the firm by the SEC nor does it indicate that the firm has attained a particular level of skill or ability. You should carefully read and review all information provided by WFS, including Form ADV Part 1A, Part 2A brochure and all supplements, and Form CRS. This information is intended to be educational in nature, and not as a recommendation of any particular strategy, approach, product or concept. These materials are not intended as any form of substitute for individualized investment advice.
Good medicine deserves the strongest protection you can get.

MEDICAL MUTUAL aggressively defends your practice and professional reputation.

In today's complicated world, sometimes medical professionals feel like they are under siege. So, it's understandable that Doctors want strong protection for their practices. For 40 years the “gold standard” of a rock-solid defense has been MEDICAL MUTUAL. We're Maryland's largest and most experienced medical professional liability insurer and we are known for our relentless claims defense. That's why we help Maryland Doctors withstand the slings and arrows of sometimes dubious claims better than any other insurance company.

MEDICAL MUTUAL
Liability Insurance Society of Maryland

225 International Circle
Hunt Valley, Maryland 21030
410-785-0050 | 800-492-0193
mmlis.com
J. Steven Wise

MedChi will push the General Assembly to dedicate $2 million in funding in each of the next two years to support the Maryland Loan Assistance Repayment Program (LARP), while permanent funding sources are sought. 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 in depth on 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 is that the State invest more money in LARP. Building the health care workforce should be a top priority for the State as it seeks to address health disparities, and its investment should reflect that priority. 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 a major reason physicians do not choose primary care. A much larger investment in LARP is a powerful tool at the State’s disposal to ensure patient access to physicians in every part of Maryland.

J. Steven Wise, Esq. is a Partner at Schwartz, Metz & Wise, PA.
2021 Advocacy Highlights

- **PROTECTED ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE** Successfully lobbied for an increase of $92 million in the state budget to maintain Medicaid physician E & M Codes reimbursement rates and an additional $3.2 million for FY2022 to fund the extension of Medicaid coverage for pregnancy.
- **ENSURED TIMELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT** Collaborated successfully to pass telehealth legislation to continue payment for and access to telehealth post-pandemic, including audio-only telehealth.
- **PROTECTED THE PRACTICE OF MEDICINE** Defeated legislation advanced by podiatrists which would have allowed them to use the deceptive term “podiatric physician”, the persistent efforts by the naturopaths to gain prescriptive authority that would endanger patients, and legislation authorizing a pharmacist to order and administer laboratory tests without an authorized prescription.
- **ADDRESS BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS** Successfully lobbied to decriminalize possession of drug paraphernalia used to inject, ingest, inhale or otherwise administer a controlled dangerous substance. Also successfully lobbied to require the Maryland Department of Health to include mental health first aid as one of the behavioral health services for eligible veterans and to enhance and expand Maryland’s crisis response system.
- **STRENGTHENED PUBLIC HEALTH INITIATIVES** Helped establish a framework for the establishment of Health Resource Communities in areas of Maryland with demonstrated health inequities and disparities. Successfully advocated authorizing an employer to file a petition for a peace order of an employee who alleges violence against another employee in the employer’s workplace and to strengthen the testing thresholds for elevated levels of lead in school drinking-water outlets that threaten the health of children.
- **ADDRESS REGULATORY ADVOCACY IN RESPONSE TO COVID-19** Supported a framework that would make it easier for school-based health centers to offer telehealth and successfully defeated legislation that would have authorized out-of-state physicians and other practitioners to register to provide telehealth services in Maryland without a requirement for licensure in the state.

2021 Award Recipients

**PRESIDENT’S AWARD**
- Benjamin Stallings, M.D., for his dedication and leadership as Chair of MedChi’s Committee on Ethics and Judicial Affairs
- Renee Bovelle, M.D., for her enthusiastic volunteerism in organized medicine
- Willarda Edwards, M.D., for her dedication and talents as a role model and mentor to so many colleagues in organized medicine
- Jack Gatti, for his dedicated leadership in helping fellow medical students find their voice in organized medicine

**DR. HENRY P. AND M. PAGE LAUGHLIN ADMINISTRATIVE AWARD**
- Debbie Sciacbarrone, Executive Director, Center for a Healthy Maryland, for her dedication and leadership as Executive Director of the Center for a Healthy Maryland

**DR. HENRY P. AND M. PAGE LAUGHLIN DISTINGUISHED BOARD OF TRUSTEES AWARD**
- Michele Manahan, M.D., for the outstanding contribution of her time and talents as a member of the MedChi Board of Trustees Executive Committee and as Founder and Chair of the IDEA Task Force

**DR. HENRY P. AND M. PAGE LAUGHLIN DISTINGUISHED COMMITTEE CHAIR AWARD**
- Benjamin Lowentritt, M.D., for the outstanding contribution of his time and talents as Chair of the Legislative Council

**DR. HENRY P. AND M. PAGE LAUGHLIN DISTINGUISHED MEMBER AWARD**
- Richard Bruno, M.D., for his leadership and dedication to organized medicine and Maryland’s public health as a member of MedChi

**DR. HENRY P. AND M. PAGE LAUGHLIN DISTINGUISHED PUBLIC OFFICER AWARD**
- Travis Gayles, M.D., for his outstanding leadership and dedication as Montgomery County Health Officer
Services and Resources 2021 Overview

- UNITY INSURANCE celebrated its one-year anniversary under its new brand. The name and logo have been well received as it represents the culture of their team working together with and for their clients. They continue to serve the house of medicine, working closely with physicians and practice groups. In addition, they have added numerous industry segments to their client portfolio including technology, manufacturing, and contractors to name a few. Their full-service insurance agency brings “one-stop shopping” to their clients, offering expertise, top-notch service, and peace of mind.

- THE CENTER FOR THE PRIVATE PRACTICE OF MEDICINE has actively assisted all practitioners to navigate their way through Telehealth billing and coding requirements during COVID and also helped with practice reopening requirements after having been closed for weeks or even months. They also provided information and assistance in staying financially viable through a very difficult time. They expect to be doing the same for some time to come, and are happy and honored to help.

- THE CENTER FOR A HEALTHY MARYLAND collaborated with the Maryland Department of Health to administer the Maryland Maternal Mortality Review Program, which was established in 2000 to identify and review all maternal death cases in Maryland, to determine preventability, develop recommendations, and disseminate the findings and recommendations to policymakers, healthcare providers, and the community. The data and recommendations for maternal deaths occurring in 2017 can be found in the 2019 annual report at www.healthymaryland.org. The Center also continues to partner with The Maryland Health Care Coalition Against Domestic Violence which was formed in 1998 to provide leadership within the health care community to promote a proactive and effective response to domestic violence through screening, identification, education, intervention, and treatment of domestic violence victims. The Coalition has created a series of educational brochures, for health care providers focused on responding to patients, as well as brochures to provide patients. Coalition members also provide training around the state in various health care agencies, seminars on domestic violence-related topics, and technical assistance to health care agencies looking to improve their policies, screening, and intervention. Over the past year, the Coalition conducted 16 trainings to 410 participants, held 3 seminars with 185 participants, updated its brochures, and created new Professional Guidance Sheets on relevant topics such as substance abuse and intimate partner violence, pregnancy, TBIs, strangulation, and more available at www.healthymaryland.org. In addition, they updated the healthymaryland.org website and added biographies of MedChi’s past presidents and all 101 founders, dating back to 1799, to the MedChi Archives blog.

- THE MEDCHI DEPARTMENT OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) conducted over 40 local and national CME activities and added 9 new jointly provided programs with new partners while retaining and maintaining relationships with 31 returning organizations. MedChi’s CPD Division continued to improve and enhance online options as the nation and the state continue to deal with the pandemic. Topics for these educational events were focused on practicing medicine in the COVID-19 environment, telemedicine, and other important clinical and non-clinical topics. The CPD Division assisted physician members and others in finding resources to support their continuing education needs, as live meetings continued to be postponed or canceled which limited more traditional opportunities to access CME. At the same time, the Division worked with hospitals and other organizations in its accrediting system to assist them in finding and expanding alternative ways of providing education to physicians, working with physicians in that system to maintain the accreditation process during the pandemic.

MedChi 2020 - 2021 Board of Trustees

- President
  Shannon P. Pryor, M.D.

- President-elect
  Loralle D. Ma., M.D.

- Immediate Past President
  Michele Manahan, M.D.

- Speaker of the House
  James J. York, M.D.

- Vice Speaker of the House
  Sarah Merritt, M.D.

- AMA Delegation Representative
  Harbhajan Ajwah, M.D.

- Anne Arundel County Trustee
  Douglas S. Mitchell, M.D.

- Baltimore City Trustee
  Anurach D. Reddy, M.D.

- Baltimore County Trustee
  Kevin Carr, M.D.

- Montgomery County Trustee
  Carolyn B. O’Connor, M.D.

- Prince George’s County Trustee
  Jagdeep Singh, M.D.

- Eastern Group Trustee
  Renee Desmarais, M.D.

- Southern Group Trustee
  Melvin S. Stern, M.D.

- Western Group Trustee
  Aaron George, D.O.

- Trustee at Large
  Brooke M. Buckley, M.D.

- Trustee at Large
  Padmali Ranasinghe, M.D.

- Specialty Society Trustee
  J. Michael Niehoff, M.D.

- IMG Section Trustee
  Vasnet Datta, M.D., C.M.D.

- Resident & Fellow Section Trustee
  Brian Marcoux, D.O.

- Student Section Trustee
  Emily Daniels

- Chief Executive Officer
  Gene M. Ransom, III

Membership and Financial Trends

<table>
<thead>
<tr>
<th>Year</th>
<th>Net Assets ($ in millions)</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>10.5</td>
<td>7,484</td>
</tr>
<tr>
<td>2015</td>
<td>9.5</td>
<td>7,156</td>
</tr>
<tr>
<td>2016</td>
<td>12</td>
<td>7,561</td>
</tr>
<tr>
<td>2017</td>
<td>11.9</td>
<td>7,589</td>
</tr>
<tr>
<td>2018</td>
<td>11.1</td>
<td>8,269</td>
</tr>
<tr>
<td>2019</td>
<td>10</td>
<td>8,083</td>
</tr>
</tbody>
</table>
VALUABLE

HELPING ONE PHYSICIAN HELPS A THOUSAND PATIENTS.

That’s why nearly 80% of hospitals in Maryland support MPHP. MPHP is part of the Center for a Healthy Maryland, a 501(c)(3) charitable affiliate of MedChi, The Maryland State Medical Society, and was established to assist, support and provide advocacy as appropriate for physicians to address any potential conditions that may affect their ability to practice medicine in a safe and competent manner. MPHP understands physician-specific issues and offers an array of resources to assist.

MedChi, The Maryland State Medical Society, established the Maryland Physician Health Program (MPHP) in 1978 by physicians, for physicians.

REMEMBER, YOU ARE NOT ALONE

MPHP
MARYLAND PHYSICIAN HEALTH PROGRAM

www.healthymaryland.org

1202 Maryland Avenue, 2nd Floor / Baltimore, Maryland 21201-5512 / P 410.962.5580 / 800.992.7010 / F 410.962.5583
**Provider Relief Fund Reporting FAQ**

*Karissa Miller*

Provider Relief Fund (PRF) payments are direct payments issued by the Department of Health and Human Services (HHS) to eligible health care personnel who diagnose, test, or care for individuals with possible or actual cases of COVID-19 and have health care-related expenses and lost revenues attributable to COVID-19. The PRF was created under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Initially, funds were disbursed as automatic payments. Subsequent disbursements required an application for payments.

PRF payments are grants, not loans, but all payment recipients must comply with the reporting requirements described in the Terms and Conditions and specified in directions issued by the HHS Secretary.

**What are the consequences of failing to report?**

If a payment recipient does not comply with the terms and conditions, HHS may seek recoupment of the payment. Statements related to a payment may “trigger liability under the federal False Claims Act.”

**Who needs to report and when are the reports due?**

Recipients who received one or more payments exceeding $10,000, in the aggregate, during a Payment Received Period are required to report in each applicable Reporting Time Period as outlined in the table below. There are two steps to reporting. First, register for the PRF Reporting Portal at prfreporting.hrsa.gov, then submit by the date(s) listed below. For Period 1, a sixty-day grace period applied. Read more about reporting at www.hrsa.gov/provider-relief/reporting-auditing.

**Where can I cross-check the PRF payment amounts I’ve received?**

HHS Provider Relief Fund attested payments are publicly searchable online by clinician name, city, state, and amount at taggs.hhs.gov/Coronavirus/Providers.

**Who is subject to single audit requirements?**

Recipients that spend a total of $750,000 or more in federal funds (including PRF payments and other federal financial assistance) during their fiscal year are subject to Single Audit requirements under 45 CFR 75.501.

**How should I report funds?**

The Post-Payment Notice of Reporting Requirements updated on June 11, 2021 provides details on how to report on the use of funds. This supersedes all previous Notices of Reporting Requirements. The post-payment notice and other reporting resources are available at www.hrsa.gov/provider-relief/reporting-auditing/reporting-resources.

**What recipient funds are carved out?**

These reporting requirements do not apply to recipients of funds from:

- Nursing Home Infection Control distribution. Different reporting applies; recipients should still register in the PRF Reporting Portal.
- Rural Health Clinic Testing distribution. If a recipient’s only PRF payment was the Rural Health Clinic Testing Distribution, contact Rural Health Clinic Testing about reporting requirements at RHCCCOVID-19Testing@hrsa.gov.
- HRSAs COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured Program.

**What information is needed to complete the registration?**

The information required to register is as follows. Additional details: www.hrsa.gov/provider-relief/reporting-auditing

- Tax ID Number
- Business name (as it appears on a W-9) of the reporting entity
- Contact information of the person who will submit the report
- Address of the reporting entity as it appears on a W-9
- TIN(s) of subsidiaries (if reporting on behalf of subsidiary(ies))
- Payment information
- TIN of entity that received the payment
- Payment amount
- Mode of payment (check or ACH)
- Check number or ACH settlement date
- You will also need to create a username (in the form of an email) and a password during the registration process.

**How long does it take to register?**

The registration process takes at least 20 minutes to complete and must be completed in one session. You cannot save a partially complete registration. Make sure you have all the information required to register before you begin.

**Who is subject to single audit requirements?**

Recipients that spend a total of $750,000 or more in federal funds (including PRF payments and other federal financial assistance) during their fiscal year are subject to Single Audit requirements under 45 CFR 75.501.

**How should I report funds?**

The Post-Payment Notice of Reporting Requirements updated on June 11, 2021 provides details on how to report on the use of funds. This supersedes all previous Notices of Reporting Requirements. The post-payment notice and other reporting resources are available at www.hrsa.gov/provider-relief/reporting-auditing/reporting-resources.

**Karissa Miller is the Program & Communications Specialist for Montgomery County Medical Society and can be reached at kmiller@montgomerymedicine.org.**
MedChi, The Maryland State Medical Society, and our component medical societies, would like to recognize the following practices that are demonstrating their commitment to Maryland's healthcare system by assuring that all physicians in their practice are members.

100% practice participation signifies that these practices encourage all its physicians to be well informed, engaged, and stand behind public health issues.
Grace Medical Center Leadership
The Johns Hopkins Hospital Leadership
Horizon Vascular Specialists
Ideal Option
Institute for Asthma & Allergy
Kenneth Klebanow & Associates, P.A.
Maryland Pulmonary & Critical Care Specialists
Mid-Atlantic Nephrology Associates
Montgomery Renal Associates
Montgomery Orthopaedics, PA
Montgomery Otolaryngology Consultants
OrthoMaryland
Orthopaedic Associates of Central Maryland
Patient First
Pavilion Pediatrics at Greenspring, P.A.
Peninsula Eye Center, PA
Peninsula Orthopaedic Associates, PA
Perinatal Associates at GBMC
Plastic Surgery Institute of Washington
Pulmonologists, PC
Radiation Oncology Affiliates
The Bay Pediatric Center
The Centers for Advanced Orthopaedics - Parkway Division
The Neurology Center
The Radiology Clinic
The Urological Center, PA
THH Pediatrics
University of Maryland Medical System Leadership
US Anesthesia Partners
Washington Eye Physicians & Surgeons
Women Ob/Gyn, P.A.
“Handiwork”

Barton J. Gershen MD (1933–2021)

The state medical society of Maryland is formally known as "The Medical and Chirurgical Faculty". Several years ago, someone suggested we parenthetically explain what the Medical and Chirurgical Faculty is by adding the clarification: "Medical Society of the State of Maryland". A physician seated next to me at a meeting leaned over and whispered: "What the hell does Chirurgical REALLY mean?"

Cheirourgos is the Greek word for "surgery". It stems from cheir: "the hand" + ergon: "work" – therefore, it is "handwork" or work performed by one's hands. (Things that surgeons do best.) Thus the Medical and Chirurgical – or surgical – Faculty.

Cheir may be found in several words, such as chiropractor – one who practices (a type of treatment) by using his hands. The Chiropractor performs a manipulation (manus: Latin for "hand"). One may also note an obsolescent specialty: the chiropodist – one who treats hand and foot (Greek: pous) diseases. Today they are called podiatrists, having now limited their practice strictly to feet. The mammalian order chiroptera, which includes the familiar bat, owes its taxonomy to the same source (cheir: "hand") + pteron: "wing" – it is an animal with a "winged hand". A helicopter is from Greek: helix: "spiral" + pteron: "wing". The "spiral wing" refers to the rotating propellers.

Ergon, the Greek word for work, is found in energy – Greek en: "at" + ergon: "work", that is, to be "at work". In fact, you may recall that the unit of work accomplished by one dyne acting through a distance of one centimeter is called an erg.

As noted, the Latin word for hand is manus. When one manufactures something we make it (Latin: facere) by hand. And the instruction manual describes how the hands must execute that task. That is precisely the reason we refer to them as handbooks. Incidentally, old manuscripts were actually handbooks (by working with the hands). Years of lexical evolution has resulted in the word handiwork.

Ergon, the Greek word for work, is found in energy – Greek en: "at" + ergon: "work", that is, to be "at work". In fact, you may recall that the unit of work accomplished by one dyne acting through a distance of one centimeter is called an erg.

As noted, the Latin word for hand is manus. When one manufactures something we make it (Latin: facere) by hand. And the instruction manual describes how the hands must execute that task. That is precisely the reason we refer to them as handbooks. Incidentally, old manuscripts were actually handbooks (by working with the hands). Years of lexical evolution has resulted in the word handiwork.

From Latin we derive impediment – something that ensnares or entangles the feet, expedite – something that frees one who is caught by the feet, and pedunculated – the narrow stalk of a tumor, which appears to be attached "by a foot" to its host. The piedmont region of a region lies at the foot of its mountains (Latin mons: "mountain"), and one's pedigree is a genealogical chart whose lines connect generations of relatives.

To some creative French author it appeared to resemble the pied de grue – the "foot of a crane."
MedChi’s 173rd Presidential Gala

Highlights from the Presidential Gala on October 9, 2021, honoring the induction of MedChi President Shannon P. Pryor, MD.

MedChi’s Fall House of Delegates Meeting

*Catherine Johannesen, CAE*

MedChi’s Annual Membership Meeting and Fall House of Delegates Meeting was held on Saturday, November 6th. While the meeting was once again virtual, we were still able to showcase the very best of what our organization does for you and your profession.

Among the many accomplishments, highlights included:

- Loralie Ma, MD, a Baltimore-area radiologist, was installed as our 174th President. Dr. Ma has long been a dedicated leader in our organization, having served as President of MedChi’s Center for a Healthy Maryland, Co-chair of our Medical Economics Council, and Delegate on MedChi’s Delegation to the American Medical Association.
- Jim York, MD, an Anne Arundel County orthopedic surgeon, was elected to the position of President-elect.
- MedChi’s legislative agenda was bolstered by an expanded focus on prior authorization and telehealth.
- Our successful statewide effort to implement easy enrollment for health insurance will now be taking nationwide as we advocate for national support of the newly-introduced federal easy enrollment legislation.
- The Center for a Healthy Maryland and Committee on Ethics and Judicial Affairs presented a fantastic panel discussion on vaccine mandates.

Despite the success of this meeting, I think it’s safe to say that we are all eager to get together in person and experience what is truly the best of MedChi — our connections with each other. The next meeting is slated for Sunday, May 1, 2022, and preparations are underway for a live event. Fingers crossed.

*Catherine Johannesen, CAE is MedChi’s Chief of Staff and can be reached at cjohnesen@medchi.org.*
Meet Your MedChi President Loralie Ma, MD

Victoria Hecht

It was during her “away” rotation in med school at the Johns Hopkins Department of Radiology when everything clicked for Loralie Ma, MD, and she instinctively knew that she wanted to be a radiologist. “I found imaging and looking inside the body to diagnose disease fascinating, and I loved the different imaging modalities and how they complemented one other in diagnosing disease,” she explained. Twenty-five years later, Dr. Ma practices radiology full-time and is affiliated with multiple hospitals in the Baltimore metropolitan area.

Practicing medicine did not run in Dr. Ma’s family. Her father was a Chicago public school teacher, and his father (her grandfather) was a Senator in China and Taiwan. Her mother was a homemaker, and her maternal grandparents were in the business of oil and farming. As a student growing up in Lisle, Illinois, just outside of Chicago, Dr. Ma excelled in math and loved chemistry and physics. She enrolled in University of Illinois at Urbana-Champaign in 1981 where she stayed on to obtain a PhD in Biophysics, in part to please her parents who hoped to see their daughter pursue a career in science. Dr. Ma graduated with honors from the University of Illinois College of Medicine, and when her Johns Hopkins residency ended in 1995, she joined the Division of Diagnostic Imaging a year later. (In between she was a Clinical Oncology Fellow for the American Cancer Society.)

Growing up, Dr Ma heard many colorful stories from her father, Yen-Tien Ma, who lived through the Japanese occupation in Shanghai, the Communist revolution, and post-war political problems in Taiwan. Hearing his stories taught Dr. Ma the value of becoming part of something larger than yourself. “If you want your voice to be heard, you have to get involved politically,” she admitted. Her long and active involvement with MedChi and the Baltimore County Medical Association is a testament to her commitment and resolve toward organizing and creating positive change.

Dr. Ma makes her home in Fulton with her husband, Randy, who is retired after a thirty-eight year career in health care policy. Her older children are fully launched, while the youngest daughter resides at home until her Dermatology residency at the University of Maryland Med School begins next year. She will be carrying the torch for medicine, just like her mother.

Victoria Hecht is MedChi’s Development Manager. She can be reached at vhecht@medchi.org.

At West Financial Services,
our desire to do the right thing
impacts all the decisions we make
and the advice we provide.

Our almost 40 years of experience,
combined with a disciplined investment
philosophy and a tailored financial
planning focus, provides the foundation
for a trusted, secure relationship with
our clients.

Financial Planning • Investment Management
Executive and Business Consulting •
Retirement Plan Consulting

Brian J. Horan, CPWA®, Relationship Manager
I look forward to the opportunity to
craft a wealth management solution
unique to your needs.

WestFinancialServices
Your goals. Our strategy.®
2010 Corporate Ridge Road, Suite 530
McLean, VA 22102
Phone: 703-847-2500
Toll Free: 800-445-1556
Email: wfs@westfinancial.com
www.westfinancial.com

West Financial Services, Inc. (“WFS”) offers investment advisory services and is registered with the U.S. Securities and Exchange Commission (“SEC”). SEC registration does not constitute an endorsement of the firm by the SEC nor does it indicate that the firm has attained a particular level of skill or ability. You should carefully read and review all information provided by WFS, including Form ADV Part 1A, Part 2A brochure and all supplements, and Form CRS.
Baltimore City Medical Society Foundation Turning Fifty!

Lisa B. Williams

The Baltimore City Medical Society Foundation (BCMSF) was incorporated on December 6, 1972. On Monday, December 6, 2021, the BCMSF “kicked off” its 50th Anniversary with “50 Rising…Setting the Stage,” a virtual celebration of its early beginnings. Students from the neighboring Baltimore School for the Arts shared their artistic talents via three presentations. BCMSF founding executive director, Bernadette Lane, was interviewed by award-winning radio talk show personality, Anthony McCarthy. Following a video highlighting early programs and activities, BCMSF president, Jos Zebley, MD, engaged with BCMS members, Anuradha Reddy, MD, and Tyler Cymet, DO, on the topic, “Perspectives on Physician Philanthropy.”

More on Medical School Scholarships

The following excerpt on the Foundation is from the book, The Baltimore City Medical Society: A History, by Ron and Pat Pilling. Baltimore City Medical Society commissioned the book in 2004, the occasion of its 100th Anniversary as a component of MedChi.

When the Homewood Hospitals closed in 1991, the balance in the institutions’ charitable accounts was donated to the Baltimore City Medical Society Foundation to support an annual scholarship. In June, Dr. Ruth Ashman, the last President of the Homewood Hospital staff, presented the Foundation with a check for $75,000. The medical staffs at North Charles General Hospital and the Wyman Park Medical Associates, the institutions which made up Homewood Hospitals, had voted to donate all of the funds left in its treasury after the medical center’s final expenses were paid. Dr. Beryl Rosenstein, the President of the BCMS Foundation at the time, along with Dr. Philip Wagley, who chaired the committee which created the Foundation in 1972, accepted the check.

Other significant contributions enabled the Foundation to bolster its yearly giving. Three scholarships were funded annually by gifts in memory of three Baltimore physicians who were long time city practitioners; Drs. Elliott R. Fishel (President of the Society in 1985), Nathan E. Needle, and Kennard L. Yaffe (Society President in 1983). A strategic plan was set up during the Foundation Presidency of Dr. Murray A. Kalish (1993–96) to solicit donations from hospital medical staffs, and every hospital in Baltimore participated. Allied specialty societies were contacted, with Dr. Kalish’s own Maryland-District of Columbia Society of Anesthesiologists making the first $1,000 specialty society donation. The Foundation then turned to local corporations for donations.

Note: More of the Baltimore City Medical Society Foundation’s history will be shared in future issues.

Lisa B. Williams is CEO/Executive Director of the Baltimore City Medical Society. She can be reached at info@bcmsdocs.org.
**MedChi’s Newest Physician Members**

*MedChi welcomes the following new members, who joined between September 22, 2021, and November 22, 2021.*

- Victor O. Anyangwe, MD — Centers for Advanced Orthopaedics
- Renee J. Blanding, MD — Johns Hopkins Bayview Medical Ctr
- Michael J. Borowitz, MD
- Suresh M. Dhanjani, MD — Harford Primary Care, LLC
- James Gallagher, MD — Azar Eye Surgery Center, LLC
- Daniel Gordon, MD — Rivas Medical Weight Loss
- Jonathan Hamburger, MD — American Anesthesiology
- Darryl A. Hill, MD — Laurel Medical Associates
- Devesh D. Kanjarpane, MD, MPH
- Ramakrishna R. Kosuri, MD — Ctrs for Advanced Othopaedics
- Sandy D. Kotiah, MD — Mercy Medical Center
- John B. Maggioncalda, MD — The Urological Center, PA
- Cecilia A. Nwankwo, MD — Capital Pediatrics
- James Phillip Oberman, MD
- Syed M. Riaz, MD
- Sidney Schechet, MD — Elman Retina Group
- Andrew J. Siekanowicz, MD — Drs. Rosenthal & Siekanowicz, LLC
- Luis Telles-Hernandez, MD — Legacy Spine and Pain Management
- Daniel J. Warner, MD — Ctrs for Advanced Orthopaedics
- Scott P. Worrell, MD — Robinwood Orthopaedic Specialty Ctr

**MedChi Events**

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

**JANUARY**

- 18: MedChi Legislative Council Meeting
- 20: MedChi Board Meeting
- 24: MedChi Legislative Council Meeting
- 31: MedChi Legislative Council Meeting

**FEBRUARY**

- 7: MedChi Legislative Council Meeting
- 9: Baltimore County Medical Association and Baltimore City Medical Society CME Program
- 14: MedChi Legislative Council Meeting
- 23: Baltimore City Medical Society Advocacy Lobby Day
- 28: Anne Arundel Medical Society Advocacy Lobby Day
- 28: Prince George’s County Medical Society Advocacy Lobby Day

---

**Are you ready to meet your state EPCS mandate?**

**iPrescribe** is the award-winning app used by thousands of physicians to prescribe legend and controlled drugs easily while complying with **EPCS** and **PDMP** requirements.

- **SAVE TIME** with predictive analytics based on the patient, diagnosis codes, and your prescribing patterns.
- **PROVIDE VALUE** with real-time drug pricing letting your patients know their out-of-pocket costs before they leave your office.
- **WORK SMARTER** with prescriptions flowing through to medication history to keep patient history up to date.
- **COMMUNICATE SECURELY** with peers, pharmacists, and patients, with the integrated Backline® HIPAA-compliant communication tool.

Visit iprescribe.app/MedChi to get started.

---

* EPCS = Electronic Prescriptions for Controlled Substances
PDMP = Prescription Drug Monitoring Program

No contract required. No charge until April 1, 2022.
**Remembering Marcia**

On November 27, 1946, a funeral was held in Osler Hall for MedChi’s long-time librarian, Marcia Crocker Noyes. More than sixty physicians acted as pallbearers and after the service, her body was taken to Baltimore’s historic Green Mount Cemetery and laid to rest alongside her sister, Kitty Noyes Marshall, who was also a librarian.

Fast forward seventy-five years, and the anniversary of Marcia’s death happened to fall on the day before Thanksgiving. In many of the writings about Marcia, it is mentioned that the physicians would give her bouquets of flower for some small favor which she did for them. In fact, some of the enclosure cards are still in her files.

This past Wednesday, on November 24th, several people gathered at Marcia’s grave to lay a bouquet of red and white roses in her honor. She was remembered fondly for the fifty years that she worked at MedChi, and for being one of the founders of the Medical Library Association, which gives their highest award — the Marcia C. Noyes Award, in her name.

As Marcia herself often said: “In making a living, I made a life.”
OUR SOLUTIONS

Valet Health connects patients with quality care with its done-for-you digital platform for physician practices. Increase new patient growth through targeted direct-to-consumer digital marketing solutions with proof of positive ROI.

LaunchedPAD
Reviews + Reputation

WEBSITES
Website Development

BASECAMP
Website Hosting + Support

LIFTOFF
Content + SEO

SOCIAL
Social Management

TARGETLOCK
Demand Gen Campaigns

2:1 ROI Guaranteed!

535% AVERAGE ROI for physicians with LaunchPad

Jessica Cheng, CEO and Co-Founder of Valet Health

MedChi Members

Take advantage of your discounted partnership rate. Request a FREE digital report card or sign up for LaunchPad Max with zero risk.