

Maryland Medicine

VOLUME 26 ISSUE 4

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The Physician's Imperative: A Call to Advocacy in Maryland



“Wherever the art of Medicine is loved, there is also a love of Humanity.” This ancient Greek aphorism, often attributed to Hippocrates, captures the essence of our calling. Physicians of Maryland, colleagues, and esteemed advocates for the health of our state: we stand today at a critical juncture. The importance of our advocacy—for our patients, ourselves, and the public health—cannot be overstated. It is a sacred duty that transcends

the stethoscope and the examination room, a promise we must renew with vigor as we confront serious challenges. Our mission, as enshrined in the purpose of the Maryland State Medical Society, or MedChi, is to be Maryland’s foremost resource and advocate for health care. The well-being of this state rests on our commitment to championing health at every level.

Advocating for Our Patients: Reclaiming Clinical Authority

Our primary duty will always be the patient before us in the exam room. But true advocacy extends beyond direct care. As the physician, philosopher, and statesman Sir William Osler once declared, “The trained physician is a man who can reason from the seen to the unseen, from the known to the unknown.” Our ability to provide the right care is under constant assault. We face a genuine travesty: insurance companies are increasingly making illegal medical decisions through opaque prior authorization processes, often utilizing criteria that are not evidence-based and are executed by individuals who are not qualified physicians. This intrusion into the sacred patient-physician relationship is fundamentally wrong. It places profits above patient welfare, creating unnecessary barriers and delays in care. Our advocacy involves navigating these complex health care systems, battling these unjust insurance barriers, and ensuring every Marylander receives optimal, timely care based on medical expertise, not corporate mandates. Our legislative efforts must protect access to essential services and support programs that address the social determinants of health. Our patients are our allies, and their voices, joined with ours, form a powerful, frontline defense for quality care.

Advocating for Ourselves: Sustainable Compassion and Fair Payment

We are a profession driven by empathy, a workforce sustained by compassion. Yet, this wellspring of dedication is not limitless. Physician burnout is a reality we can no longer ignore.

What You Need to Know Now

- On January 14, 2026, at noon, the 448th Session of the General Assembly will convene in Annapolis.
- AMA National Advocacy Conference (NAC) takes place February 23–26, 2026, at the Grand Hyatt in Washington, DC. If you are interested in participating, reach out to MCMS CEO Susan D’Antoni at: sdantoni@montgomerymedicine.org.
- Grassroots legislative affairs take time and passion. We need interested and engaged members like you. Need to find out who your state legislators are? Visit: www.medchi.org/TakeAction and insert your zip code. Let your component society executive know you are interested in supporting MedChi’s legislative efforts.

Advocating for ourselves means demanding fair working conditions, a stable medical liability environment, and fighting for fair and sustainable physician payment. This is not selfish; it is essential for the sustainability of our practices. Year after year, administrative burdens increase while payment continues to diminish relative to the rising costs of practice operation and inflation. The constant pressure of declining revenue streams threatens the viability of independent practices across Maryland. A robust physician workforce is not a luxury; it is a necessity for a healthy Maryland. By standing up for our own well-being and demanding fair compensation for the value we provide, we ensure we can continue to serve effectively.

Advocating for Public Health: Nutrition as Preventative Medicine

Beyond the individual and the self, our expertise makes us the most credible voices in public health. As Rudolf Virchow, the father of modern pathology and a pioneering social medicine advocate, famously stated, “Medicine is a social science, and politics nothing but medicine on a grand scale.”

A vital component of this grand scale is preventative medicine, beginning with the fundamental choices we make about nutrition. We must actively advocate for healthy nutritional choices among the public and champion policies that support these choices in our schools, where lifelong habits are formed. Furthermore, we must advocate for improvements in how the Supplemental Nutrition Assistance Program (SNAP) is administered in Maryland, ensuring the program effectively

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promotes access to nutritious foods, not just calories. Whether addressing disparities in Baltimore or promoting preventative care on the Eastern Shore, our advocacy in Annapolis shapes the health of the entire state. We translate complex medical information into actionable policy and community action, providing invaluable insight to the legislative process.

Navigating Existential Threats: The Cap, AHEAD, and Corporate Intrusion

We face immediate, existential threats that demand our unified attention and fierce advocacy:

Protecting the Cap on Noneconomic Damages: The current cap on noneconomic damages in medical malpractice cases is a cornerstone of Maryland's stable liability environment.

The Uncertain Consequences of the Revised AHEAD

Program: Maryland is transitioning to the AHEAD Model from the Total Cost of Care Model, a change which brings significant fiscal uncertainty.

The Economic Squeeze and Corporate Payer Misconduct:

The ongoing challenge of diminishing physician payments compounds these threats, demanding that we push back against the illegal interference of insurance companies in clinical decisions.

A Call to Action

These challenges are formidable, but our resolve must be stronger. Our Maryland community needs your strength, your expertise, and your voice. As the great humanitarian physician Albert Schweitzer taught us, "The purpose of human life is to serve, and to show compassion and the will to help others." I urge you to engage with me in our advocacy efforts as MedChi, The Maryland State Medical Society.

Let us present a unified front to the Maryland General Assembly and our federal partners. The future of public health in this great state depends on our ability and our will to advocate, fiercely and without compromise.

—Eric Wargotz, MD, FCAP
MedChi President

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MedChi's 178th President, continued from pg. 3

five years and his membership in MedChi spans 35 years. At MedChi, his past service includes Board of Trustees Member, Chair of the Joint Continuing Education Committee, and Chair of the Operations Council.

As a dedicated public servant, Dr. Wargotz continues to serve on the bench as Judge of the Orphans' Court for Queen Anne's County since 2014 and was appointed by Governor Larry Hogan to chair the Task Force to Study the Maryland Orphans' Court (2021). He was the Elected President and countywide (at-large) member of the Queen Anne's County Board of County Commissioners (2006–2010), with leadership roles on the Board of Health, Planning Commission, Teen Drug Task Force, Regional Mental Health Advisory Committee, the Fire and Emergency Services Commission, Bay Bridge Airport Commission, and Sheriff's Office. Regionally, he chaired the Upper Shore Regional Council (2007) and served on the Maryland Rural Broadband Coordination Board and the Rural Maryland Council. Dr. Wargotz is a former member of the Maryland Board of Quality Assurance and is an Honorary Fellow of the Federation of State Medical Boards. His active involvement in community health initiatives has been recognized by local and state government through legislative resolutions and certificates citing his contributions to public health. During his term as commissioner, Dr. Wargotz was instrumental in bringing to fruition with his fellow commissioners (especially Commissioner Gene Ransom) the establishment of the first free-standing emergency facility, the dedication of an urgent care center, and coordinating volunteer and county emergency medical services into a model "hybrid system", all of which resulted in improved health care access and delivery in Queen Anne's County.

What you may not know is Dr. Wargotz has been an actor for many years. As a teen in high school, he appeared in over 30 stage productions, all on stages on the Jersey shore, and often in lead roles. Among the more notable plays were "The Mousetrap," "Night Must Fall," "Present Laughter," and "The Odd Couple." Dr. Wargotz left the stage for college and did not revisit acting until later, while a resident, when he enrolled in a class called "Acting for a Camera." Dr. Wargotz shared with us, "I spent most of my vacation and free time auditioning, taking acting classes, and being on set in film and television shoots until 1999 when I could no longer work it into my increasingly demanding career. Midway into my residency, I hit a crossroad when I was offered a role in a soap opera in New York from

Joan D'Innecio (the soap opera Queen-of-Casting, R.I.P.) but turned it down to continue my training in anatomical and clinical pathology." He has been an active member of SAG-AFTRA, the actor's union, since 1994. Dr. Wargotz can be seen in films (most often as a background actor) *The Pelican Brief*, *For Richer or Poorer*, *Contact*, and *G.I. Jane*, to name a few. He has also appeared in multiple episodes of the TV series *Homicide: Life on the Street*. More recently, Dr. Wargotz and his wife, Cheryl-Ann, worked as background actors in the Netflix thriller *The Night Agent*. He says cheerfully that he has also tried his hand at film production and scriptwriting/screenwriting ("MedMal" pilot) without takers to date.

Philosophically, a guide in all his endeavors continues to be Aristotle's quote (paraphrased), "We are what we repeatedly do. Excellence, then, is not an act, but a habit." In his teaching, mentoring, and committee work he adds his "three sights" as a basis for life success, "The wisdom of hindsight, the vision of foresight, and the power of insight."

Born in Akron, Ohio, Dr. Wargotz earned his BS in Biological Sciences from Rutgers University. He earned his MD from The Ohio State University College of Medicine where he received a scholarship award: the David and Mary Fay Scholarship. He completed residency training in pathology at George Washington University Medical Center and the VA Medical Center in Washington, DC, where he served as Chief Resident. His excellence in teaching was recognized with the Frank N. Miller, M.D. Award for Excellence in Medical Student Teaching at George Washington University.

Following residency, Dr. Wargotz was awarded the Callender-Binford Fellowship of the Armed Forces Institute of Pathology to pursue research in Breast and Gynecological Pathology. Dr. Wargotz briefly attended the University of Maryland Francis King Carey School of Law (1995) and left in good standing to focus on his expanding practice.

In his free time Dr. Wargotz treasures spending time with his wife Cheryl-Ann Lee-Llacer Wargotz (an economist, model, and retired home school teacher) and their children Jacob (mobile technology specialist), Samuel (compliance coordinator and OEM buyer), Leila (law student); cheering on local sports teams; discussing politics; reading ancient history (Egyptology); learning to play the guitar; and squeezing in acting jobs.

MedChi Fights to Streamline the Claims Process, Reduce Administrative Burdens

The Lawyers at Schwartz, Metz, Wise & Kauffman P.A.

In 2024, MedChi led the effort to reform the utilization processes used by health insurers, making Maryland a leader in comprehensive protections for physicians and patients. Changes to the law, which took effect January 1, 2025, include requiring that any request for reconsideration of a denial must be reviewed by a physician in the same specialty, actual clinical experience in the requested health care service, and strengthening the clinical criteria that insurers must use when making determinations to better align with the standards of care used by physicians.

However, Maryland's health care environment remains precarious. According to the Maryland Health Care Commission's (MHCC) Insurer and Provider Concentration in Maryland report, Maryland's commercial payment rates are the third lowest nationally, exceeded only by those of Delaware and Alabama. Equally concerning is the rapid decline in independent physician practices across Maryland. Between 2018 and 2023, the State experienced a 45.9 percent decrease in independent physician practices, a trend that reflects declining payment rates, increasing administrative burdens, and consolidation pressures. If physician practices continue to close or if Maryland cannot attract physicians to practice here, the State risks losing access to necessary health care services. This is already apparent, given the absence of specialties in certain rural areas and long wait times for appointments. Increased administrative burdens and unfair payment tactics are exacerbating Maryland's health care environment.

To this extent, the upcoming session will see MedChi build on its previous successes and turn its attention to payment and network adequacy processes. Tactics used by insurers in the recent past have resulted in significantly increased administrative burdens and costs to physicians while jeopardizing patient care. Two of these tactics are "downcoding" and delays in credentialing. Downcoding is when a health insurer adjusts a physician's submitted billing code to a lower-tier or less expensive service code, resulting in a lower payment for the physician. Now the burden is on physicians to dispute the reduced payment.

Maryland's current credentialing law is antiquated and allows an insurer 30 days to indicate whether they will consider the physician's application once it is submitted, and up to an additional 120 days for a final decision. Delays in credentialing can negatively impact a physician's ability to join an insurer's network, thereby affecting network adequacy and patient access to care.

MedChi will advocate to prohibit insurers from automatically downcoding and to place guardrails on the process to ensure it is not arbitrary. In addition, MedChi will work to modernize the credentialing process by streamlining and reducing the timeframe for insurers to process a physician's application.

Scope Creep: Defending the Practice of Medicine Against Expansions That Threaten Patient Safety

The Lawyers at Schwartz, Metz, Wise & Kauffman P.A.

Maryland has a growing shortage of physicians, leaving patients in some cases without adequate access to care. On this, legislators and physicians agree. But disagreement abounds on the best solution for this problem, and this debate often comes to the fore on scope of practice legislation or proposals to license new health care professions. The 2026 Session will be no exception.

Physicians see the answer to increased patient access as creating a more favorable environment in the State for physicians. To wit, higher payment rates from insurers (which currently rank at or near the bottom among the fifty states), having a more robust Physician Loan Assistance Repayment Program (LARP) to help lure primary care providers to practice here, and diminishing administrative burdens like downcoding and prior authorization imposed by health insurers. However, a growing number of legislators see the answer to access as allowing non-physicians to do what physicians have historically been the only ones properly educated and trained to do. For them, the solution is a larger quantity of providers, even if these providers lack the proper medical school training and residency experience.

In 2026, this annual debate will play out in the form of at least two pieces of legislation. Naturopathic doctors will again seek legislation allowing them to prescribe prescription drugs and controlled dangerous substances. In 2025, this bill was sponsored by Delegate Bonnie Cullison (Montgomery County), Vice Chair of the House Health and Government Operations Committee, but did not pass. At Delegate Cullison's request, MedChi is participating in an interim workgroup on the issue. Naturopaths assert that prescribing authority exists in sixteen or more states without adverse consequences, and that nurse practitioners in Maryland already prescribe. Moreover, they maintain that their ability to prescribe is a convenience for their patients. MedChi argues that residency training, not required of these other occupations, is critical to a full comprehension of the effects of prescription drugs. This debate is a prime example of quantity of providers versus quality of providers and is playing out in Annapolis.

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Scope Creep, continued from pg. 5

Another scope of practice debate also involves prescribing, this time by psychologists. Like naturopaths, they intend to seek prescribing authority in the 2026 Session, a proposal that psychiatrists take exception to and are ready to oppose. Same argument, different packaging.

To provide perspective on the volume of providers seeking to become licensed in the State, there exists at least three groups that will request the Legislature to require licensure of their profession: lactation consultants, anesthesiologist assistants, and convalescent synergistic lymphatic therapists. All these groups will cost money to regulate, and rarely do the license fees generated by smaller niche professions generate enough revenue to cover the costs of their own regulation; as a result, physician fees may end up subsidizing their licensure.

MedChi works diligently year-round to protect the physician scope of practice in a challenging environment and will continue to do so during the 2026 Session as these issues arise.

Adequate Funding of E&M Rates

The Lawyers at Schwartz, Metz, Wise & Kauffman P.A.

Maryland's upcoming legislative session arrives at a pivotal moment for Medicaid payment. MedChi has consistently advocated, and will advocate again during the 2026 legislative session, that Evaluation and Management (E&M) codes be funded at 100 percent of the rate established by Medicare. In the last legislative session, Governor Moore and the General Assembly funded E&M rates at 99 percent of Medicare. MedChi was pleased to see this level of funding, given that it was a historically challenging budget year as state lawmakers sought to address a \$3 billion budget deficit. Restoring the rate to 100 percent parity with Medicare in the 2026 session, however, will require strong and effective advocacy from the physician community.

Federal policy changes, ongoing state budget pressures, and the approaching implementation of the new AHEAD model are contributing to an uncertain environment for Medicaid funding. The decisions made this year will influence not only the viability of E&M payments but also the long-term capacity of Maryland's health care system to maintain access to care.

Maryland's Medicaid program is supported by a combination of federal and state dollars. The balance comes from the State's General Fund, State-Directed Payments (SDPs), and provider taxes. However, the continued viability of these funding mechanisms is now in question. Maryland's three SDPs require annual approval from the Centers for Medicare & Medicaid Services (CMS), and one of the most significant, the Maryland Quality Incentive Payment (M-QIP), may face new restrictions

under the One Big Beautiful Bill Act beginning in 2026. Should these limitations take effect, it could create additional uncertainty about the State's ability to fund E&M rates adequately. At the same time, the State's three provider taxes, which help support roughly \$2 billion in Medicaid spending, may also be subject to new federal constraints. CMS has yet to issue detailed guidance on these provisions, leaving the State and the physicians who depend on predictable reimbursement in a period of uncertainty.

These federal challenges are unfolding against the backdrop of a difficult fiscal environment in Annapolis. In November, the Department of Legislative Services briefed the Spending Affordability Committee that the projected budget deficit would be \$1.4 billion heading into the 2026 legislative session, far larger than early estimates. Every agency and program, including Medicaid, will face heightened scrutiny. Therefore, achieving full 100 percent parity with Medicare in FY 2027 will require compelling advocacy and legislative support.

For Maryland physicians, the consequences of inaction are significant. Medicaid currently supports more than 122,000 providers, underscoring its central role in the state's health care infrastructure. Anticipated federal changes could also lead to as many as 175,000 Marylanders losing coverage, intensifying demands on physicians who continue to care for Medicaid patients. Adequate E&M reimbursement remains one of the most effective tools the State has to stabilize practice viability and protect access to care.

Continued Focus on Preserving Vaccine Access

The Lawyers at Schwartz, Metz, Wise & Kauffman P.A.

Maryland lawmakers and health officials have taken actions in recent months to reinforce vaccine access as a cornerstone of public health. In November, Governor Wes Moore announced an adult vaccine program to expand access to critical immunizations for uninsured and underinsured Marylanders. The program, administered by the Maryland Department of Health (MDH), will provide free recommended vaccines to Marylanders aged 19 and older at local health departments. The program was launched with \$2.8 million in funding allocated through the Maryland General Assembly. It will be focused on vaccine-preventable diseases such as COVID-19, influenza, pneumonia, RSV, and shingles. This action follows other actions, such as MDH issuing a statewide COVID-19 vaccination standing order that authorizes qualified health care professionals to administer vaccinations in accordance with current evidence-based guidelines developed by the American Academy of Pediatrics, the

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American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

Additionally, Maryland lawmakers have taken steps to ensure that many vaccinations and immunizations remain covered by private insurers and Medicaid under Maryland law. House Bill 1315 was passed last year and became effective on June 1, 2025, and mandates that vaccines recommended by the Advisory Committee on Immunization Practices as of December 31, 2024, continue to be covered for a range of illnesses, including COVID-19, influenza, RSV, and other vaccine-preventable illnesses.

For Maryland's physicians and public health professionals, these actions signal a renewed partnership between government and the clinical community that recognizes and promotes vaccines as the safest and most effective tools to mitigate the serious impacts of illness, safeguard the well-being of all Marylanders, and reduce health disparities.

Repealing or Raising Caps on Non-economic Damages Affects Us All

The Lawyers at Schwartz, Metz, Wise & Kauffman P.A.

Maryland's medical malpractice insurance market is one of few bright spots in its health care landscape. Malpractice insurance premiums have been relatively stable for years, keeping what can be a potentially volatile cost for Maryland physicians under control. But the plaintiff's attorneys will once again be advocating to change that during the 2026 Session by removing caps on non-economic damages and lowering the standard to obtain punitive damages.

In recent years, Delegate Natalie Ziegler (Howard County), and Senator Jeff Waldstreicher (Montgomery County) introduced legislation that would have repealed the cap on non-economic damages in cases NOT involving health care claims. In 2024, the Senate struck the part of the bill repealing the cap and instead passed a whopping increase, up to \$1.75 million. Presently the cap increases automatically by \$15,000 per year, and will be \$920,000 effective January 1, 2026. Delegate Ziegler and Senator Waldstreicher introduced the same bill in 2025, but fortunately the House Judiciary Committee did not act on the legislation in either year.

Why should a bill that does not apply to health care claims matter to physicians? The trial lawyers would have legislators believe that it shouldn't matter, because physicians and hospitals are not directly affected. This argument conveniently ignores the reality of what comes next: legislation to raise the med mal cap, or litigation challenging what would become a significant discrepancy between the two different caps on non-economic damages. Indeed, there are rumblings that the trial lawyers may

introduce legislation on the med mal cap in 2026, despite saying these last few years that this was never their plan.

Regardless, MedChi knows that cap repeals or increases will impact physicians, either immediately or down the road, so we will continue to strongly oppose this legislation. MedChi has not forgotten the tumult of the early 2000s, when malpractice premiums skyrocketed and a Special Session of the General Assembly was called to address the crisis, a crisis which occurred well before many of today's legislators served. The separate cap which applies to med mal cases was established back then as a means to combat and control exorbitant premiums. Our advocacy plans to educate legislators on this history and remind them that Maryland can ill-afford to lose physicians to higher costs when there already exists a growing shortage.

To compound the work that lies ahead in the coming months, the trial lawyers also want to lower the standard for the award of punitive damages. These are damages assessed to punish a defendant for egregious conduct, and currently the law requires a plaintiff to show "actual malice" to obtain them. This standard serves to protect physicians because proving malice is difficult in med mal cases. However, legislation to lower the standard to "acts or omissions that create a high degree of risk or harm to others" was introduced in 2025 and would bring punitive damages into play. Should it be re-introduced in 2026, MedChi will oppose it.

Communication on liability and tort issues will be made available to MedChi members throughout the Session, as outreach to legislators from physicians is key to a favorable outcome.

SAVE THE DATE

2026 Legislative Session

KICK OFF

Monday January 26th

6:00pm - 8:00pm

Acqua Al 2
Annapolis, Maryland

Questions?
Contact jfearster@medchi.org

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The Maryland State Medical Society



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State of Maryland Signs Updated AHEAD Agreement with the Federal Government

Gene M. Ransom III

In November of 2025, Maryland officially signed the updated amendment to the AHEAD State Agreement with the Centers for Medicare & Medicaid Services (CMS), marking a major milestone for Maryland's long-standing, nation-leading value-based health care model. For more than a decade, Maryland's global budget and all-payer system has been the method to pay Maryland hospitals. The updated agreement ensures that this model continues with major changes.

The new AHEAD model sets ambitious statewide goals for slowing the growth of health care spending, increasing investment in primary care, and improving population health. The agreement reflects months of detailed negotiations with CMS and strong engagement from Maryland's hospitals, payers, physicians, and other health system partners.

At a high level, the final agreement includes:

- Stability in the early years: only modest adjustments in 2026 and 2027, with CMS's new global budget methodology beginning in 2028.
- Protection of Maryland's global budget system: CMS and Maryland reaffirm the all-payer model and commit to a smoother, phased transition to the updated CMS global budget framework.
- Flexibility for hospitals and physicians:
 - A bridge period that prevents sudden or destabilizing shifts in Medicare hospital revenues.
 - A new guardrail ensuring that excess Medicare savings are reinvested back into hospital global budgets.
 - Continued flexibility to invest in population health.
 - Preservation of physician value-based care programs until new models are developed.
- Greater flexibility on choice and competition requirements, including extended implementation timelines.
- Alignment with Medicaid: creating a pathway for Medicaid rates to track with Medicare global budget rates as federal rulemaking progresses.
- Lower threshold for services under global budgets: reduced from 90% to 85%, while retaining the ability for Maryland to set Maryland-specific rates for certain carved-out services.

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

EQIP Extended in Perpetuity – A Major Win for Physicians and the State

Gene M. Ransom III

One of the most important victories for Maryland physicians is the confirmation that the Episode Quality Improvement Program (EQIP) will continue in perpetuity under the updated AHEAD structure. EQIP has been a cornerstone of Maryland's physician-led value-based strategy, enabling specialists

and other non-hospital clinicians to participate in advanced alternative payment models without joining an ACO or health system.

Since its launch, EQIP has generated significant Medicare savings while rewarding participating physicians for delivering high-quality, efficient care. The program has shown particularly strong outcomes in procedural and chronic-care episodes, demonstrating clear reductions in unnecessary utilization, avoidable complications, and variations in cost. Maryland's ability to secure the long-term continuation of EQIP represents both a recognition of its success and a commitment to expanding the role of physicians in value-based care statewide.

Maryland hospitals are now reviewing participation agreements and preparing for the implementation timeline. Several cross-cutting policy issues will require continued collaboration across state agencies, including:

- Post-acute care
- Graduate medical education
- Cost-shifting dynamics
- Medicare Advantage alignment
- Primary care investment requirements

Governor Moore has established a state regulatory work group to coordinate and resolve these issues, with the final set of recommendations due in June 2026.

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



CEO Gene Ransom and Ben Lowentritt, MD, outside the Hubert H. Humphrey Building in Washington, DC, headquarters for the U.S. Department of Health & Human Services.



NEW MOBILE APP

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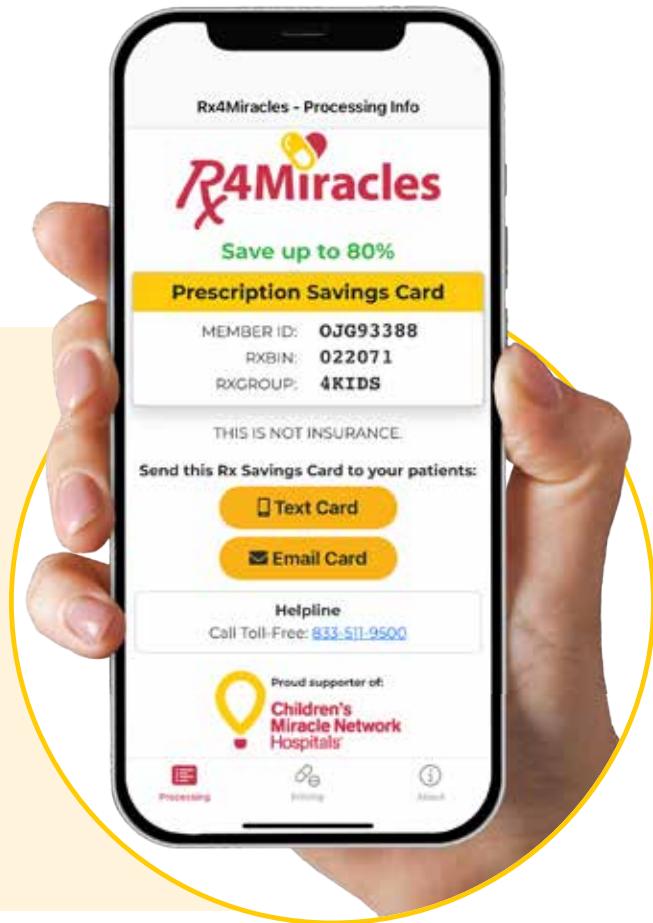
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Protecting the Practice of Medicine: MedChi and Medical Mutual's Role in the Canton Harbor Case

Alexis Braun, Esq.



In law as in medicine, we need to know a little Latin. *Amicus curiae* (plural: *amici curiae*), or “friend of the court,” is an individual or organization not a party to a lawsuit who volunteers to advise on a matter before the court. In the United States, a friend of the court files an *amicus brief*, most often when a lawsuit has been appealed.

In December 2024, MedChi and Medical Mutual joined forces to file an *amici brief*

in an important case before the Supreme Court of Maryland, *Canton Harbor Healthcare Center, Inc. v. Felicia Robinson, et al.* MedChi and Medical Mutual stood together to support Maryland physicians and advocate against a legal outcome that would have substantially weakened legislation enacted by the Maryland General Assembly aimed at preventing meritless lawsuits filed against Maryland physicians.

The Facts

Canton Harbor Healthcare Center is a skilled nursing facility in Baltimore City, where Mr. Robinson was transferred following a stroke. During his stay at the facility, he developed decubitus ulcers that allegedly worsened at subsequent facilities before he became septic and later passed away.

The plaintiffs, Mr. Robinson's widow and surviving children, filed a complaint against Canton Harbor in the Circuit Court for Baltimore City alleging that Canton Harbor's negligence allowed Mr. Robinson's decubitus ulcers to develop, spread, and become infected, and that this negligence caused his death.

The Health Care Malpractice Claims Act (the “Act”) requires any person intending to file a medical malpractice action against a health care provider in a Maryland circuit court to first file a claim with the Director of the Health Care Alternative Dispute Resolution Office and to proceed with an arbitration process. Unless the sole issue is lack of informed consent, the claimant must file with the Director a certificate of qualified expert (“CQE”), in which a medical expert must attest that the health care provided departed from the standard of care and

that the departure from the standard of care was the proximate cause of the alleged injury. In almost all cases, the Act requires a peer-to-peer relationship between the defendant health care provider and the attesting expert. If, for example, the defendant is board certified in a specialty, the attesting expert must be board certified in the same or a related specialty.

In this case, the plaintiffs filed a CQE signed by a registered nurse, attesting that Canton Harbor breached the standard of care and that this breach was the proximate cause of Mr. Robinson's decubitus ulcers.

The Circuit Court granted Canton Harbor's motion to dismiss the case on the ground that a registered nurse was not qualified to attest to the proximate cause of Mr. Robinson's decubitus ulcers. The Appellate Court of Maryland reversed, holding that a registered nurse is not disqualified *per se* to attest to proximate causation in decubitus ulcer cases.

Canton Harbor filed a petition for writ of certiorari (a request for a higher court to review a lower court's decision), which the Supreme Court of Maryland granted.

Our Amici Brief

MedChi and Medical Mutual submitted an *amici brief* in support of Canton Harbor, arguing that the decision of the Appellate Court of Maryland, if allowed to stand, would blur “the bright line separating medical practice by physicians from nursing practice” and upend well-established boundaries for allegations of breach of the standard of medical care.

We argued, among other things, that: (1) Maryland law should not be changed to allow registered nurses to provide CQEs with expert opinions that a standard of medical care has been breached based upon their nursing diagnoses; and (2) Maryland law does not permit nurses to opine about alleged breaches of the standard of care by physicians. We urged the Supreme Court to reverse the decision of the Appellate Court of Maryland and to ensure that the settled boundaries in Maryland between physicians and nurses remain intact.

The Decision

On July 29, 2025, the Supreme Court of Maryland issued its decision. A plurality of the Court upheld the Appellate Court's decision, but the Court's holding was narrow and did not weaken the CQE requirement in a way likely to affect most medical malpractice actions filed in Maryland.

In the decision, the Court held that a registered nurse may attest in a CQE that a breach of applicable standards of nursing care proximately caused a decubitus ulcer, provided that:

- the nurse meets the peer-to-peer requirement,

continued on page 18



2026 Legislative Priorities



Looking ahead and advancing our priorities through leadership.



Physician Advocacy is Crucial, Not Elective, and Non-Negotiable

The connection between health care and public policy is clearer than ever. In our profession, so much of what we do is shaped by legislation and regulation that directly affects our patients and our ability to practice. It is essential that the physician voice is present and informed whenever health policy is being discussed.

Our physician advocacy is crucial as it:

- Extends the scope of care beyond the clinic walls.
- Prioritizes the wellness of those receiving and providing care.
- Employs unparalleled expertise and the trust of stakeholders by tapping into specific strengths and the reliance placed upon us.
- Works to eliminate systemic unfairness.
- Provides key guidance in the direction of the medical field to create a better health system.

It is an honor and a privilege to contribute to MedChi's advocacy efforts for our patients and our profession, and I urge you to join me in this endeavor in 2026.

Eric Wargotz, M.D., MedChi President



WWW.MEDCHI.ORG

MedChi 2026 Legislative Priorities

The Maryland State Medical Society



Dr. Pallavi Gowda kicks off the 2025 Legislative Session as our first Physician of the Day.



Members from Prince George's County making a difference during their lobby day.



Delegates Lewis, Clippinger, and Edelson join Dr. Erin Maury for a photo in Annapolis.

MedChi, The Maryland State Medical Society, will prioritize the following issues in the 2026 Session of the Maryland General Assembly:

- Support reforms to hold health insurers accountable for unfair policies and practices, such as automatic payment reductions (e.g., downcoding) and unnecessary credentialing delays, that disadvantage physician practices and restrict patients' access to timely, high-quality care.
- Safeguard Maryland's investment in Medicaid and access to care for every Marylander by restoring Medicaid Evaluation & Management (E&M) payment rates to 100% of Medicare E&M payment rates.
- Fight legislation that would weaken Maryland's current medical liability environment, including bills that repeal or increase non-economic damages caps, or bills that lower the standard for awarding punitive damages.
- Oppose measures to expand the scope of practice of non-physician healthcare practitioners beyond their education and training, especially when it comes to prescribing medication.
- Protect the interests of physicians and patients in the new Maryland AHEAD Model, including ensuring greater and more equitable primary care participation and increasing access to the Episode Quality Improvement Program for all specialties.
- 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

800-492-1056 | members@medchi.org | www.medchi.org
1211 Cathedral Street | Baltimore, MD 21202

Comprehensive Policy Framework Adopted by MedChi House of Delegates

Joanna Weinreich

Each year, we are gratified to witness how many of our members, serving as Delegates, choose to spend their Saturday advancing policy and reform in Maryland health care — a clear reflection of the passion and strong commitment our members bring to this work.

On Saturday, October 25, 2025, MedChi's House of Delegates met for the day and successfully adopted a comprehensive package of policy items, including supporting advancements and innovation in value-based care, fighting abusive insurance practices, advocating for various public health programs, and many additional matters.

The meeting began with a panel discussion on "Good Nutrition, Good Health, and How to Get There: The Road to Better Preventive Medicine and Public Health," moderated by Eric Wargotz, MD. We welcomed Neal Barnard, MD, Founder and President of Physicians Committee for Responsible Medicine; Congressman Andy Harris, MD, representative from Maryland's first congressional district and Chair of the Agriculture, Rural Development, Food and Drug Administration Committee; and Montgomery County Medical Society President Aruna Nathan, MD, a lifestyle medicine physician as our expert panelists. Their diverse expertise made for an engaging and thoughtful discussion.

Eric Wargotz, MD, was inaugurated as MedChi's 178th President. Dr. Wargotz is a proven and accomplished leader, both in medicine and in public service. His election makes history as he is the first pathologist to hold the position.

Several administrative and legislative leaders were recognized by MedChi for their support of Maryland's physicians and patients. Lieutenant Governor Aruna Miller received the 2025 Legislative Award in acknowledgment of her advocacy for Maryland's physicians and advancing MedChi's policy



initiatives in the AHEAD model. Delegate Emily Shetty received the 2025 Legislative Award in acknowledgment of her leadership and dedication to enhancing and protecting the Maryland Medicaid Program.

Comptroller Brooke Lierman was presented the 2025 Public Service Award for her support for physicians and distinguished insight into health care tax policy (pictured in bottom photo). Kevin Sowers, President of the Johns Hopkins Health System, received MedChi's Distinguished Public Officer Award, in recognition of his outstanding support of the physicians, patients, and public health of Maryland.

Additionally, the family of J. Ramsay Farah, MD, was presented with a Memorial Resolution to recognize his fifty-plus years of leadership and support to MedChi and the Maryland medical community (pictured in top photo).

Your House of Delegates approved a wide-ranging set of policy actions ensuring that MedChi will continue its work to address numerous issues including — but not limited to — holding health insurers accountable for unfair policies

and practices, continuing to fight for Medicaid funding and patient access, opposing any attempts to weaken tort reform protections, preserving physician-led value-based care models, protecting the Maryland Physician Health Program, as well as advocating on public health issues related to childhood trauma and behavioral health, tobacco cessation, and access to COVID-19 vaccination.

To learn more, visit www.medchi.org/YourAdvocate. Joanna Weinreich is MedChi's Chief Experience Officer and can be reached at jweinreich@medchi.org.

Advanced Radiology, PA: A 100% Practice Participation

David I. Safferman, MD, FACR



Founding and Early History

Advanced Radiology began operations on January 1, 1995, following the merger of five established radiology practices in the metropolitan Baltimore region. Within the next year, two additional practices joined, uniting seven respected groups whose roots in Maryland communities extended back more than sixty years.

Prior to the merger, the founding practices were widely recognized for delivering high-quality, patient-centered radiologic care. Their decision to unite and form Advanced Radiology was guided by two strategic objectives: to create a large, subspecialized radiology group capable of providing the highest level of expertise across all imaging modalities; and to expand and integrate their geographic footprint to strengthen service coverage and improve access to high-quality imaging services located where physicians live and work.

Growth and Current Practice

Over the years, Advanced Radiology has grown substantially and now includes more than 100 board-certified diagnostic radiologists. Our physicians live and work in the communities they serve, reflecting our strong local roots and commitment to patient care. We are a diverse practice, with nearly 40 percent of our radiologists being women — many of whom hold leadership positions across the organization.

Advanced Radiology provides professional imaging services across thirty-eight outpatient imaging centers, and four community hospitals, with additional growth planned in early 2026. We have maintained a long-standing business partnership with RadNet that dates back to 1997, and we continue to serve as the exclusive provider of professional services for RadNet's wholly-owned and joint-venture centers.

Commitment to Innovation and Quality

Advanced Radiology has earned its reputation for technological leadership through decades of pioneering efforts, including operating Maryland's first outpatient CT scanner in 1982; operating the state's first outpatient MRI in 1985; being an early adopter of digital 3D mammography; and co-developing one of the region's earliest vertically Low Dose Lung Cancer Screening programs with one of our health care partners.

Moreover, we deliver subspecialty expertise at a level not always easily available in community settings: woman's imaging, sports medicine, and prostate MRI screenings, to name a few. Advanced Radiology performs more than 2,000,000 imaging studies each year, making it one of Maryland's largest and most experienced imaging providers.

Commitment to Medicine in Maryland

Advanced Radiology has always embraced an active role in strengthening Maryland's health care ecosystem. Our physicians participate in leadership roles within MedChi, the Maryland Radiological Society, the AMA, and the American College of Radiology.

As a practice, we are vocal advocates in Annapolis on behalf of all Maryland physicians and patients, supporting policies that preserve access to critical screening studies and ensure appropriate coverage by state payers.

Advanced Radiology has long regarded MedChi as a vital point of intersection for all professional medical disciplines, providing the resources essential for effective and coordinated collaboration. Moreover, MedChi is the organization legislators turn to when seeking to engage with Maryland physicians.

RadNet and MedChi in Collaboration

Welcome to the Future of Health Care, Where You Belong was the name of a day-long event co-hosted by MedChi's The Center for Healthy Maryland and RadNet on September 22, 2025. A select group of high school students visited MedChi's headquarters for a RadNet presentation on resume-building, early-career coaching, opportunities at RadNet, and real-world success stories. Students emerged energized and optimistic, armed with new knowledge and inspiration for a future in health care.

David I. Safferman, MD, FACR is the President & CEO of Advanced Radiology, P.A.



Loralie D. Ma, MD, started her career at Advanced Radiology in 1997. "I love being in a large private practice group dedicated to patient care and clinical excellence," she enthused. "The advances in imaging over the years have been exciting to witness." This past year, Dr. Ma was selected to be a member of the AMA's Council on Legislation (COL) and was invited to be part of Governor Moore's workgroup to study and cohere state approaches to artificial intelligence in critical domains, such as health care.

You've Been Subpoenaed – Now What?

Rachel E. Giroux, Esq., and Madeline Dwivedi, Esq.



For physicians across Maryland, getting served with a subpoena can feel jarring — a courier at the front desk, paperwork demanding action, and questions about professional obligations and patient privacy swirling in your mind — all while your main focus is on patient care.

Yet given the legal intersections of modern practice, a subpoena is not unusual, and knowing what to do next is vital regardless of your practice setting.

What Is A Subpoena?

A subpoena is a formal legal document that requires its recipient to provide testimony, produce records, or both, as part of a legal proceeding. It does not automatically mean you are a defendant or "being sued." Oftentimes, clinicians receive subpoenas as a fact witness, meaning you have

relevant knowledge about a patient's care. Sometimes, you are simply the custodian of medical records.

A subpoena does not mean you are in trouble, but it does mean you need to respond carefully.

Maryland physicians typically see:

- Subpoena for Testimony (Ad testificandum): Requires you to testify in court or at a deposition;
- Subpoena for Documents (Duces tecum): Requires production of documents, most often medical records; and
- Deposition Subpoena: Requires testimony and production of records for pretrial discovery.

What Should You Do?

The biggest mistake clinicians make with regards to a subpoena is ignoring it or assuming someone (risk management, office manager, etc.) will "handle it." A subpoena is a court order. Ignoring it can expose you or your practice to serious ramifications.



Avoid the opposite pitfall of immediately turning over records or providing testimony, which could violate Federal, Maryland, or other privacy laws (think HIPAA!).

What should you do? Pause. Review the document. Note any deadlines. Then immediately seek guidance from your institution's legal department, risk management, personal counsel, or malpractice insurer. Your legal team will verify the subpoena's legitimacy and provide guidance regarding next steps. Often, your malpractice insurer will even assign you a lawyer to ensure you respond to the subpoena appropriately.

What should you not do? Do not delete, edit, or alter any patient records in response to a subpoena. This can be discovered utilizing an audit trail and your intent may be misinterpreted.

The Bottom Line

A subpoena can be serious, but it is always manageable. You did not go into health care to navigate subpoenas, but when one lands on your desk, knowledge is your best defense. For clinicians, the experience of being subpoenaed can feel personal, but it's part of a health care professional's life in a highly litigious system. Handle it with a careful, calm, and methodical approach and utilize your legal resources.

Rachel Giroux and Madeline Dwivedi are trial attorneys and associates at Waranch & Brown, LLC.

Protecting the Practice of Medicine, continued from pg. 13

- the nurse's opinion consists of a nursing diagnosis,
- the nurse's opinion does not address medical causation, and
- the patient's decubitus ulcers were previously diagnosed by a health care provider qualified to opine on medical causation.

Significantly, the Court made clear that a registered nurse is not qualified to attest to the standard of care applicable to physicians or whether a physician breached the standard of care

In this important case for Maryland physicians, the Court drew a bright line between permissible and impermissible testimony by registered nurses and reinforced the distinction between the practice of nursing and the practice of medicine. MedChi and Medical Mutual are pleased that their collaboration in this case has had a positive impact on the professional liability interests of Maryland physicians.

Alexis Braun is Assistant Vice President, Associate General Counsel, Medical Mutual Liability Insurance Society of Maryland.

2026 MedChi – Components and Specialties – Advocacy Lobby Days

Maryland Chapter of the American College of Obstetricians & Gynecologists (MDACOG) – Advocacy Lobby Day

Date/Time: Friday, January 30, 2026, 8:00 a.m. – 2:00 p.m.

Location: Contact Jenine Feaster for details.

Contact: Jenine Feaster, jfeaster@medchi.org, 410.878.9892

Medical Student Advocacy Day

Date/Time: Monday, February 2, 2026, 6:00 – 8:00 p.m.

Location: MedChi Annapolis Office

224 Main Street, Annapolis, MD 21401

Contact: Joanna Weinreich, jweinreich@medchi.org, 410.878.9909

Maryland Academy of Family Physicians Advocacy Day (MDAFP)

Date/Time: Thursday, February 12, 2026, 7:30 a.m. – 12:30 p.m.

Location: Historic Inns of Annapolis Governor Calvert House
58 State Circle, Annapolis, MD 21401

Contact: Becky Wimmer, becky@mdafp.org, 888.894.2606

Maryland Dermatologic Society (MDS) Skin Cancer Screening & Advocacy Lobby Day

Date/Time: Thursday, February 12, 2026; First Shift 10:30 a.m. – 12:00 p.m., Second Shift 12:00 – 1:30 p.m.

Location: TBD

Contact: Russ Kujan, rkujan@medchi.org, 410.296.1232

Baltimore City Medical Society (BCMS) – Advocacy Lobby Day

Date/Time: Monday, February 23, 2026, 6:00 p.m.

Location: MedChi Annapolis Office

224 Main Street, Annapolis, MD 21401

Contact: Lisa Williams, info@bcmcmedicalssociety.org, 410.625.0022

Baltimore County Medical Association (BCMA) Advocacy Lobby Day

Date/Time: Wednesday, February 25, 2026, 7:30 a.m. – 12:00 p.m.

Location: MedChi Annapolis Office

224 Main Street, Annapolis, MD 21401

Contact: Russ Kujan, rkujan@medchi.org, 410.296.1232

Montgomery County Medical Society (MCMS) – Advocacy Lobby Day

Date/Time: Wednesday, March 4, 2026, 7:45 a.m.

Location: MedChi Annapolis Office

224 Main Street, Annapolis, MD 21401

Contact: Susan D'Antoni, sdantoni@montgomerymedicine.org, 301.921.4300

Anne Arundel & Howard County Medical Society (AAHCMS) Advocacy Lobby Day

Date/Time: Monday, March 9, 2026, 5:00 – 8:00 p.m.

Location: MedChi Annapolis Office

224 Main Street, Annapolis, MD 21401

Contact: Teresa Healey-Conway, thealey-conway@medchi.org, 301.938.4718

Prince George's County Medical Society (PGCMS) – Advocacy Lobby Day

Date/Time: Monday, March 9, 2026, 5:00 – 8:00 p.m.

Location: MedChi Annapolis Office

224 Main Street, Annapolis, MD 21401

Contact: Teresa Healey-Conway, thealey-conway@medchi.org, 301.938.4718

Maryland Chapter of the American Academy of Pediatrics (MDAAP) Advocacy Lobby Day

Date/Time: Tuesday, March 10, 2026, 7:00 a.m. – 2:00 p.m.

Location: Lowe House Office Building, Room 170

6 Bladen Street, Annapolis, MD 21401

Contact: Loretta Hoepfner, Loretta@mdaap.org, 410.878.9702

Maryland Chapter- American College of Physicians

Date/Time: Thursday, March 12, 2026, 8:00 a.m.

Location: MedChi Annapolis Office

224 Main Street, Annapolis, MD 21401

Contact: Maryellen Woodward, mew4work@aol.com

MedChi extends its sincere appreciation to the physicians who generously volunteered their time to staff the State House First Aid Room during the 2025 legislative session. Physicians who staffed the First Aid Room this past Session include:



Dr. Paul Barbera

Dr. Marie-Alberte Boursiquot

Dr. Bhawna Bahethi

Dr. Joy Baldwin

Dr. Anne Banfield

Dr. Randi Braman

Dr. Tyler Cymet

Dr. Sonny Goel

Dr. John Gordon

Dr. Pallavi Gowda

Dr. Benjamin Goldstein

Dr. Lawrence Green

Dr. Amit Kalaria

Dr. Kathryn Kelly

Dr. George Malouf

Dr. Erinna Maury

Dr. Sarah Merritt

Dr. Robin Motter-Mast

(pictured)

Dr. Dan Morhaim

Dr. Michael Murphy

Dr. Lane Neidig

Dr. J. Michael Niehoff

Dr. Kalpana Prakasa

Dr. Gary Pushkin

Dr. Padmini Ranasinghe

Dr. Anuradha Reddy

Dr. Stephen Rockower

Dr. Bernita Taylor

Dr. James Williams

Dr. H. Russell Wright, Jr.

Dr. James York

How BHIPP Supports Providers Across Maryland



Telephone consultations provided by a team of child psychiatrists and behavioral health professionals



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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 U00MC35933-01-03 and U00MC35932-01-06. 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.



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January 27 — The Role of Telemedicine in Expanding Access to Medications for Opioid Use Disorder (MOUD) Care in Underserved Areas
Presented by Eric Weintraub, MD

March 5 — Bridging the Gap: Practical Pain Management Across Primary and Specialty Care
Presented by Sarah Merritt, MD

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"Physician Advocacy Matters More than Ever," Maryland Senator Clarence Lam, MD

Susan G. D'Antoni, CEO



Senator Clarence Lam, MD, with Stephen Rockower, MD.

Montgomery County Medical Society recognized Stephen J. Rockower, MD, with the Society's Lifetime Leadership Advocacy Award earlier in May and established the annual lectureship in his name honoring his decades of advocacy and his leadership in MCMS, MedChi, and the AMA.

Senator Dr. Lam shared his journey from physician to legislator and emphasized why it's vital for physicians to have a voice "at the table." He encouraged attendees to take actionable steps to advance advocacy efforts, including: voting in local and state elections, donating to the Maryland Medical PAC, volunteering for legislative committees, providing testimony on key health care issues, building relationships with legislators, engaging in policy work (through volunteering, consulting, or serving in advisory roles), and ultimately, being the change by running for elected office.

Senator Dr. Lam emphasized that physician voices are essential to good policy by quoting Rudolph Virchow, a 19th-century German physician and anthropologist: "Medicine is a social science and politics is nothing else but medicine on a large scale." Physicians are the only advocates who can explain the value of residency training and the details about why access to physician care is important when debating scope of practice issues.

Lam then provided a postmortem on several pieces of legislation where physician voices made the biggest difference including allowing pharmacists to administer childhood vaccines and/or dispense tobacco cessation products, authorizing the use of the title "podiatric physician" and advocacy about prescribing authority for naturopathic doctors.

The inaugural lecture also reviewed the areas in which physician voices matter most such as insurance coverage and

Physician, professor of health policy and management, state senator and legislative leader, public health advocate and medical director Clarence Lam was the inaugural Stephen J. Rockower, MD, Advocacy Leadership Lecturer on November 6 at the Montgomery County Medical Society's Fall membership meeting. He was a fitting choice since MCMS awarded him the 2025 Legislator of the Year Award that same evening.

access; payer reform: prior authorization, step therapy, and network adequacy; medical education including credentialing and licensing; scope of practice; Medicaid; EMRs, PDMP, CRISP, and public health.

Looking to 2026 and beyond, Senator Dr. Lam discussed the value of physicians "being at the table" in discussions related to AHEAD and the future of hospital rate setting, Medicaid, and the state budget, and the importance of electing candidates who are engaged in reforms of health care and access.

Will you be "at the table" or on the sidelines? Your voice matters more now than ever, according to Senator Dr. Lam, who is a role model for physician advocacy, inspiring all physicians to be advocates for their profession and for patients.

Susan G. D'Antoni, FAAMSE is the CEO of Montgomery County Medical Society. She can be reached at sdantoni@montgomerymedicine.org.

AAHCMS Considers Future of Medicine

The Anne Arundel & Howard County Medical Society (AAHCMS) hosted a vibrant in-person meeting and social in Columbia, drawing physicians from both counties for an evening of professional connection, leadership updates, and timely discussion.

Members elected Manna Varghese, MD, an Emergency Physician at the University of Maryland Baltimore Washington Medical Center, as President. The Society also welcomed Erinn Maury, MD, a Rheumatologist and owner of Mid-Atlantic Rheumatology in Millersville, as President-Elect.

Beyond the elections, attendees engaged in a meaningful conversation about AI in medicine, examining how AI is beginning to transform clinical practice, diagnostics, and patient engagement. The discussion reflected both excitement about innovation and thoughtful concern about the ethical and practical implications for physicians and patients alike.



(L to r) MedChi CEO Gene Ransom, Padmini Ranasinghe, MD, Erinn Maury, MD, and Manna Varghese, MD.

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Baltimore City Medical Society and Foundation Holds Annual Meeting

BCMS members and guests were hosted by Sinai Hospital for their annual meeting on November 18, 2025. Pictured, photo on right: Michelle Taylor, MD, Baltimore City Health Commissioner, accepts "Baltimore-in-a-Box" goodies from Camellus Ezeugwu, MD, president, BCMS Foundation, following her Furlong Memorial Lecture. Pictured, top photo on left: Neal Naff, MD (left), with Sinai Hospital President Amy Shlossman, and MedChi CEO Gene Ransom. Pictured, bottom photo on left: Neil Meltzer (left) receives the Jensen Advocacy Award from Neal Naff, MD, BCMS President, and Allan D. Jensen, MD (right).



Members Connect at Washington County Medical Society Meeting

The Washington County Medical Society met at Café Del Sol East on November 5, 2025. Pictured (left photo): Bradley Miller, DO, and Brian Kessler, DO, of Meritus School of Osteopathic Medicine. Right photo: Kristine Athey, MD; Anne Rao, MD; Vandana Sajankila, MD; Junyan Gu, MD.



Advocacy Lectures Engage, Inspire Medical Students

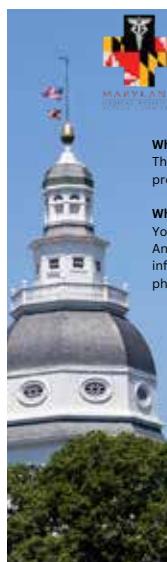
MedChi recently hosted two separate advocacy lectures for the Medical Student Section at the University of Maryland School of Medicine and the Johns



Hopkins School of Medicine. Teresa Healey-Conway, Executive Director of the Anne Arundel & Howard County Medical Society and the Prince George's County Medical Society, led both sessions and introduced students to the legislative process, underscoring the importance of physician advocacy and sharing strategies for influencing public policy. MedChi President-Elect James Williams, DO, and Immediate Past President Padmini Ranasinghe, MD, attended the Hopkins session and engaged with students during the discussion.

Students responded enthusiastically to the material, with Tiffany Kamberi, a University of Maryland medical student, noting: "We specifically loved that the presentation walked through each step an actual bill took on its journey through the legislature. That was super informative."

Both sessions equipped future physicians with foundational skills in state advocacy and left students energized and excited to participate in their upcoming Advocacy Day in February.



Make an IMMPACT!

What is MMPACT?
The Maryland Medical Political Action Committee provides political education and advocacy.

Why Contribute?
Your donations help us to advocate effectively in Annapolis - giving us access to legislators to influence policy that will protect Maryland physicians and patients!



The Maryland Medical Political Action Committee (MedChi-PAC) is Maryland physician advocacy organization that promotes the political interests of Maryland physicians and medical students, and assists MedChi in lobbying activity in Washington and Annapolis. MedChi-PAC is a 501(c)(4) organization and is not a political party or a political action committee. Contributions are not limited to the suggested amounts or are tax-deductible. Contributions to MedChi-PAC are not tax-deductible. Contributions to MedChi-PAC are not deductible as a charitable contribution or as a business expense by a beneficiary of a charitable gift.

MedChi's Newest Physician Members

MedChi welcomes the following new members, who joined between August 1, 2025, and November 30, 2025.

Titus C. Abraham, MD - Annapolis Internal Medicine
Ibrahim Abu Dayah, MD - Carroll Hospital
Subarna Adhikari, MD - University of Maryland Shore Regional Health
Rita Constance Aidoo, DO - Luminis Health Doctors Community Medical Center
Akinbola Adewole Ajayi-Obe, MD - US Acute Care Solutions
Babar Ali, MD - Advanced Cardiology Care
Mohamed A. Ali, MD - Adventist HealthCare Fort Washington Medical Center
Tara Ava Altepeter, MD
Paula M. Appiah, MD - Inova Fairfax Medical Campus
Aseem S. Balhara, MD - Adventist Healthcare White Oak Medical Center
Carol Baltazar, MD - Longevity Medical Spa
Andrew Eric Baum, MD - Adventist HealthCare Shady Grove Medical Center
Jessica E. Baxley, MD - Meritus Medical Center
Olivia Greta Beaubrun, MD - Adventist Healthcare Shady Grove Medical Center
Sissay S. Befikadu, MD - Adventist HealthCare Shady Grove Medical Center
Daniel Atnafu Berhanu, MD - Adventist HealthCare Fort Washington Medical Center
Nidhi Bhat, MD - Adventist Healthcare White Oak Medical Center
Utsuk Bhattachari, MD - UPMC Western Maryland
Martin H. Brown, MD, FACEP - US Acute Care Solutions
Reginald M. Brown, MD - University of Maryland Upper Chesapeake Medical Center Bel Air
Glenn D. Burns, MD, FACEP - US Acute Care Solutions
Adrienne Caiado, MD - University of Maryland Charles Regional Medical Center
Kristen B. Cantor, MD - Pediatric Care of Rockville
Morgan A. Carlile, MD - University of Maryland Capital Region Medical Center
Joseph Cassilly, MD - University of Maryland Upper Chesapeake Medical Center
Monica Simone Charpentier, MD, PhD - Adventist HealthCare
Jose Chavez, MD
Issam E Cheikh, MD - MedStar Union Memorial Hospital
Michael S. Chen, MD - Cardiac Associates, PC
Zhaoming Chen, MD, PhD
Robert Dobbins (Tao-Ping) Chow, MD, FACP, MBA - University of MD Midtown
Mark V Clough, MD - Towson Orthopaedic Associates
Jonathan Bart Cohen, MD - Adventist HealthCare Shady Grove Medical Center
Joel B. Collins, MD - US Acute Care Solutions
Juan C. Conde San Miguel, MD - Adventist HealthCare Shady Grove Medical Center
Byron S Cooper, MD - Rockville Internal Medicine Group
Gregory S. Corcoran, MD - Sinai Hospital
Robert F. Corder, MD - University of Maryland Shore Regional Health
Stephanie A. Dabulis, MD - Calvert Health Medical Center
Kristol Das, MD - Sinai Hospital
Supriya J. Davis, MD - Adventist Healthcare White Oak Medical Center
Kenneth W. Defontes, III, MD - Towson Orthopaedic Associates
Zachary L. Durham, DO - Meritus Medical Center

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Ajit P. Kuruvilla, MD - Adventist HealthCare Shady Grove Medical Center
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The Upton Scott Book Collection

Meg Fairfax Fielding



Upton Scott, MD, was born in Ireland in 1722, and seventy-seven years later became the first President of the Medical & Chirurgical Faculty of Maryland. He received a medical diploma in Edinburgh, Scotland in 1753, and arrived in Maryland with Horatio Sharpe, who became the first Governor of Maryland. Scott became known as the “court physician” to the newly formed government and tended to patients in Annapolis and Anne Arundel County. We must, at this point, acknowledge that Dr. Scott held enslaved people.

During the American Revolution, Dr. Scott returned to Ireland for the duration but eventually came home to Annapolis. His relatives from the Birnie family of County Antrim, Ireland, later came to America, where they settled in Carroll County. His great-nephew, Clotworthy Birnie, MD, eventually inherited or acquired Dr. Scott’s collection of medical books from his days in Ireland and his service as a medical officer in the British Army.

Many of the books have book plates indicating that the books were originally Dr. Scott’s but came from the collection of Dr. Birnie. The books in the collection date from 1681 to 1802, and most of them were published in London, Glasgow, or Edinburgh.

The oldest of the books is *Memoirs for the Natural History of Human Blood, Especially the Spirit of that Liquor* by Robert Boyle, published in 1681. One of the most valuable is *An Essay on the Diseases Most Fatal to Infants* by Dr. George Armstrong and printed for T. Cadell in the Strand (London) in 1771. The last known copy to be sold was in 1969 and went for almost \$7,000.

The most recent of Dr. Scott’s books is *Poems of Ossian, the Son of Fingal* by James MacPherson, published in Dublin in 1802. These poems were reputedly Gaelic in origin, although this has been disputed.

Meg Fairfax Fielding is the Director of the History of Maryland Medicine and can be reached at: mfielding@medchi.org. These and other rare books are available to view by appointment by contacting Meg Fairfax Fielding.

MedChi Calendar of Events

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

JANUARY

- 20:** MedChi Council on Legislation
- 26:** 2026 Legislative Session Kick Off
- 27:** MedChi Council on Legislation
- 28:** Maryland Chapter of the American College of Emergency Physicians (MDACEP) – Reception
- 30:** Maryland Chapter of the American College of Obstetricians and Gynecologists Advocacy Day

FEBRUARY

- 2:** Medical Student Advocacy Day
- 2:** MedChi Council on Legislation
- 9:** MedChi Council on Legislation
- 11:** AI CME Series “Imaging the Future: AI in Radiology”

- 12:** Maryland Dermatologic Society (MDS) Skin Cancer Screening & Advocacy Lobby Day

- 12:** Maryland Academy of Family Physicians Family Medicine Advocacy Day

- 16:** MedChi Council on Legislation

- 21:** Maryland Orthopaedic Association Annual Meeting

- 23:** Baltimore City Medical Society (BCMS) – Advocacy Lobby Day

- 23–25:** AMA National Advocacy Conference

- 24:** AMA-MedChi Capitol Hill Visit

- 25:** Baltimore County Medical Association (BCMA) – Advocacy Lobby Day

MARCH

- 4:** Montgomery County Medical Society (MCMS) – Advocacy Lobby Day



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