HOD Handbook

MedChi House of Delegates Meeting
October 25, 2025

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

To: MedChi Delegates and Alternate Delegates

Within this handbook, you will find the materials needed for MedChi's Fall House of Delegates meeting on Saturday, October 25, 2025. **Please note the new venue: Hilton Baltimore BWI Airport** |1739 W. Nursery Road, Linthicum Heights, MD. 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

SATURDAY, OCTOBER 25, 2025

7:00 am	**Registration and Breakfast with Exhibitors**
8:00 am	**Good Nutrition, Good Health, and How To Get There: The Road To Better Preventive Medicine and Public Health**
	Panelists: *Eric Wargotz, MD, MedChi President-elect (moderator)*
	Aruna Nathan, MD
	Neal Barnard, M.D.
	Congressman Andy Harris, MD
9:30 am	**Break with Exhibitors**
10:00 am	**House of Delegates Meeting Call to Order**
	(times and order of business below are approximate and subject to change)
10:00 am	**Business of the House**
	Report of the Credentials Committee – Dan Morhaim, MD, Chair
	Report of the Speaker of the House – Clement Banda, MD
	Approval of Minutes of April 27, 2025, House of Delegates Meeting
	Membership Report
10:05 am	**Presentation of Memorial Resolutions**
10:15 am	**Presentation of Awards**
10:30 am	**Nominations and Elections**
10:45 am	**Reports of MedChi Affiliates**
	Center for a Healthy Maryland
	MMPAC
	Unity Insurance Agency
11:00 am	**Report of the President – Padmini Ranasinghe, MD**
11:15 am	**Report of the Treasurer – Loralie Ma, MD**
11:20 am	**Report of the CEO – Gene Ransom**
11:35 am	**Inauguration of MedChi's 178th President, Eric Wargotz, MD**,
12:00 pm	**Lunch**
12:45 pm	**Report of the Reference Committee – David Hexter, MD, Chair**
3:00 pm	**Closing Business of the House**
	Unfinished Business
	New Business
	Next Meeting – Sunday, April 26, 2026
	Adjournment
3:15 pm	**Board of Trustees Meeting**
	(time is approximate; board meeting will begin 10 minutes after House adjourns)

MEDCHI HOUSE OF DELEGATES MEETING
April 27, 2025
MINUTES

DELEGATES PRESENT

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

CALL TO ORDER

The 441st meeting of the MedChi House of Delegates was held virtually via Zoom. The meeting was called to order at 8:00 am.

REPORT OF THE CREDENTIALS COMMITTEE

Dan Morhaim, 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 October 26, 2024, House of Delegates meeting were approved as submitted.

REPORT OF MEDICAL POLITICAL ACTION COMMITTEES

Stephen Rockower, MD, presented an update on the Maryland Medical Political Action Committee. John Poole, MD, shared an update on the American Medical Political Action Committee.

REPORT OF THE PRESIDENT

Padmini Ranasinghe, MD, gave her President's Report.

TREASURER'S REPORT

Loralie Ma, MD, presented the financial report.

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:

BOT Report 1-25 – Follow Up to Resolutions from 2024 Fall House of Delegates Meeting was accepted by the House as an informational report.

CME Report 1-25 – Looking AHEAD Committee Report to MedChi House of Delegates was accepted by the House as an informational report.

CMP Report 1-25 – Cannabis Committee Report to MedChi House of Delegates was accepted by the House as an informational report.

CMP Report 2-25 – Opioid, Pain, and Addiction Committee Report to MedChi House of Delegates was accepted by the House as an informational report.

Resolution 1-25 – Support for Physician-Owned Hospitals was adopted by the House as follows:

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

Resolution 2-25 – Support the Re-opening of Enrollment for the Maryland Primary Care Program was adopted by the House as follows:

> Resolved, that MedChi, The Maryland State Medical Society, strongly supports the immediate re-opening of enrollment for the Maryland Primary Care Program; and be it further
> Resolved, that MedChi urges the Maryland Department of Health to work closely the Centers for Medicare and Medicaid Services (CMS) to advocate for and facilitate the immediate re-opening of enrollment for the Maryland Primary Care Program; and be it further
> Resolved, that MedChi will continue to promote and support efforts to strengthen primary care as a foundation for a healthier Maryland.

Resolution 3-25 – Supporting Vaccine Education via Community Engagement Led by MedChi Medical Student Section and Medical Students of Maryland was adopted by the House as follows:

> Resolved, that MedChi will actively seek public and private grant funding for community outreach and education initiatives concerning vaccinations in Maryland.

Resolution 4-25 – Supporting Stigma-Free Physician Licensure Forms was amended and adopted by the House as follows:

> Resolved, that MedChi, The Maryland State Medical Society, will support the removal of intrusive questions about mental health history and treatment in licensing forms required by the Maryland State Board of Physicians and credentialing forms required by hospitals, insurance carriers, and other entities that credential physicians.

Resolution 5-25 – Members Discount for American Medical Association Products and Resources was adopted by the House as follows:

> Resolved, that the Maryland Delegation to our AMA advocate for our AMA to offer discounts to members on all AMA products and resources.

Resolution 6-25 – Support and Funding for Sickle Cell Disease Services at the University of Maryland Medical System was referred to the Board of Trustees.

REPORT OF THE CHIEF EXECUTIVE OFFICER

Gene Ransom presented the operations report and a legislative update.

GUEST SPEAKER

The Honorable Meena Seshamani, MD, PhD, Secretary of the Maryland Department of Health, gave an address to the House.

NEXT MEETING

The next meeting of the House of Delegates will be held on Saturday, October 25, 2025.

ADJOURNMENT

There being no further business, the meeting was adjourned.
Respectfully submitted,
J. Michael Niehoff, MD
Secretary

MEMBERSHIP REPORT

FIFTY-YEAR MEMBERS

ALLEGANY COUNTY
Richard L. Snider, M.D.

ANNE ARUNDEL COUNTY
Arnold G. Alexander, M.D.
Marc A. Rawitt, M.D.
Harvey J. Steinfeld, M.D.

BALTIMORE CITY
Ruth S. Ashman, M.D.
Henry N. Chen, M.D.
Lilia L. DeBorja, M.D.
Frank A. Giargiana, M.D.
John J. Mann, M.D.
Thomas Pozefsky, M.D.
Gurubhagavat R. Rao, M.D.
Henry A. Spindler, M.D.

BALTIMORE COUNTY
Harold B. Bob, M.D.
Alfredo B. Caragay, M.D.
Corazon M. Cuevas, M.D.
Nelson R. DeLara, M.D.
Thomas J. Oglesby, M.D.
Ibrahim A. Razzak, M.D.

CECIL COUNTY
Eddie S. Saw, M.D.

HARFORD COUNTY
Linda R. Braterman, M.D.
Vicente R. Carag, M.D.

HOWARD COUNTY
Gregory C. Fernandopulle, M.D.

MONTGOMERY COUNTY
Fe R. Adolfo, M.D.
Elliott J. Friedel, M.D.
Vincent J. Ionata, M.D.
Dennis G. Kleban, M.D.
George M. Korengold, M.D.
James A. Loreto, M.D.
Ronald J. Orleans, M.D.
Eugene K. Sussman, M.D.

PRINCE GEORGE'S COUNTY
David A. Boetcher, M.D.
David S. Granite, M.D.
David J. Haidak, M.D.

TALBOT COUNTY
Silvia A. Diaz, M.D.

WASHINGTON COUNTY
Alan M. Wexler, M.D.

WICOMICO COUNTY
Helen M. Baldado, M.D.
Elsa M. Goris, M.D.
John H. Shenasky, M.D.

FORTY-YEAR MEMBERS

ANNE ARUNDEL COUNTY
Lee A. Goodman, M.D.
Alex Hertzman, M.D.
Angela R. Peterman, M.D.

BALTIMORE COUNTY
Robert K. Brookland, M.D.
Willarda V. Edwards, M.D.
Gary W. Pushkin, M.D.
Eric L. Weisbrot, M.D.

CHARLES COUNTY
Vidyasagar Anmangandla, M.D.

MONTGOMERY COUNTY
William W. Mullins, M.D.
Barry S. Talesnick, M.D.

WASHINGTON COUNTY
Manzar J. Shafi, M.D.,C.M.D.

EMERITUS

BALTIMORE CITY
Donald P. Bousel, M.D.
Richard Colgan, M.D.
Jeannine L. Saunders, M.D.

BALTIMORE COUNTY
Gail P. Cunningham, M.D.
Theodore C. Houk, M.D.
H. Alexander Munitz, M.D.

CECIL COUNTY
Barbara A. Parey, M.D.

FREDERICK COUNTY
James P. Amerena, M.D.
Yeung W. Lee, M.D.
Kathleen W. Stern, M.D.

KENT COUNTY
Eric F. Ciganek, M.D.
Sean E. Hunt, M.D.

MONTGOMERY COUNTY
Peter N. Kaufman, M.D.
Patricia A. Petrick, M.D.
Carol A. Plotsky, M.D.
Susan D. Stein, M.D.
Stephen E. Wiggins, M.D.

PRINCE GEORGE'S COUNTY
Jeffrey Bernstein, M.D.
Theodore Y. Kim, M.D.
John H. Niles, M.D.

TALBOT COUNTY
William E. Huffner, M.D.

WASHINGTON COUNTY
Pear M. Enam, M.D.

NECROLOGY

(October 15, 2024 – October 15, 2025)

ALLEGANY COUNTY

Jack W. Harvey, M.D.	December 4, 2024
Andrew Stasko, M.D.	April 6, 2025

ANNE ARUNDEL COUNTY

Steven J. Abramedis, M.D.	October 21, 2024
Donald C. Roane, M.D.	March 10, 2025

BALTIMORE CITY

Lillian R. Blackmon, M.D.	February 25, 2025
Albert Folgueras, M.D.	April 20, 2025
Earl P. Galleher, M.D.	December 7, 2024
Muhammad Imran, M.D.	October 24, 2024
Joseph S. McLaughlin, M.D.	March 1,2025
Richard S. Munford, M.D.	February 2, 2025
Carolyn J. Pass, M.D.	October 23, 2024
Neil A. Robinson, M.D.	July 21, 2025
Timoteo D. Rubiano, M.D.	November 11, 2024
William B. Russell, M.D.	February 12, 2025
John A. Singer, M.D.	December 2, 2024
George A. Taler, M.D.	April 16, 2025
Antonio S. Termulo, M.D.	June 4, 2025

BALTIMORE COUNTY

Robert K. Brawley, M.D.	November 19, 2024
Richard W. Little, M.D.	June 30, 2025
Paul A. McClelland, M.D.	June 2, 2025
J. Crossan O'Donovan, M.D.	January 19, 2025
Joseph F. Palmisano, M.D.	January 24, 2025
Michael L. Sherman, M.D.	December 15, 2024
Dario A. Ugarte, M.D.	November 3, 2024
E.F. Shaw Wilgis, M.D.	February 2, 2025

CALVERT COUNTY

Richard J. Ghattas, M.D.	December 25, 2024

CARROLL COUNTY

William R. O'Rourke, M.D.	June 23, 2025

FREDERICK COUNTY

Karen Hundemer, M.D.	January 3, 2025
Peter C. Lizas, M.D.	June 14, 2025

HARFORD COUNTY

John P. O'Hearn, M.D.	September 20, 2025

HOWARD COUNTY

Henry V. Belcher, M.D.	January 11, 2025

MONTGOMERY COUNTY

Solomon E. Barr, M.D.	January 4, 2025
Horace W. Bernton, M.D.	June 12, 2025
Donald R. Lewis, M.D.	January 24, 2025
Gary W. London, M.D.	April 14, 2025
Jerold J. Principato, M.D.	November 21, 2024
Jonathan D. Tuerk, M.D.	April 3, 2025

PRINCE GEORGE’S COUNTY

Arnaldo A. Garro, M.D.	May 29, 2025
Ronald A. Katz, M.D.	December 13, 2024

QUEEN ANNE’S COUNTY

Erney Maher, M.D.	June 6, 2025

WASHINGTON COUNTY

J. Ramsay Farah, M.D.	August 27, 2025

WICOMICO COUNTY

John H. Hedger, M.D.	May 27, 2025

OUT-OF-STATE AFFILIATE

Thora L. Haynes, M.D.	March 6, 2025

MEMORIAL RESOLUTION

J. Ramsey Farah, M.D

Whereas, on August 27, 2025, MedChi, the Maryland State Medical Society and its component, The Washington County Medical Society, lost a fifty-year member in Dr. J. Ramsey Farah, a fierce advocate of addiction medicine, and

Whereas, Dr. Farah was born in Beirut, Lebanon on April 7, 1949, and pursued a medical degree, with distinction, at the American University of Beirut, graduating in 1972, and

Whereas, he completed a residency and fellowship at the University of Maryland in Pediatrics, and went on to earn a Master of Public Health Degree at The Johns Hopkins University, and

Whereas, Dr. Farah served ON many Maryland communities for over fifty years, as a leader in pediatrics, public health, and an expert in addiction medicine, and

Whereas, he founded and directed Phoenix Health Center and Phoenix Behavioral Center, where he treated countless patients with dignity and compassion, and

Whereas, Dr. Farah, a Distinguished Fellow of the American Society of Addiction Medicine, was known nationally for his expertise in substance use disorders, complex pain management, and integrated behavioral healthcare, and

Whereas, he became a member of the Maryland Board of Physicians, chaired a state advisory committee on practice standards, and worked to shape policy for the betterment of patients in Maryland, and

Whereas, Dr. Farah received numerous awards for his leadership and community service, including MedChi's Distinguished Board of Trustees Award and President's Award, and

Whereas, he garnered awards from The American Heart Association, The American Cancer Society and The American Lung Association, and was honored locally by the Washington County Medical Society, and

Whereas, Dr. Farah is survived by his wife of 60 years, Elizabeth Farah, his son Patrick and daughters, Jessica and Veronica; and eight grandchildren, therefore be it

Resolved, That Washington County Medical Society and The MedChi House of Delegates have adopted this Resolution as an indication of the respect that the medical community holds for Dr. Farah, and be it further

Resolved, that this resolution be spread upon the minutes of this meeting and be given to his wife and family, as an expression of the esteem in which Dr. Farah is held by his colleagues.

Submitted this day, October 25, 2025

SLATE OF NOMINATIONS

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~~

Chukwuemeka U. Obidi, MD | Pediatrics| Washington County | Member since 2022 | Currently serves on the Washington County Medical Society Board

The original call for nominations listed Andrew Oh, MD but he has withdrawn. Dr. Obidi's nomination will not be official until it comes from the floor on October 25, 2025, at which time additional nominations can be made. Advanced notice of additional nominations is strongly recommended. Please reach out to jfeaster@medchi,org. Dr. Obidi does not meet the eligibility requirements for a trustee position therefore a 2/3 vote of the House will be required to set aside the bylaws and accept his nomination.

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~~

Dr. Reddy has withdrawn her nomination for AMA delegate term 25-27.

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~~

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

The original call for nominations listed Karen Dinesotes, MD, but she has withdrawn. Dr. Reddy's nomination will not be official until it comes from the floor on October 25, 2025, at which time additional nominations can be made. Advanced notice of additional nominations is strongly recommended. Please reach out to jfeaster@medchi,org.

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 is expected to 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.

REPORTS AND RESOLUTIONS

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MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

BOT Report 2-25

INTRODUCED BY: Board of Trustees

SUBJECT: Follow up to Resolutions from 2025 Spring House of Delegates Meeting

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

RES.	TITLE		RESOLVES	FOLLOW-UP
1-25	Support for Physician-Owned Hospitals	Adopted	RESOLVED, that MedChi, The Maryland State Medical Society, adopt as policy the support for physician-owned hospitals and advocate for the removal of restrictions that limit their growth and development.	Became MedChi policy and has been assigned to the Looking AHEAD committee to be considered as part of the AHEAD changes.
2-25	Support the Re-Opening of Enrollment for the Maryland Primary Care Program (MDPCP)	Adopted	RESOLVED, that MedChi, The Maryland State Medical Society, strongly supports the immediate re-opening of enrollment for the Maryland Primary Care Program; and RESOLVED, that MedChi urges the Maryland Department of Health to work closely with the Centers for Medicare and Medicaid Services (CMS) to advocate for and facilitate the immediate re-opening of enrollment for the Maryland Primary Care Program; and RESOLVED, that MedChi will continue to promote and support efforts to strengthen primary care as a foundation for a healthier Maryland.	MedChi wrote several letters to Department of Health and is part of the AHEAD position paper. MedChi continues to fight on this issue as AHEAD moves forward.

3-25	Supporting Vaccine Education Via Community Engagement Led by MedChi Medical Student Section and Medical Students of Maryland	Adopted	RESOLVED, MedChi will actively seek public and private grant funding for community outreach and education initiatives concerning vaccinations in Maryland.	We have been unable to find grant funding. However, we have done several educational activities including a recent press blitz by a MedChi Board member and a survey on vaccine issues.
4-25	Supporting Stigma-Free Physician Licensure Forms	Amended and adopted	RESOLVED, that MedChi, The Maryland State Medical Society, will support the removal of intrusive questions about mental health history and treatment in licensing forms required by the Maryland State Board of Physicians and credentialing forms required by hospitals, insurance carriers, and other entities that credential physicians.	Completed – MedChi worked with the Board of Physicians, and they revised the 2025 renewal application. We are working with other facilities as well.
5-25	Members Discount for American Medical Association Products and Resources	Adopted	Resolved, that the Maryland Delegation to our AMA advocate for our AMA to offer discounts to members on all AMA products and resources.	$100 discount code (MEDCH100) was provided by the AMA. The discount code expires on December 31, 2025, but our AMA Representative said that it could be renewed for 2026.

6-25	Support and Funding for Sickle Cell Disease Services at the University of Maryland Medical System	Referred	Resolved, that the MedChi, The Maryland State Medical Society supports increased funding for the University of Maryland Medical System's Sickle Cell Disease program, advocating sufficient resources to support its operations and initiatives; and be it further Resolved, that MedChi, The Maryland State Medical Society calls on state and federal lawmakers, as well as private healthcare stakeholders, to provide the appropriate level of funding, infrastructure, and policy support necessary to advance the treatment, care, and research of Sickle Cell Disease, ensuring that all individuals with SCD receive the care and services they need to live healthy and fulfilling lives; and be it further Resolved, that MedChi will continue to work collaboratively with the University of Maryland Medical System, other healthcare practitioners, and advocacy organizations to promote awareness of Sickle Cell Disease and the ongoing need for robust funding and services.	This was referred to the Public Health Committee from the Board of Trustees. The Public Health Committee is in the process of developing its recommendations.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY HOUSE OF DELEGATES

CL Report 1-25

INTRODUCED BY: Council on Legislation

SUBJECT: Review of 2025 Legislative Agenda

Every year the Legislative Council reviews the prior year's legislative agenda and decides which issues remain priority issues for the following year.

Note: *Italics* indicate results of the 2025 General Assembly Session and recommended actions.

RECOMMENDATIONS:

ENSURING TIMELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT

- Monitor implementation of ***Senate Bill 791/House Bill 932: Health Insurance – Utilization Review – Revisions*** (effective January 1, 2025), a MedChi initiative in 2024, and advocate for additional initiatives to reduce administrative burdens and ensure patients can receive the care ordered by their treating physicians, such as reforming step therapy policies, passage of accumulator laws and addressing policies that require physicians to enforce cost-sharing agreements between patients and health plans.
    - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 970/Senate Bill 646 prohibits insurers from imposing step therapy or fail-first protocols for insulin or insulin analog used to treat diabetes; House Bill 1087/Senate Bill 921 prohibits insurers from imposing step therapy or fail-first protocols for a prescription to treat a symptom or side effect of stage four advanced metastatic cancer; and Senate Bill 773/House Bill 692 implemented protections on cost-sharing (i.e., accumulator provisions).* o *CONTINUE ongoing advocacy efforts to reduce burdens and simplify administrative processes.*

- Work with relevant stakeholders and State agencies to evaluate the Maryland health insurance market landscape and its effect on physician rates and network adequacy due to monopolistic characteristics and ensure that physicians and other health care practitioners are not inappropriately excluded from participating on insurance panels and that payments are appropriate.
    - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 995/Senate Bill 776 established a workgroup to study the rise in adverse decisions in the State.*
    - *CONTINUE ongoing advocacy efforts, including follow-up from the Maryland Health Care Commission's study on the insurance landscape, which confirms a high concentration of primary insurers equals low payment rates; and continue ongoing discussions with the Maryland Insurance Administration regarding issues related to downcoding, network adequacy, and credentialing.*

- Advocate that the Fiscal Year 2027 Medicaid budget return E&M reimbursement rates to 100% of Medicare to support physician participation in the Medicaid program and ensure that Medicaid patients have adequate access to physician services. o *ACCOMPLISHED MedChi successfully prevented any reduction in Medicaid E&M payment rates, thus maintaining current funding levels.*
    - *CONTINUE advocacy efforts, given that the State budget is an annual process.*

- Advocate for initiatives that extend Maryland's anti-steering law to include specialty drugs to allow them to be dispensed by physicians in the commercial health insurance market and work with Medicaid to address issues concerning physician dispensing.
    - *ACCOMPLISHED. Bills that passed during the 2025 Session – Senate Bill 975/House Bill 1243 allows in-office dispensing of certain oncology medication.*

- Support physicians and patients by keeping the Maryland Primary Care Program in the Total Cost of Care/AHEAD Model, increasing access for all specialties in the Episode Quality Improvement Program, and incorporating patient protections in the Total Cost of Care/AHEAD Model.
    - *CONTINUE advocacy efforts as AHEAD Model negotiations are finalized.*

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 with the defeat of House Bill 867, which would have allowed naturopaths to prescribe prescription drugs, including Schedule II, IV, and V controlled dangerous substances.*
    - *CONTINUE advocacy efforts as scope of practice issues arise.*

- Maintain State funding and work to develop a more permanent and robust funding source for the Maryland 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 appropriation of $3 million in the Fiscal Year 2026 budget.*
    - *CONTINUE advocacy efforts for a permanent and more robust funding source.*

- Fight initiatives to weaken Maryland's current medical liability environment and jeopardize Maryland's Total Cost of Care Model, including eliminating/increasing the "cap" on damages in medical malpractice cases, and weakening the standard required for punitive damages.
    - *ACCOMPLISHED with the defeat of House Bill 113/Senate Bill 584, which would have repealed the cap on non-economic (pain and suffering) damages applicable in nonmedical malpractice cases.* o *CONTINUE advocacy efforts.*

- Monitor the regulatory and disciplinary actions of the Board of Physicians (Board) to ensure the proper treatment of physicians.
    - *CONTINUE advocacy efforts.*

- Support efforts to define, increase, and improve staffing in Maryland's hospitals, including methods to address the continued workforce shortage.
    - *CONTINUE advocacy efforts.*

- Work to address gaps in artificial intelligence (AI) policies in healthcare, including developing health information technology privacy and security initiatives in patient care that ensure transparency and

implement best practices for data quality, including under which circumstances it is appropriate to require patient consent.

  - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 820, which prohibits a health insurance carrier, pharmacy benefits manager, or private review agent from using artificial intelligence, algorithms, or other software tools to replace the role of the health care provider in the determination process; and House Bill 956, which establishes an AI Workgroup to monitor issues and make recommendations related to AI.*

    MedChi successfully advocated for the appointment of two members to the Workgroup.
  - *CONTINUE to monitor workgroup proceedings and recommendations.*

ADDRESSING BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS

- Advocate for the expansion of Maryland's crisis treatment centers throughout the State and addressing access to care barriers for behavioral health services.
  - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 1146/Senate Bill 900, which updates the Maryland Behavioral Health Crisis Response Systems to the State 9-8-8 Suicide and Crisis Lifeline, which will coordinate with a network for providers for support services like suicide prevention, crisis intervention, referrals to resources, mobile crisis teams, and crisis stabilization centers.*

- Support innovative approaches to addressing the opioid crisis, such as working with the Maryland Department of Health (MDH) to review the appropriateness of having Narcan (Naloxone) available wherever there are automated external defibrillators.
  - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 798/Senate Bill 589, which creates a dashboard to enhance public transparency on opioid restitution fund spending plans and funded initiatives; and House Bill 1131 establishes the Buprenorphine Training Grant Program to help counties fund training for paramedics to administer buprenorphine.* o *CONTINUE advocacy efforts.*

- Advocate for comprehensive behavioral health reform that addresses current system deficiencies, such as policies that limit or restrict access to medications for opioid use disorder in the Maryland Certification of Recovery Residences program.
  - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 1066, which establishes an additional workgroup within the Commission on Behavioral Health Care Treatment and Access aimed at focusing on improving outcomes related to substance use disorder.*
  - *CONTINUE advocacy efforts.*

STRENGTHENING PUBLIC HEALTH INITIATIVES

- Support health equity initiatives that address health disparities and the social determinants of health.
  - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 1066, which requires the Commission on Behavioral Health Care Treatment and Access to establish an additional workgroup focused on improving health, social, and economic outcomes related to substance use.*
  - *CONTINUE advocacy efforts.*

- Support polices to increase access for all Marylanders (regardless of immigration status) to free or low-cost health care plans through initiatives that automatically enroll individuals in coverage and/or provide individual or small employer subsidies to improve the affordability of coverage. o *ACCOMPLISHED. Senate Bill 705/House Bill 728 passed the 2024 Session. On January 15, 2025, Maryland's application for an amendment of its State Innovation Waiver under the Affordable Care Act was approved. Starting with plan year 2026, the amendment allows all qualified residents in Maryland (regardless of immigration status) to enroll in private plans on the state exchange.* o *CONTINUE to monitor implementation.*

- Advocate for public health and safety initiatives, including addressing the syphilis epidemic, supporting trauma-informed care, and reducing fossil fuel use.
  - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 798/Senate Bill 589, which mandates the Maryland Office of Overdose Response, in collaboration with the MDH, to develop and maintain an interactive dashboard detailing the allocation and expenditure of funds from the Opioid Restitution Fund.*
  - *CONTINUE advocacy efforts.*

- Support initiatives that preserve access to reproductive health services, including those consistent with the current American Medical Association Policy.
  - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 930/Senate Bill 848, which establishes the Public Health Abortion Grant Program Fund within MDH to provide grants to improve access to abortion care clinical services.*
  - *CONTINUE advocacy efforts.*

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 07-25

INTRODUCED BY: Anne Arundel County Medical Society

SUBJECT: Childhood Trauma and Behavioral Health

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1 Whereas, MedChi, the Maryland State Medical Society passed Resolution 42-24 which supports activities of
2 The Maryland Governor's Office of Crime and Control and Prevention's Commission on Trauma-Informed
3 Care and the Commission's ACEs Aware Workgroup; and
4
5 Whereas, the Commission, in consultation with the Maryland Department of Health, the Department of Human
6 Services, and the Maryland Health Care Commission, was charged with studying and implementing an Adverse
7 Childhood Experiences (ACEs) Aware program; and
8
9 Whereas, The ACEs Aware Workgroup defined its purpose in the following way: "The ACEs Aware
10 workgroup is to study the ACEs Aware California program, evaluate it as a potential model to be replicated (in
11 whole or part) in Maryland, and ensuring the recommended model includes resources, treatment, and support
12 that are both evidence-based and cost-effective, supporting individual and family health in Maryland"; and
13
14 Whereas, the workgroup studied California's ACEs Aware Program and conducted a review of additional
15 models, including Safe Environment for Every Kid (SEEK), Maryland Behavioral Health Integration in
16 Pediatric Primary Caren (BHIPP). And Health Outcomes and Positive Experiences (HOPE); and
17
18 Whereas, the Commission, in its 2023 report stated it is not prepared to make final recommendations regarding
19 the implementation of an ACEs Aware program in Maryland, the workgroup did reach consensus that:
20 1. Further research is necessary due to concerns about utilizing the ACEs tool as an assessment and that
21 Maryland should be looking at other assessment tools
22 2.Concerns remain about beginning a program of assessment when Maryland is currently lacking resources to
23 treat the extent of trauma in its community
24 3. Training providers will be beneficial in Maryland, especially if accredited CME/CEUs can be provided and
25 that this training should be broader than simply explaining an assessment tool but rather include a coaching
26 model or in some way enable providers to play this new role competently
27 4. The need to include third-party reimbursement for providers providing assessments and that enabling
28 providers to receive third-party reimbursement for the additional time that it will take to conduct assessments
29 thoroughly is crucial
30 5. Any program created for Maryland includes prevention, not just identification and treatment
31 6. Implementing any program similar to an ACE Aware Program will require significant funding; and
32
33 Whereas, Executive Order 01.01.2024.06 transferred the Commission's staffing and reporting to the
34 Department of Human Services; and
35
36 Whereas, the Department of Human Services has not reconstituted or reconvened the Commission and asserts
37 that the Commission has completed its responsibilities and recommends repealing the statute that created the
38 commission; therefore be it
39
40 Resolved, that MedChi acknowledges that childhood trauma has a contributory role in the child and adolescent
41 behavioral health crisis in Maryland; and be it further

1

2 Resolved, that MedChi advocate for insurance coverage of clinically appropriate screening tools to better
3 address the child and adolescent behavioral health crisis in Maryland; and be it further
4
5 Resolved, that MedChi supports the continuation of The Maryland Governor's Office of Crime and Control and
6 Prevention's Commission on Trauma-Informed Care and the Commission's ACEs Aware Workgroup and its
7 work.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 08-25

INTRODUCED BY: Anne Arundel County, Howard County, and Prince George's County Medical Society

SUBJECT: Support For Routine Tardive Dyskinesia Screening in Alignment with APA Clinical Guide

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1 Whereas, the American Psychiatric Association (APA) recommends routine screening for tardive dyskinesia
2 (TD) in all patients treated with antipsychotic medications, given the risk of persistent, potentially disabling
3 involuntary movements; and
4
5 Whereas, the risk of TD is highest among vulnerable populations, including older adults and individuals with
6 serious mental illness, intellectual and developmental disabilities, central nervous system injury, or substance
7 use disorders, and individuals receiving long-term or high-dose antipsychotics; and
8
9 Whereas, the use of antipsychotic medication raises the need for ongoing monitoring for adverse effects; and
10
11 Whereas, early identification of TD through validated tools such as the Abnormal Involuntary Movement Scale
12 (AIMS) allows for timely intervention; therefore be it
13
14 Resolved, that MedChi, The Maryland State Medical Society supports routine screening for tardive dyskinesia
15 in accordance with APA guidelines and encourages physicians prescribing antipsychotics to implement standard
16 screening practices as part of comprehensive patient care.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 09-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Cosmetic Surgical Facility Patient Safety

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1 Whereas, there are an increasing number of poor outcomes in the national media from poor quality care and
2 lack of medical supervision in cosmetic surgical facilities across the country including a death from an IV
3 infusion, infections, burns and scarring, and botched cosmetic injections; and
4
5 Whereas, many of these cosmetic surgical facilities are operated by national chains with a focus on profit; and
6
7 Whereas, patients who receive treatment at cosmetic surgical facilities deserve good quality of care by highly
8 trained health care professionals with appropriate medical supervision; and
9
10 Whereas, cosmetic surgical facilities in Maryland are licensed by and under the oversight of the Office of
11 Health Care Quality in the Department of Health however little is known about their enforcement efforts, be it
12 therefore
13
14 Resolved, that MedChi will: 1) gather information on what enforcement efforts have been undertaken by the
15 State to ensure compliance with existing laws governing cosmetic surgical facilities, 2) seek a legislative audit
16 of enforcement efforts by the Office of Health Care Quality regarding cosmetic surgical facilities, and 3) after
17 obtaining this information, seek regulatory or legislative remedies as appropriate to ensure patient safety.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 10-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Combatting Medical Misinformation

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1 Whereas, there is an abundance of medically-related misinformation in the popular press and in social media,
2 and
3
4 Whereas, there is often confusion by physicians and patients about Maryland policies related vaccine access,
5 availability of women's health care options, etc. compared to contiguous states and the District of Columbia,
6 and
7
8 Whereas, 83% of patients trust their physician to provide accurate information, therefore be it
9
10 Resolved, that MedChi develop a public relations strategy and campaign to communicate and post an evidence-
11 based message every 1-2 weeks on social media channels addressing medically-related misinformation which
12 can be amplified by our physician members in their own patient communications and on their own social media
13 platforms.

Fiscal Note: Significant cost to pay for public relations campaigns.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 11-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Access to and Promotion of Tobacco Cessation and Education Programs

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1 Whereas, smoking and tobacco use cause serious health problems and remain a leading cause of preventable
2 disease and death; and
3
4 Whereas, a recent report from the American Lung Association urges Maryland lawmakers to prioritize the
5 protection and preservation of vital funding for tobacco prevention and cessation programs as well as
6 safeguarding the state's Clean Indoor Act from exemptions, to reduce the overwhelming human and financial
7 burden of tobacco use. The 2025 “State of Tobacco Control” report evaluates state and federal policies on
8 actions taken to eliminate tobacco use and recommends proven-effective tobacco control laws and policies to
9 save lives. The “State of Tobacco Control” report grades states and the District of Columbia in five areas that
10 have been proven to prevent and reduce tobacco use and save lives. In the 2025 report, Maryland received the
11 following grades indicating progress yet there is still much work to be done:
12 1. Funding for State Tobacco Prevention Programs – Grade F
13 2. Strength of Smokefree Workplace Laws – Grade A
14 3. Level of State Tobacco Taxes – Grade B
15 4. Coverage and Access to Services to Quit Tobacco – Grade A
16 5. Ending the Sale of All Flavored Tobacco Products – Grade F
17
18 Whereas, the tobacco industry is also introducing new products that appeal to youth like e-cigarettes that mimic
19 smartphones, kid-friendly flavors and flavored nicotine pouches that are heavily marketed by social media
20 influencers
21
22 Whereas, physicians and medical societies can help patients by promoting education and programs that support
23 quitting tobacco and nicotine use; therefore, be it
24
25 Resolved, that MedChi will:
26 1. Add smoking cessation and tobacco education resources to its website for physicians and patients.
27 2. Share and promote programs created by MedChi members that support quitting tobacco use.
28 3. Use MedChi communications (newsletters, e-news, and social media) to spread awareness about smoking
29 cessation programs.
30 4. Work with state policymakers and community partners to expand access to tobacco education and cessation
31 support.

Fiscal Note: Minor cost for promotion and dissemination of information.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 12-25

INTRODUCED BY: Medical Student Section
Authored by: Komal Gandhi, Umailla Naeem, of University of Maryland, School of Medicine

SUBJECT: Maintaining Broad Access to COVID-19 Vaccination in Maryland

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1 Whereas, COVID-19 remains a significant public health concern, with over 1.1 million Americans having died
2 from COVID-19 or related complications since 2020;1 and
3
4 Whereas, COVID-19 vaccines have been estimated to prevent 3.2 million deaths in the United States and
5 extensive studies consistently demonstrate their safety and efficacy in reducing severe illness, hospitalization,
6 and death across all age groups;2 and
7
8 Whereas, the federal government has recently restricted eligibility for COVID-19 vaccines to individuals aged
9 65 and older or adults with predisposing health conditions;3 and
10
11 Whereas, until September 2025, both the FDA and the CDC have recommended the COVID-19 vaccines in
12 patients ages 6 months and older;4 and
13
14 Whereas, changes in federal vaccine distribution and insurance coverage policies may create barriers to
15 COVID-19 vaccine access for certain populations, particularly younger adults and those without underlying
16 health conditions; and
17
18 Whereas, maintaining broad vaccine access is essential for community-wide protection, reducing transmission,
19 and protecting vulnerable populations through community immunity; and
20
21 Whereas, Maryland has a demonstrated commitment to public health and has previously taken proactive
22 measures to ensure vaccine accessibility during public health emergencies; and
23
24 Whereas, other states like Massachusetts have enacted state orders to maintain broad access to COVID-19
25 vaccines and ensured insurance coverage;5 therefore be it
26
27 Resolved, that MedChi, The Maryland State Medical Society, affirms the importance of maintaining broad
28 access to COVID-19 vaccines for all Maryland residents aged 6 months and older, regardless of underlying
29 health conditions, consistent with CDC recommendations; and be it further
30
31 Resolved, that MedChi, The Maryland State Medical Society, supports state-level policies that ensure continued
32 insurance coverage and accessibility of COVID-19 vaccines for all age-eligible Marylanders; and be it further
33
34 Resolved, that MedChi, The Maryland State Medical Society, encourage the Maryland Department of Health to
35 issue a standing order authorizing pharmacies and other licensed vaccinators to administer COVID-19 vaccines
36 to all eligible persons as defined by state guidance.

Fiscal Note: Included in the advocacy budget.

References:

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2.Fitzpatrick M, Moghadas S, Pandey A, Galvani A. Two Years of U.S. COVID-19 Vaccines Have Prevented Millions of Hospitalizations and Deaths. www.commonwealthfund.org. Published December 13, 2022. https://www.commonwealthfund.org/blog/2022/two-years-covid-vaccines-prevented-millions-deaths-hospitalizations

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5.Governor Healey Announces Immediate Steps to Ensure Vaccine Availability in Massachusetts Amid Trump, RFK Rollbacks. Mass.gov. Published 2025. https://www.mass.gov/news/governor-healey-announces-immediate-steps-to-ensure-vaccine-availability-in-massachusetts-amid-trump-rfk-rollbacks

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 13-25

INTRODUCED BY: Medical Student Section
Authored by: Ursula Gately, Johns Hopkins University, School of Medicine

SUBJECT: Environmental Determinants of Health and Human Well-being

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1 Whereas, environmental factors such as air and water quality, chemical exposures, climate conditions, and the
2 built environment play a fundamental role in human health and are key contributors to both disease and well-
3 being;
4
5 Whereas, poor air quality—caused by industrial emissions, vehicle exhaust, and other pollutants—is a well-
6 documented driver of respiratory diseases such as asthma and chronic obstructive pulmonary disease (COPD),
7 as well as heart disease and stroke, increasing healthcare costs and reducing quality of life; and
8
9 Whereas, access to clean water is essential for preventing gastrointestinal illnesses, neurological disorders, and
10 developmental issues in children, and ensuring safe drinking water infrastructure is a foundational public health
11 responsibility; and
12
13 Whereas, extreme weather events—including heat waves, wildfires, and hurricanes—are placing greater stress
14 on healthcare systems, increasing emergency visits, and endangering vulnerable populations such as children,
15 the elderly, and those with preexisting conditions; and
16
17 Whereas, exposure to hazardous chemicals, including pesticides, industrial byproducts, and heavy metals, has
18 been linked to chronic diseases such as cancer, endocrine disorders, and neurological conditions, underscoring
19 the need for responsible chemical management and consumer protections; and
20
21 Whereas, environmental injustice is a public health crisis, with marginalized communities—particularly low-
22 income populations, communities of color, Indigenous peoples, and immigrant communities—
23 disproportionately burdened by pollution, toxic exposures, and environmental degradation, leading to
24 preventable disease and premature death5; and
25
26 Whereas, well-planned communities with green spaces, safe housing, and reliable transportation options
27 promote physical activity, mental health, and lower rates of chronic illness, reducing the burden on the
28 healthcare system and improving quality of life; and
29
30 Whereas, workplace safety and environmental conditions affect worker health, with industries such as
31 agriculture, construction, and manufacturing carrying higher risks of respiratory illness, heat-related illnesses,
32 and chemical exposures that impact both individual well-being and workforce productivity7; therefore be it
33
34 Resolved, that MedChi recognizes environmental determinants of health as key factors influencing disease
35 prevention and patient care, and advocates for their integration into physician training, clinical practice, and
36 public health initiatives; and be it further
37
38 Resolved, that MedChi encourages physicians to assess for environmental determinants of health in patient
39 history-taking and encourages the incorporation of assessment for environmental determinants of health in
40 patient history-taking into physician training; and be it further

1
2 Resolved, that MedChi adopt AMA Policy D-135.997 Resolve 3:
3 Our AMA encourages federal, state, and local agencies to address and remediate environmental injustice,
4 environmental racism, and all other environmental conditions that are adversely impacting health, especially in
5 marginalized communities; and be it further
6
7 Resolved, that MedChi will advocate for policy that protects and promotes the health and wellbeing of
8 communities overburdened by challenges posed by environmental determinants of health, including but not
9 limited to infrastructure planning, land use, and environmental standards.

Fiscal Note: Included in the advocacy budget.

References:

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3. World Health Organization. Climate change and health. Accessed [August 1, 2025]. https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health (World Health Organization)
4. Mitra S, Chakraborty AJ, Tareq AM, Emran TB, Nainu F, Khusro A, et al. Impact of heavy metals on the environment and human health: Novel therapeutic insights to counter the toxicity. J King Saud Univ Sci. 2022;34(3):101865. doi:10.1016/j.jksus.2022.101865 (ScienceDirect)
5. Racial disparities in environmental exposure (for example): Racism as a public health issue in environmental health disparities and environmental justice: Working toward solutions. Environ Health. 2024. doi:10.1186/s12940-024-01052-8 (BioMed Central)
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7. Effects on occupational health and safety. In: European Climate and Health Observatory. Accessed [August, 1, 2025]. https://climate-adapt.eea.europa.eu/en/observatory/evidence/health-effects/occupational-health-safety (Climate-ADAPT)

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 14-25

INTRODUCED BY: Medical Student Section
Authored by: Komal Gandhi, Umailla Naeem, of University of Maryland, School of Medicine

SUBJECT: Supporting Health Equity Education in Maryland Medical Schools

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Whereas, a recent national survey found that 21% of U.S. adults reported experiencing discrimination in the health care system, with 72% of those individuals experiencing it more than once;[1] and

Whereas, nearly half of health care workers nationwide (47%) report witnessing discrimination against patients in their own facilities, and over half (52%) identify racism against patients as a major problem; and

Whereas, Maryland's medical schools train physicians who serve a highly diverse population, with Baltimore City being 59.3% Black or African American, 3.81% Hispanic, 2.49% Asian, and 3.4% multiracial, requiring culturally responsive care for these diverse communities; and

Whereas, Maryland currently requires physicians to complete implicit bias training upon first license renewal (House Bill 28, Senate Bill 5); and

Whereas, research demonstrates that standardized health equity education integrated throughout medical school curricula is more effective than isolated cultural competency in changing physician behavior and reducing healthcare disparities; and

Whereas, evidence shows that comprehensive health equity education that includes evidence-based instruction on health disparities, social determinants of health, and the specific needs of vulnerable populations — including racial and ethnic minorities, LGBTQ+ individuals, people with disabilities, and those from rural or low-income communities — improves patient care, promotes cultural competence, and increases patient adherence and satisfaction; and

Whereas, some states have enacted legislation restricting instruction on topics related to diversity, equity and inclusion in higher education, potentially limiting medical students' preparation to care for diverse patient populations; and

Whereas, some states have enacted legislation or policies that protect or promote the teaching of health disparities and DEI content in medical education; and

Whereas, Maryland has demonstrated commitment to health equity through legislation supporting diversity, equity, and inclusion initiatives and MedChi has previously supported health equity initiatives that address health disparities and social determinants of health;[10] and

Whereas, the American Medical Association (AMA) has demonstrated support for diversity in medical education and recognition of the critical necessity to incorporate DEI efforts in medical training (AMA policy D-295.963); therefore be it

Resolved, that MedChi, The Maryland State Medical Society, affirms that comprehensive health equity

1 education, including instruction on social determinants of health, healthcare disparities, and culturally
2 responsive care, is essential to medical education and improved patient outcomes; and be it further
3
4 Resolved, that MedChi, The Maryland State Medical Society, supports requiring Maryland medical schools to
5 implement standardized health equity curricula with measurable learning objectives and competency
6 assessments that prepare students to address healthcare disparities and provide culturally responsive care; and
7 be it further
8
9 Resolved, that MedChi, The Maryland State Medical Society, opposes any legislative or regulatory restrictions
10 that would limit evidence-based medical education content related to health disparities, social determinants of
11 health, or approaches to reducing healthcare inequities in Maryland medical schools; and be it further
12
13 Resolved, that MedChi, The Maryland State Medical Society, encourages Maryland medical schools to
14 integrate health equity content longitudinally throughout all four years of medical education rather than limiting
15 it to isolated courses or modules.

Fiscal Note: Included in the advocacy budget.

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8.Guerra P, Maio FD, Streed CG. Facing Political Attacks on Medical Education — The Future of Diversity, Equity, and Inclusion in Medicine. New England Journal of Medicine. 2025;392(10). doi:https://doi.org/10.1056/nejmp2500489
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MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 15-25

INTRODUCED BY: MedChi Medical Student Section
Authored by: Matthew Wilhide, University of Maryland, School of Medicine

SUBJECT: Increasing Involvement of Physicians in Decision-Making Committees for Medical and Geriatric Parole

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1 Whereas, the prison population in Maryland over the age of 55 has more than quadrupled from 1999-20191; and
2
3 Whereas, 21% of incarcerated individuals in Maryland were over the age of 51 as of 20222; and
4
5 Whereas, estimates have shown that health care costs of incarcerated individuals age over 65 add as much as
6 $53,000 per individual per year, 3-5x more expensive than their younger counterparts3; and
7
8 Whereas, medical and geriatric parole in Maryland has historically been difficult to obtain with 86 incarcerated
9 individuals granted medical parole between 2015 and 2020 and only 1 granted geriatric parole in the last 10
10 years according to the chief parole commissioner4; and
11
12 Whereas, the passing of Maryland State Senate bill SB181 in 2025 expands eligibility of incarcerated
13 individuals over 65 that have served longer than 20 years to be evaluated for medical/geriatric parole and
14 removes the need for authorization by the governor5; and
15
16 Whereas, physicians' roles in the current medical and geriatric parole process involve evaluation and
17 recommendation of the incarcerated individual to the Maryland Parole Commission6 ; and,
18
19 Whereas, physicians are not currently involved in the final process of deciding who is granted medical parole;
20 and
21
22 Whereas, the California State Legislature has proposed the formation of medical parole panels, made up of
23 physicians, psychologists, and correctional authorities to collaboratively weigh in on medical and geriatric
24 parole decisions7; and
25
26 Whereas, increasing the involvement of physicians in the direct process of making medical parole decisions
27 would ensure that proper measures are taken by the commission to understand the individual complexities of
28 each medical case and improve the odds of eligible inmates receiving justified parole; therefore be it
29
30 Resolved, that MedChi make an official stance in support of increasing physician involvement in medical and
31 geriatric parole decisions either through appointment of physicians directly to the commissions responsible for
32 decisions or through the creation of medical parole panels consisting of physicians and other correctional
33 officials.

Fiscal Note: Included in the advocacy budget.

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MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 16-25

INTRODUCED BY: MedChi Opioid, Pain, and Addiction Committee

SUBJECT: Reduction of Insurance Barriers to the Use of Buprenorphine for Pain

---

1 Whereas, non-pharmacologic and non-opioid pharmacologic treatments are considered to be the first-line
2 options for management of chronic non-cancer pain, and some experts have recommended that long-term
3 opioids not be initiated (NICE 2021) (VA/DOD 2022) or should be rarely initiated (ASAM Pain & Addiction
4 Essentials") for chronic non-cancer pain because of their limited effectiveness and the fact that they continue to
5 be significant factors in overdose (OD) deaths and the development of opioid use disorder (OUD); and
6
7 Whereas, if initiating a trial of an opioid is felt to be warranted for chronic non-cancer pain, reducing barriers to
8 the use of the partial opioid buprenorphine, if a full opioid would otherwise be used, is likely to reduce the
9 incidence of OUD and OD. The 2022 VA/DoD Practice Guidelines on the Use of Opioids in the Management
10 of Chronic Pain recommend that "For patients receiving daily opioids for the treatment of chronic pain, we
11 suggest the use of buprenorphine instead of full agonist opioids due to lower risk of overdose and misuse"
12 (VA/DoD 2022); and
13
14 Whereas, pharmaceutical industry promotion of widespread use of full opioids has contributed to the current
15 epidemics of OUD and of OD (Ballantyne 2017) (Dowell 2016) and continues to contribute to these epidemics.
16 County-by-county opioid sales in the U.S. have been closely associated with subsequent county-by-county
17 heroin and fentanyl-related death rates according to CDC and DEA data.; (Washington Post 2023); and
18
19 Whereas, while the number of opioid prescriptions per capita has declined in the U.S., the volume of opioid
20 prescribing per capita, in terms of morphine milligram equivalents (MME), remains approximately double what
21 it was at the start of the opioid epidemic. (IQVIA Institute, 2021). More opioids per capita are prescribed in the
22 U.S. than in any other nation. (CRS 2021) The new onset of long-term opioid use is now a common
23 complication of both minor and major routine surgery. (Brummett 2017) (Larach 2023); and
24
25 Whereas, approximately one in ten patients on long-term prescription opioids for pain have OUD and
26 approximately one in five have opioid misuse; (Vowles 2015) and Whereas, there is insufficient evidence of
27 effectiveness of long-term opioids for chronic non-cancer pain; (CDC 2022); and
28
29 Whereas, in its 2022 review of all 70 randomized controlled trials of opioid effectiveness for pain or function
30 after at least one month of therapy, the Agency for Health Care Research and Quality (AHRQ) has concluded
31 that, for opioids compared to non-opioid pharmacotherapy: there is evidence of lack of effectiveness for pain or
32 function at any duration of therapy greater than one month, and for opioids compared to placebo: (1) There is
33 evidence of slight effectiveness (average reduction of 0.8 points on a 0 – 10-point scale) for pain or function at
34 1 – 6 months, (2) There is no-evidence of effectiveness at 6-12 months, and (3) There is evidence of lack of
35 effectiveness at 12 months; (AHRQ 2022); and
36
37 Whereas, available evidence shows that buprenorphine has an effect on pain that is comparable to full opioids.
38 That is, with a low effect size of about -0.8 points on a 0 – 10-point scale when used for up to approximately 3
39 months, with waning effectiveness over time, and no effectiveness compared with non-
40 opioid analgesics; (Wong 2023); and
41

1 Whereas, unlike full opioids, buprenorphine is relatively safe, is not known to result in OUD, and reduces OD
2 by 50 -80% when used to treat OUD. (Like all opioids, buprenorphine leads to physical opioid dependence with
3 sustained therapy). Buprenorphine's safety is consistent with the fact that, unlike full opioids, it has a ceiling
4 effect for respiratory depression and euphoria, but not for analgesia; (Wong 2023) (Pergolizzi 2019)
5 (Auriacombe 2004); and
6
7 Whereas, insurance formulary practices in Maryland typically impose significantly greater restrictions (such as
8 prior authorization, exclusion from preferred drug lists, and higher costs) on the use of partial opioid agonists
9 (i.e., buprenorphine) FDA-approved for pain than they do for full opioid agonists, that likely leads to the use of
10 full opioids preferentially; and
11
12 Whereas, this resolution is also supported by the Maryland-DC Society of Addiction Medicine, therefore be it
13
14 Resolved, that MedChi will introduce legislation in the 2026 and/or 2027 session of the Maryland General
15 Assembly to reduce costs and other insurance barriers to the use of buprenorphine for pain so they are
16 comparable to those for full opioids for pain.

Fiscal Note: Included in Advocacy budget.

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MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 17-25

INTRODUCED BY: Prince George's County Medical Society

SUBJECT: Food As Medicine

Whereas A healthy diet helps to protect against malnutrition in all its forms, as well as noncommunicable diseases (NCDs), including diabetes, heart disease, stroke and cancer; and

Whereas Access to nutritious food is critical to health and resilience and Food is Medicine is a concept that reaffirms this connection, recognizing that access to high-quality nourishment is essential for well-being; and

Whereas the United States Office of Disease Prevention and Health Promotion define Food Is Medicine as the "means that food and nutrition can help improve health, and that access to nutritious food is essential for well-being"; and

Whereas Montgomery County Maryland created a "Food As Medicine Grant Program that funds innovative initiatives that screen pediatric patients for food insecurity and provide nutritious food and food education services; and

Whereas Prince George's County Maryland is considering legislation a to create a" Food As Medicine Health Program" to plan, implement, expand, and evaluate medically supportive food and nutrition interventions to improve public health outcomes; and
Whereas the mission of MedChi, The Maryland State Medical Society includes advocacy for patients and the public health; therefore be it

Resolved, that MedChi, The Maryland State Medical Society is committed to ensuring access to and education about nutritious food; and be it further

Resolved, that MedChi, The Maryland State Medical Society will work with healthcare practitioners and advocacy organizations to promote awareness of the importance of nutrition in disease prevention and overall health.

Fiscal Note: Minor cost for educational materials.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 18-25

INTRODUCED BY: Prince Geroge's County Medical Society

SUBJECT: Addressing Vitamin D Deficiency

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1 Whereas, Vitamin D is a crucial foundational nutrient essential for human health, synthesized through the
2 interaction of the skin with sunlight, vitamin D is a nutrient the body needs for skeletal growth. muscle growth,
3 inflammatory modulation, and cardiopulmonary function; and
4
5 Whereas vitamin D deficiency has been associated with extra-skeletal conditions, such as infection, cancer,
6 diabetes mellitus, cardiovascular disease, autoimmune disease and increased emergency room utilization and
7 hospitalization; and
8
9 Whereas vitamin D plays a role in fall prevention, cognitive health, and the prevention of multiple sclerosis and
10 osteoporosis; and
11
12 Whereas approximately thirty-five percent of adults in the United States have vitamin D deficiency and it is
13 more prevalent among women, children and individuals with darker skin; and
14
15 Whereas most Americans are unable to get sufficient levels of vitamin D from the sun and diet alone; therefore
16 be it
17
18 Resolved, that MedChi, The Maryland State Medical Society shall advocate for the Maryland Department of
19 Health to review and develop strategies to address Vitamin D deficiency among Marylanders.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 19-25

INTRODUCED BY: Anne Arundel County Medical Society, Baltimore City Medical Society Baltimore County Medical Association, Howard County Medical Association, Montgomery County Medical Association, Prince George's County Medical Society, and Queen Anne's County Medical Society

SUBJECT: MedChi Advocacy on Tort Reform Remain a Top Priority

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1 Whereas, MedChi, The Maryland State Medical Society, has for decades been the leading advocate for fair tort
2 reform and liability protections for physicians and their patients; and
3
4 Whereas, MedChi played a pivotal role in enacting and defending Maryland's expert witness protections, which
5 ensure that medical liability cases are adjudicated on sound medical standards and not frivolous testimony; and
6
7 Whereas, MedChi has consistently fought to preserve Maryland's reasonable cap on non-economic damages, a
8 cornerstone of liability reform that protects patient access to care by maintaining physician practice viability
9 and stabilizing liability insurance markets; and
10
11 Whereas, in each of the past two legislative sessions, MedChi successfully led the coalition that defeated efforts
12 to repeal or weaken the non-economic damages cap, thereby protecting physicians, hospitals, and patients from
13 the destabilizing effects of unlimited liability exposure; and
14
15 Whereas, MedChi's leadership in Annapolis on tort reform has long been recognized by legislators, allied
16 organizations, and the physician community as critical to maintaining a balanced legal environment for the
17 practice of medicine in Maryland; therefore be it
18
19 Resolved, that MedChi reaffirms tort reform as one of its highest advocacy priorities; and be it further
20
21 Resolved, that MedChi continue to vigorously oppose any attempts to weaken Maryland's tort reform
22 protections, including efforts to repeal the cap on non-economic damages or undermine expert witness
23 safeguards.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 20-25

INTRODUCED BY: Anne Arundel County, Howard County, and Prince George's County Medical Society

SUBJECT: MedChi's Mandated Benefits Policy

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1 Whereas, in 1993, after the General Assembly created the Maryland Health Care Commission to design the
2 basic benefit package for the small group market, MedChi informally adopted the policy that it would remain
3 neutral on legislation regarding mandated benefits; and
4
5 Whereas, MedChi adopted this policy based on the rationale that each mandated benefit may only affect a
6 particular specialty and that it was more appropriate for the specialty societies to determine each mandated
7 benefit; and
8
9 Whereas, due to the number of bills introduced on mandated benefits, the General Assembly enacted Section
10 15-1501 of the Insurance Article, which requires the Commission to evaluate each potential mandate for social,
11 medical, and financial cost and report back to the General Assembly on the results of the evaluation before the
12 adoption of the mandated benefit; and
13
14 Whereas, during the Fall 2022 MedChi House of Delegates, the MedChi IDEA Committee proposed Resolution
15 10-22 – Reconsidering MedChi's Approach to Advocacy Related to Insurance Mandates requiring MedChi to
16 review its advocacy related to mandated insurance benefits and report back to the House of Delegates with
17 recommended updates; and
18
19 Whereas, no further action was taken, and MedChi's policy to support mandated benefits has become
20 fragmented; therefore be it
21
22 Resolved, that it is MedChi policy that resolution involving "mandated benefits" will only be directly referred
23 to the Health Insurance Subcommittee of the MedChi Council on Legislation for consideration if it:
24 1. Has been reviewed by the Maryland Health Care Commission or by Medicaid;
25 2. Is an extension or modification of a previously MedChi-supported mandated benefit; or
26 3. Is supported by MedChi through a resolution or other MedChi initiative; and
27 that all other bills regarding mandated benefits will be placed on the "For Your Information" (FYI) list and will
28 only be referred to and considered by the Health Insurance Subcommittee if:
29 1. Requested by a member of the Council on Legislation;
30 2.The requester attends the Health Insurance Subcommittee and provides specific clinical reasons for MedChi
31 support;
32 3.If applicable, the specialty society primarily affected by the mandated benefit actively supports the legislation;
33 and
34 4. The requestor works with counsel to provide the clinical rationale for MedChi's position statement.

Fiscal Note: Included in the advocacy budget

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 21-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Credentialing Application Processing Penalty Paid After 21 Days and Contracting Timelines

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1 Whereas, delays in health plan credentialing and contracting can take more than six months, leaving physicians
2 without updates or clear determinations, impeding patient access and provider reimbursement; and
3
4 Whereas, the current process often requires duplicative and/or irrelevant information, lacks transparency, and
5 fails to provide timely responses further complicating the delaying the application process; and
6
7 Whereas, Maryland law requires plans to maintain network adequacy and accessible communication channels,
8 but stronger enforcement and shorter timelines are needed; and
9
10 Whereas, credentialing delays directly impact patient access to care and a physician's ability to be paid by
11 insurers for services rendered; therefore, be it
12
13 Resolved, that MedChi advocate for legislation/regulation requiring all Maryland health plans and Medicaid
14 MCOs to:
15 •Accept a current CAQH application as a valid credentialing application;
16 •Provide written acknowledgment of receipt of a fully executed application or deficiency notice within ten (10)
17 business days of application submission;
18 •Complete credentialing, accept participation, and issue contracts within thirty (30) days (reduced from 120);
19 •Make contracts effective immediately upon physician and/or clinician signature, with payment for services
20 starting at that time;
21 •Notify applicants within twenty-one (21) days if network adequacy has been met and the application will not
22 be approved; and
23 •Retroactively pay claims to the date of receipt of a fully executed application; and
24 •Once the credentialing application is approved, a contract must be presented by the health plan or MCO to the
25 physician within fourteen (14) days to commence no longer than thirty (30) days after execution; and
26 •Seek appropriate penalties from the Maryland Insurance Administration if these timeframes are not met.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 22-25

INTRODUCED BY: Baltimore County Medical Association

SUBJECT: Removing the Medicaid Carveout for Behavioral Health Services

---

1 Whereas, Maryland's HealthChoice program, which created a managed care system for Medicaid recipients, has
2 been operational since 1997; and
3
4 Whereas, under HealthChoice, behavioral health services for Medicaid recipients are "carved out" and
5 administered through a separate contract and provider network; and
6
7 Whereas, Medicaid recipients in Maryland must navigate separate insurance providers for behavioral health and
8 physical health services; and
9
10 Whereas, physical and behavioral health conditions frequently co-occur in the same individuals and require
11 coordinated care; and
12
13 Whereas, the separation of services into two systems often leads to confusion for Medicaid recipients and
14 creates barriers to integrated care; and
15
16 Whereas, during the 2024 Session, SB212 directed the Commission in Behavioral Health Treatment and Access
17 to make recommendations regarding the continuation of the state's behavioral health carve-out and the
18 financing structure and quality oversight necessary to integrate somatic and behavioral health services and
19 ensure compliance with the Mental Health Parity and Addiction Equity Act in the Maryland Medical Assistance
20 Program; and
21
22 Whereas, healthcare systems in Maryland have become significantly more integrated since the implementation
23 of the behavioral health carve-out; therefore be it
24
25 Resolved, that MedChi, The Maryland State Medical Society, supports a more coordinated and integrated
26 behavioral healthcare model than that currently provided by the behavioral health carve-out for patients covered
27 by the Maryland Medical Assistance Program.

Fiscal Note: Included in Advocacy budget

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 23-25

INTRODUCED BY: Baltimore County Medical Association and Maryland Academy of Family Physicians

SUBJECT: Preserving Maryland's Physician-Led Primary Care Value-Based Care Models

---

1 Whereas, MedChi has demonstrated outstanding leadership in preserving physician engagement in value-based
2 care by securing the continuation of the Episode Quality Improvement Program (EQIP) through its advocacy
3 during the development of the federal AHEAD model; and
4
5 Whereas, MedChi has provided critical support for the Maryland Primary Care Program (MDPCP) in both
6 Medicare and Medicaid, ensuring that family physicians and other physicians across Maryland have access to
7 transformative care delivery models that improve patient outcomes while reducing total cost of care; and
8
9 Whereas, pending federal legislation, HR 1, threatens the ability of states like Maryland to use directed
10 payments, thereby putting Medicaid participation in the MDPCP at serious risk; and
11
12 Whereas, the Medicare component of the MDPCP is currently scheduled to expire in 2028, creating uncertainty
13 for Maryland physicians and the patients they serve; therefore be it
14
15 Resolved, that MedChi continues leadership in preserving Episode Quality Improvement Program (EQIP),
16 supporting physician participation in value-based care, and advocating for the interests of Maryland physicians
17 and patients in both state and federal policy forums; and be it further
18
19 Resolved, that MedChi makes the preservation and continuation of the Maryland Primary Care Program
20 (MDPCP) for both Medicare and Medicaid a top organizational priority.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 24-25

INTRODUCED BY: Baltimore City Medical Society

SUBJECT: Continuous Glucose Monitoring Coverage for Patients with Prediabetes

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1 Whereas, prediabetes is a significant public health concern, affecting over one-third of U.S. adults, and is
2 associated with an increased risk of progression to type 2 diabetes, cardiovascular disease, kidney disease,
3 neuropathy, and other serious end-organ complications; and
4
5 Whereas, effective early intervention in patients with prediabetes can prevent or delay the onset of diabetes,
6 reduce long-term complications, and lower healthcare costs through proactive disease management; and
7
8 Whereas, continuous glucose monitoring (CGM) has been shown to improve patient awareness of glycemic
9 patterns, facilitate lifestyle modification, and enhance clinician-guided interventions, thereby serving as a
10 preventive tool in delaying or halting disease progression; and
11
12 Whereas, current insurance coverage for CGM is generally limited to patients with established diabetes on
13 intensive insulin therapy, leaving millions of individuals with prediabetes without access to this proven
14 preventive technology; now therefore be it
15
16 Resolved, that MedChi, The Maryland State Medical Society, advocate for insurance coverage of continuous
17 glucose monitoring for high risk patients (i.e. patients with one of one or more of these risks - obesity, family
18 history, hypertension, dyslipidemia, history of gestational diabetes mellitus (GDM), (or belonging to a high-risk
19 ethnic group); diagnosed with prediabetes, as a preventive measure to reduce disease progression and mitigate
20 the onset of insulin dependence, cardiovascular complications, renal failure, and neuropathy; and be it further
21
22 Resolved, that MedChi, The Maryland State Medical Society work with the American Medical Association to
23 advance policy supporting insurer coverage of continuous glucose monitoring (CGM) for patients with
24 prediabetes at the national level.

Fiscal Note: Covered in AMA Budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 25-25

INTRODUCED BY: Anne Arundel County Medical Society, Baltimore City Medical Society Baltimore County Medical Association, Howard County Medical Association, Montgomery County Medical Association, and Prince George's County Medical Society

SUBJECT: Continued Advocacy on Medicaid

---

1 Whereas, MedChi, The Maryland State Medical Society, has been a leading voice in Annapolis on behalf of
2 physicians and patients, ensuring that physician perspectives were heard during debate on HR 1 and other major
3 legislation; and
4
5 Whereas, MedChi successfully advocated to protect Maryland's unique health care model and pushed back
6 against provisions in HR 1 that would have harmed physicians, patients, and the public health; and
7
8 Whereas, MedChi has consistently elevated Medicaid issues as a top priority, working to increase funding,
9 improve access, and address the chronic underpayment of physicians in the program; and
10
11 Whereas, MedChi has been recognized by legislators and stakeholders as the leading advocate for Maryland's
12 physicians in Annapolis, working tirelessly to ensure fair treatment and appropriate reimbursement for
13 physician services; and
14
15 Whereas, significant challenges remain with Medicaid payment, particularly with direct payment systems that
16 create unnecessary barriers, administrative burdens, and inequities for physicians; therefore be it
17
18 Resolved, that MedChi reaffirms Medicaid advocacy as one of its highest policy priorities, and will continue to
19 fight for adequate funding, fair payment, and improved patient access within the program.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 26-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Commercial Insurance Payments to Equal or Exceed Medicare

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1 Whereas, Maryland is rated 49th of 50 states for payments from insurers; and
2
3 Whereas, it is difficult to recruit physicians to join practices in Maryland because of the low salaries offered
4 compared to other states which correlates directly with low health insurance payments; and
5
6 Whereas, Maryland physicians are taking their Maryland patients to contiguous states and the District of
7 Columbia where they are better compensated by insurers to perform the same procedures and treatments; and
8
9 Whereas, Maryland has a workforce shortage in both primary care and specialty care; and
10
11 Whereas, Marylanders must wait 3-6 months for appointments with primary care physicians; and 6-9 months
12 for many specialists; and
13
14 Whereas, Maryland has one of the highest costs to practice and live in the United States; and
15
16 Whereas, Medicare is the benchmark for commercial carriers to base their payments; therefore be it
17
18 Resolved, that MedChi seek and/or support legislation, regulation or policies which will require commercial
19 payors to pay physicians at rates that align with the highest rates paid in other states and in national health care
20 programs due to the cost of practice in Maryland and the current and growing physician shortage, and be it
21 further
22
23 Resolved, that MedChi host an annual in-person program for legislators and regulators to educate them about
24 the socioeconomic factors, payor practices, and regulatory burdens which are causing the physician workforce
25 shortage in Maryland resulting in a lack of access to care for Marylanders.

Fiscal Note: Included in the advocacy budget and $10,000 for an annual event. *Sponsorship cannot be done due to ethics restraints.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 27-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Strengthening Penalties for Payor Non-Compliance with Communication Requirements Related to Utilization Review and Coverage Denials

---

1 Whereas, timely and reliable communication between health care providers and health plans is essential to
2 ensure continuity of care, reduce administrative burdens, and safeguard patient outcomes; and
3
4 Whereas, Section 15-10B-05 of the Insurance Article requires health plans to make representatives accessible to
5 patients and health care providers seven (7) days a week, twenty-four (24) hours a day, including maintaining a
6 direct telephone number and monitored email address for utilization review purposes and coverage denials; and
7
8 Whereas, despite these statutory requirements, physicians and health care providers continue to experience
9 delays and obstacles in obtaining timely responses from health plans, thereby undermining the intent of the law;
10 and
11
12 Whereas, stronger enforcement mechanisms and meaningful penalties are needed to ensure health plan
13 compliance with existing provisions of the Insurance Article; therefore be it
14
15 Resolved, that MedChi shall examine and take the necessary steps to increase penalties against insurers for
16 violations of Section 15-10B-05 and related provisions of the Insurance Article, to ensure timely
17 communication and accountability for utilization review and coverage denial questions; and be it further
18
19 Resolved, that MedChi work with the Maryland Insurance Administration and relevant stakeholders to ensure
20 compliance, oversight, and enforcement of the requirements set out in Section 15-10B-05 of the Insurance
21 Article.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 28-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Reinstitution of MedChi's Membership Committee & Membership Study

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1 Whereas, physician practice modes are changing with many physicians joining with larger group practice,
2 becoming employed by hospitals, and/or being acquired by for-profit private equity firms, or choosing alternative
3 careers including being entrepreneurs and administrators, and
4
5 Whereas, these trends in Medicine impact MedChi and the component societies' programming, operations and
6 financial solvency, and
7
8 Whereas, to serve MedChi's and component societies' missions as representing the collective interests of
9 physicians, and to remain relevant and grow, MedChi and the component societies must adapt and respond to
10 these trends, and
11
12 Whereas, the current MedChi and component society membership categories do not fully reflect the changes in
13 physician careers, and some physicians may view them as limiting or excluding their engagement as members,
14 and
15
16 Whereas, any incentives to engage large group practices need to be better defined and used consistently to favor
17 those groups which are independent as opposed to those which have been acquired for private equity or are
18 associated with for-profit entities, and
19
20 Whereas, MedChi and component societies have not raised dues since 2007; and
21
22 Whereas, MedChi does not presently have a Membership Committee to address the aforementioned issues, be it
23 therefore
24
25 Resolved, that MedChi reinitiate its Membership Committee to include physician members and staff from each
26 component society coordinate and enhance MedChi's and the component medical societies' membership
27 recruitment, engagement and retention efforts; and that MedChi's Membership Committee conduct a
28 comprehensive study and report back to MedChi's House of Delegates by Spring 2026 to include, but not be
29 limited to, a review of all membership classifications and related dues strategies to determine their adequacy for
30 inclusion of all physicians as members, review of appropriate use of group practice incentives to develop
31 appropriate standardized guidelines, and a review of current MedChi dues compared to other state medical
32 societies with the goal of ensuring the solvency of both MedChi and component societies.

Fiscal Note: Cost to staff, committee, and cost to complete the study.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 29-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: AMA's Vision for American Healthcare

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1 Whereas, the American Medical Association's mission is to "To promote the art and science of medicine and
2 the betterment of public health," and
3
4 Whereas, the AMA is intended to be THE national voice of physicians and their patients; and
5
6 Whereas, the AMA has been often silent on many of the current Administration's detrimental decisions related
7 to science, public health, and access; and
8
9 Whereas, the AMA's House of Delegates has adopted policy on critical issues of importance on the nation's
10 access to and delivery of healthcare; and
11
12 Whereas, America's physicians and patients deserve effective advocacy on these matters; and
13
14 Whereas, America's health care system is broken and is failing America's patients and physicians; and
15
16 Whereas, there is a lack of vision for the reform of our health care system to address ensuring universal and
17 affordable access to quality care, promoting health equity, and fostering a system that prioritizes patient well-
18 being and value-driven care, and includes addressing social determinants of health, reducing health disparities,
19 and utilizing technology to improve patient care and outcomes; and
20
21 Whereas, without such an articulated vision, the American Medical Association is reactive to the various
22 actions of Congress and the Executive Branch; therefore be it
23
24 Resolved, that the Maryland Delegation to the American Medical Association submit a resolution at the Annual
25 2026 Meeting of the AMA House of Delegates to ask the AMA, based on current policy, to articulate its multi-
26 point VISION FOR AMERICAN HEALTHCARE for adoption by the Interim 2026 AMA House of Delegates
27 meeting and request the AMA to publicize and promote its newly created VISION FOR AMERICAN
28 HEALTH CARE throughout the United States to inform patients and physicians what the AMA stands for and
29 what patients and physicians can expect the AMA to use as its platform and guiding principles until its vision is
30 achieved.

Fiscal budget Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 30-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Allied Health Professionals Workforce Shortage

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1 Whereas, physician practices struggle with having adequately trained staffing to run their practices; and
2
3 Whereas, qualified allied health professionals, including but not limited to Radiology Technicians,
4 Sonographers, Medical Assistants, Certified Nursing Assistants and LPNs are in great demand and the pool of
5 available candidates is quite limited; and
6
7 Whereas, these individuals who live in Maryland often work in D.C. and Virginia where compensation is
8 higher; therefore be it
9
10 Resolved, that MedChi communicate to technical colleges and community colleges the need for a greater supply
11 of allied health professionals, more specifically healthcare support occupations (medical assistants, nursing
12 assistants, and phlebotomists), and healthcare practitioners and technical personnel (sonographers radiology
13 technicians, LPNs) and encourage them to expand their training capacity as soon as possible to meet the
14 demand of medical practices and healthcare organizations, and be it further
15
16 Resolved, that MedChi seek and/or support legislative and/or regulation which would support training
17 initiatives and incentives for allied health professionals to remain in Maryland.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 31-25

INTRODUCED BY: MedChi Board of Trustees

SUBJECT: Legislation to Provide Protection to the Maryland Physician Health Program

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Whereas, MedChi's affiliate the Center for a Healthy Maryland, Inc. operates both the Maryland Physician Rehabilitation Program (MPRP) and Maryland Physician Health Program (MPHP); and

Whereas, the MPRP and MPHP serve as vital, complementary resources that support physicians and other health care practitioners by facilitating confidential evaluation, treatment, and monitoring; and

Whereas, the Maryland Board of Physicians (BOP) refers physicians and other licensees regulated by the BOP to the MPRP in order to assist licensees with complying with BOP orders or directives; and

Whereas, the MPRP is provided with statutory protection for actions taken by the MPRP without malice and from records, proceedings, and files being discoverable or admissible in civil and criminal actions except in limited and specific circumstances; and

Whereas, the MPHP is an independent, confidential, and voluntary physician health program that is not affiliated with the BOP, which facilitates evaluation, treatment, and monitoring of physicians for mental health challenges, substance use disorders, burnout, stress, or related conditions; and

Whereas, MPHP does not have similar statutory protections afforded to the MPRP; and

Whereas, the lack of statutory protections for the MPHP may discourage physicians from seeking assistance early; and

Whereas, aligning protections across both programs would strengthen a safe, accountable, and confidential pathway for physicians to obtain help early; therefore be it

Resolved, that MedChi, The Maryland State Medical Society, advocate for legislation to provide the Maryland Physician Health Program (MPHP) with the same or similar statutory protections as the Maryland Physician Rehabilitation Program (MPRP), including, but not limited to, (1) confidentiality of records and files; (2) prohibit discovery or admission of MPHP participant records and files; and (3) immunity for the MPHP for good-faith actions.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 32-25

INTRODUCED BY: Medical Student Section
Authored by: Umailla Naeem, of University of Maryland, School of Medicine

SUBJECT: Mandatory Artificial Intelligence Literacy Education in Maryland Medical Schools

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1 Whereas, artificial intelligence (AI) use in healthcare has rapidly expanded, with 66% of physicians reporting use of
2 AI tools in their practice as of 2024, representing a 78% increase from 2023; and
3
4 Whereas, more than 900 AI health tools have received FDA approval as of 2024, with applications ranging from
5 diagnostic imaging to clinical decision support, fundamentally changing the practice of medicine; and
6
7 Whereas, despite widespread AI adoption in clinical practice, a 2024 international survey of over 4,500 medical,
8 dental, and veterinary students across 192 institutions found that over 75% reported receiving no formal AI
9 education in their curriculum; and
10
11 Whereas, AI systems in healthcare have demonstrated significant bias, including diagnostic algorithms that perform
12 differently across racial and ethnic groups, with documented cases of AI systems making diagnostic errors based on
13 flawed training data; and
14
15 Whereas, examples of AI bias in medicine include algorithms that underestimate kidney disease severity in Black
16 patients and pain assessment tools that incorporate false beliefs about biological differences between racial groups;
17 and
18
19 Whereas, medical students and physicians report concerns about AI liability, with 40% of physicians expressing
20 worry about malpractice risk when using AI, yet lack clear guidance on appropriate AI use and limitations; and
21
22 Whereas, the American Medical Association has established principles for AI development and deployment in
23 healthcare, emphasizing the need for physician education on AI capabilities and limitations; and
24
25 Whereas, Maryland medical schools serve diverse patient populations in Maryland who may be disproportionately
26 affected by biased AI systems if physicians are not trained to recognize and mitigate AI bias; and
27
28 Whereas, effective AI literacy education for medical students must include understanding of AI bias detection,
29 ethical decision-making frameworks, and clear communication with patients about AI use in their care; therefore be
30 it
31
32 Resolved, that MedChi, The Maryland State Medical Society, supports requiring Maryland medical schools to
33 implement comprehensive artificial intelligence (AI) literacy curricula that includes bias recognition in AI systems,
34 ethical AI use in clinical decision-making, patient communication about AI-assisted care, practical training on
35 evaluating AI tool outputs for potential bias, understanding AI limitations, and maintaining physician judgment in
36 AI-assisted clinical decision-making; and that MedChi, The Maryland State Medical Society, encourages Maryland
37 medical schools to integrate AI literacy education longitudinally throughout medical education rather than as isolated
38 coursework, ensuring students develop competency in AI use before entering clinical practice.

Fiscal Note: Included in the advocacy budget.

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1. American Medical Association. (2025). 2 in 3 physicians are using health AI—up 78% from 2023. Retrieved from https://www.ama-assn.org/practice-management/digital-health/2-3-physicians-are-using-health-ai-78-2023
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7. American Medical Association. (2025). Augmented intelligence in medicine. Retrieved from https://www.ama-assn.org/practice-management/digital-health/augmented-intelligence-medicine
8. DataUSA. (2023). Baltimore, MD demographic profile. Retrieved from https://datausa.io/profile/geo/baltimore-md/

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 33-25

INTRODUCED BY: Medical Student Section
Authored by: Umailla Naeem, of University of Maryland, School of Medicine

SUBJECT: Artificial Intelligence Transparency and Disclosure in Patient Care

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Whereas, artificial intelligence systems are increasingly integrated into clinical decision-making, with 66% of physicians reporting use of AI tools in practice as of 2024, including diagnostic imaging, clinical decision support, and treatment recommendations; and

Whereas, patients have a fundamental right to understand the basis of their medical care, including knowledge of technologies, tools, and processes used in their diagnosis and treatment decisions; and

Whereas, current informed consent practices in healthcare often do not address the use of AI systems, despite these tools potentially influencing critical medical decisions about patient care; and

Whereas, studies demonstrate that patients express varying levels of comfort with AI use in their healthcare, with many patients preferring to be informed when AI contributes to their medical care and wanting to understand the role AI plays in their treatment decisions; and

Whereas, transparency about AI use is essential for maintaining patient trust and enabling patients to make informed decisions about their care, particularly as AI systems may have limitations, biases, or uncertainties that could affect patient outcomes; and

Whereas, some AI diagnostic tools have demonstrated errors or biases that could impact patient care, including algorithms that perform differently across demographic groups, making disclosure particularly important for vulnerable populations; and

Whereas, healthcare providers using AI systems may have varying levels of understanding about how these tools function, their limitations, and their potential biases, which could affect their ability to appropriately counsel patients; and

Whereas, the American Medical Association's principles for AI in healthcare emphasize the importance of transparency and patient autonomy in AI-assisted care; and

Whereas, Maryland has a tradition of supporting patient rights and informed consent in healthcare, including requirements for disclosure of material information that could affect patient treatment decisions; and

Whereas, establishing clear standards for AI disclosure would provide consistency across Maryland healthcare facilities and ensure patients receive uniform protection regardless of where they seek care; therefore be it

Resolved, that the MedChi, the Maryland State Medical Society, supports requiring healthcare providers in Maryland to disclose to patients when AI systems are used in their diagnosis, treatment recommendations, or care planning, and to explain the role of AI in their care decisions; and be it further

Resolved, that the MedChi, the Maryland State Medical Society, that MedChi supports requiring such

disclosure to include information about the AI system's function, its limitations, and the physician's role in interpreting and acting upon AI-generated recommendations; and be it further

Resolved, that the MedChi, the Maryland State Medical Society, encourages the development of standardized disclosure protocols that enable healthcare providers to communicate AI use in an understandable manner appropriate to diverse patient populations and health literacy levels; and be it further

Resolved, that the MedChi, the Maryland State Medical Society, supports ensuring that patients maintain the right to request care decisions be made without AI assistance when medically appropriate and feasible.

Fiscal Note: Included in the advocacy budget.

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[1] American Medical Association. (2025). 2 in 3 physicians are using health AI—up 78% from 2023. Retrieved from https://www.ama-assn.org/practice-management/digital-health/2-3-physicians-are-using-health-ai-78-2023
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MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 34-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Requiring Maryland Health Plans to Maintain Accessible, Monitored Physician Communication Channels Specifically for Credentialing, Contracting and Claims

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1 Whereas, physicians and clinicians in Maryland face significant administrative burdens and patient care delays
2 due to the lack of reliable and timely communication channels with health plans; and
3
4 Whereas, existing communication processes for credentialing, contracting and claims, determinations are
5 frequently inefficient, unmonitored, or unresponsive, creating barriers to practice operations and patient access
6 to care; and
7
8 Whereas, timely resolution of these issues is critical to maintaining practice viability, ensuring physician well-
9 being, and safeguarding patient care; and
10
11 Whereas, health plans doing business in Maryland should be held accountable for providing accessible,
12 transparent, and responsive communication systems for physicians and clinicians; therefore be it
13
14 Resolved, that MedChi, The Maryland State Medical Society, seek and/or support legislation and/or regulation
15 requiring any health plan operating in Maryland to establish and maintain monitored communication channels,
16 including both a separate and distinct toll-free 1-800 telephone number and a monitored email address for each
17 of the following: 1) Credentialing questions and status; 2) Contracting issues, questions and status, and 3)
18 Claims inquiries and status, available Monday through Friday, 8:00 a.m. to 5:00 p.m. ET, for use by physicians
19 and clinicians; and that these communication channels shall be required to provide acknowledgment of receipt
20 and substantive responses via email or phone to physician and clinician inquiries within seven (7) business
21 days, and communication is not received by the physician and/or clinician within seven (7) business days, the
22 physician can file a complaint with the Maryland Insurance Administration.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 35-25

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Examining MedChi's House of Delegates Focus for Enhanced Legislative Success

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1 Whereas, currently, the late October Annual Meeting of MedChi's House of Delegates has been designated as
2 the policymaking meeting to consider resolutions which call for legislative and regulatory action; and
3
4 Whereas, the approved resolutions from the October Annual Meeting of the House of Delegates and pre-
5 existing MedChi legislative priorities result in development of the Legislative Agenda for the upcoming session
6 which is then approved by the Board of Trustees at their November meeting; and
7
8 Whereas, following the approval of the Legislative Agenda, MedChi's lobbyists then have approximately eight
9 weeks to research and develop legislation, solicit sponsors, and develop strategy to be successful in their
10 lobbying effort to pass MedChi's Legislative Agenda, and
11
12 Whereas, legislators have noted that they would prefer to learn of MedChi's Legislative Agenda and physicians'
13 concerns earlier in the year so that they could be more informed and be of more assistance in the passage of
14 such legislation; and
15
16 Whereas, to accomplish establishing the annual legislative agenda sooner requires a change in the focus of the
17 two meetings of the House of Delegates including making the April House of Delegates the meeting to be
18 focused on the Legislative Agenda, and
19
20 Whereas, by refocusing the April House of Delegates meeting as the legislative meeting, it would give the
21 lobbyists more time to study the resolutions which could be passed by the House of Delegates "provisionally"
22 to determine their viability and resources required, and best strategy for accomplishing the legislative agenda,
23 and
24
25 Whereas, MedChi's lobbyists could then bring a report of the provisionally-passed resolutions including
26 priorities and an estimate of resources required to the MedChi Board of Trustees for approval of the final
27 legislative agenda, therefore be it
28
29 Resolved, that MedChi's Board of Trustees initiate a study with a report back to the House of Delegates at the
30 April 2026 meeting to determine if changes in the focus of the April and October Houses of Delegates could be
31 advantageous to the successful passage of MedChi's annual Legislative Agenda, and assess other changes in the
32 House of Delegates' proceedings which may need to be changed as a result.

Fiscal Note: Cost of staffing and creating the study.