



## MedChi General Assembly Sine Die Report April 13, 2026

The 449<sup>th</sup> Session of the Maryland General Assembly convened at noon on Wednesday, January 14, and adjourned at midnight on Monday, April 13. Unprecedented changes took place just prior to the start of the session, beginning with the election of Delegate Joseline Peña-Melnyk as Speaker of the House. Her election prompted a significant reorganization of House leadership, an increase in the number of standing committees from six to seven, the reassignment of legislators among the seven committees, and changes to committee jurisdictions, creating a learning curve for legislators, staff, and lobbyists alike.

With the conclusion of the 2026 session, attention now turns to the upcoming elections. The primary election is scheduled for June 23, 2026, followed by the general election on November 3, 2026. In Maryland, all members of the General Assembly and statewide elected officials are up for reelection. Prior to adjournment, several legislators announced they would not seek another term, including Senator Pamela Beidle (D-32, Anne Arundel County), Chair of the Senate Finance Committee, and Delegate Bonnie Cullison (D-19, Montgomery County), Vice-Chair of the House Health Committee. As a result, these departures will not only bring new representation to their districts but will also necessitate shifts in legislative leadership.

### Result Priority Bills

Bill Number	Title	MedChi Position	Result
HB 520/SB 470	Naturopathic Doctors – Prescribing	Opposed	Failed
HB 1150/SB 506	Pharmacists – Minor Conditions	Opposed	Failed
HB 1021/SB 568	Licensed Psychologists – Prescribing	Opposed	Failed
HB 377/SB 326	Physician Assistants – Parity	Support with Amendment	MedChi Amd’t – Adopted
HB 906/SB 871	Punitive Damages	Opposed	Failed
HB 476/SB 474	Noneconomic Damages	Opposed	Failed
HB 1093/SB 808	Provider Panels – Requirements	Support	Passed
HB 1153/SB 797	Claims Reimbursement – Downcoding	Support	MIA Order/Bulletin negated need for bill
HB 637/SB 385	The Vax Act	Support	Passed
HB 772	Behavioral Health Rate Methodology – Workgroup	Support with Amendment	MedChi Amd’t – Adopted
HB 1109/SB 790	Public Health Reform Act	Support	Passed
HB1249	Certified Recovery Residences – Medication-Assisted Treatment	Support	Passed

## Fiscal Year 2027 Budget

Prior to the start of the Session, the Department of Legislative Services (DLS) announced that the State would once again face an estimated \$1.4 billion deficit. Despite this staggering deficit, MedChi secured level funding for Medicaid Evaluation and Management (E&M) codes. Unfortunately, while the General Assembly and the Governor balanced the budget for Fiscal Year 2027, a structural deficit remains. Because of this, DLS predicts that deficits will continue and may balloon to \$4 billion by Fiscal Year 2030 without drastic cuts or additional revenue, making MedChi advocacy even more important in the upcoming years.

## Boards and Commissions

- *Scope of Practice*

MedChi's sustained and effective advocacy led to favorable legislative outcomes, including the defeat of several initiatives to expand the scope of practice for non-physicians. Despite a record number of bills to expand scope, the General Assembly passed only one scope bill, and that was done with MedChi's amendments.

***House Bill 377/Senate Bill 326: Physician Assistants and Midwives – Parity With Other Health Care Practitioners (passed)*** passed the General Assembly, but removed the authority being sought for a physician assistant to be able to approve an involuntary admittance to a health care facility. Therefore, as amended, the bill adds physician assistants to the list of health care professionals who can approve the involuntary placement of pregnant incarcerated individuals, approve the appointment of a guardian for a disabled person, approve a petition for emergency evaluation, and prescribe and dispense epinephrine for emergency use.

As illustrated below, the House of Delegates is much more favorable to scope expansion than the Senate, often citing the need to address access to care. The recurring theme of this Session was the expansion of prescribing authority for non-physicians. MedChi opposed these bills, expressing concern that patient safety would be compromised and that non-physicians lack the same training and education as physicians. The three bills listed below were the most egregious, and all failed.

***House Bill 520/Senate Bill 470: State Board of Physicians – Naturopathic Doctors – Scope of Practice, Renewals, and Professional Liability Insurance (failed)*** received strong support in the House of Delegates. Despite this support, the Senate Finance Committee did not advance the bill. Among other provisions, the bill would have allowed naturopathic doctors to prescribe medications, excluding controlled dangerous substances.

***House Bill 1150/Senate Bill 506: Health Occupations – Pharmacists – Minor Conditions and HIV Prevention and Treatment (Rapid Testing and Preventive Care Act) (failed)*** would have allowed pharmacists to diagnose “minor conditions” and then prescribe medications to treat the condition. Again, while the House passed the measure with amendments removing some conditions from the list of conditions that could be treated by pharmacists, such as urinary tract infections, the Senate Finance Committee failed to advance the bill.

While ***House Bill 1021/Senate Bill 568: Health Occupations – Licensed Psychologists – Prescriptive Authority (failed)*** seemed the most likely scope bill to pass this Session, it did not advance in either the

House Health Committee or the Senate Finance Committee. The bill would have allowed psychologists to obtain certification from the State Board of Examiners of Psychologists to prescribe medications.

***Senate Bill 917: Health Occupations – Practice of Audiology – Definition (failed)*** is rooted in a bill passed two years ago expanding the scope of practice for audiologists and seeks simply to clarify two provisions of that bill allowing audiologists to conduct “health screenings” and limiting evaluation and treatment to conditions of the human ear. The bill passed the Senate overwhelmingly but did not receive a vote in the House Health Committee.

- *Tort/Medical Malpractice*

Similar to scope expansion, several bills were introduced that would have made it easier to bring medical malpractice suits and would have increased insurance costs. MedChi opposed these bills, and their demise continues to preserve a more balanced legal climate.

***House Bill 906/Senate Bill 871: Civil Actions – Punitive Damage Awards – Surcharge (failed)*** would have lowered the standard for an award of punitive damages from the current one of “actual malice” to, among things, a “pattern of repeated misconduct” or “acts or omissions that create a high degree of harm to others.” This lower standard would likely allow the issue of punitive damages to be argued to the jury in medical malpractice, thereby increasing potential damages and raising insurance costs.

***House Bill 316: Confidentiality of Medical Records – Definition of Medical Record (failed)***, introduced at the request of the plaintiff’s bar, would have expanded the definition of medical record to include any information that is recorded by a health care provider through written, electronic, or other means, including audio or video means, and included any electronic message sent or received by a health care provider that identifies or may readily be associated with the identify of a patient.

While not directly inclusive of medical malpractice, MedChi opposed ***House Bill 476/Senate Bill 474: Civil Actions – Noneconomic Damages – Personal Injury and Wrongful Death (failed)***, which would have removed the cap on noneconomic damages for personal injury and wrongful death, due to concerns that it would eventually extend to medical malpractice. The House Judiciary Committee did not move the bill forward, but it has referred it to an interim study, a sign that it will most likely return next session.

***House Bill 1209/Senate Bill 950: Conversion Therapy – Prohibitions and Causes of Action (failed)*** would have put in statute that conversion therapy is a basis for a medical malpractice action, allowed any licensed mental health provider to be a qualified expert in any medical malpractice action related to conversion therapy, repealed the cap on noneconomic damages in any action related to conversion therapy, and extended the statute of limitations for actions arising from conversion therapy. MedChi pursued an amendment to keep the noneconomic damage cap intact, and there was verbal agreement by the sponsor to do so.

- *Licensure*

***House Bill 1365/Senate Bill 892: Health Occupations, Public Health, and Insurance – Menopause – Provider Training Coverage Requirements, Policy Initiatives, and Access to Care (passed)*** requires a health occupation board to provide 2-credit hours for every 1-credit hour taken in the management of

menopause and menopause associated symptoms for those who evaluate and manage menopause and menopause associated symptoms in their scope of practice.

***House Bill 598: Physicians – Licensing – Internationally Trained Physicians and Licensed Physicians Residing in Other Jurisdictions*** and ***Senate Bill 489: Health Occupations – Physicians Trained in Foreign Countries – Exemption From Educational Requirements and Limited License*** proposed changes in how the State licenses physicians from other countries. Currently, an internationally trained physician must complete 2 years of postgraduate training in an ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited program, regardless of years of experience abroad. This is true even if they already completed a residency abroad and had years of professional training. These bills attempted to keep intact all of the education and training requirements required of U.S. based physicians, but did not require a repeat of the residency, given the competitiveness for residencies and that a residency was completed abroad. This bill was the subject of a lot of back and forth between the bill sponsors, Delegate Hill and Senator Lam. Subsequently, both bills failed to pass.

***House Bill 1134: Pharmaceutical Drugs and Devices – Gifts to Health Care Professionals – Prohibition (failed)*** would have prohibited sellers of pharmaceutical drugs and devices from giving or offering to give health care professionals gifts in a calendar year with a total combined retail value of more than \$50. Given that the bill was duplicative of the federal “Sunshine Act,” MedChi opposed the measure, and the bill failed to advance.

***House Bill 616/Senate Bill 515: Health Services Cost Review Commission – Health Facilities – Jurisdiction and Rate Setting (failed)*** passed the Senate, but unfavorable amendments added in the House Health Committee resulted in the bill ultimately not advancing. As passed in the Senate, the bill would have required the Health Services Cost Review Commission (HSCRC) to consider physician costs when setting hospital rates and would have required a study to further examine costs and the need to ensure rate setting aligned with the goals of the AHEAD Model. As requested by MedChi, the Senate removed the provision that would have given the HSCRC the authority to set physician rates. In the House Health Committee, the Committee removed the HSCRC's authority to consider physician costs and changed the study to include provisions to ensure that any cost adjustments would not increase insurance premiums, a request added at the insurers' urging. Given these changes, the Senate decided to “put the bill in the drawer.”

While not against the intent of ***House Bill 944/Senate Bill 494: Maryland Health Care Commission – Certificates of Need and Material Change Transactions (failed)***, MedChi, along with others in the medical community, opposed the broad authority being granted to the Executive Director of the Maryland Health Care Commission (MHCC) to approve material change transactions involving health care entities, including provider organizations, i.e., physician practices. While characterized as a step against private equity, the bill affected a broad range of transactions that were ill-defined. Consequently, the committees decided not to act on the bill and, instead, agreed that the Chairs of the Senate Finance Committee and the House Health Committee would send a letter to the MHCC, requesting that it form a stakeholder workgroup this interim to discuss the issue and develop recommendations for how best to move forward.

## **Health Insurance**

MedChi advanced meaningful reform this Session by championing two priority bills to reduce physicians' administrative burdens and accelerate payment processes, both of which ended with positive outcomes.

***House Bill 1093/Senate Bill 808: Health Insurance – Provider Panels – Requirements (passed)*** shortens the timeframes for when a health insurer must act upon a physician’s credentialing application.

Specifically, beginning January 1, 2027,

- Within 15 days (rather than 30 days) of receiving a completed application, the carrier is required to send to the email address or mailing address on the application a written notice that the carrier either intends to process or reject the application.
- Within 60 days (rather than 120 days) after providing the notice that the carrier intends to process the application, the carrier must either accept or reject the physician for participation in the carrier’s provider panel. However, for certain therapists and professional counselors, the requirement is 30 days (rather than 60 days).
- If an incomplete application is received, the carrier must inform the physician within 10 days of receiving it that the application is incomplete and the information necessary to make the application complete.

The bill requires carriers to accept the uniform credentialing form (UCF) through an online credentialing system, provide a direct phone number and email for UCF inquiries, and respond within two business days of receiving a message. Carriers must also rely on the online system as the primary source for creating and updating provider directories. In addition, the bill mandates that the vendor permit physicians to grant access to a designated credentialing manager and establish a stakeholder workgroup to identify and resolve operational issues, ensuring the system’s efficiency.

Following this summer’s announcement that Cigna planned to implement a policy to automatically downcode higher-level E&M services, MedChi initiated discussions with the Maryland Insurance Administration (MIA) regarding how Maryland law affects the ability of Cigna and other insurers to adopt such policies. As these discussions continued, MedChi requested legislation to prohibit automatic downcoding – ***House Bill 1153/Senate Bill 797: Maryland Medical Assistance Program and Health Insurance – Claims for Reimbursement – Downcoding (failed)***. Following the hearings, the MIA issued an order fining Cigna \$80k for its downcoding policy and, on April 7, distributed a bulletin stating “[u]nder current Maryland law, a third party payor may not proactively modify a service code on its own assessment and send payment for a lower code, placing the burden on the provider or other person entitled to reimbursement to resubmit the initial claim and higher billing code.” The order and the bulletin negate the need for the legislation MedChi will be sending additional information to our members on actions to take if you believe that you have been subject to improper downcoding.

Three other notable bills were passed this Session and supported by MedChi. ***House Bill 277/Senate Bill 139: Insurance – Third Party Administrators – Enforcement (passed)***, which closes significant enforcement gaps that exist within the regulatory framework for third-party administrators (TPAs) under current law by authorizing the Insurance Commissioner to impose a civil penalty of up to \$10,000 for each violation of the entire Insurance Article by a TPA, instead of only for a violation of the provisions of law that directly govern TPAs. ***House Bill 280/Senate Bill 205: Health Insurance – Mental Health and Substance Use Disorders – Codification of Federal Requirements (passed)***, which codifies portions of the 2024 federal Mental Health Parity Rule to strengthen enforcement of parity requirements for the treatment of mental health and substance use disorders. Following issues that arose this summer when John Hopkins and other providers ended their contracts with United Healthcare, ***House Bill 684/Senate Bill 521: Health Insurance – Material Changes to Provider Networks – Notification and Special Enrollment Period (passed)***, which expands the requirements on carriers regarding notification to enrollees about the

termination of providers from provider panels and alters when and how carriers must notify the Insurance Commissioner about a material change to their provider network, including requirements relating to updating a carrier access plan.

Concerns about changes at the federal level, including the elimination of federal subsidies and the implementation of H.R. 1, led the General Assembly to be cautious in passing other health insurance legislation. Therefore, the General Assembly failed to advance the following.

- ***House Bill 739: Health Insurance – Prompt Payment of Claims – Reimbursements (failed)*** would have clarified Maryland’s prompt pay law by specifying that non-payment of a claim is a denial and appealable.
- ***House Bill 865: Health Insurance – Remittance Advice – Interest on Late-Paid Claims (failed)*** would have required carriers to list the interest owed separately on the remittance notice.
- ***House Bill 917: Health Insurance – Retroactive Denial of Reimbursement (failed)*** would have shortened the timeframe for carriers to retroactively deny reimbursement.
- ***House Bill 1385: Health Insurance – Use of Artificial Intelligence – Human Evaluation (failed)*** would have required an audit or compliance review of an artificial intelligence, algorithm, or other software tool used by a carrier to include the human evaluation of a patient’s medical records by a licensed health care professional.
- ***House Bill 808/Senate Bill 490: Maryland Medical Assistance Program – Step Therapy, Fail- First Protocols, and Prior Authorization – Prescription Drugs to Treat Serious Mental Illness (failed)*** would have prohibited the Medicaid program from applying a step therapy or prior authorization protocol to a prescription drug to treat a serious mental illness.

## **Public Health**

In what represents perhaps the most significant piece of public health legislation to pass this year, ***House Bill 637/Senate Bill 385: Public Health – Recommendations for Immunizations, Screenings, and Preventive Services – Pharmacist Administration and Required Health Insurance Coverage (The Vax Act) (passed)*** received final approval from the General Assembly and is scheduled to be signed by the Governor at the first bill signing ceremony on April 14<sup>th</sup>. Under the bill, the Maryland Secretary of Health will have the authority to issue, publish, and distribute specified recommendations for immunizations, screenings, and preventative services. The bill effectively decouples the State from the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices' recommendations. The Secretary’s recommendations shall be made in accordance with recommendations from the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians, as well as to take into consideration guidance from other specified state and local bodies. This bill was one of the Governor’s Administration bills and was supported by MedChi.

MedChi supported ***House Bill 422/Senate Bill 394: Public Health – Expedited Partner Therapy – Bacterial Vaginosis and Licensed Certified Midwives (passed)*** and will become effective October 1, 2026. With the bill’s passage, bacterial vaginosis is added to the list of diagnoses for which certain health care practitioners may prescribe, dispense, or otherwise provide antibiotic therapy to a sexual partner of a diagnosed patient without making a personal physical assessment of the sexual partner and adds licensed certified midwives to the list of health care practitioners who may provide expedited partner therapy.

***House Bill 427/Senate Bill 336: Task Force on Responsible Use of Natural Psychedelic Substances – Extension and Membership (passed)*** will extend the Task Force on Responsible Use of Natural Psychedelic Substances to December 31, 2027. This allows the Task Force to continue its work in studying and making recommendations related to the use of natural psychedelic substances. MedChi will continue to monitor the work of this Task Force.

***House Bill 772: Behavioral Health Rate Methodology Modernization – Workgroup Establishment and Study (passed)*** modifies the behavioral health rate-setting study required by the Maryland Department of Health (MDH) to be conducted by June 30, 2028. The bill also establishes a Workgroup on Behavioral Health Rate Methodology Modernization in the MHCC to develop “transparent, cost-based reimbursement methodologies for certified community behavioral health clinics, outpatient mental health centers, and independent outpatient providers. MedChi successfully advocated for an amendment to add a representative from MedChi to the Workgroup.

***House Bill 1118/Senate Bill 891: Health, Health Insurance, and Health Occupations – Perinatal Behavioral Health Conditions (passed)***, among other provisions, updates the definition of “perinatal behavioral health condition” to mean a behavioral health condition occurring during pregnancy or within one year after the conclusion of a pregnancy, including a pregnancy that did not result in a live birth, including postpartum depression. Health care professionals who evaluate and manage pregnancy or postpartum care must conduct screenings, and Medicaid and commercial insurers must cover screenings at the one-month, two-month, four-month, and six-month well-child visits. Health insurance plans in Maryland must allow members to obtain a standing referral to licensed behavioral health providers for preventive services and for care throughout pregnancy and up to one year postpartum, without requiring a written treatment plan. Each health occupations board that requires continuing education must grant at least two hours of continuing education credit for every one hour completed.

***House Bill 1249: Certified Recovery Residences – Refusing Services to Individuals Receiving Medication-Assisted Treatment – Prohibition (passed)*** requires credentialing standards for certified recovery residences to prohibit denying services to individuals receiving medication-assisted treatment for opioid use disorder or requiring them to stop or alter their treatment as a condition of admission.

***House Bill 1364: Public Health – Mammograms – Arterial Calcification Notice (passed)*** was a priority of Speaker Peña-Melnyk and requires that a center performing mammography include, in a screening results letter sent to the patient as required by federal law, a specified notice about breast arterial calcification. The notice is informational and encourages the patient to discuss the findings with their physician.

Although legislation was passed last year to streamline patient transfers via flexible prior authorizations, Maryland Medicaid’s stricter interpretation now prohibits authorizations for transfers to special pediatric hospitals, leaving transfer efficiency unresolved. ***House Bill 1376: Maryland Medical Assistance Program, Maryland Children’s Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Requirements (passed)*** aimed to fix this. House Bill 1376 requires Medicaid and the Maryland Children’s Health Program to provide a prior authorization determination regarding a transfer to a special pediatric hospital on request within two business days.

***House Bill 1559: Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement (passed)*** prohibits the Department of Human Services (DHS) out-of-home placement program from using an “unlicensed setting” for a child. The bill was introduced in response to DHS’s practice of pediatric

overstays and placements in unlicensed settings and the need to service vulnerable children more effectively. MedChi along with the Maryland Chapter of the American College of Emergency Physicians, and the Maryland Chapter of the American Academy of Pediatrics all supported the bill.

MedChi supported ***Senate Bill 626: Sex Designation on Certificates of Birth, Licenses, and Identification Cards and Birth Information Histories (Birth Certificate Modernization Act) (failed)***, which would have required the Secretary of Health to issue a new birth certificate to reflect a sex designation different from an original birth certificate under certain circumstances. The bill passed the House of Delegates but the Senate did not pass the bill before session adjourned.

MedChi opposed ***Senate Bill 78: Public Health – Prostate-Specific Antigen Testing (Protect Our Prostate Act) (failed)*** on the grounds that the bill was not necessary, given that prostate-specific antigen (PSA) testing is already guided by evidence-based recommendations from nationally recognized organizations, including when testing is recommended and appropriate patient counseling prior to PSA testing. The standard of care already includes shared patient-physician decision-making regarding PSA testing, making the new requirements under the bill unduly burdensome and redundant. The Senate Finance Committee took no action on the bill following the hearing.

***Senate Bill 249: Tobacco Product Licensees – Additional Licensure for Electronic Smoking Devices (passed)*** requires any person with a cigarette business license or other tobacco products that is seeking to sell electronic smoking devices (ESD) to obtain a separate license. MedChi supported this bill to increase regulation regarding the sale of ESD, given the public health harms of ESD and vaping, particularly among young people.

Although MedChi opposed ***Senate Bill 594: Cannabis – Advertising – Alterations (passed)***, the bill was passed by the legislature this year. This bill alters several existing restrictions on advertising for cannabis licensees, cannabis products, and cannabis-related services. MedChi generally opposes cannabis advertising, given the potential to expose vulnerable individuals, particularly young people, to cannabis products and the potential public health harms to minors and individuals under the age of 21, and urged the legislature to continue Maryland’s public-health-focused approach to cannabis advertising.

MedChi supported the goals of ***House Bill 181: Public Health – Restaurants – Disclosure of Main Food Allergens (failed)***, which would have required additional disclosure of food allergens on menu items. However, we had requested an amendment to eliminate the criminal penalties attached to the bill's enforcement provisions. Despite several stakeholder conversations in the Public Health and Minority Health Disparities Subcommittee of the House Health Committee, the Committee failed to reach a compromise and ultimately took no action.

MedChi supported ***House Bill 417/Senate Bill 435: Criminal Law – Schedule III Controlled Dangerous Substances – Medetomidine and Xylazine (failed)***, as introduced, which would have restricted retailers' ability to sell medetomidine and xylazine, which have increasingly been used as ingredients in illicit substances. The House passed the bill but amended it to designate these substances as Schedule III controlled dangerous substances under the Maryland Controlled Dangerous Substances Act, a move we opposed. Ultimately, this bill failed to secure final passage.

MedChi supported ***House Bill 1109/Senate Bill 790 – Public Health Reform Act (passed)***, a piece of legislation intended as a follow-up implementation measure to the Maryland Commission on Public Health

(COPH). The bill has several provisions, including extending the COPH's termination date and requiring MDH to provide quarterly updates on the implementation of COPH's recommendations. The bill also requires MDH to organize the Maryland Medical Reserve Corps and requires DLS to develop a process to assess the health equity impacts of relevant legislation.

MedChi opposed ***House Bill 1477/Senate Bill 527: Public Health – Ibogaine Clinical Research Grant Program – Establishment (Veterans Mental Health Innovations Act) (failed)***, which would have established an Ibogaine Clinical Research Grant Program in MDH to provide grants to conduct a certified clinical drug development trial on the use of ibogaine to treat opioid use disorder and other neurological conditions. The House and Senate committees took no action on these bills following the hearings.

# Thank You

# MedChi

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MedChi thanks those members who served on the MedChi Council on Legislation this Session for their efforts in promoting the practice of medicine in Maryland and strengthening the role that MedChi plays in shaping public policy in Maryland. A special thanks to our Council on Legislation co-chairs **Dr. Lawrence J. Green** and **Dr. Kathleen D. Keffe**, and to our subcommittee chairs: **Dr. Lawrence J. Green** (Boards and Commissions), **Dr. Anuradha D. Reddy** (Health Insurance), and **Dr. Karen M. Dionesotes** (Public Health).

MedChi also recognizes those who testified on behalf of MedChi for various initiatives, including:

Amanda Andriessen  
Dr. Steven Daviss  
Dr. Amar Duggirala  
Dr. Kerry Forrestal  
Dr. Howard Haft

Dr. Benjamin Lowentritt  
Dr. Suzanna Martin  
Dr. Erinn Maury  
Dr. Dan Morhaim  
Dr. Michael Niehoff

Dr. Vaughn Powell  
Dr. Jonathan Rubenstein  
Dr. Christine Saba  
Amy Thomas  
Dr. Ariel Warden-Jarrett

MedChi also extends its appreciation to the physicians who volunteered their time to staff the State House First Aid Room this Session. Staffing the First Aid Room is an honor for MedChi and one that cannot be taken for granted. Physicians who staff the First Aid Room have access to the legislators and are looked at not only as a resource for medical care but also as a resource on policy issues. MedChi also would like to thank **Colleen White, RN**, and **Megan Wobbe, BSN** for their dedication in staffing the First Aid Room for the Session.

Doctors who staffed the First Aid Room this Session include:

Dr. Shruti Aggarwal  
Dr. Omer Bajwa  
Dr. Joy Baldwin  
Dr. Anne Banfield  
Dr. Brent Berger  
Dr. Marie-Alberte Boursiquot  
Dr. Kevin Chin  
Dr. Colleen Christmas  
Dr. Tyler Cymet  
Dr. George Duncan  
Dr. Aaron George  
Dr. Sonny Goel  
Dr. Pallavi Gowda  
Dr. Lawrence Green

Dr. Mariama Jallow  
Dr. Kathryn Kelly  
Dr. Marian LaMonte  
Dr. Ilse Levin  
Dr. George Malouf, Jr.  
Dr. Erinn Maury  
Dr. Sarah Merritt  
Dr. Basil Morgan  
Dr. Dan Morhaim  
Dr. Robin Motter-Mast  
Dr. Lane Neidig  
Dr. Emeka Obidi  
Dr. Kalpana Prakasa  
Dr. Gary Pushkin

Dr. Paula Radon  
Dr. Padmini Ranasinghe  
Dr. Anuradha Reddy  
Dr. Carol Ritter  
Dr. Prabu Selvam  
Dr. Nadia Sirdar  
Dr. Lee Snyder  
Dr. Simita Talwar  
Dr. Bernita Taylor  
Dr. Francisco Ward  
Dr. Eric Wargotz  
Dr. Howard Weiss  
Dr. James Williams  
Dr. H. Russell Wright