



**2026 Maryland Academy of Family Physicians
Advocacy Day Priority Issues
February 12, 2026**

Medicaid Payment Rates (SUPPORT)

- The Governor's Budget for Fiscal Year 2027 (which begins July 1st) funds Medicaid payments to providers for evaluation and management (E&M) codes to be level funded with Medicare. In a year where the State is facing another deficit, this time of \$1.4 billion, this is excellent news.
- *Why are these rates important?*
Medicaid payment rates to physicians have historically been too low to ensure an adequate network for enrollees, thus limiting patient access to a physician. Lack of access to primary care leads to poor outcomes that increase the cost of care for Medicaid recipients. Appropriate payment rates not only encourage private practice physicians to participate in the Medicaid program but they also help keep Medicaid patients out of the emergency room, where many seek basic care when they cannot find a physician.
- **We are asking the General Assembly to maintain the Governor's funding level, and we want to thank Governor Moore and the General Assembly for recognizing the importance of keeping Medicaid payment rates at this level.**

Physician Preceptor Tax Credits (SUPPORT)

- **This legislation was requested by MDAFP.**
- House Bill 595 & Senate Bill 466.
- MD offers the Physician Preceptor Tax Credit program. It provides a tax credit of up to \$1,000 for a physician located in a workforce shortage area who provides clinical experience to a medical school student free of charge.
- *What changes does the legislation make to the program?*
Current law requires the medical student to be in a medical school IN THE STATE. This means physicians are not eligible for the tax credit if a medical student from DC, PA, or VA wants to come and gain clinical experience here in an underserved area. This restrictive language is NOT found in the similar tax credit statutes that apply to nurse practitioners and physician assistants. So, this would be making the physician tax credit law the same as those.
- The bill would also change the number of required hours needed to get the tax credit from 100 to 90, exactly as was done in a bill relative to a nursing preceptor tax credit bill last year.
- The tax credit is one small tool to get current Maryland physicians to help attract medical students to Maryland, in particular its underserved areas, and hopefully stay here. But the current law limits the pool to Maryland medical school students, which does not reflect the reality that the State is near many other out of state medical schools.
- If you are asked whether this will cost the State more because of increased demand on the tax credit program, please tell legislators that it will not. The total amount of tax credits that are allowed under the law is already capped at \$100,000 across the entire State. The bill does not change that.

Repeal of Non-Economic Damages Cap (OPPOSE)

- House Bill 476
- This bill would eliminate the cap on non-economic damages that may be awarded to plaintiffs for pain and suffering in personal injury cases. These are different from economic damages (lost wages, costs of care and recovery, etc.); there is no limit on how much a plaintiff may receive in economic damages.
- While this bill does not affect the non-economic damages cap specific to medical malpractice cases, any change in this cap would be a marker for future efforts to change the med mal limit. We are confident that if successful with this bill, the trial lawyers will attempt to remove the med mal cap next.
- Raising damage limits increases the cost of medical malpractice insurance, a cost that physicians must consider when they decide whether to locate in Maryland or another state. The Legislature should consider that we already have a physician shortage in the State, and changes like this only exacerbate that problem.
- For this reason, MDAFP opposes the legislation.

Naturopathic Doctors—Scope of Practice (OPPOSE)

- House Bill 520/Senate Bill 470
- This legislation would allow naturopathic doctors to prescribe “prescription drugs” and Schedule III, IV, and V controlled dangerous substances (CDS).
- Of the 24 states that either license or register naturopaths, 16 grant some type of prescriptive authority, but what is permitted to be prescribed varies among those states significantly.
- While M.D.’s and D.O.’s must complete multiple years of postgraduate training after completing their education to become licensed, Naturopathic Doctors do not have this requirement. M.D.’s and D.O.’s receive a total of 12,000 to 16,000 hours of patient care training, far surpassing that of a naturopath.
- Describing your medical residency to legislators is the most effective way to demonstrate this difference in training, so take time to do so. You can say that naturopathic doctors play a role in providing health care, but their training is different from a physician and prescribing medications that take physicians years to fully understand should not be part of their scope of practice.