

Maryland Medicine

VOLUME 25 ISSUE 4

**MedChi's Priorities for the 2025
Maryland Legislative Session**



As we approach the new legislative session, I reflect on the critical role we play in shaping the future of health care in Maryland. Our collective efforts have always been driven by a commitment to improving patient care, public health, advancing medical practice, and ensuring that our voices are heard in the legislative arena.

This year, one of our priorities is understanding and integrating Artificial Intelligence (AI) in health care. AI has the potential to revolutionize the way we diagnose,

treat, and manage patient care. It is therefore essential that we advocate for policies that ensure AI technologies are developed and deployed responsibly, with robust privacy and security measures in place.

Key legislative priorities for 2025 as determined by the resolutions passed by the House of Delegates:

1. AI in Health Care:
 - Advocate for the establishment of a state-level advisory group to oversee deployment of AI in health care.
 - Ensure that AI technologies comply with existing state and federal regulations and educate the health care workforce about their benefits and limitations.
2. Ensuring Timely Delivery of Health Care Services and Payment:
 - Streamline and reform utilization management policies to reduce administrative burdens like prior authorization, improving patient care, and physician well-being.
 - Recognize that the practice of medicine is evolving, with more physicians becoming employed. We need to understand these changes and support the viability of any practice choice they make, while preserving the joy of practicing medicine.
3. Protecting Access and the Practice of Medicine:
 - Emphasize the importance of physician-led, team-based care to improve the quality and safety of patient care. Each health care team member plays an integral role; collaboration is essential for delivering the best outcomes.
4. Strengthening Public Health Initiatives:
 - Promote health equity initiatives that address disparities and social determinants of health.
 - Advocate for innovative approaches to addressing the opioid crisis

Our patients are our allies, and each encounter with them is an opportunity to build trust and collaboration. By working

together toward a common goal — their health and well-being—we can achieve better outcomes. We should also encourage our patients to join in our advocacy efforts, as their voices are powerful in driving change and improving health care policies.

Our legislative agenda is ambitious. With your engagement and support, and by working closely with our legislators, we can make significant strides in improving health care for all Marylanders. I encourage each of you to get involved, stay informed, and advocate for these critical issues.

— Padmini Ranasinghe, MD
MedChi President

What You Need to Know Now

- On January 8, 2025, at noon the 447th Session of the Maryland General Assembly will convene in Annapolis.
- The new Prior Authorization Laws go into effect on January 1. The passage of Senate Bill 791 and House Bill 932 has resulted in effectively streamlining the entire prior authorization process and put measures in place that protect patients' rights. MedChi CEO Gene Ransom breaks down what this means for Marylanders in a YouTube video titled, "Navigating Maryland's Prior Authorization Laws."
- The tort reform issue will intensify in 2025 with MedChi fighting initiatives that weaken Maryland's current medical liability environment and increase non-economic damages ("caps"). Maryland's cap is one of the highest in the nation at \$890,000 with an automatic annual escalator of \$15,000, but it effectively controls costs while protecting injured parties. Measures that seek to raise or remove non-economic damages caps are damaging to physicians and patients and must be opposed. MedChi is working to fight the lawyers, but we need your help. Members are encouraged to participate in MedChi's Council on Legislation: www.medchi.org/Law-andAdvocacy/Legislative-Council.
- Your engagement in grassroots legislative affairs is valued and needed. If you need to determine who your state legislators are, go to <https://www.medchi.org/TakeAction> and insert your zip code. Then, contact your component society executive and let them know you are interested in being more engaged in MedChi's legislative efforts.
- The AMA's National Advocacy Conference, held at the Grand Hyatt in Washington DC, is February 10–12, 2025. MedChi Hill visits will be on Tuesday, February 11. If you would like to join the MedChi delegation visits, contact Susan D'Antoni, MCMS CEO, at sdantoni@montgomerymedicine.org.

Studies Underway Will Inform State's Health Insurance Landscape

Danna L. Kauffman, Esq.

During the 2024 Session, MedChi successfully advocated for **Senate Bill 791/House Bill 932: Health Insurance — Utilization Review – Revisions**, which is set to take effect January 1, 2025. With this legislation, Maryland enacted some of the toughest laws in the country regarding prior authorization and the use of utilization management tools by insurance companies.

In addition to our work on prior authorization and utilization management, MedChi continues to examine the Maryland health insurance landscape and payment reforms. Two important studies are currently underway on these topics. At the request of the House Health and Government Operations (HGO) Committee and with the support of MedChi, the Maryland Health Care Commission (MHCC) has contracted with Hilltop Institute to analyze how market concentration at both the regional and product level may be affecting both physician and other practitioner payment rates, practitioner networks, and whether consumers are receiving the full range of choice in services or are being directed to services that may be beneficial to an insurer. In addition, the MHCC will also be considering and reporting on the effects of increasing vertical and horizontal integration within the health insurance market, especially in purchases and investments of physician groups, technology companies, and other related industries. The MHCC is required to report back to the HGO on the results of its examination on or before September 2025, with the goal for policy leaders to be able to use the information to explore policy interventions to promote competition, transparency, and accountability in the health care market.

This interim, the MHCC is also examining nonparticipating provider rates and participating provider rates. Maryland has two statutes addressing payment to nonparticipating providers, one pertaining to health maintenance organizations (HMOs)

(**Health-General Article, § 19-710.1**) and one pertaining to preferred provider organizations (PPOs) (**Insurance Article § 14-205.2**). The MHCC will review the contracted rate paid by HMOs and PPOs to participating and nonparticipating providers, by specialty, from 2019 through the second quarter of 2024 and an analysis on the different methodologies used for determining the rates; for each rate identified above, the amount the rate would be inflated by the change in the Medicare Economic Index from 2019 to the year for which


the rate was calculated; the impact of the No Surprises Act on nonparticipating provider rates; and the number of in-network contracts between participating providers, by specialty, and insurers that were terminated since January 1, 2019, and, if available, whether the contracts were terminated by (1) the insurer or (2) the provider. Unlike the market concentration study, this study is to be completed by December 31, 2024.



While slightly tangential, the MHCC is also in the process of studying (1) the effect of private equity firms on the health care market in the state; (2) the payer mix for physician practices and groups with private equity ownership; (3) the impact of hospital consolidations on physician practices; (4) the acquisition of physician practices; and (5) the impact on the ability of nonprofit hospitals and health systems to maintain access to care, including the ability to hire and retain physicians. Preliminarily, this study should report to the General Assembly on its findings by the beginning of 2025 with more definitive findings due later in the year.

Given the importance of these three studies and the information that will be gleaned from them, Maryland will be in a strong position to continue to reform and bring meaningful change to the health insurance market landscape for physicians and patients.

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



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New Proposal May Cause Ripple in Medical Malpractice Cases

J. Steven Wise, Esq.

The health care system in Maryland has faced significant problems, but Maryland has been fortunate in past twenty years in that the medical malpractice insurance market has not been one of them, at least for physicians (hospitals face other challenges in the secondary market).

Recently, however, a proposal from trial lawyers could send waves through these calm waters if the General Assembly goes along with the idea. In the 2024 Session, Delegate Natalie Ziegler (Howard County) and Senator Jeff Waldstreicher (Montgomery) proposed **House Bill 83/Senate Bill 538**, respectively, which would have repealed the cap on non-economic damages that applies in cases not involving health care claims. The Senate struck the part of the bill repealing the cap and instead passed a whopping increase in the cap, from the current \$935,000 to \$1.75 million, essentially doubling it. Fortunately, the House Judiciary Committee did not act on the House bill or the amended Senate bill. It is certain that this legislation will be revisited in 2025, either as a full repeal of the cap or an enormous increase, and the pressure will be on the House to act.

Advocates for the bill — which is made up of only the trial lawyers — would have legislators believe that this legislation has

no impact on the separate cap on non-economic damages that applies in medical malpractice cases. That is true as it applies to the bill itself, but it ignores the reality of what will surely follow: legislation in the coming years to raise the medical malpractice cap, or litigation challenging what would become a significant discrepancy between the two different caps on non-economic damages (the medical malpractice cap is currently at \$950k +/-). Recognizing this scenario, MedChi strongly opposes this legislation and will work once again to defeat it in 2025.

Another proposal from the trial lawyers which may be forthcoming is an effort to lower the standard for the award of punitive damages. Punitive damages are damages assessed to punish a defendant

for egregious conduct, and currently the law requires a plaintiff to show “actual malice” to obtain them. Legislation to lower that to “reckless indifference” or some other standard could be introduced. Again, this effort would upend what has been a calm market for medical malpractice insurance in the State because it may expose physicians to liability for punitive damages. For this very reason, MedChi will oppose it.

J. Steven Wise, Esq., is a partner at Schwartz, Metz, Wise & Kauffman PA.



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Maryland Signs AHEAD Agreement: Key Challenges Remain to Be Addressed

Gene M. Ransom III



Maryland's health care landscape is set to evolve significantly with the recent signing of the AHEAD agreement, an action to continue the state's Total Cost of Care (TCOC) model. While this agreement extends Maryland's leadership in health care innovation, there remains considerable work needed to address physician priorities and patient needs. The AHEAD

agreement was finalized in the week leading up to the 2024 election, concluding a rapid negotiation process. While the agreement represents progress, several essential elements remain unresolved, highlighting the importance of ongoing advocacy and collaboration.

One of the most significant wins for physicians is the continuation of the Episode Quality Improvement Program (EQIP), which provides critical incentives to improve quality and reduce costs. Additionally, the Maryland Primary Care Program (MDPCP) has been extended to 2028, and AHEAD primary care programs will be evaluated alongside MDPCP in 2028. Care Transformation Organizations (CTOs) were retained in the agreement, ensuring that practices have access to resources and support for care delivery transformation. New Medicaid primary care opportunities in the new model seem generally positive for physicians. However, participation requirements and patient attribution issues in Medicaid remain areas that require further attention to ensure fairness and feasibility for participating physicians.

Despite the agreement's achievements, several challenges remain. Key physician priorities, such as loan repayment programs to address workforce shortages, were not included in the final agreement. State officials, however, have indicated a willingness to address this issue in the near future.

Volume policies and funding for graduate medical education (GME) also remain unaddressed, creating ongoing challenges for the Health Services Cost Review Commission (HSCRC) and stakeholders. Additionally, governance structures and patient protections within the agreement will require further development to align with the needs of Maryland physicians and their patients.

MedChi, the Maryland State Medical Society, has been actively engaged in the AHEAD process. Through its "Looking AHEAD" Committee, MedChi has developed educational materials, engaged with Maryland's congressional delegation, and partnered with organizations like the Maryland Academy of Family Physicians to advocate for primary care priorities.

MedChi leaders, including Ben Lowentritt, MD, Eric Wargotz, MD, and Padmani Ranasinghe, MD, have served on key Total Cost of Care committees to ensure that physician voices are heard. This engagement has helped secure critical components of the agreement while laying the groundwork for addressing unresolved issues in future negotiations. As Maryland moves forward under the AHEAD agreement, MedChi remains committed to advocating for solutions that support physicians and enhance patient care. MedChi encourages all physicians to stay informed and involved as the state navigates the implementation of this agreement. The continuation of programs like EQIP represents significant progress, but much work remains to ensure the agreement fulfills its potential.

For updates and opportunities to engage visit www.medchi.org/AHEAD.

Gene M. Ransom III is the CEO of MedChi, the Maryland State Medical Society.

MedChi presents

2025 Legislative Session

KICK OFF

January 13, 2025
1st Monday of the Maryland General Assembly

- 6:00pm – 8:00pm
- Acqua AI 2
Annapolis, Maryland



RSVP Required

Questions?
Contact jfeaster@medchi.org

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www.medchi.org/legislativekickoff

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VEEVA ID: Z4-61903 Date of preparation: February 2024

Restoring Funding for E&M Codes Comes at Historically Challenging Moment for State

Drew Vetter, Esq.

A major MedChi priority for the upcoming 2025 Legislative Session will be to advocate that the State's Fiscal Year 2026 budget increase Evaluation and Management (E&M) codes back to no less than 100 percent of Medicare. Ensuring that E&M codes are sufficiently funded is critically important to support physician participation in the Medicaid program and ensure that Medicaid patients have adequate access to physician services. During the 2024 Session, MedChi successfully advocated that the Fiscal Year 2025 E&M payment rates be at 100 percent of Medicare. However, in October 2024, the rate was reduced to 98 percent of Medicare. In response, MedChi advocated to the administration of Governor Moore that paying E&M codes at less than 100 percent of Medicare was a threat to access of care for communities most in need. This level of funding is needed to ensure that there are enough providers available to meet the demand for services across the state, particularly among low-income populations in both urban and rural areas.

While restoring funding for E&M codes is of utmost importance, the request comes during what will be an historically challenging year for the state's budget. On November 12, 2024, the Spending Affordability Committee held a briefing on the state's fiscal outlook. Staff from the non-partisan Department of Legislative Services (DLS) and the Department of Budget and Management (DBM) presented a fiscal outlook that was the worst the state has ever experienced, surpassing even the budget deficits of the Great Recession. For FY2026, DLS projects a record \$2.7 billion deficit, which is substantially greater than anticipated when discussed during the 2024 Session. Without significant adjustments, the projection for FY2030 will be a deficit that balloons to \$5.9 billion.

The two main drivers in the budget are spending entitlements (e.g., Medicaid and behavioral health costs) and the education aid obligations contained within the Blueprint for Maryland's Future plan. Adding to Maryland's budget challenges is the uncertainty resulting from the Presidential election and the concomitant change in administration. Maryland's economy is closely linked to the Federal government — approximately 8 percent of taxpayers received a federal W2 in tax year 2021. In federal fiscal year 2023, federal contract obligations for work performed in Maryland totaled \$42 billion, and Maryland received \$19 billion in federal dollars in the FY2025 budget,

with Medicaid and Supplemental Nutrition Assistance Program being the two largest sources.

How to address these enormous deficits and navigate the impacts of the impending change in the federal administration will be a dominant topic during the 2025 Legislative Session. While the state's sobering fiscal realities present a significant headwind for MedChi's efforts to increase funding for E&M codes, we will continue to emphasize the importance of access to physician services, particularly primary care for the state's most vulnerable residents.

Drew Vetter, Esq., is a partner at Schwartz, Metz, Wise & Kauffman PA.

Scope of Practice Expansion: No One-Size-Fits-All Solution

J. Steven Wise, Esq.

Each General Assembly session witnesses the introduction of proposals to expand the scope of practice of other health occupations, and this idea is usually advanced for the sake of increased access for patients. In some cases, MedChi can work out solutions that reflect educational or other advancements, but in others, the reach is too great an attempt to practice medicine without the qualified training and experience of a physician. Recent examples illustrate both scenarios.

In 2024, after three years of negotiations, MedChi reached an agreement with Physician Assistants to modernize their Practice Act to reflect greater training and experience in their profession, but in a way that also recognizes the value of "physician led teams." Conversely, we expect naturopaths to once again seek legislation allowing them to prescribe prescription drugs, despite obtaining licensure years ago based on the notion that they were an alternative to traditional medicine and prescription drugs. We will oppose this legislation just as we have in the past. Additionally, MedChi adopted a resolution at the 2024 House of Delegates meeting seeking to amend legislation adopted earlier in 2024 that allowed audiologists to expand their scope beyond their area of expertise.

Non-physician groups use the argument that their enhanced scope of practice is necessary to provide "increased access" to patients and point to current workforce shortages in health care to support their proposed changes. But even when there is a reasonable argument that increased access is necessary, the role of non-physicians should be enhanced only when they are supervised by or working in collaboration with a physician who

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Scope of Practice, continued from pg. 9

is trained in a particular medical area. Increased access is not the only consideration; quality of care is even more important.

In truth, the key to increased access and quality care lies in recruiting more physicians to the workforce to meet population growth and the higher demands being placed on the health care system. To this end, MedChi is working to identify a consistent source of funding for the Maryland Loan Assistance Repayment Program for Physicians as an incentive for physicians (who often are burdened with huge medical school debts) to practice in underserved areas of our state.

MedChi has been steadfast in its commitment to protect the physician scope of practice, and the 2025 Session will be no different.

J. Steven Wise, Esq., is a partner at Schwartz, Metz, Wise & Kauffman PA.

Behavioral Health in Maryland: A Look Ahead

Christine Krone

During the 2023 legislative session, MedChi supported the passage of Senate Bill 283, which established the Behavioral Health Workforce Investment Fund. This fund aims to reimburse costs associated with the education, training, certification, recruitment, placement, and retention of behavioral health professionals and paraprofessionals.

As part of the legislation, the Maryland Health Care Commission was tasked with conducting a comprehensive behavioral health workforce needs assessment. The resulting report, “Investing in Maryland’s Behavioral Health Talent,” published in October 2024, highlighted an alarming gap. The report revealed that the state currently has 34,600 behavioral health professionals but estimates an additional 32,800 workers will be needed by 2028 to meet the growing demand.

Looking ahead to the 2025 legislative session, it is expected that various measures to address these workforce shortages will be incorporated into legislation. Key recommendations from the report include providing competitive compensation, increasing awareness of behavioral health careers in K12 school settings, supporting initiatives for paid education and training or “Earn and Learn” programs, the expansion of mentorship programs, and the utilization of compacts and reciprocal licensure agreements, among others.

Beyond workforce shortages, we anticipate several legislative proposals that will impact the landscape of behavioral health in Maryland. These include ongoing insurance reforms, the expansion of harm reduction strategies, and efforts to reauthorize telehealth services (including audio-only), all of which have historically been MedChi priorities.

Lastly, in March, the Maryland Department of Health awarded \$13.5 million in grants to nineteen jurisdictions across the state to fund pilot programs to expand and improve mobile crisis team services and establish behavioral health crisis stabilization centers, which help reduce inappropriate visits to the emergency department and unnecessary contact with the criminal legal system. As these programs evolve, future legislation may focus on integrating mobile crisis teams into existing emergency response systems, expanding insurance coverage for stabilization center services, and setting standards for their operation and funding.

As Maryland advances its efforts to improve behavioral health care, it is critical that the state continues to prioritize investment in its workforce, expand access to services, and embrace innovative solutions like mobile crisis teams and crisis stabilization centers. As the voice of physicians, MedChi will continue to play a crucial role in driving these positive changes.

Christine Krone is Government Relations Specialist at Schwartz, Metz, Wise & Kauffman PA.

Robust Legislative Agenda Established by MedChi House of Delegates

Catherine Johannesen

If it’s a spectacular fall foliage day in Hanover, then it must be MedChi’s annual meeting; or so goes the inside joke. Yet the fact that so many of our Delegates are willing to sacrifice a lovely Saturday in October for policy and reform in Maryland health care speaks to the passion and engagement of our members. On Saturday, October 26, MedChi’s House of Delegates met for the day and successfully adopted a comprehensive package of policy items, including the protection of state tort reform laws, advocating for physician-led care and protecting the practice of medicine from scope of practice expansions that can threaten patient safety, and many other issues.

Other highlights from the House of Delegates meeting: A robust, highly engaging panel discussion on AI in medicine was curated and led by Padmini Ranasinghe, MD. We welcomed AMA Board Chair Michael Suk, MD; AMA

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Legislative Agenda, continued from pg. 11

Senior Attorney Kim Horvath; Senator Clarence Lam, MD; and MHCC's David Sharp for a policy discussion that is only the start of Dr. Ranasinghe's efforts to leverage the power of organized medicine to address physicians' interests related to AI.

Padmini Ranasinghe, MD, MPH, was inaugurated as MedChi's 177th President. MedChi is proud to be led by this internationally recognized leader in medicine, steadfast advocate for her profession, and thoroughly inspiring individual.

Several legislative leaders were recognized by MedChi for their support of Maryland's physicians and patients. Senator Pam Beidle received MedChi's Distinguished Public Officer Award, in recognition of her outstanding support of the physicians, patients, and public health of Maryland. Senator Katherine Klausmeier received the 2024 Legislative Award in acknowledgment of her leadership on Senate Bill 791 and her dedication to ensuring Maryland's patients have access to health care. Delegate Kenneth Kerr received the 2024 Legislative Award in acknowledgment of his ongoing work as a steadfast champion for health insurance reform.

Our House of Delegates adopted a comprehensive package of policy items that will ensure that MedChi continues to address numerous issues including — but not limited to — potential assault on tort reforms, protecting scope of practice, gaps in AI policies for health care, increasing access of Medicaid patients to Medical & Surgical Specialty Care, continued support for accumulator reform legislation, ER wait times, and social media usage and its impacts on mental health, particularly among adolescents.

To learn more visit www.medchi.org/YourAdvocate. To get involved in MedChi's policymaking, contact CJohannesen@medchi.org.

Catherine Johannesen, CAE, is MedChi's Chief of Staff and can be reached at CJohannesen@medchi.org.

2025 MedChi Legislative Dates

MedChi Council on Legislation Meeting

Date: Tuesday, January 14, 2025

Time: 6:30 p.m.

Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting

Date: Tuesday, January 21, 2024

Time: TBD

Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting

Date: Monday, January 27, 2025

Time: 6:30 p.m.

Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting

Date: Monday, January 29, 2025

Time: 6:30 p.m.

Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting

Date: Monday, February 5, 2025

Time: 6:30 p.m.

Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting

Date: Monday, February 3, 2025

Time: 6:30 p.m.

Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting

Date: Monday, February 10, 2025

Time: 6:30 p.m.

Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting

Date: Monday, February 17, 2025

Time: 6:30 p.m.

Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting

Date: Monday, February 24, 2025

Time: 6:30 p.m.

Location: Virtual – Zoom Meeting

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2025 Legislative Priorities



MedChi Leaders Attended Governor Wes Moore's Signing of Legislation to Reform Prior Authorization



If you're in medicine, you're in politics.

Advocacy is non-negotiable in medicine. As physicians, so much of our work is impacted by legislation and regulation. We must ensure that the physician voice is heard when health policy is deliberated in our state. I'm proud to be part of MedChi's collective voice on behalf of our patients and our profession. I hope you'll join me in 2025.

Padmini Ranasinghe, MD
President

Join the Movement
www.medchi.org

2024 Advocacy Highlights



Ben Lowentritt, MD & Renee Bovelle, MD celebrate MedChi's 225th Anniversary



Medical students take a break from advocacy visits to meet with First Lady Dawn Moore



Anuradha Reddy, MD, serves as Physician of the Day in our State House First Aid Room

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Building on our 2024 success with prior authorization reform, Medicaid funding, patient safety protections, insurance coverage expansion, tort reform protection, and public health initiatives, MedChi will focus on a number of priorities in the 2025 Maryland General Assembly Legislative Session.

- Support reforms to hold health insurers accountable for improper decisions that delay or prevent the timely treatment of health care services
- Fight initiatives that would weaken Maryland's current medical liability environment, including repealing or increasing non-economic damages caps
- Advocate for policies to ensure that individuals have access to behavioral health treatment in the most appropriate setting
- Oppose measures to expand the scope of practice of non-physician healthcare practitioners beyond their education and training
- Protect the interests of physicians and patients in the new Maryland AHEAD Model by ensuring greater and more equitable primary care participation and increasing access to the Episode Quality Improvement Program for all specialties
- Support policies that assist physicians in the operation of private practices and ensure that regulatory and disciplinary actions of the Board of Physicians are fair and just
- Promote public health and safety initiatives that address health equity and social determinants of health

MedChi, The Maryland State Medical Society

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2025 MedChi Components and Specialties – Advocacy Lobby Days

Anne Arundel County Medical Society (AACMS) and Howard County Medical Society (HCMS)

Monday, February 24, 2025, 5:00–8:00 p.m.
MedChi Annapolis Office, 224 Main Street, Annapolis, MD 21401
Teresa Healey-Conway, thealey-conway@medchi.org, 301.938.4718

Baltimore City Medical Society (BCMS)

Monday, March 3, 2025, 6:00–8:00 p.m.
Location TBD
Lisa Williams, info@bcmedicalsociety.org, 410.625.0022

Baltimore County Medical Association (BCMA)

Wednesday, February 26, 2025, 7:30 a.m.–12:00 p.m.
MedChi Annapolis Office, 224 Main Street, Annapolis, MD 21401
Russ Kujan, rkujan@medchi.org, 410.296.1232

Montgomery County Medical Society (MCMS)

Wednesday, February 19, 2025, 7:30 a.m.–TBD
Maryland State House, Annapolis Office Maryland State House, 100 State Circle, Annapolis, MD 21401
Susan D'Antoni, sdantoni@montgomerymedicine.org, 301.921.4300

Prince George's County Medical Society (PGCMS)

Monday, February 24, 2025, 5:00 PM – 8:00PM
Maryland State House, Annapolis Office Maryland State House, 100 State Circle, Annapolis, MD 21401
Teresa Healey-Conway, thealey-conway@medchi.org, 301.938.4718

Maryland Chapter of the American College of Obstetricians & Gynecologists (ACOG)

Friday, January 24, 2025, 8:00 a.m.–12:00 p.m.
The Historic Maryland Inn (contact Jenine for details)
Jenine Feaster, jfeaster@medchi.org, 410.878.9892

Maryland Dermatologic Society (MDS) Skin Cancer Screening Lobby Day

Thursday February 20, 2025, 8:00 a.m.–12:00 p.m.
Location TBD
Russ Kujan, rkujan@medchi.org, 410.296.1232

Maryland Academy of Family Physicians

Thursday, February 6, 2025, 8:00 a.m.–12:30 p.m.
Governor Calvert House, 58 State Circle, Annapolis
Becky Wimmer, becky@mdafp.org, 888.894.2606

Volunteer to Be Physician of the Day at the Maryland State House

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 lawmakers 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 contact Hamida Mansaray at 410.878.9599 or hmansaray@medchi.org. MedChi First Aid Room Hours of Operation: Monday: 5:00 p.m. through 9:00 p.m. and Tuesday, through Friday: 9:00 a.m. to 1:00 p.m.



George Malouf, MD, is in the First Aid room joined by MedChi General Council Ashton Delong, Esq., and Maryland lobbyist Bruce Bereano.

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Party at The Grand Hotel Wraps Up Successful Anniversary Year for MedChi

MedChi members and their guests enjoyed dining, drinking, and gambling in good fun (for MedChi swag!) at the Grand Finale party on December 6, closing out a memorable 225th Anniversary year.



BCMS Members Share Appreciation



At the Second Annual Financial Symposium, keynote speaker, Ty Bullard, MD, shares key financial considerations for physicians, from early career to retirement.

could be saved after I retire. Also, the DEA seminar was very helpful to fulfilling that requirement.” The Second Annual Financial Symposium, held on October 5, 2024, received several commendations, including one from Erica Isles, MD: “[There were] knowledgeable presenters on financial topics important for our personal and professional growth.” Also, Jathin Bandari, MD, noted the “peer-to-peer advice from health care professionals” was most appreciated.

Baltimore City Medical Society (BCMS) members eagerly shared their appreciation for the important membership benefits, educational programs, and advocacy efforts offered by BCMS and MedChi. As Marc Posner, MD, commented: “The seminar on how to close a practice was enlightening. I did not think about how electronic records

Baltimore City Medical Society member Reed Winston, MD, an Internal Medicine specialist practicing in Baltimore, has served as “Physician of the Day” on opening day of the Maryland General



Assembly for more than twenty years. Pictured above with MedChi CEO Gene Ransom in 2018, after receiving MedChi’s Distinguished Service Award for his dedication and service.

Six years later, Dr. Winston’s commitment remains unwavering. He recently shared with BCMS CEO Lisa Williams that “MedChi taught me how important it is to understand the legislative process and how it interacts with the practice of medicine, as well as how important it is to have a voice in the legislative decisions.”

How BHIPP Supports Providers Across Maryland

-  **Telephone consultations** provided by a team of child psychiatrists and other behavioral health professionals
-  **Continuing education opportunities** related to pediatric behavioral health
-  **Resource and referral assistance**
-  **Co-location of Social Work Interns** from Salisbury University in primary care sites
-  **Telemental health services** including psychological evaluations, care coordination, and records review and follow-up consultation provided by behavioral health professionals
-  **BHIPP ECHO series** providing interdisciplinary training and case-based learning.

Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)

BHIPP is a free statewide child psychiatry access program that supports the efforts of primary care and emergency medicine professionals to assess and manage the mental health needs of their patients from infancy through the transition to young-adulthood through a variety of services.

For more information:



1-855-MD-BHIPP (632-4477)
www.mdbhipp.org

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 U49CE000333-01-00 and U49CE000333-01-00. 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.



Renee Bovel, MD, Honored at Maryland Society of Eye Physicians and Surgeons Fall Meeting



Gene Ransom (photo, right, standing with Sonny Goel, MD) spoke to the Maryland Eye Society on October 30, 2024, for MedChi, The Maryland State Medical Society. The Society honored Congressman Glenn Ivey and Renee Bovel, MD (photo, left), among others.

Robin Motter-Mast, DO, Honored as Chair of the Council on Medical Economics

Robin Motter-Mast, DO, MDAFP Officer, accepts the 2024 Distinguished Member Award for her outstanding contributions as MedChi Chair of the Council on Medical Economics from MedChi President (2024) Ben Lowentritt, MD.



Terri Hill, MD, Honored at MNS Fall Dinner



Neal Naff, MD, presents Delegate Terri Hill, MD with the 2024 Legislative Award at the Maryland Neurosurgical Society's Fall Dinner in Baltimore on November 6, 2024

Have you followed us on Social Media?

Connect with us on social media for relevant content, important MedChi updates, networking opportunities, and more.



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MedChi's Newest Physician Members

MedChi welcomes the following new members, who joined between October 3, 2024, and December 3, 2024.

Khaled F. Abdul-Rahman, MD — Chesapeake Health Care
Sajid Arain, MD — University of MD Medical Center
Claudia O. Arumala, MD — Chesapeake Health Care
Nazli Atefi, MD — Mid-Atlantic Nephrology Associates
Maria Sophia B. Avendano-Welch, MD — Chesapeake Health Care

Mirza Umer Baig, MD — Greater Baltimore Medical Center
Krystal T. Baker, MD — Chesapeake Health Care
Brenda Banwell, MD — Johns Hopkins Children's Center
Nekia Barrow, MD — MedStar Southern Maryland Hospital Center

Aruna Bollineni, MD — Carrol Health Group
Meenakshi G. Brewster, MD — St. Mary's County Health Department

Cynthia Calixte, MD, MPH — Wicomico County Health Department

Catherine J. Casto, MD — Chesapeake Health Care
Francis A. Celeste, MD — Chesapeake Health Care
Christopher D. Clark, MD — Premiere Spine and Sports Medicine, LLC

Stephen M. Cooper, MD, P.A. — Chesapeake Health Care
Daniel Corning, MD — Mid-Atlantic Nephrology Associates
Rochelle Marie Cunningham, MD — Mid-Atlantic Nephrology Associates

Lyn N Dea, DO — Maryland Primary Care Physicians, LLC
Chukwuma Ebo, MD — MedStar Franklin Square
Jason A. Evans, MD — Chesapeake Health Care
Marlis Gonzalez-Hernandez, MD — Hopkins Leadership Staff
Pallavi Gowda, DO — Premier Health, LLC
Nadia Hansel, MD — Hopkins Leadership Staff
Stephanie Harper, MD — St. Mary's County Health Department Deputy Health Officer

Sara Maria Haverty, MD — Chesapeake Health Care
Ali Husain, MD — Frederick Gastorenterology Associates
Zilla H. Hussain, MD — Capital Digestive Care Urbana
Bryon N. Jacoby, MD — Chesapeake Health Care
Suzanne M. Jiloca, MD — Chesapeake Health Care
Eboni O. Jones, MD — Chesapeake Health Care
Sibte A. Kazmi, MD, C.MD — Sibte A. Kazmi, MD
Laura Keeling, MD — Montgomery Orthopaedics, PA
Keshav Khanijow, MD — Johns Hopkins University School of Medicine

Surbhi Khanna, MD — Gladstone Psychiatry and Wellness
Sarit Kipnis, MD — Capital Digestive Care
Steven J. Kravet, MD — Johns Hopkins Community Physicians
Grace Kunjukunju, MD — Cambridge Pediatrics, LLC

Tamil S Kuppusamy, MD — Mid-Atlantic Nephrology Associates

Michael E. Lantz, MD — Chesapeake Health Care
John Mansung Lee, MD — Mace Medical
Sharon Liu, DO, MS — Chesapeake Health Care
Kelli R. Luttrell, MD — Chesapeake Health Care
Sean Macdermott, DO — Pulmonologists, PC
Melinda C. Maranan, MD — Chesapeake Health Care
Prassana Marathe, MD — The Radiology Clinic
Samuel O. Matz, MD — Rubin Institute for Advanced Orthopaedics

Derek A. McCoy, MD — McCoy Primary Care
Nicole Merritt, DO — Chesapeake Pediatrics & Adolescent Associates

Jodi L. Meyers, MD — Chesapeake Health Care
J. Daniel Muehlschlegel, MD, MBA — Johns Hopkins University School of Medicine

Paul M. Myers, DO — The Centers for Advanced Orthopaedics
Nisha Parambil, MD — Maryland Primary Care Physicians, LLC
Shalin Patel, MD — Peninsula Orthopaedic Associates, PA
Yatin Patel, MD — Rubin Institute for Advanced Orthopaedics
Alicia Perez, MD — Chesapeake Health Care
Elizabeth Piner, MD — Kenneth Klebanow & Associates, P.A.
Carey Politzer, MD — Ortho Bethesda

Shahid Rafiq, MD — Comprehensive Neurology Services, PA
Harita Raja, MD — Bethesda Women's Mental Health
Caitlin Robinson, DO — Chesapeake Health Care
Marcella L. Roenneburg, MD — Chesapeake Health Care
Cynthia M Roldan, MD — Sinai Hospital
Vincent J. Rollo, MD — Rubin Institute for Advanced Orthopaedics

Jessica Rosenberg, MD — Frederick Gastorenterology Associates
Anna Sattah, MD — Insight Functional Health
David Y Schlee, MD — MedStar Union Memorial Hospital
Luke R. Schmidt, MD — Chesapeake Health Care
Geeta Sharma, MD — Center for Eating Disorders, PA
Savitha Shivananda, MD — Mace Medical
David A. Silber, MD — Rubin Institute for Advanced Orthopaedics

Katerina Todorov, MD — Chesapeake Health Care
Ronald P. Travitz, MD — Chesapeake Health Care
Michelle M. Urban, MD — Chesapeake Health Care
Misha Varma, MD — Mid-Atlantic Nephrology Associates
Kyle Ward, DO — Chesapeake Health Care
Monique E. Williams, MD — Chesapeake Health Care
James Wiseman, MD — University of Maryland, Div of Trauma
Bruce W. Zinsmeister, FACC, MD — Associates in Cardiology, PA

Solving a Mystery

Step into the Krause Room at MedChi's offices and you will see four bronze busts that loom high above the bookcases. Sitting more than ten feet off the ground, they are difficult to reach and therefore examine. Absent the knowledge of any identifying markings, it was not known who these busts represent.

Recently this mystery was partially solved during a search through an 1899 *Maryland Medical Journal* article. Buried in the article was an engraving of a bronze bust with the following caption: Engraved from bronze bust in possession of Medical & Chirurgical Faculty. Nathan R. Smith, MD (photo, top), of Baltimore, 1797–1877.

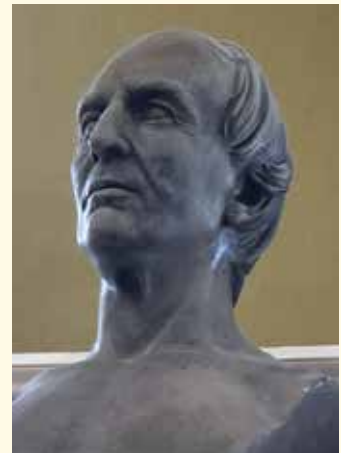
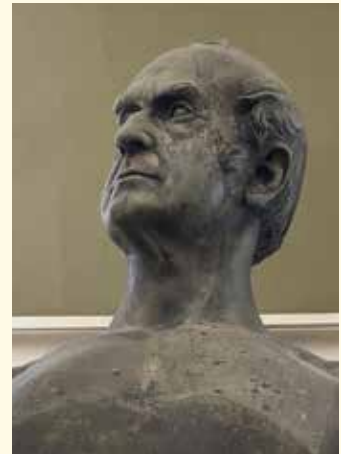
Dr. Nathan R. Smith resided in Baltimore and was selected to become the chair of surgery at the University of Maryland in 1827, commencing an eventful fifty-year career. Considered a bold and skillful operator, Dr. Smith was known to his students as “The Emperor.” His removal of a goiter from a patient was the first procedure of its kind in the state.

Upon close comparison of the busts in the Krause Room to the engraving it was abundantly clear that one of the four busts matched the engraving, and we now know that this bust is Nathan Ryno Smith, MD. A close inspection revealed two small repairs on the bust, one on the top of the head and a smaller one on the clavicle.

Further sleuthing uncovered another image in the journal article that matched a second bust out of the four. This bust is confirmed to be John D. Buckler, MD (1785–1866) (photo, bottom). Dr. Buckler graduated from the University of Maryland in 1817 and was an adjunct professor of anatomy.

A mystery partially solved: two busts down and two to go.

Meg Fairfax Fielding is the Director of the History of Maryland Medicine. She can be reached at mfielding@medchi.org.



MedChi Calendar of Events

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

JANUARY

- 13:** MedChi Legislative Kickoff Reception
- 14:** MedChi Council on Legislation Meeting
- 16:** MedChi Board Of Trustees Meeting
- 21:** MedChi Council on Legislation Meeting
- 22:** Baltimore County Medical Association Board of Governors' Meeting
- 27:** MedChi Council on Legislation Meeting

FEBRUARY

- 3:** MedChi Council on Legislation Meeting
- 10:** MedChi Council on Legislation Meeting
- 17:** MedChi Council on Legislation Meeting
- 19:** Montgomery County Medical Society Lobby Day

- 20:** Montgomery County Medical Society Women in Medicine Event
- 20:** MedChi Board of Trustees Meeting
- 24:** Anne Arundel, Howard, and Prince George's County Medical Societies Lobby Day
- 24:** MedChi Council on Legislation Meeting
- 26:** Baltimore County Medical Association Physicians' House Call on Annapolis

MARCH

- 12:** Baltimore County Medical Association Board of Governors' Meeting
- 20:** MedChi Board of Trustees Meeting
- 26:** Baltimore County Medical Association CME Event



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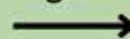
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