MEDCHI HOUSE OF DELEGATES
REFERENCE COMMITTEE REPORT

October 25, 2025

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 25, 2025.

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:

CONSENT CALENDAR

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

RECOMMENDED FOR ADOPTION

(1) BOT Report 2-25 – Follow Up to Resolutions from 2025 Spring House of Delegates Meeting

(2) CL Report 1-25 – Review of 2025 Legislative Agenda

(3) Resolution 07-25 – Childhood Trauma and Behavioral Health

(4) Resolution 09-25 — Cosmetic Surgical Facility Patient Safety

(5) Resolution 11-25 – Access to and Promotion of Tobacco Cessation and Education Programs

(6) Resolution 12-25 – Maintaining Broad Access to COVID-19 Vaccination in Maryland

(7) Resolution 18-25 – Addressing Vitamin D Deficiency

(8) Resolution 19-25 – MedChi Advocacy on Tort Reform Remain a Top Priority

(9) Resolution 22-25 — Better Coordination for Medicaid Behavioral Health Services

(10) Resolution 23-25 – Preserving Maryland's Physician-Led Primary Care Value-Based Care Models

(11) Resolution 25-25 – Continued Advocacy on Medicaid

(12) Resolution 27-25 – Strengthening Penalties for Payor Non-Compliance with Communication Requirements Related to Utilization Review and Coverage Denials

(13) Resolution 28-25 – Reinstitution of MedChi's Membership Committee & Membership Study

(14) Resolution 29-25 – AMA's Vision for American Healthcare

(15) Resolution 31-25 – Legislation to Provide Protection to the Maryland Physician Health Program

(16) Resolution 34-25 – Requiring Maryland Health Plans to Maintain Accessible, Monitored Physician Communication Channels Specifically for Credentialing, Contracting and Claims

RECOMMENDED FOR ADOPTION WITH AMENDMENTS

(17) Resolution 08-25 – Support For Routine Tardive Dyskinesia Screening in Alignment with APA Clinical Guide

(18) Resolution 14-25 – Supporting Health Equity Education in Maryland Medical Schools

(19) Resolution 16-25 – Reduction of Insurance Barriers to the Use of Buprenorphine for Pain

(20) Resolution 20-25 – MedChi's Mandated Benefits Policy

(21) Resolution 21-25 – Credentialing Application Processing Penalty Paid After 21 Days and Contracting Timelines

(22) Resolution 26-25 – Commercial Insurance Payments

(23) Resolution 30-25 – Health Care Support Occupations

RECOMMENDED FOR REFERRAL

(24) Resolution 10-25 – Combatting Medical Misinformation

(25) Resolution 13-25 – Environmental Determinants of Health and Human Well-being

(26) Resolution 15-25 – Increasing Involvement of Physicians in Decision-Making Committees for Medical and Geriatric Parole

(27) Resolution 17-25 – Food As Medicine

(28) Resolution 24-25 – Continuous Glucose Monitoring Coverage for Patients with Prediabetes

(29) Resolution 32-25 – Mandatory Artificial Intelligence Literacy Education in Maryland Medical Schools

(30) Resolution 33-25 – Artificial Intelligence Transparency and Disclosure in Patient Care

(31) Resolution 35-25 – Examining MedChi's House of Delegates Focus for Enhanced Legislative Success

RECOMMENDED FOR ADOPTION

(1) BOT Report 2-25 – Follow Up to Resolutions from 2025 Spring House of Delegates Meeting

Dr. Speaker, your Reference Committee recommends that BOT Report 2-25 be accepted as information.

(2) CL Report 1-25 – Review of 2025 Legislative Agenda

Dr. Speaker, your Reference Committee recommends that CL Report 1-25 be adopted as presented:

RECOMMENDATIONS:

ENSURING TIMELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT

- Monitor implementation of ***Senate Bill 791/House Bill 932: Health Insurance – Utilization Review – Revisions*** (effective January 1, 2025), a MedChi initiative in 2024, and advocate for additional initiatives to reduce administrative burdens and ensure patients can receive the care ordered by their treating physicians, such as reforming step therapy policies, passage of accumulator laws and addressing policies that require physicians to enforce cost-sharing agreements between patients and health plans.
    - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 970/Senate Bill 646 prohibits insurers from imposing step therapy or fail-first protocols for insulin or insulin analog used to treat diabetes; House Bill 1087/Senate Bill 921 prohibits insurers from imposing step therapy or fail-first protocols for a prescription to treat a symptom or side effect of stage four advanced metastatic cancer; and Senate Bill 773/House Bill 692 implemented protections on cost-sharing (i.e., accumulator provisions).* o *CONTINUE ongoing advocacy efforts to reduce burdens and simplify administrative processes.*

- Work with relevant stakeholders and State agencies to evaluate the Maryland health insurance market landscape and its effect on physician rates and network adequacy due to monopolistic characteristics and ensure that physicians and other health care practitioners are not inappropriately excluded from participating on insurance panels and that payments are appropriate.
    - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 995/Senate Bill 776 established a workgroup to study the rise in adverse decisions in the State.*
    - *CONTINUE ongoing advocacy efforts, including follow-up from the Maryland Health Care Commission's study on the insurance landscape, which confirms a high concentration of primary insurers equals low payment rates; and continue ongoing discussions with the Maryland Insurance Administration regarding issues related to downcoding, network adequacy, and credentialing.*

- Advocate that the Fiscal Year 2027 Medicaid budget return E&M reimbursement rates to 100% of Medicare to support physician participation in the

Medicaid program and ensure that Medicaid patients have adequate access to physician services. o *ACCOMPLISHED MedChi successfully prevented any reduction in Medicaid E&M payment rates, thus maintaining current funding levels.*

- o *CONTINUE advocacy efforts, given that the State budget is an annual process.*

- Advocate for initiatives that extend Maryland's anti-steering law to include specialty drugs to allow them to be dispensed by physicians in the commercial health insurance market and work with Medicaid to address issues concerning physician dispensing.
  - o *ACCOMPLISHED. Bills that passed during the 2025 Session – Senate Bill 975/House Bill 1243 allows in-office dispensing of certain oncology medication.*

- Support physicians and patients by keeping the Maryland Primary Care Program in the Total Cost of Care/AHEAD Model, increasing access for all specialties in the Episode Quality Improvement Program, and incorporating patient protections in the Total Cost of Care/AHEAD Model.
  - o *CONTINUE advocacy efforts as AHEAD Model negotiations are finalized.*

PROTECTING ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE

- Oppose policies that would adversely affect patient care by inappropriately expanding the scope of practice of non-physician providers beyond their education and training, including the ability to independently diagnose, treat, prescribe medications and/or manage medical disorders or refer to themselves as physicians.
  - o *ACCOMPLISHED with the defeat of House Bill 867, which would have allowed naturopaths to prescribe prescription drugs, including Schedule II, IV, and V controlled dangerous substances.*
  - o *CONTINUE advocacy efforts as scope of practice issues arise.*

- Maintain State funding and work to develop a more permanent and robust funding source for the Maryland Loan Assistance Repayment Program, which provides loan repayment to primary care physicians working in underserved areas of the State to encourage more physicians to practice in those areas and address current workforce shortages.
  - o *ACCOMPLISHED with appropriation of $3 million in the Fiscal Year 2026 budget.*
  - o *CONTINUE advocacy efforts for a permanent and more robust funding source.*

- Fight initiatives to weaken Maryland's current medical liability environment and jeopardize Maryland's Total Cost of Care Model, including eliminating/increasing the "cap" on damages in medical malpractice cases, and weakening the standard required for punitive damages.
  - o *ACCOMPLISHED with the defeat of House Bill 113/Senate Bill 584, which would have repealed the cap on non-economic (pain and suffering) damages applicable in nonmedical malpractice cases.* o *CONTINUE advocacy efforts.*

- Monitor the regulatory and disciplinary actions of the Board of Physicians (Board) to ensure the proper treatment of physicians.
    - *CONTINUE advocacy efforts.*

- Support efforts to define, increase, and improve staffing in Maryland's hospitals, including methods to address the continued workforce shortage.
    - *CONTINUE advocacy efforts.*

- Work to address gaps in artificial intelligence (AI) policies in healthcare, including developing health information technology privacy and security initiatives in patient care that ensure transparency and implement best practices for data quality, including under which circumstances it is appropriate to require patient consent.
    - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 820, which prohibits a health insurance carrier, pharmacy benefits manager, or private review agent from using artificial intelligence, algorithms, or other software tools to replace the role of the health care provider in the determination process; and House Bill 956, which establishes an AI Workgroup to monitor issues and make recommendations related to AI.*

MedChi successfully advocated for the appointment of two members to the Workgroup.

    - *CONTINUE to monitor workgroup proceedings and recommendations.*

ADDRESSING BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS

- Advocate for the expansion of Maryland's crisis treatment centers throughout the State and addressing access to care barriers for behavioral health services.
    - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 1146/Senate Bill 900, which updates the Maryland Behavioral Health Crisis Response Systems to the State 9-8-8 Suicide and Crisis Lifeline, which will coordinate with a network for providers for support services like suicide prevention, crisis intervention, referrals to resources, mobile crisis teams, and crisis stabilization centers.*

- Support innovative approaches to addressing the opioid crisis, such as working with the Maryland Department of Health (MDH) to review the appropriateness of having Narcan (Naloxone) available wherever there are automated external defibrillators.
    - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 798/Senate Bill 589, which creates a dashboard to enhance public transparency on opioid restitution fund spending plans and funded initiatives; and House Bill 1131 establishes the Buprenorphine Training Grant Program to help counties fund training for paramedics to administer buprenorphine.* o *CONTINUE advocacy efforts.*

- Advocate for comprehensive behavioral health reform that addresses current system deficiencies, such as policies that limit or restrict access to medications for opioid use disorder in the Maryland Certification of Recovery Residences program.
    - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 1066, which establishes an additional workgroup within the Commission on Behavioral Health Care Treatment and Access aimed at focusing on improving*

outcomes related to substance use disorder.
- *CONTINUE advocacy efforts.*

STRENGTHENING PUBLIC HEALTH INITIATIVES

- Support health equity initiatives that address health disparities and the social determinants of health.
  - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 1066, which requires the Commission on Behavioral Health Care Treatment and Access to establish an additional workgroup focused on improving health, social, and economic outcomes related to substance use.*
  - *CONTINUE advocacy efforts.*

- Support polices to increase access for all Marylanders (regardless of immigration status) to free or low-cost health care plans through initiatives that automatically enroll individuals in coverage and/or provide individual or small employer subsidies to improve the affordability of coverage. o *ACCOMPLISHED. Senate Bill 705/House Bill 728 passed the 2024 Session. On January 15, 2025, Maryland's application for an amendment of its State Innovation Waiver under the Affordable Care Act was approved. Starting with plan year 2026, the amendment allows all qualified residents in Maryland (regardless of immigration status) to enroll in private plans on the state exchange.* o *CONTINUE to monitor implementation.*

- Advocate for public health and safety initiatives, including addressing the syphilis epidemic, supporting trauma-informed care, and reducing fossil fuel use.
  - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 798/Senate Bill 589, which mandates the Maryland Office of Overdose Response, in collaboration with the MDH, to develop and maintain an interactive dashboard detailing the allocation and expenditure of funds from the Opioid Restitution Fund.*
  - *CONTINUE advocacy efforts.*

- Support initiatives that preserve access to reproductive health services, including those consistent with the current American Medical Association Policy.
  - *ACCOMPLISHED. Bills that passed during the 2025 Session – House Bill 930/Senate Bill 848, which establishes the Public Health Abortion Grant Program Fund within MDH to provide grants to improve access to abortion care clinical services.*

CONTINUE advocacy efforts.

(3) Resolution 07-25 – Childhood Trauma and Behavioral Health

Dr. Speaker, your Reference Committee recommends the adoption of Resolution 7-25 as follows.

RESOLVED, that MedChi acknowledges that childhood trauma has a contributory role in the child and adolescent behavioral health crisis in Maryland; and be it further

RESOLVED, that MedChi advocate for insurance coverage of clinically appropriate screening tools to better address the child and adolescent behavioral health crisis in

Maryland; and be it further

RESOLVED, that MedChi supports the continuation of The Maryland Governor's Office of Crime and Control and Prevention's Commission on Trauma-Informed Care and the Commission's Adverse Childhood Experiences Aware Workgroup and its work.

(4) Resolution 09-25 — Cosmetic Surgical Facility Patient Safety

Dr. Speaker, the Reference Committee recommends the adoption of Resolution 09-25 as follows:

RESOLVED, that MedChi will:1) gather information on what enforcement efforts have been undertaken by the State to ensure compliance with existing laws governing cosmetic surgical facilities, 2) seek a legislative audit of enforcement efforts by the Office of Health Care Quality regarding cosmetic surgical facilities, and 3) after obtaining this information, seek regulatory or legislative remedies as appropriate to ensure patient safety.

(5) Resolution 11-25 – Access to and Promotion of Tobacco Cessation and Education Programs

Dr. Speaker, your reference committee recommends adoption of Resolution 11-25 as follows:

RESOLVED, that MedChi will:

1. Add smoking cessation and tobacco education resources to its website for physicians and patients.

2. Share and promote programs created by MedChi members that support quitting tobacco use

3. Use MedChi communications (newsletters, e-news, and social media) to spread awareness about smoking cessation programs.

4. Work with state policymakers and community partners to expand access to tobacco education and cessation support.

(6) Resolution 12-25 – Maintaining Broad Access to COVID-19 Vaccination in Maryland

Dr. Speaker, your reference committee recommends adoption of Resolution 12-25 as follows:

RESOLVED, that MedChi, The Maryland State Medical Society, affirms the importance of maintaining broad access to COVID-19 vaccines for all Maryland residents aged 6 months and older, regardless of underlying health conditions, consistent with CDC recommendations; and be it further

RESOLVED, that MedChi, The Maryland State Medical Society, supports state-level policies that ensure continued insurance coverage and accessibility of COVID-19 vaccines for all age-eligible Marylanders; and be it further

RESOLVED, that MedChi, The Maryland State Medical Society, encourage the Maryland Department of Health to issue a standing order authorizing pharmacies and other licensed vaccinators to administer COVID-19 vaccines to all eligible persons as defined by state guidance.

(7) Resolution 18-25 – Addressing Vitamin D Deficiency

Dr. Speaker, your reference committee recommends adoption of Resolution 18-25 as follows:

RESOLVED, that MedChi, The Maryland State Medical Society shall advocate for the Maryland Department of Health to review and develop strategies to address Vitamin D deficiency among Marylanders.

(8) Resolution 19-25 – MedChi Advocacy on Tort Reform Remain a Top Priority

Dr. Speaker, your reference committee recommends adoption of Resolution 19-25 as follows:

RESOLVED, that MedChi reaffirms tort reform as one of its highest advocacy priorities; and be it further

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

(9) Resolution 22-25 — Better Coordination for Medicaid Behavioral Health Services

Dr. Speaker, your reference committee recommends adoption of Resolution 22-25 as follows:

RESOLVED, that MedChi, The Maryland State Medical Society, supports a more coordinated and integrated behavioral healthcare model than that currently provided by the behavioral health carve-out for patients covered by the Maryland Medical Assistance Program.

(10) Resolution 23-25 – Preserving Maryland's Physician-Led Primary Care Value-Based Care Models

Dr. Speaker, your reference committee recommends adoption of Resolution 23-25 as follows:

RESOLVED, that MedChi continues leadership in preserving Episode Quality Improvement Program (EQIP), supporting physician participation in value-based care, and advocating for the interests of Maryland physicians and patients in both state and federal policy forums; and be it further

RESOLVED, that MedChi makes the preservation and continuation of the Maryland Primary Care Program (MDPCP) for both Medicare and Medicaid a top organizational priority.

(11) Resolution 25-25 – Continued Advocacy on Medicaid

Dr. Speaker, your reference committee recommends adoption of Resolution 25-25 as follows:

RESOLVED, that MedChi reaffirms Medicaid advocacy as one of its highest policy priorities, and will continue to fight for adequate funding, fair payment, and improved patient access within the program.

(12) Resolution 27-25 – Strengthening Penalties for Payor Non-Compliance with Communication Requirements Related to Utilization Review and Coverage Denials

Dr. Speaker, your reference committee recommends adoption of Resolution 27-25 as follows:

RESOLVED, that MedChi shall examine and take the necessary steps to increase penalties against insurers for violations of Section 15-10B-05 and related provisions of the Insurance Article, to ensure timely communication and accountability for utilization review and coverage denial questions; and be it further

RESOLVED, that MedChi work with the Maryland Insurance Administration and relevant stakeholders to ensure compliance, oversight, and enforcement of the requirements set out in Section 15-10B-05 of the Insurance Article.

(13) Resolution 28-25 – Reinstitution of MedChi's Membership Committee & Membership Study

Dr. Speaker, your reference committee recommends adoption of Resolution 28-25 as follows:

RESOLVED, that MedChi reinitiate its Membership Committee to include physician members and staff from each component society coordinate and enhance MedChi's and the component medical societies' membership recruitment, engagement and retention efforts; and that MedChi's Membership Committee conduct a comprehensive study and report back to MedChi's House of Delegates by Spring 2026 to include, but not be limited to, a review of all membership classifications and related dues strategies to determine their adequacy for inclusion of all physicians as members, review of appropriate use of group practice incentives to develop appropriate standardized guidelines, and a review of current MedChi dues compared to other state medical societies with the goal of ensuring the solvency of both MedChi and component societies.

(14) Resolution 29-25 – AMA's Vision for American Healthcare

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

RESOLVED, that the Maryland Delegation to the American Medical Association submit a resolution at the Annual 2026 Meeting of the AMA House of Delegates to ask the AMA, based on current policy, to articulate its multi-point VISION FOR AMERICAN HEALTHCARE for adoption by the Interim 2026 AMA House of Delegates meeting and request the AMA to publicize and promote its newly created VISION FOR AMERICAN HEALTH CARE throughout the United States to inform patients and physicians what the AMA stands for and what patients and physicians can expect the

AMA to use as its platform and guiding principles until its vision is achieved.

(15) Resolution 31-25 – Legislation to Provide Protection to the Maryland Physician Health Program

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

> RESOLVED, that MedChi, The Maryland State Medical Society, advocate for legislation to provide the Maryland Physician Health Program (MPHP) with the same or similar statutory protections as the Maryland Professional Rehabilitation Program (MPRP), including, but not limited to, (1) confidentiality of records and files; (2) prohibit discovery or admission of MPHP participant records and files; and (3) immunity for the MPHP for good-faith actions.

(16) Resolution 34-25 – Requiring Maryland Health Plans to Maintain Accessible, Monitored Physician Communication Channels Specifically for Credentialing, Contracting and Claims

Dr. Speaker, your reference committee recommends adoption of Resolution 34-25 as follows:

> RESOLVED, that MedChi, The Maryland State Medical Society, seek and/or support legislation and/or regulation requiring any health plan operating in Maryland to establish and maintain monitored communication channels, including both a separate and distinct toll-free 1-800 telephone number and a monitored email address for each of the following: 1) credentialing questions and status; 2) contracting issues, questions and status, and 3) claims inquiries and status, available Monday through Friday, 8:00 a.m. to 5:00 p.m. ET, for use by physicians and clinicians; and that these communication channels shall be required to provide acknowledgment of receipt and substantive responses via email or phone to physician and clinician inquiries within seven (7) business days, and communication is not received by the physician and/or clinician within seven (7) business days, the physician can file a complaint with the Maryland Insurance Administration.

RECOMMENDED FOR ADOPTION WITH AMENDMENTS

(17) Resolution 08-25 – Support For Routine Tardive Dyskinesia Screening in Alignment with APA Clinical Guide

Dr. Speaker, your reference committee recommends adoption of Resolution 08-25 with amendments as follows:

> RESOLVED, that MedChi, The Maryland State Medical Society supports routine screening for tardive dyskinesia ~~in accordance with APA guidelines~~ and encourages physicians prescribing antipsychotics AND OTHER DOPAMINE RECEPTOR ANTAGONISTS to implement standard screening practices as part of comprehensive patient care.

Dr. Speaker, it is the consensus of your reference committee that these amendments provide MedChi with flexibility to support certain screening without endorsing any particular clinical guidance and recognize that tardive dyskinesia is associated with all anti-dopaminergic

medications, not just antipsychotics.

(18) Resolution 14-25 – Supporting Health Equity Education in Maryland Medical Schools

Dr. Speaker, your reference committee recommends adoption of Resolution 14-25 with amendments as follows:

> RESOLVED, that MedChi, The Maryland State Medical Society, supports ~~requiring~~ Maryland medical schools IMPLEMENTING ~~to implement~~ standardized health equity curricula with measurable learning objectives and competency assessments that prepare students to address healthcare disparities and provide culturally responsive care; and be it further
>
> ~~RESOLVED, that MedChi, The Maryland State Medical Society, opposes any legislative or regulatory restrictions that would limit evidence based medical education content related to health disparities, social determinants of health, or approaches to reducing healthcare inequities in Maryland medical schools; and be it further~~
>
> RESOLVED, that MedChi, The Maryland State Medical Society, encourages Maryland medical schools to integrate health equity content longitudinally throughout all four years of medical education rather than limiting it to isolated courses or modules.

Dr. Speaker, it was the consensus of your reference committee that removing this clause allows for appropriate flexibility in supporting education on health disparities without restricting engagement with future legislation.

(19) Resolution 16-25 – Reduction of Insurance Barriers to the Use of Buprenorphine for Pain

Dr. Speaker, your reference committee recommends adoption of Resolution 16-25 with substitute resolved clause as follows:

> RESOLVED, that MedChi will SUPPORT ~~introduce~~ legislation in the 2026 and/or 2027 session of the Maryland General Assembly to reduce costs and other insurance barriers to the use of buprenorphine for pain so they are comparable to those for full opioids for pain.

Dr. Speaker, it was the consensus of your reference committee that the above amendment will broaden the avenues available to MedChi for advocacy on this issue.

(20) Resolution 20-25 – MedChi's Mandated Benefits Policy

Dr. Speaker, your reference committee recommends adoption of Resolution 20-25 with amendments as follows:

> RESOLVED, that it is MedChi policy that resolution involving "mandated benefits" will only be directly referred to the Health Insurance Subcommittee of the MedChi Council on Legislation for consideration if it:

1. Has been reviewed by the Maryland Health Care Commission or by Medicaid;

2. Is an extension or modification of a previously MedChi-supported mandated benefit; or

3. Is supported by MedChi through a resolution or other MedChi initiative; and be it further

RESOLVED, that all other bills regarding mandated benefits will be placed on the "For Your Information" (FYI) list~~. and will only be referred to and considered by the Health Insurance Subcommittee if:~~

~~1. Requested by a member of the Council on Legislation;~~

~~2. The requester attends the Health Insurance Subcommittee and provides specific clinical reasons for MedChi support;~~

~~3. If applicable, the specialty society primarily affected by the mandated benefit actively supports the legislation; and~~

~~4. The requestor works with counsel to provide the clinical rationale for MedChi's position statement~~

Dr. Speaker, these amendments were submitted by the resolution sponsor and accepted by your reference committee.

(21) Resolution 21-25 – Credentialing Application Processing Penalty Paid After 21 Days and Contracting Timelines

Dr. Speaker, your reference committee recommends adoption of Resolution 21-25 with amendments as follows:

RESOLVED, that MedChi advocate for legislation/regulation requiring all Maryland health plans and Medicaid MCOs to:

•Accept a current CAQH application as a valid credentialing application;

•Provide written acknowledgment of receipt of a fully executed application or deficiency notice within A REASONABLE TIMEFRAME ~~ten (10) business days~~ of application submission, SUCH AS TEN (10) DAYS;

•Complete credentialing, accept participation, and issue contracts WITH A SHORTER TIMEFRAME THAN CURRENTLY REQUIRED, SUCH AS within thirty (30) days ~~(reduced from 120)~~;

•Make contracts effective immediately upon physician and/or clinician signature, with payment for services starting at that time;

•Notify applicants within A REASONABLE TIMEFRAME, SUCH AS twenty-one (21) days, if network adequacy has been met and the application will not be

approved; and

•Retroactively pay claims to the date of receipt of a fully executed application; and

•Once the credentialing application is approved, a contract must be presented by the health plan or MCO to the physician within fourteen (14) days to commence no longer than thirty (30) days after execution; and

•Seek appropriate penalties from the Maryland Insurance Administration if these timeframes are not met.

Dr. Speaker, these amendments were submitted by the resolution sponsor and accepted by your reference committee.

(22) Resolution 26-25 – Commercial Insurance Payments That Align With the Highest Rates Paid in Other States and in National Health Care Programs

Dr. Speaker, your reference committee recommends adoption of Resolution 26-25 with amendments as follows:

RESOLVED, that MedChi seek and/or support legislation, regulation or policies which will require commercial payors to pay physicians at rates that align with the highest rates paid in other states and in national health care programs due to the cost of practice in Maryland and the current and growing physician shortage, and be it further

RESOLVED, that MedChi host a~~n annual in person~~ program for legislators and regulators to educate them about the socioeconomic factors, payor practices, and regulatory burdens which are causing the physician workforce shortage in Maryland resulting in a lack of access to care for Marylanders.

Dr. Speaker, it was the consensus of your reference committee that the language should be removed to provide greater flexibility with timing and format of the program due to the high fiscal impact.

(23) Resolution 30-25 – Health Care Support Occupations

Dr. Speaker, your reference committee recommends adoption of Resolution 30-25 with amendments as follows:

RESOLVED, that MedChi communicate to technical colleges and community colleges the need for a greater supply ~~of allied health professionals, more specifically~~ healthcare support occupations INCLUDING medical assistants, CERTIFIED nursing assistants, ~~and~~ phlebotomists,~~ and healthcare practitioners and technical personnel~~ sonographers radiology technicians, AND LPNs and encourage them to expand their training capacity as soon as possible to meet the demand of medical practices and healthcare organizations, and be it further

RESOLVED, that MedChi seek and/or support legislative and REGULATORY/~~or regulation~~ POLICIES which would STRENGTHEN ~~support~~ training initiatives and

incentives for HEALTH CARE SUPPORT OCCUPATIONS ~~allied health professionals~~ to remain in Maryland.

Dr. Speaker, these amendments were submitted by the resolution sponsor and accepted by your reference committee.

RECOMMENDED FOR REFERRAL

(24) Resolution 10-25 – Combatting Medical Misinformation

Dr. Speaker, your reference committee recommends referral to the Board of Trustees to identify the type of misinformation and address various matters related to its implementation.

(25) Resolution 13-25 – Environmental Determinants of Health and Human Well-being

Dr. Speaker, your reference committee recommends referral to the Board of Trustees for further study and analysis to ensure comprehensive review and to determine the most effective course of action moving forward.

(26) Resolution 15-25 – Increasing Involvement of Physicians in Decision-Making Committees for Medical and Geriatric Parole

Dr. Speaker, your reference committee recommends referral to the Board of Trustees for further study because there was no testimony provided to the reference committee from the sponsor and several questions were raised by attendees that require further investigation.

(27) Resolution 17-25 – Food As Medicine

Dr. Speaker, your reference committee recommends referral to the Board of Trustees for further analysis to determine the appropriate scope of the initiative and to gather member feedback.

(28) Resolution 24-25 – Continuous Glucose Monitoring Coverage for Patients with Prediabetes

Dr. Speaker, your reference committee recommends referral to the Board of Trustees for further study due to the various complexities raised during testimony and discussion concerning the appropriate implementation of the proposed efforts.

(29) Resolution 32-25 – Mandatory Artificial Intelligence Literacy Education in Maryland Medical Schools

Dr. Speaker, your Reference Committee recommends referral to the Board of Trustees for further study to ensure consistency and alignment with MedChi and AMA policies.

(30) Resolution 33-25 – Artificial Intelligence Transparency and Disclosure in Patient Care

Dr. Speaker, your Reference Committee recommends referral to the Board of Trustees for

further study to ensure coherence and alignment with MedChi and AMA policies.

(31) Resolution 35-25 – Examining MedChi's House of Delegates Focus for Enhanced Legislative Success

Dr. Speaker, your Reference Committee recommends referral to the Board of Trustees in accordance with the explicit request outlined in the resolution.

CONCLUSION

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

David Hexter, MD, Chair
Joseph Zebley, MD
Robin Motter-Mast, DO
George Bone, MD
Carolyn O'Conor, MD
Tyler Cymet, DO
Eva DeVience, MD
Ashton DeLong, Staff
Hamida Mansaray, Staff
Jenine Feaster, Staff