

**MEDCHI HOUSE OF DELEGATES
REPORTS AND RESOLUTIONS
FINAL REPORT
September 24, 2016**

The following reports were approved by the House of Delegates:

BOT Report 1-16 – 2017 Budget
CB Report 3-16 – Personnel and Compensation Committee
CB Report 4-16 – Elections
CB Report 5-16 – Specialty Society Introduction of Resolutions
CB Report 6-16 – Alliance Section
CB Report 7-16 – Early Career Physician Section
CL Report 1-16 – Review of 2016 Legislative Agenda
Resolution 8-16 – Maryland State HIT Incentives
Resolution 9-16 – Medicaid Payment of E&M Codes to Have Parity with Medicare
Resolution 11-16 – Standardization of Credentialing (*amended and adopted*)
Resolution 12-16 – Drug Price Transparency (*amended and adopted*)
Resolution 13-16 – Eliminating the Tax Liability for Payment of Student Loans
Resolution 14-16 – Cap on Non-economic Damages on Physician Assistants
Resolution 16-16 – Aid in Dying (Physician-Assisted Suicide)
Resolution 17-16 – Physician Well Being Committee or Task Force
Resolution 18-16 – Support for Alternate Payment Model in Maryland
Resolution 19-16 – Encouraging Membership Through Innovative Models
Resolution 20-16 – Rising Cost of Generics and its Impact on Access to Healthcare in Maryland
Resolution 21-16 – MedChi and MCMS Trial Effort to Incentivize Timely Membership Payment (*amended and adopted*)
Resolution 22-16 – Safety Standards for Facilities Performing Cosmetic Surgical Procedures (*amended and adopted*)
Resolution 24-16 – Reducing the Risk of Skin Cancer and Excessive UV Exposure in Children
Resolution 25-16 – Task Force on Minority Relations and Health Disparities
Resolution 26-16 – Creating a Council on Health Professionals within MedChi (*amended and adopted*)
Resolution 27-16 – House of Delegates Quorum and Credentialing
Resolution 28-16 – Health Care for Residents and Fellows (*amended and adopted*)
Resolution 29-16 – Antibiotic Resistance Due to Non-Therapeutic Use of Antibiotics in Agriculture (*amended and adopted*)

The following reports were referred to the Board of Trustees by the House of Delegates:

Resolution 7-16 – Maintenance of Certification
Resolution 10-16 – Amend the Requirements for License for Post Graduate Internship/Residency
Resolution 23-16 – Component Representation on MedChi Board of Trustees

Resolution 15-16 was not considered by the House due to the adoption of Resolution 16-16.

BOT Report 1-16 – 2017 Budget

BOT Report 1-16 was adopted as follows:

Recommendations:

1. That the House of Delegates approve the 2017 Budget, and
3. That the remainder of the report be filed.

CB Report 3-16 – Personnel and Compensation Committee

CB Report 3-16 was adopted as follows:

Section 10.204 Council on Operations

The Personnel and Compensation Committee is to conduct an annual performance evaluation of the chief executive officer and make recommendations to the Board concerning his or her compensation. The committee shall also review any other matters concerning MedChi personnel issues or personnel policies at the Board's or president's discretion. The committee shall consist of the treasurer, who shall serve as chair, the president, the president-elect, the immediate past president, THE CHAIR OF THE AMA DELEGATION and THE SPEAKER OF THE HOUSE ~~two other Board members~~.

CB Report 4-16 – Elections

CB Report 4-16 was adopted as follows:

The Bylaws Council makes the following proposals to be effective at the first election after January 1, 2017, and thereafter until amended:

1. Bylaw 8.00 of the Bylaws of MedChi shall read as follows:

8.00 ELECTION OF OFFICERS, TRUSTEES AND AMERICAN MEDICAL ASSOCIATION DELEGATES AND ALTERNATES

8.10 Offices to be Filled by House of Delegates Election. The President-elect, Speaker, Vice-Speaker, Trustees, and AMA Delegates and Alternate Delegates shall be elected by a majority vote.

8.20 Nominations. Nominees for those offices to be filled by election at a fall meeting shall be recommended by either a component society or by letter(s) signed by at least five active MedChi members one of whom may be the nominee. All such ~~recommendations~~ NOMINATIONS for offices to be filled by election ~~must be~~ THAT ARE received by the President no later than the preceding March 15 WILL BE INCLUDED WITH THE CALL TO THE HOUSE FOR THE SPRING MEETING. ~~Such ALL recommendations~~ NOMINATIONS RECEIVED AT LEAST ONE WEEK IN ADVANCE OF THE MEETING will be reviewed by staff ~~and the Board of Trustees~~ to ensure compliance with the criteria set forth in the Rules of MedChi. NOMINATIONS FOR OFFICES TO BE FILLED BY ELECTION AT THE FALL MEETING MUST BE RECEIVED AT LEAST SIX WEEKS IN ADVANCE OF THE FIRST DAY OF THAT MEETING. ~~All qualifying and eligible nominees shall be reported to the House of Delegates no later than May 31.~~ Nominations eligible under the Rules of MedChi may be accepted from the floor at the fall meeting, if approved by a simple majority of the House of Delegates.

8.30 Election by the House of Delegates. Speeches supporting nominations for president-elect, speaker and vice speaker of the House, the AMA delegation, and trustees shall be made at the House of Delegates meeting on the first day of the fall meeting. At this time, additional nominations may be made from the floor. The election shall be held on the last day of the fall meeting pursuant to procedures set forth in the Rules of MedChi.

8.301 President-elect. The president-elect shall be elected annually and serve as president-elect until installation as president at the next fall meeting. The year following the presidency, the president will serve as immediate past president.

8.302 Election To Fill Vacancy. Unless otherwise provided for in these Bylaws, a vacancy in any office or position which is elected by the House of Delegates shall be filled for the unexpired term by an election at the next meeting of the House of Delegates after the vacancy occurs. Component societies shall be notified of the vacancy at the time it occurs. The House of Delegates shall be notified of the vacancy at least 10 days in advance of the next meeting of the House of Delegates.

2. Title 8 of the Rules of MedChi shall read as follows:

TITLE 8 - PROCEDURES GOVERNING NOMINATIONS AND ELECTIONS

RULE 8.1 CRITERIA

The following shall be the criteria for eligibility to serve as an officer of MedChi or as a member of MedChi's Board of Trustees:

- (A) Current active MedChi member, as well as having been either an active, student, or resident member, or combination thereof, for at least the preceding five years; and
- (B) Attendance of at least six meetings as a member of the House of Delegates or service as an officer of a component society or MedChi recognized specialty society; and
- (C) Be of sound moral and professional character -- not currently under any sanction by any federal, state or professional organization or licensing body.

Any or all of the above criteria may be set aside for a given nominee by a 2/3 vote of the House of Delegates.

RULE 8.2 DOCUMENTATION

(A) All recommendations for nominees must include a Curriculum Vitae no longer than 5 pages typed and suitable for copying.

(B) Candidates may submit a one page position statement regarding their candidacy for inclusion in the call for the fall meeting. Such statement must be received by staff at least six weeks before the fall meeting.

RULE 8.3 CAMPAIGNING

(A) THE FOLLOWING ACTIVITIES ARE PERMITTED FOR NOMINATED CANDIDATES AND THEIR SUPPORTERS:

1. DISTRIBUTION OF CAMPAIGN BUTTONS
2. DISTRIBUTION OF WRITTEN MATERIALS, BROCHURES, LETTERS, AND/OR POSITION PAPERS.
 - a. IF BY MAIL, MEDCHI WILL PROVIDE ONE SET OF LABELS, UPON REQUEST, AT NO CHARGE TO THE CANDIDATE.
 - b. IF BY E-MAIL, MEDCHI WILL DO ONE E-MAILING AT NO CHARGE TO THE CANDIDATE
 - c. CANDIDATES ARE PERMITTED TO MAKE PRESENTATIONS TO CAUCUSES.
3. THE FOLLOWING ACTIVITIES ARE PROHIBITED

- a. CAMPAIGNING BY CANDIDATES WHOSE NOMINATIONS HAVE NOT BEEN FILED WITH MEDCHI
- b. DISTRIBUTION OF CAMPAIGN MATERIALS OTHER THAN BROCHURES OR POSITION PAPERS ON THE FLOOR OF THE HOUSE OF DELEGATES.
- c. COMMERCIAL SPONSORSHIP TO HELP DEFRAY COSTS OF CAMPAIGNING.

RULE 8.4 CANDIDATES' FORUM

(A) A CANDIDATES' FORUM WILL BE HELD IN THE EVENT OF A CONTESTED ELECTION(S) EXCLUSIVELY FOR CANDIDATES IN THAT ELECTION(S)

(B) PROCEDURE

1. EACH CANDIDATE IN A CONTESTED ELECTION WILL HAVE A MAXIMUM OF FIVE MINUTES TO MAKE A PRESENTATION.
2. DELEGATES AND ALTERNATES WILL HAVE AN OPPORTUNITY TO PRESENT WRITTEN QUESTIONS TO THE MODERATOR.
3. THE MODERATOR IS CHARGED WITH ASSURING THAT ALL CANDIDATES WILL HAVE AN EQUAL OPPORTUNITY TO ANSWER ALL QUESTIONS. THE MODERATOR IS EMPOWERED TO SET SUCH TIME LIMITS ON THE ANSWERS AS APPROPRIATE TO GIVE ALL CANDIDATES TIME TO GIVE AN ANSWER.
4. ADDITIONAL QUESTIONS MAY BE RAISED FROM THE FLOOR.

CB Report 5-16 – Specialty Society Introduction of Resolutions

CB Report 5-16 was adopted as follows:

5.40 Resolutions.

Resolutions which will be presented to the House for action shall be filed with the chief executive officer according to the Rules of MedChi and sent to all delegates with the notice of meeting, provided that by a two-thirds vote the House may agree to consider any resolution without prior notice. No resolution shall be accepted by the chief executive officer which is not sponsored by: five members; a component society; A SPECIALTY SOCIETY APPROVED AS PROVIDED IN SECTION 1.80; a section; a council; or a committee of MedChi.

CB Report 6-16 – Alliance Section

CB Report 6-16 was adopted as follows:

Resolved, that the MedChi Bylaws shall be amended as follows:

1.80 Sections. There shall be ~~five~~ SIX separate sections: one composed entirely of active members who are on the resident staff of hospitals and those holding fellowships; another composed entirely of medical students; one made up of members of MedChi who are International Medical Graduates; one made up of members of MedChi who are physicians forty years of age or younger and not eligible for membership in the Resident Section; ~~and~~ one made up of active members of MedChi, each of whom has been selected as the representative of a MedChi-approved medical specialty society. MedChi-approved medical specialty societies shall be those recognized by the American Board of Medical Specialties or their corresponding national medical specialty societies; AND ONE MADE UP OF ALLIANCE MEMBERS OF MEDCHI.

2.10 Required Membership. Membership in a component society or resident or student section is required for membership in MedChi except affiliate AND ALLIANCE members.

2.45 ALLIANCE MEMBERS. ALLIANCE MEMBERS SHALL BE THOSE SPOUSES, WIDOWS, WIDOWERS IN GOOD STANDING (PROVIDED THEY HAVE NOT REMARRIED OUTSIDE THE MEDICAL PROFESSION) OF PHYSICIANS WHO HOLD OR HELD MEMBERSHIP IN MEDCHI.

2.451 RIGHTS OF ALLIANCE MEMBERS. ALLIANCE MEMBERS SHALL HAVE THE SAME RIGHTS AS AFFILIATE MEMBERS.

5.50 Membership. The members of the House shall consist of:

- a. One delegate from each component society and an additional delegate for every 50 members and fraction thereof from each component society;
- b. One delegate from the section composed exclusively of student members, one additional delegate when the membership exceeds 500 members, and one additional delegate for each 250 members after that; and one delegate from the section composed entirely of active members who are on the resident staff of hospitals or hold fellowships and one additional delegate when the membership exceeds 500 members, and one additional delegate for each 250 members after that;
- c. One delegate (who is an active MedChi member) from each MedChi-approved specialty society with a membership of at least 50, whose membership includes 50 percent or more members who are also members of MedChi; or, any such society whose membership includes more than 100 MedChi members shall be entitled to a delegate. No specialty society shall be entitled to more than one delegate. Representatives from specialty societies shall not exceed 25 delegates in number;
- d. One delegate (who is an active MedChi member) from the Young Physicians Section;
- e. One delegate (who is an active MedChi member) from the International Medical Graduate Section;

~~f. ONE DELEGATE FROM THE ALLIANCE SECTION;~~

~~g. AMA delegates (except the AMA representative on the Board of Trustees serves without vote);~~

~~gH. One delegate from the Maryland component of the National Medical Association;~~

~~h. Members of the Board of Trustees (without vote);~~

~~i. All past presidents (without vote); and~~

~~jk. One alternate delegate for each voting member.~~

f. AMA delegates (except the AMA representative on the Board of Trustees serves without vote);

g. One delegate from the Maryland component of the National Medical Association;

h. Members of the Board of Trustees (without vote);

i. All past presidents (without vote); and

j. One alternate delegate for each voting member.

END OF BYLAW AMENDMENT TEXT

("LARGE AND SMALL CAPS" indicate addition to bylaws as proposed by Board of Trustees" = " indicate deletions by the Bylaws Council.)

CB Report 7-16 – Early Career Physician Section

CB Report 7-16 was adopted as follows:

Resolved, that the MedChi Bylaws be amended as follows (Large and Small Caps indicate additions, Strikeouts indicate deletions):

1.80 Sections. There shall be five separate sections: one composed entirely of active members who are on the resident staff of hospitals and those holding fellowships; another composed entirely of medical students; one made up of members of MedChi who are International Medical Graduates; one made up of members of MedChi who are physicians forty years of age or younger and not eligible for membership in the Resident Section TO BE KNOWN AS THE EARLY CAREER PHYSICIANS SECTION; and one made up of active members of MedChi, each of whom has been selected as the representative of a MedChi-approved medical specialty society. MedChi-approved medical specialty societies shall be those recognized by the American Board of Medical Specialties or their corresponding national medical specialty societies.

5.50 Membership. The members of the House shall consist of:

- a. One delegate from each component society and an additional delegate for every 50 members and fraction thereof from each component society;
- b. One delegate from the section composed exclusively of student members, one additional delegate when the membership exceeds 500 members, and one additional delegate for each 250 members after that; and one delegate from the section composed entirely of active members who are on the resident staff of hospitals or hold fellowships and one additional delegate when the membership exceeds 500 members, and one additional delegate for each 250 members after that;
- c. One delegate (who is an active MedChi member) from each MedChi-approved specialty society with a membership of at least 50, whose membership includes 50 percent or more members who are also members of MedChi; or, any such society whose membership includes more than 100 MedChi members shall be entitled to a delegate. No specialty society shall be entitled to more than one delegate. Representatives from specialty societies shall not exceed 25 delegates in number;
- d. One delegate (who is an active MedChi member) from the EARLY CAREER ~~Young~~ Physicians Section;
- e. One delegate (who is an active MedChi member) from the International Medical Graduate Section;
- f. AMA delegates (except the AMA representative on the Board of Trustees serves without vote);
- g. One delegate from the Maryland component of the National Medical Association;
- h. Members of the Board of Trustees (without vote);
- i. All past presidents (without vote); and
- j. One alternate delegate for each voting member.

CL Report 1-16 – Review of 2016 Legislative Agenda

CL Report 1-16 was adopted as follows:

RECOMMENDATIONS:

1. **DEFEND THE SCOPE OF MEDICAL PRACTICE SO PATIENTS ARE SEEN BY A PHYSICIAN:** MedChi will fight to ensure that all patients have access to physicians and that physician extenders have appropriate training and physician oversight. Individuals newly insured through ACA implementation have placed unprecedented demands on the health care system as they seek medical care. It is critical that patients have access to physicians and that non-physicians do not use increased demand to inappropriately increase their scope of practice.

Legislative Council Recommendation: CONTINUE

2. **PROTECT MEDICAID AND THE UNINSURED:** MedChi will work to incentivize physician participation and to protect the integrity of the Medicaid program, including advocating for full restoration of E&M payment to Medicare rates for all physicians who serve Medicaid enrollees.

Legislative Council Recommendation: CONTINUE what has not been accomplished. Beginning October 1, 2016 E&M payments will increase from 92% of Medicare to 94% of Medicare.

3. ADDRESS NETWORK ADEQUACY: MedChi will support efforts to enhance the requirements and accountability of insurers with respect to adequate provider networks; the accuracy of provider directories; and fair formulary practices.

Legislative Council Recommendation: ACCOMPLISHED by enactment of House Bill 1318 (Chapter 309): *Health Benefit Plans – Network Access Standards and Provider Network Directories* accomplished MedChi’s primary objectives but continued advocacy on regulation development and fair formulary practices should continue.

4. DEFEND PHYSICIAN RIGHTS: MedChi will work to protect Maryland’s physicians through the following:

- Addressing laws which direct physician license fees to other programs; ACCOMPLISHED by enactment of Senate Bill 217: *State Board of Physicians – Distribution of Fees by Comptroller – Loan Assistance Repayment for Physicians and Physician Assistants.*
- Monitoring the regulatory and disciplinary actions of the Board of Physicians; CONTINUE
- Addressing delays in obtaining CDS licenses from the Department of Health & Mental Hygiene; CONTINUE
- Protecting and enhancing the integrity of the Prescription Drug Monitoring Program and its use by physicians. ACCOMPLISHED by enactment of House Bill 437: *Department of Health and Mental Hygiene – Prescription Drug Monitoring Program – Modifications.* MedChi will continue its advocacy efforts on implementation of the legislation.

Legislative Council Recommendation: CONTINUE what has not been accomplished.

5. STRENGTHEN MEDICAL LIABILITY REFORM: MedChi will continue to strongly oppose trial lawyer attempts to increase the “cap” on damages in medical malpractice cases and to abolish the defense of contributory negligence. MedChi will continue to support efforts to establish a pilot project for specialized health courts; to limit repeated continuances in medical malpractice cases; and otherwise work to protect and strengthen the legal liability environment for physicians.

Legislative Council Recommendation: CONTINUE

6. ENHANCE PHYSICIAN PAYMENT AND INSURANCE REFORM: MedChi will continue its efforts to improve Maryland’s payment climate and reform insurance policies with these initiatives:

- Work to assure that gain-sharing and other payment mechanisms for incentivizing broad system reform are developed through a stakeholder process that includes physician participation and results in a positive impact on physicians; CONTINUE
- Prevent insurance carriers from effectively reducing payment via credit cards; ACCOMPLISHED by enactment of House Bill 639: *Health Insurance – Provider Claims – Payment by Credit Card or Electronic Funds Transfer Payment Method.*
- Prevent workers compensation insurers from limiting a physician’s right to dispense medications to an injured worker. CONTINUE

Legislative Council Recommendation: CONTINUE what has not been accomplished

7. PROTECTING MARYLAND’S CHILDREN: MedChi will support initiatives to protect children including the following:

- Initiatives to increase HPV immunization rates for children as recommended by the CDC;
- Childhood obesity initiatives that propose to reduce the consumption of sugary beverages and other unhealthy food choices;
- Continued efforts to ban minors’ use of commercial tanning beds; and
- Measures to strengthen child safety seat and young driver laws.

Legislative Council Recommendation: CONTINUE. Legislation related to tanning bed ban and safety seat/young driver legislation was not introduced in the prior Session and may not be advanced in 2017. Policy objectives should be continued as MedChi policy should initiatives arise that advance those objectives.

8. ENDING HEALTH DISPARITIES AND ADDRESSING HOMELESSNESS: MedChi will continue support of legislative and regulatory initiatives to reduce health disparities as well as initiatives to address homelessness, affordable housing and their impact on public health.

Legislative Council Recommendation: CONTINUE

9. MAKING MARYLAND A TOBACCO FREE STATE: MedChi will advocate for continued increases in the Tobacco Tax in order to discourage smoking and to help fund Medicaid and restore enhanced E&M payment for all physicians serving Medicaid enrollees. MedChi will also support legislation prohibiting the sale of tobacco products by businesses that provide health care or dispense medications.

Legislative Council Recommendation: CONTINUE

10. CLIMATE CHANGE: MedChi will support the reauthorization of Maryland’s Greenhouse Gas Reduction Act consistent with the consensus recommendations of the Governor’s Climate Change Commission regarding new goals and program structure. MedChi’s advocacy will remain in accordance

with AMA policy on Climate Change.

Legislative Council Recommendation: ACCOMPLISHED by enactment of Senate Bill 323 (Chapter 11) *Greenhouse Gas Emissions Reduction Act – Reauthorization*

Resolution 8-16 – Maryland State HIT Incentives

Resolution 8-16 was adopted as follows:

Resolved, that MedChi develop communications to encourage every eligible physician to apply for the Maryland Health Information Technology incentive funds before the January 1, 2017 deadline.

Resolution 9-16 –Medicaid Payment of E&M Codes to Have Parity with Medicare

Resolution 9-16 was adopted as follows:

Resolved, that MedChi extend its appreciation to the Governor for the 2% increase in the payment for Medicaid E & M codes; and be it further

Resolved, that MedChi continue current efforts to restore payment for Medicaid E & M codes to parity with Medicare.

Resolution 11-16 – Standardization of Credentialing

Resolution 11-16 was amended and adopted as follows:

Resolved, that MedChi work within its means to determine the potential to further standardize credentialing including a requirement that all carriers are required to make the effective date of a credentialed provider the date the application was received.

Resolution 12-16 – Drug Price Transparency

Resolution 12-16 was amended and adopted as follows:

Resolved, that MedChi supports drug price transparency legislation that requires pharmaceutical manufacturers to disclose, in a timely fashion, the basis for the prices of all of their prescription drugs, including production, research, advertising costs as well as profits; and be it further

Resolved, that MedChi supports legislation that requires pharmaceutical manufacturers and pharmacy benefit managers to provide public notice before increasing the wholesale or retail price of any brand or specialty drug by 10% or more; and be it further

Resolved, that MedChi supports legislation that authorizes the Office of the Attorney General to take legal action to address price gouging by pharmaceutical manufacturers.

Resolution 13-16 – Eliminating the Tax Liability for Payment of Student Loans

Resolution 13-16 was adopted as follows:

Resolved, that MedChi submit a resolution to the AMA requesting they work with the Internal Revenue Service to eliminate the tax liability when private employers provides the funds to repay student loans for physicians who agrees to work in an underserved area; and be it further

Resolved, that MedChi work within its means to eliminate the tax liability on the state level when private employers provides the funds to repay student loans for physicians who agrees to work in an underserved area.

Resolution 14-16 – Cap on Non-economic Damages on Physician Assistants

Resolution 14-16 was adopted as follows:

Resolved, that MedChi work legislatively to amend the current Maryland law that caps non-economic damages for physicians to include physician assistants.

Resolution 16-16 – Aid in Dying (Physician-Assisted Suicide)

Resolution 16-16 was adopted as follows:

Resolved, that MedChi change its policy on physician assisted suicide (aid-in-dying) from “oppose” to a position of “neutral” on Maryland aid-in-dying legislation.

Resolution 17-16 – Physician Well Being Committee or Task Force

Resolution 17-16 was amended and adopted as follows:

Resolved, that MedChi work with the Center for a Healthy Maryland to create a Physician Wellbeing Committee or Task Force, composed of MedChi physician members and staff of component societies to coordinate the development of services and resources at the state and local medical society levels to assist Maryland physicians with strategies to address and reduce professional burnout.

Resolution 18-16 – Support for Alternative Payment Model in Maryland

Resolution 18-16 was adopted as follows:

Resolved, that MedChi support the Maryland Dermatologic Society’s effort to advance a cellulitis alternative payment model through the Maryland Health Services Cost Containment Review Commission.

Resolution 19-16 – Encouraging Membership Through Innovative Models

Resolution 19-16 was adopted as follows:

Resolved, that MedChi, The Maryland State Medical Society, maintain the current dues structure allocation for current members while setting aside its Bylaws for a period of two years starting with the 2017 membership year to encourage membership recruitment through membership model innovation together with component societies; and be it further

Resolved, that, during this period of two years starting in 2017 during which the Bylaws have been

set aside to pursue membership model innovation, prior to proposing any new membership model to a group practice, health system, etc., MedChi work directly with component(s) involved in the development of the new model to ensure collaboration, transparency, and acceptance of the proposed membership model and appropriate allocation of dues and/or fees, and that the proposed model be approved by the boards of the participating component (s) and MedChi prior to implementation; and be it further

Resolved, that each new membership model which is implemented during the two-year period starting with the 2017 membership year during which the Bylaws have been set aside be evaluated using appropriate metrics, and the outcomes of the new membership models be reported to MedChi's Board of Trustees and the House of Delegates.

Resolution 20-16 – Rising Cost of Generics and its Impact on Access to Healthcare in Maryland

Resolution 20-16 was adopted as follows:

Resolved, that MedChi advocate for legislation requiring any manufacturer of a generic prescription drug that is 50% or more of the average wholesale price of its associated name brand drug to notify health insurers and state agencies prior to its selling to pharmacies, and that such notification requirements would apply to future price increases of more than 10%.

Resolution 21-16 – MedChi and MCMS Trial Effort to Incentivize Timely Membership Payment

Resolution 21-16 was amended and adopted as follows:

Resolved, for a trial period of one year, Montgomery County Medical Society & MedChi, The Maryland State Medical Society, to incentivize early payment be allowed to increase active MedChi-MCMS members' dues by 10% effective for the 2017 membership dues billing cycle; and for those paying by 1/31/2017 the dues increase would not apply; and report the outcomes of this trial to their respective boards after the membership suspension date of April 1, 2017; and any new revenue resulting from this pilot project be split between MedChi and MCMS according to the current dues split.

Resolution 22-16 – Safety Standards for Facilities Performing Cosmetic Surgical Procedures

Resolution 22-16 was amended and adopted as follows:

Resolved, that MedChi participate in the efforts led by the Maryland Society of Plastic Surgeons to establish safety standards and to clarify the definition of cosmetic surgical procedures.

Resolution 24-16 – Reducing the Risk of Skin Cancer and Excessive UV Exposure in Children

Resolution 24-16 was amended and adopted as follows:

Resolved, that MedChi support legislation that requires schools to provide parents with information about the risks of skin cancer and strategies and behaviors to reduce the risk.

Resolution 25-16 – Task Force on Minority Relations and Health Disparities

Resolution 25-16 was amended and adopted as follows:

Resolved, that MedChi study mechanisms and report back to the house on how MedChi physicians and the health care system can work with police to improve minority relations and the health of minorities.

Resolution 26-16 – Creating a Council of Health Professional within MedChi

Resolution 26-16 was amended and adopted as follows:

Resolved, that MedChi establish a council of health professionals within the MedChi structure that will be funded by the member organizations, will include in its membership all licensed healthcare professional categories of providers as determined by the state of Maryland, will meet a minimum of twice yearly, and will be staffed and supported by MedChi.

Resolution 27-16 – House of Delegates Quorum and Credentialing

Resolution 27-16 was adopted as follows:

Resolved, that MedChi develop procedures to credential Alternate Delegates as Delegates during the meeting in the event that a Delegate must leave so the Alternate Delegate can act in his or her place and be counted toward the quorum and business can be completed.

Resolution 28-16 – Health Care for Residents and Fellows

Resolution 28-16 was adopted as follows:

Resolved, that MedChi advocate that hospitals and other training institutions offer medical staff health care networks not affiliated with their place of employment.

Resolution 29-16 – Antibiotic Resistance Due to Non-Therapeutic Use of Antibiotics in Agriculture

Resolution 29-16 was amended and adopted as follows:

Resolved, that MedChi support legislation to combat antimicrobial resistance by curbing routine 10 antibiotic use in food production through measures including but not limited to (1) establishing a transparent, comprehensive and actionable data collection framework with DHMH collecting data and analyzing such data in collaboration with universities, cooperative agreements, and other stakeholders with relevant expertise; (2) ensuring public transparency of veterinary prescriptions and farm operations for effective feedback; (3) restricting the routine use of antibiotics with very limited or no exemptions and with DHMH providing oversight, feedback, and enforcement.

The following resolutions were referred to the Board of Trustees by the House of Delegates:

Resolution 7-16 – Maintenance of Certification

Resolution 7-16 was referred to the Board of Trustees as follows:

Resolved, that MedChi, The Maryland State Medical Society, pursues to uphold and maintain the

importance of the Patient-Physician relationship independent of outside interference as the key to excellent medical care, that Physicians are bound by generally accepted professional and ethical values in pursuit of best care for patients, and reaffirms the value of continuing medical education; and be it further

Resolved, that MedChi, The Maryland State Medical Society, continues to support, advocate, and affirm the professionalism of the Physician to pursue the best means and methods for maintenance and development of their knowledge and skills, to advocate against time-limited specialty medical board certificates, and advocate against discrimination against Physicians who are not certified or are certified and choose not to engage in re-certification programs labeled as "voluntary" or otherwise by the specialty medical boards; and be it further

Resolved, that MedChi, The Maryland State Medical Society, maintains that imposition of Board Certification shall not be allowed by corporate insurance, hospitals, employers restricting any ability to practice medicine beyond that afforded by a state license; and be it further

Resolved, that MedChi, The Maryland State Medical Society, promote and/or implement a policy forbidding discrimination by hospitals or employers, the Maryland State Board of Physicians, insurers, Medicare, Medicaid, and other entities, which might restrict a Physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification or participation in ABMS/AOA/FSMB prescribed corporate programs including Maintenance of Licensure or time limited board certification; and be it further

Resolved, that MedChi, The Maryland State Medical Society, seek legislation in Maryland that will prohibit discrimination by hospitals and any employer, the Maryland State Board of Physicians, insurers, Medicare, Medicaid, and any other entities, which might restrict a Physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification, lack of participation in ABMS/AOA/FSMB prescribed corporate programs including Maintenance of Licensure or expiration of time limited certificate of Board Certification, and to insure that all corporate certifications from every national agency (ABMS, NBPAS.org and ABPSUS.org) be accepted as equally viable documents for any and all credentialing and payment requirements and be regarded without time limits to thus abolish the regulatory capture of medicine by any American certification corporations; and be it further

Resolved, that MedChi, The Maryland State Medical Society, urge our AMA and AOA to adopt as policy this resolution forbidding discrimination by hospitals or employers, by any state board of medical licensure and supervision, insurers, Medicare, Medicaid, and any other entities, which might restrict a Physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification or participation in ABMS/AOA/FSMB prescribed corporate programs including Maintenance of Licensure or time limited Board certification as was suggested by the AMA Young Physicians Section Governing Council in 2007.

Resolution 10-16 – Amend the Requirements for License for Post Graduate Internship/Residency

Resolution 10-16 was referred to the Board of Trustees as follows:

Resolved, that MedChi, The Maryland State Medical Society, recognizes Missouri's solution to their physician shortage problem in underserved areas and consider working within Maryland's

legislative means to address not only Maryland's but the nations shortage of licensed physicians. This can be accomplished by recognizing not only a PGY1 internship/residency approved by ACGME but also approving:

1. Non "ACGME" internships
2. Supervised Preceptorships in a medical practice
3. 5th pathway programs in the USA that are offered by USA medical schools or medical schools that are recognized by NCFMEA (National Committee on Foreign Medical Education and Accreditation).

Resolution 23-16 – Component Representation on MedChi Board of Trustees

Resolution 23-16 was referred to the Board of Trustees as follows:

Resolved, That the Bylaws requirement of maintaining "present active membership" of 300 from year to year, be removed from the bylaws and that Anne Arundel County, Baltimore City, Baltimore County, Montgomery County and Prince George's County components have, at all times, component trustee representation, respectively, as voting members on the MedChi Board of Trustees.

Resolution 15-16 – Physician-Assisted Suicide

Resolution 15-16 was not considered due to the adoption of Resolution 16-16.