

**HOUSE OF DELEGATES  
FINAL REPORTS AND RESOLUTIONS**

**As adopted by the House of Delegates at its meeting on April 25, 2021.**

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**ADOPTED**

**BOT Report 1-21 – Report of the Building and Conservation Committee**

**BOT Report 2-21 – Follow Up to Resolutions from the Fall 2020 House of Delegates Meeting  
(Information)**

**IDEA Report 1-21 – Report of the Inclusion, Diversity, Empowerment, and Advocacy Task Force  
(Information)**

**Resolution 1-21 – Pharmaceutical Advertising During COVID-19**

Resolved, That MedChi request our American Medical Association to encourage pharmaceutical companies to model COVID-19 safety measures in their advertising, by insisting that actors and actresses maintain social distances, wear masks, and wash their hands, as appropriate. Additionally, for any advertisements developed before COVID-19, pharmaceutical companies should be encouraged to include a written or verbal statement that the message was developed prior to the COVID-19 outbreak.

**Resolution 2-21 – Equal Patient Access to and Physician Payment for Remote Patient Monitoring Under Medical Assistance**

Resolved, That MedChi strongly support broad-based legislation to mandate equal patient access to and equal physician payment for remote patient monitoring under Medical Assistance, and to also support telephone access to remote patient monitoring for those patients who do not have access to internet or computer equipment.

**Resolution 3-21 – Protections for Health Care Practitioners: Preventing Patient-Based Racism and Discrimination**

Resolved, that MedChi, The Maryland State Medical Society, communicate a request to the University of Maryland Medical Center, Johns Hopkins University, and all other medical centers in the state of Maryland (if not already included) to revise their Patient Rights and Responsibilities policy to include the patient's responsibility to treat their physician, nurses, medical students, and any other healthcare practitioner assigned to them with respect and without discrimination, regardless of race, color, religion, ethnicity, culture, national origin, language, age, gender, sexual orientation, gender identity or expression, physical or mental disability, or ability to pay. MedChi encourages these medical institutions to create policies and procedures to address such situations, including adequate training for practitioners on how to facilitate dialogue to challenge racist behavior from patients.

### **Resolution 4-21 – Reevaluating “Non-lethal” Weapons Use in the Setting of Unarmed Crowds**

Resolved, that it be MedChi Policy that individuals should be able to safely exercise their freedom of speech and assembly without having to worry about their health being jeopardized when exercising these rights peacefully; and be it further

Resolved, that MedChi asks the AMA to 1) conduct a thorough review of and advocate for increased regulation of nonlethal weapons; 2) discourage the use of nonlethal weapons against individuals participating in and bystanders around peaceful demonstrations. 3) encourage the development of innovative tools police departments can use in large crowds that protect the health of police forces and the public without resulting in injury, disability, or death.

### **Resolution 5-21 – Addressing the Gender Pay Gap in Medicine**

Resolved, That MedChi adopt the following measures to take more concrete steps towards addressing the persistent gender-based pay disparities in Maryland, which are adapted from the policy and directives of the American Medical Association:

1. That MedChi draft and disseminate a report detailing its positions on gender equity in medicine and providing tangible recommendations on how MedChi can further promote the advancement of this cause in medicine including, but not limited to, suggestions for programming, initiatives, and resources for members and the medical community at large; this report shall be submitted to the House for consideration at the 2022 Annual Meeting; and
2. That MedChi:
  - a) Support institutional, departmental, and practice policies that offer transparent criteria for initial and subsequent physician compensation, consistent with federal and Maryland law;
  - b) Continue to advocate for pay structures based on objective, gender-neutral criteria;
  - c) Promote an awareness of means of identifying and reporting violations of the Maryland Equal Pay for Equal Work Law, which bars employers from discriminating between employees in regards to wages and less favorable employment opportunities;
  - d) Advocate for training to identify and mitigate implicit bias in compensation decision making for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement; and
3. That MedChi recommend as immediate actions to reduce gender bias to:
  - a) Inform physicians about their rights under the Lilly Ledbetter Fair Pay Act, which restores protection against pay discrimination;
  - b) Promote educational programs to help empower physicians of all genders to negotiate equitable compensation; and
  - c) Work with relevant stakeholders to develop and host a workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a report based on workshop findings; and
4. That MedChi collect and analyze comprehensive demographic data and produce a study on gender equity, including, but not limited to, membership; representation in the House of Delegates; reference committee makeup; and leadership positions within MedChi, including the Board of Trustees, Councils and Section governance, plenary speaker invitations, recognition awards, and grant funding; and disseminate such findings in regular reports to the House of

Delegates, beginning at A-22 and continuing yearly thereafter, with recommendations to support ongoing gender equity effort.

**Resolution 6-21 – Stopping the Use of Race-adjusted eGFR**

Resolved, that MedChi advocate for each hospital system in Maryland to stop the use of race-adjusted eGFR.

**Resolution 7-21 – Improving Health Care Access for ICE Detainees**

Resolved, that MedChi will advocate for improved access to healthcare for individuals in immigration detention in the state of Maryland; and be it further

Resolved, that MedChi adopts the current AMA policy which calls to “(1) issue a public statement urging U.S. Immigrations and Customs Enforcement Office of Detention Oversight to (a) revise its medical standards governing the conditions of confinement at detention facilities to meet those set by the National Commission on Correctional Health Care, (b) take necessary steps to achieve full compliance with these standards, and (c) track complaints related to substandard healthcare quality; (2) recommend the U.S. Immigrations and Customs Enforcement refrain from partnerships with private institutions whose facilities do not meet the standards of medical, mental, and dental care as guided by the National Commission on Correctional Health Care; and (3) advocate for access to health care for individuals in immigration detention.”<sup>10</sup> (D-350.983).

**Resolution 8-21 – Restrictive Covenants**

Resolved, that MedChi form a Task Force to investigate restrictive covenants-not-to-compete to study possible solutions.