

2011 edition

P O L I C Y

C O M P E N D I U M

Current Policies
of the
Pennsylvania Medical Society
House of Delegates
Through the 2010 Annual Meeting



Pennsylvania
MEDICAL SOCIETY[®]

TABLE OF CONTENTS

5.000	Abortion	1
10.000	Accident Prevention	1
15.000	Accident Prevention: Motor Vehicles	2
20.000	Acquired Immunodeficiency Syndrome (AIDS)	3
25.000	Aging	6
30.000	Alcohol and Alcoholism	6
35.000	Allied Health Professions	7
55.000	Cancer	9
60.000	Children and Youth	10
65.000	Civil and Human Rights	10
70.000	Coding and Nomenclature	11
80.000	Crime	11
85.000	Death	12
95.000	Drug Abuse	13
100.000	Drugs	15
110.000	Drugs: Cost	17
115.000	Drugs: Labeling and Packaging	17
120.000	Drugs: Prescribing and Dispensing	18
125.000	Drugs: Substitution	19
130.000	Emergency Medical Services	21
135.000	Environmental Health	21
140.000	Ethics	24
145.000	Firearms: Safety and Regulation	25
155.000	Health Care Costs	25
160.000	Health Care Delivery	26
165.000	Health System Reform	32
175.000	Health Frauds	37
180.000	Health Insurance	37
185.000	Health Insurance: Benefits and Coverage	40
190.000	Health Insurance: Claims Forms and Claims Processing	45
195.000	Health Maintenance Organizations	46
200.000	Health Workforce	46
210.000	Home Health Services	47
215.000	Hospitals	47
225.000	Hospitals: Medical Staff	48
230.000	Hospitals: Medical Staff - Credentialing and Privileges	52
235.000	Hospitals: Medical Staff - Organization	53
240.000	Hospitals: Reimbursement	56
255.000	International Medical Graduates	56
260.000	Laboratories	56
270.000	Legislation and Regulation	57
275.000	Licensure and Discipline	59
280.000	Long Term Care	62
285.000	Managed Care	63
290.000	Medicaid	72
295.000	Medical Education	74
305.000	Medical Education: Financing and Support	75
310.000	Medical Education: Graduate	76
315.000	Medical Records	77
320.000	Medical Review	78

330.000	Medicare.....	78
335.000	Medicare: Carrier Review	82
340.000	Medicare: PRO.....	82
345.000	Mental Health.....	82
350.000	Minorities	84
360.000	Nurses and Nursing.....	85
370.000	Organ Donation and Transplantation	87
375.000	Peer Review	88
380.000	Physician Fees.....	90
385.000	Physician Payment	90
390.000	Physician Payment: Medicare	95
400.000	Physician Payment: Medicare - RBRVS.....	96
405.000	Physicians.....	96
425.000	Preventive Medicine	97
430.000	Prisons	97
435.000	Professional Liability	98
440.000	Public Health.....	105
445.000	Public Relations	110
450.000	Quality of Care	110
455.000	Radiation and Radiology.....	111
460.000	Research	111
470.000	Sports and Physical Fitness.....	112
475.000	Surgery	112
480.000	Technology.....	112
490.000	Tobacco.....	114
495.000	Tobacco: Labeling and Warnings	116
500.000	Tobacco: Marketing and Promotion.....	117
505.000	Tobacco: Prohibitions on Sale and Use	117
520.000	War.....	118
530.000	PMS: Administration and Organization.....	119
535.000	PMS: Board of Trustees	126
540.000	PMS: Councils and Committees	126
545.000	PMS: House of Delegates	126
555.000	PMS: Membership and Dues	128
565.000	PMS: Political Action	129

FOREWORD

This 2011 edition of the *Pennsylvania Medical Society Policy Compendium* represents a continuation of the Society's effort to make its policies accessible. It contains policies enacted by the House from 1965 through 2010.

The table of contents is similar to that of the *AMA Policy Compendium*, thus facilitating cross-referencing of Society and AMA policies. Readers will find two major categories in the compendium: "Subject" headings and, under each of these, "Topic" headings.

A numbering system similar to that of the *AMA Policy Compendium* has been instituted. A number has been assigned to each policy to facilitate citation and an index has been compiled.

1 - Policy Compendium

5.000 **Abortion**

5.998 **Abortion**

The Society has a policy of no position on abortion. (H-80; Res. 202, H-97; Report 3, Board of Trustees, H-98)

5.999 **Testifying Before State Legislature**

Spokespersons shall not testify pro or con about abortion on behalf of the Society, but if a significant non-abortion issue is presented as part of legislation concerning abortion, members of the Board may testify representing the Society as to that issue and that issue alone. The Society is also to maintain a roster of physicians willing to testify individually pro or con on the issue of abortion and make that list available to legislators on request. (Res. 7, H-82; revised, Res. 210, H-96)

10.000 **Accident Prevention**

10.996 **Driving and Cell Phones**

The Society shall lobby the state government to mandate that all drivers be prohibited from using a hand held mobile phone for talking or texting while driving. (Res. 212, H-2008)

The Society was directed to issue a public statement, warning about the dangers of using any hand-held electronic device while driving. The Society shall work with the legislature to help effect a change in the law so that using any hand-held electronic device while driving is illegal as a moving violation. (Res. 402, H-2009)

10.997 **Motorcycle Helmet Law**

The Society publicly endorses the wearing of protective cranial helmets by motorcycle drivers and passengers to reduce or eliminate the severity of potential injuries. It is a Society legislative objective to work with the Pennsylvania General Assembly to pursue re-enactment of a mandatory motorcycle helmet safety law to reduce the additional burden these injuries pose to Pennsylvania's beleaguered health care system. (Res. 419, H-2004)

The Society shall make it a high legislative priority to have Pennsylvania *again* become a helmet mandated state for motorcycle riders. (Res. 404, H-2006)

10.998 **Protective Head Gear for Equestrian Events**

The Society recommends that educational programs be given to parents, riders, riding instructors, show organizers and managers outlining the risks of horseback riding and methods to minimize them. The Society also recommends that a satisfactory protective headgear which can pass standards for retention, penetration, absorption, and distribution of shock for each type of riding activity be worn when riding or preparing to ride. Finally, the Society urges riding schools, horse shows, rodeos, and other equestrian events to recommend that protective headgear be worn during the activities. (Res. 11, H-84)

10.999 **Farm Machine Injury Prevention for Low-Income Farmers**

The Society was directed to ask the state to consider implementing a program to subsidize the retrofitting of rollover protection and safety shielding of older farm equipment used by farmers having an annual income of less than 150 percent of the federal poverty level. (Res. 23, H-91)

15.000 Accident Prevention: Motor Vehicles

15.993 Mandatory Drivers' License Reexamination for Senior Citizens

The Society supports mandatory drivers' license reexamination by the Commonwealth of Pennsylvania for individuals 75 years of age or older; further, the Society shall contact stakeholders (i.e., AARP, etc.) to discuss this issue. (Report 2, Board of Trustees, H-2004)

15.994 Improving Pennsylvania's Child Occupant Protection Law

The Society shall use its power to encourage the Pennsylvania legislature to enact legislation that would more effectively protect children, including legislation directed at requiring that all children be restrained in all seating positions in motor vehicles and creating an age appropriate back seat mandate for child passengers. Further, that the legislation eliminate the "safety belt shortage" exception, increase the fine for violators of the "Child Occupant Protection Law," establish a child occupant protection course for violators and allow primary enforcement of the law. (Sub. Res. 202, H-2001)

15.995 Regulatory Reporting Requirement under Motor Vehicle Law

The Society shall continue to participate in the activities of the Pennsylvania Department of Transportation's Medical Advisory Board to address changes to the physical and mental conditions reporting criteria and related issues focused on driver safety. The Board was directed to report on its progress at the 2008 House of Delegates. (Report 8, Board of Trustees, H-2007)

The Society shall pursue changes to the Motor Vehicle Law and the Department of Transportation regulations to bring them into conformance with the Reporting of Driver Impairment Model Law of the American Association of Motor Vehicle Administrators. The Society will continue to work with the Department of Transportation to improve the reporting process and develop improved methods to evaluate driver physical condition and driving abilities. (Report 13, Board of Trustees/Res. 406, H-2009)

15.996 Mandatory Use of Seat Belts

The Society supports legislation making the use of seat belts for adults, as well as children, mandatory. (Res. 23, H-86)

15.997 Mandatory Seat Belt Laws

The Society encourages physicians to educate patients about seat belts and the benefits of their use. (Res. 6, H-84; Retained in part by deleting second sentence calling for support of Pennsylvania mandatory seat belt law, H-94)

15.998 Improve Pennsylvania's Safety Belt Law

The Society is committed to amend Act 82, the Pennsylvania Safety Belt Use Law, to include primary enforcement as a major provision in an effort to increase safety belt use among Pennsylvanians (Res. 11, H-90)

15.999 Automobile Accidents with Tractor Trailers

Because traffic accidents constitute the sixth leading cause of death in the United States and contributing to this are such factors as road conditions, improper inspection of motor vehicles (especially tractor trailers), drunken drivers, etc., the Society urges the Governor to make a concerted effort to bring about a remedy. (Res. 19, H-78)

3 - Policy Compendium

20.000 Acquired Immunodeficiency Syndrome (AIDS)

20.980 Accidental Exposure

The Society shall work to streamline the procedures outlined in Act 148 for testing a source patient's blood for HIV when an accidental exposure to that patient's blood occurs. The expedited procedure will be designed to allow use of appropriate treatment of the exposed individual in a timely manner. The Commission on Public Health will pursue the matter further and consider the possibility of calling for a mandate that source patients be tested for HIV when a health care worker is accidentally exposed to that patient's blood. (Report 29, Board of Trustees, H-2001; Report 3, Board of Trustees, H-2002)

20.981 Written Consent Requirements

The Society shall seek amendments to Act 148 of 1990 to delete the requirements for written consent specific to HIV testing and allow for testing based upon verbal consent. (Report 29, Board of Trustees, H-2001)

The Society reaffirms its support for the elimination of a written consent, while emphasizing the importance of verbal consent, for HIV testing. (Res. 206, H-2008)

20.982 Unrestricted Testing

HIV testing should be carried out whenever, in a physician's clinical judgment, it is appropriate either for the care of the patient or to prevent the spread of HIV disease throughout the general population, including health care workers. Patients should be informed of the need for testing and give their verbal consent. (Report 29, Board of Trustees, H-2001)

20.983 HIV Education

The Society believes that HIV education must continue to be a priority. Physicians should strongly promote and participate in HIV education programs in Pennsylvania schools, hospitals, nursing homes, and other appropriate settings. (Report 29, Board of Trustees, H-2001)

20.984 Patient Counseling

The Society recognizes the value of appropriate pretest and post-test counseling. Patients who test negative for HIV should be counseled about effective strategies and behaviors for avoiding future HIV exposure. Individuals who test positive for HIV infection should be counseled about effective strategies and behaviors for the prevention of the spread of the virus and about methods for health protection in the instance of a compromised immune system. They should be advised to place themselves under the care of a physician with the resources to treat HIV infection. HIV-infected individuals should be counseled to alert sexual contacts, current and past (5-10 years), to be tested also. (Report 29, Board of Trustees, H-2001)

20.985 Voluntary Testing

The Society recommends voluntary testing for all pregnant women and newborns, persons considering marriage who have significant risk factors, and physicians who have high-risk behavior or who work in high-risk specialties. (Report 29, Board of Trustees, H-2001)

20.986

Action by the Medical Society

The Medical Society supports the following concepts: (1) government efforts to develop anti-discrimination policies designed to protect the rights of those afflicted with AIDS or infected with HIV; (2) the Society will monitor the medical delivery system and respond as necessary to ensure that the system meets the medical needs of persons infected with HIV; and (3) every HIV-infected person, including those with AIDS, should have access to compassionate and competent medical care in Pennsylvania. (Report 29, Board of Trustees, H-2001)

20.987

Individual Physician Behavior toward HIV Infected Patients

The Medical Society believes that physicians have an ethical obligation to: (1) treat HIV infected patients. The Society has endorsed the statements on AIDS by the AMA Council on Ethical and Judicial Affairs, the most important of which is that it is unethical for a physician to refuse to treat a patient solely because that patient is seropositive; (2) make appropriate referrals. Physicians who are unable to provide the services required by HIV infected patients should make referrals to those physicians or facilities equipped to provide such services; and (3) provide compassionate care. The Society affirms that physicians are dedicated to providing competent medical service with compassion and respect for human dignity. (Report 29, Board of Trustee, H-2001)

20.988

Government Funding

The Society urges government officials to continue funding HIV testing, research, treatment, and counseling. In addition, the Society pledges to participate in government efforts to maintain cost-effective health care systems for HIV-infected patients in Pennsylvania. (Report 29, Board of Trustees, H-2001)

20.989

Mandatory HIV Testing

The Society reaffirms its existing policies concerning HIV testing and renews its commitment to assuring that Act 148 is changed to be consistent with these policies. (Res. 205, H-98)

The Society believes that HIV testing in Pennsylvania should be voluntary and under general consent. (Sub. Res. 204, H-2003)

20.990

Act 148 of 1990

The Society, in cooperation with other supportive organizations, shall seek legislation to update and correct the deficiencies in Act 148, allowing effective use of all the currently available methods of fighting the disease. (Report 29, Board of Trustees, H-2001)

The Society recommends, as a priority, that Act 148 of 1990 be rewritten. The Society believes that a cyclical upgrade by the appropriate agency should occur at intervals of no greater than six years to account for medical advances in the field of HIV/AIDS, and that the initial upgrade should be as recommended in Board Report 29 of the 2001 Pennsylvania Medical Society House of Delegates. (Sub. Res. 204, H-2003)

The Society shall continue to seek, as highest priority, legislation and/or other means to correct those provisions of Act 148 of 1990 which can greatly delay prompt testing of HIV exposure source individuals and thus can preclude or hinder informed clinical decision making concerning institution of prompt effective prophylactic treatment of HIV exposed individuals. (Res. 215, H-2004; revised, Res. 404, H-2010)

5 - Policy Compendium

The Society shall seek as a high priority, legislation or other means to correct those provisions of Act 148 of 1990 which can greatly delay prompt testing of HIV exposure source individuals and thus can preclude or hinder informed clinical decision making concerning institution of prompt effective prophylactic treatment of HIV exposed individuals. (Res. 215, H-2007)

The Society shall continue to seek, as a highest priority, Commonwealth of Pennsylvania's adoption of and compliance with current Centers for Disease Control and Prevention's recommendations regarding testing for HIV. (Revised, Res. 404, H-2010)

The Society shall alert Pennsylvanians to the serious threat that HIV disease continues to present to the public's health and the need for broadened testing in order to gain control of HIV disease. (Res. 206, H-2008)

20.991 Student/Resident Exposure to Blood-Borne Pathogens

The Society adopted the Student/Resident Exposure to Blood-Borne Pathogens policy statement. (Report JJ, Board of Trustees, H-93)

20.992 HIV Reporting

The Society reaffirms the view that AIDS and HIV infection should be perceived as an infectious disease, and that every effort should be made by public health authorities to encourage compliance with regulations requiring reporting of such infectious diseases. (Res. 22, H-93)

20.993 Reporting to Department of Health

The Pennsylvania Medical Society is directed to urge the Pennsylvania State Health Advisory Board to require reporting of all confirmed HIV positivity to the appropriate health department. (Res. 38, H-91; Res. 4, H-92; Revised, Report 29, Board of Trustees, H-2001)

20.994 Physician with AIDS to Consult with Colleagues

The Society asserts that a physician who has AIDS or who is seropositive should consult colleagues about which activities the physician can pursue without creating a risk to patients. (Task Force on AIDS, Report A, H-87)

20.995 Mandatory Reporting of HIV Infection

The Society supports mandatory reporting of HIV infection, contact tracing, and liability protection for physicians who inform sexual partners of HIV-infected persons. (Address of the President Elect, H-88)

20.996 HIV/AIDS Patients Who Purposely Threaten Others

The Society asserts that blatant disregard by an HIV-infected individual for the health of others should be subject to legal sanctions. (Report A, Task Force on AIDS, H-87; Revised, Report 29, Board of Trustees, H-2001)

20.997 HIV Positives Reported to Public Health Officials

The Society believes regulations should be established so that individuals testing positive for HIV infection could be reported to the appropriate public health officials or organizations in a confidential manner. (Report A, Task Force on AIDS, H-87; Revised, Report 29, Board of Trustees, H-2001)

20.998 Contact Reporting Immunity for Physicians

In the event that HIV-infected persons are unable or unwilling to reveal their test status to an intimate contact, Act 148 of 1990 allows physicians to warn unsuspecting third parties and provides liability protection for physicians who do not warn a third party because, in their best judgment, circumstances make the warning unwise. The Society urges physicians to exercise their best judgment and warn third parties of the danger whenever action is warranted in accordance with the requirements of Act 148. (Report A, Task Force on AIDS, H-87; Revised, Report 29, Board of Trustees, H-2001)

20.999 Certification of Significant Exposure

The Society seeks revision of Section 6 (a) (1) of the Confidentiality of HIV-Related Information Act to allow a physician to certify his own exposure or that of any of his employees as a significant exposure for the purpose of testing the source patient's blood for HIV. (Res. 25, H-91; Revised, Report 29, Board of Trustees, H-2001)

25.000 Aging

25.998 Physician Membership in AARP

The Society encourages eligible physicians to join the American Association of Retired Persons. (Board Report I, H-89)

25.999 Adult Day Care Centers

The Society (1) supports county medical societies acting as patient advocates to the local Area Agencies on Aging (AAA) by urging them to allocate appropriate levels of funding from their annual block grants for adult day care centers in their counties; (2) encourages member physicians to serve as patient/family advocates by educating families on the availability of adult day care centers, recommending their use as medically appropriate, and assisting them in seeking funding such as the Options Program and the Family Care Givers Support Program; (3) encourages the Pennsylvania legislature to provide incentives for the establishment and operation of adult day care centers by the private sector, both for profit and nonprofit; (4) urges the legislature to provide start-up funds for those counties currently lacking adult day care centers; and (5) supports the transfer of Department of Transportation programs for the elderly from the Department of Transportation (DOT) to the Department of Aging. (Report AA, Board of Trustees, H-91)

30.000 Alcohol and Alcoholism

30.996 Blood Alcohol Concentration

The Society advocates for lowering the Blood Alcohol Concentration (BAC) to 0.08 g/dl as per se evidence of driving while impaired; supports efforts to ensure that the treatment of alcoholism is covered by health care plans to the same extent as other medical conditions; and seeks state legislation to these effects. (Res. 215, H-98)

30.997 Underage Drinking and Strict Enforcement of DUI

The Society supports state legislation and other initiatives aimed at reducing under-age drinking and strict enforcement of the driving under the influence law. Further that the Society support the need for increased education regarding alcohol abuse, under-age drinking, and rehabilitation treatment services. (Board of Trustees, 3-97)

7 - Policy Compendium

30.998 Identification and Rehabilitation of Drunk Drivers
The Society supports appropriate efforts by the PA General Assembly to identify and rehabilitate drunk drivers. (Res. 8, H-90)

30.999 Community Hospitals Meet Needs
The Society encourages all community hospitals to meet the acute medical needs of alcoholics. (Res. 23, H-69; Revised, H-99)

35.000 Allied Health Professions

35.984 Supporting the Need for Physician Oversight
The Society recognizes, supports and lobbies for the need for physician oversight, whether by direct supervision or a written collaborative agreement, of all non-physician practitioners under the guidance of physicians, including but not limited to CRNPs, CRNAs, nurse midwives, and physician assistants. The Society adopted the policy to oppose in any current or future federal or state health law legislation or act enabling regulations regarding any or all of the following provisions: 1) Any federal or state provision which requires or permits any licensed or non-licensed non-physician practitioner (whether certified or not) to practice medicine independently without licensed medical supervision or written collaborative agreement with a medical physician (MD/DO) licensed in the same state; 2) any federal or state provision which permits any licensed or non-licensed non-physician practitioner (whether certified or not) to prescribe drugs without licensed medical supervision or written collaborative agreement with a medical physician (MD/DO) licensed in the same state; and 3) payment to any licensed or non-licensed non-physician practitioner (whether certified or not) which would be equal to or greater than any payment made to a licensed medical practitioner for the same service in the same payment area. The Society directed its Pennsylvania Delegation to the AMA to submit this resolution to the 2010 AMA Interim Meeting. (Res. 407, H-2010)

35.985 Store-Based Health Clinics in Pennsylvania
The Board of Trustees approved the recommendation that it be the policy of the Pennsylvania Medical Society that any individual, company, or other entity that establishes and/or operates store-based health clinics should adhere to the following principles:

- a. Store-based health clinics must have a well-defined list of services, consistent with state scope of practice laws.
- b. Store-based health clinics must use standardized protocols derived from evidence-based practice guidelines to insure patient safety and quality of care.
- c. Store-based health clinics must establish prior arrangements by which their health care practitioners have direct access to physicians and other health care practitioners in accordance with state laws.
- d. Store-based health clinics must establish protocols for ensuring continuity of care with practicing physicians within the local community.
- e. Store-based health clinics must establish a referral system with physician practices or other facilities for appropriate treatment if the patient's conditions or symptoms are beyond the scope of services provided by the clinic.
- f. Store-based health clinics must clearly inform patients in advance of the qualifications of the health care practitioners who are providing care, as well as any limitation in the types of illnesses that can be diagnosed and treated. Such qualifications must be within existing scopes of practice and not reflect an increase in independent practice.
- g. Store-based health clinics must establish appropriate sanitation and hygienic guidelines and facilities to insure the safety of patients.

- h. Store-based health clinics should be encouraged to use electronic health records (EHRs) as a means of communicating patient information and facilitating continuity of care.
- i. Store-based health clinics should encourage patient to establish a “medical home” to ensure continuity of care.

That the Pennsylvania Medical Society continue to monitor the effects of store-based health clinics on both the delivery of patient care and on the health care marketplace in Pennsylvania. The Society opposes expansion of the scope of service of store-based health clinics into chronic disease management based on concerns for patient safety, continuity of care and confidentiality. Chronic disease management should be coordinated only by a physician. (Board of Trustees, Oct. 20, 2006; revised, Res. 202, H-2010)

35.986 Advertising by Non-Physician Health Care Providers

The Society shall monitor and pursue sanctions against non-physician health care providers that utilize fraudulent or deceptive advertising to the public in order to enhance their business and intentionally misrepresent their scope of practice and ability to diagnose, manage and treat patients. (Res. 412, H-2006)

35.987 Department of Transportation Physical Examinations by Chiropractors

The Society shall pursue legislative, regulatory, and judicial means to overturn the proposed Department of Transportation regulation permitting chiropractors to perform motor vehicle licensing physical examinations. (Res. 401, H-2006)

35.988 Restrictions of Medical Use of Lasers

The Society advocates for legislation or regulation to limit the use of lasers for medical purposes to physicians and podiatrists. (Res. 412, H-2005)

35.989 Scope of Practice of Dentistry

The Society opposes any practice by oral and maxillofacial surgeons without a license as a medical doctor or doctor of osteopathy that goes beyond the scope of practice defined by the Dental Practice Act, and shall inform directors of dental training programs of this policy. The Society shall inform the public of the differences between dental and medical practices. (Res. 202, H-2004)

35.990 Physician Delegation Regulations

The Society continues to support the State Board of Medicine physician delegation regulations. The Society shall assist in the education of physicians as to their responsibilities as they relate to the delegation, supervision and direction of non-physician health care services. (Report 11, Board of Trustees, H-2002)

35.991 Scope of Practice Reform

The Society continues to work to affect scope of practice reform that is substantive, eases access to appropriate medical care, treats non-physician providers with the proper respect due their training, and keeps the practice of medicine under the direction of the physician. (Recommendation 6(d) of the President Elect, H-2000)

35.992 Limited Licensed Practitioners

The Society reaffirms its policies regarding limited licensed practitioners and opposes the expansion of the scope of practice for limited licensed practitioners, such as optometrists and podiatrists. (Board of Trustees, March 2000)

35.993 Licensure Status for Physician Assistants

The Society does not support efforts by the physician assistants to gain licensure status. (Board of Trustees, 3/98)

9 - Policy Compendium

35.994

Scope of Psychological Practice in the Hospital Setting

The Society adopted the following positions regarding the scope of psychological practice in the hospital setting:

1. A psychologist with clinical duties may, with the concurrence of any psychiatric member of the medical staff, recommend patients for admission. The attending psychiatrist shall assume responsibility and authority for the care of the patient throughout the hospital stay, including the collaborative participation of the recommending psychologist. The extent and nature of the collaboration should be determined by the bylaws of the individual hospital in accordance with existing regulations;
2. Psychologists should be included as voting members on committees where appropriate and not in conflict with the bylaws of the individual hospital;
3. "Psychologists" in this regard shall be defined as licensed, clinical, doctoral-level psychologists operating within the scope of their license; and
4. Efforts to enlarge upon the role of psychologists in hospitals beyond these areas shall be opposed by the Society as not in the interest of the best health care for the citizens of Pennsylvania. (Res. 1, H-91)

35.995

Physician Non-Physician Relationships

The Society reiterated its 1979 policy on relationships with non-physician providers, directed that the policy be broadly circulated, and that it be provided to the state Department of Public Welfare and other state agencies for the purpose of influencing future regulations regarding medical and mental health services and programs. (Res. 38, H-80)

35.996

PA Society of American Association of Medical Assistants

The Society supports the Pennsylvania Society of the American Association of Medical Assistants and encourages similar support by county societies and other state societies. (Council on Public Service, H-71)

35.997

PA Chapter, American Association of Medical Assistants

The Society reaffirmed its support of the Pennsylvania Chapter of the American Association of Medical Assistants and urged that all members of the Pennsylvania Medical Society encourage their office assistants to join this organization. (President Elect, H-73)

35.998

Oppose Primary Eye Care by Optometrists

The Society vigorously opposes the concept of allowing non-medical persons to practice medicine. The Society specifically opposes the further expansion of the practice of optometry into the practice of medicine. (Res. 29, H-75)

35.999

Direct Reimbursement of Nurse Anesthetists

The Society opposes any statute, regulation, or similar action which provides for direct reimbursement of certified registered nurse anesthetists. (Res. 40, H-86)

55.000

Cancer

55.998

Screening for Early Lung Cancer

The Society supports the position that monies from the tobacco settlement be used to investigate screening methods for early lung cancer. (Res. 202, H-2000; revised, H-2010)

55.999 Colorectal Cancer Surveillance

The Society endorses the concept of colorectal cancer surveillance and strongly urged reimbursement for such colorectal cancer surveillance in health care and health insurance reform legislation as it evolves in the Pennsylvania legislature and the United States Congress, as recommended by the Interspecialty Section. (Board of Trustees, 3/95)

60.000 Children and Youth

60.995 Use of FDA Approved Adult Medications in Pediatric Care

The Society shall lobby insurers to update and amend their formularies to include medications which are at this time only FDA approved for adults and not yet for children, if the medication is commonly recognized and used by physicians for the treatment of pediatric patients. (Res. 304, H-2010)

60.996 Periodic Preventive Health Exams for Children and Adolescents

The Society supports existing guidelines from national professional medical organizations, i.e., AAP, AAFP, ACOFP, etc., for periodic preventive health examinations for children and adolescents, and supports adequate reimbursement for those physicians who choose to follow these guidelines. (Res. 205, H-2004)

60.997 Cost and Availability of Immunization

The Society supports the Pennsylvania Chapter of the American Academy of Pediatrics in seeking legislation to significantly reduce the cost of vaccine by specific vaccine liability tort reform; and to purchase vaccine for every child in Pennsylvania with distribution through physicians and other health care providers. (Res. 15, H-88)

60.998 More Stringent Vaccinations

The Society supports legislation to 1) establish a parental duty to immunize their children in a complete and timely manner; 2) mandate immunization of children prior to entry into group care arrangements including, but not limited to, preschool, child day care facilities, school, and camp in accordance with recommendations of the U.S. Public Health Service Centers for Disease Control Advisory Committee on Immunization Practices; 3) mandate Pennsylvania public health clinics provide all recommended immunizations as recommended by the Centers for Disease Control Advisory Committee on Immunization Practices (specifically Hepatitis B Vaccine). (Res. 4, H-93)

60.999 Health Passport

The Society urged all physicians and other health care professionals who treat children to consider using immunization records in their practices, including participation in computerized immunization tracking systems. (Res. 32, H-79; Revised, H-99)

65.000 Civil and Human Rights

65.999 Limited English Proficiency Policy Guidance Document

The Society shall seek from the Department of Health and Human Services Office of Civil Rights clarification of the Limited English Proficiency Policy Guidance document and resolution of the document's ambiguities and inconsistencies. (Res. 301, H-2002)

11 - Policy Compendium

70.000 Coding and Nomenclature

70.994 Billing Modifiers

The Society shall seek legislation that requires standardized billing processing including modifiers and further, that all codes be reimbursed in compliance with accepted Current Procedural Terminology (CPT) practices for Pennsylvania insurers. A CPT code or modifier that is reimbursed zero dollars or otherwise not properly reimbursed should be considered as an uncovered, billable service. The Pennsylvania Delegation to the AMA was directed to forward this resolution to the AMA for action. (Res. 305, H-2005)

70.995 Multiple Procedure Modifier Reimbursement

The Society shall seek legislation and/or regulation to require all health insurers doing business in Pennsylvania and the Department of Public Welfare to reimburse for all Current Procedural Terminology Codes, as published, including multiple procedure modifiers. (Sub. Res. 304, H-2001)

70.996 CPT Code Modifiers

The Society supports legislation to ensure that all insurance companies and group payers recognize and pay for all published CPT codes, including modifiers that the payer has agreed to compensate as outlined in the contract language, and that all third-party payers disclose the components of, and clinical justification for, bundled CPT codes. If carriers persist in combining published CPT codes in a manner that results in inappropriate bundling of services, then legislative and legal remedies should be pursued. The Society shall ask the Pennsylvania Delegation to the AMA to carry the contents of this resolution forward to the American Medical Association. (Res. 310, H-99)

70.997 Revision of Evaluation and Management Codes

The Society was directed to request the CPT Department of Coding and Nomenclature to develop policy, rules, and guidelines to handle unusual situations (i.e., multiple small problems at one visit, one extraordinary component, incomplete initial visit) that the rigid definitions of Evaluation and Management Services has created, so that unusual visits can be easily coded; and was further directed to ask the AMA to do likewise. (Res. 506, H-95)

70.998 Uniform Disease and Procedural Coding

The Society determined to seek legislation and regulations requiring that uniform disease and procedural coding be utilized by all third-party payors providing reimbursement to Pennsylvania physicians. (Res. 53, H-86)

70.999 Explanation of Payments by Health Insurers

The Society determined to work toward state legislation requiring any and all insurance companies conducting health insurance business within the Commonwealth of Pennsylvania to itemize and encode all payments made to medical providers in the same way that medical providers are required to itemize and encode their claims for payment. (Res. 44, H-91)

80.000 Crime

80.998 Sexual Harassment

The Society adopted the policies suggested in the AMA Guidelines for Establishing Sexual Harassment Prevention Procedures. The Society was directed to review any future AMA Guidelines for possible adoption. (Report H, Board of Trustees, H-92)

80.999 Confidentiality of Rape Counselors' Files

The Society supports appropriate legal protection from public access of records of alleged rape patients retained by qualified rape counselors. (Res. 44, H-80)

85.000 Death

85.991 Advance Directives

The Society shall seek innovative ways to expand the use of advance directives. (Res. 412, H-2007)

85.992 Financial Incentives for Autopsies

The Society affirms the importance of autopsies and opposes the use of any financial incentives for physicians who acquire autopsy clearance. (Res. 204, H-95)

85.993 Medical Examiner System in Allegheny County

The Society continues to support the passage of enabling legislation to create a medical examiner system in Allegheny County and seeks to resolve differences with those organizations and professions which have opposed such a system. (Res. 403, H-94)

85.994 Right to Die Legislation

As a matter of high priority, the Society supports and encourages the development of right to die legislation in the Commonwealth that protects patient, family, and physicians' decisions. (Res. 30, H-85)

The Society believes that the traditional physician/patient framework for decision-making is still the desired approach for treatment decisions concerning the incompetent patient, which calls upon physicians to:

1. Identify the goals of medical treatment based on the medical facts, the medical indications, and the potential consequences.
2. Identify the patient's preferences in consultation with family, friends, and religious leaders, if available. In this application of substituted judgment, someone other than the patient makes the treatment decision, but the goal is to act in harmony with the patient's moral, ethical, and religious values using any available written or verbal expression or instructions of the patient. Any previous discussion the physician may have had with the patient would be important.
3. Consider the patient's previously expressed viewpoint on quality of life; understand the medical, professional, and human values of all individuals involved; and identify major value conflicts.
4. Explore applicable external factors, such as cost, legal issues, etc. The Society acknowledges, however, that instances occur where outside decision-making assistance should be sought. The guidance of the hospital's ethics committee is one source of guidance. In some cases, a second opinion from another physician might be sought. In rare instances, a physician may want to petition the local court for guidance. As an example, a physician must consider this avenue when the patient is unable to make treatment decisions and no surrogate decision-maker is available. In such instances, the court could appoint a guardian who would have the responsibility of making treatment decisions for the patient. (Report K, Board of Trustees, H-92)

13 - Policy Compendium

85.995 **Pronouncement of Death in Nursing Homes**

Physicians should be urged to cooperate in the pronouncement and certification of death of nursing home residents so that there is not an unreasonable delay in the removal of a body. (Report F, Board of Trustees, H-79; Revised, H-99)

85.996 **Medical Examiner System**

The Society reaffirms its strong support for a Constitutional change to adopt the Medical Examiner System and eliminate the coroners' system. (Res. 34, H-67)

85.997 **Hospice Programs**

The Society endorses in principle hospice programs as an appropriate mode of care and seeks changes in policies of health insurers to include subscriber coverage by third-party payors for hospice programs. (Res. 30, H- 79)

85.998 **Euthanasia**

The Society believes that:

1. The decision to withhold or to withdraw extraordinary forms of medical therapy, when there is sound evidence that biologic death is inevitable, is the prerogative of the patient or the closest relative with proper medical consultation by the attending physician.
2. The use of euthanasia, that is, the active termination of life through the administration of a lethal drug or the use of a lethal instrument, is unjustifiable taking of human life and exceeds proper medical practice. (Res. 5, H-73)

Physicians have an obligation to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This includes providing effective palliative treatment, even though it may foreseeably hasten death. (Revised, H-2003)

85.999 **Death Certificate Guidelines**

The Society supports the development of statewide guidelines beyond the standard nomenclature that are intended to assist physicians in the accurate completion of death certificates. The Society also urges each hospital to perform in-house, periodic review of all death certificates completed over a defined period of no more than three (3) months for the purpose of evaluation and education of medical trainees and staff. The Society further urges all physicians responsible for the completion of death certificates to regularly consult with their region's medical examiner prior to the determination of problematic causes and manners of death. (Res. 74, H-90; Reaffirmed current system, Report V, Board of Trustees, H-91)

The Society once again urges all hospital medical staffs to perform in-house periodic reviews of death certificates for the purpose of evaluation and education of medical trainees and staff. The Society continues to urge all physicians responsible for the completion of death certificates to regularly consult with their region's medical examiner and/or coroner prior to the determination of problematic causes and manners of death. (Res. 207, H-2005)

95.000 **Drug Abuse**

95.994 **Education on Overdose Prevention/Naloxone Prescribing**

The Society (1) promotes overdose prevention education to patients and their families; (2) promotes physician education on naloxone prescribing, including risk assessment of patients, resources available to learn more about available programs, and how best to proceed when the decision is made to prescribe;(3) will expand the Pain Management Work Group to include expertise on overdose prevention and naloxone prescribing;(4) advocates to expand the mission of the Pennsylvania Pain Coalition to include physician and public overdose education goals, and continue to work with the coalition and other nonprofit organizations to develop patient education materials about naloxone use as part of a public

education program. This program should focus on appropriate pain management therapies and their adverse side effects, as well as the importance of having realistic expectations for pain control; and (5) will continue to monitor research on naloxone prescribing, including the Lazarus Project. (Report 4, Board of Trustees, H-2009)

95.995 Use of Medical Marijuana

The Society adopted AMA policy H-95.952 as the policy of the Pennsylvania Medical Society with respect to the use of cannabis for medical purposes: (1) calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease; (2) urges that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product; (3) urges the National Institutes of Health (NIH) to implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research into the medical utility of marijuana. This effort should include: a) disseminating specific information for researchers on the development of safeguards for marijuana clinical research protocols and the development of model informed consent on marijuana for institutional review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of marijuana for clinical research purposes; c) confirming that marijuana of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the Drug Enforcement Agency who are conducting bona fide clinical research studies that receive Food and Drug Administration approval, regardless of whether or not the NIH is the primary source of grant support; and (4) believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and the discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions. (Board of Trustees, February 2-3, 2010)

95.996 Access to Treatment for Addiction

The Society shall provide public and expert support for any community effort to expand safe and appropriately supervised access to comprehensive therapy for opiate addiction, including methadone and buprenorphine. The Society encourages its members to function as advocates for and providers of therapies to treat opiate addiction within federal and state guidelines. (Res. 202, H-2005)

95.997 Prescription Drug Monitoring Legislation

The Society shall actively pursue legislation that would allow the Commonwealth to develop a prescription drug monitoring program that would immediately identify and intervene with those individuals that are receiving scheduled drugs from multiple physicians and pharmacies. The prescription drug monitoring database for the program should be available to provide physicians with information for purposes of minimizing further distribution of non-medical use of prescription medication. (Res. 213, H-2004)

95.998 Provision of Clean Needles/Syringes to Drug Addicts

The Society adopted the policy that the provision of needles/syringes is warranted as a means of AIDS and Hepatitis control. (Res. 701, H-95)

The Society seeks to promote legislation in the Commonwealth of Pennsylvania which will exempt the possession of syringes by formally organized needle exchange programs from the Commonwealth's drug paraphernalia laws. The Society encourages the education of the

15 - Policy Compendium

general public and injection drug users about the need for sterile syringes in order to prevent the spread of HIV. The Society encourages the development and implementation of programs which provide sterile syringes, as well as the collection and proper disposal of used syringes. (Res. 202, H-98)

95.999 **Decriminalization of Illicit Drugs**

The Society adopted a white paper on decriminalization of illicit drugs which included the following recommendations:

1. The Society should support the American Society of Addiction Medicine's definition which states that addiction is a disease.
 2. The Society should advocate:
 - a. Primary prevention
 - b. Early identification
 - c. Expanded research
 - d. Increased access to a full complement of treatments for addiction.
 3. The Society should work to assure that medical insurance benefits for the treatment of addiction are available to all citizens, thus providing access to the most effective and cost efficient treatments to all who desire help.
 4. The Society should support an educational program for physicians and the public on all aspects of substance abuse, including the multiple issues of decriminalization.
 5. The Society urges a continual exploration of this complex issue.
 6. In view of the numerous unanswered questions, the Society should not endorse decriminalization at this time; instead it should encourage a continuing discussion among physicians to evaluate current and future proposals for decriminalization. (Report UU, Board of Trustees, H-91; Revised, H-01)
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100.000 **Drugs**

100.995 **Safe Disposal of Prescription and Over-the-Counter Drugs**

The Society was directed to produce guidelines on Medication Clean-up programs for physicians and medical practices, and to seek ways to partner with interested government agencies and organizations to expand the Medication Clean-up program to counties beyond the pilot areas of Pittsburgh, Harrisburg, and Philadelphia. (Res. 204, H-2010)

100.996 **Appropriate Unused Medication Disposal**

The Society shall work with interested organizations and appropriate state agencies to promote education regarding the storage and disposal of unused medications. The Society shall urge the office of the Governor to convene a task force to resolve the jurisdictional issues that impede progress in addressing this safety issue of appropriate unused medication disposal. The Society was directed to take this issue to the AMA House of Delegates. (Res. 202, H-2009)

100.997 Establishment of a Registry for Clozapine Users with Benign Ethnic Neutropenia

The Society adopted the following policy statement and shall communicate it to the U.S. Food and Drug Administration: “The Pennsylvania Medical Society supports the establishment of a national registry for patients who are being treated with clozapine for schizophrenia and other serious conditions and have benign ethnic neutropenia. This registry, to be established by the Food and Drug Administration, could prevent interruption of therapy. Prescription refills of clozapine should not be refused by the pharmacist until it is determined that the patient does not have benign ethnic neutropenia. Clozapine is considered the best antipsychotic for treatment resistant schizophrenia and other serious conditions. Currently, pharmacists are required to refuse clozapine prescriptions when blood tests of clozapine patients indicate low white cell counts. However, patients of African or Mediterranean descent may normally have low white cell counts. The refusal of refills by the pharmacists interrupts therapy and may result in behavioral issues that put patients and their families at risk of injury or even death.” (Report 26, Board of Trustees, H-2009)

100.998 Use of Drug Enforcement Agency (DEA) Numbers

The Society adopted the policy statement on DEA numbers which included the following: The Society (1) believes that the U.S. Drug Enforcement Agency issues DEA numbers for the specific purpose of governing the distribution of controlled substances; (2) considers that the expansion of the use of these numbers for other purposes, such as serving as a physician identifier for third party prescription programs, is not conducive to the practice of good medicine, can be detrimental to the physician-patient relationship, and can result in the diversion of controlled substances for illicit purposes; (3) encourages physicians to limit their use of DEA numbers to only those instances prescribed by the DEA and opposes any additional usage; and (4) recommends that any third party identification system use another universal number, such as medical license number, UPIN number, Employer Identification Number, etc. (Report CC, Board of Trustees, H-93; Revised, H-2003)

100.999 Use of Anorexiant for Treatment of Obesity

The key to medically safe treatment of obesity continues to center on sound nutrition and adequate exercise. These concepts, which combine reduced food intake and increased energy output, offer what appears to be the most effective way to control obesity on a long range basis. Sensible weight reduction is a slow process which may require some individuals to restrict caloric intake life-long. Crash or fad diets, while they have an appeal based on gimmicks or seemingly fast results, may fail to address the underlying problem causing obesity or overweight.

1. It is the position of the Pennsylvania Medical Society that treatment of obesity is a medical matter;
 2. Obesity is best treated in connection with the patient's physical, social, and emotional conditions;
 3. Proper diagnosis and treatment of obesity can be accomplished through continued efforts to inform and educate;
 4. The public should be protected against an irrational therapy, including inappropriate use of drugs or other selected methods of weight loss such as dietary supplements, which enjoy sudden and brief popularity but often lack any medical soundness. (Res. 21, H-77)
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17 - Policy Compendium

110.000 **Drugs: Cost**

110.997 **Physician Education on Pharmacy Benefits**

The Society believes physicians should be educated about medications that are available to patients through Medicare Part B and are not subject to the “donut hole,” including respiratory medications (e.g., nebulizer medications) and injectable medications (e.g., Reclast); and over-the-counter alternatives which may also lower total Medicare total Rx costs, and to more easily recognize a true pre-certification for a medication from other medication change requests. The Society was directed to take this issue to the AMA for action by way of a resolution. (Res. 303, H-2009)

110.998 **Pharmacy Benefit Plans**

The Society is committed to overseeing the modification of Pharmacy Benefit Plans with potential associated inefficient and overly burdensome methods. The Society shall be actively involved in finding more effective solutions to rising drug costs that do not unfairly burden physicians or their offices or expose patients to additional risks. (Res. 316, H-2000; revised, H-2010)

110.999 **Costs for Prescriptions**

The Society lends its full support toward appropriate measures which can be instituted for substantial price reductions on prescription drugs. (Res. 22, H-92)

115.000 **Drugs: Labeling and Packaging**

115.997 **Prescription Drug Expiration Dates**

The Society was directed to approach the State Board of Pharmacy to change the current labeling practice and begin to place the expiration date specified by the pharmaceutical manufacturer on the prescription drugs. The specifications should state that the product should be stored under reasonable conditions. (Res. 409, H-2006)

115.998 **Consistent Prescription Medication Outdating**

The Society requests the State Pharmacy Board to pass regulations for consistent medication outdating equal to the pharmaceutical manufacturers’ stock dating. (Res. 401, H-2005)

115.999 **Expiration Date of Prescriptions**

The Society recommends that pharmacists affix on all prescription labels the expiration date of the medication as set by the manufacturer. (Res. 20, H-88)

The Society strongly supports passage of a bill (such as HB 310) to require that the name of the substituted medication be included in parenthesis, after the words "SUBSTITUTED FOR," on dispensed medication labels when the drug the physician prescribes is substituted, and that the expiration date of the drug be included on the label of all prescriptions. (Res. 75, H-93)

120.000 Drugs: Prescribing and Dispensing

120.992 Safe and Appropriate Medication Dosages for Geriatric Patients

The Society was directed to ask the AMA to collaborate with those specialty societies involved with the care of the geriatric patient and lobby the appropriate federal agencies to research and develop recommendations for the safe and appropriate dosages of medications used by the elderly. (Res. 206, H-2009)

120.993 Prescription Pad Theft

The Society shall prepare and disseminate a guide of action steps for physicians to complete when they discover the theft of their prescription pads, unauthorized use of electronic prescribing, or the unauthorized use of their DEA numbers. (Res. 403, H-2009)

120.994 Pennsylvania Prescription Drug Monitoring Data Base

The Society shall seek legislation or regulation to allow duly licensed Pennsylvania physicians timely access to patient specific drug information from the Pennsylvania Prescription Drug Monitoring Data Base upon request. (Res. 211, H-2008)

120.995 Pharmaceuticals Administered by Physician Practices

The Society shall work with the Pennsylvania Society of Oncology and Hematology and other affected organizations to set up meetings with health insurance companies to discuss the practice of indirect, unsupervised acquisition, handling, preparation and disposal of pharmaceuticals administered by physician practices (“brown bagging”). The Society shall join the Pennsylvania Society of Oncology and Hematology and other organizations in meetings with the Bureau of Managed Care under the Department of Health to discuss patient safety concerns associated with the practice of “brown bagging.” The Society was directed to submit the same resolution to the American Medical Association House of Delegates. (Res. 309, H-2004)

120.996 Use of FDA Approved Drug Product/Medical Device

The Society adopted the policy that a physician may lawfully use a Federal Drug Administration (FDA) approved drug product or medical device for an unlabeled indication when such use is based upon sound scientific evidence and sound medical opinion; and affirms the position that when the prescription of a drug or use of a device represents safe and effective therapy, third party payers should consider the intervention reasonable and necessary medical care, irrespective of labeling, and should fulfill their obligation to their beneficiaries by covering such therapy. (Res. 301, H-2003)

The Society renews its policy to encourage health plans across the state to include “off label” uses on their list of “covered prescription drugs.” The Society shall develop an appropriate definition of “sound scientific evidence” and/or “sound medical opinion” as raised in the Medical Directors Forum. The Society shall also develop and promote appropriate legislative remedies which would require health insurance companies in Pennsylvania to cover the appropriate use of “off-label” drugs. (Res. 306, H-2004)

120.997 Pharmaceutical Companies' Access to Physician Prescribing

The Society shall pursue through regulatory and legislative efforts to stop pharmaceutical companies' access to physicians' prescribing patterns, and shall request the AMA to take steps in preventing this practice on a national basis. (Res. 208, H-98)

19 - Policy Compendium

120.998 Prescription Drugs for Indigent Patients

The Society (1) compliments the Pharmaceutical Manufacturers Association (PMA) on its programs for indigent patients and encourages the PMA to develop a universal application process and eligibility criteria to facilitate enrollment of patients and physicians in all the programs providing pharmaceuticals to indigent patients that are provided by pharmaceutical manufacturers; and (2) encourages the PMA to provide information to physicians and hospital medical staffs about the members of PMA that provide pharmaceuticals to indigent patients. (Sub. Res. 202, H-94)

120.999 Prepaid Prescription Plans and Unsound Medical Practices

The Society recommends that prepaid prescription plans allow participants to receive prescriptions in quantities smaller than three months supply at a time. The State Drug Device and Cosmetic Board has been notified of this policy. (Res. 38, H-90)

125.000 Drugs: Substitution

125.990 Substitution of Foreign-Made Generic Medications by U.S. Pharmacies

The Pennsylvania Delegation to the AMA was directed to request the AMA to investigate the substitution of foreign-made generic medications by US pharmacies, bring the Society's concerns about possible risks to our patients from foreign-made generic medications to the FDA, and educate physicians about the prevalence and legality of generic drug substitution by US pharmacies so that we may counsel our patients appropriately. (Res. 219, H-2008)

125.991 Informed Substitution of Anticonvulsant Drugs

The Society opposes the practice of substitution for anticonvulsant drugs (brand name to generic or generic to generic) for patients with epilepsy at the point-of-sale without the express consent of the prescribing physician and notification of the patient in writing; further, the Society supports legislation that prohibits this practice. (Res. 211, H-2007)

125.992 Pharmacy Scope of Practice

The Society shall work in a collaborative manner with the Pennsylvania Pharmacists Association to develop guidelines for pharmacists that (a) limit their advice to information that is found in standard references; (b) recommend that pharmacists contact prescribing physicians directly about specific treatment concerns or prescription modification; and (c) assure that pharmacists recommend that patients contact their treating physicians to discuss questions or concerns or any refusal to dispense medication. The Society continues to recognize the valuable contributions made by pharmacists in protecting patients from adverse drug events such as drug interactions. The Society shall investigate reports from physicians about pharmacists' interventions which appear to exceed the scope of pharmacy practice and develop an action plan to address areas where such behaviors are occurring. (Res. 211, H-2005)

- 125.993 Pharmacy Benefits and Prescription Changes**
The Society shall work with The Hospital and Health System Association of Pennsylvania, third party payers, and pharmacy benefit managers in the interests of patients' safety to establish an effective mechanism to (1) coordinate inpatient formularies with patients' pharmacy benefit formularies in order to avoid otherwise unnecessary medication changes after discharge; (2) assure that requests for therapeutic changes (in their interest of cost savings) be approved by both the primary care physician and the hospital-based physician(s) responsible for the care of the patient; (3) establish that pharmacy benefit managers assume the responsibility and costs of ascertaining that the physicians and patients completely understand their requested changes in order to avoid patient noncompliance and therapeutic errors; and (4) to provide for a third-day transitional period to allow for continuation of coverage of medications prescribed at discharge. (Res. 308, H-2000)
- 125.994 Non-Generic Drugs**
The Society was directed to influence insurance companies and prescription programs to provide reimbursement to patients for medications that are not yet available in generic form. (Res. 312, H-2000)
- 125.995 Coverage for All Dosage Strengths in Formulary Approved Products**
The Society encourages managed care organizations with drug formularies to authorize payment for all manufactured dosage strengths of products already approved for their formulary. (Res. 309, H-98)
- 125.996 Changes in Medications Prescribed by Physicians**
The Society seeks to have prescription plan formularies' preferred medications evaluated and continuously reviewed by physicians to assure these are acceptable therapeutic substitutions. The Society also seeks to have a simple and timely appeal and reversal process available to physicians in instances where the physician believes the therapeutic substitution is not as effective in treating the patient as was the original regimen, or if the therapeutic substitution represents a significant risk to patient care. The Society shall pursue legislative or regulatory efforts to prohibit pharmacists and health plans to seek therapeutic substitutions in an attempt to receive direct rebates or rewards offered by pharmaceutical companies. (Res. 209, H-98)
- 125.997 Changes in Medications Ordered by Physicians**
The Society opposes the practice by pharmacists or other third parties of communicating with patients, suggesting changes in medications ordered by their treating physicians. (Board of Trustees, 1/21/98)
- 125.998 Information on Generic Drugs**
The Society believes that (1) due to the quantity of data available on generic drugs and their general safety and efficacy, it is not practical, necessary, or cost-effective to provide every physician with bioavailability and bioassay data on every generic drug; (2) a concerned physician can readily request such data on an individual, case-by-case basis directly from the FDA; and (3) additional information on methodology and guidance where bioequivalence may be an issue are available from the U.S. Pharmacopoeia. (Report 2, Board of Trustees, H-94)
- 125.999 Enforcement of the Drug Substitution Law**
The Society seeks strict enforcement of the Drug Substitution Law. (Res. 5, H-88)
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21 - Policy Compendium

130.000 **Emergency Medical Services**

130.995 Emergency Department Crowding The Work Group on Emergency Department Crowding was directed to continue its efforts to develop a white paper on emergency department crowding and work with the new administration and other stakeholders to address the problem. (Report 2, Board of Trustees, H-2010)

130.996 Utilizing Emergency Department to Connect Victims of Violence to Community Resources
The Society supports the introduction and passage of legislation, as has been proposed and passed in other states, which supports funding of an Injury Prevention Coordinator in emergency departments of state trauma centers where such need exists. (Res. 408, H-2007)

130.997 Bioterrorism
The Society encourages public health organizations throughout the Commonwealth to educate physicians of the history and manifestations of acts of bioterrorism. The Society adopts and shall disseminate the following AMA policy 130.949, "Organized Medicine's Role in the National Response to Terrorism," as an informational and educational tool in the physician's office to better prepare the practicing physician for the detection and treatment of bioterrorism: Our AMA: (1) and the Federation of Medicine will work with appropriate public health, law enforcement, hospital, and emergency response agencies and associations, as well as the pharmaceutical industry and media, to develop coordinated plans and strategies that identify the specific needs, roles, contributions, and participation of organized medicine and individual physicians in disaster planning and emergency response to terrorist attacks and identify procedures for the rapid detection, early reporting, and medical management of affected individuals; and (2) urges medical schools and residency programs to develop curricula and training programs for medical students and residents regarding medical and public health aspects of biological and chemical terrorism, as well as community disaster planning and emergency response procedures in the event of such terrorism. (Res. 209, H-2000)

130.998 Care Delivered by On-Call Physicians
The Society seeks a requirement that health plans be mandated to cover the cost of care delivered by on-call physicians which is needed to stabilize patients presenting to the emergency department. The Society shall work together with organizations, such as the Pennsylvania Chapter of the American College of Emergency Physicians and The Hospital and Healthcare Association of Pennsylvania, to educate physicians, hospitals and other interested parties regarding the Emergency Medical Treatment and Active Labor Act (EMTALA), including the issue of responsibility of on-call physicians. (Res. 314, H-98)

130.999 Prudent Layperson Definition of an Emergency
The Society adopted the following "prudent layperson" definition of emergency services: "Emergency services are health care services provided to evaluate and treat medical conditions of recent onset and severity that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that urgent and/or unscheduled medical care is required." Further, the Society was directed to incorporate this definition into its position statements regarding health care and to seek legislation requiring health insurance entities to use this definition in determining reimbursement for emergency services. (Res. 307, H-95)

135.000 **Environmental Health**

135.992

Radon Policy

1. The Society believes that environmental radon gas and daughter radionuclide represent a significant public health concern.
2. It supports the systematic study of the geographic distribution of the problem by means of monitoring of homes and further recommends that each member of the Society voluntarily test his dwelling within twelve (12) months of the adoption of this policy.
3. The Society supports efforts aimed at remediation of homes found to contain high levels of radon gas.
4. It supports ongoing educational efforts aimed at publicizing the nature, extent, prevention and remediation of the problem.
5. The Society supports longitudinal health monitoring aimed at ascertaining actuarial risks of pulmonary carcinoma related to radon.
6. It supports the one-time monitoring of schools and other public buildings for radon.
7. The Society advocates limited public sector support for testing and for remediation of highly contaminated homes (200pci/L).
8. The Society supports further study of the health effects of radon contaminated drinking water. (Board of Trustees, B-5-88)

135.993

Acid Rain Policy Adopted

The Society policy regarding acid rain states:

Atmosphere pollutants in ambient air concentrations do produce adverse effects on human health. The lungs and airways are primarily affected. Secondary effects, due to groundwater and game contamination, are less well studied and documented, but are nonetheless important. The Pennsylvania Medical Society recommends the following:

I. Organization Actions

- A. Learn about pending legislation at state and national levels and support reasonable bills that will insure both quality of health and quality of lifestyle.
- B. Urge compliance with established federal, state and local air pollutant levels in monitored urban areas.
- C. Encourage medical attention to the human health effects of air pollutants through the use of press releases, radio public service announcements and television health interest reports on news programs.
- D. Endorse the research and development of alternative energy sources and waste management.
- E. Endorse cooperation with selected organizations in order to gain additional expertise concerning atmospheric pollutants.

II. Professional Actions

- A. Educate yourself about the health effects of pollutants.
- B. Identify the at risk population in your practice which may include: Elderly greater than 65 years, children less than 8 years, patients with pulmonary disease such as COPD and asthma, pregnant women and post-myocardial infarction patients.
- C. Consider the diagnosis of pollutant induced ill health or exacerbation of an existing disease.
- D. Treatment of air pollutant induced ill health: Avoid exposure (stay indoors), reduce physical activity, air purification, medical treatment if necessary.
- E. Counsel at risk patients to be alert to broadcast air quality reports and discover for themselves how it affects their health.
- F. Document suspicion of pollutant induced illness in medical records.

III. Personal Strategies

- A. Educate yourself and then educate others about the facts of pollutant induced ill health.
- B. Be an example:
 - Office waste management
 - Reduce fossil fuel consumption
 - Avoid using leaded gas
 - Avoid use of fluorocarbon aerosol propellants
 - Review investment portfolio - consider investments in environmentally minded corporations. (Board of Trustees, B-6-90)

135.994

Acid Rain

The Society supports efforts to reduce air pollution and improve air quality. The Society encourages vigilance in monitoring problems with air quality. (Res. 8, H-81; Revised, H-01)

135.995

Pesticides and Herbicides

The Society adopted the policy statement on pesticides and herbicides, which included the following: The Society (1) recognizes the value to society, both global and nationally, of most of the diverse chemicals described on herbicides and pesticides; (2) is aware that such substances present an acute or chronic human health hazard and that abuse and misuse of any of these substances may occur and advocates responsible and informed use of all agents for any use; (3) acknowledges that information available about herbicides and pesticides varies in terms of quality and accuracy and endorses the objective and reasonable interpretation of peer reviewed data; (4) notes that data and the conclusions drawn from those data are not uniform; rigidly dogmatic conclusions are rarely warranted; (5) recognizes that many agents have potential health effects under appropriate circumstances and that these effects can be acute, chronic, or idiosyncratic; (6) endorses the education of physicians, both at the training and postgraduate levels, about the diagnosis and treatment of toxic effects from these agents; this can be accomplished by direct education or by accessing widely available and high quality data bases; and (7) is aware that numerous laws and regulations regarding these chemicals have been promulgated; these reflect society's concern about the safety and health effects of these agents. (Report I, Board of Trustees, H-93)

135.996

Future Policies on Environmental Issues

The Society adopted the following provisions of the policy statement, "Guidelines for Policy Making on Environmental Issues: Experience of the Pennsylvania Medical Society, 1984-1993": The Society (1) continues to be active in environmental health issues; (2) bases its positions on the best science available; (3) avoids being politicized or choosing sides; and (4) keeps in clear focus the dual role of its members: watchdog of the public health and generator/user of hazardous materials. (Report DD, Board of Trustees, H-93)

135.997

Pesticide-Herbicide Toxicity Education

The Society encourages all medical schools and hospitals to provide education in pesticide-herbicide toxicity, and recommends to the AMA that this be promulgated nationally. (Res. 34, H-92)

135.998

Air Pollution

The Society will keep its membership informed about bills involving air pollution control in order that members may send letters of support for such legislation to appropriate members of the state legislature. (Res. 17, H-69; Revised, H-99)

135.999 Air Pollution
The Society supports air pollution programs which receive continuing review and approval by professional consultants in the medical field. (Res. 10, H-66)

140.000 Ethics

140.994 Physician Advertising
The Society reaffirms its support of the AMA's "Code of Medical Ethics," particularly with regard to Section 5.02 on "Advertising and Publicity." The Society shall study mechanisms by which members can bring potentially inappropriate physician advertising to the Society's attention and mechanisms for appropriate action on such advertising, and shall make such mechanisms available as a member service when and if our Board deems them feasible. (Res. 504, H-2006)

140.995 Confidentiality of Genetic Testing
The Joint Committee of the Pennsylvania Medical Society and the Pennsylvania Bar Association shall continue to monitor legislation as it is introduced, and work toward developing a policy statement which will list all of the caveats important to genetic testing confidentiality. (Report 5, Board of Trustees, H-2001)

140.996 Treatment of Chronic Pain
The Society shall work with the Pennsylvania State Board of Medicine to clarify, revise and refine the "Guidelines for the Use of Controlled Substances in the Treatment of Pain" as necessary to address physician concerns. The Society shall also work with the Pennsylvania State Board of Medicine to publicize the Medical Board's position on this matter. If it appears that the Medical Board's statement is not sufficient to allay physicians' fears or the Medical Society discovers that other state agencies are pursuing a different course, the Medical Society will seek appropriate legislation. (Report 23, Board of Trustees, H-2000)

140.997 Non-compete Clauses in Physician Contracts
The Society opposes non-compete restrictive covenant provisions in physician contracts and seeks state legislation banning those contract clauses. (Res. 316, H-98, adopted in lieu of 1999 Board Report 13)

140.998 Restrictive Covenants in Medicine
The Society adopted as policy that physicians, singly and in organized groups, shall not be party to or participate in a corporate, partnership, or employment agreement with another physician or organization that restricts the right of the physician to practice medicine after termination of a relationship created by the agreement, and that reasonable cost-based payments that are part of a separation agreement are not unprofessional, unethical restrictions on the right to practice medicine or on professional autonomy or on patient access. The Society opposes the use of restrictive covenants as a condition for physicians entering into training programs. (Report 6, Board of Trustees, H-96)

The Society shall seek legislation prohibiting employers from requiring a physician to sign a restrictive covenant that precludes the physician from competing with the employer. This requirement would not preclude a buyout clause that requires the physician to reimburse the employer for reasonable expenses incurred in recruiting the physician and establishing the physician's patient base. (Res. 408, H-2008)

25 - Policy Compendium

140.999 **Joint Venture Contracts**

The Society asserts that the patient should be informed of any economic relationship which may exist between a referral source and an entity to which the patient is referred for evaluation or treatment. The medical staffs of hospitals should be encouraged to establish oversight committees to review all joint venture contracts between the hospital or its subsidiaries and any members of its medical staff which encompass the provision of professional physician services. (Res. 39, H-87; revised, H-2007)

145.000 **Firearms: Safety and Regulation**

145.997 **Promotion of Firearms Safety**

The Society shall partner with other stakeholders in an effort to promote firearms safety. (Res. 406, H-2007)

145.998 **Firearms Safety Programs for Children**

The Society supports AMA Policy 145.990: Prevention of Firearm Accidents in Children which (1) supports increasing efforts to reduce pediatric firearm morbidity and mortality by encouraging its members to (a) inquire as to the presence of household firearms as a part of childproofing the home; (b) educate patients to the dangers of firearms to children; (c) encourage patients to educate their children and neighbors as to the dangers of firearms; and (d) routinely remind patients to obtain firearms safety locks, to store firearms under lock and key, and to store ammunition separately from firearms; and (2) encourages state medical societies to work with other organizations to increase public education about firearm safety.

The Society also supports recently adopted AMA policy encouraging "organized medical staffs and other physician organizations, including state and local medical societies, to recommend programs for teaching firearm safety to children." (Report 2, Board of Trustees, H-2000)

145.999 **Health Consequences of Firearms**

The Society advocates funding of scientific research on firearm related injury and death by appropriate national groups, like the Centers for Disease Control. (Res. 50, H-86)

155.000 **Health Care Costs**

155.993 **Health Insurance Company Comparatives**

The Society's Board of Trustees' Executive Committee was directed to create a committee no later than December 31, 2008 to (1) investigate and document the differences in costs of health insurance for individuals and families, drug formulary policies, vaccination policies, and E&M reimbursements between but not limited to private health insurance companies in Pennsylvania and those in New Jersey, Delaware, New York, Maryland, Virginia, West Virginia, and Ohio; (2) present this information to the House of Delegates via their preferred form of mailing and make it easily available to all physicians in Pennsylvania via the Society's web site; (3) have the Society present this information to each member of the Pennsylvania House of Representatives and Senate; (4) meet with the Insurance Commissioner and the Office of the Attorney General of the state of Pennsylvania on a regular basis to educate them about the differences; and (5) a concise report of progress be provided to the members of the House of Delegates by June 1, 2009 and a full report be provided at the House of Delegates meeting in October 2009. (Res. 311, H-2008)

- 155.994** **Costs of Highmark Automatic Audits**
The Society was directed to analyze the practices of reimbursement agencies that consume health care resources and explore avenues to reduce the consumption of these resources. (Res. 309, H-2007)
- 155.995** **Cost of Disposable Equipment**
The Society shall request the Insurance Commissioner of the Commonwealth of Pennsylvania to address the problem of insurer failure to pay for the user cost of disposable equipment in addition to the DRG payment. (Res. 313, H-99)
- 155.996** **Reporting of Advertising Expenditures**
The Society shall request, through appropriate regulatory or legislative means, the reporting and public availability of advertising expenditures as a line item disclosure in yearly financial statements by all health insurers and facilities licensed and operating in the Commonwealth of Pennsylvania. (Res. 404, H-98)
- 155.997** **Pennsylvania Health Care Cost Containment Council**
The Society directed the Board of Trustees to continue monitoring the activities of and cooperating with the Pennsylvania Health Care Cost Containment Council to assure the provision of valid health care cost and quality data. (Res. 63, H-93)
- 155.998** **Tax Exemption of Health Care Expenses**
The Society endorses the concept of equal tax exemption for all health care expenses, regardless of the form of employment, and regardless of whether health insurance is used to pay for it. The Society is working for the adoption of this policy at the AMA; and seeks, to the best of its ability, to execute legislative implementation. (Res. 45, H-92) (Reaffirmed, Res. 21, H-93)
- 155.999** **Release of "Raw Data" By HC-4**
The Society requested the Health Care Cost Containment Council assure that data has been verified through expert review with a specified compilation methodology before being released to the public. (Res. 29, H-87)

160.000 **Health Care Delivery**

- 160.978** **Reporting Forms**
The Society's policy requires simplification and standardization of reporting forms, whether electronic, paper or verbal, for all governmental, insurance or other regulatory bodies. Further, the requirements for "quality standards" are to be data driven in collaboration with the Pennsylvania Medical Society and specialty societies, rather than imposed by governmental, insurance or other regulatory bodies. (Res. 302, H-2008)
- 160.979** **Endorsement of Programs Which Improve Access to Health Care for the Uninsured and Underinsured**
The Society endorses York County's Healthy York Network and Project Access Lancaster County (PALCO) and encourages other similar initiatives. The Pennsylvania Delegation to the AMA was directed to present a similar resolution to its House of Delegates, seeking formal endorsement by the AMA. (Res. 201, H-2007)

27 - Policy Compendium

160.980 Highmark Quality Reporting Initiative, Fall 2007

The Society opposes the posting on any insurance website (i.e., Highmark website) or in any publication of physician quality scores based solely on claims data, and seeks the development of a mechanism for physician review and appeal of data prior to publication. The Society shall collaborate with specialty societies, insurance companies, and other appropriate parties to create achievable goals that accurately reflect the performance of physicians. (Res. 301, H-2007)

160.981 Health Care Services to the Underserved

The Society shall 1) continue its active participation in efforts to expand access to affordable, quality health care coverage for all Pennsylvanians; 2) express its strong support for the efforts of Pennsylvania's new Office of Health Equity to eliminate health care disparities within our system; and 3) serve as a resource for information on existing health care services available to the underserved. (Report 6, Board of Trustees, H-2006)

160.982 Access to Health Care

The Society shall work with the Pennsylvania legislature to increase access to care for both adults and children in Pennsylvania by finding creative ways to incentivize physicians to participate in the care of Medical Assistance, uninsured, and indigent patients. (Res. 403, H-2006)

160.983 Acceptable Standards of Treatment for Specific Disease Entities

The Society formally opposes any attempt of the legislature to define acceptable standards of treatment for specific disease entities. (Res. 407, H-2005)

160.984 Sharing of Patient Health Information

The Society shall explore the issues related to health plans and pharmacy benefits companies' sharing of patient health information with treating physicians, within the boundaries of state and federal regulations, including the development of guidelines for information sharing, and if deemed appropriate, encourage the development of initiatives to improve the sharing of this information. (Res. 313, H-2002)

160.985 Access to Care in Rural Pennsylvania

The Society was directed to commission a study of the difficulties faced in recruiting and maintaining a skilled medical work force in rural areas of the state. The Society shall use this report to encourage legislators, health care administrators, physician group practices and others to insure that the health care needs of our rural population is met with excellence. (Res. 306, H-2001)

160.986 Corporate Practice of Medicine Doctrine

The Society adopted the following principles relating to the corporate practice of medicine:

- I. The Society shall pursue the following activities to protect patients from inappropriate lay interference in physician clinical decision-making:
 - (1) Corporate Practice of Medicine Doctrine -- Support reaffirmation and stringent enforcement of the corporate practice of medicine legal doctrine, consistent with the following principles:
 - As a general rule, no corporation or other legal entity, other than an authorized physician "corporate" entity such as a physician professional corporation or partnership, should be permitted to provide physician care or otherwise exercise control over the delivery of physician care.
 - Arrangements generally restricted by the doctrine should include: employment of physicians, contracts to deliver physician services, billing for physician services, and fee splitting.

- Entities should be excepted from a corporate practice of medicine restriction only if there are adequate safeguards to ensure that the physicians are free, both under the terms of the arrangement and in practice, to exercise their independent clinical judgment and to provide care that is in the best interests of their patients.
 - Hospitals and other licensed health care facilities, including state facilities, should be permitted to employ physicians and to deliver physician services under the direction of an organized medical staff which has responsibility for the quality of all medical care provided to patients and for the ethical conduct and practice of its members.
 - Non-profit corporations, such as community health clinics, may employ physicians and deliver physician services under the direction of an organized medical staff which has responsibility for the quality of all medical care provided to patients and for the ethical conduct and practice of its members. The corporation must also qualify for a federal tax exemption or other criteria designed to assure that the corporation's activities further legitimate non-profit purposes and do not financially benefit insiders or for-profit enterprises.
 - Health maintenance organizations (HMOs), hospital and professional health service plans (the Blues), preferred provider organizations (PPOs), and integrated delivery systems (IDSs) may provide physician services through their physician networks under the direction of an organized medical staff for the quality of all medical care provided to patients and for the ethical conduct and practice of its members.
- (2) Employment Safeguards -- Seek adoption of the following safeguards for physician employment arrangements:
- The employer should not be permitted to interfere in medically appropriate diagnostic or treatment decisions.
 - The employer should not be permitted to restrict referrals in a manner that adversely affects the welfare of a patient.
 - The employer should be required to provide a mechanism, such as an organized medical staff, through which the physicians can participate in "management" decisions that affect patient care.
 - The employer should not be permitted to require a physician to sign a restrictive covenant that precludes the physician from competing with the entity. (This requirement would not preclude a "buyout" clause that requires the physician to reimburse the entity for reasonable expenses incurred in establishing the physician's patient base.)
- (3) Decision-Matrix -- Encourage employed physicians and those physicians who are involved in an IDS to develop with their employer/system a decision matrix, such as the matrix recommended by the California Medical Association (and attached to 1997 Board Report 35).
- (4) Managed Care Safeguards -- Continue to advocate for managed care safeguards, such as prohibitions on gag clauses, peer reviewer qualifications, and utilization and credentialing due process; and
- (5) Upstream Liability -- Continue to advocate that managed care organizations should be held legally accountable when their negligence harms a patient and should not be permitted to transfer that liability to provider through an indemnification clause or otherwise.
- II. The Society shall develop a strategy for advocating our positions on the corporate practice of medicine and employment safeguards in appropriate forums. (Report 16, Board of Trustees, H-99)

29 - Policy Compendium

The Society opposes initiation of any program which encourages patients to contact an insurer directly for symptom assessment and triage, and opposes initiation of the "Blues on Call" Program through the regulatory process. The Society shall immediately petition the State Board of Medicine to seek injunctive relief against the "Blues on Call" Program, either directly or through the appropriate state agency. (Res. 321, H-98)

160.988 Access to Quality Medical Care

The Society shall work closely with the AMA, public health agencies, the Pennsylvania legislature, and the Pennsylvania Department of Public Welfare to assure continuing access to quality medical care for the medically indigent, medically underserved, and Medicaid recipients in Pennsylvania. (Res. 508, H-96)

160.989 Health Care Delivery Models

The Society shall continue to participate in AMA efforts to coordinate information sharing among states related to evolving health care delivery models. Information and opinion related to the effectiveness of the models shall be communicated to the membership. (Report 3, Board of Trustees, H-96)

160.990 Public Education, Importance of Continuity of Care by Personal Physician

The Society supports free choice of physician or system of care by all individuals and encourages employers to: (a) offer employees a choice of several health insurance plans which allow the free choice of source of care, and (b) provide clear and comparable information on alternative plans offered.

The Society recognizes the need for multiple methods of delivering medical services and encourages and participates in efforts to develop them. In the interest of attracting the most highly qualified candidates to the field of medicine, the Society supports making every effort simultaneously to maintain and create incentives in medical practice. Among these incentives are a multiplicity of practice options, maximum professional independence, and freedom of choice for both physicians and patients. (Res. 522, H-94)

160.991 Timely, Humane Care for the Medically Indigent

The Society is committed to assuring timely, humane, appropriate, and necessary care to the medically indigent of the Commonwealth and encourages its members to render service to the underinsured at fees commensurate with insurance coverage and/or family income and to the uninsured whose family income is below poverty level at no charge. (Res. 77, H-88; reaffirmed, Report 11, Board of Trustees, H-2009)

160.992 Third Party Interference with Patient Management

The Society reaffirms its commitment to the importance of the physician/patient relationship. To preserve the physician/patient relationship, Society members should resist any and all attempts by third-party payors to dictate the type and quality of care provided their patients. (Res. 23, H-78)

The Society opposes third party interference with patient management. It asserts that third party interference with clinical decision-making will result in reduced quality care and increased patient jeopardy. Prospective and retrospective chart review must not supersede onsite physician judgment. (Res. 42, H-85)

160.993 Support for Multiple Approaches to Delivery and Financing

The Society reiterates its support of the concept of multiple approaches to the delivery and financing of medical services. The Society, the AMA, and others should use their resources to preserve competitive systems. (Res. 20, H-79; Revised, H-99)

160.994 Society Voluntary Indigent Health Plan

The Society determined to establish, as a high priority, a voluntary program that ensures physician care to the indigent in Pennsylvania. (Address of the President, H-87)

160.995 Prioritization of Health Care Resources

The Society adopted the following policy statement on prioritization of health care resources:

1. All citizens of the Commonwealth of Pennsylvania should have access to basic health care but, for various reasons, do not always receive such care.
2. Prioritization of health care is a process that rank orders medical services, categories of services, and/or treatment options on the basis of value.
 - a. Currently, some form of implicit (primarily subjective evaluation) prioritization of health care exists in all facets of the practice of medicine. This appears in the form of cost containment, outcome research, age discrimination, access limitations, practice standards, and medical indigence, among others. Such prioritization will probably continue and likely increase, but every effort must be made to base such future decisions on objective available data.
 - b. Organized medicine seeks to actively participate in the development of any explicit method of health care prioritization. It is recognized, however, that the duty of the individual physician is to serve the best interests of his or her patient.
 - c. Value is derived from the non-economic and economic benefits obtained from a medical service, category of service, and/or a treatment option. Examples could include quality of life, cost-effectiveness, equity, longevity, personal responsibility, and the greatest good for the greatest number, among many others. Society as a whole must determine which value or combinations of values should serve as the basis for prioritization of health care.
3. On the other hand, rationing is a process that restricts the application of resources to those medical services, categories of services, and/or treatment options ranked higher on a priority list and denies access to others by, in effect, drawing a line.
 - a. Rationing within the health care system is the responsibility of society as a whole, not organized medicine. Organized medicine should provide information and consultation to society for subsequent rationing as society so determined.
 - b. Any rationing should align value and cost in a way that is acceptable to society, but implementation of rationing will require universal acceptance of the consequences of society's choices. (Report N, Board of Trustees, H-92)

160.996 Preserving Physician/Patient Relationship

The Society advises physicians to continue in their traditional way to preserve life when possible, to improve the quality of life when feasible, and to provide comfort and support to those whose life is ebbing. At the same time the Society opposes any attempt by government to dictate by rules and regulation any change in this time honored physician/patient relationship. (Res. 33, H-83)

31 - Policy Compendium

160.997 **Health Care Case Management**

The Society recommends that individuals assigned as case managers collaborate with the patient's attending physician. Case manager decisions must be within the scope of the case manager's license and must be decisions for which the case manager can be held accountable. This policy extends to both public and private programs and to the care of the mentally ill. (Res. 63, H-88)

160.998 **Competition**

The Society reaffirmed its policy supporting a free and competitive health care market which allows the development of alternative delivery and financing systems and increases price consciousness among consumers and cost consciousness among physicians, but which maintains safeguards that ensure that quality of care and access to care are optimal under conditions of their own choice. (Board of Trustees Report D, H-83)

The House adopted a policy statement on quality of care which contained the following recommendation:

Quality concerns associated with the use of new technology (FDA approved) and procedures with potential life-threatening risks requiring immediate appropriate back-up emergency care (e.g., cardiac catheterization) should be addressed through appropriate facility licensure standards. The licensure standards should include quality assurance requirements recognized by national medical organizations such as volume-based criteria, when appropriate. Periods between relicensure should not exceed three (3) years and should include evidence of an appropriate functioning quality assurance program. Facility licensure standards utilized by the Department of Health, when appropriate, should utilize quality assurance processes consistent with existing nationally recognized organizations such as the American Association for Accreditation of Ambulatory Plastic Surgery Facilities, Inc. (AAAAPSF), the Accreditation Association for Ambulatory Health Care (AAAHC), or other peer review organizations. An added value would be that the licensee, not the Commonwealth, would bear the cost of review. A competitive marketplace should eliminate the unnecessary duplication of existing services provided certain non-competitive legislated economic advantages such as the current pass-through charges are eliminated. Facilities serving a disproportionate share of the medically indigent and/or under-subsidized public health care programs such as Medicaid should receive special consideration for government incentives to assure access. (Report CC, Board of Trustees, H-92, revised H-2002)

160.999 **Choice of Physicians vs. Non-physicians in Managed Care**

The Society recommends that alternative health care delivery systems inform their enrollees of the difference between physician and nonphysician health care provider so that the patient may make a free and educated choice between physician and nonphysician health care providers. (Res. 1, H-84; Retained in part, H-94)

The Society (1) reaffirms existing policy which emphasizes patients' freedom of choice of physicians or health care delivery systems, and (2) is committed to the education of the public on these multiple delivery systems as an integral part of the AMA's public awareness program. Freedom of choice should include those patients whose care is financed through Medicaid or other tax-supported programs, recognizing that in the choice of some plans the patient is accepting limitations in the free choice of medical services. Where the system of care places restrictions on patient choice, such restrictions must be clearly identified to the individual prior to their selection of that system. (Res. 522, H-94)

165.000 Health System Reform

165.984 Health Care Affordability Act of 2010

The Society adopted the following, seeking a major change in direction for PAMED to assist physicians in dealing with rapidly accelerating changes in health care delivery as a result of the adoption of the Health Care Affordability Act of 2010:

The Society shall define the new skill sets that will be needed as the practice of medicine evolves, in order to ensure the success of all members, and to develop the curricula and means to educate physicians. (Recommendation 1, President Elect, H-2010)

The Society shall be, in a proactive fashion, open, collaborative as well as agile on all levels as we seek the common ground with other health care stakeholders. (Recommendation 2, President Elect, H-2010)

The Society must position physicians to lead and shape health care delivery to assure that the evolving system provides quality and value to patients and the community. (Strategic Goal on Physician Leadership in Quality/Value, H-2010)

Filed the “Blueprint” document as amended, which contained the following principles the Society will use to guide its advocacy for physician engagement in this era of change:

Principles for Physician Engagement

1. **Physicians must be engaged in shaping the evolving health care delivery system:** Physicians cannot be relegated to the sidelines. Physicians must respond with flexible, innovative strategies that will implement our vision of the future.
2. **Physicians have a responsibility to promote both quality and value:** The goal of the health care delivery system must be to deliver care that is safe, timely, effective, efficient, equitable and patient-centered. This requires that we, as physicians, accept our responsibility to use resources wisely to the extent feasible within the constraints of our practice environment (see Principle 9).
3. **Physician engagement is critical for true quality and value:** Physicians must be involved, through their participation and leadership, at the core of strategic decision-making that impacts patient care. Our engagement is essential to assure a changed clinical and business culture that supports quality and value:
 - a. **Effective change requires physician knowledge and expertise:** Physicians not only directly influence cost and utilization when delivering and ordering care, we have the knowledge and experience to drive the design of clinical and administrative processes that will improve quality and value.
 - b. **Physicians are advocates for quality:** Because of our clinical expertise, ethical responsibility to patients, professional values, and central role within the health care team, physicians are uniquely qualified and positioned to promote quality patient care.
 - c. **Physician involvement is necessary for credible data and measures:** Physician input is required to develop scientifically accurate data and measures that will allow meaningful comparison and have credibility to physicians for self-evaluation and practice changes.
4. **Physician engagement must be real and meaningful:** For decisions that are imbued with clinical care significance, it is imperative that physicians have substantial and direct participation with real power to influence the outcome. In many cases, this requires that we lead the initiative.
5. **Physician engagement is essential across all organizational structures:** Physicians must be engaged in the decisions and processes that drive the quality and value of the

- health care provided to their patients, regardless of the structure of the organization that provides the care or the nature of their relationship with the organization.
6. **Physician engagement in the future is dependent on student engagement now:** Investments in mentorship, leadership development, participation and educational opportunities for students are essential for their future ability to lead and shape health care delivery.
 7. **Multiple clinical collaboration and integration models can be effective:** The focus of clinical integration and collaboration should be to provide a platform for physicians to engage with hospitals and other health care providers to align incentives, coordinate care, and implement other measures to maximize quality and value. A variety of clinical integration and collaboration models should have the opportunity to thrive.
 8. **Members of the health care team must accept mutual responsibilities for effective physician engagement:** Physicians must be collaborative and accountable. Other stakeholders involved in health care delivery, such as health system governing boards, must accept and promote meaningful and independent physician involvement, regardless of the setting or organizational structure.
 9. **Multiple stakeholders play a role in improving quality and value:** Other key stakeholders include patients, other health care professionals and providers, certification organizations, regulators, legislators, insurers, and employers.
 - a. **All stakeholders must work together to achieve our common goal:** Physicians and other stakeholders must communicate in a collaborative and transparent manner to assist each other as they perform their roles in improving the quality and value of health care.
 - b. **Professional liability and other reforms must be adopted to eliminate barriers to quality and value:** There are limitations to what physicians and other health care providers can accomplish without changes in the practice environment. Professional liability reform is necessary to reduce defensive medicine. Counter-productive administrative hassles and payment disparities must also be addressed. (H-2010)

Filed as amended the elements for consideration in the “Blueprint” implementation plan, which are to include but not limited to: 1) develop a comprehensive communications plan; 2) seek physician consensus on the definition of engagement, leadership, value, and quality; 3) identify the knowledge and skill sets required to lead clinical integration; 4) assure that the implementation plan includes all practice settings and all physician groups, including new physicians, residents, students, women, and minorities; 5) consider utilizing the expertise of the American Medical Association, as well as state and national specialty societies; 6) seek to identify local leaders within medical staffs, county medical societies, and local/regional physician groups and organizations to facilitate the engagement of other physicians; 7) provide education on utilizing data for practice assessment and improvements; 8) educate physicians and students on the importance of involvement in the political process; and 9) seek ongoing feedback from our members and continually apprise them of our progress. (H-2010)

165.985

Pennsylvania Medical Society’s Guiding Principles of Health System Reform

The Society was directed to ask the AMA to incorporate the State Society’s eight guiding principles of health system reform in any policy for health system reform which may be proposed or adopted. (Res. 507- H-2009)

165.986 Access to Quality Health Care

The Society shall continue to advocate for patients and their access to quality health care as health system reform is debated. (Report 11, Board of Trustees, H-2009)

165.987 Anti-Trust Exemptions for Insurance Companies

The Society and the AMA shall pursue all necessary means, including legislation and community education, to end the anti-trust exemption afforded the insurance industry. (Res. 308, H-98)

165.988 Conversions of Non-Profit Health Care Entities

The Society adopted the policy that the process of conversion of non-profit to for-profit health care organizations must be established prospectively following a legislative process that includes involvement from organized medicine. The Society also adopted the policy that "The mission of a charitable foundation resulting from a for-profit conversion should encompass the original mission of the not-for-profit health care organization." The Society shall ask the AMA House of Delegates to adopt these policies and to issue an annual report on this issue.

The Society adopted the AMA policies on the conversion process: a) Representative of state government (e.g., state attorney general, state insurance commissioner) should oversee all for-profit conversions of health care organizations; b) public notice and subsequent public hearings should be required prior to the approval of a for-profit conversion; c) the health care organization converting to for-profit status should be required to obtain an independent appraisal of its assets prior to the conversion. This appraisal should be made available to the representatives of state government (e.g., state attorney general, state insurance commissioner) overseeing the for-profit conversion; d) for-profit conversions should be structured to prohibit private inurement from officers, directors and key employees of the converting health care organization, as well as private benefit from other individuals; e) if the establishment of a charitable foundation is required as part of the for-profit conversion, the mission of the foundation, as well as its proposed program agenda, should be determined and offered for public comment prior to the completion of the conversion; f) a designated proportion of the members serving on the board of directors of a charitable foundation should be new, independent members not previously affiliated with the converting organization who are selected based on their experience relative to the mission of the foundation; g) the level of compensation received by members serving on the board of directors of a charitable foundation should be consistent with that received by board members of similar types and sizes of foundations; and h) representatives of state government (e.g., state attorney general, state insurance commissioner) should approve the mission and governance of any charitable foundation established as a result of for-profit conversions. The Society shall seek legislation to implement this policy. (Res. 323, H-98)

165.989 National Health Insurance Pilot Program

If a national health insurance program is approved by the Congress, the Society urges that before full implementation, it be tested on a pilot project basis. (Res. 1, H-79)

165.990 For-Profit Conversions of Health Care Organizations

The Society adopted the policy of the American Medical Association as expressed in the Council on Medical Service Report 8 (A-97): (a) representatives of state government (e.g., state attorney general, state insurance commissioner) should oversee all for-profit conversions of health care organizations; (b) public notice and subsequent public hearings should be required prior to the approval of a for-profit conversion; (c) the health care organization converting to for-profit status should be required to obtain an independent appraisal of its assets prior to the conversion. This appraisal should be made available to the representatives of state government (e.g., state attorney general, state insurance

commissioner) overseeing the for-profit conversion; (d) for-profit conversions should be structured to prohibit private inducement from officers, directors and key employees of the converting health care organization, as well as private benefit from other individuals; (e) if the establishment of a charitable foundation is required as part of the for-profit conversion, the mission of the foundation, as well as its proposed program agenda, should be determined and offered for public comment prior to the completion of the conversion; (f) the mission of a charitable foundation resulting from a for-profit conversion should closely reflect the original mission of the not-for-profit health care organization; (g) a designated proportion of the members serving on the board of directors of a charitable foundation should be new, independent members not previously affiliated with the converting organization, who are selected based on their experience relative to the mission of the foundation; (h) the level of compensation received by members serving on the board of directors of a charitable foundation should be consistent with that received by board members of similar types and sizes of foundations; (i) representatives of state government (e.g., state attorney general state insurance commissions) should approve the mission and governance of any charitable foundation established as a result of for-profit conversions; and (j) once a charitable foundation has been established as a result of a for-profit conversion, ongoing community liaison with the foundation should occur on a regular basis (e.g., community advisory committees, periodic public reports). The Society's Board of Trustees shall (a) evaluate the impact of mergers and other consolidations of major health care institutions on health care availability, health care and quality, health care cost and physician autonomy, and (b) develop Pennsylvania Medical Society policy for physician and public review and input into these decisions. (Amended Sub. Res. 408, H-97)

165.991 ERISA Limitations on Utilization Review Accountability

The Society will attempt to ensure that any health system reform proposal includes language that will change the relevant components of ERISA laws to ensure that utilization review companies and managed care companies involved in self-insured plans have the same responsibility and liability for their decisions as other health care providers. (Report 24, Board of Trustees, H-95)

165.992 ERISA Limitations on Utilization Review Accountability and Physician Liability

The Society will: (1) develop and support federal legislation that would modify ERISA to hold self-insured, employee health benefits plans accountable for negligent UR decisions and ensure meaningful remedies and fair compensation to patients who are injured as a result of such a decision; and (2) advocate that federal health system reform include appropriate modifications to ERISA, including a provision to hold self-insured, employee health benefits plans accountable for negligent UR decisions. (Report 24, Board of Trustees, H-95)

165.993 Safeguards for Physicians in Health Care Plans

The Society endorses as policy positions and will work to incorporate in all health system reform legislation the following AMA policies: (1) all managed care plans and medical delivery systems must include significant physician involvement in their health care delivery policies similar to those of self-governing medical staffs in hospitals (Report 12, Board of Trustees, H-94); and (2) physicians participating in these plans (and no physicians should be arbitrarily excluded) must be able without threat of punitive action to comment on and present their positions on the plan's policies and procedures for medical review, quality assurance, grievance procedures, credentialing criteria, and other financial and administrative matters, including physician representation on the governing board and key committees of the plan. (Report 28, Board of Trustees, H-94)

165.994 Patient Access to Specialty Care in Managed Care Systems

The Society: (1) will actively pursue, in the context of health system reform efforts, appropriate action to require all health plans, particularly closed panels, that restrict a patient's choice of physicians or hospitals, to offer a "point-of-service type" feature within such plans so that patients who choose such plans may elect to self-refer to physicians outside the plan at additional cost to themselves; (2) urges managed care plans to provide patients, on an ongoing basis, with the right to select a new primary physician from the panel of physicians contracting with that managed care plan, and appeal to the plan when the patient is dissatisfied with his/her present primary physician; (3) encourages medical specialty societies, through appropriate channels, to conduct further research to define the circumstances better when patient self-referrals to specialists of their choice are appropriate and cost-effective; (4) opposes any governmental incentives or mandates that would favor managed care, the gatekeeper concept, and restrictions upon patient self-referral in the absence of any research to demonstrate conclusively the cost-effectiveness of such a system; and (5) will study the impact on access to specialty care if the government mandates the use of "gatekeepers" in health system reform, and the Society will take appropriate action based on the results of its study. (Res. 522, H-94)

The Society reiterated this policy and continues to seek legislative and regulatory solutions which embody this policy in lieu of legislation/regulation addressing access to specific providers. (Board of Trustees, 9/98)

165.995 Development of General Health Care Plan Policy

The Society was directed to concentrate on developing a general health care plan policy rather than responding to each and every one of the multitude of individual proposals that have and will be floated. A general policy is favored because of the fluidity of the legislative process. (Report 11, Board of Trustees, H-94)

165.996 Any Willing Facility

The Society was directed to study the following policy and request the AMA do likewise: "That any willing credentialed facility be given the opportunity to apply to any health plan or network and have that application approved if it conforms with the fee schedule and quality mechanisms set forth by the plan." (Res. 518, H-94)

165.997 Managed Competition

- (1) The Society adopts the following policy position: Health system reform proposals that unfairly concentrate the market power of payors are detrimental to patients and physicians, if patient freedom of choice or physician ability to select mode of practice is limited or denied. Single-payor systems clearly fall within such a definition and, consequently, should continue to be opposed by the Society. Reform proposals should balance fairly the market power between payors and physicians or be opposed.
- (2) The Society continues to support a pluralistic health care system, with no preferential treatment by government that gives a competitive advantage to any form of health insurance/health care delivery organization. In particular, integrated systems should be given no competitive advantage.
- (3) The Society will propose and support legislative or regulatory action requiring employers to offer a benefit payment schedule plan, in addition to other plans.
- (4) The Society will continue to advocate strongly to Congress, the Department of Justice, and the Federal Trade Commission the need for changes in relevant antitrust laws to allow physicians and physician organizations to engage in group negotiations with collective purchasers, managed care plans, insurers, and other payors.

37 - Policy Compendium

- (5) Society support for any "managed competition" proposal is contingent, in part, on:
- (a) relief from existing antitrust laws with respect to the right of physicians and physician organizations to engage in group negotiation; and
 - (b) modifications to ERISA to ensure that any rules and negotiation requirements apply equally to self-insured and insured health benefit plans. (Res. 522, H-94)

165.998 Health System Reform

The Society authorized the Board of Trustees to use whatever resources necessary to address all issues concerning health system reform, and directed that the assistance of the Pennsylvania Osteopathic Medical Association be enlisted in this effort. (Res. 78, H-93)

165.999 Any Willing Provider

The Society was directed to include in its health system reform proposal the concept that any willing health care provider/supplier be permitted to participate in health care networks/alliances provided they meet basic quality assurance criteria. (Res. 53, H-93)

175.000 Health Frauds

175.999 Hypnosis

The Society requests the AMA study the uses and misuses of hypnosis and other techniques of "memory enhancement," to inform its members of the risks of "memory enhancement" through hypnosis by inadequately trained people, and to use its influence to protect the public from the misapplication of hypnosis. (Res. 35, H-92)

180.000 Health Insurance

180.981 Proper Payment under Assignment of Benefits

The Society opposes the practice of health plans and other administrators of health claims of directly paying the patient when authorized to directly pay the provider. The Society shall seek legislation in order to prevent or discontinue the practice of health plans and other payers of directly paying the patient when authorized to directly pay the provider. (Res. 306, H-2007)

180.982 Insurance Company Reminders of Appropriateness of Care

The Society adopted the policy that reminders sent by insurance companies to physicians regarding current standards of treatment should be sent in regard to the patient's best health interest as opposed to strictly cost saving considerations or should be withheld altogether. (Res. 308, H-2007)

180.983 Appropriate Reimbursement for Professional Services

The Society was directed to develop a more proactive approach toward assuring appropriate reimbursement for professional services, particularly for services provided in critical care or emergent situations, where the physician is obligated to provide service even though he/she knows that they will receive little to no reimbursement. (Res. 304, H-2007)

180.984 Reimbursement for Services Related to Obesity Diagnosis

The Society urges insurance companies to provide reimbursement for services related to the diagnosis of obesity. (Res. 306, H-2006)

- 180.985 Reimbursement for Services Related to Tobacco Abuse Diagnosis**
The Society urges insurance companies to provide reimbursement for services related to the diagnosis of tobacco abuse. (Res. 305, H-2006)
- 180.986 Payment Delays for Physicians' Services**
The Society encourages health insurers to (1) timely update enrollees' cards data with suggestions that patients show new cards at their next physician visit, (2) provide phone numbers without hindrances of multiple phone prompts for direct access to claims agents, (3) reduce the on-hold time to access a claims agent, and (4) timely update enrollees' data utilizing web-based technology and make access to such data available to physicians electronically. (Res. 302, H-2003)
- 180.987 Unilateral Changes in Reimbursement Guidelines**
The Society declares Aetna's recent unilateral changes in its "reimbursement guidelines for invasive procedures" (to be implemented November 1, 2001) as an unfair business practice, and was directed to work with the Pennsylvania Chapter of the American College of Cardiology to utilize any appropriate legislative, regulatory, or legal actions to have Aetna rescind these changes. The Society's AMA Delegation was directed to take similar action and to work with the American College of Cardiology, the North American Society of Pacing and Electrophysiology, and the Society for Cardiac Angiography and Interventions. (Res. 315, H-2001)
- 180.988 Participation by Physicians in Health Insurance Programs**
The Society supports legislation allowing any properly qualified physician to participate in any health insurance program available in their community. (Res. 319, H-2000)
- 180.989 Due Process in Contracts between Physician and Hospital**
The Society, through the legislative and/or regulatory processes, seeks the mandatory inclusion of due process provisions in contracts between physicians and hospitals, health systems, and contract groups. (Res. 406, H-99)
- 180.990 Children's Health Care Act**
The Society shall help create a strategic partnership with the Pennsylvania Chapters of The American College of Emergency Physicians, American Academy of Pediatrics, and other appropriate stakeholders, to advocate on behalf of children without health insurance and facilitate their enrollment in the Federal/State Child Health Insurance Program (SCHIP). (Res. 315, H-98)
- 180.991 Regulatory Oversight of the Blues**
The Society shall generate legislation that would empower the Pennsylvania Insurance Commissioner to regulate the Blues in a fashion identical to the capacity of the government to oversee commercial health insurers. The Society shall ask the AMA to alert other members of the Federation that this legislation gap may need to be filled in other states. (Res. 410, H-98)
- 180.992 Universal Physician/Insurance Carrier Credentialing**
The Society shall pursue through legislative and regulatory efforts a low-cost universal credentialing and recredentialing form which would be mandated by the state for insurers to market their products. The Society shall continue its efforts to administer this service with a low-cost competitive credential clearinghouse. (Res. 327, H-98)

The Society reaffirms its commitment to the Pennsylvania Standard Application as a universally accepted credentialing and re-credentialing form for physicians in Pennsylvania. The Society shall work toward legislation and regulation mandating acceptance of the

39 - Policy Compendium

Pennsylvania Standard Application by all insurers, health systems, managed care organizations and other third-party payers for health care operating in Pennsylvania. (Res. 311, H-2004)

180.993 Diversion of Insurance Premiums

The Society was directed to contact the Insurance Commissioner to review and challenge the use of health care dollars being diverted from direct health care for which they are paid. (Res. 521, H-94)

180.994 Blue Cross/Blue Shield Tax Status

The Society believes a challenge to the tax exempt status of the Blues should not be pursued at this time. (Report X, Board of Trustees, H-92)

180.995 Unbundling and Discounting

The Society calls upon the most appropriate agency to investigate the disproportionateness and legality of the cost shifting to self-pay patients and uncontracted insurers. (Res. 43, H-93)

180.996 Physician Qualification for Insurer Programs

The Society is directed to lobby for enactment of state and federal legislation to mandate that criteria used by insurance companies for physician/hospital applicants be available on request; that rejected applicants be informed if/when any or all economic criteria have been applied; and that any and all rejected applicants be provided with the opportunity to satisfy said criteria and thereby qualify for involvement in said insurance program. (Res. 23, H-93)

180.997 Remove Special Status of Blue Shield and Blue Cross

The Society has determined to seek legislation which would remove the special status of Blue Shield and Blue Cross and have these companies treated in the same manner as all other health insurers operating in the Commonwealth. (Res. 3, H-85) If the Blues are to receive special status for social mission, they should be expected to carry out that mission. (Revised, H-2005)

180.998 Inclusion of Medical Necessity Clause in Health Insurance

The Society agrees that all health insurance contracts, agreements, and policies issued in Pennsylvania should include a medical necessity clause; this policy is predicated on the understanding that the final decisions regarding medical necessity will be made by local physician review organizations with appropriate public accountability. (Medical Care Foundation Board, H-76)

180.999 Consumers on the Blue Shield Board

The Society endorsed the recommendations of the Council on Governmental Relations and the Board of Trustees regarding House Bill 60, the so-called "Voluntary Health Act of 1971" which permitted a consumer-dominated board to be elected to run Pennsylvania Blue Shield. The Society did not oppose changing the composition of the Blue Shield Board. (Council on Governmental Relations, H-71)

The Society approved the concept of the Plan C fee schedule plan and directed the Board of Trustees, in consultation with the Interspecialty Committee, to determine the appropriate income levels and fee schedule allowances. These proposals were subsequently ratified by a mail vote of the House. It was understood that the new plan would include a mechanism to allow for annual adjustments in the premium, fees paid, and income limits for service benefits tied to the cost of living, and that such a mechanism would function automatically on a timely basis. In taking this action, the House approved the phasing out of Plans A & B. (Supplemental Report of the Council on Medical Service, H-73)

185.000 Health Insurance: Benefits and Coverage

185.969 Establishment of Payments for the Management of Chronic Medical Conditions

The Society shall work with insurers to establish payments to appropriately compensate physicians for the provision of initial management and ongoing care for patients with common chronic illnesses consistent with models such as the patient-centered medical home and the Governor's Chronic Care Commission. (Res. 301, H-2010)

185.970 Maintenance Medications

The Society shall continue ongoing study and discussion to determine the feasibility of: (1) seeking a pharmacy benefits policy in Pennsylvania that would require insurer to provide the current medication and not force patients to change maintenance medications when either the insurer's formulary changes and/or the patient changes to a new insurance carrier; (2) urging insurers to adopt a standard, expeditious review process for physicians advocating for patients for continued coverage of a currently used medication; (3) asking insurers to make available an in-state physician medical director with the authority to authorize coverage 24-hours a day, seven days a week; and (4) legislative versus regulatory means to accomplish the above. (Report 8, Board of Trustees, H-2009)

185.971 Evidence-based Guidelines for Reimbursement for Medical Necessity Decisions

The Society was directed to undertake an initiative to ensure that insurance companies follow evidence-based guidelines as established by specialty societies when making medical necessity decisions. (Res. 305, H-2007)

185.972 Legality of Fining Physicians

The Society shall investigate insurers' policies of fining physicians if a patient utilizes out of network labs or other services and advocate through legislation, regulation, or other appropriate measures to eliminate these policies. (Res. 307, H-2007)

185.973 Reimbursement for HPV Vaccination

The Society promotes adequate and timely insurance reimbursement for the HPV vaccination for patients with all forms of health insurance in the Commonwealth. (Res. 309, H-2006)

185.974 Access to Affordable Health Insurance

The Society shall continue both its legislative and public education efforts on the issues of access to affordable health insurance and promoting healthy lifestyles. (Report 8, Board of Trustees, H-2005)

41 - Policy Compendium

- 185.975 Physician Phone Appeals for Denied Procedures**
The Society requires insurers to accept the reason provided for a diagnostic study as written on the request constitutes medical necessity and further, the Society opposes pre-authorization of medically relevant tests. The Society shall study and seek legal definition of physicians' and third party payers' legal responsibility, and shall create a means to assess the negative impact such pre-authorization policies have in areas of patient satisfaction, diagnosis delay, and increased emergency department usage. The results of these efforts will be reported to physicians and third party payers as soon as available. (Res. 303, H-2005; reaffirmed, H-2006)
- 185.976 Non-Sedating Antihistamines**
The Society shall petition the Pennsylvania Health Department to require all insurance plans to offer at least one non-sedating antihistamine in their prescription benefit plans. (Res. 302, H-2005)
- 185.977 Differences in Restrictive Formularies**
The Society shall take all necessary means to ensure that patients on established medication regimens (of greater than six months duration) who change from one insurance plan to another be permitted to continue on the established regimens, and that the continued regimens be paid for by the patient at the same "tier rate" co-payment as the comparable formulary drug. (Res. 308, H-2004)
- 185.978 Insurance Coverage for Non-Sedating Antihistamines**
The Society was directed to send a copy of the American Academy of Allergy, Asthma and Immunology's position paper, "Insurance Coverage For H1-Antihistamines: Implications For Quality Healthcare and Public Safety" (November 18, 2002) to the Insurance Commissioner of Pennsylvania and to any appropriate agencies concerned with public safety, with a cover letter expressing our concern for the safety of our patients. (Sub. Res. 208, H-2003)
- 185.979 Obesity as a Treatable Disorder**
The Pennsylvania Delegation to the American Medical Association requests that the AMA provide a progress report on its activities in the area of third party recognition of and reimbursement for obesity, and that the AMA renew its efforts to make effective treatment for obesity available to our patients. The Society shall work with the state legislature and third party reimbursers to define and reimburse for prevention and treatment of obesity. (Sub. Res. 204, H-2002)
- 185.980 Disclosure of Health Care Benefits by Insurers**
The Society shall use all means appropriate to ensure that insurers provide adequate information to consumers regarding their health plan coverage and its limitations. The Society shall continue to monitor and participate whenever possible in patient and subscriber education. (Res. 314, H-2002)
- 185.981 Health Care Coverage for Uninsured and Underinsured**
The Society shall continue its efforts to support expansion of health insurance coverage through existing programs with increased funding and newly developed plans for coverage, and shall continue to monitor efforts at the state and federal levels to identify uninsured or underinsured populations and to support inclusion of these populations under existing and newly developed plans of coverage. (Report 14, Board of Trustees, H-2001)

- 185.982 Use of Oral Contraceptives in Non-Contraceptive Medical Conditions**
The Society shall exert its influence with managed care companies to insure that prescriptions for hormonal treatments that are otherwise used for contraception, when prescribed, be reimbursable. (Res. 313, H-2000)
- 185.983 Contraceptive Coverage**
The Society shall actively pursue, through legislative or regulatory means, coverage for contraceptive medications in those insurance plans that provide pharmaceutical benefits. (Res. 401, H-2000)
- 185.984 Employer Medical Coverage**
The Society strongly recommends to employers that they notify employees far in advance about the proposed changes in healthcare coverage in order to help maintain patient-physician relationships; and that employers be encouraged to include employees in the development of such proposed changes in healthcare coverage prior to implementation. (Res. 304, H-2000)
- 185.985 Abnormal Pap Smears for Uninsured Women**
The Society shall study payment alternatives to make evaluation and treatment of abnormal pap smears a covered service for all women in Pennsylvania. (Res. 210, H-2000)
- 185.986 Timing of Screening Examinations**
The Society supports the principle that subscribers who are eligible for benefits screening examinations which are regimented by chronological constraints be able to receive these examinations within a reasonable grace period. Efforts shall be initiated to seek enactment of appropriate legislation in the Commonwealth of Pennsylvania if insurers are not positively responsive to this policy. (Res. 217, H-98)
- 185.987 Availability of Insurance Coverage Information to Patients**
The Society adopted the policy that health insurance providers and third party administrators must be required to maintain a 24-hour-a-day telephone line to provide information about specific coverage and benefits available to any patient presenting for medical care; and that such a program shall not be satisfied via provision of voice mail services. The Society seeks to gain clarification of AMA policy 185.984 which states health insurance providers and third party administrators must be required to "maintain a 24 hour-a-day telephone line to provide information about specific coverage and benefits available to any patient presenting for medical care." Efforts shall be initiated to seek enactment of appropriate legislation in the Commonwealth of Pennsylvania. (Res. 322, H-98)
- 185.988 Diagnostic Imaging Tests by Insurers**
The Society, in concert with the AMA, seeks relief from inappropriate pre-authorization requirements of emergency and urgent diagnostic imaging procedures by insurers and imposition of monetary penalties by insurers against physicians who perform such diagnostic imaging procedures and are unable to obtain pre-authorization. (Res. 312, H-98)
- 185.989 Medical Savings Accounts**
The Society shall study Medical Savings Accounts (MSAs) and the ability of the PennMed family of companies to be the premier provider and manager of MSAs and, if feasible, implement an MSA program as soon as is feasibly possible. (Res. 333, H-98)

185.990

Denials by Insurers

The Society shall:

1. Work in cooperation with the Pennsylvania chapter of the American College of Emergency Physicians to resolve issues associated with payment for emergency care.
2. Establish an ad hoc committee and draw upon the expertise of the Medical Society's Medical Economics Department, the Interspecialty Section, KePRO, PMSCO, and RiskCare to review and comment on newly issued insurer guidelines dictating changes in setting for care provided, particularly as it relates to inpatient services, home care services, and long term care.
3. Educate physicians, physicians' staff, and patients on how to access and effectively utilize insurer grievance mechanisms to dispute coverage decisions made by insurers.
4. Work with the Department of Health to modify its HMO reporting requirements to include the number of times payment is made for care provided out-of-network.
5. Continue efforts to enact legislation requiring insurers to disclose coverage limitations and exclusions to purchasers and patients.
6. Work with the appropriate state agencies to investigate the feasibility of developing a benefit package rating system that would assist all purchasers, i.e., "gold" plan, a "silver" plan, a "bronze" plan, etc.
7. Educate employers who have experience-rated benefit plans about how to interpret their utilization data to determine if they provide adequate coverage.
8. Take appropriate action to require insurers to notify employers when it is necessary to deny a service that is medically-necessary due to the exhaustion of a benefit included in the plan purchased by the employer.
9. Work with the media and various entities to educate the public about how the definition of medical necessity can vary and about how insurers influence their treatment as a result of these varying interpretations.
10. Take appropriate action requiring insurers to disclose to the public the clinical guidelines and other criteria ("Black Box Algorithms") they utilize to determine if a service is medically necessary.
11. Advocate that (a) all denials of care resulting from precertification and concurrent utilization review be performed by licensed physicians. (Medical Doctors and Doctors of Osteopathy); and (b) all retrospective utilization reviews resulting in denials on the grounds of medical necessity and all appeals be performed by physicians licensed by the Commonwealth who are in active clinical practice (defined as an average of at least 20 hours per week in the treatment of patients; in the same specialty as the practitioner under review or of the specialty which normally managed the form of care under review).
12. Promote the tenet that when payment is denied by an insurer because the services are deemed "not medically necessary," this equates to a clinical decision made by the insurer about what health care services are medically necessary.
13. Promote statements from the American Medical Association's Code of Medical Ethics related to the allocation of limited resources (E-2.03), such as, "A physician has a duty to do all that he or she can for the benefit of the individual patient" and "Physicians have a responsibility to participate and to contribute their professional expertise in order to safeguard the interests of patients in decisions made at the social level regarding the allocation or rationing of health resources."
14. Review various issues associated with requiring insurers to maintain a record of all payment denials based on the determination that the care was not medically necessary and with disclosing this information to the public. (Report 13, Board of Trustees, H-97)

- 185.991 Denial of Care**
The Society shall seek regulation or legislation requiring health care insurance entities to keep a detailed record of all denials of approval for any medical care by providers or other representatives of the entity, and requiring a review of such detailed records to be part of the oversight of health care insurance entities conducted by the Commonwealth of Pennsylvania and to have the results of the review made available to the public. (Res. 510, H-96)
- 185.992 Emergency Room Precertification**
The Society shall seek legislation and regulations that require all emergency room precertification programs providing coverage in the state to have a physician-based screening and appeals program that is meaningful and requires decisions based on patient care issues and not fiscal goals. The Society shall contact the appropriate agencies to enforce legislation and regulations that require that HMOs may not establish programs that are different for their Medicaid-based programs and their non-Medicaid-based programs. (Res. 403, H-96)
- 185.993 Modification of Waiver of ERISA**
The Society will develop and support federal legislation that would modify ERISA to prevent employers from retroactively changing health care benefits, including monetary policy limitations, after an employee has already contracted a particular illness or condition. (Report 24, Board of Trustees, H-95)
- 185.994 Precertification Process**
The Society determined to set policy and propose legislation to ensure the following: (1) third party payors that authorize a specific type of treatment by a provider shall not rescind or modify this authorization after the provider renders the health care services in good faith and pursuant to the authorization; (2) if a third party payor grants preauthorization, and services are rendered in good faith and pursuant to preauthorization, the third party payor is responsible for timely reimbursement for those services provided. (Res. 509, H-95) (Reaffirmed, Res. 313, H-97)
- 185.995 Department of Public Welfare--Explanation of Medical Benefits**
The Society requests a change in the Department of Public Welfare's policy so as to include the compensation payment with the Explanation of Medical Benefits (EOMB); further, the Society shall investigate and request any other insurance carrier to adjust to a similar policy. (Res. 502, H-95)
- 185.996 Automatic Processing of Major Medical Claims**
The Society was directed to draft proposed legislation to mandate automatic processing of Major Medical claims to identify sponsors to introduce the legislation, and to take whatever additional steps are necessary to have Pennsylvania legislate mandatory automatic processing of Major Medical claims. (Res. 33, H-91)
- 185.997 Psychiatric Insurance Benefit Carve-Outs**
The Society was directed to take all appropriate steps to reverse the carve-out of psychiatric treatment in the new Personal Choice product of Independence Blue Cross and Pennsylvania Blue Shield. (Res. 59, H-93)
- 185.998 Coverage for Outpatient Pre-operative Consultations**
The Society seeks legislative and/or regulatory changes to require that all insurers in the Commonwealth who provide payment for physicians' services provide payment for outpatient pre-operative consultations under their basic policy. (Res. 47, H-88)
- 185.999 Child Health Insurance**

45 - Policy Compendium

The Society agreed to join the Pennsylvania Chapter of the American Academy of Pediatrics in supporting legislation to require coverage of health supervision services to children in all health insurance policies sold in Pennsylvania as a mandated benefit. (Res. 21, H-87)

190.000 Health Insurance: Claims Forms and Claims Processing

190.994 Release of Medical Record Information to Third Party Payers

The Society advocates for legislation that: (1) third party payers do not have the automatic legal right to unlimited access to medical record information; (2) physicians should not release health care information to third party payers without specific and contemporaneous patient authorization or court order when required; and (3) a medical records release authorization to third party payers should be in writing and include (a) the name of the patient; (b) a statement that the physician is authorized to release the patient's medical records (or designated portions thereof) as provided in the release; (c) the name and address of the person or entity to whom the records should be released; (d) the scope of the release (the full medical record or designated portions); (e) the date; (f) the expiration date of the authorization; (g) the name and signature of the person authorizing the release; and (h) if the person authorizing the release is not the patient, the relationship of that person to the patient. The Society shall investigate the feasibility of developing a campaign to educate patients and physicians on the appropriate limits applicable to the release of health care information to third party payers. (Report 17, Board of Trustees, H-2005)

190.995 Patient Confidentiality by Third Party Payers

The Society advocates for the imposition of sanctions against third party payers that breach the confidentiality of patient information provided to them by a treating or consulting physician. Sanctions should be legally imposed against third party payers that demand, for approval of or payment for medical services, the provision of information that would conflict with HIPAA regulations. Additional penalties should be imposed against a third party payer that inflicts onerous actions or sanctions against a provider who has declined to submit information that would violate HIPAA regulations. (Res. 410, H-2005)

190.996 Standard Claims Processing Form

The Society was directed to work closely with the Medicaid program to ensure that the program can begin to accept the HCFA 1500 form without the cross-over information from the 22-page manual by its April 1994 deadline. (Res. 84, H-93)

190.997 Laboratory Panels

The Society believes that organ oriented panels for laboratory studies should be maintained in the CPT Code Manual and should be reconstructed through the use of consultants who have extensive experience utilizing such laboratory studies for the evaluation of disease states. The Society is working with the local carriers so that appropriate reimbursement is continued without interruption. (Res. 41, H-92)

190.998 Electronic Explanation of Benefits

The Society encourages the Health Care Financing Administration to include in its Medicare electronic claims submission program the reverse flow of electronic explanation of benefits to the provider. (Res. 36, H-88)

190.999

Electronic Billing

The Society seeks through HCFA to insure that for electronic billing, hardware be a matter of personal choice or preference for physician users; that software packages provided by carriers be compatible with multiple operating systems and user friendly; that third parties provide updates of software to physicians operating within their system; and that a consistency of quality be maintained in software development and use for all. The Society urged the AMA to take similar action. (Res. 48, H-92)

195.000

Health Maintenance Organizations

195.997

Involuntary Assignment to HMO Panels

The Society strongly opposes the practice of managed care organizations involuntarily assigning physicians to new products, new panels, and new services without the express written consent of the physician in advance; further, that there be no coercion, such as being dropped from a panel if the physician fails to join a different or new panel or organization or product. (Res. 305, H-95)

The Society reaffirms its policy against the use of "all products clauses" and other unfair business practices and seeks any and all appropriate remedies to eradicate these practices.

The Society was directed to approach this as a high priority issue. (Res. 309, H-2001)

195.998

Unfair Business Practice Regarding Inpatient Care

The Society shall help its physicians inform the public that if they are enrolled in certain HMO products, their primary care physicians may be pressured by improper third party payers' financial incentives not to provide their inpatient care. The Society shall take action to bring to a halt third party payers' abusive unfair business practices that have a negative impact upon physicians' ability to provide quality comprehensive care to their patients. (Res. 312, H-2001)

The Society strongly supports change in the state HMO laws and regulations to allow non-admitting physicians to join HMOs as providers of health care. (Res. 76, H-93)

195.999

HMO Advertising

The Society determined to educate the public regarding the ramifications of HMO enrollment and its impact upon the relationship with their current physicians. (Res. 29, H-83)

200.000

Health Workforce

200.995

Improving the Medical Practice Climate in Pennsylvania

The Society shall collaborate with other stakeholders (government, business, insurers, patient groups, etc.) in creating and prioritizing ideals for the climate of practice in Pennsylvania. The Society shall work with the Residents and Fellows Section to obtain data to assess the goals and desires of current resident physicians to seek ways to retain and attract sufficient recent resident graduates to practice in our state. This data will be included in future editions of the Society's State of Medicine report. (Res. 401, H-2008)

47 - Policy Compendium

200.996 Training of Family Physicians a Concern of Medicine

The Society considers the training of physicians in family practice to be a proper role for Pennsylvania medical schools; and further, it encourages the state-related and state-assisted medical schools of the Commonwealth to develop and execute training programs geared to producing family physicians. (Res. 23, H-73)

200.997 Society Support for Family Medicine

The Society embraces and actively supports the specialty of family medicine and the Pennsylvania Academy of Family Physicians. (Res. 3, H-90; retained in part, H-2000; revised, H-2010)

200.998 Physician Population in Pennsylvania

The Society determined that the analysis of physician population and distribution in Pennsylvania should continue to be examined by PMS but should be broadened to include discussions with the state's medical schools, recognized experts on Pennsylvania's health manpower needs, and members of the state legislature. These discussions were to be undertaken through a PMS-sponsored or jointly sponsored program. It was stated that manpower discussions must take into account foreign medical graduates. Issues of physician distribution for underserved areas were to be discussed with the state legislature. (Report F, Board of Trustees, H-87)

200.999 Enlisting Physicians to Practice in Underserved Areas

The Society should propose legislation which would seek to enlist the services of established health care personnel, as well as the commitment of students, to practice in medically underserved areas. The program should provide for fair remuneration of all participants, be easily administered, have enforceable penalties for violation of contract, and be developed in conjunction with the American Medical Students Association, the state's schools of medicine and osteopathy, and the affected local communities. Collectively, these would assure adequate health care to underserved areas of the Commonwealth. (Res. 29, H-78) (Retained in part, H-98)

210.000 Home Health Services

210.999 Medicare Physician Reimbursement for Home Health Visits

It is the policy of the Society to: (1) urge Congress and HCFA to adjust reimbursement for physician home visits so that the payment made to physicians is consistent with the services involved in treating patients at home; and (2) that the physician reimbursement should appropriately reflect the relative differences in the training and skill of physicians and other home health care providers. (Sub. Res. 511, H-94)

215.000 Hospitals

215.997 Alleviation of Hospital Overcrowding

The Society was directed to meet and work with the state Department of Health (DOH) and the Hospital and Healthsystem Association of Pennsylvania (HAP) to recognize the need for hospitals and emergency departments (ED) to utilize medically secure non-traditional areas in cases of overcrowding, and to change the DOH policy of denying hospitals the ability to so utilize such areas to place ED "boarded" admitted patients to alleviate hospital crowding; and further, the Society was directed to work with the Department of Health and HAP to place such policy changes in writing in the state DOH regulations. (Res. 409, H-2008)

215.998

Optimizing Hospital and Emergency Department Patient Flow

The Society was directed to meet and work with the state Department of Health (DOH) and The Hospital and Healthsystem Association of Pennsylvania (HAP), perhaps as an agenda item of its Hospital Overcrowding Task Force, to formulate policies for hospitals to prioritize their own admitted emergency department (ED) boarder patients for inpatient bed assignment over direct, elective and transfer patients outside the hospital who have not yet been admitted; and further, the Society was directed to work with the Department of Health and HAP to place such policy changes in writing in the state DOH regulations. (Res. 412, H-2008)

215.999

Pennsylvania Act 13 of 2002 (Mcare Act) Enforcement

The Society was directed to communicate to the Pennsylvania Department of Health (DOH) the need for their inspectors to receive from DOH clear written guidelines and that these guidelines of what constitute a serious event be available to hospital administrators, employees, and medical staffs. (Res. 411, H-2005)

225.000

Hospitals: Medical Staff

225.990

Hospital Imposed Exclusivity Restrictions for Medical Staff Members

The Society shall aggressively seek resolution with the Pennsylvania Department of Health, and the AMA shall aggressively seek resolution with the Department of Health and Human Services-Office of Inspector General, of the issues of alleged fraud and abuse associated with hospital imposed exclusivity policies. (Res. 501, H-2001)

225.991

Medical Staff Development Plans

The Society adopted the following principles and shall communicate them to the president and chair of the board of The Hospital and Healthsystem Association of Pennsylvania, and recommend that county medical societies establish a dialogue regarding medical staff development plans with their local hospitals:

- (a) The medical staff and hospital/health system leaders have a mutual responsibility to (1) cooperate and work together to meet overall health and medical needs of the community and preserve quality patient care; (2) acknowledge the constraints imposed on the two by limited financial resources; (3) recognize the need to preserve the hospital/healthsystem's economic viability; and (4) respect the autonomy, practice prerogatives, and professional responsibilities of physicians.
- (b) The medical staff and its elected leaders must be involved in the hospital/healthsystem's leadership function, including the process to develop a mission that is reflected in the long range, strategic, and operational plans; service design; resource allocation; and organizational policies.
- (c) Medical staffs must insure that quality patient care is not harmed by economic motivations.
- (d) The medical staff should review and make recommendations to the governing body prior to any decision to close the medical staff and/or a clinical department.
- (e) The best interests of patients should be the predominant consideration in granting staff membership and clinical privileges.
- (f) The medical staff must be responsible for professional/quality criteria related to appointment/reappointment to the medical staff and granting/renewing clinical privilege. The professional/quality criteria should be based on commonly known, objective standards.

49 - Policy Compendium

- (g) The medical staff should be consulted in establishing and instituting institutional/community criteria. Institutional/community criteria should not be used inappropriately to prevent a practitioner or group of practitioners from gaining access to staff membership.
- (h) Staff privileges for physicians should be based only on training, experience, demonstrated competence, and adherence to medical staff bylaws. Additionally, there shall be a requirement in hospital bylaws for an appropriate appeal and due process mechanism.
- (i) Physician profiling must be adjusted to recognize casemix, severity of illness, age of patients, and other aspects of the physician's practice that may account for higher or lower than expected costs. Profiles must be made available to the subject physician at regular intervals. (Report 8, Board of Trustees, H-99)

225.992

PA Department of Health Position on Verbal Order Regulations

The Society seeks regulations or legislation that the absolute time requirement for signing verbal orders be removed and replaced with language that allows individual medical staffs to determine when these orders are signed. (Res. 210, H-99)

The Society seeks the elimination of the regulatory requirement in Pennsylvania that a physician's verbal orders be signed within 24 hours. The Society shall work with the Pennsylvania Department of Health to create a protocol for hospitals to establish standardized policies with respect to verbal orders directed towards ensuring patient safety. (Res. 206, H-2004)

225.993

Model Medical Staff Code of Conduct

The Society adopted the following AMA policy, "Behaviors That Undermine Safety:"

A. The Medical Staff

The medical staff shall develop and implement its own code of conduct in the medical staff bylaws which includes but not be limited to the following provisions:

1. The medical staff, in consultation with independent medical staff legal counsel, defines what constitutes disruptive behavior;
2. The medical staff defines the behavior and its nexus to quality medical care;
3. The medical staff provides a mechanism whereby instances of possible alleged disruptive behavior are recorded;
4. The medical staff develops a process whereby the physician accused of disruptive behavior is notified at the time of the event and provided an opportunity to respond within the confines of the organized medical staff;
5. The medical staff, in consultation with independent medical staff legal counsel, develops bylaws language that allows for freedom of expression by physicians when describing flaws within the hospital;
6. The medical staff, in consultation with independent medical staff legal counsel, develops bylaws language that protects from retribution physicians who speak about quality concerns;
7. The medical staff establishes a process to investigate and assess, in a timely fashion, reports of alleged disruptive behavior;
8. The medical staff develops corrective actions that are commensurate with the reported behavior;
9. The medical staff bylaws contain procedural safeguards that protect due process;
10. The medical staff code of conduct shall identify, by position, which members or committee will be involved in the various stages of the process for reviewing reports, informing physicians and monitoring conduct; and
11. The medical staff shall develop processes for the protection of confidentiality.

B. The Hospital

1. The hospital must also have a code of conduct, applicable to members of the board, management and all employees;
2. The hospital must have policy that defines alleged disruptive and inappropriate behaviors for its constituents placed in the employee manual and administrative policy manual; and

The hospital and the medical staff must provide a mechanism to review episodes of alleged disruptive behavior to ascertain if the system of medical delivery in the hospital is responsible for some of the so-called disruptive behavior. (Report 25, Board of Trustees, H-2009)

The Society adopted the following policies and procedures when members seek assistance regarding a disruptive behavior policy:

The focus on the Medical Society's efforts should be on assuring that the policy incorporates appropriate definitions, that physicians who are the subject of complaints are provided due process, and that there are safeguards to assure that invalid complaints are resolved with minimal hassle to the accused clinician.

Examples of available options include:

- Providing information regarding the Medical Society's recommended standards for disruptive behavior policies.
- Filing an amicus curiae brief in support of a legal position that is consistent with the Medical Society's recommended standards for disruptive behavior policies.
- Seeking redress from appropriate regulatory authorities.
- Sending a letter of concern to the hospital or medical staff.

The Society ordinarily should not get involved in factual disputes, such as whether a physician engaged in disruptive behavior or whether a complainant abused the process. In any event, the Society should not take a position on a factual dispute without compelling evidence supporting that position.

In the case of a request by one or more individuals (versus the medical staff), the Society ordinarily should not take any action without first consulting the medical staff as to its position. However, to protect the confidentiality of member inquiries, the medical staff ordinarily should not be consulted without the consent of the individuals.

No action to support a request for assistance (other than the provision of information) may be taken without approval of the Board of Trustees or the Executive Committee.

Staff should not expend substantial time and resources developing a recommended action without the approval of the Board of Trustees, the Executive Committee, or the Chair of the Council on Practice Advocacy. Unbudgeted resources may not be expended on such development without an appropriate budget modification. (Report 25, Board of Trustees, H-2009)

51 - Policy Compendium

225.994

Medical Executive Committee Investigation

The Society adopted the following policy as stated in the Society's Model Medical Staff Bylaws: (1) Practitioners under investigation by the hospital medical executive committee shall be promptly notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and upon the terms as the investigating individual or body deems appropriate. The investigating individual or body shall interview the practitioner if requested; (2) medical staff quality improvement committees shall arrange for external review of care when appropriate; and (3) medical executive committee investigations shall be conducted in an expeditious manner and shall be focused on the issue(s) which initiated the investigation. The Society was also directed to ask the AMA to enact the same policies. (Res. 305, H-94)

225.995

Review of Hospital Bylaws by Executive Committee

The Society encourages hospital medical executive committees and/or their legal counsel to regularly examine the hospital/corporate bylaws, rules, regulations, or practices. The Society also recommends that hospital medical executive committees request their boards of trustees/directors to notify them of any proposed or impending changes in the hospital corporate bylaws. Hospital medical executive committees should advise members/applicants of the medical staff of the effect of these hospital /corporate bylaws, rules, and regulations. (Res. 68, H-88)

225.996

Due Process Rights

The Society holds that hospital notification of possible loss of medical staff membership must be sent by certified mail, return receipt requested, and that this procedure should be part of the Society's Model Medical Staff Bylaws; that appropriate due process rights be assured to a physician who has received an adverse recommendation regarding medical staff membership or privileges; and that such due process rights shall include: (1) an appeal conducted by an impartial body consisting of physicians who did not participate in the previous recommendation, and (2) if a negative action is taken by the physician hearing committee, a hearing be held by a committee of the hospital governing body. The Society is to notify all Pennsylvania hospital medical staffs of the aforementioned procedure. (Amended Sub. Res. 52, H-91)

225.997

Doctors on Governing Boards

The Society states that at least one representative of the medical staff shall serve as a voting member on each hospital governing board. (Res. 29, H-72)

225.998

County Society Forum for Presidents of Medical Staffs

The Society urged all county medical societies to establish a forum through which presidents of medical staffs and county society officers can meet to discuss matters of interest. (Res. 19, H-83)

225.999

Control of Medical Staff Funds

The Society encourages hospital medical staffs to state in their bylaws that the medical staff is solely responsible for the collection, use, and expenditure of medical staff funds. (Res. 71, H-88)

230.000 Hospitals: Medical Staff - Credentialing and Privileges

230.992 Unfair Discrimination in Medical Staff Application/Selection Process

The Society shall clearly state in its policies that: preferential selection processes favoring physician applicants for medical staff membership and clinical privileges that are employed by the hospital or hospital related organizations (i.e., foundations, PHO, etc.) over physician applicants that are independent practitioners or members of independent practice groups constitute unfair discrimination. (Res. 318, H-97)

230.993 Linkage of Academic Privileges and Hospital Privileges

The Society continues to monitor actions related to granting of academic privileges and will take appropriate action to preclude academic organizations from linking the granting of academic privileges and hospital medical staff credentials. (Res. 402, H-96; revised, H-2006)

230.994 Effect of Changes in Hospital Character Upon Medical Staff Credentialing.

The Society shall develop a policy on merger or acquisitions between hospitals and/or changes in services which will ensure due process when physician privileges and credentials are affected. The Society shall institute educational efforts to make medical staffs aware of these policies, and shall support the medical staff with appropriate assistance in these efforts. (Res. 616, H-96)

230.995 Selective Contracting

The Society endorses the AMA's Patient Protection Act, and adopts the following policies: (1) If, under the principle of self-governance, a medical staff determines that productivity, as it has a direct relationship to quality of care, is a reasonable criterion to use in its consideration of reappointment, it should be permitted to do so; however, the Society does not believe that economic productivity should be a factor in medical staff reappointment; and (2) criteria for hospital clinical privileges should be developed by the medical staff and criteria for hospital clinical privileges should be separate and can be different than criteria for managed care organization participation. Additionally, medical staffs and hospitals should be alert to and try to prevent attempts by managed care organizations to tie hospital clinical privileges and managed care organization participation together. The Society also adopted the following policy for distribution statewide: (1) A hospital should not deny, restrict, revoke, or terminate the medical staff membership or clinical privileges of a physician on the basis that the physician did not participate in the hospital's PHO; (2) in establishing PHOs, hospitals should not deprive physicians involved in the PHO of the right to separately contract with managed care organizations or other third party insurance entities except during the brief period of active negotiations between the PHO and a particular HMO, when unity of voice may be essential for success; (3) PHOs should not restrict physicians who have clinical privileges at more than one hospital from joining other PHOs; and (4) the physicians should own the physician component of the PHO contract. (Report 26, Board of Trustees, H-95)

230.996 Criteria for Hospital Medical Staff Privileges and Credentialing

The Society asserts that medical staff privileges should be granted on the basis of education, training, experience, and interest of individual physicians (Res. 21, H-80; revised, H-2010), and that hospital credentialing should be based upon the professional qualifications of the physician to deliver medical care of excellence. The Society opposes the use of cost patterns as a sole criterion for hospital credentialing, since it does not address the issue of quality of patient care. (Res. 64, H-90; revised, H-2010) The Society asserts that medical staff privileges should be granted on the basis of education, training, experience, and interest of individual physicians. (Res. 21, H-80; revised, H-2010)

230.997 Economic Credentialing

The Society opposes economic credentialing as the sole or primary criterion for determining hospital medical staff privileges. (Res. 71, H-93)

230.998 Protocol for Hospital Medical Staff Credentials Files

The Society recommends that the following guidelines be used for establishing, maintaining, and accessing hospital medical staff credentials files:

1. A single credentials file should be kept for each medical staff member.
2. The credentials files should be kept in the medical staff office.
3. The credentials files should contain information directly related to quality of care and ethical issues information mandated by state or federal statute or regulation, as well as information related to other issues deemed necessary by the medical staff to carry out review and credentialing functions.
4. Access to credentials files should be carefully monitored, and definite rules should be established by the hospital medical staff covering the conditions under which individuals (including the individual practitioner) may review the files and insert and delete information; written rules concerning confidentiality should be formulated and put in writing.

The Society urges medical staffs to establish and incorporate into their medical staff bylaws policies covering the management and maintenance of credentials files. It also encourages development of credentials files policies that are suited to the specific conditions prevailing at each individual hospital. (Res. 69, H-88)

230.999 Exclusive Contracts

The Society supports the principle that the granting of clinical privileges to medical staff members should include a full right of access to hospital resources (including, but not limited to, equipment, facilities, and hospital personnel) which are necessary to exercise effectively those privileges, and that the right of access should not be taken away for other than demonstrable reasons directly related to quality patient care and not without due process. The Society takes no position with regard to exclusive contracts; however, in those individual situations where an exclusive contract appears to be either desirable or unavoidable: (1) the hospitals and its medical staff should explore the reasons for entering into the exclusive contract to determine whether the arrangement is justified or whether the situation could be addressed through less restrictive alternatives; (2) the hospital and its medical staff should consider the practical effects that entering into such an arrangement may have on present and future medical staff members; and (3) the hospital should agree to indemnify the physician contractor(s) against any claims against them arising from the exclusive arrangement. Any physician entering into an exclusive arrangement should have the contract reviewed by an attorney experienced in exclusive contracts and antitrust law prior to its execution. The Society encourages those physicians who have experienced curtailment of their right to practice by reason of a hospital's decision to award an exclusive contract, to contact the Society. (Hospital Medical Staff Section Report, H-86)

235.000 Hospitals: Medical Staff - Organization

235.989 Medical Staff Self-Governance and Independence

The Society was directed to prepare legislative and regulatory language to ensure the independence and self-governance of a hospital medical staff. The Society advocates with the Department of Health to include this language in the hospital regulations when the Department opens the appropriate sections for stakeholder review, and seeks opportunities to insert this language in an appropriate legislative vehicle. (Report 9, Board of Trustees, H-2005)

235.990 Physician Review of Medical Staff Activities

The Society adopted the following policies: (1) Copies of minutes of all medical staff committees, except minutes concerning peer review or corrective action information, should be made available to all medical staff members; and (2) all policies which emanate from committee meetings where peer review issues are discussed and which affect medical staff members must be approved by the appropriate department and/or the medical executive committee and communicated to the medical staff. (Report 4, Board of Trustees, H-95; Revised, H-2005)

235.991 Medical Staff Self-Governance

The Society adopted the policy that voting members of a hospital's medical executive committee must, themselves, have been elected by either the medical staff or by a subset thereof (such as a department). (Res. 304, H-94)

235.992 The Role of the Hospital Medical Director

The Society supports the following guidelines regarding the role of the hospital medical director:

- (1) The hospital governing body, management, and medical staff should jointly determine if there is a need to employ a medical director; establish the purpose, duties, and responsibilities of this position; establish the qualifications for this position; and provide a mechanism for medical staff input into the selection, evaluation, and termination of the hospital medical director;
- (2) The purpose, duties, and responsibilities of the medical director should be included in the medical staff and hospital corporate bylaws;
- (3) The organized medical staff should maintain overall responsibility for the quality of the professional services provided by individuals with clinical privileges and should have the responsibility of reporting to the governing body;
- (4) The chief elected officer of the medical staff should represent the medical staff to the administration, governing body, and external agencies;
- (5) Government regulations which would mandate a hospital medical director who would have authority over the medical staff should be opposed; and
- (6) The hospital medical director shall be a physician. (Res. 303, H-94)

235.993 Right to Meet in Executive Session

The Society supports the right of any hospital medical staff committee to meet in executive session with only voting members of the medical staff present in order to permit open and free discussion of issues such as peer review and to maintain confidentiality. Further, the Society encourages medical staffs to incorporate provisions into their medical staff bylaws to accomplish these objectives. (Res. 66, H-88)

235.994 Satellite Staff Become Members of Parent Staff

The Society recommends that medical staff membership in the parent hospital be required for those physicians employed to staff a satellite facility. The Society also recommends that this policy be written in hospital medical staff bylaws as a requirement. (Res. 25, H-88)

235.995 Non-Interference in Hospital Medical Staff Elections

The Society supports the concept of medical staff self-governance, including the process of electing and seating medical staff officers. The Society opposes improper interference by the hospital governing body in the medical staff election process. (Res. 67, H-88)

55 - Policy Compendium

235.996

Medical Staffs Participate in Hospital Governance

The Society supports assisting medical staffs to participate on hospital boards of directors and board committees. (President Elect's Address, H-79)

235.997

Medical Staff Self-Governance

The Society recommends the following guidelines to describe the responsibilities and functions of the hospital, its governing board, and the medical staff:

1. The hospital has corporate responsibility for maintaining the necessary facilities, a safe environment, and a mechanism for the prudent selection of those who treat patients within the institution.
2. The governing board is responsible for the operation and management of the hospital and for fulfilling its corporate responsibilities.
3. The organized medical staff and its members should carry out their professional medical responsibilities through (a) the efficient operation of medical staff committees; (b) the objective recommendation of professionally qualified members of the organized medical staff and disciplinary functions relating to their competent performance; and (c) functioning as a self-governing body in promoting quality patient care within the hospital.
4. Members of the organized medical staff may likewise deal collectively with the hospital and its governing board with respect to professional matters, involving their own interests, as distinguished from the functions the organized medical staff performs on behalf of the hospital. (Res. 64, H-88)

235.998

Medical Staff Bylaws

The Society advises hospital medical staffs that:

1. Medical staff bylaws, rules, and regulations shall be initiated and adopted by the medical staff and shall establish a framework for self-government;
2. The medical staff shall govern itself by these bylaws, rules, and regulations that shall:
 - a) be approved by the governing body, whose approval shall not be unreasonably withheld;
 - b) be reviewed and revised as necessary to reflect current medical staff practices; and
 - c) define the executive committee of the medical staff whose members are selected in accordance with criteria and standards established by the medical staff;
3. The medical staff shall have the authority to approve or disapprove all proposed amendments to medical staff bylaws, rules, and regulations;
4. The medical staff bylaws, when adopted by the hospital medical staff and formally approved by a hospital governing board, shall be mutually and equally binding on both the governing board and the medical staff; and
5. The medical staff bylaws, rules and regulations may not be unilaterally amended by the hospital corporate board or administration. (Res. 65, H-88)

235.999

Explicit Medical Staff Bylaws

The Society encourages medical staffs to be specific in their bylaws, rules, and regulations and not to incorporate other documents by reference. (Res. 70, H-88)

240.000 Hospitals: Reimbursement

240.999 Medicare's Ambulance Service Regulations

The Society adopted the following AMA policy: The Society supports changes in Medicare regulations governing ambulance service coverage guidelines that would expand the term "appropriate facility" to allow full payment for transport to facilities other than the closest based upon the physician's judgment. (Board of Trustees, 9/98)

255.000 International Medical Graduates

255.997 State Regulations on Moonlighting Privileges for IMGs

The Society seeks regulatory and/or legislative change to allow international medical graduates to obtain an interim limited license provide that they: (1) have passed the United States Medical Licensure Examination (USMLE) Step 1, Step 2, and Step 3 and the English exam; (2) are Educational Commission for Foreign Medical Graduates (ECFMG) certified; (3) have undergone a one-year training program as do graduates of accredited medical schools; and (4) have obtained the written approval of their program director. (Res. 206, H-99)

255.998 Discrimination Against International Medical Graduates

The Society will continue to work with the International Medical Graduates (IMG) Section to review application of licensure requirements to IMGs. (Res. 47, H-90; policy retained in part, H-2000)

255.999 Clinical Clerkships

The Society strongly objects to the practice of substituting clinical experiences provided by United States institutions for the core clinical curriculum of foreign medical schools. The Society also strongly disapproves of any legislative or regulatory measures requiring the placement of any medical school undergraduate students in hospitals and other medical care delivery facilities which lack educational resources and experience for supervised teaching of clinical medicine. (Res. 18, H-86)

260.000 Laboratories

260.994 Pennsylvania State Laboratory Regulations

The Society encourages and works for reform of the Pennsylvania state laboratory regulations to be consistent with the CLIA standards, especially with regard to performing waived testing by physicians in their offices. (Res. 201, H-94)

The Society endorses the accreditation program for office laboratories of the Commission on Office Laboratory Accreditation (COLA) and strongly encourages the Pennsylvania Department of Health to grant the COLA deeming authority under the state laboratory law. The Society was directed to publicize information about COLA and encourage all physicians to seek clinical laboratory accreditation through COLA in lieu of federal certification. (Res. 35, H-93)

57 - Policy Compendium

260.995 Testing by Nonmedical Organizations

The Society supports legislation or regulations which would insure that the results of nonphysician ordered tests be forwarded to the patient who originally requested them rather than to the patient's attending physician who is unaware of and did not order the tests. (Res. 2, H-81)

260.996 Specimen Handling Fee

The Society supports a reasonable drawing and handling fee that would be reimbursed by all health insurance programs including those operated by the state and federal governments. (Res. 6, H-86)

260.997 Resident Education in Laboratory Utilization

The Society endorses the concept of practicing physicians devoting a set period of time with first-year residents for chart reviews focusing on appropriate test ordering in patient care. (Res. 7, H-90; revised, H-2010)

260.998 Physicians' Office Laboratories

Physicians should be permitted to perform quality laboratory tests, in their own offices on their own patients provided they are willing to voluntarily participate in appropriate quality assurance and quality control programs. (Res. 33, H-85)

260.999 Alpha Fetoprotein Testing

The Society supports alpha fetoprotein testing for all Medicaid patients who are at risk. (Report H, Board of Trustees, H-86; policy retained in part, H-96)

270.000 Legislation and Regulation

270.983 Opposition to Taxation of School Tuition

The Society opposes school tuition taxes and any other attendance-based taxes imposed on students by any government entity. (Res. 405, H-2010)

270.984 Assaults on Physicians, Health Care Providers or Their Staff

The Society shall work with the proper government agencies and the state legislature to enact law making it a felony to assault any physician, health care provider or their staff in a healthcare setting. (Res. 213, H-2008)

270.985 Tanning Parlors

The Society, in conjunction with other interested parties, supports the enactment of state legislation to protect minors from the hazards of tanning parlor rays by prohibiting the sale of tanning parlor services utilizing ultraviolet rays to those under 18 years of age. (Res. 217, H-2008)

270.986 Support for Breastfeeding

The Society promotes and strongly supports breastfeeding by working with the Pennsylvania legislature to continue to develop appropriate legislation that will strongly protect the rights of breastfeeding mothers and children in all venues public and private and promote breastfeeding as a societal norm. (Res. 202, H-2007)

270.987 Mobile Field Tests

The Society advocates the enactment by legislation or regulation the oversight of mobile health testing units by the Pennsylvania Department of Health. Such oversight requires the licensure of such services, that they be under the direction of a certified specialist physician with a Pennsylvania medical license, and that such services meet standards similar to those required of clinical laboratories in Pennsylvania. (Res. 404, H-2004)

270.988 Licensure of Mobile LASIK Surgical Centers

The Society shall work with the Pennsylvania Academy of Ophthalmology in securing either legislation or regulations, as deemed appropriate, giving the Pennsylvania Department of Health the ability to regulate mobile LASIK surgery centers and creating a penalty for anyone who operates such a facility in violation of such legislation or regulation. (Res. 410, H-2003)

270.989 Advanced Cardiac Life Support Training for Nurses

The Society continues to pursue changes to the Health Care Facility (hospital) regulations requiring that nurses providing care in intensive and/or critical care areas of hospitals be pre-trained in Advanced Cardiac Life Support (ACLS). Report 3, Board of Trustees, H-2000)

270.990 Quality Health Care Accountability and Protection Act

The Society continues its efforts to seek refinement and full implementation of the Quality Healthcare Accountability and Protection Act (Act 68), and continues to lobby for added patient and provider safeguards at the state and federal level. (Report 5, Board of Trustees, and Recommendation 6(b) of the President Elect, H-2000)

270.991 Pennsylvania Secretary of Health

The Society shall work to secure legislative change, restoring the requirement that the Secretary of Health be a physician. (Res. 407, H-98)

270.992 Occupational Tax Assessment in Commonwealth of Pennsylvania

The Society supports equitable local taxation and the repeal of the occupational tax assessment system. (Res. 406, H-98)

270.993 Licensing of Physicians Engaged in Practice of Utilization Review

The Society seeks either legislation or regulation that would require all physicians practicing utilization review of treatment provided in the Commonwealth of Pennsylvania to be licensed to practice medicine in the Commonwealth of Pennsylvania in order to ensure oversight of this form of the practice of medicine. (Res. 16, H-93)

270.994 Provider-Specific Taxes

The Society opposes any attempt to levy professional taxes on physicians and other health care providers' services, whether to fund specific health care programs or as a general revenue enhancement. (Res. 40, H-92)

The Society determined to support legislation protecting medical audit information against disclosure. (Res. 15, H-73)

270.995 PA Health Law Desk Reference

The Society is to make available, at a reasonable cost, a periodically updated desk reference of state and federal health law affecting medical practice. (Res. 59, H-89)

59 - Policy Compendium

- 270.996 Immunity for Obeying State Reporting Requirements**
The Society seeks legislation which prohibits litigation against a physician for having abided by state reporting requirements. Language should be added to legislation to prevent out-of-pocket expense to physician for any defense of action to report. (Res. 15, H-90; retained in part, H-2000)
- 270.997 Generics, Compulsory**
Physicians should have the right to decide whether to prescribe generically or by brand name. (Res. 24, H-67)
- 270.998 Equal Taxation for Hospital Clinics**
Citing its pro-competition policy, the Society recommended that clinics and outpatient facilities operated by not-for-profit institutions in an office setting away from the hospital premises be subject to the same local, county, and state taxes as the private practitioner. The Society is directed to seek legislation requiring hospitals and clinics to compete on an equal basis with the exception of voluntary clinics for indigent care. (Res. 23, H-83; Revised, H-93; Revised, H-2003)
- 270.999 Physician Referral and Interpretation**
The Society will preserve regulations requiring physician referral and interpretation. (Res. 18, H-82; revised H-2002)
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- 275.000 Licensure and Discipline**
- 275.986 Pennsylvania State Board of Medicine/Department of State – Physician Notification of Complaints**
The Society was directed to review with the Pennsylvania Department of State the procedure regarding the handling of complaints against physicians, and specifically include a review of the process by which a decision or decisions are made to notify or not notify the physician, and provide an opportunity for response before commencing an investigation, and make available its findings on the member pages of the website of the Pennsylvania Medical Society. (Res. 201, H-2010)
- 275.987 Locum Tenens Physicians**
The Society shall work with the staff of the State Board of Medicine to assist that agency in making the licensure process as efficient as possible; will continue its practice of assisting members to secure licenses for locum tenens physicians they wish to bring into the state; and will also continue to provide assistance to Society members attempting to secure managed care credentialing for locum tenens physicians they wish to bring into the state. (Report 8, Board of Trustees, H-2003)
- 275.988 Truth-in-Government Request to Bureau of Professional and Occupational Affairs**
The Society was directed to pursue a Truth-in-government request to the Pennsylvania Department of State, Bureau of Professional and Occupational Affairs (BPOA), calling upon the BPOA to publicly acknowledge its expanded role in disciplining physicians for non-quality of care issues, and to ask the BPOA to plainly identify, on its website, those physicians being disciplined for purposes arising out of assessment enforcement, as opposed to traditional quality of care issues. (Sub. Res. 210, H-2003)
- 275.989 Medical Practice Act**
The Society affirms its support of the requirements for physicians set forth in the Medical Practice Act. (Res. 212, H-2000)

275.990

Definition of Medical Practice

The Society adopted the following definition of medical practice: Medical practice is the application of the healing arts and sciences which result in the physician's ability to exercise the privileges to provide some or all of the health care services that an individual or group of persons may need. This includes the ability to perform comprehensive evaluations including history-taking, physical examinations, ordering and interpreting diagnostic testing, and establishing diagnoses. It also includes the complete range of therapeutic services including counseling, prescription of medications and the performance of invasive and non-invasive procedures, as well as providing rehabilitation, palliative care and preventive care.

The practice of medicine requires a license. The complexity of this discipline requires extensive education, training, and experience as well as a commitment to lifelong learning. Physicians who have successfully completed the required supervised education and training with graded levels of responsibility and documented competence may receive an unrestricted license to practice medicine and surgery. That unrestricted license authorizes physicians to perform the entire range of medical services. Physicians may delegate, to persons qualified by education and training, the performance of specific aspects of those services.

The responsibility generated by the unique relationship between a physician and a patient demands that physicians be held to the highest moral and ethical standards. (Report 28, Board of Trustees, H-99)

275.991

Practice of Medicine Remain Under State Board of Medicine

The Society adopted the policy that the regulation of the practice of medicine should continue to remain under the supervision of the State Board of Medicine in the Commonwealth of Pennsylvania. (Board of Trustees, March 2000)

275.992

State Licensure of Office Operating Room Facilities

The physicians of the Commonwealth of Pennsylvania support the recommendation to the State Board of Medicine, or legislation, which recognizes the American Association for the Accreditation of Ambulatory Surgery Facilities, the Association for the Accreditation of Ambulatory Health Care Facilities, and the Joint Commission on Accreditation of Healthcare Organizations as being empowered to provide certification "in lieu" of state licensure or Medicare certification in Class B and C facilities intrinsic to a physician's office practice. (Res. 203, H-97)

The Society believes that a new category of temporary license is unnecessary at this time and supports licensure for Pennsylvania physicians through the AMA's National Credentials Verifying Service. (Report D, Board of Trustees, H-93)

275.993

Provision of Forensic Medical Services

The Society encourages the Pennsylvania State Board of Medicine to adopt a stated policy to scrutinize the provision of forensic medical services by its licensees in the same manner in which the Board scrutinizes the provision of expert medical care by those licensees. (Res. 20, H-91)

275.994

License Suspension of Impaired Physicians

The Society asserts that successful treatment of patients with the disease alcoholism, or other dependencies, followed by appropriate medical supervision and monitoring on a continuing basis, will allow most individuals to return to meaningful, productive employment and resume full responsibility of their normal job assignment or profession. The Physicians' Health Programs of The Foundation of the Pennsylvania Medical Society and the Bureau of Professional and Occupational Affairs have developed a constructive working relationship. We believe that disciplinary license actions, when used in combination with rehabilitative programs, should be at the discretion of the Board of Medicine, rather than for fixed duration. (Res. 56, H-89; Revised, H-99)

275.995

Improve Operations of the State Board of Medicine

The Society seeks to have the State Board of Medicine:

1. investigate alternative methods of adjudication by the Board in order to replace the single hearing officer procedure;
2. expedite the resolution of cases by adding time limitations for both the prosecution and the defense and setting deadlines by which hearings must take place;
3. give appropriate weight to the final decision of a court of law;
4. permit physicians to practice until a final decision is rendered, except in cases of automatic suspension upon legal commitment to an institution because of mental incompetency; conviction of a felony under the Controlled Substance, Drug, Device, and Cosmetic Act; or conviction of an offense under the laws of another jurisdiction, which if committed in this Commonwealth, would be a felony under the Controlled Substance, Drug, Device and Cosmetic Act; or acting in such a manner as to present an immediate and clear danger to public health or safety. (Res. 38, H-87)

275.996

Guidelines for Act 66

The Society determined to develop guidelines to assist physicians in complying with Pennsylvania's Act 66 which provides that "any practitioner of the healing arts shall, prior to referral of a patient to any facility or entity engaged in providing health-related services, tests, pharmaceuticals, appliances or devices, disclose to the patient any financial interest of the practitioner or ownership by the practitioner in the facility or entity. In making any referral, the practitioner of the healing arts may render any recommendations he considers appropriate, but shall advise the patient of his freedom of choice in the selection of a facility or entity." (Res. 9, H-88)

275.997

Discrepancies between Medical and Osteopathic Practice Acts

The Society opposes the discrepancies between the Medical Practice Act and the Osteopathic Practice Act and is committed to work for a uniform licensing law. (Res. 5, H-89)

Since the adoption of this policy, the Society has favored increasing the years required for osteopathic physicians to receive unrestricted licenses. Moreover, in 1994, the Council on Education and Science advocated combining the two licensing boards, providing one set of rules for all physicians.

The Society recognizes that the Board of Medicine has a responsibility to protect the citizens of Pennsylvania from inadequately trained physicians and, consequently, that a rationale exists for some variation in regulations between graduates of accredited and unaccredited medical schools. However, the Society agreed some action could be taken to make the licensing requirement more uniform.

The Society recommends that graduates of unaccredited medical schools be permitted to receive an unrestricted license after completing two years of residency if their residency director consents. This would allow the option of requiring the third year only for residents who need additional training. (Report 4, Board of Trustees, H-94)

275.998 Competency only Criteria for Licensure

The Society reaffirmed the position that the only condition for medical licensure in the Commonwealth of Pennsylvania should be the qualifications of the physician. (Address of the President Elect, H-87; revised, H-2007)

275.999 Competency Sole Criteria for Licensing

The Society reiterated its position that the only condition for licensure in the Commonwealth be training and ability to practice medicine. (Address of the President, and Res. 23, H-88; reaffirmed, Sub. Res. 421, H-97). The Society shall also, using “in-house” counsel to minimize expense to the Society, file an amicus brief in the current litigation, Hayes, MD v. Ridge, advocating the Society’s position that the sole criterion for licensing is competency, and a physician’s license should not be denied by his/her inability to make payment of malpractice insurance premiums. (Sub. Res. 421, H-97) The Society reaffirms its dedication to the elimination of the mandatory liability insurance requirement for licensure in the Commonwealth of Pennsylvania. The Society shall work actively to reintroduce House Bill 2417 of 2002, and make the elimination of the mandatory liability insurance requirement a high priority legislative action item for the Society. (Res. 403, H-2004)

280.000 Long Term Care

280.995 Mandated Unnecessary Care for Group Home Residents

The Society adopted the policy that patients unable to communicate or advocate for themselves be presented to the office or any other place of service only for indicated, beneficial or potentially beneficial care; further, that legislative, statutory and regulatory codes be changed at local, state and federal levels to mandate only nationally recognized, necessary and indicated medical care through working with appropriate authorities, agencies and legislative modalities. The Society’s AMA Delegation was directed to carry this cost saving measure to the national level to prevent these practices, if they exist, at a national level. (Res. 418, H-2008)

280.996 Long Term Care Patient Co-Pays

The Society opposes larger portions of reimbursement being shifted from health plans to long term care patient co-pays. (Res. 315, H-2005)

280.997 Mandatory Offering of Pneumococcal Vaccinations

The Society shall lobby appropriate government authorities to mandate offering pneumococcal vaccinations to all residents of long-term care facilities within the state. The Society shall direct its AMA Delegation to ask the AMA to lobby appropriate authorities in the United States to take similar action, linking this to reimbursement. (Res. 210, H-2001)

280.998 Mandated Laboratory Testing of Nursing Home Patients

The Society shall study the current Pennsylvania regulations mandating laboratory testing of nursing home patients to determine if they are clinically efficacious and/or cost effective and also study the current methods of reimbursement for such tests. (Res. 507, H-96)

280.999 Nursing Home Residents Remain Patients of Physicians

63 - Policy Compendium

The Society reaffirms the primary role of physicians in medical care of patients within nursing home settings. (Res. 26, H-78)

285.000 Managed Care

285.960 Contract Negotiations with Third Party Payers

Society staff shall continue to work toward reforms in the negotiation of contracts with third party payers through its Model Managed Care Contracting legislation. (Report 4, Board of Trustees, H-2007)

285.961 Medicare HMO Reviews

The Society shall investigate and request that Medicare HMOs rescind the policy of forcing physician practices to conduct reviews for the purpose of upgrading the coding for services with the Medicare HMOs and help the physician practices across the state to receive appropriate compensation for this work. (Res. 311, H-2005)

285.962 Reimbursement Prior to Completing Credentialing Process

The Society was directed to work through appropriate means, including the American Medical Association, to assure that physicians who begin work prior to being credentialed within a plan may be able to submit claims for work provided while the application is in process. (Res. 311, H-2002)

285.963 Physician Credentialing

The Society shall seek legislation requiring the credentialing process to be completed by the insurance carriers within 45 days of receipt of a completed clean application, or carriers will face a fine; further, that insurers be required to notify applicants of all discrepancies and omissions in their application and supporting documentation with five (5) business days of receipt of such application and expedite consideration of the corrected application upon receipt. The Society shall investigate the feasibility of a statewide credentialing clearinghouse to facilitate the carriers' ability to meet the 45-day requirement. The Society shall develop a checklist for credentialing that can be sent to residency directors in Pennsylvania. (Res. 302, H-2002)

285.964 Model Contract

The Society was directed to continue to diligently meet with the Insurance Commissioner and third party payors to establish a "Model Participation Contract" for Pennsylvania physicians. The Society shall continue to pursue in conjunction with the Insurance Commissioner remedies to unfair and coercive participation contracting practices. (Res. 304, H-2002)

285.965 Drug Formularies for Patients in Managed Care

The Society seeks legislative and/or regulatory action in the development of MCO drug formulary standards to ensure that prescription drug benefits are not unreasonably restrictive; do not jeopardize patient safety; and allow drug coverage to be reasonably priced.

The Society shall continue to monitor the ongoing scientific research being conducted on whether increases in drug costs may be justified by decreased costs attributed to other areas of patient care such as diagnostic testing, surgical intervention, and medical intervention.

The Society shall continue to investigate whether "closed" (restrictive) formularies lead to higher health care costs, rather than a decrease in plan costs and, conversely, do "open" formularies lead to overall decreased plan medical delivery expenses.

The Society shall investigate the development of a centralized, Web-based data base, maintained by the Society, which will provide MCO formulary information in a standardized format. It should allow easy physician search capability to each MCO's formulary requirements and should accommodate a linkage to hand-held computer devices. The Society shall continue to explore opportunities with MCOs and others to conduct physician and patient education, using unbiased disease-focused clinical information through its Center for Professional Drug Education.

The Society shall work with and encourage the appropriate state agencies to develop a process for commercial MCO formulary review similar to the process established by the DPW for review of HealthChoices Medicaid MCOs.

The Society seeks funding through grants from pharmaceutical companies, MCOs, foundations, etc., for the purpose of pilot testing hand-held computer devices for their applicability in accessing the centralized database created by the Society. Additionally, the pilot test should include a demonstration as to the value of using hand-held computers for the purpose of medical error prevention. (Report 10, Board of Trustees, H-2000)

285.966 Contingent Residency Completion Certificates

The Society seeks, through dialogue with managed care plans, voluntary acceptance of a contingent residency completion certificate as part of a new physician's application for provider network participation to expedite processing of such application. The Society also seeks regulatory language providing for the submission of a contingency residency completion certificate as a means of expediting new physician applications for managed care plan provider networks. The Society shall work through the American Medical Association and the National Committee for Quality Assurance to address national standards for physician credentialing to reduce undue delay of physician acceptance into managed care plans. (Report 7, Board of Trustees, H-99)

285.967 National Committee for Quality Assurance Standards and Physician Credentials

The Society shall study the issue of timely physician credentialing by health insurers, determine what actions are necessary, and seek to improve the timeliness of the process. (Res. 306, H-99)

285.968 Problems with Managed Care Organizations and the Consequences

The Society shall (1) endeavor through all appropriate means to encourage standardization of practices across Managed Care Organizations (MCOs) with regard to certification and recertification; (2) encourage better access to information concerning benefit structure, billing and reimbursement information so as to improve efficiency and decrease costs; (3) foster guidelines with regard to best practices, rather than engage in a fruitless dialogue with MCOs about medical necessity; and (4) endeavor to insure that MCOs provide patients with more information about their plans, and the procedures required to access appropriate treatment, rather than leaving it totally up to the provider. (Res. 305, H-99)

65 - Policy Compendium

- 285.969** **Timeliness of Credentialing by Managed Care Organizations**
The Society shall endeavor, through all appropriate means, to correct the problem of the timeliness of credentialing by communicating with the Managed Care Organizations (MCOs) the nature of the difficulties with regard to credentialing and recredentialing, and by providing them with suggested solutions such as time limits for processing applications, with resident applications especially expedited, and encouraging a uniform credentialing process across all plans in the interest of greater efficiency for all. Should this approach not be successful, every effort shall be made to introduce legislation to correct the problem. (Res. 303, H-99)
- 285.970** **Surgical Pathology in Managed Care**
The Society supports the right of clinical specialists who perform biopsies to have access to a panel of qualified surgical pathology specialists in managed care plans. The Society shall pursue, through negotiation with managed care plans, an agreement that assures the plans will allow clinicians in the plan to have access to a panel of qualified surgical pathologists to whom they can refer biopsy specimens or slides for consultation. (Report 28, Board of Trustees, H-98)
- 285.971** **Third-Party Payer Responsibility to Patients**
The Society continues efforts to fully implement the provisions of managed care legislation (Act 68 of 1998), and continues to pursue legislation to have physicians and other health care providers held harmless for less desirable outcomes resulting from choice of alternative care options resulting from denial of payment decisions of third-party payers. (Report 10, Board of Trustees, H-98)
- 285.972** **Statewide Managed Care Legislation**
The Society shall work to amend Act 68 so that (a) a managed care organization will not be able to select the external grievance entity and that a fair process be written; (b) repeal the section stating that a provider put in escrow one-half the cost of an external grievance and that the provider pay the cost of an external grievance if the provider loses the appeal; and (c) an individual who suffers medically because of an action by a managed care organization should have the right to sue the managed care organization. (Res. 413, H-98)
- 285.973** **Managed Care Organization Reimbursement Formulas**
The Society continues to pursue legislation requiring the state to review reimbursement levels to ensure adequacy of providers in managed care networks. (Report 12, Board of Trustees, H-98)
- 285.974** **Admitting Officer/Hospitalist Programs**
The Society adopted the policy that (1) participation in "admitting officer" or "hospitalist" programs developed and implemented by managed care or other health care organizations should be at the voluntary discretion of the patient and the patient's physician; (2) managed care plan enrollees and prospective enrollees should receive prior notification regarding the implementation and use of admitting officer or hospitalist programs; and (3) hospitalist systems, when initiated by a hospital or managed care organization, should be developed consistent with Society policy on medical staff bylaws and implemented with approval of the organized medical staff to assure that the principles and structure of the autonomous and self-governing medical staff are retained. (Report of Organized Medical Staff Section, H-98)
- 285.975** **Mandatory Use of Hospitalists**
The Society opposes any mandates from hospitals or payers calling for mandatory use of hospitalists. (Report 31, Board of Trustees, H-98)

- 285.976 "Not for Cause" Termination of Physician Contracts**
The Society was directed to immediately seek legislation to prohibit "not for cause" termination of physician contracts with insurance companies. (Rec. 4 of the President Elect, H-97)
- 285.977 Termination without Cause Contract Provisions**
The Society opposes physician termination without cause provisions in physician contracts and seeks state legislation banning these contract clauses; further, the Society was directed to take this resolution to the AMA. (Res. 323, H-97)
- 285.978 Primary and Consultative Care/Physician Credentialing**
The Society adopted the policy that physicians who are qualified to perform both primary and consultative care should not be forced, through the credentialing process, to choose only one or the other; further, that the Society ask the AMA to adopt this policy. (Res. 307 and 309 H-97)
- 285.979 Self-Deselection**
The Society shall study whether the concept of self-deselection can become useful policy supplanting both "Any Willing Provider" and "Preferred Provider Option" policies. (Res. 302, H-97)
- 285.980 Utilization Review in Global Contracts**
The Society shall make physician organizations and individual physicians aware that third party carriers who have retained utilization review and who have shifted financial risk will no longer be at financial risk for services that they authorize, which may result in increased financial risk and liability to physician organizations and individual physicians; further, the Society shall evaluate whether to establish adjustments to these and future contracts to cover potential costs. (Res. 316, H-97)
- 285.981 Third Party Carrier Notification of Subscribers**
The Society shall utilize its resources to have third party carriers inform its members of potential limitations on free access to all of its systems' hospitals and specialists that may result from the assigning of "covered lives" into a particular healthcare system; further, the Society shall utilize its resources to have third party carriers identify all healthcare system affiliations of its hospitals, its primary care physicians, and its specialists in any listings of providers to its subscribers and potential subscribers. (Res. 315, H-97)
- 285.982 Assisting Physicians in Obtaining Copies of their Annual Contracts**
The Society shall apply whatever appropriate resources are required to ensure that physicians are provided with the appropriate copies of their provider agreements or contracts with third party payers upon request. (Res. 312, H-97)
- 285.983 Educating Physicians on Coping with the Realities of Care**
The Society shall place greater emphasis on educating physicians and their office staffs about the realities of managed care and risk contracting so they can (1) develop realistic expectations of what physician organizations can accomplish in the Pennsylvania market, and (2) understand what opportunities exist and what physicians must do to capitalize on them. (Board of Trustees, 3/97; title revised, H-2007)

67 - Policy Compendium

- 285.984** **Managed Care Organization Reimbursement Formulas**
The Society shall seek enactment of regulations or legislation to require that health care insurers use severity of illness adjustment factors in addition to age and sex in payment plans that are designed to evaluate utilization of services and provide financial incentives or penalties. The Society and the Commonwealth shall encourage the design of payment mechanisms to appropriately compensate physicians to take care of severely ill patients and locate in financially disadvantaged communities. (Res. 304, H-96)
- 285.985** **Managed Care Organization Termination of Participation**
The Society shall address the continued participation of physicians who have been previously participating in managed care organizations and are terminated following a change in practice setting. (Res. 306, H-96)
- 285.986** **Entities Representing Themselves as Multi-State Networks**
The Society shall cooperate with the AMA in the study of entities which represent themselves as national networks of providers and assist in the distribution of this information to the membership in a timely fashion. (Sub. Res. 303, H-95)
- 285.987** **Policies Excluding Part-Time Physicians**
The Society shall work strongly toward encouraging managed care organizations (and the Commonwealth of Pennsylvania) to remove the full-time 20 hour per week direct patient care requirement, especially for academic physicians who practice part-time in research, part-time in teaching, or in administration, so that these physicians, even though they do not meet the 20 hour per week requirements will, if they meet other requirements (i.e., on call, 24-hour continuous-care coverage, etc.) be able to join managed care organizations and be fully credentialed. (Res. 306, H-95)
- 285.988** **Qualifications/Credentials of Physicians Involved in Managed Care**
The Society adopts the policy that selective contracting decisions made by any health delivery or financing system should be based on an evaluation of multiple criteria related to professional competency, quality of care, and the appropriateness by which medical services are provided. In general, no single criterion should provide the sole basis for selecting, retaining, or excluding a physician from a health delivery or financing system. (Res. 304, H-95)
- 285.989** **"Most Favored Nation"**
The Society supports efforts to preclude dominant third party payors from forcing physicians and other health care providers to accord them "most favored nation" status -- i.e., offer the payor their lowest price. (Report 25, Board of Trustees, H-95)
- 285.990** **Any Willing Provider Provisions and Laws**
The Society:
 - (1) acknowledges that health care plans or networks may develop and use criteria to determine the number, geographic distribution, and specialties of physicians needed;
 - (2) will advocate strongly that managed care organizations and third party payors be required to disclose to physicians applying to the plan the selection criteria used to select, retain, or exclude a physician from a managed care plan, including the criteria used to determine the number, geographic distribution, and specialties of physicians needed;

- (3) will advocate strongly that those health care plans or networks that use criteria to determine the number, geographic distribution, and specialties of physicians needed be required to report to the public, on a regular basis, the impact that the use of such criteria has on the quality, access, cost, and choice of health care services provided to patients enrolled in such plans or networks;
- (4) will advocate in those cases in which economic issues may be used for consideration of sanction or dismissal, the physician participating in the plan should have the right to receive profile information and education, in a due process manner, before action of any kind is taken;
- (5) opposes any federal effort to preempt state "any willing provider" laws; and
- (6) will continue to advocate its "Legislative Specifications for Federal Regulation of Managed Care Plans." (Report 28, Board of Trustees, H-94)

The Society believes (1) managed care networks should not be permitted to require physicians to have hospital admitting privileges in those areas of the state where it is impractical for the physician to maintain such privileges or where such a requirement could aggravate a physician shortage; and (2) managed care networks should be encouraged to waive board-certification requirements in those areas of the state where such a requirement could aggravate a physician shortage.

The Society was directed to seek legislatively-mandated safeguards, including the protections called for in the above policies, to protect providers from arbitrary exclusion from managed care networks. The Society reiterates its position that individuals must be free to choose from a full range of health care coverage plans and should not be forced into a plan that limits their choice of provider or misled into selecting such a plan. (Report 28, Board of Trustees, H-94)

285.991

Approaches to Increase Payor Accountability

The Society supports the development of legislative initiatives to assure that payors provide their insureds with information enabling them to make informed decisions about choice of plan, and to assure that payors take responsibility when patients are harmed due to the administrative requirements of the plan. Such initiatives should provide for disclosure requirements, the conduct of review, and payor accountability.

- (1) Disclosure Requirements: The Society supports the development of additional draft state and federal legislation to require disclosure in a standard format by health benefit plans to prospective enrollees of information on: (a) coverage provisions, benefits and exclusions; (b) prior authorization or other review requirements, including claims review, which may affect the provision or coverage of services; (c) plan financial arrangements or contractual provisions that would limit the services offered, restrict referral or treatment options, or negatively affect the physician's fiduciary responsibility to his or her patient; and (d) loss ratio.
- (2) Conduct of Review: The Society supports the development of additional draft state and federal legislation to: (a) require private review entities and payors to disclose to physicians on request the screening criteria, weighting elements and computer algorithms utilized in the review process, and how they were developed; (b) require that any physician who recommends a denial as to the medical necessity of services on behalf of a review entity be of the same specialty as the practitioner who provided the services under review; (c) require every organization that reviews or contracts for review of the medical necessity of services to establish a procedure whereby a physician claimant has an opportunity to appeal a claim denied for lack of medical necessity to a medical consultant or peer review group which is independent of the organization conducting or contracting for the initial review; (d) require that any physician who makes judgments or recommendations regarding the necessity of appropriateness of services or site of services be licensed to practice medicine in the same jurisdiction as the practitioner who is proposing the service or whose services are being reviewed; (e)

require that review entities respond within two business days to patient or physician requests for prior authorization, and that they have personnel available by telephone the same business day who are qualified to respond to other concerns or questions regarding medical necessity of services, including determinations about the certification of continued length of stay; (f) require that any payor instituting prior authorization requirements as a condition for plan coverage provide enrollees subject to such requirements with consent forms for release of medical information for utilization review purposes, to be executed by the enrollee at the time services requiring such prior authorization are recommended or proposed by the physician; and (g) require that payors compensate physicians for those efforts involved in complying with utilization review requirements that are more costly, complex, and time consuming than the completion of standard health insurance claims forms. Compensation should be provided in situations such as obtaining preadmission certification, second opinions on elective surgery, and certification for extended length of stay.

- (3) Accountability: The Society believes that draft federal and state legislation should also be developed to impose similar liability on health benefit plans for any harm to enrollees resulting from failure to disclose prior to enrollment the information on plan provisions and operation specified under Section 1 (a)-(d) above. (Sub. Res. 517, H-94)

285.992 Conflicting Issues in Managed Care Contracts

The Society was directed to call upon the AMA to study the conflicting economic and ethical issues involved in managed care contracts, such as the bundling of physician reimbursement with other costs, cost-dominated restrictive formularies, and profit-dominated exclusive contracts. (Res. 520, H-94)

285.993 Qualification Guidelines for Managed Care Medical Directors

The Society has adopted the following "Guidelines for Qualifications of Medical Directors of Managed Care Organizations":

To the greatest extent possible, physicians who are employed as medical directors of managed care organizations shall:

- (1) Hold an unlimited current license to practice medicine in one of the states served by the managed care organization, and where that Medical Director will be making clinical decisions or be involved in peer review that Medical Director should have a current license in each applicable state;
- (2) meet credentialing requirements equivalent to those met by plan providers;
- (3) be familiar with local medical practices and standards in the plan's service area;
- (4) be knowledgeable concerning the applicable accreditation or "program approval" standards for preferred provider organizations and health maintenance organizations;
- (5) possess good interpersonal and communications skills;
- (6) demonstrate knowledge of risk management standards;
- (7) be experienced in and capable of overseeing the commonly used processes and techniques of peer review, quality assurance, and utilization management;
- (8) demonstrate knowledge of due process procedures for resolving issues between the participating physicians and the health plan administration, including those related to medical decision-making and utilization review;
- (9) be able to establish fair and effective grievance resolution mechanisms for enrollees;
- (10) be able to review, advise, and take action on questionable hospital admissions, medically unnecessary days, and all other medical care cost issues; and
- (11) be willing to interact with physicians on denied authorizations.

The Society strongly encourages managed care organizations and payor groups to utilize these guidelines in their recruitment and retention of medical directors. (Sub. Res. 510, H-94)

285.994 Managed Care

(1) Those health delivery or financing systems that contract with selected physicians to furnish care should utilize selection criteria based primarily on professional competence and quality of care. Any economic criteria used in such selective contracting should have a demonstrated positive relationship to the quality and appropriateness of care and to professional competency; and (2) health plans that contract with selected providers should have an established mechanism by which any provider willing to abide by terms of the plan contract could appeal a decision to deny the provider's application for participation in the plan. (Report 28, Board of Trustees, H-94)

285.995

Managed Care

1. **INTRODUCTION:** The needs of patients are best served by free market competition and free choice by physicians and patients among alternative delivery and financing systems, with the growth of each system determined not by preferential regulation and subsidy, but by the number of persons who prefer that mode of delivery or financing.
2. **DEFINITION:** "Managed care" is defined as: systems of techniques generally used by third party payors or their agents to affect access to and control payment for health care services.
3. **TECHNIQUES:** Managed care techniques include: (a) Prior, concurrent, and retrospective review of the medical necessity and appropriateness of services and/or site of services; (b) financial incentives or disincentives related to the use of specific providers, services, or service sites; (c) controlled access to and coordination of services by a case manager; (d) payor efforts to identify treatment alternatives and modify benefit restrictions for high-cost patients (high cost case management).
4. **FINANCIAL INCENTIVES AND DISINCENTIVES:** Any financial arrangements that may tend to limit the services offered to patients, or contractual provisions that may restrict referral or treatment options, should be fully disclosed to prospective enrollees by plans utilizing such arrangements.

Physicians must disclose any financial inducements or contractual agreements that may tend to limit the diagnostic and therapeutic alternatives that are offered to patients or restrict referral or treatment options. Physicians may satisfy their disclosure obligations by assuring that the managed care plan makes adequate disclosure to patients enrolled in the plan. Physicians must also inform their patients of medically appropriate treatment options regardless of their cost or the extent of their coverage.

Physicians should have the right to enter into whatever contractual arrangements with health care systems they deem desirable and necessary but should be aware of the potential for some types of systems to create conflicts of interest because of financial incentives to withhold medically indicated services. Physicians must not allow such financial incentives to influence their judgment of appropriate therapeutic alternatives to deny their patients access to appropriate services based on such inducements.

Physician payments that provide an incentive to limit the utilization of services should not link financial rewards with individual treatment decisions over periods of time insufficient to identify patterns of care or expose the physician to excessive financial risk for services provided by physicians or institutions to whom he or she refers patients for diagnosis or treatment. When risk sharing arrangements are relied upon to deter excess utilization, physician incentive payments should be based on performance of groups of physicians rather than individual physicians, and should not be based on performance over short periods of time.

Alternative private health benefit plans, with different schedules of deductibles, coinsurance and premiums, should be available to enrollees so that they are aware of the financial trade-offs associated with different plans. Both private and public third party payment systems should use deductibles and coinsurance as financial incentives for health care recipients to use health care resources in an appropriate manner. However, cost-sharing should not result in an undue financial burden for the health care recipient and should not act to prevent access to needed care.

Physicians, other health professionals, and third party payors through their reimbursement policies, should continue to encourage use of the least expensive care setting in which medical and surgical services can be provided safely and effectively with no detriment to quality.

5. CASE MANAGEMENT: Health plans using the preferred provider concept should not use coverage arrangements which impair the continuity of a patient's care across different treatment settings.

With the increased specialization of modern health care, it is advantageous to have one individual with overall responsibility for coordinating the medical care of the patient. The physician is best suited by professional preparation to assume this leadership role.

The primary goal of high-cost case management or benefits management programs should be to help to arrange for the services most appropriate to the patient's needs; cost containment is a legitimate but secondary objective. In developing an alternative treatment plan, the benefits manager should work closely with the patient, attending physician, and other relevant health professionals involved in the patient's care.

Any health plan which makes available a benefits management program for individual patients should not make payment for services contingent upon a patient's participation in the program or upon adherence to treatment recommendations. (Res. 522, H-94)

6. UTILIZATION REVIEW: The medical protocols and review criteria used in any utilization review or utilization management program must be developed by physicians. Public and private payors should be required to disclose to physicians on request the screening and review criteria, weighting elements, and computer algorithms utilized in the review process, and how they were developed.

A physician of the same specialty must be involved in any decision by a utilization management program to deny or reduce coverage for services based on questions of medical necessity. All health plans conducting utilization management or utilization review should establish an appeals process whereby physicians, other health care providers, and patients may challenge policies restricting access to specific services and decisions to deny coverage for services, and have the right to review of any coverage denial based on medical necessity by a physician independent of the health plan who is of the same specialty and has the appropriate expertise and experience in the field.

A physician whose services are being reviewed for medical necessity should be provided the identity of the reviewing physician on request. Any physician who makes judgments or recommendations regarding the necessity or appropriateness of services or site of services should be licensed to practice medicine and actively practicing in the same jurisdiction as the practitioner who is proposing or providing the reviewed service and should be professionally and individually accountable for his or her decisions.

All health benefit plans should be required to clearly and understandably communicate to enrollees and prospective enrollees in a standard disclosure format those services which they will and will not cover and the extent of coverage for the former. The information disclosed should include the proportion of plain income devoted to utilization management, marketing, and other administrative costs, and the existence of any review requirements, financial arrangements or other restrictions that may limit services, referral or treatment options, or negatively affect the physician's fiduciary responsibility to his or her patients. It is the responsibility of the patient and his or her health benefits plan to inform the treating physician of any coverage restrictions imposed by the plan.

All health plans utilizing managed care techniques should be subject to legal action for any harm incurred by the patient resulting from application of such techniques. Such plans should also be subject to legal action for any harm to enrollees resulting from failure to disclose prior to enrollment any coverage provisions; review requirements; financial arrangements; or other restrictions that may limit services, referral, or treatment options, or negatively affect the physician's fiduciary responsibility to his or her patient.

When inordinate amounts of time or effort are involved in providing case management services required by a third-party payer which entail coordinating access to other health care services needed by the patient, or in complying with utilization review requirements, the physician may charge the payor or the patient for the reasonable cost incurred. "Inordinate" efforts are defined as those "most costly, complex, and time-consuming than the completion of standard health insurance claim forms, such as obtaining preadmission certification, second opinions on elective surgery, certification for extended length of stay, and other authorizations as a condition of payor coverage." Any health plan or utilization management firm conducting a prior authorization program should act within two business days on any patient or physician request for prior authorization and respond within one business day to other questions regarding medical necessity of services. Any health plan requiring prior authorization for covered services should provide enrollees subject to such requirements with consent forms for release of medical information for utilization review purposes, to be executed by the enrollees at the time services requiring prior authorization are recommended by the physicians.

In the absence of consistent and scientifically established evidence that preadmission review is cost-saving or beneficial to patients, the Society strongly opposes the use of this process. (Sub. Res. 513, H-94)

285.996 Sufficient Opinions

All managed care programs must offer reimbursement for acquisition of sufficient opinions necessary to reach a consensus if options acquired regarding the management of a given issue differ substantially. (Res. 509, H-94)

285.997 Vertical Divestiture in the Health Care System

It is the policy of the Society to:

- (1) continue to oppose organizational structures that may lead to nonphysician control of medical decision-making;
- (2) hospital-physician business arrangements must be based on mutual respect and shared incentives; hospital programs should be developed that provide medical staff physicians with incentives to render high quality medical care in an effective and efficient manner and leave physicians in control of the clinical aspects of that care; and
- (3) encourage individual physicians and hospital medical staffs to remain alert to, and oppose, efforts by hospitals or insurers to obtain control of medical practices through the employment of physicians. (Report 12, Board of Trustees, H-94)

285.998 Managed Care Plans' Patients' Acceptance Requirement

The Society seeks regulatory or legislative action opposing provisions in HMO physicians' contracts that prohibit the physician from limiting acceptance of that HMO's members. (Res. 29, H-92)

285.999 Medicaid Managed Care

The Society endorses a primary care management system on a regional basis utilizing the Lancaster Community Health Plan Pilot Project as a model and encourages the formation of regionalized care networks to ultimately privatize the Medicaid system. (Res. 17, H-93)

290.000 Medicaid

290.985 Reimbursement for Observation Care for Pennsylvania Medicaid Patients

73 - Policy Compendium

The Society advocates regulatory action that the Pennsylvania Department of Public Welfare provide for reimbursement to physicians for observation care provided to Medicaid patients in the hospital setting. (Res. 302, H-2010)

290.986 Provision of Free or Low-Cost Care

The Society supports the concept of physician participation at facilities or in care models designed to provide free or low-cost care to the uninsured and underinsured, and will work to encourage physician leadership and volunteerism in such models within local communities. (Board of Trustees, May 20, 2009)

290.987 Medical Assistance Compensation

The Society shall request from the Department of Public Welfare and Medicaid HMO plans that the fee schedule for Medical Assistance patients be appropriately increased to adequately cover physicians' costs. (Res. 304, H-2005)

290.988 Physician Reimbursement

The Society urges the Pennsylvania Secretary of Welfare to demand increased physician reimbursement from the Medicaid HMO carriers; further, the Society urges the Department of Public Welfare to increase physician reimbursement for fee-for-service Medicaid patients. (Res. 302, H-2004)

290.989 Access to Care for Medical/Surgical Subspecialty

The Society shall seek requirements that Medical Assistance managed care plans retain complete credentialed active specialty panels accessible within 30 minutes to an urban setting or 60 minutes to a rural setting. (Res. 310, H-2002)

290.990 Adequate Reimbursement for Cervical Cancer Screening

The Society calls upon the state to provide adequate reimbursement through its current Medical Assistance programs for cervical cancer screening, consistent with newly established national standards and evolving local and national standards of care. In order to achieve adequate reimbursement, adequate reimbursement must be provided for currently underfunded liquid-based Pap tests; likewise, the state must begin to provide reimbursement, at an adequate level, for high-risk HPV typing. (Res. 208, H-2002)

290.991 Reimbursement for High-Risk Deliveries

The Society was directed to ask the Pennsylvania Department of Welfare to re-evaluate its reimbursement policy concerning the presence in the delivery room of qualified medical persons trained in neonatal resuscitation at high-risk deliveries. (Res. 303, H-2000)

290.992 Unreasonable Medicaid Hospital Denials

The Society has agreed to intensify its efforts in working with the Department of Public Welfare, through regulatory means if necessary, to eliminate Medicaid unreasonable hospital case denials. (Res. 75, H-88)

290.993 Private Sector Administration of Medicaid

The Society determined to develop contingency plans for the private sector administration of Medicaid, which could be implemented without delay, should the present and future Administration's approach to the solution of the Medicaid problem fail. (Resolution 30, H-81)

290.994 Parity Between Outpatient Departments and Physicians' Offices

The Society urges the Department of Public Welfare to make reimbursement for outpatient care equal between practitioners and hospital outpatient departments. Further, outpatient services, regardless of where rendered, should be reasonably reimbursed. (Res. 4, H-76)

290.995 **Low Physician Fee Schedule Deters Physician Participation**
The Society determined to take all available steps to remedy this problem as soon as possible. (Res. 22, H-76; revised, H-2006)

290.996 **Early Periodic Screening Diagnosis and Treatment Program**
The Society supports the Pennsylvania Chapter of the American Academy of Pediatrics in advocating:

1. Continuity of care in the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT);
2. Upgrading of the standard of care covered by the EPSDT program to the current minimum guidelines for routine health supervision of the American Academy of Pediatrics;
3. Re-establishing the EPSDT Technical Advisory Committee as a subcommittee of the Medical Assistance Advisory Committee to provide ongoing input on ways to improve the utilization and effectiveness of the EPSDT program. (Res. 19, H-87)

290.997 **Domiciliary Facilities for DPW Patients**
The Society is concerned that medical assistance patients in need of domiciliary care are unable to find that care. In addition, the Commonwealth will not pay for the over-stay of these patients in acute care hospitals. The Society urges the Commonwealth to provide domiciliary facilities for Department of Public Welfare patients and to reimburse hospitals for the domiciliary care rendered until an appropriate facility is available. (Res. 5, H-74)

290.998 **Copayment Plan**
The Society urged the Department of Public Welfare to cease punitive actions against physicians who fail to bill and collect the copayment fee. (Res. 19, H-84)

290.999 **Adequately Fund**
The Society urges members of Congress to give first priority to adequately financing Medicaid before increasing financial assistance for health care to people who can afford such care costs.

The Society further believes Congress should assure adequate Medicaid funding by phasing out health care programs which overlap and duplicate Medicaid and divert funds from Medicaid. (Res. 7, H-68)

295.000 **Medical Education**

295.996 **Maintaining Resident Education and Training**
The Society encourages all residency training programs in Pennsylvania that must reduce the number of hours residents work per week, due to new Accreditation Council on Graduate Medical Education (ACGME) standards, to maintain the current total number of hours per week residents spend in didactic educational activities, including training seminars, grand rounds, and conferences. (Res. 209, H-2002)

295.997 **USMLE Clinical Skills Assessment Examination**
The Society strongly encourages the Pennsylvania Medical Licensing Board to exercise its vote and influence in the Federation of State Medical Boards' (FSMB) House of Delegates against FSMB approval of the Clinical Skills Assessment Examination (CSAE) until such time as (1) the exam has been demonstrated to be statistically valid, reliable, practical and evidence based for U.S. medical graduates in a peer reviewed journal; (2) a testing site is

75 - Policy Compendium

available in every state with a Liaison Committee on Medical Education (LCME) accredited medical school or within 200 miles of that school, whichever is closer; and (3) scientific studies are published in a peer reviewed journal demonstrating that the fiscal and societal benefits of this exam equal or outweigh the costs. The Society was directed to urgently contact the National Board of Medical Examiners (NBME), all organizations represented on the NBME Governing Board, and the Federation of State Medical Boards to request suspension of the implementation of the proposed mandatory CSAE until such time as (1) the exam has been demonstrated to be statistically valid, reliable, practical and evidence based for U.S. medical graduates in a peer reviewed journal; and (2) a testing site is available in every state with an LCME accredited medical school or within 200 miles of that school, whichever is closer. The Society commends the LCME for making clinical skill competencies as a priority, and will work with the Association of American Medical Colleges (AAMC) and LCME as appropriate to ensure that clinical skill competencies are taught and assessed using standardized patient examinations as part of every medical school curriculum. (Res. 210, H-2002)

295.998 Placement of Medical Students, Residents, and Fellows

The Society shall undertake, in conjunction with the AMA, ACGME, and other appropriate organizations, to assist in the placement of medical students, residents and fellows who might be displaced from their training programs by virtue of mergers, acquisitions and bankruptcies of hospitals and medical schools. (Res. 216, H-98)

295.999 Health Care Coverage to All Medical Professionals-in-Training

The Society supports health care coverage to all medical professionals-in-training including medical students, nursing students, allied health care students, and residents. (Report E, Board of Trustees, H-91)

305.000 Medical Education: Financing and Support

305.995 State Funding of Medical Education and Training

The Society was directed to lobby the Pennsylvania state government to provide more funds to support medical education and training in Pennsylvania. (Res. 207, H-2002)

305.996 Support for Financial Aid

The Society actively pursues the continuation of adequate funding, on the federal and state level, of low interest loans and scholarship programs to financially needy students enrolled in Pennsylvania medical schools. (Res. 31, H-82)

305.997

State Legislature Financial Support

The Society is directed to lobby the state legislature to keep money available for medical education, including low market rate interest loans, service contingent loans, and extended deferments on loan principal through graduate medical education training; further, that deferment of student loans be extended for three additional years for those medical students who suffer economic hardship, are disabled, or are in school. The Society also vows to continue to support the mission of The Educational and Scientific Trust. (Report C, Board of Trustees, H-86; Res. 42, H-92)

305.998

Loan Forgiveness

The Society continues to support legislation providing a program of loan forgiveness to medical school students who establish necessary practices in underserved areas of the state. The amount of forgiveness is to be directly proportional to the duration of service. (Res. 40, H-79)

305.999

Augment Student Loan Program

The Society's Board of Trustees is instructed to study the feasibility of augmenting the student loan program through The Educational and Scientific Trust in response to the proportion of rising costs of medical school tuition. (Res. 84, H-90)

310.000

Medical Education: Graduate

310.996

Parity for International Medical Graduates

The Society adopted a policy supporting parity in the number of years of Graduate Medical Education (GME) training required for International Medical Graduates (IMGs) and U.S. Medical Graduates (USMGs) to obtain state medical licensure. (Res. 203, H-2006)

310.997

National Residency Match Program Class-Action Lawsuit

The Society adopted a stance against the recently submitted class-action lawsuit against the National Residency Match Program (NRMP) and several teaching hospitals on grounds that the NRMP violates the nation's antitrust laws in maximizing resident work hours and minimizing resident salaries. The Society shall work with other organizations, such as the American Medical Association, to educate its membership regarding the basis for the National Residency Match Program lawsuit and disperse information that clearly explains the reasoning behind this position. (Res. 211, H-2003)

310.998

Accreditation of Graduate Medical Education Programs

(1) The Society believes that (a) accreditation and certification programs in graduate medical education should be designed and operated to objectively evaluate the educational quality and content of such programs and to assure a high level of professional training, achievement, and competence; (b) accreditation and certification programs in graduate medical education should not be administered as a means of regulating or restricting the number of physicians entering any specialty or field of medical practice; and (c) qualified physicians who possess the essential prerequisites are entitled to compete for training and subsequently to practice in the specialty or type of practice of their choice upon successful completion of their training. (2) The Society opposes use of the accreditation and certification process as a means of controlling the number of physicians in any specialty or field of medical practice. (Report 3, Board of Trustees, H-95)

77 - Policy Compendium

310.999

Resident Physician Working Hours

The Society adopts the AMA principles on residents' working hours. The Society also supports the principle of the specialty specific solution to the length of residents' working hours, consecutive working days, and accompanying supervision, sufficiently flexible to maintain current program uniqueness. The Society supports the principle of intensity of service rendered. The Society supports the principle of minimal graduate education program disruption. The Society opposes the institution of restrictions on graduate medical education by governmental regulation or legislation and specifically opposes the application of restrictions prior to the completion of studies which indicate how to optimize the allocation of resident physician resources to maintain the highest quality of patient care. The Society also supports the principle of adequate and fair compensation for resident services. The Society is determined to monitor this issue through the Board of Trustees and the Council on Education and Science. (Res. 49, H-87)

315.000

Medical Records

315.995

Mandatory Acceptance of Electronic Medical Record Hold Harmless and Indemnification Clauses

The Society shall seek legislative remedies to remove fully from the user physician the burden of responsibility for Electronic Medical Records (EMR) and Health Information Technology (HIT) software malfunction and EMR and HIT application design shortcomings. The Society shall also seek legal determination that signed hold harmless and indemnification clauses are neither legally enforceable nor legally binding on user physicians of EMRs and HITs. (Res. 403, H-2010)

315.996

Secure Access to Medical Records of Veteran's Administration and Military Service-Related Patients

The Society was directed to request the AMA to actively lobby the Veteran's Administration (VA) and Tricare health system to provide secure access to medical records of VA and military service-related patients. (Res. 204, H-2009)

315.997

Electronic Medical Records

The Society continues to study VistA-Office, as well as other Electronic Medical Records (EMR) systems. The Society continues to advocate for EMR standards and promote interoperability, which would allow hospitals, physicians and other providers using diverse EMR systems to exchange health information seamlessly. (Report 3, Board of Trustees, H-2005)

315.998

Time Frame for Release of Medical Records

The Society believes a "reasonable" time frame requirement is preferable to a single 30 days requirement for the release of medical records. (Report 2, Board of Trustees, H-97)

315.999

Limiting Access to Medical Records

The Society was directed to pursue state legislation and regulation which denies insurers random access to patient records; requires that requests for information and the completion of forms be delineated and case specific; allows a summary of pertinent information relative to any inquiry into a patient's medical record to be provided in lieu of a full copy of the records, except in instances of litigation, where the records would be discoverable; and provides proper compensation for the time and skill spent by physicians preparing and completing such forms or summaries. The Society's delegation to the AMA was directed to seek the adoption of a resolution by the AMA to pursue similar federal legislation and regulation. (Sub. Res. 402, H-94)

320.000

Medical Review

320.997

Independent Review of Third Party Payors

The Society was directed to take the necessary actions to have the Insurance Commissioner develop regulations and/or the Pennsylvania legislature to pass legislation which will establish an independent review of third party payors' adverse decisions (which physicians, hospitals, or patients may access and the results of which will be binding on all parties.) (Res. 508, H-94)

320.998

Second Opinions

The Society opposes all second opinion programs that have as a basis anything other than medical necessity or patient request; when such medical necessity exists, the insurance carrier should be responsible for the payment for the second opinion. (Res. 49, H-93)

320.999

Physician Oversight

The Society was directed to work with third party payers to assure that prior to patient notification of claim rejection based on medical necessity, the affected practitioner be contacted by a physician reviewer. Suggested legislative language to implement the resolved is as follows: "A utilization review organization shall not render an adverse initial determination unless the peer reviewer making the determination on behalf of the organization has notified the health care provider and provided the provider with the opportunity to submit additional information and to speak with the reviewer via telephone or at a location in the Commonwealth of Pennsylvania reasonably accessible to the provider, at a reasonable time." (Res. 46, H-93)

330.000

Medicare

330.986

Fair Practice in the Medicare Audit Process

The Society, in conjunction with other interested parties, supports the enactment of federal legislation that requires fairness in the practice of conducting physicians' Medicare post-payment audits. This would include the following: (1) requirement for such audits to be reviewed by a physician board certified within the same specialty prior to any requirement for repayment by the audited physician; (2) requirement for the repayment to be placed in escrow until the appeals process is complete; (3) restrictions on incentives for these contracted government auditors; (4) a mechanism for recovery of legal fees incurred for unsuccessful audits; and (5) full disclosure of contract terms with audit contractors. The AMA Delegation was directed to take this issue to the AMA. (Res. 401, H-2009)

79 - Policy Compendium

330.987

Medicare PQRI Appeals and Feedback Reporting

The Society was directed to request the AMA to work with the Centers for Medicare and Medicaid Services (CMS) to establish a more timely feedback reporting mechanism and establish a formal appeal process for the PQRI program and any other pay-for-performance program initiated by CMS. (Res. 308, H-2008)

330.988

United States Pharmacopoeia Proposed Model Guidelines

The Society was directed to develop a position on the United States Pharmacopoeia (USP) proposed Model Guidelines (and its future modifications) for drug categories and classes to be covered by Medicare Part D. Further, the Society shall work with other physician organizations, such as the AMA and specialty societies, to establish a unified position on the Model Guidelines, with the goal to testify and advocate on behalf of our patients, at the next public hearing organized by the USP and Centers for Medicare and Medicaid Services (CMS). (Res. 310, H-2004)

330.989

Diagnostic Testing on Medicare Patients

The Society, in concert with the AMA, shall seek immediate relief from the new Health Care Financing Administration (HCFA) rules covering the justification for and process for ordering diagnostic tests on Medicare patients. The Society, in concert with the AMA, shall immediately begin negotiations with HCFA to greatly simplify, clarify and curtail HCFA's rules for justifying diagnostic testing in Medicare patients. (Res. 318, H-98)

330.990

Documentation Guidelines for E&M Services

The Society reaffirms its position with regard to the introduction of new E&M code guidelines and adopts as policy the contents of AMA Substitute Resolution 801 (A-98): The Society continues to vigorously pursue, in all appropriate manners, the following activities and principles with respect to the development and implementation of documentation guidelines for evaluation and management services: (1) the Society, in cooperation with the AMA, continues to work through the CPT Editorial Panel and with HCFA to develop simplified E&M guidelines that are clinically relevant, realistic and practical and do not require either excessive physician time or documentation in excess of that necessary for good patient care; (2) physicians' medical record documentation should be sufficient for a peer physician to determine whether services have been accurately reported and that payments were made for medically necessary and appropriate services; (3) consistency with simplified E&M Documentation Guidelines should provide a "safe harbor" for physicians whose E&M services are selected for review, but such review should involve peer physicians who are able to consider all pertinent information that would help determine that the level of service reported was correct; (4) continues to advocate for continuing the current "grace period" for implementation of new documentation guidelines until needed changes are made in the content of the 1997 guidelines. Any audits carried out during the grace period should conform with the principles contained in number 2; (5) support for adequate testing of revised guidelines through pilot tests that are scientifically valid and include a representative sample of all types of practice settings and geographic regions. The pilot studies should include issues such as cost of compliance, patient and physician satisfaction, effect of a peer review model, whether patient care is improved and whether medical care costs increased or decreased. Organized medicine should be involved in the design, implementation and evaluation of the pilot programs and that physicians participating in the pilot be granted immunity from Medicare sanctions and penalties; (6) urges HCFA to adequately fund educational efforts for physicians and their office staff about documentation guidelines, once agreement on their content is reached; (7) continues efforts to make information on the revised guidelines available to members, relying on the AMA Website as well as printed publications such as JAMA and AMNews; (8) works with national medical specialty societies and state medical associations to develop documentation tools to assist in implementation of the guidelines, making use of the "members only"

portion of the AMA Website for distribution of such tools as a member service; and (9) the Society opposes any documentation system that requires quantitative formulas or assigns numeric values to elements in the medical record to qualify as clinically appropriate medical record keeping.

The Society directs its delegation to the AMA to continue to use all appropriate means to oppose any change in AMA position under pressure from HCFA that deviates from the nine principles of Substitute Resolution 801 (A-98), especially as it pertains to items #3 and #9. (Res. 306, H-98)

330.991 Medicare Prepayment and Postpayment Audits

The Society reaffirms its position with regard to the introduction of new E&M Code Guidelines and adopts as policy the contents of AMA Substitute Resolution 801 (A-98): Society policy is that with respect to prepayment and postpayment audits by the Medicare program, the following principles guide Society advocacy efforts: (1) The confidential medical record should be preserved as an instrument of clinical care, with strong confidentiality protections, and we oppose its use as an accounting document; (2) HCFA should discontinue random prepayment audits of E&M services; (3) in lieu of prepayment audits, HCFA should use focused medical review of outliers based on reviews of patterns of services, using an independent medical peer review process, where physicians practicing in the same specialty, review their peers; (4) no financial or legal penalties should be assessed based on one level of disagreement in E&M code assignment; and (5) HCFA must stop the practice of requiring physicians to repay alleged Medicare overpayments before an actual appeal is rejected or a final administrative decision or a court order is rendered. Legislative relief will be sought if advocacy with HCFA is not successful in this regard. (Res. 306, H-98)

330.992 Delay of Implementation of E&M Codes

The Society reaffirms its position with regard to the introduction of new E&M Guidelines and adopts as policy the contents of AMA Substitute Resolution 801 (A-98): (1) The Society stands firmly committed to eradicate true fraud and abuse from within the Medicare system. Furthermore, the Society calls upon the Department of Justice, Office of Inspector General and HCFA to establish truly effective working relationships where the Society can effectively assist in identifying, policing and deterring true fraud and abuse; (2) physicians must be protected from allegations of fraud and abuse and criminal penalties and/or sanctions due to differences in interpretation and/or inadvertent errors in coding of the E&M documentation guidelines by public or private payors or law enforcement agencies; (3) the burden of proof for proving fraud and abuse should rest with the government at all times; (4) Congressional action should be sought to enact a "knowing and willful" standard in the law for civil fraud and abuse penalties as it already applies to criminal fraud and abuse penalties with regard to coding and billing errors and insufficient documentation; (5) physicians must be accorded the same due process protections under the Medicare audit system or Department of Justice investigations that are afforded all US citizens. (Res. 306, H-98)

81 - Policy Compendium

330.993

Reimbursement for Concurrent Care

The Society believes that concurrent care provided by a physician, as requested by the attending physician, should be reimbursed when medically necessary. The Society was directed to (1) interact with HCFA to obtain a clear definition of concurrent care and help that organization in the development of appropriate interspecialty and intraspecialty concurrent care guidelines; (2) urge HCFA to direct its Medicare carriers to follow this nationally uniform reimbursement definition for concurrent care and that the interpretation of concurrent care is not left to the local carrier; (3) pursue actions to assure that reimbursement for providing daily care is rendered to the attending physician; and (4) refer this issue to the AMA. (Sub. Res. 43, H-92)

330.994

Unassigned Medicare Patients in Hospital Clinics

"The physician is the sole arbiter as to the ways in which he may dispose of his professional income, without duress, consistent with the laws of the land and the principles of medical ethics."

An individual physician may not be deprived of his right by a vote of the medical staff or medical board of a hospital to be the "sole arbiter" of the disposition of his professional income." (Res. 14, H-67)

(This policy was reiterated because of the questions raised in hospital clinics by unassigned Medicare patients. Hospitals were anxious to pocket those part B funds, usually to help run their residency programs.)

330.995

Physicians Remain Patient Advocates

The Society urges physicians to hold foremost the interests of their patients in receiving benefits made available to them under the medical care program enacted into law (Medicare); the Society also determined that state medical societies and the AMA should properly provide such advice and assistance to government agencies and to legislative bodies as may be useful in the shaping of rules and regulations under existing legislation and in the shaping of such proposed legislation as will insure the best interests of the public and the medical profession. (Res. 9, H-65)

330.996

Medicare Home Health Benefits

The Society is committed to aid the Pennsylvania Association of Home Health Agencies to obtain from the Health Care Financing Administration consistent, fair, and simplified regulations (with quality assurance of a reasonable nature) that will result in timely payments for services rendered to Medicare patients. (Res. 28, H-87)

330.997

Marketing of Durable Medical Equipment

The Society urges manufacturers and suppliers of medical equipment and devices to make clear to prospective clients that such equipment and devices are reimbursable through Medicare only if the use is deemed necessary by their physician in accordance with Medicare rules and regulations. (Res. 21, H-88)

330.998

Direct Payment to Physicians in all Cases of Assignment

The Society seeks reforms which would require Medicare in all cases to make direct payment to physicians who have accepted assignment, regardless of whether or not Medicare is a primary or secondary insurer. (Res. 10, H-88)

330.999 **Clinic Patients Need Personal Doctor**
Medicare eligible patients, by virtue of their part B coverage, are urged to choose personal physicians rather than present themselves to hospital clinics. (Res. 13, H-67)

335.000 **Medicare: Carrier Review**

335.998 **Medicare and Insurer Codes**

The Society was directed to make a concerted effort to publicly expose the inappropriate and inaccurate positions taken by insurers on coding and provide a strong ombudsman support for any provider who may be economically sanctioned by insurer's misinterpretation of codes. (Res. 34, H-93; Revised, H-2003)

335.999 **Centers for Medicare and Medicaid Services Oversight of Carriers**

The Society and the AMA should seek to ensure practicing physician representation in policymaking by having the presence of physicians at the Medicare Carrier Medical Directors meetings. The Society and the AMA should request the Centers for Medicare and Medicaid Services to disseminate to the medical community all of the recommendations arising from the Medicare Carrier Medical Directors Committee meetings prior to their adoption, implementation, and/or publication in the FEDERAL REGISTER. (Res. 39, H-93; Revised, H-2003)

340.000 **Medicare: PRO**

340.999 **Non-Coverage to Medicare Members Discharged from Hospital**

The Society shall make the Region III Health Care Financing Administration (HCFA) office in Philadelphia aware of the deleterious consequences of the recent policy interpretation requiring the issuance of a notice of non-coverage to all HMO Medicare patients who are discharged from a hospital, and work with the Region III office to return to the 1995 policy stance with a request for the creation of a simple, clearly worded explanation of the patient's appeal rights. The Society's delegation to the AMA shall introduce a resolution to the AMA's December 1998 interim meeting, instructing the AMA to work with HCFA at a federal level to return to the prior policy interpretation. (Res. 302, H-98)

345.000 **Mental Health**

345.993 **Improving Mental Health Services in Primary Care**

The Society shall facilitate meetings with the Department of Public Welfare and its Medical Assistance behavioral health insurers, major Pennsylvania health insurers/managed care organizations, concerned specialty societies and other stakeholders to discuss the American Academy of Pediatrics/American Academy of Child & Adolescent Psychiatry (AAP/AACAP) recommendations as contained in the white paper of the American Academy of Pediatrics (AAP) and the American Academy of Child and Adolescent Psychiatry (AACAP), in their joint position paper, "Improving Mental Health Services in Primary Care" Pediatrics 2009, 123, 1248-1251 and work toward the adoption of these recommendations to apply to all physicians providing mental health care to children and adolescents. Information regarding the implementation of these administrative changes will be provided to Society members. (Res. 306, H-2009)

345.994 **Psychiatric Illness Health Coverage**

The Society shall convene meetings with all Pennsylvania health insurers to ensure that psychiatric physician payment is equivalent to all other physician payment for each CPT code, especially E&M codes; that any physician providing evaluation and/or treatment for a mental health diagnosis receive equivalent payment for each CPT code, especially E&M codes. The Society shall also meet with the Pennsylvania Insurance Commissioner to investigate the legality of paying psychiatric physicians less than other physicians for the same CPT codes. The Society shall seek legislation if discussions with insurers are unsuccessful to accomplish these goals. (Res. 306, H-2008)

345.995 Health Insurance Coverage of Psychiatric Illness

The Society (1) reaffirms its support for the provision of benefits for emotional and mental illness under all governmental and private insurance programs which are equivalent in scope and duration to those benefits provided for other illnesses; (2) reaffirms its support for the continued expansion and improvement of peer review of the quality, necessity, and appropriateness of psychiatric services, and encourages all third party payors to work with and to utilize the resources of appropriate medical specialty groups in implementing such review; (3) supports development of model legislation for use by states to require all insurance companies that offer either group or individual coverage of hospital, medical, and surgical services to make available for purchase and affirmatively offer coverage of psychiatric services comparable with the coverage provided for other illnesses in their standard group and individual policies; and (4) supports legislation designed to expand psychiatric benefits provided under publicly financed programs of health care to a level comparable with those provided for other illnesses. (Sub. Res. 508, H-95)

345.996 Physician Staff of State Hospitals

The Society advocates increases in the salary levels of physicians working in the state's general and mental hospitals to make them competitive with those of other states and other programs within the state. (Res. 36, H-80)

345.997 Physician Responsibility for Psychiatric Treatment

All patients entering the mental health system (both public and private) should be evaluated as soon as practical by a physician trained in the specialty of psychiatry. The physician evaluation is to be used in the development of a diagnosis and an individualized plan of treatment. (Res. 39, H-80)

345.998 Physician Director of Psychiatric Treatment Team

The Society seeks to amend Act 143 (Mental Health Procedures Act) to require that a physician be the head of the psychiatric treatment team and have responsibility for decisions involving medically necessary treatment based on an individualized treatment plan. (Res. 37, H-80)

345.999 Director of Psychiatric Services in General Hospitals

The Society supports the principle that a physician trained in the specialty of psychiatry be the director of the psychiatric department/service of any hospital providing such services. (Res. 19, H-80)

350.000 Minorities

350.995 Standardization of Refugee Health Care

The Society recognizes the unique health needs of refugees; encourages the exploration of issues related to refugee health and support legislation and policies that address the unique health needs of refugees; and supports extending beyond eight months the period during which new refugees are eligible for Medicaid coverage under the Refugee Medical Assistance Program. (Res. 208, H-2009)

350.996 Statement of Principles for Cultural Competency

To continue caring for an increasingly diverse patient population, physicians and other health care providers must provide services that are compassionate, of high quality, and sensitive to the cultural background of patients. Several organizations, including the American Medical Association (H-295.897), have adopted strategies to advance the concept of cultural competency and guide Members providing services to patients of diverse backgrounds.

In March of 2001, the U.S. Department of Health and Human Services Office of Minority Health issued the document “National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS).” These standards, which include recommendations as well as mandates, have become an increasingly important reference point for discussions related to cultural competency and health disparities. Organizations such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reference the CLAS Standards in creating their own guidelines.

The Pennsylvania Medical Society’s Task Force on Cultural Competency and Medical Diversity reviewed the CLAS document and supports the intent of the standards. However, the CLAS Standards are primarily directed at health care organizations, not individual providers. The following Statement of Principles for Cultural Competency incorporates the general themes of the CLAS Standards, and is meant as a guide for individual physicians as well as physician organizations.

Culturally Competent Care

1. Medical practices and other health care organizations should provide care to all patients, regardless of race, ethnicity, religion, gender, age, or sexual preference, which is effective, understandable, respectful, and sensitive to patients’ cultural beliefs and practices.
2. Medical practices and other health care organizations should encourage community members of diverse backgrounds to pursue health care careers. These organizations should consider the demographic characteristics of the service area in recruitment and promotion decisions in order to develop a staff representative of the community.
3. The staff of medical practices and other health care organizations should receive continuing education and training in providing culturally and linguistically appropriate care.

Language Access Services

1. When treating limited English-speaking patients, medical practices and health care organizations should ensure that a means of communication with the patient is established that enables appropriate care to be provided. When practical, the care should be provided using the patient's preferred language either by the provider/staff or through a qualified interpreter. Medical practices and health care organizations should also assure that patient-related written materials and signage include versions printed in languages widely spoken in the area they serve and that are easily understood regardless of literacy levels or other challenges.

Organizational Support for Cultural Competency

1. Medical practices and other health care organizations should establish and maintain contact with community members in order to better understand the cultural and linguistic characteristics of the community they serve. They should consider developing plans, policies, and procedures based upon that understanding to assure that the care provided is sensitive to the needs of their diverse patients. They should also periodically review and evaluate these plans, policies, and procedures and establish and maintain community contacts to assure that their plans are appropriate and up to date. Medical practices and health care organizations should then inform their patients and the community about their abilities to accommodate the cultural and linguistic needs of the community they serve.
2. Information regarding the patient's health care beliefs and preferences, along with information about languages spoken by the patient, should be recorded in patient records and integrated into the medical practice's or other health care organization's data management system. (Report 8, Board of Trustees, H-2006)

350.997 **Healthy Living in Ethnic Communities**

The Society shall work with groups in minority communities in Pennsylvania in collaborative partnerships to promote healthy lifestyles. (Res. 209, H-2007)

350.998 **Ethnic and Gender Diversity**

The Society shall identify existing programs and community efforts in Pennsylvania currently addressing ethnic and gender diversity in the profession and establish partnerships with organizations and institutions to assure a diverse medical professional community. A status report will be made to the Society's Board of Trustees and will be disseminated to constituent county and specialty societies within six months. (Res. 503, H-2005)

350.999 **Minority Medical School Admissions**

The Society supports programs that provide assistance to prepare minority pre-medical students to meet the general requirements for admission to medical schools. (Res. 44, H-77)

360.000 **Nurses and Nursing**

360.996 **Support for All Levels of Nursing**

The Society reaffirms its support for all four levels of nursing education as a means to increase the availability of nursing personnel. (Res. 15, H-82)

360.997 Support Practical Nursing

The Society lends every support to the cause of practical (vocational) nursing, to licensed practical nurses and to the schools and faculties that prepare them in the Commonwealth of Pennsylvania. (Res. 21, H-69)

360.998 Reopen Diploma Schools of Nursing

The Society supports reopening of diploma nursing schools for those who cannot afford BA programs but who want to become part of the health care network. (Address of the President Elect, H-88)

360.999 Nursing and Nursing Education

The Society adopted the following position statement:

1. The best possible health care of our fellow human beings is the reason for the existence of, and should be the primary goal of, the professions and technologies concerned with all facets of health. Therefore, the interest of the patient must be the major consideration in all decisions made by either the Pennsylvania Commission on Nurse Education or the Pennsylvania Joint Practice Commission concerning the future of nursing in Pennsylvania.
2. The delivery of optimum health care is a coordinated and cooperative team effort. Physicians have the legal responsibility for patient care and must be the leaders of the team. Nursing and all other patient care disciplines should work within their professional ethics and technical skills under the direction of physicians.
3. Unquestionably the roles of the nurse in the future will be multifaceted and on multi-levels. Nursing education must be geared to produce nurses equipped to the best possible degree to give the finest and most adequate care within each specific sphere. No one system or type of school can encompass the education and training needs to meet these demands IN TOTO. Undergraduate nursing education in all levels should have as its first and basic goal the teaching of primary nursing care of the patient. It is upon such foundation that there must be constructed the advanced training needed to produce the variety and levels of knowledge, skills, and expertise for adequate and satisfactory nursing care in all fields. Because of the varying levels of nursing skills, backgrounds, and specialties plus varying capacities and limitations of individuals, all four levels of nursing education must be maintained and constantly improved. These four levels, each of which is needed, are: practical nursing, associate degree, diploma school, and baccalaureate. The quality of undergraduate nursing education must be maintained by adequate admission requirements for each level of training and by continuing achievement requirements for each in order to attain diploma or degree.
4. The trend to lump all nursing education in academia should be slowed down. Basic nursing education requires acquisitions of patient care skills as well as theoretical background, and the best place to acquire patient care skills is to work with patients in the place where patients are -- the hospital, the out-patient clinic, and the doctor's office. There is a proper balance between theory and practice, and in the training of students for patient care, practice assumes a larger and larger proportion of that balance. While educational institutions must of necessity handle graduate and baccalaureate education, only those in medical centers or with medical center facilities can adequately give the needed clinical experience. Clinical experience has been well taught outside of academia for years and can still be obtained from those sources if even mild support is offered.

5. The tendency to require formal education beyond patient needs and individual nurse or student capabilities must be resisted. Graduate education to prepare for advance teaching, major administration, and sophisticated research is a must. Baccalaureate education is needed to prepare for routine teaching, most administration, and as a basis for specialty training. Diploma, associate degree, and practical nurse training are needed to prepare for the basic functions of patient care. All types are necessary for balanced and coordinated delivery of such care. Advancement on the professional career ladder must be available to all nurses. Advancement from practical nurse to associate degree or registered nurse and from associate degree and registered nurse to baccalaureate and higher degree must not only be available but encouraged to the limit of the individual's capability of achievement.
6. Postgraduate education assumes two primary functions -- training for specialty careers in nursing and the need to keep abreast of progress and developments in the nursing profession. Specialty training is a function of the medical specialty organization, the nursing specialty organizations, and certain educational institutions. Emphasis must be placed on quality instruction and adequacy to meet the needs of the particular nursing specialty. Continuing education is a must. Postgraduate courses, conferences, symposia, colloquies, workshops, in-service training, etc., to meet predetermined quantitative hour totals to maintain licensure would be a means to insure that all keep up with advances in the profession, particularly those related to patient care. Postgraduate education for areas involving the practice of medicine -- nurse anesthetists, nurse midwives, nurse practitioners, and physicians' assistants of various types -- is purely a function of the medical profession and its educational facilities.
7. Any committee with too large or too diversified a regular membership becomes ineffectual. To reach satisfactory conclusions concerning the training and qualifications of individuals for delivery to our fellow citizens of the finest medical care, the basic committees should be composed of those who constitute the backbone of the health care delivery team -- physicians and nurses. Other allied or associate professionals should be invited to participate as consultants at appropriate and indicated times. (Report PP, Board of Trustees, H-91)

370.000 Organ Donation and Transplantation

370.996 Feasibility of Utilizing HIV Positive Donors

The Society requests that appropriate organ donation networks evaluate the feasibility of utilizing HIV positive donors for selected subsets of organ recipients, and shall forward this request to the American Medical Association for study as well. (Res. 206, H-2003)

370.997 Presumed Consent for Organ Donation

The Society supports presumed consent for organ donation as a means of increasing the number of organs available for transplantation, and presents its endorsement to the American Medical Association, seeking AMA approval and action in pursuit of national implementation of such a policy. (Res. 02-202, H-2003)

370.998 Organ Donation

The Society continues to support organ donation and increasing the pool of potential organ donors. The Society continues to work with the organ procurement organizations as necessary to keep both physicians and the public aware of the need for organ donors. The Society shall explore programs such as the Texas Medical Association's "Live and Then Give" as models for possible joint activities with the Alliance. (Report 2, Board of Trustees, H-98)

- 370.999 Education of Physicians on Donor Programs and Law**
The Society is committed to providing educational seminars and materials to physicians to place in their offices to educate patients on organ donation programs. The Society is also committed to encourage educational efforts with the donor programs in the state of PA to provide seminars and meetings for physicians and citizens to increase awareness and the number of donors to meet the needs of donor programs. (Res. 32, H-87; revised, H-97)
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- 375.000 Peer Review**
- 375.994 Protecting Physicians' Rights to Advocate for Quality Patient Care**
The Society will explore all aspects of sham (bad faith) peer review and explore ways to prevent the misuse of peer review of both the standard of care and the disruptive physician doctrine/clause. This exploration shall include studying the extent of the issue, consideration of definition of terms, applicable laws, and steps that can be taken to protect physicians' rights to advocate for quality patient care. (Res. 203, H-2004)
- 375.995 Statewide Peer Review System**
The Society seeks the adoption of a statewide blinded, accountable peer review system in which a patient, hospital, or any member of the hospital medical staff could request this level of unbiased review when questions arise about the medical practice of a physician that is not appropriately resolved at the local or regional level. The patient would be able to review the results of the peer review if they agree not to be entitled to non-economic damages. (Recommendation of President Elect, H-2002)
- The Society shall explore the feasibility of establishing a voluntary, double-blinded clinical peer review program for its members' office patients. (Recommendation of President Elect, H-2003)
- 375.996 Out-of-State PRO Contracts by KePRO**
Approved the recommendation of the KePRO Board of Directors that KePRO investigate and pursue selected PRO contracts in other states where the current PRO contracts are placed in competition. (Board of Trustees, May 1991)
- 375.997 Reimbursement for Peer Review**
The Society supports appropriate reimbursement at reasonable rates for the services of physicians on hospital review committees where the time required is substantial and is primarily for the purpose of certification or recertification of hospital stays needed for patient care or claims review. (Council on Medical Service, H-73)
- 375.998 Procedural Safeguards**
The Society determined to pursue procedural safeguards in the PRO process. (Address of the President Elect, H-91)
- 375.999 Peer Review**
The Society adopted a set of general principles of peer review as guidelines for the operation of programs involving the professional evaluation of the appropriateness, effectiveness and quality of medical care.
General Principles of Peer Review

1. Definition of Peer Review

Peer review is the evaluation by practicing physicians of the quality, appropriateness, and effectiveness of medical services ordered or performed by other practicing physicians regardless of the setting, i.e., hospital, hospital outpatient department, physician's office, extended care facility, nursing home, etc. Peer review is the all-inclusive term for medical review efforts including, but not necessarily limited to the following activities: utilization review, medical audit, ambulatory care review, and claims review.

2. Objective of Peer Review

The purpose of peer review is to improve the quality of medical care and the appropriateness and effectiveness of its delivery by utilizing objective consensus of peers.

3. Essential Elements of Peer Review

- a. There must be objective peer control of the process for selecting subjects for review, i.e., the criteria for selection must be developed by objective medical opinion and not solely by the agency responsible for cost.
- b. The peer review process should include prospective review procedures to avoid retroactive patient liability or non-payment to provider.
- c. The peer review process must include retrospective review for outcome analysis in relation to criteria to support prospective review and to modify medical care criteria.
- d. The composition of peer review committees must be determined by peer groups. If review is required in other fields, peers will elect peers, i.e., dentistry, podiatry, hospital administration, etc.
- e. Material requiring review must be developed so that the question requiring a decision is clear to peer review committee members.
- f. Promptness of peer review committee decision is essential in questions involving the need for or the continuation of institutional services.
- g. Members of peer review committees must recognize decisions will be re-evaluated by other peer groups.
- h. Peer review committee meetings must be conducted in a professional atmosphere and not as an adversary proceeding.
- i. Recommendations of peer review committees must be followed to avoid a waste of valuable professional time.
- j. Professional liability protection must be available to members of peer review committees, either through statutory proceedings or malpractice insurance.
- k. Actions of peer review committees must be analyzed as a valuable source of information for health planning and development of educational programs.
- l. The methodology of the peer review process and reports (excluding confidential material of individual cases) should be available for review by recognized public representatives as a means of demonstrating public accountability. (Special June Meeting, H-73)

The Society should work for the creation of a statewide accountable peer review system, based on these guidelines, that provides review of a physician's practice competency that cannot be resolved on a local or regional level. (Revised, H-2003)

380.000 Physician Fees

380.999 Physician's Role and Billing Policy

The Society believes the decision to make available average charges and fees should be made by physicians on an individual basis. (Report 9, Board of Trustees, H-94)

385.000 Physician Payment

385.962 Emergency Short Stay Procedure Reimbursement Category

The Society will work with third party payers to create a new category of payment for short stay emergent procedures, reimbursing physicians and hospitals at a higher level than an elective ambulatory procedure, but not at the level of an acute inpatient admission. (Res. 301, H-2009)

385.963 Reimbursement for Extended Time for Patient Care

The Society was directed to meet with all insurers and the Pennsylvania Insurance Commissioner to seek reimbursement for prolonged physician service with direct patient contact (CPT codes 99354-99357), and prolonged physician service without direct patient contact (CPT codes 99358-99359). The Society was also directed to request the AMA to meet with the Centers for Medicare and Medicaid Services (CMS) regarding reimbursement for prolonged physician care without direct patient contact (CPT codes 99358-99359). (Res. 307, H-2008)

385.964 Reimbursement for Immunizations

The Society seeks legislation that would require health insurance companies to provide an adequate reimbursement to physician practices for obtaining and administering both child and adult immunizations. (Res. 314, H-2005; reaffirmed, H-2006)

The Society advocates for passage of legislation which would require health insurance companies to provide more appropriate levels of reimbursement and the timely payment for the provision and administration of vaccines to patients. (Res. 302, H-2007)

The Society adopted policy that all third party payers provide appropriate coverage/reimbursement for purchase, storage and administration of herpes zoster vaccine and other vaccines in accordance with CDC recommendations in such a way as to not deter access as recommended. (Res. 301, H-2008)

385.965 Reimbursement for Mental Health Care

The Society adopted a policy stating that physicians of all specialties be reimbursed at fair market value for providing appropriate medical treatment of patients with depression, anxiety and other mental health diagnoses. (Res. 313, H-2005)

385.966 Telephone and Electronic Consultations

The Society shall request the appropriate legislative bodies to require compensation for medical telephone and electronic consultations between physicians and their established patients or patient representatives. (Res. 306, H-2005)

91 - Policy Compendium

385.967

Fair Valuation of Physicians' Services

The Society shall aggressively work through all possible legislative, regulatory, and/or legal means to establish a mechanism for a fair market valuation for all physician services in third party payers' contracting with hospitals and hospital systems, possibly based upon the full RBRVS including all modifiers, and at a multiplier that is not less than that for current Medicare fee schedule, so as to protect both the negotiating power of employed physicians and the fair market reimbursement for private practice physicians. The Society's AMA Delegation was directed to carry this issue forward to the AMA House of Delegates for consideration. (Res. 310, H-2005)

385.968

Published Reimbursement Schedules by Private Insurers

The Society was directed to request that the Insurance Commissioner require private insurers -- at least the major payers -- to publish the exact reimbursement schedule that they use to pay physicians for their services. If necessary, the Society will request legislative relief from this insurer inequity. The Society was also directed to carry this problem and solution to the AMA. (Res. 304, H-2004)

385.969

Market Dominance by Health Insurance Companies

The Society shall develop and implement specific regulatory and judicial strategies which will use anti-trust laws to prevent market domination by one or very few insurers. The Society reaffirms its commitment to supporting legislation which would empower physicians to collectively negotiate with market dominant health insurers, and would require market dominant insurers to negotiate in good faith. (Res. 410, H-2004)

385.970

Accuracy of Coding

The Society was directed to ask the Insurance Commissioner to instruct insurers to balance or refund for under-coding, against any discovered over-coding during the course of an audit and not through extrapolation; that the Society ask for legislative relief from insurer inequity of this issue; and that this problem be carried to the American Medical Association. (Res. 307, H-2003)

385.971

Fair Reimbursement for Physicians

The Society endorses and aggressively pursues a system of fair reimbursement for physicians in the state, and shall make serious efforts to ensure a system of reimbursement for physicians in the state that involves collective bargaining of some type. (Res. 312, H-2002)

The Society reaffirms its policy and will make available necessary resources, including financial commitment to improving physicians' reimbursement, as a top priority. Each appropriate council and committee of the Society has been instructed to develop and implement action plans relative to efforts to obtain a fair-market reimbursement, including automatic annual cost of living increases, for Pennsylvania physicians, and annually report the extent of their efforts to the House of Delegates. (Res. 301, H-2004)

385.972

Third Party Payer Overpayments

The Society and the AMA were directed to initiate legislative, regulatory, or legal action, as necessary to (1) determine if unfair business practices exist with regard to third party payers' possible failure to credit back to premium payers (government/employers/subscribers) "overpayments" that they recover from providers; (2) effect that the same time limits apply, both for physicians to submit charges to third party payers and for third party payers to recover erroneous overpayments to physicians; and (3) effect a level playing field for physicians to be able to negotiate economic and patient care issues with monopolistic, market dominant third party payers. (Res. 314, H-2001)

- 385.973 "Under Fair Market" Reimbursement**
The Society was directed to make correcting "under fair market" reimbursement of Pennsylvania physicians by market dominant third-party payers equal in its attention and effort to tort reform. (Res. 308 and 504, H-2001)
- 385.974 Reimbursement Hot Line**
The Society was directed to work with the Pennsylvania Insurance Commissioner and with members of the General Assembly to (1) secure the establishment of clear and enforceable standards to require all insurers to provide a hot line or other mechanism to eliminate long waits and to assist physicians in obtaining prompt responses to pre-certification issues, denial of days, billing questions and prompt reimbursement; and (2) secure vigorous enforcement of those standards. The Society shall also call on medical directors of insurance companies to respond to physicians' requests by verifiable same-day communication, therefore improving delivery of medical care to patients. (Res. 314, H-2000)
- 385.975 Retrospective Reimbursement Refund Policy**
The Society shall utilize all necessary means to oppose the practice of insurers requesting refunds on payments for services provided at a time frame greater than physicians are contractually allowed to bill. (Res. 321, H-2000)
- 385.976 Contact Capitation**
The Society shall utilize all necessary means to oppose contact capitation of physicians in the Commonwealth of Pennsylvania, and shall use available means to eliminate retrospective reimbursement determinations. (Res. 307, H-2000)
- 385.977 Uniformity for Insurance Documentation**
The Society shall continue its efforts, both legislatively and through the regulatory process, to achieve uniformity in requirements for documentation of claims and standardization of utilization and fee review procedures for all forms of insurance, including workers' compensation. (Report 14, Board of Trustees, H-97)
- 385.978 Reimbursement to Physicians/Other Health Care Providers**
The Society supports legislation assuring that reimbursement to physicians and other health care providers must be at a level that: (1) is consistent with efficiency, economy, and quality of care; (2) is sufficient to enlist enough physicians and other health care providers to ensure that care and services are available to enrollees of health care plans at least to the extent that such services are available to the general population in the geographic area serviced by the health insurance plan; and (3) enables physicians and other health care providers to deliver quality care and services to enrollees. (Res. 408, H-98)
- 385.979 Mandating Availability of Fee-for-Service Health Insurance**
The Society adopted the policy that non-profit corporations offering health insurance must offer the ability to acquire indemnity health insurance coverage. (Res. 324, H-98, adopted in lieu of 1999 Board Report 14)
- 385.980 Anti-Trust Exemption for Physicians**
The Society's delegation to the AMA shall introduce a resolution at the 1998 interim meeting, requesting that physicians be accorded special treatment in third-party reimbursement negotiations under current anti-trust laws. This shall be made a top priority by both the Society and the AMA. (Res. 405, H-98)

93 - Policy Compendium

- 385.981 Fee Schedules**
The Society seeks legislation requiring insurers to provide complete fee schedules to participating providers and provide revised fee schedules at least 90 days prior to implementation of the new fee schedule to allow physicians to determine continuation as participating physicians. (Res. 336, H-98)
- 385.982 Managed Care Organization Reimbursement Formulas**
The Pennsylvania Delegation to the AMA shall be requested to submit a resolution calling on the AMA to seek methodology to appropriately compensate physicians for providing care to severely ill patients or for practicing in fiscally disadvantaged areas. (Report 12, Board of Trustees, H-98)
- 385.983 Collective Negotiating with Third Party Payers**
The Society shall use Independence Blue Cross's (IBC) statements to seek means to convince the legislative and judicial branches of government that collective bargaining is the only means for physicians to negotiate with IBC. The Society's Board of Trustees and its delegation to the AMA shall request that the AMA consider the intransigent position of IBC for a test case seeking legislative and/or judicial relief from restraints on physicians collectively negotiating with third party payers. (Res. 309, H-98)
- 385.984 Mandatory Acceptance of All Insurance Company Products**
The Society shall pursue all necessary means, including the enactment of legislation, to have the practice of mandatory acceptance of all products provided by an insurance company declared illegal in Pennsylvania. (Res. 307, H-98)
- 385.985 Physician Review of Billings and Remittances Made on their Behalf**
The Society adopted the policy that all physicians are entitled to review what medical services are billed and paid for on their behalf and provide assistance to physicians who are denied such information and introduce this policy to the AMA. (Res. 322 H-97)
- 385.986 Third Party Reimbursement for Services Rendered by Physician**
The Society adopted the following policy: "Third party reimbursement for services rendered by physicians must at least cover the actual cost of providing those services plus a reasonable reimbursement for professional services. If reimbursement falls below this level, patients will likely have difficulty accessing care. Payors must provide a detailed fiscal and clinical analysis to support any changes they recommend." (Report 25, Board of Trustees, H-96)
- 385.987 HMO Establishment of All-Inclusive Reimbursement**
The Society will investigate the legality of HMOs and any third party payor reimbursing a hospital and its hospital-based physicians, including independent billing physicians, through an all-inclusive rate which would be paid to the hospital. In the event it is determined to be legal, the Society will support legislation to assure patient and physician protection. (Res. 501, H-95)
- 385.988 Americans with Disabilities Act**
The Society shall submit a resolution to the AMA to urge federal action which would lift the financial burden from physicians of providing signing interpreters at physician encounters with deaf patients. (Sub. Res. 203, H-95)
The Society supports legislation or regulations requiring third party payors to reimburse physicians for the costs of providing interpreters in the care of the hearing impaired. (Res. 401, H-97)
- 385.989 Blue Shield Provider Agreements**

The Society was directed to institute appropriate action to ensure that Blue Shield participating doctors are not bound to accept the Blue Shield participating doctor allowance as payment in full for care rendered to enrollees in a plan serviced by a select network unless the physician rendering services is a participating member of the network involved. (Sub. Res. 504, H-95)

385.990 Hospital Observation Services

The Society was directed to petition the Pennsylvania Department of Public Welfare to recognize and reimburse physicians for hospital observation services provided to Medical Assistance recipients. (Res. 505, H-94)

385.991 Adequate Reimbursement for Medical Services in Accidents

The Society seeks legislation that would allow physicians to collect appropriate fees for their services until settlement of a legal case and reimburse Medical Assistance for payment previously made. (Res. 11, H-92)

385.992 Workers' Compensation Reform

The Society opposes a permanent tie-in to the Medicare payment system for the Workers' Compensation bills pending in the Pennsylvania legislature. (Res. 63, H-92)

385.993 Telephone Services

The Society supports efforts to secure reimbursement for telephone management services. (Res. 50, H-92)

385.994 Reimbursement for Cognitive Services

The Society supports the concept that third-party payors should provide more equitable reimbursement for physicians' cognitive services in comparison with their procedural services. The Society is committed to promote this concept with third-party payors, business groups, and other professional associations. (Res. 4, H-84)

385.995 Physician Participation in Third Party Plans, Voluntary

It is the option of the individual physician to participate in Pennsylvania Blue Shield or its successors or to accept assignments for Medicare beneficiaries. (Board of Trustees Report F, H-80; revised, H-2010)

385.996 Payment for Technical and/or Facility Fees

The Society seeks legislative and/or regulatory changes to require that all insurers in the Commonwealth who provide payment for physicians' services develop a mechanism for determining and instituting payments of technical and/or facility fees for supplies and materials as defined by CPT-4 codes 99070, 99071 and A4550 to physicians who provide these services in their offices. The Society also has communicated with HCFA the need to develop a mechanism for physician payment of technical or facility fees as defined by Medicare Code A4550 for services provided in their offices. (Res. 48, H-88)

385.997 Fragmentation of Professional Fees

The Society supports the principle that professional fees be equitably reimbursed by Pennsylvania Blue Shield and that hospital costs be reimbursed by Blue Cross. (Res. 41, H-78)

95 - Policy Compendium

385.998 Blue Shield/Blue Cross Cooperation

The Society seeks a closer relationship and coordination of reimbursement policies between Blue Cross and Blue Shield plans to better and more equitably serve the citizens of Pennsylvania. (Res. 45, H-88)

385.999 Automobile Insurance Reform Act (Act 6)

The Society is directed to communicate to the Governor and all Pennsylvania legislators that the Automobile Insurance Reform Act (Act 6) is arbitrary and promotes unfair differential payment of physicians and that this law acts as a deterrent to the recruitment and retention of physicians and contributes to earlier retirement. The Society is also directed to seek legislation to make such arbitrary, unfair, and differential payment unlawful. (Res. 3, H-92)

390.000 Physician Payment: Medicare

390.995 Urgent Action to Prevent Medicare Cuts

The Society insists that our representatives in Congress make an absolute commitment to passing legislation to halt cuts in payments for physician services and to replace them with positive inflation updates prior to January 1, 2003. The Society informed legislators and the public of the severe consequences to Medicare patients (including fewer physicians being able to take care of all Medicare patients, longer waits for appointments, and higher out-of-pocket expenses) that will occur on January 1 if Congress does not act before then. The Society encouraged every physician in the Commonwealth of Pennsylvania to contact their members of Congress between October 2002 and the election to demand that they take action to halt cuts in Medicare payments for physician services. (Res. 315, H-2002)

390.996 Prompt Payment of Medicare "Managed Care" Insured Claims

The Society seeks through appropriate avenues that standards of prompt payment and penalties for failure to do so be applied to Medicare and Medicaid managed care insurance products similar to those imposed upon traditional Medicare recipients. (Res. 307, H-99)

390.997 Prospective Payment System and DRGs for Physicians

The Society (1) endorses the concept that any system of reimbursement for physicians' services should be independent of reimbursement systems for other providers of health care; and (2) opposes expansion of prospective pricing systems until their impact on the quality, cost, and access to medical care have been adequately evaluated. (Res. 501, H-95)

390.998 Active Opposition to DRGs

The Society reaffirms its strong opposition to the inclusion of physicians in any global diagnosis related group (DRG) system. (Res. 501, H-95)

390.999

Oppose Physician DRGs

The Society (1) continues its vigorous opposition to any proposal that would reimburse physicians according to diagnosis related groups (DRGs); (2) continues its opposition to proposals to include compensation of radiologists, anesthesiologists, and pathologists under in-hospital DRGs; (3) continues to encourage members of the U.S. Congress to oppose the inclusion of physicians in any DRG program; and (4) through its physician members, seeks the support of patients in opposing the inclusion of physicians in the DRG reimbursement plans. (Res. 501, H-95)

The Society was directed to petition HCFA for a single statewide charge class for determination of Medicare payments to physicians. (Res. 15, H-93)

400.000

Physician Payment: Medicare - RBRVS

400.997

Resource Based Relative Value Scale (RBRVS)

The Society shall work to effect RBRVS as the basis for all fee schedules in Pennsylvania. (Res. 317, H-98, adopted in lieu of 1999 Board Report 9)

400.998

RBRVS Nursing Home Reimbursement

The Society supports and petitions the Health Care Financing Administration for an increase above the current reimbursement rates as designated by the RBRVS schedule for visits to nursing homes by physicians. (Res. 507, H-94)

400.999

Inappropriate Use of Hsaio RBRVS by Third Party Payers

The Society was directed to encourage third party payers to reflect full RVU values in all fee schedules based on the Hsaio RBRVS, with appropriate modification for geographic and practice cost differences based on the most updated and accurate data, and to report fee schedules by conversion factors for comparison. The Society was further directed to notify member physicians of third party payer attempts to undermine correct use of the Hsaio-RBRVS. (Res. 50, H-93)

405.000

Physicians

405.995

Immunity for Employers Providing References

The Society advocates for immunity for employers who provide truthful and honest information concerning the character and job performance of their employees. The Society was directed to develop specific human resources programs for physicians to help them to better provide appropriate references for employees and former employees. (Res. 407, H-2007)

405.996

Protecting Patient's Right to Know Who is Treating Them

The Society shall pursue through legislation and regulation a requirement that the various Pennsylvania licensing boards and state health systems require and insist that people using the title "Doctor" clearly explain what the doctorate is in, and what their specific scope of practice is when advertising to, meeting with, or treating patients. (Res. 410, H-2006)

405.997

Use of Term, "Provider"

The Society condemns the use of the term, "provider," to describe its members and urges any organization which employs the term to describe physicians by their proper, professional title of either "physician" or "doctor." (Board of Trustees, January 2000)

97 - Policy Compendium

405.998 **Physician Information on the Internet**

The Society shall pursue a proactive policy to assure the appropriateness of physician profile data and physician information published on the Internet in formats designed for lay public access. (Res. 425, H-97)

405.999 **Primary and Consultative Care**

The Society was directed to promulgate policies to recognize the services of internists, pediatricians, family physicians, and obstetricians/gynecologists as providing both primary care and consultative care and to urge the AMA to do the same. (Res. 30, H-93)

425.000 **Preventive Medicine**

425.999 **Education, Treatment and Care of Stroke**

The Society shall encourage and work to insure (1) that hospitals have the necessary personnel, equipment, and organization to triage and treat patients with stroke rapidly and efficiently; (2) that hospitals have stroke protocols which will allow for the treatment of acute ischemic stroke; (3) that systems be developed in urban and non-urban areas for pre-hospital care and emergency identification and treatment of acute ischemic stroke; and (4) that there be rapid initiation of programs to evaluate and treat acute stroke. (Res. 209, H-2001)

430.000 **Prisons**

430.999 **Prison Health Care**

The Society supports the concept that all prisoners transferred from one correction facility to another and from one correction facility to a hospital be accompanied by medical information including but not limited to:

1. A list of major diagnoses;
2. A list of drug and other allergies;
3. A list of current medication and dosages;
4. The results of tests for tuberculosis, HIV, and other communicable diseases;
5. The results of recent abnormal lab, x-ray, EKG, and other test findings; and
6. Three days' supply of necessary medications.

The Society supports the transmission of medical information between correction facilities to be done in a manner consistent with protection of confidentiality. The Society was directed to communicate this information to the Pennsylvania Department of Corrections, the office of the Governor, and appropriate legislative committees. (Res. 1, H-92)

435.000 Professional Liability

435.962 Mcare Fund Constitutionality Vote

The Society will (1) publicize the list of legislators who voted for and against this bill which allows for the commandeering of the Mcare Fund; (2) urgently evaluate the constitutionality of this recent “raiding” of \$100 million from the Mcare Fund which had previously been provided directly by physicians as the Mcare surcharge, thus possibly costing the physicians of Pennsylvania an additional Mcare assessment for this coming year; (3) broadly publicize to all physicians in Pennsylvania that their money has been taken; (4) recommend that all physicians in Pennsylvania strongly consider not paying their next Mcare assessment without a legally binding guarantee that their money cannot be stolen again; and (5) applaud PAMPAC applauded for re-affirming its policy to carefully scrutinize political leaders voting record/scorecards prior to distributing PAC funds to qualified candidates. (Res. 408, H-2009)

435.963 Mcare Fund

The Society continues to advocate for phase-out of the Mcare Fund, but only if adequate sources of funding are available to assure that any phase-out plan is financially viable to Pennsylvania’s practicing and future physicians. Until a financially viable Mcare Fund phase-out plan is enacted, the Society seeks redress of past actions by the Commonwealth of Pennsylvania, as well as improvements in the Fund’s administration. The Society will use legal resources to seek a method so that no further assessments are transferred into the Mcare Fund without assurances that they will be used for their intended purposes. (Report 31, Board of Trustees, H-2009)

435.964 Clarification of Certificate of Merit Rule

The Society shall work to clarify and modify the current interpretation of the Certificate of Merit (COM) rule to read as follows: “The identity and qualifications of the person providing a COM be revealed to the defendant in any suit filed in Pennsylvania alleging medical malpractice at the time such suit is filed, and that a process be established for the defendant to dispute the qualifications of the person providing the COM.” (Res. 406, H-2008)

435.965 Liability Protection for All Uncompensated Care

The Society shall seek liability protection for all uncompensated care, regardless of where provided, at a level at least equal to the protections provided by the Good Samaritan law. (Res. 405, H-2008)

435.966 Countersuits/Non-Meritorious Lawsuits

The Society seeks to strengthen the existing law that permits countersuits against attorneys and persons who file non-meritorious lawsuits against physicians. (Res. 403, H-2007)

435.967 Physician Volunteers

The Society encourages the appropriate agency to a) monitor the number of liability actions brought against physician volunteers; b) educate physicians concerning their responsibility to pay the costs of their defense in a liability action; and c) monitor the physicians’ continuing medical education to ensure the retained clinical expertise of physician volunteers. (Report 6, Board of Trustees, H-2007)

435.968 Delinkage of Medical Liability Insurance to Physician Licensure

The Society continues to aggressively support the delinkage of medical liability insurance to physician licensure. (Res. 407, H-2006)

435.969

Apology Rule

The Society supports law and public policy that promotes or supports the implementation of Supreme Court rules or legislation that would make an apology on the part of a health care provider for an adverse outcome of medical intervention inadmissible in any court of law. The Society also supports or promotes the implementation of Supreme Court rules or legislation that would make an admission of liability or error on the part of a health care provider incident to an adverse outcome of medical intervention inadmissible in any court of law. (Res. 403, H-2005)

435.970

Standards for Lawyers Practicing in Pennsylvania

The Society adopted a policy that lawyers practicing in the Commonwealth should be held to the same standards as physicians, requiring all practicing attorneys to purchase professional liability coverage and prohibiting them from the common practice of fee splitting. The Society was directed to take action to have the Pennsylvania Supreme Court enact each of the aforementioned and also to make the process of disciplining lawyers more public. The Pennsylvania Delegation to the AMA was directed to prepare and introduce a resolution for an upcoming meeting of the AMA House of Delegates, encouraging the AMA and each of the component state and specialty societies and associations to take a similar position. (Res. 411, H-2004)

435.971

Countersuits to Discourage Frivolous Lawsuit Abuse

The Society continues to promote the use of countersuits against the plaintiffs and attorneys who file frivolous lawsuits against physicians, and also against the expert witnesses who provide testimony in these cases. The Society shall communicate this position in an effort to deter the continued filing of frivolous lawsuits. The Pennsylvania Delegation to the AMA was directed to prepare and introduce a resolution for an upcoming meeting of the AMA House of Delegates, encouraging the AMA and each of the component state and specialty societies and associations to take a similar position. (Res. 409, H-2004)

435.972

Expert Witness Testimony

The Society advocates for legal penalties for expert medical witnesses who provide misleading testimony or commit perjury. (Res. 406, H-2004)

435.973

Expert Witness Testimony

Expert witness opinion and testimony must be in accordance with acceptable medical standard, and testimony that fails to meet this standard should subject the expert to disciplinary action. False or misleading testimony is a violation of the ethics of the profession. The Society will advocate for effective action by the State Board of Medicine to discipline physicians who provide improper expert witness testimony. The Society will support the efforts of individual specialty societies and specialty boards in identifying and reporting instances of expert witness violations by their members in Pennsylvania. (Board of Trustees, 3/2004 and 9/2004/Report 7, Board of Trustees, H-2004)

The Society seeks to strengthen the existing expert witness requirements contained in Act 13 of 202. (Res. 404, H-2009)

435.974

Sovereign Immunity for Physicians Providing Emergency Care

The Society advocates for and includes, as part of its medical liability reform initiative, the provision of sovereign immunity for physicians who provide EMTALA mandated care in the Commonwealth of Pennsylvania. (Res. 409, H-2003)

435.975

Continued Tort Reform Efforts

The Society opposes subsidy of the Mcare Fund by physicians and instead seeks its elimination, including its termination, through financial insolvency, with the state to cover future losses through the Pennsylvania Insurance Guaranty Association (PIGA). The Society and all Pennsylvania physicians shall redouble their efforts to achieve appropriate medical liability tort reform, including caps on non-economic damages, alternative dispute mechanisms such as no-fault, early offer and limited tort, and continued efforts at improving the quality of physician and hospital care in Pennsylvania. (Res. 405, H-2003)

Reaffirmed Society policy supporting the phase-out of Mcare coverage via a plan that minimizes the financial impact on physicians, and authorized the Executive Committee to develop and adjust the specifics of the Society's advocacy position on this issue (in lieu of the resolved in Resolution 08-411). (Board of Trustees, February 2009)

The Society shall advocate for retirement of the Mcare unfunded liability with existing state funds and revenue streams, such as Health Care Provider Retention Account funds generated from the current cigarette tax, while monitoring opportunities for new funding sources (in lieu of the resolved in Resolution 08-410). (Board of Trustees, February 2009)

The Society shall remain on record as supporting a reduction or elimination of the mandated limits and continue to monitor opportunities to advance this policy (in lieu of the resolveds in Resolution 08-402). (Board of Trustees, February 2009)

435.976

Refund of Mcare Funds Paid for 2003

The Society requests the Governor to direct the insurance companies to refund the Mcare Funds collected for 2003. (Res. 404, H-2003)

435.977

Medical Liability Premiums

The Society opposes any efforts to reduce the medical liability premiums of high-risk specialties at the expense of increasing the premiums of other specialties. (Res. 402, H-2003)

435.978

Coordination of Insurance and Tort Reform Efforts

The Society and PAMPAC shall coordinate and work together with the Politically Active Physicians Association, Physicians for Quality Care, and other grassroots organizations in pursuit of medical liability insurance reform and tort reform. (Res. 402, H-2002)

435.979

Immunity from Professional Liability Tort for Volunteer Services

The Society was directed to work to formulate and have passed legislation granting immunity from professional liability tort for volunteer services in Pennsylvania, as well as other states, during periods of declared state or national emergency. The Pennsylvania Delegation to the American Medical Association was directed to develop a similar resolution, asking the AMA to work to formulate federal legislation. (Res. 408, H-2002)

435.980

Fall 2002 Liability Action Plan

In light of three consecutive years of skyrocketing medical liability insurance premiums, the unavailability of liability insurance, and the pending 2003 MCARE Fund surcharge increases, the Society believes that Pennsylvania medicine is in a code emergency. More needs to be done now to Save Pennsylvania Medicine. To keep physicians in Pennsylvania, to reverse the trends in trying to recruit physicians to Pennsylvania, and to save critical medical services in Pennsylvania, the Society takes the following action steps: (1) That the Society make resources available to begin immediately with a new and aggressive public affairs campaign to educate the public that the liability crisis is now a code emergency, and request county medical societies, specialty societies and field operations to aggressively

promote patient educational programs across the state; (2) current Society policy opposes any linkage of professional liability insurance to licensure. That notwithstanding, that the Society now call on the Governor and General Assembly to lower the total insurance level for physicians and prohibit other entities from requiring additional coverage above the state limit; (3) that the Medical Society call on the General Assembly to provide immediate financial relief for physicians facing another massive increase in the MCARE Fund surcharge by committing substantial public monies to reduce the MCARE surcharge, or declare the MCARE Fund insolvent, and have the State cover future losses through the Pennsylvania Insurance Guaranty Association (PIGA). The Society feels strongly that physicians today and future physicians simply cannot absorb these skyrocketing surcharges any longer; (4) the Society seek immediate suspension of the requirement for CAT Fund payments to maintain licensure until there is adequate medical liability insurance reform and tort reform; (5) that the Society call on the Governor and the General Assembly to act now to evoke the emergency provision for an amendment to the State Constitution involving the prohibition against caps on awards, and call on the General Assembly to actively back the public referendum to remove the prohibition, and then act quickly to pass legislation to bring a cap on awards to Pennsylvania. The Society also calls on the Governor and General Assembly to place limits on contingency fees of attorneys; (6) that the Society call on the Governor and General Assembly to immediately require the Joint Underwriting Association (JUA) to reduce premium levels to levels comparable to the private insurance market until such time that private insurance carriers return to Pennsylvania and the JUA is again an insurer of last resort; (7) that the Society call on the Governor and the General Assembly to quickly develop a long term solution involving fundamental system changes in the out of control judicial system in Pennsylvania. The Society has a proposal that would eliminate the common law cause of action of medical professional negligence and replace it with a statutory system that would include a patient compensation fund that would provide relief payments to patients who are injured as a result of medical professional negligence; (8) that the Society call on the Governor and General Assembly to quickly pass legislation voiding provisions in health insurers contracts with physicians that prevent physicians from adding a liability cost surcharge on bills for medical services. Similar add-ons are commonly used in other industries to help offset unusual overhead expenses. Also to help physician practices stay financially viable, the Society calls on the General Assembly to pass favorably on pending legislation that would provide tax credits for physicians; (9) that the Society call upon all health insurance companies to improve payment levels for physicians in Pennsylvania that are at least comparable to the median nationally; (10) related to the suspended rules of Act 135, the Society will now focus all our efforts on an extensive campaign aimed at having the court reinstate the rule involving early expert report as a means to dismissing non-meritorious cases; (11) that the Society call on all Pennsylvania physicians, in order to speak with a strong and united voice, to join the county and State Medical Society, as well as join PAMPAC, and back this campaign with their full support; and (12) if there are no sufficiently effective actions to address the urgency of this crisis by the end of 2002, the Society will consider recommending to all physicians that the MCARE surcharge payment for 2003 be withheld and physicians voluntarily inactivate their licenses until needed actions are taken. Such consideration shall be accomplished in consultation with members of the Specialty Leadership Cabinet. (Report 25, Board of Trustees, H-2002) (NOTE: Board of Trustees took action on March 10, 2003 to support a week-long patient-physician protest, with the understanding that there are a number of physicians who may choose to protest for a longer period of time. This action supersedes Point #12 of Board Report 25.)

- 435.981 Physicians Volunteering Services**
The Society shall seek an extension of existing "Good Samaritan" protection from ruinous litigation for practicing physicians who volunteer their services in an approved community clinic or shelter. (Res. 406, H-2001)
- 435.982 Civil Rights Litigation Against Physicians**
The Society seeks regulations or legislation to indemnify physicians licensed to practice medicine in Pennsylvania with respect to civil rights litigation resulting from actions in the usual scope of medical practice. (Res. 409, H-2000)
- 435.983 ERISA Malpractice Protection**
The Society urges each physician in the Commonwealth to write his/her federal legislator, requesting that they vote to remove the ERISA malpractice protection from managed care companies. (President Elect's Address, H-98)
- 435.984 Publication of Malpractice Data**
The Society shall continue efforts to ensure that any mandated source of malpractice information be expanded to include all licensed health care practitioners; that it focuses on data useful to consumers, i.e., insurance plans accepted, acceptance of new patients, office hours; and that physicians have the opportunity to review and authenticate their own information. (Report 13, Board of Trustees, H-98)
- 435.985 Medical Liability Insurance Company Qualifications Standards Reform**
The Society shall seek regulatory reforms and, if necessary, legislative reforms to strengthen licensing and oversight procedures to prevent medical liability insurers from selling policies in Pennsylvania and/or engaging in economic practices that led to the bankruptcies of PIC and PIE. (Res. 409, H-98)
- 435.986 Lawsuit Abuse Reform Act**
The Society endorses the Pennsylvania Civil Justice Coalition's (CJC) proposed Lawsuit Abuse Reform Act, and passage of the Act shall be a top priority of the Society in 1999. Each physician and Alliance component organization of the Society shall be strongly encouraged to support the actions of the CJC and designate passage of the Act as a 1999 priority. Individual physicians shall be strongly encouraged to actively participate in the advancement and passage of the legislation proposed by the CJC. (Res. 401, H-98)
- The Society continues its support of general lawsuit abuse reform legislation, as a member of the CJC, and shall ask the State Board of Medicine to adopt a position defining service as an expert witness as the practice of medicine. (Report 15, Board of Trustees, H-98)
- Reiterated this policy through correspondence to the State Board of Medicine. (Board of Trustees, 3/01)
- The Society affirms that the provision of expert witness testimony in medical liability cases constitutes the practice of medicine. The Society shall take action leading to the empowerment of the State Boards of Medicine and Osteopathic Medicine to treat expert witness testimony as the practice of medicine (and require each of the Boards to take appropriate action). (Res. 408, H-2004)

103 - Policy Compendium

435.987

Meaningful Tort Reform

The Society shall coordinate and implement significant and meaningful action among physicians throughout the state to bring attention of the public at large and the elected officials of the need for real liability reforms. (Res. 410, H-97)

The Society shall actively support and coordinate efforts to educate the people of Pennsylvania and their elected officials concerning the difficulties faced by physicians in the day to day care of their patients which are the direct result of the tort system as it exists in the Commonwealth. This education effort may include a unified modification of professional activity, for a limited time period, that will demonstrate the gravity of the situation, but that will not adversely affect the health of Pennsylvanians. (Res. 424, H-97)

435.988

Privatization of the Malpractice Insurance System

The following principles shall be a high priority for legislative enactment: (1) Elimination of medical license suspension/revocation for reasons solely related to payment of his/her malpractice premium or surcharge, and (2) modification of current mandatory requirements of malpractice coverage. (Sub. Res. 423, H-97; revised, H-2007)

The Society reaffirms its policy to support legislation to eliminate the CAT Fund as soon as reasonably possible while minimizing physician financial costs statewide. The Board of Trustees shall have the discretion to support or oppose specific legislation consistent with this policy. (Report 27, Board of Trustees, H-99)

435.989

Out of State Practice of Medicine

The Society supports the position that all practitioners who practice within the Commonwealth of Pennsylvania, even though they may be physically outside the geographic boundaries of the Commonwealth, must be responsible for their medical decisions, and carry medical malpractice insurance, as required by Pennsylvania law; further, the Society shall work with the Department of State to require that all professionals who are functionally practicing medicine in the Commonwealth are licensed and carry medical malpractice insurance, as required by Pennsylvania law. (Res. 406, H-97)

435.990

Tort Reform/CAT Fund Reform 10-Point Action Plan

The Society adopted the following ten-point action plan to address the CAT Fund situation and achieve tort reform: (1) seek immediate rollback of the 1997 CAT Fund surcharge amount to this year's level of 164%; (2) demand legislative action on SB-790 (tort reform) and CAT Fund reforms before the end of 1996; (3) encourage physicians to take any and all lawful actions necessary to bring to the public's attention the magnitude of the medical liability crisis situation; (4) initiate a sustained effort to bring large numbers of physicians to lobby the Pennsylvania legislature for meaningful tort reform and reforms to stabilize the CAT Fund during each day remaining of the current legislative session; (5) demand Governor Ridge's public support for tort reform and CAT Fund reform to be achieved in 1996; (6) hold a news conference after the House of Delegates meeting (October 18-20, 1996); (7) call in members of the Civil Justice Coalition to support our efforts; (8) meet with specialty organizations; (9) insist that HCFA increase the liability insurance portion of the RBRVS payments to physicians to reflect the increased liability insurance premiums physicians must pay; and further, that the Society ask the AMA to assist us in our negotiations with HCFA and in our efforts to seek immediate implementation of this request; and (10) Society services to its members. (Report 27, Board of Trustees, H-96)

- 435.991 CAT Fund Premium and Surcharge**
The Society did not adopt the recommendation that it actively oppose any effort to assess the CAT Fund premium and surcharge on any amount other than that actually paid by physicians for their malpractice insurance. (Res. 408, H-96)
- 435.992 Abolishment of the CAT Fund**
The Society supports a long-term phase down of the CAT Fund while retaining the Fund to provide Subsection 605 coverage and true catastrophic coverage. (Report 18, Board of Trustees, H-2000)
- 435.993 Malpractice Insurance for Retired Physicians**
The Society affirms the policy that physicians no longer in active practice should not be required to retain malpractice insurance if they prescribe only for themselves. The Society does not believe it acceptable for such a retired physician to write prescriptions for family members without malpractice coverage such as that provided by PMSLIC. In either case, the Society believes physicians should be current on the appropriateness, indications, and characteristics of the medications being prescribed. (Report 3, Board of Trustees, H-94)
- The Society was directed to seek an amendment to Act 13 to allow an exemption of the requirement to carry medical liability insurance for physicians retired from the clinical practice of medicine and engaged only in a teaching capacity. (Res. 414, H-2004)
- 435.994 Tort Reform a High Priority**
The Society reiterates that promotion of meaningful lawsuit abuse reform is a high priority. (Res. 7, H-89) (Res. 19, H-91) (Res. 13, H-92) (Res. 8, H-93) (Revised, H-99) (Recommendation 6(c) of the President Elect, H-2000)
- 435.995 Physician Practice Rights**
The Society states that it is the right of physicians to decide for themselves the circumstances under which they can or cannot continue to practice. It is further the right of physicians to use all available legal means, without jeopardizing the medical care of their patients, to protest when intolerable and unwarranted burdens are placed upon their patients, the Society, or its members. The Society is determined to continue to study the effects of changing socioeconomic conditions on the ability of physicians to practice medicine. (Res. 14, SH-75)
- 435.996 More Equitable Rate Structure**
The Society determined, through all means at its disposal, to work to affect a more equitable rate structure and to obtain legislative relief from the tort system. (Res. 9, H-80)
- 435.997 Tort Reform Top Priority**
In 1981 the Society made the professional liability crisis its top priority. (Res. 6, H-81); (Reaffirmed - Res. 19, H-91); (Reaffirmed - Res. 8, H-93)
The first priority of the Society through the 2002 House of Delegates meeting shall be tort reform; further, the Society shall devote such resources as are necessary to address this priority. (Res. 402, H-2001)
- 435.998 Limitation on Awards, Ban Awards for Pain and Suffering**
The Society recommends and vigorously promotes legislation which would limit awards and eliminate awards for pain and suffering as is done under the Workmen's Compensation Act. (Res. 33, H-75)

105 - Policy Compendium

- 435.999 Collateral Benefits Reform**
The Society endorses the concept that Pennsylvania law should be revised to permit the introduction of collateral benefits into evidence in medical liability cases. The Society will lend all possible assistance to securing the passage of such legislation. (Res. 8, H-78)
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- 440.000 Public Health**
- 440.969 Disclosure of Digitally Altered Advertisements**
The Society supports the concept of disclosure of digitally altered advertisements and discourages the altering of photographs in a manner that could promote unrealistic expectations of appropriate body image. (Res. 206, H-2010)
- 440.970 Public Cord Blood Donations**
The Society shall strongly encourage the Pennsylvania legislature to consider a funding method for the transportation of life-saving cord blood samples from the hospital collection sites to public cord blood banks, and to establish public cord blood banks in Pennsylvania. (Res. 205, H-2010)
- 440.971 Safe Treatment of Head Lice Infestation**
The Society shall facilitate the education of Pennsylvania physicians and other health care professionals through coordination with the Pennsylvania Department of Health as to the incidence and severity of adverse events associated with the use of pyrethrin and pyrethroid-based pediculocide shampoos. The Pennsylvania Delegation to the AMA was directed to forward this issue to the AMA. (Res. 204, H-2006)
- 440.972 Air Pollution Caused by Diesel Trucks**
The Society supports legislation that will reduce air pollution caused by diesel trucks. (Res. 201, H-2006)
- 440.973 Health Impact of High Fructose Syrup**
The Society was directed to correspond with the federal Food and Drug Administration, asking that agency to sponsor research to determine the health impact of consuming high fructose syrup. (Report 2, Board of Trustees, H-2006)
- 440.974 Healthy Choices in Hospital Cafeterias**
The Society, working with the Hospital and Healthsystem Association and other appropriate organizations, encourages the provision of health eating options in hospital cafeterias throughout the Commonwealth of Pennsylvania, with healthy food items clearly marked as healthy choices and bearing labels noting nutritional information. (Res. 207, H-2006)
- 440.975 Promotion of HPV Vaccine**
The Society promotes the HPV vaccination of females ages nine through twenty-six years of age through its patient advocacy efforts. (Res. 309, H-2006)
- 440.976 Diabetes Awareness**
The Society shall collaborate with insurers, appropriate state agencies including the Department of Health's Diabetes Stakeholder Group, and employers to increase awareness and adopt prevention and treatment guidelines for diabetes. The Society also seeks legislation to implement the recommendations of the Diabetes Stakeholders Group consistent with Pennsylvania Medical Society policy. (Res. 208, H-2005)
- 440.977 Healthy Living Initiatives**

The Society shall participate in partnerships to further develop and implement Healthy Living initiatives. (Res. 204, H-2005)

440.978 Physical Activity Standard for Children

The Society endorses a standard of minimal daily physical activity for children, especially in school. (Res. 203, H-2005)

440.979 Obesity Awareness

The Society shall continue its involvement in statewide efforts to increase public awareness of the causes and management of obesity, educate healthcare professionals about obesity and provide resources for physicians to use in addressing obesity issues with their patients. (Res. 207, H-2004)

440.980 Influenza Vaccine Shortage

The Society adopted the following list of actions recommended by its Commission on Public Health to deal with the influenza vaccine shortage:

RECOMMENDATIONS TO PHYSICIANS:

Strongly encourage them to abide by the recommendations for providing the vaccine ONLY to their patients in high risk groups as identified by the CDC (available at www.pamedsoc.org or www.cdc.gov).

Encourage them to dissuade adult patients under 65 years of age who are not in high-risk groups from being vaccinated so that vaccine will be available to persons in those high-risk groups.

Encourage physicians to distribute information to their patients on behaviors that aid in avoiding influenza. Included in such information should be encouragement of smokers to quit smoking. Physicians should also ensure that senior patients are protected by pneumococcal vaccine.

Distribute information to patients on what to do if they get influenza.

Encourage physicians to access Pennsylvania Health Alerts and CDC clinical information.

Encourage physicians to use model infection control in their offices.

WORK WITH OTHER ORGANIZATIONS TO ALLEVIATE CURRENT DISTRIBUTION PROBLEMS:

Interface with Pennsylvania Department of Health to encourage distribution of available vaccine to high-risk patients, to assist with the collection and distribution of accurate surveillance information, and to identify other non-vaccine strategies to fight flu.

Contact the Chamber of Business and Industry to see if that group will help in an effort to redistribute vaccines its members may have for employee immunization efforts.

Work with the Health Department and Attorney General's Office to discourage price gouging and supply hoarding by distributors.

LONG TERM SOLUTIONS:

The Commission on Public Health will discuss policy recommendations, including possible removal of vaccine distribution from the open marketplace.

Seek an alliance with the members of the Pennsylvania Public Health Association and other allies in taking action to try to avoid future shortages. (Report 17, Board of Trustees, H-2004)

440.981 Existing and Future Patient Safety Systems

The Society shall evaluate the barriers that impede the effectiveness of existing and future patient safety systems. (Res. 207, H-2003)

440.982 Asthma Inhaler Use in School

The Society supports the tenets of Senate Bill 852, which asks schools to prepare a policy that would permit physician and parent authorized inhaled medication use, and authorizes physician authorized use of an asthma inhaler to be carried with the student if the student has been shown to be competent to use the medication properly. (Res. 209, H-2003)

440.983 Elimination of Stigma Associated with Suicidal Behavior

The Society and the component county medical societies shall coordinate their efforts to educate physicians both at the state and local levels of the strong biological basis of suicide, as well as the detrimental effect that stigma associated with depression, alcoholism and suicidality has on effective medical intervention. (Res. 203, H-2003)

440.984 Support of Suicide Prevention Efforts

The Society and the component county medical societies will participate in coordinated efforts on the state and local levels and focus both professional and public attention to resources which are available to reduce the prevalence of suicide throughout Pennsylvania. (Res. 202, H-2003)

The Society and the component county and affiliated specialty societies renewed their commitment to suicide prevention efforts by supporting local and statewide programs to promote suicide awareness and prevention programs across the state. The Society will investigate and evaluate specific screening tools for depression and, in conjunction with the component county and affiliated specialty societies and associations, actively promote the use of a wide array of these tools in medical practices. The Society and the component societies will take action as previously approved in Resolution 03-202 to focus both professional and public attention to resources which are available to reduce the prevalence of suicide throughout Pennsylvania. (Res. 212, H-2004)

440.985 Pregnancy Risk Assessment Monitoring System

The Society acknowledges the significant contribution a surveillance system could provide to maternal-child health within the state. The Society was directed to lobby the leadership of the state legislature and other appropriate resources in order to seek support for the institution of a Pregnancy Risk Assessment Monitoring (PRAMS) type program within the Commonwealth, and to encourage the Pennsylvania Health Department to apply at the next available opportunity for federal grant support for a state-based PRAMS Program. (Res. 01-214/Report 9, Board of Trustees, H-2003)

440.986 Patient Concerns and Interests

The Society shall pursue initiatives, including opening a dialogue with Pennsylvania representatives of AARP, that position the Society, in the public's eye, as being committed to address patient concerns and interests. (Recommendation of President Elect, H-2003)

- 440.987 Diesel Exhaust Emissions**
The Society urges the State Department of Health to study the subject and issue a report concerning the effects of diesel exhaust emissions on the population and to study means to reduce diesel emissions. (Res. 205, H-2002)
- 440.988 Regulation of Tattooing and Body Piercing**
The Society was directed to support proposed legislation, or submit its own proposed legislation, that would regulate tattooing and body piercing facilities, except for those performing only ear piercing, including their establishment, operation and conduct of business with special reference to hygiene and medical criteria. (Res. 208, H-2001)
- 440.989 Suicide Prevention**
The Society recognizes suicide as a state public health problem and suicide prevention to be a state priority, acknowledging that many suicides can be prevented as evidenced by the 1999 national health statistics and the recent experience of the U.S. Air Force suicide prevention program. The Society acknowledges that no single suicide prevention program or effort will be appropriate for all populations or communities, thereby encouraging broad public private collaboration to develop, implement and evaluate an effective state suicide prevention program. The Society recognizes and accepts the key role the medical community must play in local communities to translate state plans into effective and evaluated local action, and likewise recognizing that many persons who have lost loved ones to suicide can be effective in advancing state, regional and local suicide prevention programs. The Society both encourages appropriate support be provided for those who have lost loved ones to suicide, and shall facilitate the development and promotion of accessible and affordable mental health services that will enable all persons at risk for suicide to these services, free of any stigma. (Res. 215, H-2001)
- 440.990 Establishment of Immunization Program in all Pennsylvania Colleges and Universities**
The Society established a policy calling for all colleges and universities in Pennsylvania to establish a program that will assure that their incoming students are immunized according to the recommendations of the Advisory Committee on Immunization Practices. This policy shall recognize appropriate religious and medical exceptions. The Society shall utilize education to try to persuade colleges and universities to implement these immunization programs. The Society shall also seek other associations for assistance in promoting the concept. If these efforts fail to persuade colleges and universities to act, the Medical Society will seek a legislative or regulatory solution. (Report 5, Board of Trustees, H-99)
- 440.991 Replacement of Powdered Latex Gloves**
The Society encourages the replacement of powdered latex gloves, where appropriate, with non-latex gloves based on the recommendations from the National Institute of Occupational Safety and Health (NIOSH), the office of the Pennsylvania Physician General, and the Pennsylvania Allergy and Asthma Association. The Society encourages those who choose to utilize latex gloves to use non-powdered, low antigen level gloves. The Society supports legislation consistent with this policy. (Report 5, Board of Trustees, H-98)
- 440.992 Standards for Blood Donors**
The Society accepts the revised standards of the American Association of Blood Banks which represent the current thinking concerning acceptance standards for blood donors. (Report 18, Board of Trustees, H-96)

109 - Policy Compendium

440.993 Antibiotic Resistance Surveillance Network

The Society calls on the State Department of Health (or the Physician General) to establish, set up, maintain, fund, and run effectively a statewide antibiotic resistance monitoring program for citizens of the Commonwealth of Pennsylvania, and on a regular and periodic basis, to convey the information about developing resistance trends to all physicians in the Commonwealth. (Res. 216, H-96)

440.994 Unwanted Pregnancies

The Society supports the continuation and expansion of state and federal birth control programs. It also encourages further studies to elucidate the causes of unwanted pregnancies, such studies to be directed at the interaction of home, school, and religious teachings, in order that more acceptable preventive measures may be found. (Res. 18, H-81)

440.995 Rabies Prophylaxis

The Society urges the state Department of Health to provide rabies immunization through primary care settings. (Res. 40, H-88)

440.996 Legal Protection, Mass Immunization

The Society supports placing mass immunization programs approved by the Department of Health of the Commonwealth in a similar legal status as the "Good Samaritan Law." (Res. 8, H-67)

440.997 Hypertension

Persons identified by screening programs as having diastolic pressures above the level recommended by the American Medical Association should be referred to a physician or appropriate health care facility. (Res. 13, H-74)

440.998 Guidelines for Health Education in Pennsylvania

The Society is directed to urge the Pennsylvania legislature to develop appropriate legislation incorporating the guidelines for school health education as published by the Centers for Disease Control. (Report FF, Board of Trustees, H-91)

440.999 Access to Maternal and Child Health Care

The Society established, as a public health priority, the issue of access to and delivery of maternal and child health care services, and sought involvement of a broad spectrum of lay and professional organizations and agencies with demonstrated interest in the establishment of a comprehensive approach to the delivery of quality maternal and child health care services in Pennsylvania. (Res. 17, H-91)

445.000 Public Relations

445.998 Public Education Materials in Physicians' Offices

The Society will continue to make available public health educational materials that address the Society's patient advocacy strategic policies and initiatives. These materials will be created to engage patients in healthy lifestyles through a variety of formats and distribution means, according to what attracts and is convenient or appropriate to each patient or physician audience. Formats may range from traditional printed pamphlets, flyers or brochures to materials available on the Society's website that physician practices may print and distribute on an as-needed basis and may include online resources, such as videos, podcasts, web shows, as well as public health messages sent to patients or physicians through social networking sites, such as Twitter, Facebook and others. (Res. 26, H-90; revised, H-2010)

445.999 Community Committees

The Society recommends that county medical societies establish liaison committees with the people in their communities. (Address of the President, H-86)

450.000 Quality of Care

450.994 Physician Involvement in Healthcare Quality Issues

The Society staff and leadership shall inform themselves about community efforts in development of quality initiatives and implement programs that support the involvement of county and regional societies in these initiatives. (Res. 310, H-2000)

450.995 National Committee on Quality Assurance Survey of Plans

The Society seeks, through appropriate means, to require that local professional organizations be notified of the National Committee on Quality Assurance (NCQA) survey of plans in their survey areas and be provided the opportunity to submit comments. The Society encourages the Pennsylvania Department of Health and national specialty societies to support the same initiative. The Society urges NCQA to require a public notice of surveys similar to those required by JCAHO so that patients, individually or through their patient advocate groups, can have input into the survey process. (Res. 201, H-98)

450.996 Release of Practice Specific Information

The Society was directed to encourage, in conjunction with the AMA, third party payers of physician services and others as applicable to divulge information to individual physicians concerning practice-specific performance. This information should be delivered in a timely fashion to allow the potential for practice adaptation prior to initiation of any adverse action toward that medical practice. The Society also was directed to encourage, along with the AMA, third party payers of physician services and others as applicable to divulge aggregate performance data without physician-specific identifiers to organized medical groups for educational purposes in order to study practice variance, and in conjunction with regional efforts to establish parameters employed in medical care. The Society was further directed to attempt, along with the AMA, to influence third party payers of physician services and others as applicable to adopt these policies and monitor compliance thereof. (Res. 28, H-93)

The Society determined to develop a statewide peer review organization which would comply with TEFRA and serve the physicians and public of Pennsylvania. (Res. 15, H-83)

111 - Policy Compendium

450.997 Practice Parameters

The Society recognizes and supports the further development of practice parameters through appropriate specialty societies in conjunction with the AMA. The Society is to continue educating its membership about the current and future trends in practice parameters in not only clinical practice, but in residency and medical school training programs. (Res. 2, H-91)

450.998 Interference with Professional Judgment of Physician

Third party health insurance carriers should not establish rules and regulations which arbitrarily identify selected procedures as unnecessary without appropriate professional medical review. (Res. 18, H-77)

450.999 Equal Treatment for Public and Private Sectors

The Society believes that the standards for quality of care, requirements for utilization review, and the regulations for release of statistical medical information should be applied on the same basis for both the public and private sector. (Res. 1, H-74)

455.000 Radiation and Radiology

455.999 Safety Guidelines for Mammography

The Society endorses the safety guidelines of the American College of Radiology:

1. Mammography is to be performed in a radiologic facility under the direct control of a radiologist who is Board certified by the American Board of Radiology and has training in mammography.
 2. Interpreting physicians, medical physicists and radiologic technologists who work in mammography must meet the requirements of the Mammography Quality Standards Act (MQSA) final rule as published by the Food and Drug Administration (FDA).
 3. Facilities performing mammography should be accredited by an accreditation body which meets the requirements of the MQSA final rule published by the FDA.
 4. An adequate quality assurance program should be in place which examines the equipment, image quality, and developing criteria, etc.
 5. Mammography equipment must meet the MQSA final rule published by the FDA. Equipment used for diagnostic mammography must have magnification and spot-compression capability. (See American College Guidelines for the Performance of Screening and Diagnostic Mammography.)
 6. Interpreting physicians must have additional training in digital mammography before beginning to use that modality. (Board of Trustees, B-2-90; revised, H-2010)
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460.000 Research

460.998 Human Stem Cell Research

The Society endorses human stem cell research in Pennsylvania. (Res. 201, H-2005)

460.999 Use of Animals in Research

The Society strongly endorses the policy of the AMA which unequivocally supports the humane use of animals in biomedical research and teaching. The Society agrees that the use of animals in research and teaching must be carried out in compliance with current federal, state, local, and institutional laws and regulations and that the development of suitable alternatives to the use of animals should be encouraged and supported by government and private organizations. The Society supports efforts by the AMA and other medical societies to actively defend and promote such research and to develop and present educational programs to inform physicians and the public of the benefits of the use of animals in research and training. The Society supports the current AMA intent to organize national

meetings to discuss the issue of research and the problems posed by animal rights activists. The Society is to stress to the public its concern regarding the impact of animal rights activists and "animal liberation" groups on the conduct of biomedical research and to condemn all illegal activities which may be used by these groups. The Society opposes many of the other tactics used by animal rights activists and "animal liberation" groups, including picketing, sit-ins, threats, and boycotts, (Res. 49, H-91)

470.000 Sports and Physical Fitness

470.998 Scholastic Coaches

The Society shall work with school systems, the Pennsylvania Interscholastic Athletic Association, and other appropriate organizations to develop programs to facilitate training and maintain the expertise of scholastic coaches in first aid, basic life support, and the prevention of athletic injuries. (Res. 207, H-98)

470.999 Certified Trainers in School Programs

The Society favors the concept of certified trainers in schools supervised by physicians. (Res. 2, H-80)

475.000 Surgery

475.998 Definition of Surgery

The Society adopted the following definition of surgery, and shall work with all interested specialties in an effort to have this definition incorporated into Pennsylvania law: Surgery is defined as a treatment (diagnostic, palliative or therapeutic) of conditions or disease processes by using instruments, including lasers, ionizing radiation, scalpels, probes and needles in which human tissue is cut, burned, vaporized, frozen, sutured, probed, manipulated by closed reduction for major dislocations and fractures, or otherwise altered by any mechanical, thermal or chemical means. The definition is not intended to include ministrations that are part of routine bodily hygiene, such as trimming of hair or nails, or infringe on the scope of practice of those already licensed to perform similar limited procedures, such as electrolysis, tattooing, and piercing. (Res. 201, H-2002)

475.999 Surgical Assistants

The Society supports the statement of principles of the Regents of the American College of Surgeons regarding surgical assistants. (Res. 36, H-82)

480.000 Technology

480.995 Electromyography as the Practice of Medicine

Inasmuch as the procedure known as electromyography involves the invasion of human tissues for the purpose of diagnosing diseases and ailments of the human body, the Society sees the procedure as the practice of medicine. It is prepared, if necessary, to seek introduction of legislation to amend the Physical Therapy Practice Act of 1975 to clarify the scope of practice of physical therapy by requiring that all invasive procedures and those tests which may constitute the basis of medical diagnosis be done upon request of and under the direct supervision of a physician. (Board of Trustees, B-3-83)

The Society reaffirms that needle electromyography is the practice of medicine to be performed solely by licensed physicians and shall develop and advocate for legislation. (Res. 406, H-2010)

480.996 Information Technology Assistance for Members' Practices

The Society will (1) make available to member practices an annually updated list of businesses that could assist with IT needs related to billing and reporting; 2) refer practices to PMSCO for guidance on software support; and 3) provide guidelines on doing an RFP to practices that may be interested in purchasing software. (Report 15, Board of Trustees, H-2009)

480.997 Telemedicine/Telehealth

The Society adopted the following policy:

1. Physicians and others practicing telemedicine/telehealth acknowledge that they retain responsibility for patient safety and the quality of services provided to their patients.
2. Only clinical and technical guidelines and practice parameters developed and endorsed for specific telemedicine/telehealth applications by national specialty organizations and other nationally acknowledged authorities (e.g., AMA, US Preventive Services Guidelines, etc.) should be utilized by local facilities as the standard for the performance of telemedicine/telehealth services and procedures.
3. The State Society encourage third party payers to reimburse all such endorsed telemedicine/telehealth applications, without regard to geographic location.¹ However, the use of telemedicine/telehealth should never be mandated by third party payers through discriminatory reimbursement policies that discourage patients from obtaining an in-person examination by a physician for such purposes.
4. Pennsylvania health care licensing boards require that all non-resident physicians, NPPs, and technicians participating in telemedicine/telehealth activities in Pennsylvania be duly licensed, certified, and/or registered in Pennsylvania.
5. Hospital medical staffs identify those clinical services that can be prudently provided by telemedicine/telehealth at that hospital and ensure that physicians providing such telemedicine/telehealth services are appropriately credentialed as members of the medical staff.
6. Physicians who routinely screen, diagnose, and treat patients for chronic conditions via telemedicine/telehealth schedule periodic in-person encounters with these patients. In situations where system-directed examinations are occurring, in-person consultations should be arranged between those patients and appropriate specialists.
7. Physicians incorporate the regular reporting, recording and supervision of patient care via telemedicine/telehealth into the standard medical record systems used for all other patients.
8. Physicians ensure that their legal and ethical requirements to maintain patient privacy and confidentiality are not compromised during and after telemedicine/telehealth encounters.
9. The State Society monitor all proposed legislation and regulations concerning telemedicine/telehealth and respond in a manner consistent with these recommendations.
10. Medical education via telemedicine continue to be awarded CME credits similar to any other educational modality.
11. The State Society continue its leadership of a state-sponsored Broadband Initiative that will eventually assist physician practices in upgrading their capabilities to practice telemedicine/telehealth. (Report 5, Board of Trustees, H-2007)

¹In other words, if the service is clinically acceptable for patients in remote areas, it should also be available anywhere throughout Pennsylvania.

480.998 Improving Medical Practice through Information Availability

The Society adopted as policy to actively support community-based efforts to make key laboratory, pharmacy, and physician contact data easily available to physicians in electronic format and encourage health plans, laboratories, pharmacy management companies and health care facilities to design and implement systems that support this goal, consistent with the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA), state law, and patient preferences. The Society will monitor the creation and activities of such networks and participate in them where feasible. The Society encourages the county medical societies to do likewise. The Board will continue to explore the feasibility of implementing the related health care technology project identified at the Board's July 2004 retreat. The Society was directed to forward Report 3 of the Board of Trustees to the AMA. (Report 3, Board of Trustees, H-2004)

480.999 Telemedicine

The Society adopts the position that out-of-state health care practitioners must be fully licensed to practice medicine in Pennsylvania in order to be permitted to provide telemedicine services; further, that any physician from another state practicing telemedicine must have malpractice insurance in the state of Pennsylvania. (Report 29, Board of Trustees, H-96)

Reiterated this policy through correspondence to the State Board of Medicine. (Board of Trustees, 3/01)

490.000 Tobacco

490.990 Statewide Tobacco Legislation Regarding Minors

The Society supports legislative efforts at the state and county levels to prevent minors from possession and/or using tobacco products in public. (Res. 402, H-2007)

490.991 Smoking Cessation

The Society seeks the requirement through legislative or regulatory measures that Pennsylvania Medicaid programs, prepaid health plans and insurance companies provide evidence-based approaches for smoking cessation and nicotine withdrawal, including prescription smoking cessation medications, as part of their standard benefit packages. (Res. 416, H-98)

490.992 Cigar Smoking/Chewing Tobacco

The Society shall request that the AMA work to have federal and state governments take legal, regulatory and educational action to protect the public from the ill effects of cigar smoking and chewing tobacco in a manner to those actions taken regarding cigarettes; further, the Society shall take the same action in Pennsylvania. (Res. 415, H-98)

490.993 Report of Advisory Committee on Tobacco Policy and Public Health

Adopted as policy the essential public health goals from the final report of the Advisory Committee on Tobacco Policy and Public Health, July 1997, as recommended by the Council on Health Policy and Advocacy; further, that the Society recommend similar action to the AMA. The goals are: (1) FDA: Reaffirm that the FDA has full authority to regulate all areas of nicotine and all other constituents and ingredients in tobacco. The FDA must have authority to increase its tobacco research and scientific communication abilities and be provided with adequate funds to implement all of its various regulatory, enforcement, public education and research activities. New burdensome requirements placed on the FDA would

be unfair and erode public health; (2) Youth: Protect children and youths from influences that create demand for or acceptance of tobacco use, and prevent their obtaining tobacco and illegal substances for youth. Specific measures that reduce youth demand and access include: (a) provide for a well-funded nationwide education campaign independent of tobacco industry interference; (b) significantly increase the price of cigarettes and other tobacco products so that children and youths are discouraged from buying them. An increase of at least \$1.50 per pack is a reasonable starting point. Once implemented, an independent National Academy of Science/Institute of Medicine commission should be set to determine what additional increases will significantly reduce youth smoking; (c) ban advertising and promotions that entice children and youths. This should be coupled with tough restrictions on youth access to tobacco products; large strong, and effective warning labels on cigarette packs and other tobacco products; necessary funds to monitor compliance; and other deterrents; (d) levy substantial penalties for underage use. Assessments should be on a company-by-company basis if reduced youth smoking targets are not met soon, e.g., there must be specific fines at specific times for specific shortfalls from user target levels; (3) Cessation: Provide adequate funds for sound, scientifically established cessation programs to help nicotine-dependent adult and youths to quit smoking or using spit tobacco. Such programs should be integrated into health care financing systems, including managed care programs; accredited professional and public education programs; and support behavioral and cessation research; (4) ETS: Establish, refine, and expand environmental tobacco smoke (ETS) laws and regulations. Authorities and appropriations should fully enforce smoke-free public and work environments and fund risk assessment research, and public education; (5) Justice: Protect and administer the justice system so that evidence of tobacco industry misdeeds becomes public. All legal remedies should remain available and the opportunity for individuals and groups of individuals to recover should not be diminished. It is critical, for instance, to know how companies added certain ingredients to enhance the nicotine effect for children and youths and how they used sophisticated marketing techniques to reach those same children. Only when such things are public can we make sure they never happen again. We oppose granting the tobacco industry immunity against liability for past, present, or future misdeeds. Congress should focus its efforts on public health, not only the concessions the tobacco industry seeks. Congress should not alter the legal system in any way that would weaken its ability to protect the public health, or permit the tobacco industry or others to engage in any behavior that otherwise would be condemned. Congress must make sure that any legislation does not make it more difficult for injured citizens to exercise their fundamental right to seek just compensation for their injuries; (6) Preemption: Protect state and local governments by shielding them from federal preemption clauses that weaken, incapacitate or make onerous the ability of states and local governments to develop novel public health approaches and pursue public health standards which are higher than federal standards. Federal laws designed to protect public health should always be a "floor" that state and local governmental can add to and strengthen; (7) Farmers: Adequately compensate tobacco farmers as the opportunity to sell their domestic product to manufacturers declines; (8) International: Implement strong international trade policies that use the same public health standards applied to tobacco products marketed and sold here. U.S. trade policies should reflect U.S. domestic policy; no federal funds should be spent to promote the sale of tobacco products abroad; and the U.S. should take a leadership role in bringing the protections provided to Americans to all citizens of the world. (Board of Trustees, 5/98)

490.994 **Reclassification of Tobacco as a Prescription Drug**
The Society believes (1) tobacco has no value as a drug and should not be listed with other prescription drugs which have a medical value; (2) if tobacco were reclassified, physicians would face an ethical dilemma when asked to prescribe a substance for patient use, knowing full well that the substance causes substantial harm and possibly death with extended use; and (3) in light of the current availability of tobacco, any measures to regulate its distribution would meet with strong opposition from the tobacco industry, its affiliates, and the smoking public. (Report 15, Board of Trustees, H-94)

490.995 **Anti-Tobacco Ordinances**
The Society was directed to work to remove prohibitions on more stringent local anti-tobacco ordinances contained in the Clean Indoor Act. The Society encourages municipalities throughout Pennsylvania to enact local anti-tobacco ordinances, and encourages physicians to initiate and support efforts to enact local anti-tobacco ordinances. (Sub. Res. 705, H-94)

490.996 **Tobacco and Smoking**
The Society calls for health insurance coverage and reimbursement for smoking cessation efforts. (Res. 37, H-93; Revised, H-2003)

490.997 **Tobacco Related Legislation**
The Society pursues the following legislative initiatives:
1. Mandate reimbursement for medically-monitored smoking cessation efforts;
2. Ban tobacco vending machine sales; and (Res. 63, H-89; Revised, H-99)
3. Ban the use of tobacco products in restaurants. (Res. 707, H-95; Revised, H-99)

490.998 **Ban on Smoking in Hospitals**
The Society calls for a complete ban on smoking in hospitals. (Res. 24, H-86)

490.999 **Ban Distribution of Cigarettes and Smokeless Tobacco**
The Society opposes the distribution of free cigarettes and smokeless tobacco in public and seeks to have legislation passed which would bar the distribution of free cigarettes and smokeless tobacco in public in PA. (Res. 25, H-86)

495.000 **Tobacco: Labeling and Warnings**

495.996 **Smoking Cessation**
The Society urges all hospitals to have mechanisms in place, be it pharmaceutical or other means, to facilitate the treatment of patients who desire help with smoking cessation, and calls upon the AMA to also urge all hospitals to have a mechanism in place to facilitate the treatment of patients who desire help with smoking cessation. Funds received from the Multi-State Tobacco Settlement should be used for this purpose. (Res. 37, H-91; Revised, H-01)

495.997 **Smoking**
The Society determined to actively encourage and undertake appropriate patient education efforts designed to minimize health risks attributed to smoking. The Society also determined to encourage and assist patients to stop smoking. (Board of Trustees, H-78)

117 - Policy Compendium

495.998 Reimbursement to Physicians and Psychologists who Provide Smoking Cessation
The Society supports physicians and psychologists providing formal smoking cessation services to their patients. The Society supports reimbursement of these physicians and psychologists with funds received from the Multi-State Tobacco Settlement. (Report W, Board of Trustees, H-91; Revised H, 01)

495.999 Physicians as Role Models
The Society urges its members to play a major role against cigarette smoking by personal example and by advice regarding the health hazards of smoking. The Society determined to discourage smoking by means of public pronouncements and educational programs. (Res. 19, H-68)

500.000 Tobacco: Marketing and Promotion

500.996 Objections to Glamorizing Use of Tobacco Products
The Society adopted a policy of objection to efforts to glamorize the use of tobacco products, including cigars and chewing tobacco. The Society shall send communications to the state's professional sports arenas, objecting to the advertising of tobacco products. This policy shall be referred to the appropriate component of the Society for further implementation. (Board of Trustees, 9/98)

500.997 Total Ban on Tobacco Advertising
The Society renews its appeal for a total ban of all tobacco advertising in the print media. (Res. 60, H-88)

The Society reaffirms its support for a ban on tobacco advertising and states its support for a federal law removing the tax deductible status of tobacco advertising. (Res. 33, H-93)

500.998 PMS Magazine Program
The Society's magazine program is not to include any magazines that feature tobacco advertisements. (Res. 27, H-93)

The Society calls upon the AMA to create a series of anti-tobacco advertisements and other "camera-ready" educational material that physician members can obtain and use in their communities. (Report O, Board of Trustees, H-93)

500.999 Banning Tobacco Advertising from Physicians' Offices
The Society recommends that members display only those magazines in their offices which do not advertise tobacco products. (Res. 59, H-88)

505.000 Tobacco: Prohibitions on Sale and Use

505.997 Ban Smoking in Public Places and Workplaces
The Society was directed to resume its efforts to ban smoking in public places and workplaces in Pennsylvania, including restaurants and bars, through lobbying efforts at the state legislature and fiscally responsible public awareness campaign. The Society will lobby in support of Senate Bill 1213 or other proposed legislation that calls for a similar prohibition on smoking in public places. The Society was directed to report back on the status of its efforts at each annual meeting until this goal is accomplished. (Res. 214, H-2004)

505.998 Sale of Cigarettes in Pharmacies

The Society objects to the sale of cigarettes and other smoking materials in the pharmacies of Pennsylvania. (Res. 3, H-88; Revised, H-01)

505.999 Legislation to Eliminate Smoking in Public Places

The Society recommends adoption of policies by the Commonwealth of Pennsylvania and seeks changes in appropriate Pennsylvania laws:

1. to eliminate smoking in public places, including lobbies and hallways.
2. to eliminate smoking in businesses, including factories and warehouses.
3. to allow all localities (in addition to Allegheny County) to enact more stringent measures than the law which is applicable statewide.

The Society has determined to study whether the penalties associated with violations of the law should be strengthened and whether individuals should be permitted to report violations. (Res. 50 and 58, H-91)

520.000 War

520.997 De-alerting/Abolition of Nuclear Weapons

The Society joins military experts and security authorities to call for measures to prevent accidental or inadvertent use of nuclear weapons, including the mutual verifiable removal of nuclear weapons from alert status and removal of warheads from missiles by United States and Russia. The Society supports the de-alerting of nuclear weapons as a confidence-building measure which will promote the ultimate elimination of nuclear weapons and other weapons of mass and indiscriminate destruction. (Res. 203, H-98)

The Society supports the elimination by all nations of nuclear weapons and other weapons of mass and indiscriminate destruction, and urges that this policy be widely disseminated, including dissemination through the World Health Organization and other forums. (Res. 204, H-98)

520.998 Persian Gulf War Veterans

The Society supports: (1) Congressional establishment of a voucher-style of medical insurance options using VA's present operational funds in order to provide long-term health care for Persian Gulf War veterans with new Crohn's colitis, inflammatory bowel disease, tropical sprue, irritable bowels, liver inflammation, kidney stones, refractory idiopathic thrombocytopenia purpura, nose ulcers, nasoseptal perforations, asthma, eosinophilic pneumonitis, pulmonary fibrosis, neurological tremors, amyotrophic lateral sclerosis, fevers of unknown origin with night sweats, and other novel unexplained illnesses which presented between 1991 and 1995; (2) until the medical insurance system becomes operational, congressional action mandating that VA provide free medical care for all Persian Gulf War veterans and military subcontract workers who fell ill with any chronic illness over six month duration after working under U.S. government contract in the Arabian desert anytime between 1990 and 1993; (3) congressional action to transfer the authority and funds for assisting Persian Gulf War veterans with novel post-deployment health problems presenting within four years of deployment (between 1991 and 1995) from Veterans' Affairs and DoD to an independent nonprofit foundation approved by at least five major Gulf War veterans groups; (4) congressional action stating that representatives from at least five major Gulf War veterans' groups, the Centers for Disease Control, the National Institutes of Health, the American Society for Tropical Medicine, and independent experts on biological and chemical warfare must be funded and involved both with the management of the foundation and in the data collection, analysis, and reporting of Persian Gulf War veterans' diseases; and (5) congressional action stating that independent scientists without major government contracts or other conflicts of interest and independent physicians endorsed by veterans'

119 - Policy Compendium

groups who have some clinical experience (who have seen at least 100 Persian Gulf War veterans as patients) must be funded and involved with the foundation's registration, medical management and processing of medical claims for Persian Gulf War veterans. This issue shall also be referred to the AMA for the purpose of generating congruent policy. (Res. 213, H-98)

520.999

Vietnam Women's Memorial

The Society supports the Vietnam Women's Memorial Project. (Res. 22, H-88)

530.000

PMS: Administration and Organization

530.978

Reporting of DUIs to Physicians' Health Programs

The Society strongly encourages physicians or their colleagues to contact the Physicians' Health Programs (PHP) with information regarding those who may be suffering consequences of alcohol or drug abuse. The Society will request that the State Board of Medicine make all physicians aware that DUIs are automatically reported to the PHP, encouraging early follow-up. (Res. 201, H-2009)

530.979

Preserving the Institute for Good Medicine

The Society commits as policy to maintain as a priority the Institute for Good Medicine (I4GM) in both its current form, and also in any expanded role as may be deemed appropriate, as a key advocacy forum for the advancement of its Practice and Patient Advocacy agendas. The Society shall commit the appropriate funds annually to assure ongoing function and activity of the Institute for Good Medicine to include, but not limited to funding for I4GM programs, announcements, media promotions, physician training and education, and patient education. The Society's Board of Trustees shall provide each year, as a Board of Trustees report to the House of Delegates at its annual meeting beginning in 2009, a full and comprehensive report of activities of the I4GM from the preceding year. (Res. 501, H-2008)

530.980

Pennsylvania Delegation Membership for AMA Speaker/Vice Speaker

The Society adopted the policy that any Pennsylvania delegate elected to the office of Speaker or Vice Speaker of the AMA House of Delegates be automatically considered a member of the Pennsylvania Delegation to the AMA for as long as she or he serves in that office. (Res. 501, H-2007)

530.981

Grassroots Advocacy Network

The Society shall utilize, reinvigorate and renew its grassroots network consisting of elected or de facto physician leaders in groups, academics, and hospitals with the goal of having a Society advocate in each organization. The Society shall utilize communications technologies to update this network on a frequent and timely basis. (Res. 510, H-2003)

530.982

Society's Group Health Association Plan

The Society shall continue to work closely with its endorsed broker to explore ways in which its association plan can be made more attractive in terms of benefits while remaining competitive. Given that there are currently no alternative solutions or options for association health insurance programs, the Society should continue to offer the most competitively structured and reasonably priced health insurance plans available to its members. The Society should continue to monitor the insurance marketplace for alternative solutions or options for association health insurance programs. (Report 17, Board of Trustees, H-99; revised, H-2009)

530.983

PMSLIC Sale

The Board of Trustees shall: (a) place the proceeds of the sale of the Society's majority interest in PMSLIC, minus the amount that the Board has committed to fund PMSCO (\$4 million) in a segregated fund; (b) expend no money in the segregated fund during 1998 or 1999, except to the extent required (i) to cover the expenses of the sale transaction and related tax consequences, and (ii) to balance the proposed 1999 budget (including the \$178,000 budgeted for 1999 county grants, but excluding the proposed \$100 dues reduction), unless the expenditure is recommended to the House of Delegates by 75 percent of the Board, and the Board recommendation is thereafter approved by 75 percent of the House of Delegates; (c) limit the 1999 county grants to projects which are consistent with the Society's mission and tax-exempt purposes, and condition those grants upon the Society receiving a favorable IRS private letter, ruling that the grants do not jeopardize the Society's non-profit federal tax exemption and the counties agreeing to comply with any restrictions in the IRS ruling; (d) report back to the House of Delegates at the 1999 annual meeting, with the Board's recommendations as to the disposition of the balance of the segregated fund and the future proceeds of the sale; (e) solicit county input in developing recommendations regarding the future disposition of the segregated fund and the proceeds of the sale; (f) use Board of Trustees Report 38 as the framework for discussions regarding the future disposition of the segregated fund and the proceeds of the sale, especially in the requirement that super-majority (75 percent) be required to invade the principal of the segregated fund; and (g) bring back to the House of Delegates a bylaws change which would require 75 percent Board approval and 75 percent House of Delegates approval to expend principal monies in the segregated fund. (Res. 505, H-98)

The endowment fund is funded by the net proceeds, after expenses and other associated disbursements, of the sale of Pennsylvania Medical Society Liability Insurance Company and any subsequent contributions to the fund. The inflation adjusted principal of the fund may be invaded only upon recommendation of a super majority vote of 75 percent of the Board of Trustees and subsequent approval by a super majority vote of 75 percent of the credentialed, as the day of the vote, members of the House of Delegates. Net income from the fund, after expenses and an offset to ensure the fund does not drop below the annual inflation adjusted value of the principal, may be used to support Society programs. Amendment of the super majority vote provisions shall require the same 75 percent super majority votes. Amendments to the Society's bylaws, in the case of the endowment fund, require a vote of 75 percent of the delegates credentialed, as the day of the vote. (Subject 4 of the Official Call, H-99)

530.984

Commercial Agreements

The Society adopted the following Principles to Guide Corporate Relationships:

Definitions

For purposes of these principles, the following definitions shall apply:

Corporate arrangements shall mean one of several types of transactions which include: unrestricted educational grants, education and health related agreements, member services, and other instances where the Society grants licenses to others to use the Society's information or editorial products, and catalogs. It does not include the Society's real estate transactions or the Society's data base business.

Endorsement shall mean transactions in which an organization, by use of its name and logo, implies approval of a company, product, or service. The Society does receive unrestricted corporate grants to underwrite educational programs. This is not considered to be an endorsement.

(1) When appropriate and desirable, the Society participates in corporate arrangements to support activities that will further its core purpose of promoting the art and science of medicine and the betterment of the public health. In general, rather than responding to others, the Society will choose its priorities for corporate relationships and participate in those activities that fulfill these priorities; (2) all corporate arrangements with any company, organization, association or other entity should be consistent with these principles. Any proposed arrangement must be reviewed and approved by the Board of Trustees to ensure that acceptance of such funds would have no potential influence on Society policies or conflict with the Society's goals; (3) the Society accepts funds or royalties from a corporation only if acceptance does not pose a conflict of interest and in no way impacts the objectivity of the association, its members, activities, programs, or employees; (4) participation in a specific corporate arrangement does not in any way imply the Society's approval of the corporation's policies, nor does it imply that the Society will exert any influence to advance the corporation's interests outside the substance of the arrangement itself. The Society's name and logo may not be used in a manner that would express or imply an endorsement of the corporation or its policies; (5) the Practice Advocacy Executive Council's designee, in consultation with the Office of General Counsel, will review and approve all marketing materials bearing the Society's name or corporate identity in compliance with these principles and guidelines; (6) those corporations providing support to the Society are regularly recognized in Society publications and other appropriate forums, and Society corporate arrangements will be reported regularly as part of the financial reporting to the Board of Trustees and House of Delegates; (7) the Society retains editorial control over any information produced as part of a corporate arrangement. In every case, all materials in print, broadcast, or electronic media prepared by the corporate entity must be submitted to the Society for approval in writing prior to release; (8) whenever possible and feasible, the Society seeks funding for programs from a variety of sources. It is understood, however, that occasions may arise when support of a specific event, publication, or service from a single source is appropriate. The Society will exercise special caution so that in circumstances when single support is granted, the Society avoids conflicts of interest and guards against any perception of conflict of interest; (9) the Society does not endorse health or medical products or services which are marketed to consumers and which the Society does not design, produce, or control; (10) the Board of Trustees is responsible for the operations of the Society, including relationships with corporations, between meetings of the House of Delegates, consistent with principles and policies adopted by the House of Delegates. Principles governing the Society must be ethically consistent with those which govern individual Society members; (11) the Executive Vice President is responsible for the review and implementation of each specific arrangement according to the above principles; and (12) the chair of the Practice Advocacy Executive Council is responsible for informing

the Board of Trustees so that the Board may approve and authorize corporate arrangements that have an economic and/or policy impact for the Society.

Process

1. A small senior management work group, appointed by the Executive Vice President and including the General Counsel, shall initially review all proposed endorsement and report to the Practice Advocacy Executive Council on whether, in their view, the proposed endorsement is consistent with the mission of the Society, the interests of the members and the ethics of the profession
2. Whenever reasonable and/or feasible, Council staff shall seek competitive bids before preparing a recommendation on endorsement. Staff shall prepare a request for proposal as the basis for competitive bids.
3. The Practice Advocacy Executive Council shall review all proposed endorsements, including such materials as requests for proposals and bids. The Council shall consider the benefits and quality of services to the members as well as the financial benefits to the Society.
4. The Practice Advocacy Executive Council shall review existing endorsements regularly, at least once every three years.
5. Each agreement for endorsement shall provide that the Practice Advocacy Executive Council must approve all marketing information for the product.
6. The Board of Trustees shall review and approve, if they agree, all endorsements following recommendations by the Practice Advocacy Executive Council.
7. The Executive Vice President shall sign all endorsement agreements approved by the Board, if consistent with the principles and processes outlined here and with the advice of counsel. (Report 29, Board of Trustees, H-98)

Addendum

Principles to Guide Corporate Relationships

This Addendum, with its modified process, will apply to situations in which a corporate relationship includes use of name and/or logo, but no funds or royalties are being exchanged by the parties involved. Primary examples are:

- Participation in a coalition
- Participation in a government-sponsored or public health initiative
- Endorsement of a continuing medical education activity

Process

In accordance with Principle 1 of the current Principles, “Rather than responding to others, the Society will choose its priorities for corporate relationships and participate in those activities that fulfill those priorities.”

1. A small senior management work group appointed by the Executive Vice President shall gather and review information pertaining to the request, and report to the Board or Executive Committee when, in their view, the proposed activity is consistent with the priorities of the society, the interests of the members and the ethics of the profession. The following questions will be utilized to determine the appropriateness of the proposed activity:

123 - Policy Compendium

- Has our physician survey data identified a recurring member need?
 - Is the activity consistent with the Society's mission?
 - Does the activity fulfill a corporate priority (patient, practice, or political advocacy)?
 - Is there a clearly defined mission, purpose, and timeframe for the activity?
 - What new value does the activity bring to the Society and its membership?
 - What is the level of credibility/reputation of the requesting organization?
 - What is the level of credibility/reputation of the other participants and/or sponsoring organizations?
 - What financial and staff resources will the activity require?
 - What is the value of the specific benefits extended to members by virtue of the Society's participation in this activity?
2. The Board, or Executive Committee if timing is an issue, shall review and approve all endorsements.

Note: All individuals involved in the process of approving endorsements are subject to the Society's policy regarding disclosure of any conflicts of interest. (Report 16, Board of Trustees, H-2005)

530.985

Physician Referral Directory

The Society shall target a community, county, or district within the state and develop a physician membership directory which will list Society members by specialty and other pertinent demographic, professional, and managed care participation date. The Society will promote this directory to social agencies, private citizens, hospitals and to other practicing physicians as the standard referral directory to use when seeking a new physician. The Society will also monitor and measure the effectiveness of such a referral directory as a tool for developing new Society members in order to determine the value of expanding such a program to other communities. (Res. 501, H-98)

530.986

Free Choice to Nominate Individuals

The Society will provide nominations to professional organizations that request them or are mandated by law to request them, provided the Society is given free choice to nominate individuals it deems eligible. If the nominees are physicians, they must be Society members. Organizations that request Society endorsement of nominee should, if at all possible, submit the name of more than one Society member. (Board of Trustees, 10-94)

530.987

Tobacco Company Stock

The Society's investment portfolio shall not contain the stock of tobacco companies. (Board of Trustees, 9-91; Revised, H-01)

530.988

Nonmembers: Price for Society Products/Services

The Society has determined that nonmembers be required to pay the full value price for any Society product or service except when the materials are used as part of a recruiting campaign. (Board of Trustees, B-3-88)

530.989

CME Program

The Society shall alter its continuing medical education (CME) program in the following manner: (1) Members may continue to qualify for and receive CME certification by submitting detailed information about CME credits earned in the usual manner; or (2) members may sign a statement which verifies that they have completed/earned 150 hours of CME credits in the previous three years. Those members who sign this statement but do not submit detailed information would not receive a CME certificate but would be allowed to continue their membership in the Society; and (3) any correspondence sent to members relating to the CME program should be over the signature of the physician CME program chair, the President, or the Secretary of the Society. (Board of Trustees, 3-97; revised, H-2007)

530.990

Legal Action on the Request of an Individual

Reaffirmed the policy that PMS not support legal action on the request of an individual member or his counsel unless (1) the legal issue raised has broad implications for the general membership of PMS, and (2) PMS intervention will have a significant likelihood of affecting the outcome for the benefit of physicians generally, this determination to be made by PMS General Counsel; however, the PMS Legal Department may consult with members' lawyers and local trustees and medical societies may involve themselves in legal issues to gain factual understanding. (Board of Trustees, 3-91)

530.991

Demographic Reports on Annual Basis to County Societies

The Board shall provide physician demographic reports on an annual basis to all county societies*; these reports should contain statistical information on young physicians, women physicians, and IMGs by all physicians statewide and by county, by members statewide and by county, and by delegations within the most recent House of Delegates. Further, counties and districts comprising smaller counties should be recognized at future House meetings for their efforts to improve statistical balance within their delegations. (*Small counties, unlike their larger counterparts, will experience difficulty in achieving statistically balanced representation within their small delegations; for this reason, statistical reports for small counties will be generated by district to encourage a balanced representation among all delegations within a district, rather than within an individual county delegation. (Report of Ad Hoc Committee on House Representation, H-97)

530.992

Elected Officials and Conflict of Interest

Candidates for the office of president shall disclose substantial involvement in policy development or as a board member of (a) a health insurer, (b) a governmental agency, or (c) a health care association with significant involvement in legislative matters. This requirement shall not extend to other offices at this time. (Report 18, Board of Trustees, H-97; Report of Speaker, House of Delegates, H-98)

530.993

Numerical Balance between AMA Delegates and Alternates

(1) the Pennsylvania Delegation's Executive Committee retain the flexibility to recommend alternate delegates for elevation to permanent delegate based on a combination of length of service on the delegation; the preferences of the House of Delegates as expressed in preceding elections; elected and appointed positions within the delegation; demographics; particular expertise; and elected or appointed leadership positions within the Society; and (2) these same criteria also apply to temporary appointments. (Report 17, Board of Trustees, H-97; revised, H-2007)

125 - Policy Compendium

- 530.994** **Voluntary Term Limits for Pennsylvania AMA Delegates**
The Society shall establish voluntary term limits for AMA delegates based on the following criteria: Six two-year terms as a delegate (alternate delegate term of service not included). The following categories of delegates shall be excepted from voluntary term limits: (1) a delegate who currently holds AMA office, (2) a delegate who is considered a likely and strong candidate for AMA office, and (3) a delegate who is invaluable in a specific, identifiable way to the delegation. (Report 34, Board of Trustees, H-97)
- 530.995** **Forums**
The House of Delegates authorized the establishment of the following "Forums" to encourage involvement in Society activities of diverse constituent groups (by practice mode and other characteristics): Faculty Physicians Forum, Employed Physicians Forum, Large Group Practice Forum (10+ physicians); Small Group Practice Forum (less than 10 physicians); International Medical Graduates Forum; and Women Physicians Forum. (Report of Ad Hoc Committee on House Representation, H-96)
- 530.996** **Mainstreaming Underrepresented Physician Groups**
The House of Delegates shall identify ways to encourage county medical societies and other delegations within the House to mainstream underrepresented young physicians, international medical graduates, and women physicians into their component societies and delegations. (Report of Ad Hoc Committee on House Representation, H-96)
- 530.997** **Physicians' Health Programs (PHP)**
The Society reaffirms its commitment to serve its colleagues in need through the Physicians' Health Programs (PHP) of The Foundation of the Pennsylvania Medical Society and continue to support the PHP. (Res. 609, H-94)
- The Society supports the Physicians' Health Programs' (PHP) committee's decision to take all necessary steps to preserve the confidentiality of the program; further, the Society continues its ongoing support for the work of the PHP in its efforts to assist Pennsylvania physicians with health problems which potentially could cause impairment. (Res. 205, H-95)
- 530.998** **Ten Year Sunset**
Resolution 89-9 directed that all policies adopted prior to 1981 be reviewed and presented to the House. During 1990 the subject Society policies were reviewed by appropriate councils and the Board, producing a series of recommendations for the House. The intent is that the House will review all policies enacted on their tenth anniversary. Those not renewed by the House, automatically expire. The House acted on these recommendations in 1990. (Res. 9, H-89) (Report L, Board of Trustees, H-90)
- 530.999** **Full Slate of Alternate Delegates**
The Society requires that one fully funded alternate delegate be sent to the AMA for each fully funded delegate. (Res. 41, H-90) (Board of Trustees Report HH, H-90) (Reaffirmed, Report A, Special Committee on AMA Delegation Matters, H-91)

The Society approved the recommendation that attendance requirements at AMA meetings for alternate delegates be changed to permit alternates to attend either the annual meeting or the interim meeting in any year during their first two terms; during this time, however, the alternate is to attend at least two annual meetings and two interim meetings. The decision to attend one meeting or the other, as well as the decision to attend both meetings, will be left to each eligible alternate. This attendance requirement would also apply to all current alternate delegates with less than four years service. At the end of four years of service, an alternate must indicate a commitment to attend both AMA meetings or an inability to meet this commitment by not running for reelection. This requirement is to be reviewed at the end of its fourth year, October 1997. (Report 14, Board of Trustees, H-94)

535.000 PMS: Board of Trustees

535.998 Chair of AMA Delegation Ex Officio Non-Voting Member

The chair of the Pennsylvania Delegation to the AMA shall serve as an ex officio, without vote, member of the Board of Trustees. (Subject 5 of the Official Call, H-99)

535.999 Executive Committee to Act for the Board

Authorized the Executive Committee to act for the Board between meetings; further, that the full Board be notified as quickly as possible of Executive Committee actions or of actions of quick response teams. (Board of Trustees, 9-91)

540.000 PMS: Councils and Committees

540.998 Sunsetting Review of Committees, Commissions, and Work Groups

All committees (with the exception of standing committees), commissions, and work groups shall be subject to a sunsetting review on a yearly basis. This shall be done by the Chair of the Board of Trustees at each September Board meeting, and shall require concurrence by the entire Board at that meeting. (Address of President Elect, H-98)

540.999 Nominations--Councils, Commissions, Committees and Subsidiary Boards

The Society and its subsidiaries were directed to always solicit nominations from the county medical societies whenever they must fill vacancies on any entity, including boards, councils, commissions, and committees; to follow a standard procedure whenever they solicit nominees for any entity, including boards, councils, committees, and commissions; and that this standard procedure include, as a minimum, soliciting nominees from both the district trustees and the presidents of the county medical societies. (Res. 614, H-94)

545.000 PMS: House of Delegates

545.991 Continued Identification of Authors of Resolutions

The Society adopted the policy that the name or names of author(s) and the county medical society or other entity be carried with the resolution, and be a means of identification when presented to the Pennsylvania Medical Society, thus permitting clarification, defense and redefinitions, if needed, from the original author(s). The Society directed its AMA Delegation to examine the possibility of proposing a similar resolution to the AMA that would identify the name(s) of author(s) and county medical society or other entity. (Res. 502, H-2010)

127 - Policy Compendium

545.992

Policy Regarding Authors of Resolutions Referred for Study

Adopted the following policy regarding informing authors of resolutions that are referred for study of the actions taken by the Society regarding their resolution, as recommended by the Executive Committee: 1) following the Annual Business meeting, a memo will be distributed to the Society staff member assigned to the resolution referred for study. The memo will remind the staff that authors should be contacted and provided the opportunity to submit any additional information they believe might be helpful in supporting the intent of the resolution; and further that authors may be invited and encouraged to participate in any study involving their resolutions and 2) when appropriate and feasible staff may invite and encourage authors to participate in the implementation process of resolutions passed by the House. (Board of Trustees, 9/2010)

545.993

Color Coded Name Badge System for PAMPAC Members

The Society adopted a color-coded name badge identification system for the House of Delegates, effective with the 2010 meeting, that clearly distinguishes between delegates and alternate delegates who are current members of PAMPAC and those who are not. As part of the color-coded name badge system, an easy and quick way to join PAMPAC will be made available to all delegates and alternate delegates at the time of registration and throughout the annual meeting. PAMPAC members will have the option to decline the recognition. (Res. 508, H-2009)

545.994

Keeping Resolution Authors Informed

The Society established a policy whereby authors of resolutions referred for study by the House of Delegates may be invited and encouraged to participate in the study and implementation process. (Res. 506, H-2009)

545.995

Time of House of Delegates Meeting

The annual House of Delegates meetings shall continue to be held in October. (Report 14, Board of Trustees, H-96)

545.996

Appendixes to Resolutions

Documents may be appended to resolutions, where necessary, to facilitate the discussion by the reference committees. (Res. 609, H-96)

545.997

Conflict of Interest

The Society adopted the following policy: Members of the Pennsylvania Medical Society House of Delegates who have a substantial financial interest in a commercial enterprise, which interest will be materially affected by a matter before the House of Delegates, must publicly disclose the interest before: (1) testifying at a reference committee on the matter; or (2) speaking on the floor of the House of Delegates on the matter. (Sub. Res. 608, H-95)

545.998

Resolution Fiscal Notes

The Society was directed that with each statement of fiscal impact of a resolution, there be some explanation as to how that figure was derived. (Res. 58, H-93)

The Society adopted the following policy: Resolutions shall be accompanied by a fiscal note generated by the Society staff in consultation with the author, and the Society shall ask the AMA to amend its policy on fiscal notes to incorporate this concept. Any resolution introduced to the Society's House of Delegates shall require Society staff to consult with the author of the resolution in order to be aware of current Society policy on the subject matter of such resolution and whether such policy may render the proposed resolution unnecessary by being substantially duplicative of present policy. When the author of a Society resolution requests that it be forwarded to the AMA House of Delegates, the author shall ask Society staff to consult with AMA staff in order to inform the author whether the proposed

resolution is substantially duplicative of current AMA policy. Further, the staff of the Society and AMA shall examine the feasibility of placing PMS and AMA policies on appropriate media. (Res. 607, H-95)

545.999 Inclusion of Map in Official Reports Book

The Society will include a map of the Commonwealth in future "Official Reports Books" indicating the location and boundaries of each county and the number of physicians in each county as well as the number of delegate positions allotted each county. (Res. 43, H-90)

555.000 PMS: Membership and Dues

555.991 County Presidents' Forum

The Society shall establish a County Presidents' Forum to provide discussion of county membership programs and services which may be adopted by other counties. (Res. 505, H-2003)

555.992 Demonstrating the Value of Membership

The Society shall plan and implement action programs that demonstrate the value of membership on behalf of practicing physicians. (Res. 503, H-98)

555.993 Membership Recruitment

The Society shall redefine its role in the process of recruiting members and provide the necessary support to its constituent county and specialty organizations. The Society is to take more aggressive action in providing each county medical society, specialty society and organized medical staff with current, accurate lists of non-members and a strong encouragement to work together in involving all members in making their societies stronger. These lists of non-members shall be widely circulated so that each physician who is identified as a recruitment candidate will be approached by several current members. (Res. 502, 11-98)

555.994 Individual Member Recruitment Efforts

The Society shall establish a mechanism to track individual recruitment efforts, and the recruitment efforts of individual members shall be regularly published in information reports to the entire Society membership. (Res. 613, 11-96)

555.995 Medical Student Dues

Dues for medical students in Pennsylvania shall be \$0; further, medical students shall have full access to Society services. (Ad Hoc Committee on House Representation, 11-96; revised, H-2006)

555.996 Elimination of Mandatory AMA Membership Requirement

The Society eliminated the mandatory membership requirement in the AMA for Society members. (Subject 4, Official Call, and Recommendation 1 of the President, H-95)

The Society continues to urge physicians to join the AMA on a voluntary basis. (Res. 101, 11-95)

129 - Policy Compendium

555.997 **Graduated Dues Discount**

The Society was directed to instruct all counties to comply with the young physician graduated dues program implemented in 1994 by the Pennsylvania Medical Society House of Delegates beginning at the time of the inception of the 1996 dues billing cycle; further, that should county societies not fulfill the Bylaws requirement, the Board of Trustees consider implementation of Chapter II, Section 3 of the Pennsylvania Medical Society Bylaws. (Sub. Res. 610, H-95)

555.998 **Osteopathic Physician Members**

The Society affirms its policy that osteopathic physician members must belong both to the State Society and county medical societies. (Report 2, Board of Trustees, 11-95)

555.999 **Elimination of Society Membership Requirement for PMSLIC Insurance**

The Society eliminated the membership requirement in order to be insured by PMSLIC, and approved the payment of dividends by PMSLIC to PennMed. (Report 28, Board of Trustees, H-95)

565.000 **PMS: Political Action**

565.997 **Anti-Health Care Legislators**

The Society strongly requests the PAMPAC Board to initiate a collaboration with all other legitimate medical society political action committees in Pennsylvania to concentrate their political efforts to unseat state legislators who have played a significant role in blocking meaningful tort reform in the next election cycle of 2006. (Res. 418, H-2004)

565.998 **Evaluation of Judicial Candidates**

The Society was directed to actively involve itself and its members in judicial elections starting immediately, and without major reliance on other entities. (Res. 405, H-2000)

565.999 **Membership in PAMPAC**

The Society adopted as a priority membership in PAMPAC for all PMS members. The Society strongly encourages all PMS members in a leadership position, including those who are delegates and alternate delegates to the PMS House or to the AMA House, council chairs and members, PMS Board members and officers, and all county society officers to become PAMPAC members. (Res. 3, H-93)

INDEX

Abortion

- Abortion, 1
- Testifying Before State Legislature, 1

Accident Prevention

- Driving and Cell Phones, 1
- Farm Machine Injury Prevention for Low-Income Farmers, 1
- Motorcycle Helmet Law, 1
- Protective Head Gear for Equestrian Events, 1

Accident Prevention – Motor Vehicles

- Automobile Accidents with Tractor Trailers, 2
- Improve Pennsylvania's Safety Belt Law, 2
- Improving Pennsylvania's Child Occupant Protection Law, 2
- Mandatory Drivers' License Reexamination for Senior Citizens, 2
- Mandatory Seat Belt Laws, 2
- Mandatory Use of Seat Belts, 2
- Regulatory Reporting Requirement under Motor Vehicle Law, 2

Acquired Immunodeficiency Syndrome (AIDS)

- Accidental Exposure, 3
- Act 148 of 1990, 4
- Action by the Medical Society, 4
- Certification of Significant Exposure, 6
- Contact Reporting Immunity for Physicians, 6
- Government Funding, 4
- HIV Education, 3
- HIV Positives Reported to Public Health Officials, 5
- HIV Reporting, 5
- HIV/AIDS Patients Who Purposely Threaten Others, 5
- Individual Physician Behavior toward HIV Infected Patients, 4
- Mandatory HIV Testing, 4
- Mandatory Reporting of HIV Infection, 5
- Patient Counseling, 3
- Physician with AIDS to Consult with Colleagues, 5
- Reporting to Department of Health, 5
- Student/Resident Exposure to Blood-Borne Pathogens, 5
- Unrestricted Testing, 3
- Voluntary Testing, 3
- Written Consent Requirements, 3

Aging

- Adult Day Care Centers, 6
- Physician Membership in AARP, 6

Alcohol and Alcoholism

- Blood Alcohol Concentration, 6
- Community Hospitals Meet Needs, 7
- Identification and Rehabilitation of Drunk Drivers, 7
- Underage Drinking and Strict Enforcement of DUI, 6

Allied Health Professions

- Advertising by Non-Physician Health Care Providers, 8
- Department of Transportation Physical Examinations by Chiropractors, 8
- Direct Reimbursement of Nurse Anesthetists, 9
- Licensure Status for Physician Assistants, 8

- Limited Licensed Practitioners, 8
- Oppose Primary Eye Care by Optometrists, 9
- PA Chapter, American Association of Medical Assistants, 9
- PA Society of American Association of Medical Assistants, 9
- Physician Delegation Regulations, 8
- Physician Non-Physician Relationships, 9
- Restrictions of Medical Use of Lasers, 8
- Scope of Practice of Dentistry, 8
- Scope of Practice Reform, 8
- Scope of Psychological Practice in the Hospital Setting, 9
- Store-Based Health Clinics in Pennsylvania, 7
- Supporting the Need for Physician Oversight, 7

Cancer

- Colorectal Cancer Surveillance, 10
- Screening for Early Lung Cancer, 9

Children and Youth

- Cost and Availability of Immunization, 10
- Health Passport, 10
- More Stringent Vaccinations, 10
- Periodic Preventive Health Exams for Children and Adolescents, 10
- Use of FDA Approved Adult Medications in Pediatric Care, 10

Civil and Human Rights

- Limited English Proficiency Policy Guidance Document, 10

Coding and Nomenclature

- Billing Modifiers, 11
- CPT Code Modifiers, 11
- Explanation of Payments by Health Insurers, 11
- Multiple Procedure Modifier Reimbursement, 11
- Revision of Evaluation and Management Codes, 11
- Uniform Disease and Procedural Coding, 11

Crime

- Confidentiality of Rape Counselors' Files, 12
- Sexual Harassment, 11

Death

- Advance Directives, 12
- Death Certificate Guidelines, 13
- Euthanasia, 13
- Financial Incentives for Autopsies, 12
- Hospice Programs, 13
- Medical Examiner System, 13
- Medical Examiner System in Allegheny County, 12
- Pronouncement of Death in Nursing Homes, 13
- Right to Die Legislation, 12

131 - Policy Compendium

Drug Abuse

- Access to Treatment for Addiction, 14
- Decriminalization of Illicit Drugs, 15
- Education on Overdose Prevention/Naloxone Prescribing, 13
- Prescription Drug Monitoring Legislation, 14
- Provision of Clean Needles/Syringes to Drug Addicts, 14
- Use of Medical Marijuana, 14

Drugs

- Appropriate Unused Medication Disposal, 15
- Establishment of a Registry for Clozapine Users with Benign Ethnic Neutropenia, 16
- Safe Disposal of Prescription and Over-the-Counter Drugs, 15
- Use of Anorexiant for Treatment of Obesity, 16
- Use of Drug Enforcement Agency (DEA) Numbers, 16

Drugs - Cost

- Costs for Prescriptions, 17
- Pharmacy Benefit Plans, 17
- Physician Education on Pharmacy Benefits, 17

Drugs – Labeling and Packaging

- Consistent Prescription Medication Outdating, 17
- Expiration Date of Prescriptions, 17
- Prescription Drug Expiration Dates, 17

Drugs – Prescribing and Dispensing

- Pennsylvania Prescription Drug Monitoring Data Base, 18
- Pharmaceutical Companies' Access to Physician Prescribing, 18
- Pharmaceuticals Administered by Physician Practices, 18
- Prepaid Prescription Plans and Unsound Medical Practices, 19
- Prescription Drugs for Indigent Patients, 19
- Prescription Pad Theft, 18
- Safe and Appropriate Medication Dosages for Geriatric Patients, 18
- Use of FDA Approved Drug Product/Medical Device, 18

Drugs - Substitution

- Changes in Medications Ordered by Physicians, 20
- Changes in Medications Prescribed by Physicians, 20
- Coverage for All Dosage Strengths in Formulary . Approved Products, 20
- Enforcement of the Drug Substitution Law, 20
- Information on Generic Drugs, 20
- Informed Substitution of Anticonvulsant Drugs, 19
- Non-Generic Drugs, 20
- Pharmacy Benefits and Prescription Changes, 20
- Pharmacy Scope of Practice, 19
- Substitution of Foreign-Made Generic Medications by U.S. Pharmacies, 19

Emergency Medical Services

- Bioterrorism, 21
- Care Delivered by On-Call Physicians, 21
- Prudent Layperson Definition of an Emergency, 21
- Utilizing Emergency Department to Connect Victims of Violence to Community Resources, 21

Environmental Health

Acid Rain, 23

- Acid Rain Policy Adopted, 22
- Air Pollution, 23, 24
- Future Policies on Environmental Issues, 23
- Pesticide-Herbicide Toxicity Education, 23
- Pesticides and Herbicides, 23
- Radon Policy, 22

Ethics

- Confidentiality of Genetic Testing, 24
- Joint Venture Contracts, 25
- Non-compete Clauses in Physician Contracts, 24
- Physician Advertising, 24
- Restrictive Covenants in Medicine, 24
- Treatment of Chronic Pain, 24

Firearms – Safety and Regulation

- Firearms Safety Programs for Children, 25
- Health Consequences of Firearms, 25
- Promotion of Firearms Safety, 25

Health Care Costs

- Cost of Disposable Equipment, 26
- Costs of Highmark Automatic Audits, 26
- Health Insurance Company Comparatives, 25
- Pennsylvania Health Care Cost Containment Council, 26
- Release of Raw Data by HC-4, 26
- Reporting of Advertising Expenditures, 26
- Tax Exemption of Health Care Expenses, 26

Health Care Delivery

- Acceptable Standards of Treatment for Specific Disease Entities, 27
- Access to Care in Rural Pennsylvania, 27
- Access to Health Care, 27
- Access to Quality Medical Care, 29
- Blues on Call Program, 29
- Choice of Physicians vs. Non-physicians in Managed Care, 31
- Competition, 31
- Corporate Practice of Medicine Doctrine, 27
- Endorsement of Programs Which Improve Access to Health Care for the Uninsured and Underinsured, 26
- Health Care Case Management, 31
- Health Care Delivery Models, 29
- Health Care Services to the Underserved, 27
- Highmark Quality Reporting Initiative, Fall 2007, 27
- Preserving Physician/Patient Relationship, 30
- Prioritization of Health Care Resources, 30
- Public Education, Importance of Continuity of Care by Personal Physician, 29
- Reporting Forms, 26
- Sharing of Patient Health Information, 27
- Society Voluntary Indigent Health Plan, 30
- Support for Multiple Approaches to Delivery and Financing, 30
- Third Party Interference with Patient Management, 29
- Timely, Humane Care for the Medically Indigent, 29

Health Frauds

- Hypnosis, 37

Health Insurance

- Appropriate Reimbursement for Professional Services, 37
- Blue Cross/Blue Shield Tax Status, 39
- Children's Health Care Act, 38
- Consumers on the Blue Shield Board, 39
- Diversion of Insurance Premiums, 39
- Due Process in Contracts between Physician and Hospital, 38
- Inclusion of Medical Necessity Clause in Health Insurance, 39
- Insurance Company Reminders of Appropriateness of Care, 37
- Participation by Physicians in Health Insurance Programs, 38
- Payment Delays for Physicians' Services, 38
- Physician Qualification for Insurer Programs, 39
- Proper Payment under Assignment of Benefits, 37
- Regulatory Oversight of the Blues, 38
- Reimbursement for Services Related to Obesity Diagnosis, 37
- Reimbursement for Services Related to Tobacco Abuse Diagnosis, 38
- Remove Special Status of Blue Shield and Blue Cross, 39
- Unbundling and Discounting, 39
- Unilateral Changes in Reimbursement Guidelines, 38
- Universal Physician/Insurance Carrier Credentialing, 38

Health Insurance – Benefits and Coverage

- Abnormal Pap Smears for Uninsured Women, 42
- Access to Affordable Health Insurance, 40
- Automatic Processing of Major Medical Claims, 44
- Availability of Insurance Coverage Information to Patients, 42
- Child Health Insurance, 45
- Contraceptive Coverage, 28
- Coverage for Outpatient Pre-operative Consultations, 44
- Denial of Care, 44
- Denials by Insurers, 43
- Department of Public Welfare--Explanation of Medical Benefits, 44
- Diagnostic Imaging Tests by Insurers, 42
- Differences in Restrictive Formularies, 41
- Disclosure of Health Care Benefits by Insurers, 41
- Emergency Room Precertification, 44
- Employer Medical Coverage, 42
- Establishment of Payments for the Management of Chronic Medical Conditions, 40
- Evidence-based Guidelines for Reimbursement for Medical Necessity Decisions, 40
- Health Care Coverage for Uninsured and Underinsured, 41
- Insurance Coverage for Non-Sedating Antihistamines, 41
- Legality of Fining Physicians, 40
- Maintenance Medications, 40
- Medical Savings Accounts, 42
- Modification of Waiver of ERISA, 44
- Non-Sedating Antihistamines, 41
- Obesity as a Treatable Disorder, 41

- Physician Phone Appeals for Denied Procedures, 41
- Precertification Process, 44
- Psychiatric Insurance Benefit Carve-Outs, 44
- Reimbursement for HPV Vaccination, 40
- Timing of Screening Examinations, 42
- Use of Oral Contraceptives in Non-Contraceptive Medical Conditions, 42

Health Insurance – Claims Forms and Claims

Processing

- Electronic Billing, 46
- Electronic Explanation of Benefits, 45
- Laboratory Panels, 45
- Patient Confidentiality by Third Party Payers, 45
- Release of Medical Record Information to Third Party Payers, 45
- Standard Claims Processing Form, 45

Health Maintenance Organizations

- HMO Advertising, 46
- Involuntary Assignment to HMO Panels, 46
- Unfair Business Practice Regarding Inpatient Care, 46

Health System Reform

- Access to Quality Health Care, 34
- Anti-Trust Exemptions for Insurance Companies, 34
- Any Willing Facility, 36
- Any Willing Provider, 37
- Conversions of Non-Profit Health Care Entities, 34
- Development of General Health Care Plan Policy, 36
- ERISA Limitations on Utilization Review Accountability, 35
- ERISA Limitations on Utilization Review Accountability and Physician Liability, 35
- For-Profit Conversions of Health Care Organizations, 34
- Health Care Affordability Act of 2010, 32
- Health System Reform, 37
- Managed Competition, 36
- National Health Insurance Pilot Program, 34
- Patient Access to Specialty Care in Managed Care Systems, 36
- Pennsylvania Medical Society's Guiding Principles of Health System Reform, 33
- Safeguards for Physicians in Health Care Plans, 35

Health Workforce

- Enlisting Physicians to Practice in Underserved Areas, 47
- Improving the Medical Practice Climate in Pennsylvania, 46
- Physician Population in Pennsylvania, 47
- Society Support for Family Practice, 47
- Training of Family Physicians a Concern of Medicine, 47

Home Health Services

- Medicare Physician Reimbursement for Home Health Visits, 47

Hospitals

- Alleviation of Hospital Overcrowding, 47
- Optimizing Hospital and Emergency Department Patient Flow, 48
- Pennsylvania Act 13 of 2002 (Mcare Act) Enforcement, 48

Hospitals – Medical Staff

- Control of Medical Staff Funds, 51
- County Society Forum for Presidents of Medical Staffs, 51
- Doctors on Governing Boards, 51
- Due Process Rights, 51
- Hospital Imposed Exclusivity Restrictions for Medical Staff Members, 48
- Medical Executive Committee Investigation, 51
- Medical Staff Development Plans, 48
- Model Medical Staff Code of Conduct, 49
- PA Department of Health Position on Verbal Order Regulations, 49
- Review of Hospital Bylaws by Executive Committee, 51

Hospitals – Medical Staff – Credentialing and Privileges

- Criteria for Hospital Medical Staff Credentialing, 52
- Economic Credentialing, 53
- Effect of Changes in Hospital Character Upon Medical Staff Credentialing, 52
- Exclusive Contracts, 53
- Linkage of Academic Privileges and Hospital Privileges, 52
- Protocol for Hospital Medical Staff Credentials Files, 53
- Selective Contracting, 52
- Unfair Discrimination in Medical Staff Application/Selection Process, 52

Hospitals – Medical Staff – Organization

- Explicit Medical Staff Bylaws, 55
- Medical Staff Bylaws, 55
- Medical Staff Self-Governance, 54, 55
- Medical Staff Self-Governance and Independence, 53
- Medical Staffs Participate in Hospital Governance, 55
- Non-Interference in Hospital Medical Staff Elections, 54
- Physician Review of Medical Staff Activities, 54
- Right to Meet in Executive Session, 54
- Satellite Staff Become Members of Parent Staff, 54
- The Role of the Hospital Medical Director, 54

Hospitals – Reimbursement

- Medicare's Ambulance Service Regulations, 56

International Medical Graduates

- Clinical Clerkships, 56
- Discrimination Against International Medical Graduates, 56
- State Regulations on Moonlighting Privileges for IMGs, 56

Laboratories

- Alpha Fetoprotein Testing, 57
- Pennsylvania State Laboratory Regulations, 56
- Physicians' Office Laboratories, 57
- Resident Education in Laboratory Utilization, 57
- Specimen Handling Fee, 57
- Testing by Nonmedical Organizations, 57

Legislation and Regulation

- Advanced Cardiac Life Support Training for Nurses, 58
- Assaults on Physicians, Health Care Providers or Their Staff, 57
- Equal Taxation for Hospital Clinics, 59
- Generics, Compulsory, 59
- Immunity for Obeying State Reporting Requirements, 59
- Licensing of Physicians Engaged in Practice of Utilization Review, 58
- Licensure of Mobile LASIK Surgical Centers, 58
- Mobile Field Tests, 58
- Occupational Tax Assessment in Commonwealth of Pennsylvania, 58
- Opposition to Taxation of School Tuition, 57
- PA Health Law Desk Reference, 58
- Pennsylvania Secretary of Health, 58
- Physician Referral and Interpretation, 59
- Provider-Specific Taxes, 58
- Quality Health Care Accountability and Protection Act, 58
- Support for Breastfeeding, 57
- Tanning Parlors, 57

Licensure and Discipline

- Competency only Criteria for Licensure, 62
- Competency Sole Criteria for Licensing, 62
- Definition of Medical Practice, 60
- Discrepancies between Medical and Osteopathic Practice Acts, 61
- Guidelines for Act 66, 61
- Improve Operations of the State Board of Medicine, 61
- License Suspension of Impaired Physicians, 61
- Locum Tenens Physicians, 59
- Medical Practice Act, 59
- Pennsylvania State Board of Medicine/Department of State – Physician Notification of Complaints, 59
- Practice of Medicine Remain Under State Board of Medicine, 60
- Provision of Forensic Medical Services, 60
- State Licensure of Office Operating Room Facilities, 60
- Truth-in-Government Request to Bureau of Professional and Occupational Affairs, 59

Long Term Care

- Long Term Care Patient Co-Pays, 62
- Mandated Laboratory Testing of Nursing Home Patients, 62
- Mandated Unnecessary Care for Group Home Residents, 62
- Mandatory Offering of Pneumococcal Vaccinations, 62

Managed Care

- Admitting Officer/Hospitalist Programs, 65
- Any Willing Provider Provisions and Laws, 67
- Approaches to Increase Payor Accountability, 68
- Assisting Physicians in Obtaining Copies of their Annual Contracts, 66
- Conflicting Issues in Managed Care Contracts, 69
- Contingent Residency Completion Certificates, 64
- Contract Negotiations with Third Party Payers, 63
- Drug Formularies for Patients in Managed Care, 63
- Educating Physicians on Coping with the Realities of Care, 66**

- Entities Representing Themselves as Multi-State Networks, 67
- Managed Care, 70
- Managed Care Organization Reimbursement Formulas, 65, 67
- Managed Care Organization Termination of Participation, 67
- Managed Care Plans' Patients' Acceptance Requirement, 72
- Mandatory Use of Hospitalists, 65
- Medicaid Managed Care, 72
- Medicare HMO Reviews, 63
- Model Contract, 63
- Most Favored Nation, 67
- National Committee for Quality Assurance Standards and Physician Credentials, 64
- Not for Cause Termination of Physician Contracts, 66
- Physician Credentialing, 63
- Policies Excluding Part-Time Physicians, 67
- Primary and Consultative Care/Physician Credentialing, 66
- Problems with Managed Care Organizations and the Consequences, 64
- Qualification Guidelines for Managed Care Medical Directors, 69
- Qualifications/Credentials of Physicians Involved in Managed Care, 67
- Reimbursement Prior to Completing Credentialing Process, 63
- Self-Deselection, 66
- Statewide Managed Care Legislation, 65
- Sufficient Opinions, 72
- Surgical Pathology in Managed Care, 65
- Termination without Cause Contract Provisions, 66
- Third Party Carrier Notification of Subscribers, 66
- Third-Party Payer Responsibility to Patients, 65
- Timeliness of Credentialing by Managed Care Organizations, 65
- Utilization Review in Global Contracts, 66
- Vertical Divestiture in the Health Care System, 72
- Medicaid**
 - Access to Care for Medical/Surgical Subspecialty, 73
 - Adequate Reimbursement for Cervical Cancer Screening, 73
 - Adequately Fund, 74
 - Copayment Plan, 74
 - Domiciliary Facilities for DPW Patients, 74
 - Early Periodic Screening Diagnosis and Treatment Program, 74
 - Low Physician Fee Schedule Deters Physician Participation, 74
 - Medical Assistance Compensation, 73
 - Parity Between Outpatient Departments and Physicians' Offices, 74
 - Physician Reimbursement, 73
 - Private Sector Administration of Medicaid, 73
 - Provision of Free or Low-Cost Care, 73
 - Reimbursement for High-Risk Deliveries, 73
 - Reimbursement for Observation Care for Pennsylvania Medicaid Patients, 73
 - Unreasonable Medicaid Hospital Denials, 73
- Medical Education**
 - Health Care Coverage to All Medical Professionals-in-Training, 75
 - Maintaining Resident Education and Training, 74
 - Placement of Medical Students, Residents, and Fellows, 75
 - USMLE Clinical Skills Assessment Examination, 75
- Medical Education – Financing and Support**
 - Augment Student Loan Program, 76
 - Loan Forgiveness, 76
 - State Funding of Medical Education and Training, 75
 - State Legislature Financial Support, 76
 - Support for Financial Aid, 75
- Medical Education – Graduate**
 - Accreditation of Graduate Medical Education Programs, 76
 - National Residency Match Program Class-Action Lawsuit, 76
 - Parity for International Medical Graduates, 76
 - Resident Physician Working Hours, 77
- Medical Records**
 - Electronic Medical Records, 77
 - Limiting Access to Medical Records, 78
 - Mandatory Acceptance of Electronic Medical Record Hold Harmless and Indemnification Clauses, 77
 - Secure Access to Medical Records of Veteran's Administration and Military Service-Related Patients, 77
 - Time Frame for Release of Medical Records, 77
- Medical Review**
 - Independent Review of Third Party Payors, 78
 - Physician Oversight, 78
 - Second Opinions, 78
- Medicare**
 - Clinic Patients Need Personal Doctor, 82
 - Delay of Implementation of E&M Codes, 80
 - Diagnostic Testing on Medicare Patients, 79
 - Direct Payment to Physicians in all Cases of Assignment, 81
 - Documentation Guidelines for E&M Services, 79
 - Fair Practice in the Medicare Audit Process, 78
 - Marketing of Durable Medical Equipment, 81
 - Medicare Home Health Benefits, 81
 - Medicare PQRI Appeals and Feedback Reporting, 79
 - Medicare Prepayment and Postpayment Audits, 80
 - Physicians Remain Patient Advocates, 81
 - Reimbursement for Concurrent Care, 81
 - Unassigned Medicare Patients in Hospital Clinics, 81
 - United States Pharmacopoeia Proposed Model Guidelines, 79

135 - Policy Compendium

Medicare – Carrier Review

- Centers for Medicare and Medicaid Services Oversight of Carriers, 82
- Medicare and Insurer Codes, 82

Medicare – PRO

- Non-Coverage to Medicare Members Discharged from Hospital, 82

Mental Health

- Director of Psychiatric Services in General Hospitals, 83
- Health Insurance Coverage of Psychiatric Illness, 83
- Improving Mental Health Services in Primary Care, 82
- Physician Director of Psychiatric Treatment Team, 83
- Physician Responsibility for Psychiatric Treatment, 83
- Physician Staff of State Hospitals, 83
- Psychiatric Illness Health Coverage, 83

Minorities

- Ethnic and Gender Diversity, 85
- Healthy Living in Ethnic Communities, 85
- Minority Medical School Admissions, 85
- Standardization of Refugee Health Care, 84
- Statement of Principles for Cultural Competency, 84

Nurses and Nursing

- Nursing and Nursing Education, 86
- Reopen Diploma Schools of Nursing, 86
- Support for All Levels of Nursing, 85
- Support Practical Nursing, 86

Organ Donation and Transplantation

- Education of Physicians on Donor Programs and Law, 88
- Feasibility of Utilizing HIV Positive Donors, 87
- Organ Donation, 87
- Presumed Consent for Organ Donation, 87

Peer Review

- Out-of-State PRO Contracts by KePRO, 88
- Peer Review, 88
- Procedural Safeguards, 88
- Protecting Physicians' Rights to Advocate for Quality Patient Care, 88
- Reimbursement for Peer Review, 88
- Statewide Peer Review System, 88

Physician Fees

- Physician's Role and Billing Policy, 90

Physician Payment

- Accuracy of Coding, 91
- Adequate Reimbursement for Medical Services in Accidents, 94
- Americans with Disabilities Act, 93
- Anti-Trust Exemption for Physicians, 92
- Automobile Insurance Reform Act (Act 6), 95
- Blue Shield Provider Agreements, 94
- Blue Shield/Blue Cross Cooperation, 95
- Collective Negotiating with Third Party Payers, 93
- Contact Capitation, 92
- Emergency Short Stay Procedure Reimbursement Category, 90
- Fair Reimbursement for Physicians, 91
- Fair Valuation of Physicians' Services, 91
- Fee Schedules, 93
- Fragmentation of Professional Fees, 94

- HMO Establishment of All-Inclusive Reimbursement, 93
- Hospital Observation Services, 94

- Managed Care Organization Reimbursement Formulas, 93

- Mandating Availability of Fee-for-Service Health Insurance, 92

- Mandatory Acceptance of All Insurance Company Products, 93

- Market Dominance by Health Insurance Companies, 91
- Payment for Technical and/or Facility Fees, 94

- Physician Participation in Third Party Plans, Voluntary, 94

- Physician Review of Billings and Remittances Made on their Behalf, 93

- Published Reimbursement Schedules by Private Insurers, 91

- Reimbursement for Cognitive Services, 94

- Reimbursement for Extended Time for Patient Care, 90

- Reimbursement for Immunizations, 90

- Reimbursement for Mental Health Care, 90

- Reimbursement Hot Line, 92

- Reimbursement to Physicians/Other Health Care Providers, 92

- Retrospective Reimbursement Refund Policy, 92

- Telephone and Electronic Consultations, 90

- Telephone Services, 94

- Third Party Payer Overpayments, 91

- Third Party Reimbursement for Services Rendered by Physician, 93

- Under Fair Market Reimbursement, 92

- Uniformity for Insurance Documentation, 92

- Workers' Compensation Reform, 94

Physician Payment - Medicare

- Active Opposition to DRGs, 95

- Oppose Physician DRGs, 96

- Prompt Payment of Medicare Managed Care Insured Claims, 95

- Prospective Payment System and DRGs for Physicians, 95

- Urgent Action to Prevent Medicare Cuts, 95

Physician Payment - RBRVS

- Inappropriate Use of Hsaio RBRVS by Third Party Payers, 96

- RBRVS Nursing Home Reimbursement, 96

- Resource Based Relative Value Scale (RBRVS), 96

Physicians

- Immunity for Employers Providing References, 96

- Physician Information on the Internet, 97

- Primary and Consultative Care, 97

- Protecting Patient's Right to Know Who is Treating The, 96

- Use of Term, Provider, 96

PMS - Administration and Organization

- CME Program, 124
- Commercial Agreements, 121
- Demographic Reports on Annual Basis to County Societies, 124
- Elected Officials and Conflict of Interest, 124
- Forums, 125
- Free Choice to Nominate Individuals, 123
- Full Slate of Alternate Delegates, 125
- Grassroots Advocacy Network, 119
- Legal Action on the Request of an Individual, 124
- Mainstreaming Underrepresented Physician Groups, 125
- Nonmembers
 - Price for Society Products/Services, 123
- Numerical Balance between AMA Delegates and Alternates, 124
- Pennsylvania** Delegation Membership for AMA Speaker/Vice Speaker, 119
- Physician Referral Directory, 123
- Physicians' Health Programs (PHP), 125
- PMSLIC Sale, 120
- Preserving the Institute for Good Medicine, 119
- Reporting of DUIs to Physicians' Health Programs, 119
- Society's Group Health Association Plan, 120
- Ten Year Sunset, 125
- Tobacco Company Stock, 123
- Voluntary Term Limits for Pennsylvania AMA Delegates, 125

PMS - Board of Trustees

- Chair of AMA Delegates Ex Officio Non-Voting Member, 126
- Executive Committee to Act for the Board, 126

PMS - Councils and Committees

- Nominations--Councils, Commissions, Committees and Subsidiary Boards, 126
- Sunsetting Review of Committees, Commissions, and Work Groups, 126

PMS - House of Delegates

- Appendixes to Resolutions, 127
- Color Coded Name Badge System for PAMPAC Members, 127
- Conflict of Interest, 127
- Continued Identification of Authors of Resolutions, 126
- Inclusion of Map in Official Reports Book, 128
- Keeping Resolution Authors Informed, 127
- Policy Regarding Authors of Resolutions Referred for Study, 127
- Resolution Fiscal Notes, 127
- Time of House of Delegates Meeting, 127

PMS – Membership and Dues

- County Presidents' Forum, 128
- Demonstrating the Value of Membership, 128
- Elimination of Mandatory AMA Membership Requirement, 128
- Elimination of Society Membership Requirement for PMSLIC Insurance, 129
- Graduated Dues Discount, 129
- Individual Member Recruitment Efforts, 128
- Medical Student Dues, 128

- Membership Recruitment, 128
- Osteopathic Physician Members, 129

PMS – Political Action

- Anti-Health Care Legislators, 129
- Evaluation of Judicial Candidates, 129
- Membership in PAMPAC, 129

Preventive Medicine

- Education, Treatment and Care of Stroke, 97

Prisons

- Prison Health Care, 97

Professional Liability

- Abolishment of the CAT Fund, 104
- Apology Rule, 99
- CAT Fund Premium and Surcharge, 104
- Civil Rights Litigation Against Physicians, 102
- Clarification of Certificate of Merit Rule, 98
- Collateral Benefits Reform, 105
- Continued Tort Reform Efforts, 100
- Coordination of Insurance and Tort Reform Efforts, 100
- Countersuits to Discourage Frivolous Lawsuit Abuse, 99
- Countersuits/Non-Meritorious Lawsuits, 98
- Delinkage of Medical Liability Insurance to Physician Licensure, 98
- ERISA Malpractice Protection, 102
- Expert Witness Testimony, 99
- Fall 2002 Liability Action Plan, 100
- Immunity from Professional Liability Tort for Volunteer Services, 100
- Lawsuit Abuse Reform Act, 102
- Liability Protection for All Uncompensated Care, 98
- Limitation on Awards, Ban Awards for Pain and Suffering, 104
- Malpractice Insurance for Retired Physicians, 104
- Mcare Fund, 98
- Mcare Fund Constitutionality Vote, 98
- Meaningful Tort Reform, 103
- Medical Liability Insurance Company Qualifications Standards Reform, 102
- Medical Liability Premiums, 100
- More Equitable Rate Structure, 104
- Out of State Practice of Medicine, 103
- Physician Practice Rights, 104
- Physician Volunteers, 98
- Physicians Volunteering Services, 102
- Privatization of the Malpractice Insurance System, 103
- Publication of Malpractice Data, 102
- Refund of Mcare Funds Paid for 2003, 100
- Sovereign Immunity for Physicians Providing Emergency Care, 99
- Standards for Lawyers Practicing in Pennsylvania, 99
- Tort Reform a High Priority, 104
- Tort Reform Top Priority, 104
- Tort Reform/CAT Fund Reform 10-Point Action Plan, 103

Public Health

- Access to Maternal and Child Health Care, 109
- Air Pollution Caused by Diesel Trucks, 105
- Antibiotic Resistance Surveillance Network, 109
- Asthma Inhaler Use in School, 107
- Diabetes Awareness, 105
- Diesel Exhaust Emissions, 108
- Disclosure of Digitally Altered Advertisements, 105
- Elimination of Stigma Associated with Suicidal Behavior, 107
- Establishment of Immunization Program in all Pennsylvania Colleges and Universities, 108
- Existing and Future Patient Safety Systems, 107
- Guidelines for Health Education in Pennsylvania, 109
- Health Impact of High Fructose Syrup, 105
- Healthy Choices in Hospital Cafeterias, 105
- Healthy Living Initiatives, 106
- Hypertension, 109
- Influenza Vaccine Shortage, 106
- Legal Protection, Mass Immunization, 109
- Obesity Awareness, 106
- Patient Concerns and Interests, 107
- Physical Activity Standard for Children, 106
- Pregnancy Risk Assessment Monitoring System, 107
- Promotion of HPV Vaccine, 105
- Public Cord Blood Donations, 105
- Rabies Prophylaxis, 109
- Regulation of Tattooing and Body Piercing, 108
- Replacement of Powdered Latex Gloves, 108
- Safe Treatment of Head Lice Infestation, 105
- Standards for Blood Donors, 108
- Suicide Prevention, 108
- Support of Suicide Prevention Efforts, 107
- Unwanted Pregnancies, 109

Public Relations

- Community Committees, 110
- Public Education Materials in Physicians' Offices, 110

Quality of Care

- Equal Treatment for Public and Private Sectors, 111
- Interference with Professional Judgment of Physician, 111
- National Committee on Quality Assurance Survey of Plans, 110
- Physician Involvement in Healthcare Quality Issues, 110
- Practice Parameters, 111
- Release of Practice Specific Information, 110

Radiation and Radiology

- Safety Guidelines for Mammography Endorsed, 111

Research

- Human Stem Cell Research, 111
- Use of Animals in Research, 111

Sports and Physical Fitness

- Certified Trainers in School Programs, 112
- Scholastic Coaches, 112

Surgery

- Definition of Surgery, 112
- Surgical Assistants, 112

Technology

- Electromyography as the Practice of Medicine, 112
- Improving Medical Practice through Information Availability, 114
- Information Technology Assistance for Members' Practices, 113
- Telemedicine, 114
- Telemedicine/Telehealth, 113

Tobacco

- Anti-Tobacco Ordinances, 116
- Ban Distribution of Cigarettes and Smokeless Tobacco, 116
- Ban on Smoking in Hospitals, 116
- Cigar Smoking/Chewing Tobacco, 114
- Reclassification of Tobacco as a Prescription Drug, 116
- Report of Advisory Committee on Tobacco Policy and Public Health, 114
- Smoking Cessation, 114
- Statewide Tobacco Legislation Regarding Minors, 114
- Tobacco and Smoking, 116
- Tobacco Related Legislation, 116

Tobacco – Labeling and Warnings

- Physicians as Role Models, 117
- Reimbursement to Physicians and Psychologists who Provide Smoking Cessation, 117
- Smoking, 116
- Smoking Cessation, 116

Tobacco – Marketing and Promotion

- Banning Tobacco Advertising from Physicians' Offices, 117
- Objections to Glamorizing Use of Tobacco Products, 117
- PMS Magazine Program, 117
- Total Ban on Tobacco Advertising, 117

Tobacco – Prohibitions on Sale and Use

- Ban Smoking in Public Places and Workplaces, 117
- Legislation to Eliminate Smoking in Public Places, 118
- Sale of Cigarettes in Pharmacies, 118

War

- De-alerting/Abolition of Nuclear Weapons, 118
- Persian Gulf War Veterans, 118
- Vietnam Women's Memorial, 119