

**HOUSE OF DELEGATES
FINAL REPORTS AND RESOLUTIONS**

As accepted by the House of Delegates at its meeting on November 7, 2020.

ADOPTED

BOT Report 1-20 – Follow Up to Resolutions from 2019 Fall House of Delegates Meeting

BOT Report 2-20 – 2021 Budget

CL Report 1-19 – Review of 2020 Legislative Agenda

Resolution 1-20 – Approval of Corporate Names

Resolved, that MedChi work legislatively to have §5-108 of the Maryland Code, Corporations and Associations Title, amended by the Maryland General Assembly to remove MedChi, The Maryland State Medical Society, as the professional organization to which a majority of individuals in Maryland practicing medicine belong, from the process of approving corporate names for the Maryland Board of Physicians, the relevant licensing unit.

Resolution 3-20 - Adopting the Use of the Most Recent and Updated Edition of the AMA Guides to the Evaluation of Permanent Impairment

Resolved, that our AMA support the adoption of the most current edition of the *AMA Guides* in all jurisdictions in order to provide fair and consistent impairment evaluations for patients and claimants including injured workers.

Resolution 4-20 – Chief Health Equity Officers in Maryland’s Health Care Systems

Resolved, that MedChi advocate for each hospital system to establish a “Chief Health Equity Officer” position to be funded by mechanisms free of hospital/healthcare system financial obligations; and that each hospital that is not affiliated with a hospital system to identify an individual within their administrative staff who will be responsible for the hospital’s health equity initiatives; and be it further

Resolved, that MedChi supports requiring that health equity initiatives for hospitals and health systems include the development of a comprehensive health equity plan, created in collaboration with local health officers and medical societies, to address health equity issues that recognize social determinants of health and the development of a training program, created in conjunction with community partners, to educate and address problems associated with implicit bias.

Resolution 5-20 – Behavioral Health Reform

Resolved, that MedChi advocate for comprehensive behavioral health reform that addresses current system deficiencies and study the feasibility of the creation of additional large comprehensive behavioral health facilities in the State of Maryland.

Resolution 6-20 – Increase Diversity in the Health Care Workforce

Resolved, that MedChi encourage the creation of new and enhanced health education programs and curriculum in primary, secondary and post-secondary schools which include linkages to or the development of health workforce mentorship programs.

Resolution 7-20 – Final Report of the Board of Physicians Task Force

Resolved, that the Board of Physicians Task Force is hereby disbanded, with the Legislative Council and the Board of Trustees to assume the role of monitoring and addressing issues which arise with the Maryland Board of Physicians.

Resolution 8-20 – Final Report of MedChi’s Task Force to Study the Implications of Implementing New Payment Systems in Maryland

Resolved, that the MedChi Task Force to Study the Implications of Implementing New Payment Models in Maryland be disbanded and that the Legislative Council and the Board of Trustees monitor and address future issues and concerns related to payment systems in Maryland.

Resolution 9-20 – Telemedicine and Remote Patient Monitoring – Expanded Use, Coverage, and Payment

Resolved, that MedChi, The Maryland State Medical Society, continue to work with our American Medical Association to advocate at the federal level to provide greater access to and payment for telemedicine and remote patient monitoring under federal health programs; and be it further

Resolved, that MedChi continue to advocate before the Maryland General Assembly and related regulatory agencies to provide greater access to and payment for telemedicine and remote patient monitoring under state health programs.

Resolution 10-20 – Ensuring Continued Enhanced Access to Healthcare via Telemedicine and Telephonic Communication

Resolved, that MedChi support legislation and/or regulation which requires third-party commercial insurance companies in Maryland to pay for telemedicine visits equal to in-person visits to enhance access to medical care; and be it further

Resolved, that MedChi support legislation and/or regulation which will continue to allow telephonic access to medical care when other technologies are not available; and be it further

Resolved, that MedChi’s AMA delegation present a resolution to the AMA no later than Annual 2021 which addresses the importance of at least a 365-day waiting period after the public health crisis is over before commencement of audits aimed at discovering the use of non-HIPAA compliant modes and platforms of telemedicine by physicians.

Resolution 11-20 – Enhanced CRISP Functionality to Provide a Physician to Physician Patient Communication Solution

Resolved, that MedChi encourage CRISP to add to its suite of tools a HIPAA-compliant physician to

physician patient communication solution and urge CRISP to make this one of its highest priorities for innovation.

Resolution 12-20 – CRISP Support

Resolved, that MedChi continues its support of CRISP and assists CRISP in its efforts to create a Maryland provider directory to serve as a single, up-to-date repository of clinicians and their affiliations.

Resolution 13-20 – Dispatching Health Professionals in Response to Mental Health Related 911 Calls

Resolved, that MedChi supports the establishment of partnerships between police department and mental health professionals to address the decriminalization of mental health illness and the establishment of pilot programs in high need areas that dispatch a trained mental health professional alongside law enforcement associated with 911 calls characterized as a mental health crisis.

Resolution 15-20 – Recognition of Health Care Heroes Who Served During COVID-19 and Recognition of Those Who Perished

Resolved, that MedChi and its components recognize the significant contributions of all health care workers during the pandemic with a debt of gratitude and a moment of silence at the November, 2020 House of Delegates meeting; and be it further

Resolved, that MedChi dedicate Thanksgiving, 2020 as Maryland Health Care Heroes Day and encourage physician members and their families and the public to give thanks for the sacrifices of physicians and other health care clinicians who have cared for COVID-19 patients; and be it further

Resolved, that appreciation for all physicians and health care workers who put their own lives at risk to care for COVID-19 patients be spread upon these minutes acknowledging MedChi's deepest gratitude for their dedication to keep Marylanders well during COVID-19.

Resolution 16-20 – Recognition of Maryland's County/City Health Officers for Their Leadership During COVID-19

Resolved, that MedChi and its components recognize the leadership and dedication to the public's health and safety during COVID-19 of city and county health officers throughout Maryland by sending each of them a letter of appreciation from MedChi on behalf of Maryland physicians; and be it further

Resolved, that recognition of the leadership and dedication of Maryland's city and county health officers be spread upon these minutes acknowledging MedChi's deepest gratitude for their leadership and contributions to keep Marylanders well during COVID-19.

Resolution 17-20 – Protecting Maryland's Agricultural and Seafood Workers

Resolved, that MedChi urge the Governor of Maryland, to the extent possible, to ensure that agriculture and seafood workers have access to the same safe working conditions, SARS-CoV-2 testing, and economic relief and benefits consistent with other essential workers.

Resolution 18-20 – Protecting Medicaid Access

Resolved, that MedChi reemphasizes our strong support for Medicaid parity with Medicare; and be it further

Resolved, that MedChi work to oppose both a reduction to the Medicaid physician fee schedule and the removal of the rural Medicaid subsidy.

Resolution 19-20 – Revision of Restrictions on Maryland Blood Donations

Resolved, that MedChi will advocate for a thorough review of current blood donation policies in the state of Maryland to ensure the creation of updated, non-discriminatory donation policies; and be it further

Resolved, that MedChi adopts the current AMA policy titled “Blood Donor Deferral Criteria” (H-50.973).

Resolution 20-20 – Climate Change and Patient Health

Resolved, that the appropriate MedChi committee consider taking a stance or action on climate change-related initiatives and policies relevant to Maryland with the goal of reducing negative environmental impacts to improve patient health.

Resolution 21-20 – Health Food Options in the Hospital Setting

Resolved, that MedChi encourage increased local sourcing of hospital cafeteria food to provide fresher and healthier, more nutritious produce while supporting the community; and be it further

Resolved, that MedChi encourage lowering prices of healthy food options below those of their unhealthy alternatives in hospital cafeterias; and be it further

Resolved, that MedChi adopt the current AMA policy H-150.949 and encourage hospital systems to implement solutions that aid patients and visitors to make healthier eating choices in their cafeterias, such as but not limited to color-coding systems that label what foods are healthier and increased healthy food visibility through strategic placement.

Resolution 22-20 – Expanding Compassionate Exceptions for MCAT Cancellation

Resolved, that MedChi encourages the AAMC to further expand the emergency cancellations policy for MCAT cancellations to include mental health crises, including but not limited to depression, anxiety, and severe panic attacks, as legitimate reasons for emergency cancellations that are eligible for full refunds for the exam. MedChi also encourages that the AAMC revise their emergency cancellations policy to cover family emergencies and illness, including but not limited to: the death of a family member or close friend, personal illness or illness of an immediate family member, being involved in a motor vehicle accident or any type of accident significantly impeding on one’s physical or mental health, being the victim of sexual or physical assault, or any other stressful life event occurring in the “silver zone” (up to 15 days preceding an exam) that would significantly impede on one’s ability to perform on the exam. As the scope of this resolution extends beyond the state of Maryland, MedChi requests that the American Medical Association support this resolution; and be it further

Resolved, that MedChi encourages the AAMC to extend their emergency cancellation policy to include

emergencies that happen in the “gold zone” (up to 29 days preceding the exam), and increase the maximum refund that examinees can receive due to cancelling an exam for an unforeseeable circumstance. Ultimately, MedChi advocates for the AAMC to develop a more fair and affordable policy for fielding emergency late cancellations in the hopes of alleviating the financial and mental burden that accompanies personal emergencies.

Resolution 23-20 – Fair and Comprehensive Pregnancy/Maternity Leave Policies for Medical Students

Resolved, that MedChi encourages medical schools in the state of Maryland to create comprehensive, detailed and flexible accommodations for students who choose to become pregnant throughout the course of their medical education, including but not limited to: access to maternity, disability and sick leave that does not, where possible, threaten the completion of education in a timely manner; reasonable accommodations for the completion of assignments, exams and clerkships; an administrative environment that works with pregnant students to meet their unique needs.

Resolution 24-20 – Telehealth Services for Medical Cannabis Certifications

Resolved, that MedChi advocate for hospice patients and patients obtaining renewals of written medical cannabis certifications to continue to be able to obtain said written certifications from telehealth services following the discontinuation of the state of emergency and catastrophic health emergency.

Resolution 25-20 – Clinical Directors for Licensed Dispensaries

Resolved, that MedChi advocate for a requirement that all licensed dispensaries must appoint as their clinical director a physician with an active, unrestricted license to practice medicine in Maryland and a state controlled dangerous substances registration.

REFERRED

Resolution 2-20 – Health Equity Resource Communities Initiative

Resolution 14-20 – Police Misconduct Database in Maryland and in U.S.

NOT ADOPTED

Resolution 26-20 – Support for AMA Ethical Policy on Physician-Assisted Suicide