

MarylandMedicine

VOLUME 25 ISSUE 1

- ✓ **Prior Authorization Reform Reduces Administrative Burdens & Protects Patient Health**
- ✓ **Non-compete Clauses Now Limited in Maryland**
- ✓ **Home for Unmatched Medical Students Created**
- ✓ **Medicaid E&M Code Payments Maintained at Medicare Rates**
- ✓ **"Physician-Led Teams" Concept Now in Scope of Practice Law**
- ✓ **Insurance Coverage Expanded for Cancer Screenings**

**MedChi 2024 Legislative Victories
Special Maryland Legislative Session Summary**

From the President

From the President...

Ben Lowentritt, MD



It is hard to believe that the year is half-gone, but MedChi never rests! We have had some incredible highlights already this year, including a fantastic celebration of the 225th Anniversary of MedChi with the General Assembly in January, and a spectacular Gala in Baltimore in March. Thank you to all who attended and especially to the amazing staff who created memorable events.

The recently completed session of the General Assembly had twists and turns we now have come to expect. Assuming the bills are signed into law by the Governor in the coming weeks, this session

has been a tremendous success for MedChi, demonstrating our ability to see multi-year projects through and adjust on the fly.

Shepherding a bill as complex as the prior authorization through the process to passage was a monumental task over the past three-plus years. Multiple physicians participated in work groups and testified at committees to educate legislators and move the bill forward. Our lobbying team, led by Danna Kauffman, kept the momentum going through workgroups between sessions. Even when one of the other stakeholders tried to derail the entire effort, we had established the importance of the effort and were able to get much of what we were fighting for. This effort doesn't end here, but we made significant progress.

Seeing the Physician Assistant legislation to completion was another long-term effort. While we worked to modernize the regulations to reflect the realities of physician-led teams common in medicine today, we remained steadfast in our limits and did not bend to those pushing for "scope creep." Maryland now has model legislation that maintains physicians at the center for medical decision making.

We also saw a MedChi priority, set at our Fall 2023 House of Delegates meeting, become successful legislation in our first-year advocating. Our membership was clear that restrictive covenants are detrimental to our ability to care for patients in Maryland, and within one year, we now have legislation that will eliminate this practice for some and significantly limit the restrictions allowed for others. We are the first state to see this

relief succeed specifically for medical professionals. We don't always get 100 percent of what we want, but we should all be proud of our advocacy efforts this year.

With the legislative session behind us, our focus now shifts to our other main priority for this year, helping shape the next version of Maryland's Total Cost of Care model. The state is expediting their efforts to try to get negotiations done this year, so it is good we were already preparing our approach. I want to thank those participating in our Looking Ahead task force, with whom we have had several meetings to develop our plans. We have established four areas of focus to concentrate on: (1) Strengthening our primary care practices; (2) building on the successes of the EQIP program to allow all specialties and practice types to participate in value-based care initiatives; (3) discussing the financial impact the Model has had on the practice of medicine and developing mechanisms to alleviate these problems; and (4) developing accountability for hospitals whose actions under the Model run counter to the goals of achieving high-quality, affordable, and equitable care for Marylanders. We have members serving on the key advisory committees helping formulate the next waiver, and we are directly engaged with the state and other stakeholders.

Our work is far from done, but I know I am very energized by what we have achieved so far, and we are set up for success in the future. Thank you for all of your work so far, and let's keep pushing forward!

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Passage of Prior Auth Bill Is Major Win for MedChi

Contributed by Schwartz, Metz, Wise & Kauffman, PA

After almost two years of advocacy and negotiations, **Senate Bill 791/House Bill 932: Health Insurance – Utilization Review – Revisions** passed the General Assembly. Passage of this bill represents a major policy win for MedChi, and the patients cared for by our members. With this legislation, and combined with current statutory protections, Maryland provides some of the strongest protections in the country to patients and health care practitioners. **Senate Bill 791/House Bill 932** reduces and streamlines the volume of prior authorization requirements by:

- Prohibiting a carrier from issuing a denial of care when a patient requests a medication renewal for a prescription that is used to treat a mental health disorder or that is an immune globulin if the insurer previously approved the drug, the patient has been successfully treated on the prescription drug, and the prescriber attests that the patient continues to need the drug.
- Exempting prescription drugs from requiring a prior authorization for dosage changes provided that the change is consistent with federal U.S. Food and Drug Administration labeled dosages and is not an opioid.** Maryland law already prohibits prior authorization for a prescription drug when used for treatment of an opioid use disorder and that contains methadone, buprenorphine, or naltrexone.
- Requiring a carrier to allow patients who changes health insurance carriers to remain on the patient's medication for a period of the lesser of ninety days or the course of treatment during which time the new carrier can perform its own prior authorization review.
- Requiring a carrier to provide sixty days' notice rather than the current thirty days' notice when it implements a new prior authorization requirement.

- Requiring a carrier, when approving a prior authorization request, to approve a course of treatment of a non-medication health care service for as long as medically reasonable and necessary to avoid disruptions in care in accordance with applicable coverage criteria, the patient's medical history, and the treating provider's recommendation (similar to the final Medicare Advantage rule).

Senate Bill 791/House Bill 932 also increases transparency and mandates enhanced and comprehensive communication by:

- Ensuring that the need for an expedited review after a denial is determined by the health care provider and/or the patient or the patient's representative and not the carrier (i.e., expedited reviews must be conducted within twenty-four hours).
- Requiring that any communication from the carrier where there is a denial of health care services state in detail the factual bases for the decision, including explaining the reasoning why the health care provider's request was not medically necessary and why it did not meet the criteria and standards used in conducting the review, which must be specifically referenced and not simply referred to "as part of the member's policy or plan document."
- Requiring carriers to have a dedicated call line for denials or a dedicated and monitored email for scheduling calls so that health care providers can discuss the decision rather than having to go through the general customer call line.
- Requiring that, if any additional information is needed to make the determination, the carrier must provide the specific information needed, including any lab or diagnostic test or other medical information, along with the criteria and standard used to support the need for the additional information.

continued on page 9

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Changes to Contract Non-Compete Clauses Favor Physicians

Contributed by Schwartz, Metz, Wise & Kauffman, PA







In the fall of 2023, MedChi adopted a resolution that supports the elimination of non-compete clauses in physician contracts and limits their scope; this was the result of many years' work by MedChi's Restrictive Covenant Task Force. **House Bill 1388 – Labor and Employment – Non-Compete and Conflict of Interest Clauses – Veterinary and Health Care Professionals**, introduced by Delegate Terri Hill, MD, prohibits such clauses and was retroactive. MedChi and other health care professional groups strongly supported this bill.

The House of Delegates removed the retroactivity clause because of constitutional concerns (the U.S. Constitution prohibits the impairment of existing contracts), but passed the bill overwhelmingly, despite the objections of MedStar and the Maryland Hospital Association. In the Senate, the same entities pushed for amendments that banned non-compete clauses for those earning compensation less than \$300,000 per year, but allowed them above that threshold, so long as the clause did not exceed one year and a ten-mile radius. Their amendments also requested a study on the effect of private equity firms buying physician practices and requested delay of the bill's implementation until July of 2025.

MedChi worked with Senate Finance Committee Chair Pam Beidle to modify the proposed amendments. As a result, a few modifications were made: the bill measures the ten-mile radius starting from the primary place of employment, increases the salary threshold to \$350,000, and expands the study to include all types of acquisitions of physician practices, including those by hospitals. The bill's effective date remains July of 2025.

The importance of this legislation to physicians cannot be overstated. Despite the modifications (MedChi would have preferred the bill as adopted by the House), significant improvements over the current law were made as the current law posed unknown risks to physicians and would have allowed the opposition to mobilize their considerable resources heading into 2025. The outcome as it stands means that physicians earning less than \$350,000 cannot be subject to non-compete clauses, and those earning more than \$350,000 are protected from terms that are geographically vague and expansive (for example, when a hospital system measures the distance from any of its facilities in the state rather than the physician's primary place of employment) and exceeding one year's time.


How BHIPP Supports Providers Across Maryland

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- 
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- 
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- 
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- 
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For more information:



1-855-MD-BHIPP (632-4477)
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BHIPP is made possible through funding from the Maryland Department of Health, Behavioral Health Administration and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards U49MC000333-01-00 and U49MC000333-01-00. The content are those of the author and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



Scope of Practice Legislation Says Physicians Are in Charge

Contributed by Schwartz, Metz, Wise & Kauffman, PA

After three long years of unwavering work, legislation which reforms the Maryland Physician Assistant (PA) law (**House Bill 806/Senate Bill 167: Physician Assistants – Revisions – Physician Assistant Modernization Act of 2024**) was finally adopted. Discussions between MedChi and the PAs initially began during the 2022 Session but took on more urgency in the recent interim given the directive from both House and Senate leaders that legislation would be adopted in 2024.

This bill embodies the principles set forth by the physician workgroup established in 2022, namely that physicians remain the leaders of the patient-care team and retain control over the scope of practice and actions of PAs. This legislative resolution comes at a time when other states are allowing PAs to practice independently; the effort is forestalled here because the Legislature now considers the issue resolved for the foreseeable future.

Acknowledgement must be given to those MedChi members who worked on the successful passage of this bill, including Jim York, MD (orthopedic surgeon), Mike Niehoff, MD (family physician), Loralie Ma, MD (radiologist), Doug Mitchell, MD (internal medicine), Mike Silverman, MD (emergency physician), and MedChi President Ben Lowentritt, MD (urologist).

The final product required some give and take throughout the process but reflects a solid product that achieves all our initial goals. The bill takes effect October 1, 2024.

House Bill 806/Senate Bill 167: Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

1. Requires a Collaboration Agreement rather than the current Delegation Agreement.
2. Defines “Collaboration” as being a physician-led team, the first reference to this concept in Maryland law.
3. Allows the Collaboration Agreement to be entered into by a physician or group of physicians, but not an administrator of an entity, as was sought by the PAs initially.
4. Sets forth the required contents of the Collaboration Agreement.
5. Expressly prohibits independent practice by PAs.
6. Specifically includes PAs in the non-economic damage cap statute, which already covers most other health occupations.
7. Retains existing law providing that the scope of the PA practice must be:
 - Appropriate to their education, training, and experience;
 - Customary to the practice of the physician (versus the setting, which is what the PAs pressed for); and
 - Consistent with the Collaboration Agreement.
 (These limits were referred to within the physician workgroup as “the three Guardrails”).
8. Revises the core duties that PAs can perform but preserves the current law governing a PA’s review and interpretation of diagnostic and other patient data.
9. Allows a physician to limit the PA’s scope of practice and detail their practice in the Collaboration Agreement.
10. Allows a physician to delegate acts to no more than 8 PAs while on duty. These limits do not apply in hospitals and certain other settings, as per current law.
11. Revises the approval process required for PAs to perform advanced duties as follows:
 - “Advanced duties” are those duties requiring additional training beyond the basic PA education required for licensure.
 - Under current law, the general rule is that advanced duties require approval by the Board of Physicians (“Board”). However, there is an exemption from that requirement for hospitals and ambulatory surgery centers, recognizing that there are credible outside checks and balances like accreditation, risk management and credentialing in those facilities to ensure that PAs are not given advanced duties they are not qualified for.
 - The bill expands the list of exempt facilities to include federally qualified health centers (the PAs sought the inclusion of other facilities such as school-based health centers and local health departments, but these were opposed and not included in the final bill).
 - Even in these exempt facilities, an internal process must be in place for advanced duty approval.
 - Outside of exempt facilities, Board approval is still required for advanced duties unless:
 - ◊ The PA has previously been approved for that advanced duty by the Board but changes places of employment; or
 - ◊ The PA has over 7,000 hours (approx. 3.5 years) of clinical experience and the physician and PA document the training for the advanced duty.
 - ◊ Even here, the advanced duty must comply with the “3 Guardrails” stated above.
 - Clarifies the dispensing laws governing physicians and PAs.

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Maryland Physician Pre-empts Passage of Comparative Negligence Act

Passage of this act would have changed the current standard of contributory negligence

Contributed by Schwartz, Metz, Wise & Kauffman, PA

Two significant bills under consideration by the General Assembly that would have greatly impacted Maryland's tort system — if not immediately then certainly in the years to come — were not passed

House Bill 83/Senate Bill 538 – Non-Economic Damages – Personal Injury or Wrongful Death would have repealed the cap on non-economic damages (i.e., those damages awarded in negligence cases for pain and suffering). The cap addressed by this bill applies to all cases other than health care claims. While the repeal of this statute would not have directly affected health care practitioners, it would certainly set a bad precedent for a potential repeal of the cap that does apply to medical malpractices cases, resulting in MedChi's strong opposition.

House Bill 1361–Task Force to Study Various Aspects of Changing Contributory Negligence to Comparative Negligence Act would have effected a change in negligence law from the current standard of contributory negligence, which prohibits plaintiffs from recovering damages if they are at all responsible for their injuries, to that of comparative negligence, which requires a judge or jury to weigh the relative fault of both the plaintiff and the defendant. MedChi favors the current standard of contributory negligence. MedChi member Jeffrey Chung, MD, an ophthalmologist who personally knows the bill's sponsor, reached out in advance and explained MedChi's position, and as a result the legislation was withdrawn. This underscores the impact that MedChi members can make when strong professional relationships with legislators are in place.

Legislation Passed That Protects Public from Harmful Effects of Tobacco Use

Contributed by Schwartz, Metz, Wise & Kauffman, PA

Tobacco use — and the harmful effects of vaping on young people in particular — was a critical issue in several substantial pieces of legislation faced by the General Assembly this year.

Senate Bill 1056 – the Tobacco Retail Modernization Act of 2024 was passed by the General Assembly and will become law upon Governor Moore's signature. The main provisions of this bill will limit the sale of electronic smoking devices (ESD) to licensed vape shop vendors, meaning that such devices would no longer be widely available at locations such as convenience stores and gas stations. Additionally, the bill limits licensed vendors to sell only ESD and their component parts and accessories. In an effort to limit access to such products, the bill also prohibits the display of cigarettes, other tobacco products, or ESD, unless the products are behind the counter. The bill requires the Maryland Department of Health (MDH) or its designee to conduct at least one unannounced site inspection of a licensed retailer or vape shop vendors annually.

Also of note, the bill repeals the exception for active-duty members of the military who are at least eighteen years of age to buy cigarettes, other tobacco products, or ESD. This had been a long-standing exception to the age twenty-one requirement, which will now apply to everyone regardless of military status.



Relatedly, **House Bill 42 – Public Health – Public Health Services and Protections - Revisions**, an MDH departmental bill, also aligns State law with federal law prohibiting the sale of tobacco products to any individual younger than age twenty-one.

To further strengthen public protections from the harms of vaping, **House Bill 238/Senate Bill 244: Public Health – Clean Indoor Air Act – Revisions**, also an MDH departmental bill, was enacted. It expands the ban on smoking in indoor public areas and on mass transit systems under the Clean

Indoor Air Act (CIAA) to include “vaping.” Signage that states “No Smoking or Vaping” must be conspicuously posted and maintained in each indoor area open to the public (including each public entrance to an indoor area) where smoking or vaping is prohibited under the CIAA.

Public health advocates also applauded a last-minute addition to the State's budget package: a new \$1.25 tax on each pack of cigarettes; increasing the sales tax on e-cigarettes and vapes from 12 percent to 20 percent; and for other tobacco products (not including cigars) raising the tax from 53 percent to 60 percent of the wholesale price. All combined, these measures will generate an additional \$91 million in revenue to help the State fund educational expenses.

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Maryland Seeks Planning Grant to Propel Health Care Equity with AHEAD Model

Gene Ransom III

Maryland is spearheading an innovative journey toward the advancement of health care equity through its application for a planning grant under the state's Advancing All-Payer Health Equity Approaches and Development (AHEAD) model. This strategic move by the State is designed to keep in place the current Total Cost of Care model that Maryland hospitals have enjoyed in one form or another since 1977.

By embracing the AHEAD Model, Maryland aims to fortify its position as a pioneer in healthcare reform, leveraging federal resources to catalyze comprehensive improvements. The application creates an opportunity for MedChi to make changes to the current model to improve problems faced by Maryland physicians, patients, and public health. To address this, a committee of physician members was created by MedChi President Ben Lowentritt, MD, to identify priorities. The focus of the committee is on patient protection, defending primary care, and looking at additional opportunities for physicians to succeed within the model.

Central to Maryland's application is the recognition of the potential of the AHEAD model to empower the state to uphold and improve healthcare quality while containing costs. Through this initiative, Maryland anticipates charting a course that fosters inclusivity and equity in health-care delivery, ensuring that all residents receive the care that they deserve. The timing of Maryland's application is strategic, with the state positioning

itself as a frontrunner in securing federal funding by applying in Cohort 1. This proactive approach allows Maryland to shape the terms of the new model well in advance of its slated implementation in 2026.

MedChi intends to fight to make sure a pivotal aspect of Maryland's strategy is the meticulous planning and engagement envisaged throughout the process. The state anticipates commencing policy development and decision-making as early as July 2024, marking the inception of the Pre-Implementation Period. This timeline will put pressure on Maryland's commitment to transparency and inclusivity, with ample opportunities for community input shaping the trajectory of health care reform.

Looking ahead, MedChi envisions a future where health care equity is not merely an aspiration but a realized outcome. With the AHEAD Model as its compass, MedChi believes Maryland could be poised to navigate the complexities of health care reform, forging a path toward a more equitable, accessible, and sustainable health care system for all its residents.

Gene Ransom III is the CEO of MedChi.



Prior Authorization, continued from pg. 3

- Eliminating “homegrown” criteria in favor of requiring carriers to utilize criteria and standards that are developed by nonprofit medical or clinical specialty societies or organizations that work directly with health care providers in the same specialty and that satisfy other criteria among other criteria and standards.
- Mandating that a “peer to peer” must occur if requested by the health care provider (currently – it is discretionary) and that the licensed physician or dentist from the carrier is board certified or eligible in the same specialty and knowledgeable about the requested health care service or treatment through actual clinical experience.
- Mandating that if the carrier does not meet the required times for deciding the request, then the request is deemed approved.

In addition to these protections, the legislation will continue to seek ways to improve processes by studying whether a

“gold card standard” should be implemented in Maryland and whether prior authorization requirements should be eliminated when a health care provider enters into a value-based arrangement with a carrier. Lastly, in order to continue to increase transparency and equip health care practitioners with up-to-date insurance information for patients, the bill requires (beginning July 1, 2026) that carriers’ electronic processes integrate with all electronic health records to provide real-time benefit information on a patient’s coverage at no cost to the health care provider.

MedChi gratefully acknowledges the hard work and leadership of Senator Kathy Klausmeier (Vice Chair of the Senate Finance Committee), Delegate Bonnie Cullison (Vice Chair of the House Health and Government Operations Committee) and Delegate Ken Kerr (Subcommittee Chair of the Government Operations and Health Facilities Subcommittee).

2024 Legislative Session

Advocacy Report



The Maryland State Medical Society



MedChi marked the opening of the 2024 Maryland General Assembly Session with a celebration of our 225th Anniversary. We appreciate the hospitality of the Maryland State House, Senate Chamber, and House Chamber as we celebrated this milestone. It was an auspicious start to a demanding, remarkable, and very successful legislative advocacy season.

We Have A Lot To Celebrate!

medchi.org/YourAdvocate

advocacy@medchi.org

800.492.1056

2024 Legislative Session



Advocacy Report

MedChi achieved significant victories on behalf of Maryland's physicians, patients, and public health:

REFORMED

Prior authorization to reduce administrative burdens, protect patient health, and create a path forward for future reform

SECURED

Funding for Medicaid E&M payments at 100% of Medicare

BANNED

Non-compete clauses for physicians earning less than \$350,000 and limited non-compete clauses for physicians making more than \$350,000 to 1 year and to 10 miles from their primary place of employment

PREVENTED

A repeal on Maryland's non-economic damages cap, which would have paved the way for a repeal or increase to the medical malpractice cap

ESTABLISHED

A home for unmatched medical school graduates with the Bridge to Medical Residency Act

ENSHRINED

The concept of the "physician-led team" in Maryland law, a first for the state, and ensured that patient safety was the highest priority in physician assistant scope of practice legislation.

EXPANDED

Insurance coverage for breast and lung cancer screening, hearing aids, and prostheses

ENSURED

Robust training, testing, competency, and continuing education requirements for individuals performing x-ray duties

PROTECTED

Patients from cosmetic procedures performed by unqualified practitioners

Read our full session report here



medchi.org/YourAdvocate

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MedChi Physician of the Day Program Is Opportunity to Serve and Engage with Legislators During Session

MedChi, The Maryland State Medical Society, encourages all physician members to serve as the MedChi Physician of the Day during the 2025 Maryland General Assembly Legislative Session, which runs from January 8 through April 7, 2025.

The MedChi Physician of the Day tradition affords physicians the unique opportunity to influence the landscape of the political debate at the Annapolis State House while providing care to the lawmakers of the General Assembly. The Physician of the Day gains insight into the procedures and personalities that shape the laws in our state. It is also an opportunity for Delegates and Senators to get to know physicians outside of testifying and meeting with them on bills.

The MedChi First Aid Room, located in the State House, is equipped with oxygen, a hospital bed, wheelchair, crutches, thermometers, stethoscope, and a blood pressure cuff. There are

a variety of over-the-counter medications, including aspirin, cough and cold preparations, and antacids. A nurse is on the premises daily to assist the volunteer physician, which allows the physician more time to spend in the chambers observing our representatives at work.

A physician's presence at the State House in Annapolis is symbolic evidence of MedChi's concern for the health of all Marylanders. All physicians with an active medical license are encouraged to volunteer for a day in the MedChi First Aid Room during the 2025 General Assembly Legislative Session. Interested physicians should reach out to Oaltman@medchi.org or email Advocacy@medchi.org.

MedChi First Aid Room Hours of Operation: Mon., 5 p.m. to 9 p.m.; Tues. – Fri., 9 a.m. to 1 p.m.





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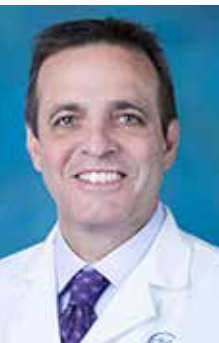
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MedChi's 176th Presidential Gala

Mardi Gras Masquerade was the theme for MedChi's Presidential Gala at the American Visionary Art Museum, in honor of Benjamin H. Lowentritt, MD, MedChi's 2024–25 President.



Neurosurgeon Neal J. Naff, MD, Assumes Presidency of BCMS



Neal J. Naff, MD, assumed the presidency of Baltimore City Medical Society (BCMS) in January. He is Chief of Neurosurgery with Sinai Hospital and University of Maryland St. Joseph Medical Center.

Prior to his election, Dr. Naff was the president of the Maryland Neurosurgical Society and continues to serve on its executive committee. In his first message to the BCMS membership, Dr. Naff highlighted some of the challenges facing physicians and BCMS. He shared: "The

enormity of the challenges we confront will require all of us to engage to help shape the future of caring for our patients and strengthening our medical society."

Dr. Naff is active in resident teaching at Johns Hopkins' Department of Neurosurgery where he holds a part-time faculty appointment. He is committed to mentoring students and early career physicians, and encouraging them to join professional medical organizations, such as BCMS.

BCMS
Baltimore City Medical Society

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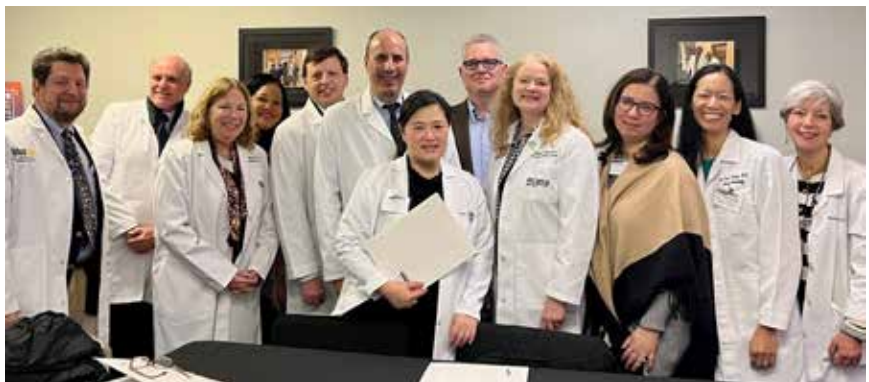
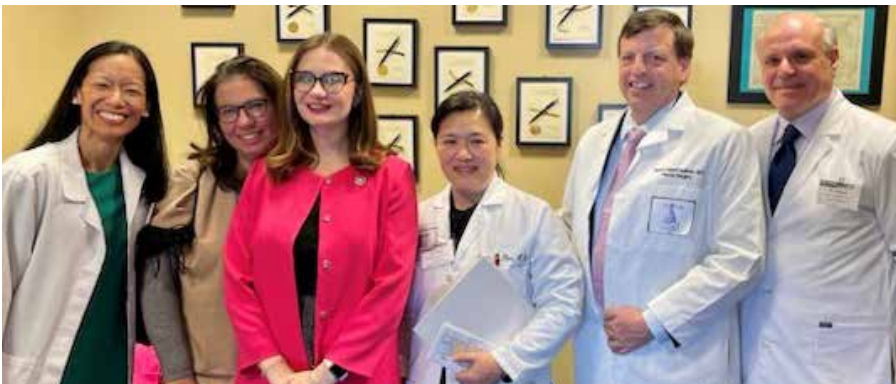
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2024 Component and Specialty Advocacy Days

MedChi's Component societies organized a robust four-week calendar of Lobby Days beginning January 29th. A big thanks to all those physician members and student leaders who took the day off to meet with legislators and advocate for the issues that matter most to their profession.





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At the Heart of Great Change in the History of Mankind, There Lies the Humble Germ

Pathogenesis: A History of the World in Eight Plagues, by Jonathan Kennedy

Reviewed by Stephen Rockower, MD

The Scottish historian-philosopher Thomas Carlyle wrote in the mid-nineteenth century, “the history of the world is but the biography of great men.” The premise of this book is that that statement is patently wrong.

All of life is a struggle between predator and prey. From the beginning, organisms needed to fend off others that were trying to consume or invade them. Mechanisms needed to be developed to recognize Self from Other. Organisms needed to develop an immune system if they were to survive. *Pathogenesis:*

A History of the World in Eight Plagues, by Jonathan Kennedy, explores the world’s history, not from great men or great events, but from the vantage of the microorganisms that humans fight and how they shaped history.

The eight chapters covering the plagues of Paleolithic, Neolithic, Ancient, Medieval, Colonial, Revolutionary, Industrial, and Modern times outline how humans (and, to some extent, our Neanderthal ancestors) became sick and tried to cure themselves. Sometimes interbreeding with Neanderthals was advantageous, as it resulted in them developing mutations for some disease resistance that Homo sapiens did not. Other times, it was the immunity developed in the subtropics of Africa that allowed H. sapiens to migrate out of Africa 50,000 years ago and replace the previous Homo populations, whether it was the Neanderthals in Europe or another group, the Denisovans, in Asia.

One of the reasons slavery took hold in the Western Hemisphere is also a function of disease resistance. People who grew up in West Africa had been exposed to Yellow Fever as children, which then resulted in immunity. The *Aedes aegypti* mosquito that carries Yellow Fever came across in the slave ships and found a receptive environment in the sugar cane fields. Since the slaves were essentially immune to Yellow Fever, they were able to stay disease-free while in the fields, but indentured Europeans who had never been exposed to it were decimated. Since the offspring of the slaves did not fare as well, more Africans had to be brought over. In a similar

way, *Plasmodium falciparum*, the infectious agent for malaria, came to America in the 1680s via a slave ship. The climate of the south was better suited for the *Anopheles quadrimaculatus* because of the heat and stagnant pools of water needed for agriculture. Again, the Black slaves proved to be more resistant than the European indentured laborers. By the time of the Revolution, the White southerners had now built up some resistance, but the British Soldiers fighting in the south had not, so Cornwallis’s troops were weakened by sickness. The French

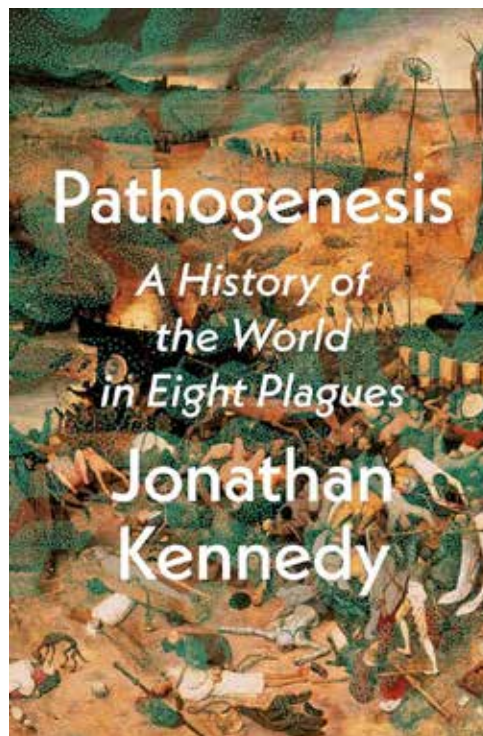
who arrived to bolster Washington’s troops did not stay long enough to get sick before they delivered the final blow at Yorktown. As Kennedy observes: “Malaria killed eight times more British troops than American guns.”

There is no doubt that Covid-19 originated in Wuhan, China. Whether it jumped species in the animal market or escaped from the virus lab is a subject we don’t have enough room to address here. The take-away idea that Kennedy offers is that the rich nations have continued to hoard lifesaving treatments to the detriment of the poorer nations. Even within wealthier countries, such as the U.S. and U.K., death rates among the poor (and often Brown or Black) populations were four to eight times higher than among those with higher incomes.

Kennedy’s book leaves us with some real and sobering thoughts. Population growth, climate change, and the ease

of international travel will hasten the spread of diseases. Antimicrobial resistance is looming as the next great pandemic. “There is one universally incorrect choice: to do nothing. This didn’t work when humans believed that plagues were a punishment sent by angry gods. Nor does a *laissez-faire* approach help stop disease when it is a deliberate policy choice.” It is up to us to apply good science and urge our leaders to address the fundamental problems that promote disease and disease transmission. There will always be something new, but we can and should be better prepared for the next pandemic.

Stephen Rockower, MD, FAAOS, @DrBonesMD.



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MedChi's Newest Physician Members

MedChi welcomes the following new members, who joined between November 4, 2023, and April 19, 2024.

Ruben Daniel Acosta, MD — Capital Digestive Care	Charis James, MD — Kaiser Permanente White Marsh
Kasra Adham, MD — Capital Digestive Care	Patricia A. Johnson, DO — Lois A. Narr DO, LLC
Adbulhosein N Adham, MD — Capital Digestive Care	Andrew Karasick, MD — FDA
Soorya Namboodiri Aggarwal, DO — Capital Digestive Care	Kiumarce Kashi, MD — Baltimore Sleep & Wellness Center
Haroon Akhtar, MD — Patient First	Mark R. Katlic, MD, FACS — Sinai Hospital
Meena C. Anant, MD — Chhabra & Sait, MD, PA	Paul M. Katz, DO — Chesapeake Wellness Ctr.
Tom-meka Archinard, MD, FACEP, MBA — University of Maryland Capital Region Health	Dan D. Kessler, MD — Greater Baltimore Medical Center
Irene Lucy Atieno Olonde, MD — Patient First	Gin Khai, MD — Kaiser Permanente
Renee J Blanding, MD — Johns Hopkins Bayview Medical Center	Calvin Lee, MD — Cardiovascular Specialists of Central Maryland
Brooks Briel, MD — Kaiser Permanente	Max Lingamfelter, MD — Kaiser Permanente
Rebekah Christina Brown, MD — Patient First	Tiffini Regis Lucas, MD — Contemporary Family Medicine Associates
Melanie Bukhari, MD — Kaiser Permanente	Lucy Ma, MD — Walter Reed National Military Medical Center at Bethesda
Kyle Burton, MD — Kaiser Permanente	Pamela Madu, MD — Advanced Dermatology and Cosmetic Surgery
Kirsti ACampbell, MD — Capital Digestive Care	Zahra Maleki, MD — The Johns Hopkins Univ.
Alexandra Campbell, MD — Kaiser Permanente	Jasmine Manley, MD — Mid-Atlantic Nephrology Associates
Lucas Carlson, MD — MedStar Union Mem. Hosp.	Jabari Martin, MD — Martin Orthopaedic & Wellness Group
Stanley Chioma, MD — Kaiser Permanente	Linda J McGee, MD — Patient First
Vincent DeCicco, DO — Kaiser Permanente	Georgina Maria Medina Agramonte, MD — Visionary Eye Doctors
Apurva Desai, MD — Kaiser Permanente	Jian Ming Mei, MD — Patient First
Robert Lee Dewitty, Jr., MD — Adventist Healthcare White Oak Medical Center	Celestino M. Menchavez, MD — Privia Health LLC
Dorothea A Dobson, MD — Kaiser Permanente	Bryce Meyers, DO — Concentra
Gregory Dolin, Esq, MD, J.D. — University of Baltimore School of Law	Jeremy A Michalke, MD — Kaiser Permanente
Jesus Dominguez, MD — Kaiser Permanente	Mark Eric Morgan, DO — Patient First
Matthew Dong, MD — Kaiser Permanente	Donna Irene Myers, MD — Patient First
John Douglas, III, MD — Kaiser Permanente	Lynda Adaobi Nwabuobi, MD — Neurology Ctr.
Christina M. Drostin, MD — Choptank Community Health	Rufina Nwanneka Odigwe, MD — Kaiser Permanente
Viktoria Elkis, MD — Arthritis & Rheumatism Assoc., PC	Abiola Nike Oke, MD — Patient First
Vida Falahatian, MD — Patient First	Nkem Okeke, MD — Medicalinco
Gail Feinberg, DO — Maryland College of Osteopathic Medicine	Oluwafunmilayo Olaleye, MD — Kaiser Permanente
Kevin S. Ferentz, MD — GBMC Primary Care at Owings Mills	Renee Ann Pace, MD — Erickson Health Medical Group of Maryland, PC
Matthew Ferris, MD — Kaufman Cancer Center Dept. of Radiation Oncology	Radha Padhy, MD — Capital Women's Care - Div. 33
Malcolm Forbes, MD — Kaiser Permanente	Sneha Jayanti Patel, MD — Capital Digestive Care
Scott Friedberg, MD — Capital Digestive Care	Deepan Kumar Paul, MD — Kaiser Permanente
Arielle Wendy Fein Garber, MD — Perinatal Associates at GBMC	Kathleen Pencek, MD — Johns Hopkins Bayview Medical Center
Reena Garg, MD — Visionary Eye Doctors	Kalpna R Prakasa, MD — University of Maryland St. Joseph Medical Center
Evelyn W Gathecha, MD — Kaiser Permanente	Gregory Prendergast, MD — Kaiser Permanente
Benjamin Todd Gillingham, MD — Patient First	Amy Prescott, MD — Kaiser Permanente
Joseph Goodman, MD — Kaiser Permanente	Manoj Racherla, MD — Cardiovascular Specialists of Central Maryland
Eileen Greenwald, MD — Frederick Health Employer Solutions	Vijayalakshmi Reddy, MD — Vijayalakshmi Reddy MD LLC
Deepak Gupta, MD — Rheumatology Express	Gerald R. Renzi, MD — Capital Women's Care - Division 23
Anh Ha, MD — Kaiser Permanente	Dipanwita Saha, MD — Kaiser Permanente
Michele C Henley, MD — Patient First	Mustapha Saheed, MD — Johns Hopkins East Baltimore Campus
Daniel Hewes, MD — Kaiser Permanente	
Kenetra Hix, MD — Kaiser Permanente	
Mara Holton, MD — Anne Arundel Urology	
Esther Ihezie, MD — Kaiser Permanente	

Charles William Sandor, MD — Patient First
 Akriti Pradeep Saxena, MD — Capital Digestive Care
 Julie Taylor Schultz, MD — MedStar Franklin Square Medical Center
 Matthew Daniel Sedgley, MD,FAAFP — Medstar Orthopaedics
 Dania Shah, MD — Kaiser Permanente
 Aram Shahinyan, MD — Lighthouse Spine Ctr.
 Barathi Deivanai Sivasailam, MD — Capital Digestive Care
 Clarence Smith, Jr., MD — Kaiser Permanente
 Rebecca L. Smith, MD — Kaiser Permanente
 Zachary Smith, MD — Kaiser Permanente
 Zakiya Steadman, MD — Johns Hopkins Community Physicians at Charles County
 Deborah Ann Stein, DO — Erickson Health Medical Group of Maryland, PC
 M-Irfan Suleman, MD,FAAP — Johns Hopkins Hospital
 Lauren P. Sweetser, MD — Erickson Health Medical Group of Maryland, PC
 Farhana Syed, DO — Adfinitas Health
 Tami O. Tiamfook-Morgan, MD — Kaiser Permanente

Lisa Michelle Tom, MD — Washington Eye Physicians & Surgeons
 Corey Tong, MD — Kaiser Permanente
 Dawn Torres, MD — Kaiser Permanente
 Thi Thi Kim Tran, MD — Center for Advanced Gyn and Urogynecology
 Jason M. Tu, MD — Azar Eye Institute
 Dayna Adamma Ukwuoma Ukwuoma, MD — Kaiser Permanente
 Trevor L Valentine, MD — Kaiser Permanente
 Reid Vegeler, MD — Kaiser Permanente
 Anthony Thomas Velott, MD — Rubin Institute for Advanced Orthopaedics
 Ritu Ramedo Vyas, MD — Mid-Atlantic Nephrology Associates
 Ivy Williams, MD — Kaiser Permanente
 Jesse Wilson, DO — Kaiser Permanente
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 Jeffrey Xi Yang, MD — Advanced Radiology
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Maryland Medical History Museum to Open June 3, 2024

What do these items have in common? Upton Scott's medical schoolbooks, a physician medical case belonging to Napoleon, and a 1798 medical ledger from one of MedChi's original founders?

They are all items in the collections amassed by The Center for a Healthy Maryland and are now housed in the new MedChi Museum of Maryland Medical History! The accumulation of archival materials, books, scientific equipment, and ephemera by MedChi dates has been more than 100 years in the making, in preparation for the vision of someday opening a museum. The idea of a medical museum was first mentioned in the *Maryland Medical Journal* in 1923. A century later, MedChi and the Center both have the time, the space, and the resources to realize this vision as befits our 225th Anniversary.

For the past three years, staff from MedChi and The Center for a Healthy Maryland have been judiciously acquiring items for the Museum, including a selection of portraits from the MedChi collection; old and unusual scientific instruments; books dating back as far as 1567, a large collection of bookplates from the late 1800s and early 1900s, and more.

In honor of MedChi's current President Ben Lowentritt, MD, who specializes in urology, the American Urological Association (AUA) has generously agreed to lend us an exhibition on the History of Urology at War, which will be the featured showpiece at the Museum's opening on June 3, 2024. Fittingly, June 3 is also the date of the first meeting of MedChi's original founders.

The Museum opening is open to the public, although reservations in advance are requested. RSVP to events@medchi.org and join us for this "once-in-a-lifetime" occasion!



MedChi Calendar of Events

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

JUNE

- 3:** MedChi Museum of Medical History Grand Opening
- 4:** AMA Delegation Pre-Mtg for Maryland DC Caucus
- 5:** BCMA Board Mtg.
- 10:** Joint Committee on CME Meeting
- 13:** BCMS Board Meeting

JULY

- 13:** BCMS President's Mid-Summer Soiree
- 16:** Maryland Neurological Society Board Meeting
- 16:** Opioid Pain & Addiction Committee Meeting
- 18:** MedChi Board of Trustees Meeting

AUGUST

- 8:** BCMS Board Meeting
- 10:** Maryland Dermatologic Society Dermatology Residents Summer Social

- 12:** Council on Communications Meeting

- 14:** Maryland Neurological Society Summer Social

- 17:** Maryland Society of Eye Physicians Summer PAC Social

SEPTEMBER

- 4:** BCMA CME Event

- 9:** 225th Anniversary Charity Golf Scramble

- 12:** BCMS Board Meeting

- 17:** Opioid Pain & Addiction Committee Meeting

- 18:** BCMS Event — What Would You Do If You Received a Patient Complaint?

- 18:** BCMA Board Meeting

- 19:** MedChi Board of Trustees Meeting

- 27:** Center For A Healthy Maryland Maryland Physician Health Program Research Symposium



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