

**MEDCHI HOUSE OF DELEGATES  
FINAL REPORTS AND RESOLUTIONS**

**As adopted by the House of Delegates at its meeting on November 5, 2022.**

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**BOT Report 2-22 (Information) – Update on Strategic Planning Project**

**BOT Report 3-22 (Information) – Follow Up on Resolutions from 2022 Spring House of Delegates Meeting**

**BOT Report 4-22 – 2023 Budget**

Recommendations:

1. That the House of Delegates approve the 2023 Budget, and
2. That the remainder of the report be filed.

**Bylaws Report 1-22 – IDEA Council**

Recommendation:

That the following be added to MedChi’s Bylaws:

**10.207 Council on Inclusion, Diversity, Empowerment, and Advocacy.** The function of the Council on Inclusion, Diversity, Empowerment, and Advocacy shall be to advise and guide the diversity and inclusion efforts of MedChi. The council shall ensure that MedChi activities are consistent with the mission of the Inclusion, Diversity, Empowerment, and Edvocacy committee of MedChi and shall make recommendations to the Board of Trustees and the chief executive officer of MedChi so as to achieve those goals.

**CL Report 1-22 – Review of 2022 Legislative Agenda**

Recommendations:

**PROTECTING ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE**

- Advocate that the Fiscal Year 2023 Medicaid budget returns E&M reimbursement rates to 100% of Medicare. Medicare parity is essential to support physician participation in the Medicaid program and ensure that Medicaid patients have adequate access to physician services. ACCOMPLISHED
- Seek State funding for the MD Loan Assistance Repayment Program (LARP), which provides loan repayment to primary care physicians working in underserved areas of the State. Medical school debt compared to potential income is a major reason why physicians do not choose primary care. Fully funding LARP is a powerful tool at the State’s disposal to ensure patient access to physicians in every part of Maryland. CONTINUE

- 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. 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 immunity protections. CONTINUE

#### **ENSURING TIMELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT**

- Work with 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. CONTINUE
- Develop a comprehensive strategy to address, streamline and reform utilization management policies in both the commercial market and in Medicaid. CONTINUE
- Support initiatives that reform the prior authorization process. CONTINUE
- Address network adequacy and the 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 for accountability, including the adoption of a requirement that the physician complaint form include a penalty of perjury for false allegations. CONTINUE
- Work with relevant stakeholders to create fair and appropriate policies and procedures for Medicaid payment seizures. 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
- Support the continued establishment of partnerships between police departments and mental health professionals to address decriminalization of mental illness and enhance appropriate response to behavioral health crises. CONTINUE

- Advocate for comprehensive behavioral health reform that addresses current system deficiencies.  
CONTINUE

### **STRENGTHENING PUBLIC HEALTH INITIATIVES**

- Support health equity initiatives that address health disparities and the social determinants of health.  
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 equitable access to public transportation. CONTINUE
- Support the development of evidenced-based heat regulations by Maryland OSHA that include protections for indoor as well as outdoor workers and that data on all workers, including food and farm workers, be compiled using industrial and occupational categories established by the Bureau of Labor.  
CONTINUE

### **ME Report 1-22 – Prior Authorization**

#### Recommendation:

The Medical Economics Committee recommends MedChi moving forward on discussions and possible legislation to institute a “gold card” status in Maryland. Separate and apart, the Committee recommends that MedChi review Maryland’s current prior authorization laws to further improve the process.

### **Resolution 9-22 – Eliminating Co-pays, Deductibles, and Coinsurance for the Detection and Diagnosis of Breast Cancer**

Resolved, that MedChi support legislation to require that breast cancer diagnostic examinations and evaluations be provided without cost sharing to ensure that all women have equal access to detection and diagnosis of breast cancer.

### **Resolution 10-22 – Reconsidering MedChi’s Approach to Advocacy Related to Insurance Mandates**

Resolved, that MedChi review its approach to advocacy related to mandated insurance benefits and report back to the House of Delegates with recommended updates.

### **Resolution 11-22 – Any Willing Practitioners for MCOs and the Private Insurance Market**

Resolved, that MedChi introduce legislation to prohibit Medicaid managed care organizations (MCOs) and health insurance carriers from excluding qualified physicians from their panels, with the exception of staff model Health Maintenance Organizations.

### **Resolution 12-22 – Fairness in the State Reinsurance Program**

Resolved, that MedChi reaffirm its policy of support for the Reinsurance Program, while opposing any attempts to apply the state subsidy unequally.

**Resolution 13-22 – Reform Utilization Laws**

Resolved, that MedChi renew legislative work pursued in 2018 to amend existing step therapy and prior authorization law.

**Resolution 14-22 – Physician Dispensing**

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.

**Resolution 15-22 – Modernization of the Maryland Impairment Guidelines**

Resolved, that MedChi advocate for the Maryland Workers’ Compensation Commission to adopt the most recent AMA Guides to the Evaluation of Permanent Impairment.

**Resolution 16-22 – Healthcare Transparency**

Resolved, that MedChi work with the Maryland Board of Physicians to ensure that the use of recognized medical specialty terms by a non-physician would be a violation of MD. Code Ann., Health Occupations § 14-602(a), which provides: “Unless authorized to practice medicine under this title, a person may not represent to the public, by description of services, methods or procedures, or otherwise, that the person is authorized to practice medicine in the state.”

**Resolution 17-22 – Federal Government Oversight of Augmented Intelligence**

Resolved, that the MedChi Delegation to the American Medical Association introduce a resolution to the AMA House of Delegates which would request a study and recommendations on how to best protect public health by regulation and oversight of the development and implementation of augmented intelligence and its applications in the healthcare arena.

*Resolution 18-22 was withdrawn by its sponsor.*

**Resolution 19-22 – Medical Society Museum and Physician Hall of Fame**

Resolved, that MedChi continue to work on the museum project, to include finding a name and investigating funding from the state of Maryland and other sources.

*Note: The second resolved clause was referred to the Board of Trustees as follows:*

*Resolved, that MedChi ask the appropriate Center for Healthy Maryland or MedChi committee to study the idea of adding a Maryland Physician Hall of Fame to the museum and report back to the House.*

**Resolution 20-22 – MedChi Abortion Policy**

Resolved, that MedChi adopts the current AMA policy titled “Preserving Access to Reproductive Health Services” (D-5.999).

**Resolution 21-22 – Health Care for All**

Resolved, that MedChi support:

1. Automatically enrolling all Marylanders eligible for free or very low-cost health care plans in health care coverage except for those who opt out; and
2. Creating state-based individual and small employer subsidy programs to improve the affordability of private coverage to uninsured Marylanders, including through plans from Maryland Health Connection; and
3. Removing immigration status as a barrier to health coverage for Marylanders who would otherwise be eligible to enroll in Medicaid or private health plans from Maryland Health Connection.