

**MEDCHI HOUSE OF DELEGATES
REFERENCE COMMITTEE REPORT**

October 10, 2026

Presented By David Hexter, M.D., Chair

Disclaimer:

The following is a preliminary report of the Reference Committee and is only for informational purposes until and unless its recommendations are adopted by the MedChi House of Delegates on October 10, 2026.

Amendments:

Proposed amendments to an item of business can be sent to HOD@medchi.org. Please reference the item number (in parentheses), the resolution number, and the title.

Dr. Speaker and Members of the House of Delegates,

The Reference Committee carefully considered the matters referred to it and submits the following report for consideration:

RECOMMENDED FOR ADOPTION

Dr. Speaker, your reference committee recommends the following for adoption:

BOT Report 3-26 – 2027 Budget

Recommendations:

1. That the House of Delegates approve the 2027 Budget; and
2. That the remainder of the report be filed.

CONSENT CALENDAR

Dr. Speaker, your reference committee recommends the following consent calendar for adoption:

RECOMMENDED FOR ADOPTION

(1) BOT Report 2-26 – Follow Up to Resolutions from 2026 Spring House of Delegates Meeting

(2) CC Report 1-26 – Overview of Activities for 2026

(3) CL Report 1-26 – Review of 2026 Legislative Agenda

(4) LC Report 1-26 – Overview of Activities for 2026

(5) Resolution 09-26 – Cancer Genetic Screening

(6) Resolution 11-26 – Preserving Medicaid Coverage and Access Through State Investment

(7) Resolution 12-26 – Protecting and Funding Maryland’s AHEAD Medicaid Advanced Primary Care Program

(8) Resolution 16-26 – Protecting Maryland’s Medical Liability Reforms

(9) Resolution 18-26 – Promoting Standardized Accessibility of Patient Medical Documentation Across Healthcare Settings

(10) Resolution 21-26 – Scope of Practice

(11) Resolution 22-26 – MedChi Advocacy on Tort Reform a Top Priority

(12) Resolution 25-26 – Commercial Insurer Accountability and Compliance

(13) Resolution 26-26 - Protecting Medicaid Coverage During Implementation of Work Requirements

(14) Resolution 28-26 - Physician Dispensing

(15) Resolution 30-26 - Prior Authorization and Utilization Review — Transparency and Enforcement

(16) Resolution 31-26 - Payment for Clinically Significant Asynchronous Patient Care

(17) Resolution 35-26 – Public Education About Iron Deficiency in Pregnancy

(18) Resolution 38-26 – Protecting Physician Clinical Autonomy and the Prohibition Against the Corporate Practice of Medicine

RECOMMENDED FOR ADOPTION WITH AMENDMENTS

(19) Resolution 14-26 – Federal and Maryland Policy Response to Medical Student Debt Crisis from Federal Borrowing Caps and Elimination of Grad PLUS Loans

1 (20) Resolution 15-26 – Clarification of AMA Delegation Term Limit Exception

2
3 (21) Resolution 17-26 – Protecting Menstrual Health Through Regulation and
4 Transparency of Endocrine-Disrupting Chemicals in Menstrual Products

5
6 (22) Resolution 20-26 – Recognizing and Addressing Moral Injury in Maryland’s
7 Healthcare System

8
9 (23) Resolution 23-26 – Protecting Workers from Wildfire Smoke Exposure

10
11 (24) Resolution 33-26 – Safeguards for Minors Using Artificial Intelligence

12
13 (25) Resolution 37-26 – Commercial Insurance Payer Transparency

14
15 **RECOMMENDED FOR REFERRAL**

16
17 (26) Resolution 10-26 – Transparency and Education Regarding Artificial Intelligence in
18 Clinical Practice

19
20 (27) Resolution 13-26 – Supporting Folic Acid Fortification of Corn Masa Flour to Address
21 Health Equity and Prevent Neural Tube Defects

22
23 (28) Resolution 19-26 – Maintaining Access and Coverage for Maryland Medicaid
24 Beneficiaries by Removing Medicaid Managed Care Organizations

25
26 (29) Resolution 24-26 – Council of Employed Healthcare Practitioners

27
28 (30) Work Resolution 27-26 - Medicaid Coverage for Out-of-State Specialty Care

29
30 (31) Resolution 32-26 – Safeguarding Patient Autonomy in AI-Assisted Healthcare

31
32
33 (32) Resolution 36-26 – Empowering Patients with Clear, Accurate, and Actionable Costs
34 & Prior Authorization Requirements

35
36 (33) Resolution 39-26 – Enhancing Legislative Priorities and Bill Review Procedures

37
38 **RECOMMENDED FOR NOT ADOPTION**

39
40 (34) Resolution 29-26 - Pharmacist Substitution of Therapeutically Equivalent Insulin
41 Products

RECOMMENDED FOR ADOPTION

(1) BOT Report 2-26 – Follow Up to Resolutions from 2026 Spring House of Delegates Meeting

Dr. Speaker, your reference committee recommends acceptance of BOT Report 2-26 as information.

(2) CC Report 1-26 – Overview of Activities for 2026

Dr. Speaker, your reference committee recommends acceptance of CC Report 1-26 as information.

(3) CL Report 1-26 – Review of 2026 Legislative Agenda

Dr. Speaker, your reference committee recommends adoption of CL Report 1-24 as follows:

RECOMMENDATIONS:

1. 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.

- *ACCOMPLISHED:* MedChi successfully had two bills introduced in the 2026 Session. The first bill, *Senate Bill 808/House Bill 1093: Health Insurance – Provider Panels – Requirements*, resulted from a resolution adopted at the Fall 2025 MedChi House of Delegates from the Montgomery County Medical Society. Among other provisions, the bill shortened the timeframe from 120 days to 60 days for insurers to approve or deny a physician's credentialing application to join a carrier's network. The bill applied to carriers in the Medicaid program and in the fully insured marketplace. This bill aligns Maryland with most other states and will help physicians access networks more quickly and receive payments more promptly. The Firm defeated several amendments that would have granted managed care organizations additional time to process and would have circumvented the bill's intent.

The second bill, *Senate Bill 797/House Bill 1153: Maryland Medical Assistance Program and Health Insurance – Claims for Reimbursement – Downcoding*, resulted from CIGNA's summer 2025 announcement that it would begin automatically downcoding certain E&M codes. The Firm drafted a bill and requested legislative sponsorship to address downcoding. Ultimately, the bill's objectives were achieved through an MIA-issued order fining CIGNA for its policy and issuing a subsequent bulletin. This order eliminated the need for legislation. However, the legislation highlighted the ongoing difficulty physicians face with prompt payment from insurers. The Firm continued these efforts even after the Session ended by: 1) initiating comment letters on various health insurance issues, including the implementation of real-time benefits, 2) the inclusion of denied claims in the Maryland Medical Care Database, and 3) opposition to UnitedHealthcare's mid-year rate increase in the small-group market.

The Firm also worked with the MIA on MedChi's support for *House Bill 277/Senate Bill 139: Insurance – Third Party Administrators – Enforcement*, 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.

- *CONTINUE ongoing advocacy efforts to reduce burdens and simplify administrative processes.*

2. 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.

- *ACCOMPLISHED:* The Fiscal Year 2027 Budget (which runs from July 1, 2026 through June 30, 2027) successfully level-funded Medicaid E&M codes for physician payments. Prior to the start of the 2026 Session, MedChi coordinated with the Component Societies, specialty societies, and other health care practitioner organizations and sent a joint letter to the Governor requesting that E&M codes be maintained. Given that the State was once again facing a \$1.4 billion deficit and a continued

1 structural deficit projected to balloon to \$4 billion by 2031, the level-
2 funding of payments is a definitive win. This is especially true when other
3 constituencies received rate reductions, such as developmental
4 disabilities at \$123 million.

- 5
6 • *CONTINUE*: The Fiscal Year 2028 budget is already projected to have
7 a \$3.5 billion deficit, setting up a very difficult year to contend for limited
8 funds. Still, MedChi will continue to advocate for fair and adequate
9 payment rates, with the goal to return to 100% of Medicare.

10
11 **3. Fight legislation that would weaken Maryland's current medical liability**
12 **environment, including bills that repeal or increase non-economic damages caps,**
13 **or bills that lower the standard for awarding punitive damages.**

- 14
15 • *ACCOMPLISHED*: MedChi successfully opposed bills that would have
16 weakened Maryland's medical malpractice environment. Our efforts
17 have resulted in the continued failure of these bills and helped preserve
18 a more balanced legal climate in the State. *House Bill 906/Senate Bill*
19 *871: Civil Actions – Punitive Damage Awards – Surcharge* would have
20 lowered the standard for an award of punitive damages from the current
21 one of "actual malice" to, among things, a "pattern of repeated
22 misconduct" or "acts or omissions that create a high degree of harm to
23 others." *House Bill 316: Confidentiality of Medical Records – Definition*
24 *of Medical Record* would have expanded the definition of medical record
25 to include any information recorded by a health care provider through
26 written, electronic, or other means, including audio or video. While not
27 directly inclusive of medical malpractice, MedChi opposed *House Bill*
28 *476/Senate Bill 474: Civil Actions – Noneconomic Damages – Personal*
29 *Injury and Wrongful Death*, would have removed the cap on
30 noneconomic damages for personal injury and wrongful death, due to
31 concerns that it would eventually extend to medical malpractice. The
32 House Judiciary Committee did not move the bill forward, but it has
33 referred it to an interim study (which MedChi is participating in), a sign
34 that it will most likely return next session.
- 35 • *CONTINUE*: MedChi will continue its efforts to preserve a more
36 balanced legal climate and fight legislation that would repeal the non-
37 economic damage cap and/or other bills that would disadvantage the
38 medical community.

4. Oppose measures to expand the scope of practice of non-physician health care practitioners beyond their education and training, especially when it comes to prescribing medication.

- *ACCOMPLISHED*: MedChi worked to defeat or neutralize several scope of practice bills this Session. The most prominent bills included: *House Bill 377/Senate Bill 326: Physician Assistants and Midwives – Parity With Other Health Care Practitioners*, which passed the General Assembly, but only with MedChi’s amendments to remove the authority being sought for a physician assistant to be able to approve an involuntary admittance to a health care facility. *House Bill 520/Senate Bill 470: State Board of Physicians – Naturopathic Doctors – Scope of Practice, Renewals, and Professional Liability Insurance (failed)*, which, among other provisions, 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)* would have allowed pharmacists to diagnose “minor conditions” and then prescribe medications to treat the condition. *House Bill 1021/Senate Bill 568: Health Occupations – Licensed Psychologists – Prescriptive Authority*, which would have allowed psychologists to obtain certification from the State Board of Examiners of Psychologists to prescribe medications.
- *CONTINUE*: MedChi will continue advocacy efforts as scope of practice issues arise.

5. 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.

- *ACCOMPLISHED*: MedChi successfully had amendments favorable to physicians included in *Senate Bill 515: Health Services Cost Review Commission – Health Facilities – Jurisdiction and Rate Setting*, which 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. At MedChi's request, the Senate removed the provision that would have given the HSCRC authority to set physician rates.

- *CONTINUE*: MedChi will continue to work with and advocate for physicians in implementing the AHEAD Model, specifically EQIP and MDPCP.

6. Ensure that regulatory and disciplinary actions of the Board of Physicians are fair and just.

- *ACCOMPLISHED*: While no specific legislation was introduced this Session regarding the regulatory or disciplinary actions involving the Board of Physicians, legislation introduced by the Maryland Health Care Commission would have established a review and approval process for a physician practice involved in a “material change transaction,” such as a sale. While not against the intent of *House Bill 944/Senate Bill 494: Maryland Health Care Commission – Certificates of Need and Material Change Transactions*, MedChi worked with other stakeholders to require that a workgroup be formed to discuss issues before the passage of legislation. The workgroup is currently meeting with MedChi representation.
- *CONTINUE*: MedChi will continue advocacy efforts and work with the Board of Physicians when issues arise.

Promote public health and safety initiatives that address health equity and social determinants of health.

- *ACCOMPLISHED*: MedChi successfully supported *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)*, granting the Maryland Secretary of Health 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 Firm worked to ensure that MedChi was prominently featured on the Governor's legislative panel and to secure its strong support for the

1 legislation. MedChi also strongly supported *House Bill 1109/Senate Bill*
2 *790 – Public Health Reform Act*, a follow-up implementation measure for
3 the Maryland Commission on Public Health (COPH).
4

- 5 • *CONTINUE*: MedChi will continue its advocacy efforts to promote
6 meaningful public health initiatives.
7

8 **(4) CC Report 1-26 – Overview of Activities for 2026**

9

10 *Dr. Speaker, your Reference Committee recommends that CC Report 1-26 be*
11 *received and noted.*
12

13 **(5) Resolution 09-26 – Cancer Genetic Screening**

14

15 *Dr. Speaker, your reference committee recommends adoption of Resolution 09-26 as*
16 *follows:*
17

18 RESOLVED, That MedChi continue to advocate for Maryland legislation that
19 mandates insurance coverage without copays for hereditary cancer risk
20 assessment and screening as recommended by The National Comprehensive
21 Cancer Network and/or like organizations.
22

23 **(6) Resolution 11-26 – Preserving Medicaid Coverage and Access Through State** 24 **Investment**

25

26 *Dr. Speaker, your reference committee recommends adoption of Resolution 11-26 as*
27 *follows:*
28

29 RESOLVED, That MedChi support additional state investment to help offset
30 reductions in federal Medicaid funding resulting from H.R. 1 and preserve
31 coverage and access to timely, high-quality care for Maryland Medicaid
32 beneficiaries; and be it further
33

34 RESOLVED, That MedChi advocate for adequate Medicaid funding and physician
35 reimbursement to sustain provider participation and oppose additional state
36 reductions that would undermine patient access to covered services; and be it
37 further
38

39 RESOLVED, That MedChi support preservation of existing Medicaid financing
40 sources and development of sustainable replacement funding when those sources
41 are reduced or discontinued, consistent with applicable federal requirements.
42

(7) Resolution 12-26 – Protecting and Funding Maryland’s AHEAD Medicaid Advanced Primary Care Program

Dr. Speaker, your reference committee recommends adoption of Resolution 12-26 as follows:

RESOLVED, That MedChi support sustained funding and continued implementation of Maryland’s Medicaid Advanced Primary Care Program under the AHEAD Model to preserve and strengthen access to comprehensive, coordinated care for Medicaid beneficiaries; and be it further

RESOLVED, That MedChi opposes funding reductions or program changes that would undermine patient access or participating practices’ ability to meet program requirements and deliver advanced primary care.

(8) Resolution 16-26 – Protecting Maryland’s Medical Liability Reforms

Dr. Speaker, your reference committee recommends adoption of Resolution 16-26 as follows:

RESOLVED, That the Queen Anne’s County Medical Society urges MedChi, The Maryland State Medical Society, to keep the preservation and protection of Maryland’s existing medical liability and tort reforms a top legislative priority, including vigorously opposing efforts to repeal, substantially increase, or undermine the cap on noneconomic damages in medical malpractice cases; weaken Maryland’s contributory negligence standard in a manner that increases medical liability exposure; lower the standard for punitive damages; or otherwise enact changes that would destabilize Maryland’s medical liability environment, increase the cost of practicing medicine, or threaten patient access to physicians.

(9) Resolution 18-26 – Promoting Standardized Accessibility of Patient Medical Documentation Across Healthcare Settings

Dr. Speaker, your reference committee recommends adoption of Resolution 27-24 as follows:

RESOLVED, That MedChi, the Maryland State Medical Society, supports the development of state-level standards ensuring accessible formats for patient-facing medical documentation across healthcare settings; and be it further

RESOLVED, That these standards will be developed in collaboration with community-based organizations that have lived experience and expertise in their area of disability, like the National Federation of the Blind.

1 **(10) Resolution 21-26 – Scope of Practice**

2
3 *Dr. Speaker, your reference committee recommends adoption of Resolution 21-26 as*
4 *follows:*

5
6 RESOLVED, That MedChi should continue to evaluate on a case-by-case basis
7 proposals to expand the scope of practice of other health care professionals,
8 including consideration of the education, training and experience of the profession,
9 patient safety impacts, and such other factors that bear upon the proposed scope
10 expansion, before taking a position, and be it further

11
12 RESOLVED, That MedChi will continue to advocate for the State of Maryland to
13 intensify and expand its efforts to produce, recruit and retain more physicians to
14 address health care workforce shortages.

15
16 **(11) Resolution 22-26 – MedChi Advocacy on Tort Reform a Top Priority**

17
18 *Dr. Speaker, your reference committee recommends adoption of Resolution 22-26 as*
19 *follows:*

20
21 RESOLVED, That MedChi reaffirms tort reform as one of its highest advocacy
22 priorities; and be it further

23
24 RESOLVED, That MedChi continue to vigorously oppose any attempts to weaken
25 Maryland's tort reform protections, including efforts to repeal the cap on non-
26 economic damages or undermine expert witness safeguards.

27
28 **(12) Resolution 25-26 – Commercial Insurer Accountability and Compliance**

29
30 *Dr. Speaker, your reference committee recommends adoption of Resolution 25-26 as*
31 *follows:*

32
33 RESOLVED, That MedChi should continue to advocate for stronger compliance
34 and enforcement of Maryland's insurance laws, including stronger penalties, a
35 more streamlined complaint process for physicians, and more routine audits of
36 insurance practices.

37
38 **(13) Resolution 26-26 - Protecting Medicaid Coverage During Implementation of**
39 **Work Requirements**

40
41 *Dr. Speaker, your reference committee recommends adoption of Resolution 26-26 as*
42 *follows:*

43
44 RESOLVED, That MedChi support legislative and regulatory efforts to minimize
45 Medicaid coverage losses and administrative barriers associated with new work
46 requirements, including

- 47 - Improving outreach and education about eligibility and exemptions
48 - Ensuring adequate staffing and resources to process applications and
49 compliance requirements

- Addressing coverage gaps for individuals who are unable to meet work requirements because of unemployment or other qualifying circumstances
- Supporting patients and community organizations that will face increased demand for assistance
- Assessing the impact of Medicaid losses on Montgomery Cares, safety-net providers, hospitals, and other community health resources
- Ensuring that implementation does not create unnecessary administrative burdens or disrupt access to ongoing medical care.

(14) Resolution 28-26 - Physician Dispensing

Dr. Speaker, your reference committee recommends adoption of Resolution 28-26 as follows:

RESOLVED, That MedChi will support state legislation that would allow for an “any willing provider” policy with respect to commercial insurers pharmacy networks allowing for prescription drugs dispensed by physicians.

(15) Resolution 30-26 - Prior Authorization and Utilization Review — Transparency and Enforcement

Dr. Speaker, your reference committee recommends adoption of Resolution 30-26 as follows:

RESOLVED, That MedChi advocate for stronger enforcement of Maryland's existing prior-authorization and utilization review requirements to ensure that health insurers are complying with Maryland's Appeals and Grievances law and that appropriate actions and penalties are available to the Maryland Insurance Administration.

RESOLVED, That MedChi advocate for a clear mechanism through which physicians can report violations of these requirements to the appropriate regulatory authority.

(16) Resolution 31-26 - Payment for Clinically Significant Asynchronous Patient Care

Dr. Speaker, your reference committee recommends adoption of Resolution 31-26 as follows:

RESOLVED, That MedChi advocate for Maryland legislation, regulation, and payer policies requiring appropriate payment for clinically significant asynchronous care delivered through secure electronic platforms; and be it further

1 RESOLVED, That MedChi advocate for clear standards defining payment for
2 asynchronous care and requiring consistent coverage, payment, documentation,
3 and billing policies among commercial insurers; and be it further
4

5 RESOLVED, that MedChi educate policymakers, regulators, insurers, and
6 physicians on the value of appropriately paying physicians for clinically significant
7 asynchronous care to support timely patient access and sustainable physician
8 practice.
9

10 **(17) Resolution 35-26 – Public Education About Iron Deficiency in Pregnancy**
11

12 *Dr. Speaker, your reference committee recommends adoption of Resolution 31-26 as*
13 *follows:*
14

15 RESOLVED, That MedChi urges Maryland physicians, other clinicians, and the
16 general public to recognize and address the substantial prevalence of iron
17 deficiency in women, especially pregnant ones, the impact on them and their
18 offspring, and the safe and affordable ways to diagnose and treat this; and be it
19 further
20

21 RESOLVED, That MedChi work with the Governor, the General Assembly, County
22 leaders, and health departments to take such actions as would support the above.
23

24 **(18) Resolution 38-26 – Protecting Physician Clinical Autonomy and the Prohibition**
25 **Against the Corporate Practice of Medicine**
26

27 *Dr. Speaker, your reference committee recommends adoption of Resolution 38-26 as*
28 *follows:*
29

30 RESOLVED, That MedChi supports corporate practice of medicine protections for
31 physicians across all care settings that prohibit non-licensed individuals and
32 entities from interfering with physicians' professional judgment and from controlling
33 clinical decision-making; and be it further
34

35 RESOLVED, That MedChi supports legislation codifying Maryland's existing
36 prohibition against the corporate practice of medicine in order to preserve
37 physician control over clinical decision-making and to encourage physician
38 leadership and engagement in practice management.
39

40 **RECOMMENDED FOR ADOPTION WITH AMENDMENTS**
41

42 **(19) Resolution 14-26 – Federal and Maryland Policy Response to Medical Student**
43 **Debt Crisis from Federal Borrowing Caps and Elimination of Grad PLUS Loans**
44

45 *Dr. Speaker, your reference committee recommends adoption of Resolution 14-26 with*
46 *amendments as follows:*
47

RESOLVED, That MedChi advocate for Maryland state-level solutions to address the medical student debt crisis, specifically including: (1) expansion of the Maryland Loan Assistance Repayment Program (LARP) to increase annual assistance amounts, extend eligibility to additional specialties and practice settings beyond primary care (including emergency medicine, psychiatry, pediatrics, and other critical shortage specialties), and increase accessibility for recent graduates and physicians serving in rural and underserved areas; ~~(2) exploration of new state loan forgiveness programs for physicians committing to practice for defined periods in Health Professional Shortage Areas (HPSAs), rural communities, or safety-net settings;~~ (23) support for institutional scholarship expansion at Maryland medical schools to offset rising tuition costs, particularly for low-income and underrepresented students; and ~~(34)~~ state coordination with federal loan servicers to provide accurate financial counseling to Maryland medical students; and be it further

RESOLVED, That OUR ~~MedChi request that its~~ Maryland delegation to the American Medical Association continue to advocate at AMA meetings for federal policy changes to address medical student debt, and amplify AMA messaging to state and federal lawmakers regarding the threat of current borrowing caps to physician workforce development and healthcare access.

Dr. Speaker, it was the consensus of your Reference Committee to support this resolution with amendment, as the amendment would expand upon existing programs that MedChi has long advocated for rather than create new programs.

(20) Resolution 15-26 – Clarification of AMA Delegation Term Limit Exception

Dr. Speaker, your reference committee recommends adoption of Resolution 15-26 with amendments as follows:

RESOLVED, WHEN APPLYING MEDCHI BYLAW SECTION 12.20, THE TIME A PERSON SERVES AS A DELEGATE OR ALTERNATE DELEGATE WHILE THEY QUALIFY FOR THE EXCEPTION RELATED TO AN ELECTED OR APPOINTED AMA POSITION—OR WHILE THEY ARE A DECLARED OR NOMINATED CANDIDATE FOR SUCH AN AMA POSITION—WILL NOT COUNT TOWARD THE SIX-CONSECUTIVE-TERM LIMIT. THE SIX-CONSECUTIVE-TERM LIMIT CLOCK WILL BE PAUSED DURING THAT PERIOD AND WILL RESUME WHEN THE PERSON IS NO LONGER COVERED BY THE EXCEPTION. ~~that the MedChi House of Delegates clarify that, for purposes of applying Bylaw 12.20, time served as a delegate or alternate delegate while an individual qualifies for the existing exception for an additional elected or appointed American Medical Association position, or as a declared or nominated candidate for such a position as provided in Bylaw 12.20, shall not be counted toward the six consecutive term limitation, and the running of that term limit period shall be tolled during such qualifying service.~~

1 *Dr. Speaker, it was the consensus of your Reference Committee to support this resolution*
2 *with amendment, as the bylaws are intended to encourage members of the AMA*
3 *delegation to seek and hold elected leadership positions with the AMA. The sponsor*
4 *submitted and supported this friendly amendment.*

5
6 **(21) Resolution 17-26 – Protecting Menstrual Health Through Regulation and**
7 **Transparency of Endocrine-Disrupting Chemicals in Menstrual Products**

8
9 *Dr. Speaker, your reference committee recommends adoption of Resolution 17-26 with*
10 *substitute resolved clause as follows:*

11
12 ~~RESOLVED, that MedChi, The Maryland State Medical Society, supports state-~~
13 ~~level policies that extend EDC regulation to ban the regulation to ban the~~
14 ~~intentional use of EDCs in menstrual products and require chemical ingredient~~
15 ~~disclosure; and be it further~~

16
17 RESOLVED, that MedChi, the Maryland State Medical Society, supports
18 increased research and surveillance on the health effects of chronic exposure to
19 endocrine-disrupting chemicals through menstrual products.

20
21 *Dr. Speaker, your reference committee recommends adoption with amendment, as the*
22 *Committee agrees that additional research is warranted on this matter.*

23
24 **(22) Resolution 20-26 – Recognizing and Addressing Moral Injury in Maryland's**
25 **Healthcare System**

26
27 *Dr. Speaker, your reference committee recommends adoption of Resolution 20-26 with*
28 *substitute resolved clause as follows:*

29
30 RESOLVED, That ~~MedChi~~ OUR MARYLAND DELEGATION TO AMERICAN
31 MEDICAL ASSOCIATION encourage state and American Medical Association
32 (AMA) policies and systemic reforms designed to address the root causes of moral
33 injury in healthcare, including but not limited to decreasing administrative burdens,
34 limiting excessive prior authorization requirements, minimizing the influence of
35 financial incentives on clinical decision-making, and preventing further
36 financialization of healthcare. As the scope of this resolution extends beyond the
37 state of Maryland, OUR MARYLAND DELEGATION TO THE AMA ~~MedChi~~
38 requests that the American Medical Association AMA support this resolution.

39
40 *Dr. Speaker, it was the consensus of your Reference Committee that the above*
41 *amendment clarifies that the resolution directs action by the Maryland AMA Delegation,*
42 *rather than the AMA itself.*

43
44 **(23) Resolution 23-26 – Protecting Workers from Wildfire Smoke Exposure**
45

1 *Dr. Speaker, your reference committee recommends adoption of Resolution 23-26 with*
 2 *amendments as follows:*

3
 4 ~~RESOLVED, that MedChi, The Maryland State Medical Society, educate~~
 5 ~~physicians about the health effects of wildfire smoke, PM2.5, and concurrent~~
 6 ~~exposure to wildfire smoke and extreme heat; and be it further,~~

7
 8 RESOLVED, that MedChi urges the Maryland Occupational Safety and Health
 9 (MOSH) to develop appropriate standards AND EDUCATIONAL MATERIALS to
 10 protect workers from hazardous exposure to wildfire smoke and associated PM2.5.
 11

12 *Dr. Speaker, it was the consensus of your Reference Committee that the above*
 13 *amendments recognize the need to first develop appropriate educational materials and*
 14 *standards, as identified through testimony before the Committee.*

15
 16 **(24) Resolution 33-26 – Safeguards for Minors Using Artificial Intelligence**

17
 18 *Dr. Speaker, your reference committee recommends adoption of Resolution 33-26 with*
 19 *amendments as follows:*

20
 21 RESOVED, That MedChi, The Maryland State Medical Society, support policies
 22 and legislation establishing appropriate safeguards to protect minors from potential
 23 harm associated with the use of AI generally and AI companion systems in
 24 particular; and be it further

25
 26 RESOLVED, That OUR MARYLAND DELEGATION TO THE ~~MedChi ask the~~
 27 American Medical Association REQUEST THAT THE AMA ~~to~~ adopt A policy
 28 supporting appropriate safeguards to protect minors from potential harms
 29 associated with the use of AI generally and AI companion systems in particular.
 30

31 *Dr. Speaker, Dr. Speaker, it was the consensus of your Reference Committee that the*
 32 *above amendment clarifies that the resolution directs action by the Maryland AMA*
 33 *Delegation, rather than the AMA itself.*

34
 35 **(25) Resolution 37-26 – Commercial Insurance Payer Transparency**

36
 37 *Dr. Speaker, your reference committee recommends adoption of Resolution 37-26 with*
 38 *amendments as follows:*

39
 40 RESOLVED, MedChi work legislatively to require the Maryland Health Care
 41 Commission OR OTHER APPROPRIATE AGENCIES to analyze, compare, and
 42 publish Maryland's private commercial payers rate data annually.
 43

44 *Dr. Speaker, it was the consensus of your reference committee that the above*
 45 *amendments will broaden the avenues available to MedChi for advocacy on this issue.*
 46
 47

RECOMMENDED FOR REFERRAL

(26) Resolution 10-26 – Transparency and Education Regarding Artificial Intelligence in Clinical Practice

Dr. Speaker, your reference committee recommends referral to the Board of Trustees to ensure that MedChi maintains a consistent and unified approach to artificial intelligence through MedChi's representation on various statewide AI committees.

(27) Resolution 13-26 – Supporting Folic Acid Fortification of Corn Masa Flour to Address Health Equity and Prevent Neural Tube Defects

Dr. Speaker, your reference committee heard mixed testimony on this resolution and therefore, recommends referral to the Board of Trustees for further review of the scientific evidence and identification of the appropriate governmental authority to address this issue.

(28) Resolution 19-26 – Maintaining Access and Coverage for Maryland Medicaid Beneficiaries by Removing Medicaid Managed Care Organizations

Dr. Speaker, your reference committee recommends referral to the Board of Trustees to assess how the proposed changes could affect Maryland's health care environment.

(29) Resolution 24-26 – Council of Employed Healthcare Practitioners

Dr. Speaker, your reference committee recommends referral to the Board of Trustees in light of prior unsuccessful efforts to establish and sustain such a council, including disagreements between physicians and other health care practitioners over scope of practice.

(30) Resolution 27-26 - Medicaid Coverage for Out-of-State Specialty Care

Dr. Speaker, your reference committee recommends referral to the Board of Trustees to evaluate the potential financial effects on Maryland physicians and costs to Maryland's Medicaid program.

(31) Resolution 32-26 – Safeguarding Patient Autonomy in AI-Assisted Healthcare

1 *Dr. Speaker, your reference committee recommends referral to the Board of Trustees, as*
2 *testimony before the Committee identified the need for additional analysis of the*
3 *resolution's multiple resolved clauses and their potential impact across various fields of*
4 *medicine. Further study will help ensure that MedChi's AI policy remains consistent,*
5 *comprehensive, and responsive to the rapidly evolving field of artificial intelligence.*

6
7 **(32) Resolution 36-26 – Empowering Patients with Clear, Accurate, and Actionable**
8 **Costs & Prior Authorization Requirements**

9
10 *Dr. Speaker, your reference committee recommends referral to the Board of Trustees, as*
11 *Maryland has recently enacted significant prior authorization transparency reforms, and*
12 *additional investigation is warranted regarding the copayment information required to be*
13 *displayed on health insurance identification cards.*

14
15 **(33) Resolution 39-26 – Enhancing Legislative Priorities and Bill Review**
16 **Procedures**

17
18 *Dr. Speaker, the Reference Committee thanks the Board for implementing these changes*
19 *and informing the HOD. The Board can implement these procedural changes to council*
20 *operations without approval of the HOD. Since the Board has informed the HOD of these*
21 *changes, the Reference Committee recommends referral with report back as an*
22 *informational report at the next HOD meeting.*

23
24 **RECOMMENDED FOR NOT ADOPTION**

25
26 **(34) Resolution 29-26 - Pharmacist Substitution of Therapeutically Equivalent**
27 **Insulin Products**

28
29 *Dr. Speaker, your reference committee recommends Resolution 29-26 not be adopted as*
30 *the requested action is already codified in Md. Code Ann., Health Occ. § 12-504, as*
31 *confirmed by the sponsor during testimony before the committee.*

32
33 **WITHDRAWN**

34
35 *Dr. Speaker, your reference committee notes that following resolutions were withdrawn*
36 *by the sponsor:*

37
38 Resolution 34-26 – Advancing Research and Education Regarding Cannabis and
39 Cannabinoid Therapy

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3

4

CONCLUSION

5

6 *Dr. Speaker, this concludes the report of the reference committee. I would like to thank*
7 *the members of the reference committee and those who provided testimony.*

8

Committee Members:

10 David Hexter, MD, Chair

11 Tyler Cymet, DO

12 George Bone, MD

13 Amanda Andriessen, Medical Student

14 Ashton DeLong, Staff

15 Hamida Mansaray, Staff