

**HOUSE OF DELEGATES
FINAL REPORTS AND RESOLUTIONS**

As adopted by the House of Delegates at its meeting on November 6, 2021.

ADOPTED

BOT Report 2-21 – Follow Up to Resolution from the Spring 2021 House of Delegates Meeting (Informational)

CC Report 1-21 – Report of MedChi Cannabis Committee (Informational)

BOT Report 3-21 – 2022 Budget

Recommendations:

1. That the House of Delegates approved the 2022 Budget; and
2. That the remainder of the report be filed.

CL Report 1-21 – Review of 2021 Legislative Agenda

Recommendations:

PROTECTING ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE

- Advocating that the Fiscal Year 2022 Medicaid budget maintain E&M reimbursement rates at current levels and retain the rural Medicaid subsidy. Maintaining funding levels and the rural subsidy is essential to support physician participation in the Medicaid program and ensure that Medicaid patients have access to physician services. In the long term, MedChi will continue to advocate for the return to 100 % of Medicare for E & M reimbursement. **ACCOMPLISHED MAINTAINING E&M REIMBURSEMENT RATES AND RETENTION OF RURAL SUBSIDY BUT CONTINUE ADVOCACY FOR E&M REIMBURSEMENT AT 100% MEDICARE.**
- 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, and/or manage medical disorders or refer to themselves as physicians. **CONTINUE**
- Fight initiatives to weaken Maryland’s current medical liability environment and jeopardize Maryland’s Total Cost of Care Model, including increasing the “cap” on damages in medical malpractice cases or diminishing the immunity protections resulting from a proclaimed catastrophic public health emergency. **CONTINUE**

ENSURING TIMELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT

- Support initiatives which:
 - Continue the authorization of telephone-only access to medical care when other technologies are not available. **ACCOMPLISHED**

- Require third-party payors to pay for telemedicine visits equal to in-person visits to enhance access to medical care. ACCOMPLISHED
- Allow hospice patients and patients obtaining written renewals of medical cannabis certifications to continue to be able to obtain written certifications through telehealth services. ACCOMPLISHED
- Promote greater transparency of utilization management and physician rating system policies used by health insurance carriers and which lessen the administrative burdens placed on physician offices for authorizing and obtaining payment for services. CONTINUE
- Address administrative challenges faced by physicians in querying, accessing and submitting data to the Prescription Drug Monitoring Program and Immunet. CONTINUE
- Address network adequacy and further standardization of credentialing requirements. CONTINUE

PROTECTING THE PRACTICE OF MEDICINE

- Monitor the regulatory and disciplinary actions of the Board of Physicians to ensure the proper treatment of physicians. CONTINUE
- Ensure that actions of the Board and its staff during the disciplinary process are transparent and that the laws governing the Board provide accountability. CONTINUE

ADDRESSING BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS

- Advocate for expansion of Maryland's crisis treatment centers throughout the State and addressing access to care barriers for behavioral health services. CONTINUE
- Support innovative approaches to addressing the opioid crisis, such as the establishment of a pilot supervised injection facility. CONTINUE
- Advocate for comprehensive behavioral health reform that addresses current system deficiencies and study the feasibility of the creation of additional comprehensive behavioral health facilities in the State. CONTINUE

STRENGTHENING PUBLIC HEALTH INITIATIVES

- Support and expansion of health equity initiatives to:
 - Require hospitals and health systems to develop a comprehensive health equity plan to address health disparities and the social determinants of health. CONTINUE
 - Establish training programs, created in conjunction with community partners, to educate and address problems associated with implicit bias. ACCOMPLISHED.
 - Advocate that each hospital system establish a "Chief Health Equity Officer" and for unaffiliated hospitals to designate an administrator to manage the health system's or hospital's health equity initiatives. CONTINUE
- Support the establishment of partnerships between police departments and mental health professionals to address decriminalization of mental illness and the establishment of pilot programs in high need areas that dispatch mental health professionals along with law enforcement when 911 calls are characterized as a mental health crisis. CONTINUE
- Advocate for public health and safety initiatives including increasing immunization rates for children; encouraging the creation of enhanced health education programs and curriculum and the development of health workforce mentorship programs; prohibiting the sale of flavored

tobacco products; and advocating for safe working conditions and COVID-19 testing for agricultural and seafood workers consistent with essential workers. CONTINUE

Resolution 12-21 – Improving Patient Support Post-Discharge by Continuing Telehealth Appointments with PCPs and Specialists

Resolved, that MedChi monitor the American Medical Association efforts to encourage Medicare and Medicaid to permanently expand their full payment for post-hospital discharge services to include telehealth appointments with PCPs and specialists, including but not limited to admission or emergency room discharges; and encourage full payment coverage policy to cover telehealth appointments for patients after hospital discharge, including but not limited to: PCP appointments and specialist appointments to increase access and support; and be it further

Resolved, that MedChi monitor the American Medical Association efforts to encourage Medicare and Medicaid to continue full payment of telehealth appointments for patients to access care post-hospital discharge and to advocate for Medicare and Medicaid to develop a more fair and affordable policy for vulnerable patients after their hospital discharges in the hopes of improving understanding, treatment compliance, and standard of care.

Resolution 14-21 – Implementation of an Enhanced Curriculum and Exposure to Opioid Use Disorders

Resolved, that MedChi encourage Maryland’s medical education institutions to integrate a curriculum that emphasizes dispelling the stigma surrounding opioid use disorders and encourage the institutions to advocate for a policy that will better equip physicians to care for patients with substance use disorders; and be it further

Resolved, that MedChi encourage Maryland’s medical education institutions to enhance the current four-year curricula in place to include a more extensive discussion on stigmatization towards patients with opioid use disorders and to develop a curriculum that addresses the biases towards patients with addiction face, and the resulting detriment and hindrance to the opioid epidemic.

Resolution 15-21 - Align Medical School Grading Policies with AMA Policy

Resolved, that it be MedChi policy that MedChi shall work with the appropriate stakeholders to encourage all Maryland medical schools to use a two-interval grading system in non-clinical medical education.

Resolution 16-21 - Transparency and Communication of Health Insurance Company Performance Data

Resolved, that MedChi seek and/or support legislation or regulation which 1) requires health insurance companies to report to physicians the quality measure performance metrics which will be measured at the beginning of the plan year for all incentive programs; 2) requires health insurance companies to report to physicians how the performance data will be measured by (or extracted from) each EMR system; and 3) allows physicians continuous access to the data that is being extracted in order to track progress and allow for mid-year corrections and reconciliations and that 4) requires that errors be resolved within 6 months by mutual agreement between practitioners and payors.

Resolution 17-21 – Easy Enrollment Bill

Resolved, that MedChi ask our AMA to support the federal easy enrollment legislation.

Resolution 21-21 - Transparency in Medical Education and Research

Resolved, that MedChi reaffirm its support of the American Medical Association's truth in advertising policies and campaigns to ensure that all health care practitioners clearly and honestly inform patients of their level of training, education, and licensing.

Resolution 22-21 – Mitigating Heat Related Work Injuries

Resolved, that MedChi request that the Maryland Occupational and Health Safety Division, in developing the heat regulations, consider the best evidenced based standards that include protections for indoor as well as outdoor workers and; be it further

Resolved, that MedChi request that data on all workers, including food and farm workers, be compiled using industrial and occupational categories established by the Bureau of Labor Statistics.

Resolution 23-21 – Privacy Protections for Medically-Related Internet Searches

Resolved, that it be MedChi policy that internet service providers and other interested parties should not access, utilize, or profit from health-related browser histories; and be it further

Resolved, that MedChi support efforts to educate members of the public on how to use browser-specific or machine-specific privacy functions to protect searches about potentially privileged health information.

Resolution 24-21 – Investing in Public Transportation Services

Resolved, That MedChi support initiatives to expand public transportation infrastructure and equitable access to public transportation; and be it further

Resolved, That MedChi ask the AMA to study the impacts of public transportation access on public health and generate recommendations to guide AMA advocacy in this area for the betterment of public health.

Resolution 25-21 – Psychologist Prescribing Within the State of Maryland: Oppose

Resolved, that MedChi shall oppose the prescribing of medications by psychologists and will work together with the Maryland Psychiatric Society to oppose such legislation if it is introduced.

Resolution 26-21 – Complaints to the Board of Physicians – Penalty of Perjury

Resolved, that MedChi shall ask the Maryland Department of Health to update the physician complaint form to include penalty of perjury for false allegations.

Resolution 27-21 - Mandating Reporting of All Antipsychotic Drug Use in Maryland Nursing Home Residents

Resolved, that MedChi's AMA Delegation submit a resolution to the AMA for the 2022 Annual Meeting that asks the AMA to amend policy D-120.951 (Appropriate Use of Antipsychotic

Medications in Nursing Home Patients) to recognize the need for transparency in Nursing Home Compare rankings and the need to close the schizophrenia exception loophole by mandating reporting of all antipsychotic drug use in nursing homes, to disincentivize falsely diagnosing nursing home residents with schizophrenia.

Resolution 30-21 – Prior Authorization Advocacy Efforts

Resolved, that MedChi work together with recognized specialty societies and other organizations to educate state legislators on the administrative burdens placed on physicians due to prior authorization requirements and the negative effect that the process can have on patient care delivery; and be it further

Resolved, that MedChi support legislation during the 2022 General Assembly session that seeks to reform the prior authorization process; and be it further

Resolved, that MedChi, through the appropriate MedChi committee, develop a comprehensive strategy to address, streamline, and reform the prior authorization process in Maryland in both the commercial market and Medicaid, including the examination of initiatives that:

- Encourage carriers to review medical services and prescription drugs requiring prior authorization on at least an annual basis with the input of physicians and clinicians with whom the payor contracts for care;
- Support continuity of care for medical services and prescription medications for patients on appropriate, chronic, stable therapy through minimizing repetitive prior authorization requirements beyond Maryland’s current one-year provision;
- Require carriers to issue a “gold card” to certain physicians that waives prior authorization requirements if that physician is continuously approved for a specific procedure/service over a certain time frame;
- Require the Maryland insurance administration to audit carrier compliance with statutory prior authorization timelines for approvals and denials;
- Prohibit prior authorization for health care services that for certain state-mandated benefits or for certain short-term medications or medications for which no other option is available;
- Examine whether appropriate staff from carriers is available to process approvals within the required timeframe of 24 hours a day, 365 days per year, including holidays and weekends;
- Ensure that there is no bias and that prior authorization be determined equitably; and
- Prohibit prior authorization requirements for FDA-approved medications for which a patient needs ongoing treatment and which a patient has previously received.

Note: Resolution 30-21 was adopted as a combined resolution in lieu of Resolutions 9-21, 10-21, and 11-21.

Resolution 31-21 – AMA Guides

Resolved, that MedChi support legislation to adopt the most recent AMA Guides to the Evaluation of Permanent Impairment in Maryland.

REFERRED

Resolution 13-21 - Telemedicine Provided by In-Network Maryland Licensed Physicians

Resolution 19-21 - 24/7 Maryland Insurance Administration Support in Adjudicating Adverse Health Benefit Plan Decision Which Is Expected to Have Immediate and Significant Adverse Impact on Patient's Condition

Resolution 28-21 - Leading the Development of a Blueprint for the Future of Medicine 2030

Resolution 29-21 - Creation of Patient Advocacy Network

NOT ADOPTED

Resolution 20-21 – Ethics of Public Advocacy by Maryland Physicians