MedChi
The Maryland State Medical Society

Your Advocate.
Your Resource.
Your Profession.

HOD Handbook

MedChi House of Delegates Meeting
April 26, 2026

From: Clement Banda, MD, Speaker of the House
Gurdeep Chhabra, MD, Vice Speaker of the House

To: MedChi Delegates and Alternate Delegates

Within this handbook, you will find the materials needed for MedChi's Spring House of Delegates virtual meeting on Sunday, April 26, 2026. Register for the HOD Meeting here.

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

Table of Contents

Resources

MedChi HOD 101
MedChi Bylaws and Rules
HOD Meeting Archives

AGENDA

SUNDAY, APRIL 26, 2026

7:30 am

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

8:00 am

II.	Welcome	Eric Wargotz, MD
III.	Legislative Panel Presentation	Senator Clarence Lam, MD Delegate Terri Hill, MD Gene Ransom, CEO Eric Wargotz, MD

9:00 am

IV.	Call to Order	Clement Banda, MD
V.	Report of the Speaker of the House	Clement Banda, MD
VI.	Report of the Credentials Committee	Dan Morhaim, MD
VII.	Approval of Minutes	Clement Banda, MD
VIII.	Report of the Reference Committee	David Hexter, MD
IX.	Report of the President	Eric Wargotz, MD
X.	Report of the Treasurer	Loralie Ma, MD
XI.	Report of the CEO	Gene Ransom
XII.	Report of the Center for a Healthy Maryland	Ira Papel, MD
XIII.	Report of MMPAC	Stephen Rockower, MD
XIV.	Unfinished Business	Clement Banda, MD
XV.	New Business	Clement Banda, MD
XVI.	Adjournment Next Meeting – October 10, 2026	Clement Banda, MD

MEDCHI HOUSE OF DELEGATES MEETING
October 25, 2025
MINUTES

DELEGATES PRESENT

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

CALL TO ORDER

The 442nd meeting of the MedChi House of Delegates was at the BWI Hilton Hotel in Linthicum, Maryland. The meeting was called to order at 10:00 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 April 27, 2025 House of Delegates meeting were approved as submitted.

MEMBERSHIP REPORT

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

MEMORIALS

Memorial recognitions were shared and a moment of silence was observed. The House presented a memorial resolution in honor of J. Ramsey Farah, M.D.

AWARDS

The 2025 Dr. Henry P. & M. Page Laughlin Distinguished Committee Chair Award was presented to Dr. Eric S. Wargotz. The 2025 Dr. Henry P. & M. Page Laughlin Distinguished Public Officer Award was Presented to Kevin Sowers, President, Johns Hopkins Health System. The 2025 Dr. Henry P. & M. Page Laughlin Distinguished Member Award was presented to Dr. Benjamin Lowentritt. The 2025 Dr. Henry P. & M. Page Laughlin Distinguished Board of Trustees Member Award was presented to Dr. Carolyn O'Conor. The 2025 Dr. Henry P. & M. Page Laughlin Distinguished Administrative Award was presented to Alyssa Mills. 2025 Legislative Awards were presented to Lieutenant Governor Aruna Miller and Delegate Emily Shetty.

NOMINATIONS AND ELECTIONS

The nominations were presented as follows:

President-elect: Dr. James Williams
Speaker of the House: Dr. Clement Banda
Vice Speaker of the House: Dr. Gurdeep Chhabra
Anne Arundel County Trustee – Dr. Erinn Maury
Baltimore City Trustee – Dr. Robert Thomsen
Southern Group Trustee – Dr. Anne Bafield
Western Group Trustee – Dr. Andrew Oh

The nominee for Western Group Trustee was Dr. Andrew Oh, but he withdrew his nomination. Dr. Obidi was nominated from the floor for Western Group Trustee. Since this nomination came from his component, it did not need a second, however, Dr. Obidi did not meet the current criteria for election to office, and a two-thirds vote was required to set aside the Bylaws regarding eligibility. There was a motion to set aside the Bylaws and accept Dr. Obidi's nomination. A vote was taken to set aside the Bylaws and accept Dr. Obidi's nomination.

Dr. Stephen Rockower vacated his seat as AMA Delegate. Drs. James York and Anu Reddy were nominated to complete his unexpired term. Dr. Reddy has withdrawn as nominee for this seat, leaving Dr. York as nominee for AMA Delegate term 25-27.

Dr. Pushkin has also vacated his seat as AMA Delegate, creating a 2nd vacancy for AMA Delegate term 25-27. Dr. Manna Varghese was nominated from the floor for the second open position of AMA Delegate term 25-27.

There were three open positions for AMA Delegate term 26-28. Dr. Karen Dionesotes, Dr. Loralie Ma, and Dr. Padmini Ranasinghe were nominated. Dr. Dionesotes withdrew her nomination. Dr. Anu Reddy was nominated from the floor.

Since these nominations came from the AMA Delegation, they did not require a second. There was a motion to close the nominations for AMA Delegate term 26-28.

There were four open positions for AMA Alternate Delegate. Dr. Kathryn Kelly, Dr. Robin Motter-Mast, Dr. Bruce Wollman, and Dr. Manna Varghese, were nominated for AMA Alternate Delegate term 26-28, but Dr. Varghese is now our presumptive nominee for AMA Delegate. Furthermore, Dr. James York is now our presumptive nominee for Delegate, creating a new vacancy for Alternate Delegate. To clarify, there were three nominees, for four open seats as Alternate Delegate: Dr. Kathryn Kelly, Dr. Robin Motter-Mast, and Dr. Bruce Wollman. Dr. Gurdeep Chhabra was nominated from the floor.

Since this nomination came from the AMA Delegation, they did not require a second. There was a motion to close the nominations for AMA Delegate term 26-28.

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

There were two announcements regarding changes to MedChi's Board of Trustees. Dr. Carolyn O'Conor resigned as Montogomery County Medical Society Trustee. Per MedChi Bylaws, MCMS appointed Dr. Brent Berger, to complete her term.

Dr. Gurdeep Chhabra was elected Vice Speaker of the House creating a vacancy in the position of Prince George's County Trustee. The House was informed that per MedChi Bylaws, PGCMS will appoint Dr. Renee Bovelle to complete his term.

REPORT OF MEDICAL POLITICAL ACTION COMMITTEES

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

REPORT OF THE PRESIDENT

Dr. Padmini Ranasinghe presented the President's Report.

REPORT OF THE TREASURER

Dr. Loralie Ma, presented the financial report.

REPORT OF THE REFERENCE COMMITTEE

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

ADOPTED

BOT Report 2-25 – Follow Up to Resolutions from 2025 Spring House of Delegates Meeting
BOT Report 3-25 – 2026 Budget
CL Report 1-25 – Review of 2025 Legislative Agenda

Resolution 07-25 – Childhood Trauma and Behavioral Health
Resolution 09-25 — Cosmetic Surgical Facility Patient Safety
Resolution 11-25 – Access to and Promotion of Tobacco Cessation and Education Programs
Resolution 12-25 – Maintaining Broad Access to COVID-19 Vaccination in Maryland
Resolution 18-25 – Addressing Vitamin D Deficiency
Resolution 19-25 – MedChi Advocacy on Tort Reform Remain a Top Priority
Resolution 22-25 — Better Coordination for Medicaid Behavioral Health Services
Resolution 23-25 – Preserving Maryland's Physician-Led Primary Care Value-Based Care Models
Resolution 25-25 – Continued Advocacy on Medicaid
Resolution 27-25 – Strengthening Penalties for Payor Non-Compliance with Communication Requirements Related to Utilization Review and Coverage Denials
Resolution 28-25 – Reinstitution of MedChi's Membership Committee & Membership Study
Resolution 29-25 – AMA's Vision for American Healthcare
Resolution 31-25 – Legislation to Provide Protection to the Maryland Physician Health Program
Resolution 34-25 – Requiring Maryland Health Plans to Maintain Accessible, Monitored Physician Communication Channels Specifically for Credentialing, Contracting and Claims

ADOPTED WITH AMENDMENTS AS RECOMMENDED BY REFERENCE COMMITTEE

Resolution 08-25 – Support For Routine Tardive Dyskinesia Screening in Alignment with APA Clinical Guide

RESOLVED, that MedChi, The Maryland State Medical Society supports routine screening for tardive dyskinesia ~~in accordance with APA guidelines~~ and encourages physicians prescribing antipsychotics AND OTHER DOPAMINE RECEPTOR ANTAGONISTS to implement standard screening practices as part of comprehensive patient care.

Resolution 14-25 – Supporting Health Equity Education in Maryland Medical Schools

RESOLVED, that MedChi, The Maryland State Medical Society, supports ~~requiring~~ Maryland medical schools IMPLEMENTING ~~to implement~~ standardized health equity curricula with measurable learning objectives and competency assessments that prepare students to address healthcare disparities and provide culturally responsive care; and be it further

~~RESOLVED, that MedChi, The Maryland State Medical Society, opposes any legislative or regulatory restrictions that would limit evidence based medical education content related to health disparities, social determinants of health, or approaches to reducing healthcare inequities in Maryland medical schools; and be it further~~

RESOLVED, that MedChi, The Maryland State Medical Society, encourages Maryland medical schools to integrate health equity content longitudinally throughout all four years of medical education rather than limiting it to isolated courses or modules.

Resolution 16-25 – Reduction of Insurance Barriers to the Use of Buprenorphine for Pain

RESOLVED, that MedChi will SUPPORT ~~introduce~~ legislation in the 2026 and/or 2027 session of the Maryland General Assembly to reduce costs and other insurance barriers to the use of buprenorphine for pain so they are comparable to those for full opioids for pain.

Resolution 20-25 – MedChi's Mandated Benefits Policy

RESOLVED, that it is MedChi policy that resolution involving "mandated benefits" will only be

directly referred to the Health Insurance Subcommittee of the MedChi Council on Legislation for consideration if it:

1. Has been reviewed by the Maryland Health Care Commission or by Medicaid;

2. Is an extension or modification of a previously MedChi-supported mandated benefit; or

3. Is supported by MedChi through a resolution or other MedChi initiative; and be it further

RESOLVED, that all other bills regarding mandated benefits will be placed on the "For Your Information" (FYI) list~~. and will only be referred to and considered by the Health Insurance Subcommittee if:~~

~~1. Requested by a member of the Council on Legislation;~~

~~2. The requester attends the Health Insurance Subcommittee and provides specific clinical reasons for MedChi support;~~

~~3. If applicable, the specialty society primarily affected by the mandated benefit actively supports the legislation; and~~

~~4. The requestor works with counsel to provide the clinical rationale for MedChi's position statement~~

Resolution 21-25 – Credentialing Application Processing Penalty Paid After 21 Days and Contracting Timelines

RESOLVED, that MedChi advocate for legislation/regulation requiring all Maryland health plans and Medicaid MCOs to:

•Accept a current CAQH application as a valid credentialing application;

•Provide written acknowledgment of receipt of a fully executed application or deficiency notice within A REASONABLE TIMEFRAME ~~ten (10) business days~~ of application submission, SUCH AS TEN (10) DAYS;

•Complete credentialing, accept participation, and issue contracts WITH A SHORTER TIMEFRAME THAN CURRENTLY REQUIRED, SUCH AS within thirty (30) days ~~(reduced from 120)~~;

•Make contracts effective immediately upon physician and/or clinician signature, with payment for services starting at that time;

•Notify applicants within A REASONABLE TIMEFRAME, SUCH AS twenty-one (21) days, if network adequacy has been met and the application will not be approved; and

•Retroactively pay claims to the date of receipt of a fully executed application; and

•Once the credentialing application is approved, a contract must be presented by the health plan or MCO to the physician within fourteen (14) days to commence no longer than thirty (30) days after execution; and

•Seek appropriate penalties from the Maryland Insurance Administration if these timeframes are not met.

Resolution 26-25 – Commercial Insurance Payments

RESOLVED, that MedChi seek and/or support legislation, regulation or policies which will require commercial payors to pay physicians at rates that align with the highest rates paid in other states and in national health care programs due to the cost of practice in Maryland and the current and growing physician shortage, and be it further

RESOLVED, that MedChi host a~~n annual in person~~ PERIODIC program for legislators and regulators to educate them about the socioeconomic factors, payor practices, and regulatory burdens which are causing the physician workforce shortage in Maryland resulting in a lack of access to care for Marylanders.

Resolution 30-25 – Health Care Support Occupations

RESOLVED, that MedChi communicate to technical colleges and community colleges the need for a greater supply ~~of allied health professionals, more specifically~~ healthcare support occupations INCLUDING medical assistants, CERTIFIED nursing assistants, ~~and~~ phlebotomists, ~~and healthcare practitioners and technical personnel~~ sonographers radiology technicians, AND LPNs and encourage them to expand their training capacity as soon as possible to meet the demand of medical practices and healthcare organizations, and be it further

RESOLVED, that MedChi seek and/or support legislative and REGULATORY/~~or regulation~~ POLICIES which would STRENGTHEN ~~support~~ training initiatives and incentives for HEALTH CARE SUPPORT OCCUPATIONS ~~allied health professionals~~ to remain in Maryland.

REFERRED TO BOARD OF TRUSTEES
Resolution 10-25 – Combatting Medical Misinformation
Resolution 13-25 – Environmental Determinants of Health and Human Well-being
Resolution 15-25 – Increasing Involvement of Physicians in Decision-Making Committees for Medical and Geriatric Parole
Resolution 17-25 – Food As Medicine
Resolution 24-25 – Continuous Glucose Monitoring Coverage for Patients with Prediabetes
Resolution 32-25 – Mandatory Artificial Intelligence Literacy Education in Maryland Medical Schools
Resolution 33-25 – Artificial Intelligence Transparency and Disclosure in Patient Care
Resolution 35-25 – Examining MedChi's House of Delegates Focus for Enhanced Legislative Success

NO ACTION TAKEN BY HOD DUE TO LOSS OF QUORUM
Resolution 24-25 – Continuous Glucose Monitoring Coverage for Patients with Prediabetes
Emergency Resolution 36-25 – Ban on the Sale of Kratom and its Semi-synthetic Metabolites

REPORT OF THE CHIEF EXECUTIVE OFFICER

Gene Ransom, CEO, presented the operations report and a legislative update.

OATH OF OFFICE

Dr. Eric Wargotz was installed as MedChi's 178th President. Dr. Wargotz shared his inaugural address.

NEXT MEETING

The next meeting of the House of Delegates will take place on April 26, 2026.

ADJOURNMENT

There being no further business, the meeting was adjourned.

Respectfully submitted,
Dr. Manna Varghese
Secretary

SLATE OF NOMINATIONS

Those elected will assume office at the conclusion of the October 10, 2026, 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

Renee Bovelle, MD | Ophthalmology | Prince George's County

SPEAKER OF THE HOUSE

Gurdeep Chhabra, MD | Oncology | Prince George's County

VICE SPEAKER OF THE HOUSE

Kathryn Kelly, MD | Internal Medicine | Montgomery County

BALTIMORE COUNTY TRUSTEE

Amit Bharghava, M.D. | Physical and Rehabilitation Medicine | Baltimore County

MONTGOMERY COUNTY TRUSTEE

*Brent Berger, MD | Internal Medicine | Montgomery County

EASTERN GROUP TRUSTEE

*Rene Desmarais, MD | Cardiology | Wicomico County

TRUSTEE AT LARGE

*Dennis Dey, MD | Neurology | Allegany County

AMA DELEGATE (TERM 27-29)

Term begins July 1, 2027. There are three open positions.

*James York, MD | Orthopedics | Anne Arundel County
*Renee Bovelle, MD | Ophthalmology | Prince George's County
*Manna Varghese, MD | Emergency Medicine | Anne Arundel County

AMA ALTERNATE DELEGATE (TERM 27-29)

Term begins July 1, 2027. There are three open positions.

*Gurdeep Chhabra, MD | Oncology | Prince George's County
* Robin Motter-Mast, DO | Family Medicine | Baltimore County
Tyler Cymet, DO | Internal Medicine | Baltimore City
Sheri L. Hamersley, MD | Maternal-Fetal Medicine | Montgomery County

REPORTS AND RESOLUTIONS

INDEX:

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

BOT Report 1-26

INTRODUCED BY: MedChi Board of Trustees

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

---

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 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 for 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.

07-25	Childhood Trauma and Behavioral Health	Adopted	Resolved, that MedChi, The Maryland State Medical Society, affirms the importance of maintaining broad access to COVID-19 vaccines for all Maryland residents aged 6 months and older, regardless of underlying health conditions, consistent with CDC recommendations; and be it further MedChi, The Maryland State Medical Society, supports state-level policies that ensure continued insurance coverage and accessibility of COVID-19 vaccines for all age-eligible Marylanders; and be it further Resolved, that MedChi, The Maryland State Medical Society, encourage the Maryland Department of Health to issue a standing order authorizing pharmacies and other licensed vaccinators to administer COVID-19 vaccines to all eligible persons as defined by state guidance	Included on the 2026 Legislative agenda and MedChi supported the VAX ACT.
08-25	Support for Routine Tardive Dyskinesia Screening in Alignment with APA Clinical Guide	Adopted with amendments	Support for Routine Tardive Dyskinesia Screening in Alignment with APA Clinical Guide	Part of 2026 legisaltive agenda
09-25	Cosmetic Surgical Facility Patient Safety	Adopted		Included in Legislative agenda
10-25	Combating Medical Misinformation	Referred	Considered by Board at November 2025 meeting	Working with the AMA campaign pilot project
11-25	Access to and Promotion of Tobacco Cessation and Education Programs	Adopted		

12-25	Maintaining Broad Access to COVID-19 Vaccination in Maryland	adopted	The Maryland State Medical Society, affirms the importance of maintaining broad access to COVID-19 vaccines for all Maryland residents aged 6 months and older, regardless of underlying health conditions, consistent with CDC recommendations; and be it further MedChi, The Maryland State Medical Society, supports state-level policies that ensure continued insurance coverage and accessibility of COVID-19 vaccines for all age-eligible Marylanders; and be it further MedChi, The Maryland State Medical Society, encourage the Maryland Department of Health to issue a standing order authorizing pharmacies and other licensed vaccinators to administer COVID-19 vaccines to all eligible persons as defined by state guidance.	MedChi supported the VAX Act in the Maryland General Assembly

13-25	Environmental Determinants of Health and Human Well-being	Referred	MedChi recognizes environmental determinants of health as key factors influencing disease prevention and patient care, and advocates for their integration into physician training, clinical practice, and public health initiatives; and be it further MedChi encourages physicians to assess for environmental determinants of health in patient history-taking and encourages the incorporation of assessment for environmental determinants of health in patient history-taking into physician training; and be it further MedChi adopt AMA Policy D-135.997 Resolve 3: Our AMA encourages federal, state, and local agencies to address and remediate environmental injustice, environmental racism, and all other environmental conditions that are adversely impacting health, especially in marginalized communities; and be it further MedChi will advocate for policy that protects and promotes the health and wellbeing of communities overburdened by challenges posed by environmental determinants of health, including but not limited to infrastructure planning, land use, and environmental standards.	Public health committee to report back on how to move forward on this and other issues.

14-25	Supporting Health Equity Education in Maryland Medical Schools	Adopted with amendments	MedChi, The Maryland State Medical Society, affirms that comprehensive health equity education, including instruction on social determinants of health, healthcare disparities, and culturally responsive care, is essential to medical education and improved patient outcomes; and be it further MedChi, The Maryland State Medical Society, supports requiring Maryland medical schools to implement standardized health equity curricula with measurable learning objectives and competency assessments that prepare students to address healthcare disparities and provide culturally responsive care; and be it further MedChi, The Maryland State Medical Society, opposes any legislative or regulatory restrictions that would limit evidence-based medical education content related to health disparities, social determinants of health, or approaches to reducing healthcare inequities in Maryland medical schools; and be it further MedChi, The Maryland State Medical Society, encourages Maryland medical schools to integrate health equity content longitudinally throughout all four years of medical education rather than limiting it to isolated courses or modules.	The IDEAs committee is to report back on how to move forward on this issue.
15-25	Increasing Involvement of Physicians in Decision-Making Committees for Medical and Geriatric Parole	Referred	MedChi make an official stance in support of increasing physician involvement in medical and geriatric parole decisions either through appointment of physicians directly to the commissions responsible for decisions or through the creation of medical parole panels consisting of physicians and other correctional officials.	Was originally referred to Medical Economics and was reassigned to Public Health.

16-25	Reduction of Insurance Barriers to the Use of Buprenorphine for Pain	Adopted with amendments	MedChi will introduce legislation in the 2026 and/or 2027 session of the Maryland General Assembly to reduce costs and other insurance barriers to the use of buprenorphine for pain so they are comparable to those for full opioids for pain.	Became part of 2026 Legislative Council Agenda.
17-25	Food as Medicine	Referred	MedChi, The Maryland State Medical Society is committed to ensuring access to and education about nutritious food; and be it further 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.	The Committee is working with the President to do an educational panel on this issue.
18-25	Addressing Vitamin D Deficiency	Adopted	MedChi, The Maryland State Medical Society shall advocate for the Maryland Department of Health to review and develop strategies to address Vitamin D deficiency among Marylanders.	On next Public Health Council meeting agenda
19-25	MedChi Advocacy on Tort Reform Remain a Top Priority	Adopted	MedChi reaffirms tort reform as one of its highest advocacy priorities; and be it further MedChi continue to vigorously oppose any attempts to weaken Maryland's tort reform protections, including efforts to repeal the cap on non-economic damages or undermine expert witness safeguards.	Became part of 2026 Legislative Council Agenda.

20-25	MedChi's Mandated Benefits Policy	Adopted with amendments	MedChi policy that resolution involving "mandated benefits" will only be directly referred to the Health Insurance Subcommittee of the MedChi Council on Legislation for consideration if it: 1. Has been reviewed by the Maryland Health Care Commission or by Medicaid; 2. Is an extension or modification of a previously MedChi-supported mandated benefit; or 3. Is supported by MedChi through a resolution or other MedChi initiative; and that all other bills regarding mandated benefits will be placed on the "For Your Information" (FYI) list and will only be referred to and considered by the Health Insurance Subcommittee if: 1. Requested by a member of the Council on Legislation; 2.The requester attends the Health Insurance Subcommittee and provides specific clinical reasons for MedChi support; 3. If applicable, the specialty society primarily affected by the mandated benefit actively supports the legislation; and 4. The requestor works with counsel to provide the clinical rationale for MedChi's position statement	Became part of 2026 Legislative Council Agenda.

21-25	Credentialing Application Processing Penalty Paid After 21 Days and Contracting Timelines	Adopted with amendments	MedChi advocate for legislation/regulation requiring all Maryland health plans and Medicaid MCOs to: •Accept a current CAQH application as a valid credentialing application; •Provide written acknowledgment of receipt of a fully executed application or deficiency notice within ten (10) business days of application submission; •Complete credentialing, accept participation, and issue contracts within thirty (30) days (reduced from 120); •Make contracts effective immediately upon physician and/or clinician signature, with payment for services starting at that time; •Notify applicants within twenty-one (21) days if network adequacy has been met and the application will not be approved; and •Retroactively pay claims to the date of receipt of a fully executed application; and •Once the credentialing application is approved, a contract must be presented by the health plan or MCO to the physician within fourteen (14) days to commence no longer than thirty (30) days after execution; and •Seek appropriate penalties from the Maryland Insurance Administration if these timeframes are not met	Became part of 2026 Legislative Council Agenda.
22-25	Removing the Medicaid Carveout for Behavioral Health Services	Adopted	The Maryland State Medical Society, supports a more coordinated and integrated behavioral healthcare model than that currently provided by the behavioral health carve-out for patients covered by the Maryland Medical Assistance Program	Became part of 2026 Legislative Council Agenda.

23-25	Preserving Maryland's Physician-Led Primary Care Value-Based Care Models	Adopted	MedChi continues leadership in preserving Episode Quality Improvement Program (EQIP), supporting physician participation in value-based care, and advocating for the interests of Maryland physicians and patients in both state and federal policy forums; and be it further MedChi makes the preservation and continuation of the Maryland Primary Care Program (MDPCP) for both Medicare and Medicaid a top organizational priority.	MedChi team fought to keep EQIP alive at a critical moment, securing the fixes and support needed to protect one of the only physician centered value programs in the country. At the same time, MedChi pushed hard for open enrollment in the Maryland Primary Care Program, breaking down barriers that had kept practices locked out for years. Together, these wins kept physicians at the table and ensured Maryland's care redesign efforts actually work for the clinicians delivering the care.
24-25	Continuous Glucose Monitoring Coverage for Patients with Prediabetes	Referred	The Maryland State Medical Society, advocate for insurance coverage of continuous glucose monitoring for high risk patients (i.e. patients with one of one or more of these risks - obesity, family history, hypertension, dyslipidemia, history of gestational diabetes mellitus (GDM), (or belonging to a high-risk ethnic group); diagnosed with prediabetes, as a preventive measure to reduce disease progression and mitigate the onset of insulin dependence, cardiovascular complications, renal failure, and neuropathy; and be it further The Maryland State Medical Society work with the American Medical Association to advance policy supporting insurer coverage of continuous glucose monitoring (CGM) for patients with prediabetes at the national level.	On next Public Health Council meeting agenda

25-25	Continued Advocacy on Medicaid	Adopted	Medicaid advocacy as one of its highest policy priorities, and will continue to fight for adequate funding, fair payment, and improved patient access within the program.	Became part of 2026 Legislative Council Agenda.
26-25	Commercial Insurance Payments to Equal or Exceed Medicare	Adopted with amendments	MedChi seek and/or support legislation, regulation or policies which will require commercial payors to pay physicians at rates that align with the highest rates paid in other states and in national health care programs due to the cost of practice in Maryland and the current and growing physician shortage, and be it further MedChi host an annual in-person program for legislators and regulators to educate them about the socioeconomic factors, payor practices, and regulatory burdens which are causing the physician workforce shortage in Maryland resulting in a lack of access to care for Marylanders.	Became part of 2026 Legislative Council Agenda.
27-25	Penalties for Payor Non-Compliance with Communication Requirements Related to Utilization Review and Coverage Denials	Adopted	MedChi shall examine and take the necessary steps to increase penalties against insurers for violations of Section 15-10B-05 and related provisions of the Insurance Article, to ensure timely communication and accountability for utilization review and coverage denial questions; and be it further MedChi work with the Maryland Insurance Administration and relevant stakeholders to ensure compliance, oversight, and enforcement of the requirements set out in Section 15-10B-05 of the Insurance Article.	Became part of 2026 Legislative Council Agenda.

28-25	Reinstitution of MedChi's Membership Committee & Membership Study	Adopted	MedChi reinitiate its Membership Committee to include physician members and staff from each component society coordinate and enhance MedChi's and the component medical societies' membership recruitment, engagement and retention efforts; and that MedChi's Membership Committee conduct a comprehensive study and report back to MedChi's House of Delegates by Spring 2026 to include, but not be limited to, a review of all membership classifications and related dues strategies to determine their adequacy for inclusion of all physicians as members, review of appropriate use of group practice incentives to develop appropriate standardized guidelines, and a review of current MedChi dues compared to other state medical societies with the goal of ensuring the solvency of both MedChi and component societies.	Under the leadership of Dr. James Williams MedChi has reactivated its Membership Committee with offers physician leaders and staff from every component society to coordinate and strengthen membership recruitment, engagement, and retention across the state. The committee will also conduct a comprehensive review of membership classifications, dues structures, and group practice incentives, reporting back to the House of Delegates with recommendations that ensure both MedChi's long-term solvency and the sustainability of its component medical societies.
29-25	AMA's Vision for American Healthcare	Adopted	the Maryland Delegation to the American Medical Association submit a resolution at the Annual 2026 Meeting of the AMA House of Delegates to ask the AMA, based on current policy, to articulate its multi-point VISION FOR AMERICAN HEALTHCARE for adoption by the Interim 2026 AMA House of Delegates meeting and request the AMA to publicize and promote its newly created VISION FOR AMERICAN HEALTH CARE throughout the United States to inform patients and physicians what the AMA stands for and what patients and physicians can expect the AMA to use as its platform and guiding principles until its vision is achieved.	~~AMA Delegation to move forward with a resolution this June.~~ The AMA passed a similar resolution, with MedChi support, at the last Interim meeting, and their board is actively working on a plan. MedChi will write a letter noting our interest in being involved in the implementation of the plan.

30-25	Allied Health Professionals Workforce Shortage	Adopted with amendments	MedChi communicate to technical colleges and community colleges the need for a greater supply of allied health professionals, more specifically healthcare support occupations (medical assistants, nursing assistants, and phlebotomists), and healthcare practitioners and technical personnel (sonographers radiology technicians, LPNs) and encourage them to expand their training capacity as soon as possible to meet the demand of medical practices and healthcare organizations, and be it further Resolved, that MedChi seek and/or support legislative and/or regulation which would support training initiatives and incentives for allied health professionals to remain in Maryland	Part of Legislative agenda
31-25	Legislation to Provide Protection to the Maryland Physician Health Program	Adopted	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.	Part of 2026 Legislative Agenda

32-25	Mandatory Artificial Intelligence Literacy Education in Maryland Medical Schools	Referred	The Maryland State Medical Society, supports requiring Maryland medical schools to implement comprehensive artificial intelligence (AI) literacy curricula that includes bias recognition in AI systems, ethical AI use in clinical decision-making, patient communication about AI-assisted care, practical training on evaluating AI tool outputs for potential bias, understanding AI limitations, and maintaining physician judgment in AI-assisted clinical decision-making; and that MedChi, The Maryland State Medical Society, encourages Maryland medical schools to integrate AI literacy education longitudinally throughout medical education rather than as isolated coursework, ensuring students develop competency in AI use before entering clinical practice.	The Task force is having a series of educational events and has gotten several key members appointed to State and AMA Ai committees. We will wait to see what comes out of the State and AMA committees before taking further action.
33-25	Artificial Intelligence Transparency and Disclosure in Patient Care	Referred	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 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	The Task force is having a series of educational events and has gotten several key members appointed to State and AMA Ai committees. We will wait to see what comes out of the State and AMA committees before taking further action.

34-25	MarHealth Plans to Maintain Accessible, Monitored Physician Communication Channels Specifically for Credentialing, Contracting and Claims	Adopted	The Maryland State Medical Society, seek and/or support legislation and/or regulation requiring any health plan operating in Maryland to establish and maintain monitored communication channels, including both a separate and distinct toll-free 1-800 telephone number and a monitored email address for each of the following: 1) Credentialing questions and status; 2) Contracting issues, questions and status, and 3) Claims inquiries and status, available Monday through Friday, 8:00 a.m. to 5:00 p.m. ET, for use by physicians and clinicians; and that these communication channels shall be required to provide acknowledgment of receipt and substantive responses via email or phone to physician and clinician inquiries within seven (7) business days, and communication is not received by the physician and/or clinician within seven (7) business days, the physician can file a complaint with the Maryland Insurance Administration.	Part of 2026 Legislative Agenda
35-25	Examining MedChi's House of Delegates Focus for Enhanced Legislative Success	Referred	MedChi's Board of Trustees initiate a study with a report back to the House of Delegates at the April 2026 meeting to determine if changes in the focus of the April and October Houses of Delegates could be advantageous to the successful passage of MedChi's annual Legislative Agenda, and assess other changes in the House of Delegates' proceedings which may need to be changed as a result.	The Board created a subcommittee that reported back and changes were made by Board resolution at the January BOT meeting.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

LAC Report 1-26

INTRODUCED BY: Looking AHEAD Committee

SUBJECT: Updates on Looking AHEAD Committee

Since the October 2025 meeting of the MedChi House of Delegates, the MedChi Looking Ahead Committee has continued its work implementing the direction provided by the House to ensure that physicians remain central to Maryland's evolving health care system.

Maryland is entering a new phase of health system transformation following the negotiation of the AHEAD model with the federal government. This model will guide payment and delivery system reforms over the coming decade and will significantly influence how care is financed, organized, and delivered across the state. Recognizing the importance of this moment, the House of Delegates directed MedChi to actively engage in shaping these developments and to ensure that physicians remain leaders within Maryland's unique health care system.

Consistent with that direction, the Looking Ahead Committee has focused on strengthening MedChi's long-term value proposition to physicians by supporting participation in emerging payment models, advancing physician leadership in key policy forums, and expanding MedChi's role in supporting physician practices as the health system evolves.

Physician Leadership in Maryland Health Policy
The committee notes with appreciation the continued appointment of several Maryland physicians to key committees and advisory bodies of the Health Services Cost Review Commission (HSCRC) and related health system workgroups. These appointments help ensure that the physician perspective remains central as Maryland implements the AHEAD model and continues to refine its value-based payment system. MedChi will continue to encourage and support physician leadership in these important forums.

Episode Quality Improvement Program (EQIP)
The committee continues to monitor developments in the Episode Quality Improvement Program (EQIP), which remains one of the most important physician-focused value-based care initiatives in Maryland. The committee has discussed strategies to expand physician participation and ensure that physicians have the information and support necessary to succeed within the program as it continues to evolve.

Practice Transformation Grant (PTG)
The committee is pleased to report that MedChi has successfully secured a Practice Transformation Grant (PTG) to support physician practices as they adapt to new care delivery models and payment reforms. This award represents an important opportunity for MedChi to expand resources available to Maryland physicians, particularly independent practices that may need additional support as the health system continues to shift toward value-based care.

MedChi leadership and staff are currently working on implementing this initiative and ensuring that the resources made available through the grant are deployed effectively to assist physician practices across the state.

Maryland Primary Care Program (MDPCP)

The committee has also monitored developments related to the Maryland Primary Care Program (MDPCP), including the recent open enrollment opportunity for new participating practices. MedChi continues to support physicians evaluating participation in MDPCP and other care delivery programs by providing information, education, and guidance regarding these evolving models.

Continuing Work

The Looking Ahead Committee will continue its work throughout 2026 as Maryland moves into the next phase of health system transformation under the AHEAD model. The committee remains focused on implementing the direction of the House of Delegates and ensuring that MedChi continues to play a leadership role in supporting physicians during this period of change.

Future work will continue to focus on physician participation in value-based care initiatives, strengthening MedChi's role in health policy development, and identifying opportunities to expand services that support the sustainability and success of physician practices across Maryland.

The committee appreciates the guidance of the House of Delegates and looks forward to continuing its work on behalf of Maryland physicians.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 01-26

INTRODUCED BY: Baltimore City Medical Society

SUBJECT: Continuous Glucose Monitoring Coverage for Patients with Prediabetes

---

Whereas, prediabetes is a significant public health concern, affecting over one-third of U.S. adults, and is associated with an increased risk of progression to type 2 diabetes, cardiovascular disease, kidney disease, neuropathy, and other serious end-organ complications; and

Whereas, effective early intervention in patients with prediabetes can prevent or delay the onset of diabetes, reduce long-term complications, and lower healthcare costs through proactive disease management; and

Whereas, continuous glucose monitoring (CGM) has been shown to improve patient awareness of glycemic patterns, facilitate lifestyle modification, and enhance clinician-guided interventions, thereby serving as a preventive tool in delaying or halting disease progression; and

Whereas, current insurance coverage for CGM is generally limited to patients with established diabetes on intensive insulin therapy, leaving millions of individuals with prediabetes without access to this proven preventive technology; now therefore be it

Resolved, that MedChi, The Maryland State Medical Society, advocate for insurance coverage of continuous glucose monitoring for high risk patients (i.e. patients with one of one or more of these risks - obesity, family history, hypertension, dyslipidemia, history of gestational diabetes mellitus (GDM), (or belonging to a high-risk ethnic group); diagnosed with prediabetes, as a preventive measure to reduce disease progression and mitigate the onset of insulin dependence, cardiovascular complications, renal failure, and neuropathy; and be it further

Resolved, that MedChi, The Maryland State Medical Society work with the American Medical Association to advance policy supporting insurer coverage of continuous glucose monitoring (CGM) for patients with prediabetes at the national level.

Fiscal Note: Included in Advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 02-26

INTRODUCED BY: Baltimore County Medical Association

SUBJECT: Reinstitution of AMA Guides Editorial Panel

Whereas, our AMA established the AMA Guides Editorial Panel in 2019 to update the AMA Guides to the Evaluation of Permanent Impairment 6th edition (purple book) published in 2008; and

Whereas, the AMA Guides Editorial Panel consisted of two co-chairs, ten voting members and five advisors, representing vast multispecialty and multidisciplinary perspectives on medical impairment ratings; and

Whereas, the AMA Guides became a digital product to allow continuous and real time updates to the impairment evaluation process to bring the best science to establish fair and equitable impairment ratings; and

Whereas, the AMA Guides Editorial Panel instituted updates to the chapters on mental health (2021), nervous system (2023), upper limb, lower limb and spine (2024), and pulmonary (2025) which have received wide support across multiple stakeholder groups; and

Whereas, the goal of the AMA Guides Panel and as originally stated by the AMA was to institute a continuous evidence-based update to all chapters of the AMA Guides to the Evaluation of Permanent Impairment; and

Whereas, the AMA staff decided to discontinue the AMA Guides Editorial Panel at the end of 2025, thus ceasing the originally stated goal of a continuous update process, a decision that was not supported by the co-chairs or panel members; and

Whereas the non-updated chapters including pain, vision, cardiovascular system, digestive system, urinary and reproductive system, skin, hematopoietic system, and endocrine system have not been updated and are using outdated science and information that in many cases is 20-25 years old; and

Whereas, the AMA supports using the best available science and evidence basis for medical assessments; therefore be it

Resolved, that our American Medical Association re-institute the AMA Guides Editorial Panel to its original configuration and operating status; and be it further

Resolved, that our AMA encourage the AMA Guides Editorial Panel to continue its work on updating the chapters of the AMA Guides to the Evaluation of Permanent Impairment 6th edition 2025 that have yet to be addressed and to continue to bring current evidence-based medicine and practices to the evaluation of permanent impairment.

Fiscal Note: Included in Advocacy budget.

REFERENCES:
1. https://www.ama-assn.org/press-center/ama-press-releases/new-process-takes-ama-guides-future
2. https://www.ama-assn.org/practice-management/ama-guides/ama-guides-editorial-panel-members

3. https://www.ama-assn.org/practice-management/ama-guides/ama-guides-evaluation-permanent-impairment-overview#toc-changes-to-the-ama-guides-editorial-panel-work-07
4. https://www.ama-assn.org/practice-management/ama-guides/ama-guides-evaluation-permanent-impairment-overview#toc-changes-to-the-ama-guides-editorial-panel-work-07

RELEVANT AMA POLICY

Revising "Guides to the Evaluation of Permanent Impairment" H-365.987

It is the policy of the AMA: (1) to pursue the comprehensive revision and updating of the Guides to the Evaluation of Permanent Impairment with input from physicians in all appropriate specialty groups; and (2) to consider developing appropriate methods to facilitate the use of the Guides, including expansion of introductory instructions.

Physician's Role in Returning Patients to Their Jobs H-365.999

Our AMA:

(1) will promote the development of practice parameters, when appropriate, for use in the treatment of injured workers and encourage those experienced in the care of injured workers to participate in such development.

(2) will investigate support for appropriate utilization review guidelines for referrals, appropriate procedures and tests, and ancillary services as a method of containing costs and curbing overutilization and fraud in the workers' compensation system. Any such utilization review should be based on open and consistent review criteria that are acceptable to and have been developed in concert with the medical profession. Physicians with backgrounds appropriate to the care under review should have the ultimate responsibility for determining quality and necessity of care. (3) encourages the use of the Guides to the Evaluation of Permanent Impairment. The correct use of the Guides can facilitate prompt dispute resolution by providing a single, scientifically developed, uniform, and objective means of evaluating medical impairment.

(4) encourages physicians to participate in the development of workplace health and safety programs. Physician input into healthy lifestyle programs (the risks associated with alcohol and drug use, nutrition information, the benefits of exercise, for example) could be particularly helpful and appropriate.

(5) encourages the use of uniform claim forms (CMS 1500, UB04), electronic billing (with appropriate mechanisms to protect the confidentiality of patient information), and familiar diagnostic coding guidelines (ICD-9-CM, CPT; ICD-10-CM, CPT), when appropriate, to facilitate prompt reporting and payment of workers' compensation claims.

(6) will evaluate the concept of Independent Medical Examinations (IME) and make recommendations concerning IME's (i) effectiveness; (ii) process for identifying and credentialing independent medical examiners; and (iii) requirements for continuing medical education for examiners.

(7) encourages state medical societies to support strong legislative efforts to prevent fraud in workers' compensation.

(8) will continue to monitor and evaluate state and federal health system reform proposals which propose some form of 24-hour coverage.

(9) will continue to evaluate these and other medical care aspects of workers' compensation and make timely recommendations as appropriate.

(10) will continue activities to develop a unified body of policy addressing the medical care issues associated with workers' compensation, disseminate information developed to date to the Federation and provide updates to the Federation as additional relevant information on workers' compensation becomes available.

(11) encourages physicians to advise their patients to return to work at the earliest date compatible with health and safety and recognizes that physicians can, through their care, facilitate patients' return to work.

(12) supports the adoption of the most current edition of the AMA Guides to the Evaluation of Permanent Impairment by all jurisdictions to provide fair and consistent impairment evaluations for patients and claimants including injured workers.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 03-26

INTRODUCED BY: Baltimore County Medical Association

SUBJECT: MedChi President and CEO Must Reside in Maryland

Whereas, the virtual age allows individuals to live in one location and work in another one or multiple ones; and

Whereas, it is important and essential for MedChi leadership to be focused on Maryland in their work and personal lives; therefore be it

Resolved, that the MedChi President and Chief Executive Officer be official residents of Maryland.

Fiscal Note: The Chief Executive Officer's employment agreement imposes no residency requirement within the State of Maryland. Imposition of such a condition at this stage would necessitate a renegotiation of the agreement and could reasonably be expected to result in additional compensation or other economic concessions.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 04-26

INTRODUCED BY: Baltimore County Medical Association

SUBJECT: Restoring Cuts to National Institutes of Health Budget

---

Whereas, cuts to the National Institutes of Health (NIH) budget will have adverse medical consequences as addressed in Journal of the American Medical Association; and

Whereas, these cuts will have adverse economic consequences; and

Whereas, federal funding for biomedical research is central to health care innovation; and

Whereas, cutting health research funding would destroy the equivalent of one-quarter of annual gross domestic product in the US; and

Whereas, NIH will create a social cost that is 16 times greater than the savings that the administration is attempting to achieve; and

Whereas, more than 99% of all new drugs approved from 2010 through 2019 had some antecedent research funded by the NIH; and

Whereas, new medical therapies generated 48% of the 3.3-year increase in life expectancy in the US between 1990 and 2015; therefore be it

Resolved, that our American Medical Association act legislatively to advocate for these cuts to be reversed with full funding restored.

Fiscal Note: Included in Advocacy budget.

REFERENCES:
"Cutting the NIH Budget – The $8 Trillion Health Care Castastrophe", which stated, among other things, that: "New therapies lengthen lives. Buxbaum et al estimate that new medical therapies generated 48% of the 3.3-year increase in life expectancy in the US between 1990 and 2015. If biomedical research remains as important in the future as in the past, a 15.3% reduction in new therapies would lead to a reduction in life expectancy of 0.24 years per person over the next 25 years. In a population of more than 340 million, this reflects 82 million fewer years of life. Economists use various methods to estimate the value of life and typically find that years of life are valued at roughly between $100 000 and $200 000 per year.6 Even using the lower value in calculations, the lost health from the NIH cuts translates into more than $8.2 trillion ($100 000 × 82 million years)." JAMA Health Forum Published Online: May 29, 20252025;6;(5):e252791

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 05-26

INTRODUCED BY: Howard County Medical Society

SUBJECT: Addressing IRS Limitations on Direct Primary Care Membership Fees and HSA Eligibility

---

Whereas, the One Big Beautiful Bill Act, effective January 1, 2026, created new IRS guidance governing Health Savings Account (HSA) eligibility and the use of HSA funds for Direct Primary Care (DPC) arrangements; and

Whereas, the IRS rule defines Direct Primary Care (DPC) as a primary-care–only practice that charges $150 or less per month for membership, and patients enrolled at or below this threshold may both use HSA funds to pay the membership fee and continue contributing to their HSA; and

Whereas, the IRS rule further provides that if a DPC practice charges $151 or more per month, the patient may still use HSA funds to pay for the membership, but is prohibited from contributing to their HSA for the duration of their enrollment; and

Whereas, this $150 national cap does not account for higher-cost geographic areas, inflation pressures, workforce expenses, electronic health records, malpractice premiums, rent, staffing, and other operational realities facing primary care practices; and

Whereas, this threshold may function as a de facto price-control mechanism, potentially constraining physician autonomy, depressing practice sustainability, and reducing patient access to innovative primary care models; and

Whereas, MedChi supports physician-led, patient-centered practice models such as DPC that promote continuity, reduce administrative burdens, and strengthen the patient-physician relationship; and

Whereas, MedChi also supports federal regulatory frameworks that avoid creating anticompetitive effects, unintended price-fixing conditions, or distortions that disadvantage physicians or limit patient choice; therefore it be

Resolved, that MedChi, The Maryland State Medical Society, adopt as policy that the IRS's $150 monthly cap on Direct Primary Care membership fees for continued HAS contributions is burdensome, arbitrary, and should be revised to reflect regional cost structures and physician practice sustainability, and that MedChi request the American Medical Association (AMA) to advocate for appropriate federal regulatory or statutory revisions to correct these issues; and be it further

Resolved, that MedChi transmit this policy to the AMA House of Delegates for consideration at the earliest appropriate meeting.

Fiscal Note: Included in the advocacy budget.

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 06-26

INTRODUCED BY: Medical Student Section
Authored by Tiffany Kamberi, University of Maryland School of Medicine

SUBJECT: Support for Pausing Interest Rate Accumulation during Residency Training

---

Whereas, medical students graduate with a median educational debt exceeding $200,000, much of which is comprised of federal student loans that begin accruing interest immediately upon disbursement1,2; and

Whereas, resident physicians, despite having earned a medical degree, remain in required postgraduate training and are not yet practicing independently; and

Whereas, resident physicians earn a modest salary relative to their educational debt burden, with an average annual salary of approximately $63,0001,3; and,

Whereas, during residency training, interest on federal student loans continues to accrue, leading to substantial growth of total debt even when residents are enrolled in income-driven repayment or deferment programs1; and,

Whereas, the accumulation of interest disproportionately impacts early-career physicians and may influence specialty choice, discourage entry into lower-paying but high-need fields such as primary care, and contribute to physician burnout and financial stress4; and,

Whereas, national legislation to address these issues has been introduced in the form of the Resident Education Deferred Interest (REDI) act, which requests to amend the Higher Education Act of 1965, to provide for interest-free deferment on student loans for borrowers serving in a medical or dental internship or residency program, supported by the American Medical Association (AMA)5; and,

Whereas, reducing or eliminating interest accrual during residency represents a targeted and feasible policy intervention that would alleviate financial burden without requiring full loan forgiveness6; and,

Whereas, similar loan repayment relief mechanisms have been proposed or implemented in other federal loan contexts, demonstrating that such policies are administratively achievable5; and,
Whereas, addressing the financial strain of residency training aligns with broader efforts to support physician workforce sustainability and improve access to care; Therefore, be it
RESOLVED: That MedChi supports legislation and advocacy efforts pushing for the Resident Education Deferred Interest (REDI) act to encourage that the accrual of interest on federal student loans during accredited residency training be paused.

Fiscal Note: Included in Advocacy budget.

REFERENCES:
1. American Medical Association. 2023. “Bill Would Freeze Student Loan Interest During Residency.” https://www.ama-assn.org/medical-residents/medical-resident-advocacy/bill-would-freeze-student-loan-interest-during

2. Education Data Initiative. 2025. “Average Medical School Debt.” https://educationdata.org/average-medical-school-debt
3. American Medical Association. 2024. “You Made It—Will Your Wallet? How to Budget in Physician Residency.” https://www.ama-assn.org/medical-residents/medical-residency-personal-finance/you-made-it-will-your-wallet-how-budget
4. Office of Senator Jacky Rosen. 2025. “Rosen, Boozman, Houlahan, Babin Introduce Bipartisan Bill to Help Tackle Doctor Shortage in Rural and Underserved Areas.” March 11, 2025. https://www.rosen.senate.gov/2025/03/11/rosen-boozman-houlahan-babin-introduce-bipartisan-bill-to-help-tackle-doctor-shortage-in-rural-and-underserved-areas-2/
5. United States Congress. 2025. “H.R. 2028 — Resident Education Deferred Interest (REDI) Act, 119th Congress.” https://www.congress.gov/bill/119th-congress/house-bill/2028/text
6. Association of American Medical Colleges. “Loan Management Options.” https://students-residents.aamc.org/first/publication-chapters/loan-management-options