



HOD Handbook

MedChi House of Delegates Meeting
April 27, 2025

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

To: MedChi Delegates and Alternate Delegates

Within this handbook, you will find the materials needed for MedChi's Fall House of Delegates meeting on Sunday, April 27, 2025 via Zoom. [Register for the HOD Meeting here.](#)

To keep informed of all House of Delegates information, visit www.medchi.org/HOD.

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AGENDA

SUNDAY, APRIL 27, 2025

8:00 am

- I. Coffee, Chat, & Credentialing MedChi Staff and Delegation

8:30 am

- II. Welcome Padmini Ranasinghe, MD
III. Call to Order Clement Banda, MD
IV. Report of the Speaker of the House Dr. Banda
V. Report of the Credentials Committee Dan Morhaim, MD
VI. Approval of Minutes Dr. Banda
VII. Report of the MMPAC Stephen Rockower, MD
VIII. Report of the AMPAC John Poole, MD
IX. Report of the President Dr. Ranasinghe
X. Report of the Treasurer Loralie Ma, MD
XI. Report of the Reference Committee David Hexter, MD
XII. Report of the CEO Gene Ransom
XIII. Legislative Update Mr. Ransom

10:00 am

- XIV. Guest Speaker - The Honorable Meena Seshamani, MD, PhD
Secretary, Maryland Department of Health
XV. Unfinished Business Dr. Banda
XVI. New Business Dr. Banda
XVII. Next Meeting – October 25, 2025 Dr. Banda
XVIII. Adjournment Dr. Banda

MEDCHI HOUSE OF DELEGATES MEETING
October 26, 2024
MINUTES

DELEGATES PRESENT

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

CALL TO ORDER

The 440th meeting of the MedChi House of Delegates was held at the Hotel at Arundel Preserve in Hanover, Maryland. The meeting was called to order at 10:00 am.

REPORT OF THE CREDENTIALS COMMITTEE

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

APPROVAL OF MINUTES

The minutes of the April 28, 2024 House of Delegates meeting were approved as submitted.

MEMBERSHIP REPORT

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

MEMORIALS

Memorial recognitions were shared and a moment of silence was observed in honor of Eric Fine, MD; Stephen Geller, MD; and Ambadas Pathak, MD.

AWARDS

The 2024 Dr. Henry P. and M. Page Laughlin Distinguished Public Officer Award was presented to Senator Pamela Beidle. The 2024 Dr. Henry P. and M. Page Laughlin Distinguished Member Award was presented to Robin Motter-Mast, DO. The 2024 Dr. Henry P. and M. Page Laughlin Distinguished Board of Trustees Award was presented to James York, MD. The 2024 Dr. Henry P. and M. Page Laughlin Distinguished Administrative Award was presented to Jenine Feaster. The 2024 Legislative Award was presented to Senator Katherine Klausmeier and Delegate Kenneth Kerr. The 2024 President's Award was presented to Clement Banda, MD and Rene Demarais, MD. A special recognition was presented to Debbie Sciabarrasi in honor of her impending retirement in 2025.

NOMINATIONS AND ELECTIONS

The nominations were presented as follows:

President-elect: Eric Wargotz, MD

Speaker of the House: Clement Banda, MD

Vice Speaker of the House: Renee Bovelleville, MD

Prince George's County Trustee – Gurdeep Chhabra, MD

Specialty Society Trustee – Manna Varghese, MD

Trustee at Large – Michele Manahan, MD

The House was informed that Shannon Pryor, MD resigned from the AMA Delegation, bringing the total number of open positions on the delegation to four. Renee Bovelleville, MD, Gary Pushkin, MD, and Stephen Rockower, MD, were previously nominated for these positions. The House was informed that Dr. Rockower's eligibility for renomination was dependent upon his as-yet-undetermined re-appointment to the American Medical Association Political Action Committee Board. Karen Dionesotes, MD, was nominated from the floor for the fourth open position of AMA Delegate.

The House of informed that Dr. Bovelleville's and Dr. Dionesotes' election to AMA Delegate opened two Alternate Delegate positions in addition to the two that were previously announced, bringing the total number of open Alternate Delegate position to four. Kathryn Kelly, MD, Anuradha Reddy, MD, Manna Varghese, MD, and James York, MD, were nominated for the four open positions of Alternate Delegates.

There was a motion to accept the slate of nominations and elect all candidates in uncontested elections. The motion was adopted and all candidates were elected to office.

REPORT OF THE CENTER FOR A HEALTHY MARYLAND

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

REPORT OF THE MARYLAND MEDICAL POLITICAL ACTION COMMITTEE

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

REPORT OF UNITY INSURANCE AGENCY

Shelly Brouse presented an update on Unity Insurance Agency.

REPORT OF THE PRESIDENT

Benjamin Lowentritt, MD, presented a summary of his tenure as MedChi President.

TREASURER'S REPORT

Loralie Ma, MD, presented the financial report through September 30, 2024.

REPORT OF THE CHIEF EXECUTIVE OFFICER

Gene Ransom presented the Operations Report.

OATH OF OFFICE

Padmini Ranasinghe, MD, was installed as MedChi's 177th President. Dr. Ranasinghe shared her inaugural address.

REPORT OF THE REFERENCE COMMITTEE

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

ADOPTED

Board of Trustees Report 2-24 – 2025 Budget

Recommendations:

1. That the House of Delegates approve the 2025 Budget, and
2. That the remainder of the report be filed.

Board of Trustees Report 3-24 – Follow up to Resolutions from 2024 Spring House of Delegates Meeting

BOT Report 3-24 was accepted as information.

Board of Trustees Report 4-24 – Report of the Center for Employed Physicians

Recommendations:

That the House of Delegates authorize the MedChi Center for Employed Physicians to create an advisory group to study the issues raised in Resolution 32-23 and Resolution 33-23 as well as other related matters.

Council on Bylaws Report 1-24 – October 2023 House of Delegates Resolutions

The following Bylaws were accepted with a supermajority, thereby establishing a new Senior Physician Section; providing the new section with the rights and privileges thereof; providing House of Delegates representative to physician special interest groups; expanding the Board of Trustees to include representation from the Senior Physician Section and Early Career Physician Section; and correcting a typographical error in the title of the Bylaws:

1.80 Sections. There shall be six separate sections: one composed entirely of active members who are on the resident staff of hospitals and those holding fellowships; another composed

entirely of medical students; one made up of members of MedChi who are International Medical Graduates; one made up of members of MedChi who are physicians forty years of age or younger and not eligible for membership in the Resident Section to be known as the Early Career Physician Section; one made up of MedChi members that are 65 years old or above to be known as the Senior Physician Section; one made up of active members of MedChi, each of whom has been selected as the representative of a MedChi-approved medical specialty society. MedChi-approved medical specialty societies shall be those recognized by the American Board of Medical Specialties or their corresponding national medical specialty societies and one made up of Alliance members of MedChi.

5.50 Membership. The members of the House shall consist of:

- a. One delegate from each component society and an additional delegate for every 50 members and fraction thereof from each component society;
- b. One delegate from the section composed exclusively of student members, one additional delegate when the membership exceeds 500 members, and one additional delegate for each 250 members after that; and one delegate from the section composed entirely of active members who are on the resident staff of hospitals or hold fellowships and one additional delegate when the membership exceeds 500 members, and one additional delegate for each 250 members after that;
- c. One delegate (who is an active MedChi member) from each MedChi-approved specialty society with a membership of at least 50, whose membership includes 50 percent or more members who are also members of MedChi; or, any such society whose membership includes more than 100 MedChi members shall be entitled to a delegate. No specialty society shall be entitled to more than one delegate. Representatives from specialty societies shall not exceed 25 delegates in number;
- d. One delegate (who is an active MedChi member) from the Early Career Physicians Section;
- e. One delegate (who is an active MedChi member) from the International Medical Graduate Section;
- f. One delegate (who is an active MedChi member) from the Senior Physician Section;
- g. AMA delegates (except the AMA representative on the Board of Trustees serves without vote);
- h. One delegate from the Maryland component of the National Medical Association;
- i. Members of the Board of Trustees (without vote);
- j. All past presidents (without vote);

k. One delegate (who is an active MedChi member) from each MedChi-approved medical special interest society with a membership of at least 50, whose membership includes 50 percent or more members who are also members of MedChi; or, any such medical special interest society whose membership includes more than 100 MedChi members shall be entitled to a delegate. No medical special interest society shall be entitled to more than one delegate. Representatives from medical special interest societies shall not exceed 25 delegates in number, and

l. One alternate delegate for each voting member.

7.30 Composition. The Board of Trustees shall be composed of:

a. MedChi Officers:

i. President;

ii. President-elect;

iii. Immediate Past President;

iv. Chief Executive Officer (without vote);

b. Speaker of the House of Delegates;

c. Vice speaker of the House of Delegates;

d. One trustee from each of the following components whose present active membership is above 300:

i. Anne Arundel County;

ii. Baltimore City;

iii. Baltimore County;

iv. Montgomery County;

v. Prince George's County;

e. One trustee from each of the following groups:

i. Eastern Group (Caroline, Cecil, Dorchester, Harford, Kent, Queen Anne's, Somerset, Talbot, Wicomico and Worcester counties);

ii. Southern Group (Calvert, Charles, Howard and St. Mary's counties);

iii. Western Group (Allegany, Carroll, Frederick, Garrett and Washington counties);

f. One member selected from the medical specialty section;

- g. One member selected from the IMG section each year;
- h. Two trustees selected at large, one of whom is selected from the Western, Eastern and Southern Groups together;
- i. American Medical Association delegation representative selected by the delegation;
- j. Medical Student Section representative;
- k. Resident and Fellow Section representative;
- l. Early Career Physician Section Representative;
- m. Senior Physician Section Representative;
- n. Any component society achieving active membership of 300 physicians or more shall be entitled to representation by a single trustee as in subsection d. above; provided that when a component society becomes entitled to a representative of its own on the Board of Trustees, this component society shall no longer be eligible to be included in the Western, Eastern or Southern group. Any component society whose active membership drops below 300 physicians for two consecutive years shall lose their entitlement to representation by a single trustee. Any component society losing its single trustee shall be included in the group which it is closest geographically. If the component is equally close to more than one group, it shall be included in the group having the smallest active membership; and
- o. Council chairs (ex-officio, non-voting).

The Council also discovered an error in the title of the Bylaws, and the Council proposes the following amendment to the title of the Bylaws: (ALL CAPS denotes addition): Bylaws of the Medical and Chirurgical Faculty OF THE STATE of Maryland

Council on Communications Report 1-24 – Overview of Activities for 2024

CC Report 1-24 was accepted as information.

Council on Legislation Report 1-24 – Review of 2024 Legislative Agenda

RECOMMENDATIONS:

ENSURING THE TIMELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT:

- Advocate for initiatives that streamline and reform utilization management policies (i.e., prior authorization and step therapy laws) to reduce administrative burdens that harm physicians and their patients. ACCOMPLISHED. Senate Bill 791/House Bill 932 passed the 2024 Session. MedChi will CONTINUE to monitor implementation of the law (effective January 1, 2025) as well as required studies.

- Advocate that the Fiscal Year 2025 Medicaid budget increase E&M reimbursement rates to no less than 100% of Medicare to support physician participation in the Medicaid program and ensure that Medicaid patients have adequate access to physician services. ACCOMPLISHED 100% of Medicare during the 2024 Session but will CONTINUE advocacy efforts given that the State budget is an annual process.
- Advocate to keep the Maryland Primary Care Program in the Maryland Total Cost of Care Model. CONTINUE.
- Support the Episode Quality Improvement Program (EQIP) by increasing access to EQIP for all specialties. CONTINUE.
- Support policies that incorporate patient protections into the Total Cost of Care Model. CONTINUE.

PROTECTING ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE:

- Oppose policies that would adversely affect patient care by inappropriately expanding the scope of practice of non-physician providers beyond their education and training, including the ability to independently diagnose, treat, prescribe medications and/or manage medical disorders or refer to themselves as physicians. ACCOMPLISHED. Senate Bill 167/House Bill 806 passed the 2024 Session and ensured the “physician-led” team related to physician assistants but will CONTINUE to oppose other scope of practice expansions.
- Seek State funding for the MD Loan Assistance Repayment Program, which provides loan repayment to primary care physicians working in underserved areas of the State to encourage more physicians to practice in those areas and address current workforce shortages. ACCOMPLISHED with the receipt of \$3 million in the FY2025 budget but will CONTINUE advocacy efforts, especially for a permanent and more robust funding source.
- Oppose initiatives that aim to weaken Maryland’s current medical liability environment and jeopardize Maryland’s Total Cost of Care Model, including increasing the “cap” on non-economic damages in medical malpractice cases or diminishing immunity protections. ACCOMPLISHED with the defeat of Senate Bill 538/House Bill 83 which would have repealed the cap on non-economic (pain and suffering) damages applicable in non-medical malpractice cases. . Also successfully added physician assistants to the health care practitioners included under the med mal noneconomic cap via the passage of Senate Bill 167/House Bill 806. Med Chi will CONTINUE advocacy efforts.
- Monitor the regulatory and disciplinary actions of the Board of Physicians to ensure the proper treatment of physicians. CONTINUE.

- Increase participation in and evaluate expansion of Maryland’s Preceptor Tax Credit Program. CONTINUE.

- Support employer efforts to correct income disparities based on gender under the Maryland Equal Pay for Equal Work Act. CONTINUE.

- Oppose policies that authorize non-compete clauses in physician contracts or limit the scope and/or duration of restrictive covenants. ACCOMPLISHED with the passage of House Bill 1388 favorable to physicians that both prohibited and restricted the use of non-compete clauses based on income, but will CONTINUE advocacy efforts.

ADDRESSING BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS:

- Support policies that expand Maryland’s crisis treatment centers. ACCOMPLISHED with the passage of Senate Bill 974/House Bill 933 which created a funding mechanism for 9-8-8 to support treatment centers but will CONTINUE advocacy efforts.

- Support efforts to ensure the appropriate response to individuals facing a behavioral health crisis. CONTINUE.

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

STRENGTHENING PUBLIC HEALTH INITIATIVES:

- Support policies to increase access for all Marylanders to free or low-cost health care plans through initiatives that automatically enroll individuals in coverage. CONTINUE.

- Support increased funding and resources for the Supplemental Nutrition Assistance Program (SNAP) to enhance its effectiveness. CONTINUE.

- Advocate for public health and safety initiatives, including addressing health disparities and social determinants of health; increasing immunization rates for children; and prohibiting the sale of flavored tobacco. ACCOMPLISHED with the passage of Senate Bill 1056/House Bill 1180 that restricts the sale of tobacco products but will CONTINUE advocacy efforts.

Resolution 6-24 – Addressing Gaps in AI Policies for Healthcare in Maryland was amended and adopted as follows:

RESOLVED, that MedChi advocate for the following:

- The establishment of an inclusive state-level advisory group to oversee the quality, safety, and equitable development and deployment of AI in health information technology; and

-The Maryland Health Care Commission to study and report back within one year on the scope, feasibility, and impact of:

-Developing health information technology privacy and security regulations to protect AI-controlled processes in patient care; ensuring transparency, implementing best practices for data quality, and determining under which circumstances it is appropriate to require informed patient consent for the use of AI in diagnostics, personalized treatment plans, and procedures.

-Mandating organizations integrating AI in health information technology to register with the Maryland Health Care Commission and adhere to specific privacy and security policies and regulation.

-Ensuring that AI technologies used in health care comply with existing medical standards and regulations.

-Educating healthcare providers about the benefits and limitations of AI.

Resolution 7-24 – Preparation for Potential Assault on Important Tort Reforms was adopted as follows:

RESOLVED, that MedChi continue to:

1. Monitor Legislative Developments: Continuously track and analyze legislative proposals and activities that could impact tort reforms, with particular focus on non-economic damages and negligence laws; and
2. Develop Strategic Responses: Create and implement strategies to effectively counter any attempts to repeal or increase caps on non-economic damages, ensuring that MedChi's position is well-represented and understood; and
3. Strengthen Advocacy Efforts: Enhance our advocacy efforts by leveraging member relationships with legislators and other stakeholders to effectively communicate MedChi's position on tort reform issues; and
4. Educate and Mobilize Members: Provide timely updates and educational resources to MedChi members about ongoing legislative challenges and encourage their involvement in advocacy efforts; and
5. Collaborate with Allies: Work closely with allied organizations and stakeholders to build a coalition that supports the preservation of tort reforms and counters efforts to undermine them.

Resolution 8-24 – Addressing the Expansion of Audiologists' Scope of Practice was adopted as follows:

RESOLVED, that MedChi advocate for legislation to ensure that the scope of practice for audiologists is within the boundaries of their specialized training.

Resolution 11-24 – Complimentary Practice Administrator Membership

RESOLVED, that MedChi and the components make every effort to improve the database of potential practice administrative members by requesting this information from member physicians gathering it at events, through surveys, and through direct contact with the practices, etc.; and be it further

RESOLVED, that MedChi and the components offer a two-year pilot program in which membership will be complimentary to a practice administrator as long as there is one paid Active Physician member in the practice for the 2025 and 2026 membership years to determine whether, due to a focused effort to gather practice administrator information and market this opportunity to them, will have a positive impact on overall physician membership as a result of the practice administrator becoming more aware of the many benefits and services of MedChi and the components, and provide a report of this pilot program to the House of Delegates with recommendations of whether this pilot program should become a permanent offering.

Resolution 12-24 – Need for Data to Inform MedChi Policy & Legislative Actions was amended and adopted as follows:

RESOLVED, that MedChi study options for the development and maintenance of a repository of current economic, payer, hospital, financial, health status, and demographic data to support policy initiatives and legislative actions and report back to the House at its spring 2025 meeting.

Resolution 14-24 – Health Insurers – Collection of Co-pays and Deductibles was amended and adopted in lieu of Resolution 15-24 as follows:

RESOLVED, that MedChi opposes health plan requirements that require physicians to enforce cost-sharing agreements between patients and health plan carriers; and be it further

RESOLVED, that, in order for carriers to pay physicians in full, MedChi supports efforts to address health plan requirements that require physicians to enforce cost-sharing agreements between patients and health plan carriers, including potential legislative remedies and/or demonstration projects.

Resolution 18-24 – Establishing a Payment Floor for Physicians in Maryland was amended and adopted as follows:

RESOLVED, MedChi continue to address Maryland's physician workforce crisis and inadequate physician payment rates compared to other states with a goal to make Maryland physician payment equivalent to or greater than other states.

Resolution 20-24 – Patients Waiving Inpatient Three Midnight Rule for Patient Admission to Skilled Nursing Facility and Sub-acute Rehabilitation was amended and adopted as follows:

RESOLVED, that MedChi and its American Medical Association delegation ask the AMA to work with the Center for Medicare and Medicaid Services to request Congress to remove the requirement for patients to remain as inpatients three midnights before the patient can be admitted to subacute rehab and/or skilled nursing facility.

Resolution 24-24 – Continued Support for Accumulator Reform Legislation was adopted as follows:

RESOLVED, that MedChi reaffirms its support for accumulator reform legislation and directs MedChi to continue advocating for reforms in this area, consistent with our stance in previous years.

Resolution 27-24 – Physician Dispensing Under Medicaid was adopted as follows:

RESOLVED, that MedChi shall work with Maryland Medicaid to address issues concerning the ability of physicians to dispense medications.

Resolution 28-24 – Physician Dispensing and Anti-Steering was adopted as follows:

RESOLVED, that MedChi will directly advocate for the adoption of and support proposed state legislation that would allow for extending the current anti-steering statute to include specialty drugs with respect to commercial insurers pharmacy networks thereby allowing specialty prescription drugs to be dispensed by physicians.

Resolution 30-24 – Increasing Access of Patients with Medicaid to Medical & Surgical Specialty Care was amended and adopted as follows:

RESOLVED, that MedChi, in order to increase patient access to medical and surgical specialists to address severe chronic and life-threatening medical conditions, work with the appropriate state officials and/or governing bodies to increase the Medicaid fee schedule for medical and surgical care to be equivalent to the Medicare fee schedule.

Resolution 31-24 – Increased Private Health Insurance and Medicare Advantage Plans Accountability was adopted as follows:

RESOLVED, that MedChi support appropriate state and federal efforts to increase the accountability of the private healthcare insurance industry in the State of Maryland including increased penalties for health insurance companies committing any acts that

have the potential to or actually lead to worse healthcare outcomes, mandating Medicare Advantage plans to provide data regarding their impact on healthcare delivery value, and improving oversight of the internal claim denial processes and policies of private health insurance companies.

Resolution 32-24 – Medicare Advantage Accountability & Reform was adopted as follows:

RESOLVED, that MedChi adopt American Medical Association (AMA) Policy D-285.959, “Prevent Medicare Advantage Plans from Limiting Care”, which states: “Our American Medical Association will ask the Centers for Medicare and Medicaid Services to further regulate Medicare Advantage Plans so that the same treatment and authorization guidelines are followed for both fee-for-service Medicare and Medicare Advantage patients, including admission to inpatient rehabilitation facilities. 2. Our AMA will advocate that proprietary criteria shall not supersede the professional judgment of the patient’s physician when determining Medicare and Medicare Advantage patient eligibility for procedures and admissions.”; and be it further

RESOLVED, that MedChi adopt American Medical Association (AMA) Policy H-330.867, “Medicare Advantage Plans”, which states: “1. Our American Medical Association encourages that Medicare Advantage risk adjustment formulas be revised so that claims data is based on the actual cost of providing care. 2. Our AMA will provide or create educational materials such as an infographic to compare Traditional Medicare and Medicare Advantage plans so that patients are able to make informed choices that best meet their health care needs.”; and be it further

RESOLVED, that MedChi ask our American Medical Association (AMA) to lobby in support of Medicare Payment Advisory Commission (MedPAC) recommendations to develop a better risk adjustment model and change the current benchmark policy to one that bases federal payments to Medicare Advantage programs on more accurate fee-for-service-derived benchmarks; and be it further

RESOLVED, that MedChi ask our American Medical Association (AMA) to study how financial savings generated through enactment of Medicare Payment Advisory Commission (MedPAC) recommendations and AMA policies for reform of the Medicare Advantage program can be used to improve Traditional Medicare.

Resolution 33-24 – Medicare Advantage-to-Medigap Open Enrollment & Guaranteed Issue was adopted as follows:

RESOLVED, that MedChi advocate for Medicare Advantage plan enrollees in Maryland to have the ability to switch to Traditional Medicare/Medigap plans without restrictions based on pre-existing conditions during the annual open enrollment period of January 1st through March 31st.

Resolution 34-24 – Physicians Involvement in Addressing ER Wait Times was amended and adopted as follows:

RESOLVED, that MedChi supports efforts to define, increase, and improve staffing in Maryland’s hospitals including methods to address the continued workforce shortage and, to achieve this, that MedChi will coordinate efforts with other organizations that represent health professionals, hospital workers, and patients.

Resolution 38-24 – Adolescent and Teen Use of Social Media was amended and adopted as follows:

RESOLVED, that MedChi, The Maryland State Medical Society, adopt AMA policy D-478.965, “Addressing Social Media and Social Networking Usage and its Impacts on Mental Health D-478.965” which states:

1. Our American Medical Association will collaborate with relevant professional organizations to:
 - a. support the development of continuing education programs to enhance physicians’ knowledge of the health impacts of social media and social networking usage.
 - b. support the development of effective clinical tools and protocols for the identification, treatment, and referral of children, adolescents, and adults at risk for and experiencing health sequelae of social media and social networking usage.
2. Our AMA advocates for schools to provide safe and effective educational programs by which students can learn to identify and mitigate the onset of mental health sequelae of social media and social networking usage.
3. Our AMA affirms that use of social media and social networking has the potential to positively or negatively impact the physical and mental health of individuals, especially adolescents and those with preexisting psychosocial conditions.
4. Our AMA advocates for and support media and social networking services addressing and developing safeguards for users.
5. Our AMA advocates for the study of the positive and negative biological, psychological, and social effects of social media and social networking services use; and be it further;

RESOLVED, that MedChi, The Maryland State Medical Society, supports the American Medical Associations ongoing efforts to study and make recommendations on teenage social media use; and be it further

RESOLVED, that MedChi, The Maryland State Medical Society, support public policy efforts that are consistent with a policy to address the negative impact of social media use among teens and adolescents.

Resolution 39-24 – Establishment of a Task Force to Study the Syphilis Epidemic in Maryland was amended and adopted as follows:

RESOLVED, that MedChi shall advocate for and work in conjunction with the Maryland State Department of Health to address the syphilis epidemic across Maryland.

Resolution 40-24 – Narcan (Naloxone) Availability in Public Places was adopted as follows:

RESOLVED, that MedChi shall advocate for the Maryland Department of Health to undertake a study to review the appropriateness of having Narcan (Naloxone) available wherever there are automated external defibrillators or AEDs.

Resolution 41-24 – Inappropriate Certification of Discriminatory Recovery Residences was adopted as follows:

RESOLVED, that MedChi advocate, either directly or through legislative means, for a policy within the Maryland Department of Health not to grant or renew certification by the Maryland Certification of Recovery Residences program for recovery residences which limit or restrict access to medications for opioid use disorder, and be it further

RESOLVED, that MedChi work with the Maryland Department of Health to clarify to what extent recovery residences in their Maryland Recovery Network program limit or restrict access to medications for opioid use disorder and to ensure the enforcement of requirements to make medications for opioid use disorder available.

Resolution 42-24 – Screening for Exposure to Adverse Childhood Experiences (ACEs) in Maryland was amended and adopted as follows:

RESOLVED, that Medchi will support the activities of the Maryland Governor's Office of Crime and Prevention's Commission on Trauma-Informed Care and the Commission's "Aces Aware" Workgroup.

Resolution 43-24 – Fossil Fuels was amended and adopted as follows:

RESOLVED, that MedChi create continued medical education for physicians and other healthcare workers about the health consequences of fossil fuel use, including preventable morbidity and mortality; and be it further

RESOLVED, that MedChi support state legislation and/or regulations that move Maryland away from fossil fuel use to pollution-free, renewable energy to reap immediate and ongoing health and equity benefits; and be it further

RESOLVED, that MedChi continue to monitor ongoing legislation and regulations within Maryland on topics related to fossil fuels, so that we may be able to engage in continued advocacy year-round.

Resolution 44-24 – Support for Decarbonization of Health Sector was adopted as follows:

RESOLVED, that MedChi will join the National Academy of Medicine (NAM) Action Collaborative on Decarbonizing the US Health Sector, with report back on key actions that would be beneficial to advocate for in Maryland.

REFERRED TO THE BOARD OF TRUSTEES

Resolution 9-24 – Medical School Tuition Forgiveness Through Service to Marylanders

Resolution 10-24 – Communicating the Value of MedChi and the Components

Resolution 16-24 – Advocating for Quality & Accessible Medical Care in Maryland

Resolution 21-24 – Payor Liability for Medical Decisions Causing Patient Death or Injury

Resolution 22-24 – Payor Responsibility for Additional Expenses & Patient Co-pays

Resolution 25-24 – Consumer Operated and Oriented Plans in Maryland

Resolution 26-24 – Pooled Pharmaceutical Purchasing and Quality Oversight Plan for the State of Maryland

Resolution 29-24 – Automatic Credentialing for Physicians for Medicaid and Medicare Managed Care Plans

Resolution 35-24 – Establishment of a Publicly Accessible Database for Determining the Location of Medical Records of Retired or Relocated Physicians

Resolution 36-24 – Limit on Fees for Transitioning Medical Records for Physicians Retiring or Relocating

Resolution 37-24 – Increasing Individual Health Literacy and Numeracy, Patient Activation, and Engagement

WITHDRAWN

Resolutions 13-24, 17-24, 19-24, and 23-24 were withdrawn.

NEXT MEETING

The next meeting of the House of Delegates will be held virtually on Sunday, April 27, 2025.

ADJOURNMENT

There being no further business, the meeting was adjourned at 1:00 pm.

Respectfully submitted,

J. Michael Niehoff, MD

Secretary

JMN;caj

Date: 12.15.24

Date Approved by Secretary: 12.28.24

Date Approved by HOD:

SLATE OF NOMINATIONS FOR FALL 2025

Those elected will assume office at the conclusion of the October 25, 2025 meeting, unless otherwise indicated. Incumbents are noted with an asterisk (*). Please contact MedChi's Executive Office to request a candidate's curriculum vitae.

PRESIDENT-ELECT

James Williams, DO | Emergency Medicine | Baltimore County | Member since 2010 | currently serves as Baltimore County Trustee to the MedChi Board of Trustees and Co-chair of the MedChi Medical Economics Council.

SPEAKER OF THE HOUSE

Clement Banda, MD | Dermatology | Howard County | Member since 2002 | Currently serves as Speaker of the House and Legislative Council Co-chair

VICE SPEAKER OF THE HOUSE

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

ANNE ARUNDEL COUNTY TRUSTEE

Erinn Maury, MD | Rheumatology | Anne Arundel County | Member since 2013 | Currently serves as Anne Arundel County Trustee

BALTIMORE CITY TRUSTEE

Robert Thomsen, MD | Anesthesiology | Baltimore City | Member since 1999 | Currently serves as Baltimore City Trustee

SOUTHERN GROUP TRUSTEE

Anne Banfield, MD | Obstetrics and Gynecology | St. Mary's County | Member since 2022 | Currently serves as Southern Group Trustee

WESTERN GROUP TRUSTEE

Andrew Oh, MD | Obstetrics and Gynecology | Washington County | Member since 2003 | Currently serves as Western Group Trustee

AMA DELEGATE TERM 25-27

There is one open position. The term begins July 1, 2025.

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

James York, MD | Orthopaedic Surgery | Anne Arundel County | Member since 1982 | Currently serves

as AMA Alternate Delegate

AMA DELEGATE TERM 26-28

There are three open positions for AMA Delegate. The term begins July 1, 2026.

Karen Dionesotes, MD | Psychiatry | Baltimore City | Member since 2017 | Currently serves as AMA Delegate

Loralie Ma, MD | Radiology | Baltimore County | Member since 1998 | Currently serves as AMA Delegate

Padmini Ranasinghe, MD | Internal Medicine | Baltimore City | Member since 2007 | Currently serves as MedChi President and AMA Delegate

AMA ALTERNATE DELEGATE

There are three open positions for AMA Alternate Delegate. The term begins July 1, 2026. A fourth position will open as a result of the AMA Delegate election for the term beginning July 1, 2025.

Kathryn Kelly, MD | Internal Medicine | Montgomery County | Member since 2017 | Currently serves as AMA Alternate Delegate

Manna Varghese, MD | Emergency Medicine | Anne Arundel County | Member since 2023 | Currently serves as AMA Alternate Delegate, Specialty Society Trustee, and Co-Chair of MedChi's Council on Operations

Bruce Wollman, MD | Radiology | Montgomery County | Member since 2009 | Currently serves as AMA Alternate Delegate

Robin Motter-Mast, DO | Family Medicine | Baltimore County | Member since 2022 | Currently serves Co-Chair of the MedChi Council on Medical Economics and President of the Baltimore County Medical Association.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

BOT Report 1-25

INTRODUCED BY: Board of Trustees

SUBJECT: Follow up to Resolutions from 2024 Fall House of Delegates Meeting

The Board of Trustees presents the following informational report on the follow-up actions for resolutions from the 2025 Fall House of Delegates Meeting:

RES.	TITLE	RESOLVES	FOLLOW-UP
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6-24	Addressing Gaps in AI Policies for Healthcare in Maryland	<p>RESOLVED, that MedChi advocate for the following:</p> <ul style="list-style-type: none"> -The establishment of an inclusive state-level advisory group to oversee the quality, safety, and equitable development and deployment of AI in health information technology; and -The Maryland Health Care Commission to study and report back within one year on the scope, feasibility, and impact of: <ul style="list-style-type: none"> - Developing health information technology privacy and security regulations to protect AI-controlled processes in patient care; ensuring transparency, implementing best practices for data quality, and determining under which circumstances it is appropriate to require informed patient consent for the use of AI in diagnostics, personalized treatment plans, and procedures. -Mandating organizations integrating AI in health information technology to register with the 	AI Task Force established and is actively working
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		<p>Maryland Health Care Commission and adhere to specific privacy and security policies and regulations.</p> <p>-Ensuring that AI technologies used in health care comply with existing medical standards and regulations.</p> <p>-Educating healthcare providers about the benefits and limitations of AI</p>	
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7-24	Preparation for Potential Assault on Important Tort Reforms	<p>RESOLVED, that MedChi continue to:</p> <p>1. Monitor Legislative Developments: Continuously track and analyze legislative proposals and activities that could impact tort reforms, with particular focus on non-economic damages and negligence laws; and 2. Develop Strategic Responses: Create and implement strategies to effectively counter any attempts to repeal or increase caps on non-economic damages, ensuring that MedChi's position is well-represented and understood; and</p> <p>3. Strengthen Advocacy Efforts: Enhance our advocacy efforts by leveraging member relationships with legislators and other stakeholders to effectively communicate MedChi's position on tort reform issues; and</p> <p>4. Educate and Mobilize Members: Provide timely updates and educational resources to MedChi members about ongoing legislative challenges and encourage their involvement in advocacy efforts; and</p> <p>Collaborate with Allies: Work closely with allied organizations and stakeholders to build a coalition that supports the preservation of tort reforms and counters efforts to undermine them</p>	Included in legislative agenda
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8-24	Addressing the Expansion of Audiologists' Scope of Practice	RESOLVED, that MedChi advocate for legislation to ensure that the scope of practice for audiologists is within the boundaries of their specialized training.	Included in legislative agenda
9-24	Medical School Tuition Forgiveness Through Service to Marylanders		Considered by BOT 11.21.24 BOT voted to refer to Council on Medical Policy
10-24	Communicating the Value of MedChi and the Components		Considered by BOT 11.21.24 BOT voted to refer to Council on Communications

11-24	Complimentary Practice Administrator Membership	<p>RESOLVED, that MedChi and the components make every effort to improve the database of potential practice administrative members by requesting this information from member physicians gathering it at events, through surveys, and through direct contact with the practices, etc.; and be it further</p> <p>RESOLVED, that MedChi and the components offer a two-year pilot program in which membership will be complimentary to a practice administrator as long as there is one paid Active Physician member in the practice for the 2025 and 2026 membership years to determine whether, due to a focused effort to gather practice administrator information and market this opportunity to them, will have a positive impact on overall physician membership as a result of the practice administrator becoming more aware of the many benefits and services of MedChi and the components, and provide a report of this pilot program to the House of Delegates with recommendations of whether this pilot program should become a permanent offering.</p>	On hold until new Membership Director is hired; plan is to implement in 2025-2026 membership cycle.
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12-24	Need for Data to Inform MedChi Policy & Legislative Actions	RESOLVED, that MedChi study options for the development and maintenance of a repository of current economic, payer, hospital, financial, health status, and demographic data to support policy initiatives and legislative actions and report back to the House at its spring 2025 meeting.	Presentation to members; new section on website
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13-24	Diminishing/Eliminating Private Equity Acquisition of Medical Practices in Maryland		None
14-24	Health Insurers – Collection of Co-Pays and Deductibles	<p>RESOLVED, that MedChi opposes health plan requirements that require physicians to enforce cost-sharing agreements between patients and health plan carriers; and be it further</p> <p>RESOLVED, that, in order for carriers to pay physicians in full, MedChi supports efforts to address health plan requirements that require physicians to enforce cost-sharing agreements between patients and health plan carriers, including potential legislative remedies and/or demonstration projects.</p>	Included in legislative agenda

15-24	Insurance Cost Sharing – Responsible Party	<p>RESOLVED, that MedChi opposes health plan requirements that require physicians to enforce cost-sharing agreements between patients and health plan carriers; and be it further</p> <p>RESOLVED, that, in order for carriers to pay physicians in full, MedChi supports efforts to address health plan requirements that require physicians to enforce cost-sharing agreements between patients and health plan carriers, including potential legislative remedies and/or demonstration projects.</p>	None required
16-24	Advocating for Quality & Accessible Medical Care in Maryland		<p>Considered by BOT 11.21.24</p> <p>BOT voted to refer to AHEAD Task Force</p>

17-24	Encouraging a Study on Competitiveness in the Health Insurance Market		None
18-24	Establishing a Payment Floor for Physicians in Maryland	RESOLVED, MedChi continue to address Maryland's physician workforce crisis and inadequate physician payment rates compared to other states with a goal to make Maryland physician payment equivalent to or greater than other states.	AHEAD Task Force work is ongoing

19-24	Nonprofit Hospital or Nonprofit Payor Acquisition of Medical Practices		None
20-24	Waiving Inpatient Three Midnight Rule for Patient Admission to Skilled Nursing Facility and Subacute Rehabilitation	RESOLVED, that MedChi and its American Medical Association delegation ask the AMA to work with the Center for Medicare and Medicaid Services to request Congress to remove the requirement for patients to remain as inpatients three midnights before the patient can be admitted to subacute rehab and/or skilled nursing facility.	AMA delegation will consider and determine the appropriate next steps
21-24	Payor Liability for Medical Decisions Causing Patient Death or Injury		Considered by BOT 11.21.24 BOT voted to refer to Council on Medical Economics
22-24	Payor Responsibility for Additional Expenses & Patient Co-pays		Considered by BOT 11.21.24 BOT voted to refer to Council on Medical Economics

23-24	Prevention of Automatic Down Coding of Claims by Health Insurance Companies Without Physician Notification		None
24-24	Continued Support for Accumulator Reform Legislation	RESOLVED, that MedChi reaffirms its support for accumulator reform legislation and directs MedChi to continue advocating for reforms in this area, consistent with our stance in previous years.	Included in legislative agenda
25-24	Consumer Operated and Oriented Plans in Maryland		Considered by BOT 11.21.24 BOT voted to refer to Council on Medical Economics
26-24	Pooled Pharmaceutical Purchasing and Quality Oversight Plan for the State of Maryland		Considered by BOT 11.21.24 BOT voted to refer to Council on Medical Policy
27-24	Physician Dispensing Under Medicaid	RESOLVED, that MedChi shall work with Maryland Medicaid to address issues concerning the ability of physicians to dispense medications.	Included in legislative agenda

28-24	Physician Dispensing and Anti-steering	RESOLVED, that MedChi will directly advocate for the adoption of and support proposed state legislation that would allow for extending the current anti-steering statute to include specialty drugs with respect to commercial insurers pharmacy networks thereby allowing specialty prescription drugs to be dispensed by physicians.	Included in legislative agenda
29-24	Automatic Credentialing for Physicians for Medicaid/Medicare Managed Care Plans When Already Approved for Traditional Medicare and Medicaid		Considered by BOT 11.21.24 BOT voted to refer to Council on Medical Economics
30-24	Increasing Access of Patients with Medicaid to Medical & Surgical Specialty Care	RESOLVED, that MedChi, in order to increase patient access to medical and surgical specialists to address severe chronic and life-threatening medical conditions, work with the appropriate state officials and/or governing bodies to increase the Medicaid fee schedule for medical and surgical care to be equivalent to the Medicare fee schedule	Included in legislative agenda

31-24	Increased Private Health Insurance and Medicare Advantage Plans Accountability	RESOLVED, that MedChi support appropriate State and federal efforts to increase the accountability of the private healthcare insurance industry in the State of Maryland including increased penalties for health insurance companies committing any acts that have the potential to or actually lead to worse healthcare outcomes, mandating Medicare Advantage plans to provide data regarding their impact on healthcare delivery value, and improving oversight of the internal claim denial processes and policies of private health insurance companies.	Included in legislative agenda
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		<p>RESOLVED, that MedChi adopt American Medical Association (AMA) Policy H-330.867, “Medicare Advantage Plans”, which states: “1. Our American Medical Association encourages that Medicare Advantage risk adjustment formulas be revised so that claims data is based on the actual cost of providing care. 2. Our AMA will provide or create educational materials such as an infographic to compare Traditional Medicare and Medicare Advantage plans so that patients are able to make informed choices that best meet their health care needs.”; and be it further</p> <p>RESOLVED, that MedChi ask our American Medical Association (AMA) to lobby in support of Medicare Payment Advisory Commission (MedPAC) recommendations to develop a better risk adjustment model and change the current benchmark policy to one that bases federal payments to Medicare Advantage programs on more accurate fee-for-service-derived benchmarks; and be it further</p>	<p>AMA Delegation will consider and determine appropriate next steps</p>
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		<p>RESOLVED, that MedChi ask our American Medical Association (AMA) to study how financial savings generated through enactment of Medicare Payment Advisory Commission (MedPAC) recommendations and AMA policies for reform of the Medicare Advantage program can be used to improve Traditional Medicare.</p>	
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33-24	Medicare Advantage-to-Medigap Open Enrollment & Guaranteed Issue	RESOLVED, that MedChi advocate for Medicare Advantage plan enrollees in Maryland to have the ability to switch to Traditional Medicare/Medigap plans without restrictions based on pre-existing conditions during the annual open enrollment period of January 1st through March 31 st .	Included in legislative agenda
34-24	Physicians Involvement in Addressing ER Wait Times	RESOLVED, that MedChi supports efforts to define, increase, and improve staffing in Maryland's hospitals including methods to address the continued workforce shortage and, to achieve this, that MedChi will coordinate efforts with other organizations that represent health professionals, hospital workers, and patients.	MedChi member Dan Morhaim, MD, was appointed to the state's ER wait time commission

35-24	Establishment of a Publicly Accessible Database for Determining the Location of Medical Records of Retired or Relocated Physicians		Considered by BOT 11.21.24 BOT voted to refer to Council on Medical Economics
36-24	Limit on Fees for Transitioning Medical Records for Physicians Retiring or Relocating		Considered by BOT 11.21.24 BOT voted to refer to Council on Medical Economics

37-24	Increasing Individual Health Literacy and Numeracy, Patient Activation, and Engagement		Considered by BOT 11.21.24 BOT voted to refer to Public Health and Disaster Preparedness Committee
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38-24	Adolescent and Teen Use of Social Media	<p>Resolved, that MedChi, The Maryland State Medical Society, adopt AMA policy D-478.965, “Addressing Social Media and Social Networking Usage and its Impacts on Mental Health D-478.965” which states:</p> <p>1. Our American Medical Association will collaborate with relevant professional organizations to:</p> <p>a. support the development of continuing education programs to enhance physicians’ knowledge of the health impacts of social media and social networking usage.</p> <p>b. support the development of effective clinical tools and protocols for the identification, treatment, and referral of children, adolescents, and adults at risk for and experiencing health sequelae of social media and social networking usage.</p> <p>2. Our AMA advocates for schools to provide safe and effective educational programs by which students can learn to identify and mitigate the onset of mental health sequelae of social media and social networking usage.</p> <p>3. Our AMA affirms that use of social media and social networking has the potential to positively or negatively impact the physical and mental health of individuals, especially adolescents and those with preexisting psychosocial conditions.</p>	Becomes MedChi Policy
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		<p>4.Our AMA advocates for and support media and social networking services addressing and developing safeguards for users.</p> <p>5.Our AMA advocates for the study of the positive and negative biological, psychological, and social effects of social media and social networking services use and be it further;</p> <p>Resolved, that MedChi, The Maryland State Medical Society, supports the American Medical Associations ongoing efforts to study and make recommendations on teenage social media use; and be it further</p> <p>Resolved, that MedChi, The Maryland State Medical Society, support public policy efforts that are consistent with AMA policy to address the negative impact of social media use among teens and adolescents.</p>	<p>Maryland's AMA Delegation will support federal efforts that align with this resolution</p>
39-24	Establishment of a Task Force to Study the Syphilis Epidemic in Maryland	RESOLVED, that MedChi shall advocate for and work in conjunction with the Maryland State Department of Health to address the syphilis epidemic across Maryland.	MedChi will send a letter to the Maryland Dept of Health

40-24	Narcan (Naloxone) Availability in Public Places	RESOLVED, that MedChi shall advocate for the Maryland Department of Health to undertake a study to review the appropriateness of having Narcan (Naloxone) available wherever there are automated external defibrillators or AEDs.	MedChi will send a letter to the Maryland Dept of Health
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41-24	Inappropriate Certification of Discriminatory Recovery Residences	<p>RESOLVED, that MedChi advocate, either directly or through legislative means, for a policy within the Maryland Department of Health not to grant or renew certification by the Maryland Certification of Recovery Residences program for recovery residences which limit or restrict access to medications for opioid use disorder, and be it further</p> <p>RESOLVED, that MedChi work with the Maryland Department of Health to clarify to what extent recovery residences in their Maryland Recovery Network program limit or restrict access to medications for opioid use disorder and to ensure the enforcement of requirements to make medications for opioid use disorder available.</p>	<p>Included in legislative agenda.</p> <p>MedChi will write a letter to Maryland Dept of Health</p>
42-24	Screening for Exposure to Adverse Childhood Experiences (ACEs) in Maryland	<p>RESOLVED, that Medchi will support the activities of the Maryland Governor’s Office of Crime and Prevention’s Commission on Trauma-Informed Care and the Commission’s “Aces Aware” Workgroup.</p>	<p>MedChi will monitor the work of the Commission’s Workgroup</p>

43-24	Fossil Fuels	<p>Resolved, that MedChi create continued medical education for physicians and other healthcare workers about the health consequences of fossil fuel use, including preventable morbidity and mortality; and be it further</p> <p>Resolved, that MedChi support state legislation and/or regulations that move Maryland away from fossil fuel use to pollution-free, renewable energy to reap immediate and ongoing health and equity benefits; and be it further</p> <p>Resolved, that MedChi continue to monitor ongoing legislation and regulations within Maryland on topics related to fossil fuels, so that we may be able to engage in continued advocacy year-round.</p>	<p>Public Health and Disaster Preparedness Committee will develop educational content</p> <p>Becomes MedChi Policy</p>
44-24	Support for Decarbonization of Health Sector	<p>Resolved, that MedChi will join the National Academy of Medicine (NAM) Action Collaborative on Decarbonizing the US Health Sector, with report back on key actions that would be beneficial to advocate for in Maryland.</p>	<p>MedChi will sign on to the Collaborative</p>

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

CME Report 1-25

INTRODUCED BY: Council on Medical Economics

SUBJECT: Looking AHEAD Committee Report to the MedChi House of Delegates

Looking AHEAD Committee Report to the MedChi House of Delegates

The Looking AHEAD Committee has been actively engaged in responding to recent developments from the Maryland House of Delegates concerning the AHEAD model. The committee has taken several strategic steps to advocate for physician involvement and shape the implementation of the AHEAD initiative:

- **Developed One-Pagers:** Created targeted educational materials to inform policymakers and stakeholders about key components of the AHEAD Model—Healthcare Transformation, Population Health, and Primary Care.
- **Legislative Engagement:** Dr. Ben Lowentritt has met directly with key state leaders, including the Health Secretary, to share MedChi’s perspective.
- **Representation on TCOC Committee:** Drs. Wargotz, Ranasinghe, and Lowentritt, along with CEO Gene Ransom, serve on the Total Cost of Care (TCOC) committee, ensuring strong physician representation in decision-making.
- **Communications:** Issued several letters and communications addressing concerns and providing recommendations on AHEAD-related issues.
- **Collaboration with MAFP:** Partnered with the Maryland Academy of Family Physicians (MAFP) to strengthen the focus on primary care within the AHEAD framework.
- **Congressional Outreach:** Provided updates and engaged Maryland’s congressional delegation on AHEAD priorities and developments.

The committee remains committed to protecting physician autonomy, improving care delivery, and ensuring the AHEAD model reflects the voices and concerns of Maryland’s physician community.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

CMP Report 1-25

INTRODUCED BY: Council on Medical Policy

SUBJECT: Cannabis Committee Report to the MedChi House of Delegates

Informational MedChi House of Delegates Report – Cannabis Committee

The MedChi Cannabis Committee, chaired by Dr. Deondra Asike—who also chairs the Maryland Cannabis Public Health Advisory Council—continues to play a key role in advocating for public health and physician-led policy around cannabis regulation.

This session, Dr. Asike testified in opposition to **Senate Bill 215: Cannabis – On-Site Consumption**

Establishments and Cannabis Events. This departmental bill, requested by the Maryland Cannabis Administration, would allow the sale of orally consumed cannabis products (such as edibles and beverages) at on-site consumption establishments and cannabis-themed events.

The Committee raised concerns about the **delayed onset of effects** from edible cannabis products, which increases the risk of **unintentional overconsumption, severe acute intoxication, and impaired driving**, posing a serious public safety threat. A cross-filed version of the bill was scheduled for hearing in the House in February.

In addition to its advocacy efforts, the Cannabis Committee developed and reviewed a **comprehensive educational resource tool** to assist physicians in navigating Maryland’s evolving cannabis policies and clinical implications. This resource is available to all MedChi members on our website: www.medchi.org.

The Committee remains committed to protecting public health, promoting physician education, and ensuring policy decisions are evidence-based and patient-focused.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

CMP Report 2-25

INTRODUCED BY: Council on Medical Policy

SUBJECT: Opioid, Pain, and Addiction Committee Report to the MedChi House of Delegates

ACTIVITIES OF THE MEDCHI OPIOID, PAIN AND ADDICTION COMMITTEE

Meetings and Activities since Dr. Adams became Chair, and other activities

MEETING 7-19-2023. Attendees: 12 exclusive of staff.

Dr. Adams gave a presentation on the intersection of pain and addiction.

Discussed the problem of new onset of long-term opioid use after routine surgery and possibly ways of addressing this. Members discussed possible committee activities.

MEETING 10-17-2023. Attendees: 9

Discussed opioid stewardship in hospitals and EDs. Dr. Adams subsequently had a series of four meetings with Bonnie DiPietro, Project Manager of the Maryland Patient Safety Center (MPSC) who expressed interest in conducting a 2 - year statewide hospital learning collaborative on opioid stewardship, in which MedChi would participate. Committee member Drew Fuller MD was the patient safety officer for his former multi-state Emergency Medicine group and participated in some of these discussions.

Discussed inappropriate certification of some Recovery Residences (RRs) by the MDH MCORR program (the Maryland Certification of Recovery Residences program) regardless of whether the RR prohibits or limits access to medications for opioid use disorder (MOUD) prescribed or recommended by a physician. This is a discriminatory practice that does not meet the basic standards of care for opioid use disorder (OUD) and contributes to the risk of overdose.

MEETING Jan 16, 2024 Attendees: 12

Again, discussed possible statewide hospital learning collaborative on opioid stewardship. MPSC pursued a different learning collaborative, but we are prepared to revisit this in the future.

Discussed removing quantity limits and prior authorization for buprenorphine for pain and addiction, and shared resources.

Also discussed updating content for the committee's section of the MedChi website and other topics.

MEETING 3-19-2024. Attendees: 8

Sarah Merritt MD gave a presentation on buprenorphine for pain.

Drew Fuller MD gave a presentation on buprenorphine after OD in Maryland EDs, an innovative new approach to addressing OD.

Drs. Fuller and Adams discussed HB 1155: Hospitals - Opioid Overdose and Opioid-Related Emergency Medical Conditions - Treatment. Drs. Fuller and Adams later testified for the bill, which was enacted.

Requires EDs to develop protocols for treating OUD and OD, stocking FDA-approved medications, and encouraging appropriate follow-up after discharge.

Discussed two resolutions for submission to the fall HOD meeting: (1) addressing inappropriate certification of some recovery residences despite prohibiting/limiting access to MOUD, and (2) steps to remove barriers to the use of buprenorphine, as compared with full opioids, for pain treatment.

MEETING 5-21-2024. Attendees: 8

Reviewed and revised the 2 resolutions, and approved them for the fall HOD meeting.

Subsequently, the resolution on buprenorphine for pain was deferred on advice of MedChi lobbyist Danna Kauffman who thought it would be more appropriate for the 2026 legislative session. The resolution on recovery residences was submitted to the fall HOD on behalf of the committee, Resolution 41-24, and adopted.

It calls for MedChi to negotiation with MDH, and subsequently pursue legislation, if necessary, to prevent MDH from inappropriately certifying RRs if they prohibit or limit access to MOUD (medications for opioid use disorder).

MEETING 9-17-2024 Attendance 16

Presentation by Rachel Hess-Mutinda, LMSW, Program Manager of MACS, the MD Addiction Consultation Service (University of MD Schl of Medicine) gave a presentation and led a discussion.

Two guest speakers presented controversies around a novel opioid antagonist: nalmefene:

Alonzo Whyte PhD, representing the manufacturer Indivior, and Malik Burnett, MD MBA MPH, addiction medicine physician and former medical director of the Ctr for Harm Reduction Services, Md Dept of Health, followed by discussion.

MEETING 1-14-2025. Attendees: 15

Guest speaker Ann Ciekot, President, MD Governmental Relations Assoc'n & Partner, Public Policy Partners, gave a presentation and led a discussion on SB 604 a "Drug Induced Homicide" law, which the behavioral health community opposes. The committee decided to recommend a position of opposition to SB 604 to the MedChi Legislative Council. (Subsequently, MedChi signed a letter in opposition as well, and Dr. Adams provided oral testimony on behalf of MedChi and of MD-DCSAM the MD-DC Society of Addiction Medicine).

Ana C. Lazarides: Maryland PDMP Director, and colleagues, presented on academic detailing on CDS provided by the program.

MEETING 3-18-2025. Attendees: 16

Guest speaker: Don Teater, MD, MPH Teater Health Solutions, <https://teaterhs.com> on: 'Basics of Effective Pain Management.' Dr. Teater is the former lead facilitator for the CDC opioids guidelines expert panel, former Medical Advisor at the National Safety Council, co-author of the book: Treating Chronic Pain, co-presenter of the [ASAM Pain & Addiction Essentials Online](#).

Dr. Adams also made an abbreviated presentation: 'Addressing the Role of Opioids In Chronic Pain: Opportunity For Overdose Prevention?' (Doctors Receive Opioid Training, Big Pharma Funds It, What Could Go Wrong?).

At this time (March 19 2025), Dr. Adams has assembled resources for the committee's section of the MedChi website. After reviewing the old content, Dr. Adams requested it be removed.

Dr. Adams also reviewed two courses on the MedChi website on the treatment of pain, and recommended they be removed. After discussing this with Gene Ransom, they were removed.

At Dr. Adams' request, MedChi has video-recorded an online course by Don Teater MD on the treatment of pain, available for CME, without a paywall. This reprises Dr. Teater's presentation on the website of ASAM (American Society of Addiction Medicine), but behind a paywall. We believe it is one of the very few presentations that appropriately describes the role of opioids in the treatment of pain. Dr. Adams will work to promote and publicize this resource on the MedChi website.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 1-25

INTRODUCED BY: Queen Anne's County Medical Society

SUBJECT: Support for Physician-Owned Hospitals

1 Whereas, Physician-owned hospitals have demonstrated high levels of patient satisfaction and quality
2 care, often outperforming non-physician-owned counterparts on various quality metrics, including patient
3 safety, satisfaction, and clinical outcomes; and
4

5 Whereas, According to the Centers for Medicare & Medicaid Services (CMS), physician-owned hospitals
6 are consistently ranked among the top-performing hospitals in the nation, reflecting their commitment to
7 excellence in patient care; and
8

9 Whereas, Physician ownership allows for enhanced accountability, agility in decision-making, and the
10 ability to swiftly implement innovative practices that directly benefit patient care; and
11

12 Whereas, Numerous studies have shown that physician-owned hospitals are more efficient in resource
13 utilization and often operate with lower overhead costs, resulting in cost savings for patients and payers;
14 and
15

16 Whereas, Current federal restrictions under the Affordable Care Act (ACA) limit the expansion and
17 development of physician-owned hospitals, hindering competition and reducing patient choice; and
18

19 Whereas, Increased competition from physician-owned hospitals has been shown to drive improvements
20 in quality and lower costs within local healthcare markets, benefiting overall community health; and
21

22 Whereas, Physician-owned hospitals are frequently located in underserved or rapidly growing areas,
23 helping to address geographic disparities in healthcare access and contributing to local economic growth
24 through job creation; and
25

26 Whereas, The American Medical Association (AMA) and other medical organizations have called for the
27 repeal of restrictions on physician-owned hospitals, recognizing their positive impact on patient care and
28 the healthcare delivery system; and
29

30 Whereas, Allowing physicians to own and operate hospitals fosters a healthcare environment that
31 prioritizes clinical outcomes and patient-centered care over administrative and corporate interests;
32 therefore be it
33

34 RESOLVED, That MedChi, The Maryland State Medical Society, adopt as policy the support for
35 physician-owned hospitals and advocate for the removal of restrictions that limit their growth and
36 development.

Fiscal Note: Included in Advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 2-25

INTRODUCED BY: The Council on Medical Policy

SUBJECT: Support the Re-Opening of Enrollment for the Maryland Primary Care Program (MDPCP)

1 Whereas, the Maryland Primary Care Program (MDPCP) has been a highly successful and popular
2 initiative that strengthens primary care practices, enhances care coordination, and improves patient
3 outcomes across the state; and
4

5 Whereas, the MDPCP supports Maryland's Total Cost of Care Model, positioning the state as a national
6 leader in healthcare innovation; and
7

8 Whereas, no enrollment period was offered for MDPCP in the previous year, despite strong demand from
9 primary care practices eager to join the program; and
10

11 Whereas, numerous practices across Maryland seek the opportunity to participate in the MDPCP to better
12 serve their patients and communities; and
13

14 Whereas, continued and expanded participation in the MDPCP is essential for maintaining the progress
15 and momentum achieved through this model of care;
16

17 RESOLVED, that MedChi, The Maryland State Medical Society, strongly supports the immediate re-
18 opening of enrollment for the Maryland Primary Care Program; and
19

20 RESOLVED, that MedChi urges the Maryland Department of Health to work closely with the Centers for
21 Medicare and Medicaid Services (CMS) to advocate for and facilitate the immediate re-opening of
22 enrollment for the Maryland Primary Care Program; and
23

24 RESOLVED, that MedChi will continue to promote and support efforts to strengthen primary care as a
25 foundation for a healthier Maryland.

Fiscal Note: Included in Advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 3-25

INTRODUCED BY: Medical Student Section
 Authored By: Jake Kim, Priya Dohlman

SUBJECT: Supporting Vaccine Education Via Community Engagement Led by MedChi
 Medical Student Section and Medical Students of Maryland

1 Whereas, in the 2022-23 school year, the MMR vaccine series coverage in Maryland was 96.7%, DTaP was 96.9%,
2 Polio was above 97.2%, and Varicella was above 96.6%, with an exemption rate of 1.9%;¹ and
3
4 Whereas, in comparison, in the 2013-14 school year, the MMR vaccine coverage in Maryland was 97.6%, DTaP
5 was 99.0%, and Varicella was 99.0%, with an exemption rate of 1.0%;² and
6
7 Whereas, there has been reduced uptake of MMR vaccines possibly exacerbated by vaccine hesitancy during the
8 COVID-19 pandemic,³⁻⁵ increasing risk of spread of measles (an infectious disease requiring 95% immunity for
9 herd protection);⁶ and
10
11 Whereas, complications of measles is common and as many as 20% of unvaccinated people require hospitalization;⁷
12 and
13
14 Whereas; there has been a resurgence in measles cases within the United States in recent years;⁸ and
15
16 Whereas, there was recently three confirmed case of measles reported in the state of Maryland;⁹ and
17
18 Whereas, small concentrated groups of unvaccinated individuals can be susceptible to measles outbreaks even if the
19 overall population is vaccinated in line with requirements for herd immunity;¹⁰ and
20
21 Whereas, the increased incidence of other vaccine-preventable infections such as polio have been observed
22 internationally due to the declining vaccination rate following the COVID-19 pandemic;¹¹ and
23
24 Whereas, vaccine hesitancy stems from eroding public trust in government, health systems, healthcare institutions,
25 and medical professionals, compounded by widespread misinformation and fear of vaccination;^{12,13} and
26
27 Whereas, there is precedent for directly supporting and engaging with the community with community partners to
28 address vaccine hesitancy;¹⁴ therefore be it
29
30 RESOLVED, MedChi will actively seek public and private grant funding for community outreach and education
31 initiatives concerning vaccinations in Maryland.

Fiscal Note: Included in Advocacy budget.

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MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 4-25

INTRODUCED BY: MedChi – Medical Student Section

SUBJECT: Supporting Stigma-Free Physician Licensure Forms

1 Whereas, current medical licensure and credentialing forms in various states ask invasive questions about
2 the history of mental health treatment, which can discourage physicians from seeking care; and
3

4 Whereas, estimates of help-seeking behavior for physicians in need of mental health care range from 18-
5 36%¹; and
6

7 Whereas, physicians have a higher rate of suicide than the general population¹; and
8

9 Whereas, the American Medical Association is a coalition member of the Dr. Lorna Breen Heroes'
10 Foundation, which advocates for the removal of stigmatizing mental health language on medical licensing
11 forms; and
12

13 Whereas, ensuring the mental health and well-being of physicians is crucial to patient care and the quality
14 of the health system; therefore be it
15

16 RESOLVED, that MedChi, The Maryland State Medical Society, will support the removal of intrusive
17 questions about mental health history and treatment in Maryland State Board of Medicine licensing and
18 credentialing forms.

Fiscal Note: Included in Advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 5-25

INTRODUCED BY: Baltimore County Medical Association

SUBJECT: Members Discount for American Medical Association Products and Resources

1 Whereas, the American Medical Association has many products and resources that are available for purchase by
2 members and non-members; and
3
4 Whereas, AMA members get access to discounts on some products and resources, however, on many others,
5 members pay the same as non-members; and
6
7 Whereas, offering a discount to members for all AMA resources can provide several benefits; and
8
9 Whereas, discounts make membership more valuable by offering exclusive savings, encouraging members to renew
10 and stay engaged; and
11
12 Whereas, potential members may be more likely to join if they see clear financial benefits on important resources;
13 and
14
15 Whereas, lowering the cost increases accessibility, ensuring more members use the resource, which can enhance
16 their professional knowledge and connection to the association; and
17
18 Whereas, providing member discounts fosters a sense of belonging and appreciation among members; and
19
20 Whereas, even with discounts, increased member purchases may offset lost revenue, especially if members are more
21 likely to buy due to the savings; and
22
23 Whereas, if non-members pay full price, it creates a tangible benefit to joining, reinforcing the value of membership;
24 and therefore, be it
25
26 Resolved, that the Maryland Delegation to our AMA advocate for our AMA to offer discounts to members on all
27 AMA products and resources.

Fiscal Note: Included in the AMA budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 6-25

INTRODUCED BY: Prince George's County Medical Society
Queen Anne's County Medical Society

SUBJECT: Support and Funding for Sickle Cell Disease Services at the University of Maryland
Medical System

- 1 Whereas, Sickle Cell Disease (SCD) is a hereditary blood disorder that affects millions of individuals
2 worldwide, and
3
4 Whereas SCD disproportionately impacts African American communities, leading to severe complications,
5 chronic pain, and reduced quality of life; and
6
7 Whereas, the University of Maryland Medical System (UMMS) has developed a comprehensive Sickle Cell
8 Disease program aimed at providing specialized, high-quality care for individuals living with SCD, with a
9 focus on early diagnosis, treatment, pain management, and patient education; and
10
11 Whereas, the demand for specialized care for SCD is growing, and there are continuing disparities in access to
12 care, treatment, and outcomes for individuals affected by the disease, making it imperative to ensure equitable
13 access to services and resources for patients living with SCD in Maryland; and
14
15 Whereas, the UMMS Sickle Cell Disease program is a critical component of addressing these disparities, but
16 adequate funding and support are required to expand services, improve patient outcomes, and ensure
17 comprehensive care across Maryland and beyond; and
18
19 Whereas, additional funding will support the implementation of new treatments, outreach programs, advanced
20 research, educational resources for patients and families, and improved access to state-of-the-art clinical care
21 facilities for those suffering from SCD; and
22
23 Whereas, addressing Sickle Cell Disease through appropriate funding and support will help reduce the long-
24 term economic and social burden associated with this condition, including hospitalizations, lost productivity,
25 and diminished quality of life for patients; now therefore it be
26
27 Resolved, that the MedChi, The Maryland State Medical Society supports increased funding for the University
28 of Maryland Medical System's Sickle Cell Disease program, advocating for sufficient resources to support its
29 operations and initiatives; and be it further
30
31 Resolved, that MedChi, The Maryland State Medical Society calls on state and federal lawmakers, as well as
32 private healthcare stakeholders, to provide the appropriate level of funding, infrastructure, and policy support
33 necessary to advance the treatment, care, and research of Sickle Cell Disease, ensuring that all individuals with
34 SCD receive the care and services they need to live healthy and fulfilling lives; and be it further
35
36 Resolved, that MedChi will continue to work collaboratively with the University of Maryland Medical System,
37 other healthcare practitioners, and advocacy organizations to promote awareness of Sickle Cell Disease and the
38 ongoing need for robust funding and services.
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Fiscal Note: Included in Advocacy budget.