



President's Report

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Happy to be Back in Person – Together At Last!

- We are hopefully towards the tail end of the Pandemic, and it is time to utilize the lessons we learned from the pandemic to modernize MedChi and increase our outreach to physicians.
- To that end, we are modernizing our CME offerings with increased online and hybrid offerings and will also be introducing a service to keep track of CMEs for MedChi members.
- We have created a new communication platform with Figure 1 to allow for communication, mentorship, clinical questions and additional CME offerings.
- If you have ideas on new offerings or other suggestions for innovation in this virtual space, please contact us!!

Medical Economics Council

- We have also reinvigorated our Medical Economics Committee and our new Co-Chair Dr. James Williams is working with our MedChi staff to increase our offerings to both employed and private practice physicians.
- In the Fall we will have an offering which will have a panel discussion as well as contract attorneys who will offer important insights into contract negotiation for physicians.
- Lessons in contract negotiation are not only important for new and early career physicians but also for those who are transitioning in mid career. We look forward to telling you more soon!

Telework and Tele-Meetings

We found during the pandemic that the use of Zoom/Teams meetings for our committee meetings, council and board meetings were able to increase attendance and outreach.



This will help us to increase the diversity of our attendees from all over the state and to increase the input of multiple stakeholders without having to travel to one location.

Legislative Update

- We had a very busy legislative session, probably due to the decreased amount of bills the last two years from the pandemic.
- However, we had numerous health related bills this session, including a number of scope bills.
- We also had an important bill from Carefirst HB 1148/SB 834, regarding physicians participating in two-sided incentive agreements and capitated payments. As physicians would have both opportunities for gain as well as the risk of losing payments, we needed to be very careful that we protected physicians, including private practice physicians and physicians in small groups.
- Fortunately, through the dedicated work of Gene Ransom, Danna Kauffman from the Schwartz, Metz, Wise & Kauffman, PA group, and our own physicians, in particular Drs. Ben Lowentritt and David Safferman, we were able to help pass legislation that has the strongest protections for physicians in the nation.

Scope of Practice Bills

HB 790/SB 311:

- Health Occupations – Podiatric Physicians would have allowed podiatrists to be called podiatric physicians. This bill would create confusion for patients, for this type of providers and many others, including naturopaths. We firmly believe the term Physician should only be for MDs and Dos. This bill was defeated.

SB 808/HB 961:

- Health Occupations – Physician Assistants. This bill as written would have allowed PAs to practice without supervision, and only collaboration as well as numerous other steps towards independence. The bill was withdrawn after a promise to work with all stakeholders to see if a compromise can be reached.

Scope of Practice

HB 276/SB 518:

- Health Occupations – Clinical Nurse specialists – Prescribing authority would have allowed another nursing group to the ability to prescribe medications. There was concern about whether these APRNs actually have equivalent training to NPs and this bill did not pass out of either the House or Senate.

HB 55/Senate Bill 1011-312:

- Health Occupations – Nurse Anesthetists Drug Authority and Collaboration passed. An amended bill agreement was reached with anesthesia and other physician specialties.

Interstate Medical Licensure Compact

- HB180/SB 386 Interstate Medical Licensure Compact – Sunset Extension and Reporting – extends through 2030 Maryland’s membership in the compact, which would have expired in 2022.
- This allows physicians to practice in multiple states but importantly retains the requirement that they become licensed in each state and, very importantly, that they become licensed in each state and subject to the disciplinary requirements in each state.
- The APRN compact SB 154 failed, which was a win for us as it would have allowed full independence for NPs without any collaboration.

Behavioral Health

- HB 48/SB 94: Public Health – Maryland Suicide Fatality Review Committee, establishes a Suicide Fatality Review Committee to assist the State in addressing the increasing incidences of suicide through the development of initiatives designed to respond to the factors identified as contributing to the incidence of suicide.

Thank You!

Finally, I wanted to thank everyone,
the amazing tireless MedChi staff,
the physician volunteers and all of
you in supporting me in my work to
help keep MedChi the premier
resource for physicians and their
patients in Maryland.