

**MEDCHI HOUSE OF DELEGATES
REFERENCE COMMITTEE REPORT**

April 26, 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 April 26, 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.

1 *Dr. Speaker and Members of the House of Delegates,*
2
3 *The Reference Committee carefully considered the matters referred to it and submits the*
4 *following report for consideration:*
5

6 **CONSENT CALENDAR**
7

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

10
11 **RECOMMENDED FOR ADOPTION**

- 12
13 (1) BOT Report 1-26 – Follow up to Resolutions from 2025 Spring House of Delegates Meeting
14
15 (2) CME Report 1-26 – Update on Looking AHEAD Committee to the MedChi House of
16 Delegates
17
18 (3) Resolution 6-26 – Support for Pausing Interest Rate Accumulation during Residency
19 Training
20

21 **RECOMMENDED FOR ADOPTION WITH AMENDMENTS**
22

- 23 (4) Resolution 2-26 – Reinstitution of AMA Guides Editorial Panel
24
25 (5) Resolution 4-26 – Restoring Cuts to National Institutes of Health Budget
26
27 (6) Resolution 5-26 – Addressing IRS Limitations on Direct Primary Care Membership Fees
28 and HSA Eligibility
29

1 **RECOMMENDED FOR REFERRAL**

2

3 (7) Resolution 1-26 – Continuous Glucose Monitoring Coverage for Patients with Prediabetes

4

5 **RECOMMENDED FOR NOT ADOPTION**

6

7 (8) Resolution 3-26 – MedChi President and CEO Must Reside in Maryland

8

9

RECOMMENDED FOR ADOPTION

1
2
3 **(1) BOT Report 1-26 – Follow up to Resolutions from 2025 Spring House of Delegates**
4 **Meeting**

5
6 *Dr. Speaker, your reference committee recommends acceptance of BOT Report 1-26 as*
7 *information.*

8
9
10 **(2) CME Report 1-26 – Update on Looking AHEAD Committee to the MedChi House of**
11 **Delegates**

12
13 *Dr. Speaker, your reference committee recommends acceptance of CME Report 1-26 as*
14 *information.*

15
16 **(3) Resolution 6-26 – Support for Pausing Interest Rate Accumulation during Residency**
17 **Training**

18
19 *Dr. Speaker, your reference committee recommends adoption of Resolution 6-26 as follows:*

20
21 RESOLVED, that MedChi, The Maryland State Medical Society, support legislation and
22 advocacy efforts advancing the Resident Education Deferred Interest (REDI) Act to
23 pause the accrual of interest on federal student loans during accredited residency
24 training, in order to reduce the financial burden on physicians in training, promote
25 recruitment into residency programs, and support workforce stability in underserved
26 specialties and communities.

27
28 *Dr. Speaker, all testimony on this resolution was supportive. It was noted that the American*
29 *Medical Association and other groups are actively advocating for federal adoption of the*
30 *REDI Act.*

31
32

RECOMMENDED FOR ADOPTION WITH AMENDMENTS

33
34 **(4) Resolution 2-26 – Reinstitution of AMA Guides Editorial Panel**

35
36 *Dr. Speaker, your reference committee recommends acceptance of Resolution 2-26 as follows*

37
38 RESOLVED, that our MARYLAND DELEGATION TO THE American Medical
39 Association ENCOURAGE THE AMA TO re-institute the AMA Guides Editorial Panel to
40 its original configuration and operating status; and be it further

41
42 RESOLVED, that our MARYLAND DELEGATION TO THE AMA encourage the AMA
43 TO DIRECT THE AMA Guides Editorial Panel to continue its work on updating the
44 chapters of the AMA Guides to the Evaluation of Permanent Impairment 6th edition 2025
45 that have yet to be addressed and to continue to bring current evidence-based medicine
46 and practices to the evaluation of permanent impairment.

47
48 *Dr. Speaker, your reference committee reached consensus that this amendment clarifies that*
49 *the resolution directs action by the Maryland AMA Delegation, rather than directing the AMA*

1 *itself.*

2
3

4 **(5) Resolution 4-26 – Restoring Cuts to National Institutes of Health Budget**

5

6 *Dr. Speaker, your reference committee recommends adoption of Resolution 4-26 with*
7 *amendments as follows:*

8

9 RESOLVED, that our MARYLAND DELEGATION TO THE American Medical
10 Association act TO ENCOURAGE THE AMA legislatively to advocate for THE
11 REVERSAL OF THE NIH BUDGET CUTS AND RESTORE FULL FUNDING TO THE
12 NIH ~~these cuts to be reversed with full funding restored.~~

13

14 *Dr. Speaker, your reference committee reached consensus that this amendment changes the*
15 *directive to be to our Maryland Delegation to the AMA and clarifies the directive in a manner*
16 *consistent with the resolution's intent.*

17

18 **(6) Resolution 5-26 – Addressing IRS Limitations on Direct Primary Care Membership**
19 **Fees and HSA Eligibility**

20

21 *Dr. Speaker, your reference committee recommends adoption of Resolution 5-26 with*
22 *amendments as follows:*

23

24 RESOLVED, that MedChi, The Maryland State Medical Society, adopt as policy that the
25 IRS's \$150 monthly cap on Direct Primary Care membership fees for continued HSA
26 contributions is burdensome, arbitrary, and should be revised to reflect regional cost
27 structures and physician practice sustainability; and be it further

28

29 RESOLVED, that OUR MARYLAND DELEGATION TO THE AMERICAN MEDICAL
30 ASSOCIATION MedChi request the American Medical Association to advocate for
31 appropriate federal regulatory or statutory revisions to correct these issues.; and be it
32 further

33

34 ~~RESOLVED, that MedChi transmit this policy to the AMA House of Delegates for~~
35 ~~consideration at the earliest appropriate meeting.~~

36

37 *Dr. Speaker, your reference committee reached consensus that this amendment grants our*
38 *Maryland Delegation to the AMA discretion to pursue the most effective approach to achieving*
39 *the resolution's objective, while consolidating the resolved clauses to make the directive more*
40 *concise.*

41

42

43 **RECOMMENDED FOR REFERRAL**

44

45 **(7) Resolution 1-26 – Continuous Glucose Monitoring Coverage for Patients with**
46 **Prediabetes**

47

48 *Dr. Speaker, your reference committee recommends referral to the Board of Trustees due to*
49 *several complexities that were raised during discussion and the need for further evaluation of*
50 *clinical evidence, cost implications, and coverage considerations.*

1
2
3 **RECOMMENDED FOR NOT ADOPTION**
4

5 **(8) Resolution 3-26 – MedChi President and CEO Must Reside in Maryland**
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7 *Dr. Speaker, your reference committee, recommends that Resolution 3-26 not be adopted. The*
8 *role of CEO does not change frequently, and the position requires the individual to be located*
9 *in Maryland to effectively fulfill their responsibilities. Furthermore, the Bylaws and Rules state*
10 *that all active MedChi members must maintain licensure or residence in Maryland and*
11 *candidates for the Board of Trustees, including President, must have been a member for the*
12 *previous five years and have attended six HOD meetings or served as a component officer,*
13 *which further limits the applicability of this resolution. Verification of residency could be*
14 *problematic, as it is for residency requirements for elected legislators.*
15
16

17 **CONCLUSION**
18

19 *Dr. Speaker, this concludes the report of the reference committee. I would like to thank the*
20 *members of the reference committee and those who provided testimony.*
21

22 **Committee Members:**

23 David Hexter, M.D., Chair

24 Tyler Cymet, D.O.

25 Joseph Zebley, M.D.

26 Eva DeVience, M.D.

27 George Bone, M.D.

28 H. Russel Wright, M.D.

29 Amanda Andriessen (Medical Student)