2017 PROPOSED AMENDMENT TO THE BYLAWS: SUBJECT ONE

SUBJECT ONE—MEMBERSHIP: ADMISSION TO MEMBERSHIP
The following proposed revision to the Bylaws suggests that language be added to exempt physicians and medical students from component society membership if they neither live, nor work, nor have a hospital affiliation in Pennsylvania. The rationale for this proposed amendment is that component society benefits are not utilized by out-of-state physicians.

Chapter I, Section 2—Membership: Admission to Membership
To be a member of this Society, a physician must be a member of a component society; honorary members, and physicians and medical students who neither live, nor work, nor have a hospital affiliation in Pennsylvania, are not required to do so. The term physician means a person who has received formal and recognized training in the art and science of medicine and is qualified to acquire an unlimited license to practice medicine and surgery in the Commonwealth of Pennsylvania.
2017 PROPOSED AMENDMENT TO THE BYLAWS: SUBJECT TWO

SUBJECT TWO—MEMBERSHIP: MEMBERSHIP CATEGORIES, ADMINISTRATIVE MEMBERS

The following proposed amendment to the Bylaws suggests that language be added stating that a medical staff coordinator is not exempt from paying dues. The rationale for this proposed amendment is that current practice medical staff coordinators have always paid 10% of full active state and county dues (unless the county society chooses to forego the dues).

Chapter I, Section 3, Subsection E—Membership: Membership Categories, Administrative Member

An administrative member shall be:

(1) A County Society Executive. A county society executive, who may or may not be a physician, shall be exempt from paying dues;

(2) A Practice Administrator. Practice administrators from a practice with at least one physician member and a membership level of 50 percent or more, as of the current membership year, shall be exempt from paying dues. Practice administrators with less than 50 percent membership are not exempt from paying dues; or,

(3) A Hospital Medical Staff Coordinator. Hospital medical staff coordinators must meet the State Society’s membership guidelines and are not exempt from paying dues.

An administrative member may not vote or hold office, but may serve as a non-voting member of any workgroup or committee provided that the percentage of administrative members does not exceed 25 percent.
2017 PROPOSED AMENDMENT TO THE BYLAWS: SUBJECT THREE

SUBJECT THREE—SPECIAL SECTIONS: EARLY CAREER PHYSICIANS

SECTION
The following proposed revision to the Bylaws suggests extending the number of years an individual is eligible to be a member of the Early Career Physicians Section (ECPS) from the first five (5) years of practice to the first seven (7) years of practice. The rationale for this proposed amendment is that extending the term of eligibility to 7 years would match the ECPS with the AMA’s Young Physician Section to allow for active PAMED members to more easily participate at that level. Additionally, as PAMED makes efforts to attract new members, particularly those physicians early in their careers, extending eligibility increases the pool of potential members for the ECPS to reach out to and engage with. Ultimately, this will align eligibility at the state and national levels to provide clarity to a given member’s career stage.

Chapter XVIII, Section 3—Early Career Physicians

Section
The purpose of the Early Career Physicians Section is to increase involvement of early career physicians in organized medicine and provide a direct means for early career physician members of the Pennsylvania Medical Society to participate in Society activities and policymaking. Membership in this section shall include all active physician members of the Pennsylvania Medical Society who are under 40 years of age or in the first five (5) seven (7) years of professional endeavor after residency and fellowship training programs.

Note: If Chapter XVIII is amended, then concurrent amendments to Chapter XIV are necessary to align membership eligibility with trustee representation eligibility.

Chapter XIV, Section 6—Board of Trustees: Terms
Each trustee, except the residents and fellows, medical student, and early career physicians trustees, shall be elected for a term of four years.

...
RESOLUTION 17-201

(Referred to Reference Committee B)

Subject: Stop the Bleed Public Educational Campaign

Introduced by: Timothy D. Pelkowski, MD on behalf of Erie County Medical Society

Author: Timothy D. Pelkowski, MD, President, Erie County Medical Society

WHEREAS, a growing public health concern throughout the United States has been that of active shooter incidents, defined as an individual actively engaged in killing or attempting to kill people in a confined and populated area, and

WHEREAS, these incidents have been increasing in frequency, and

WHEREAS, these incidents have no boundaries and have occurred in small and large towns, in urban and rural areas, and have occurred in the majority of the states, and

WHEREAS, these incidents have produced victims that have been young and old, male and female, family members, and people of all races, cultures, and religions, and

WHEREAS, the American College of Surgeons along with experts from various medical groups, the military, the National Security Council, Homeland Security, the FBI, law enforcement, fire rescue, and emergency medical services has developed the Hartford Consensus to review strategies to prevent deaths from these incidents, and

WHEREAS, it has been determined that a large number of deaths from these incidents have been due to uncontrolled hemorrhage, and

WHEREAS, we are a nation of individuals that will respond to volunteer and help those in need and recognizing that time is a critical factor for victims who have massive bleeding, and

WHEREAS, the Hartford Consensus has developed a national public educational campaign entitled “Stop the Bleed” to educate professional first responders and the public to help address this issue with the goal of decreasing deaths from uncontrolled hemorrhage, and

WHEREAS, it is important that all physicians in the Commonwealth of Pennsylvania be aware of this program and be available to assist in educating their local communities on this public skill, be it therefore

RESOLVED, that the Pennsylvania Medical Society support the American College of Surgeons’ national public educational campaign entitled “Stop the Bleed” and encourage all physicians within the Commonwealth of Pennsylvania to promote this education for the health of all patients.

Fiscal Note: $0

Relevance to Strategic Plan

201
RESOLUTION 17-202

(Referred to Reference Committee B)

Subject: Promote Teen Health Week

Introduced by: Joyann Kroser, MD, Delaware County Medical Society

Author: Laura Offutt, MD, Delaware County Medical Society

WHEREAS, the rapid physical and emotional growth of teenaged youth differentiates from the needs of younger children and adults and may include unhealthy choices with relationships, diet, exercise, self-harm, substance use, violence, and lack of access to preventative and oral care; and

WHEREAS, health behaviors resulting in illness later in life often start in the teen years and may be occurring because teenaged youth have not been engaged in positive activities to help them make better health choices; and

WHEREAS, Teen Health Week, which began in the Commonwealth of Pennsylvania as a joint initiative of Real Talk with Dr. Offutt, LLC, the Pennsylvania Department of Health, and the College of Physicians of Philadelphia; and

WHEREAS, this 3rd Annual Teen Health Week (March 18, March 24, 2017) has expanded to an Annual Global initiative occurring in the 3rd full week of March yearly, to raise awareness of the unique health issues facing teens all over the world as organized by Laura Offutt, MD as a joint program with Real Talk With Dr. Offutt and the College of Physicians of Philadelphia; and

WHEREAS, Teen Health Week Toolkits will be made available to assist schools and other groups who wish to promote active teen involvement in this observance; and

WHEREAS, plans for the 2018 Teen Health Week include an emphasis on violence prevention; preventative care and vaccines; healthy diet and exercise; mental health; sexual development and health; substance use and abuse; and oral health; therefore, be it

RESOLVED, that the Pennsylvania Medical Society actively promote Teen Health Week and encourage its component county and specialty associations to also work with their local schools to adopt Teen Health Week.

Fiscal Note: $
RESOLUTION 17-203

(Referred to Reference Committee B)

Subject: Promoting Medication-Assisted Treatment for Substance Abuse Disorders

Introduced by: Aviva Fohrer, MD, Delaware County Medical Society

Authors: Board of Directors, Delaware County Medical Society

WHEREAS, a combination of medication and psychosocial support (such as counseling and evidence-based behavioral therapy) is a safe and evidence-based intervention, effective in treating alcohol and opioid dependency; and

WHEREAS, expanding access to medication-assisted treatment (MAT) for opioid use disorders is a central element of the HHS Secretary’s Opioid Initiative; and

WHEREAS, many people who have a substance use disorder are not aware of, or do not have access to, MAT to aid in their recovery; and

WHEREAS, the opioid overdose crisis has reached epidemic proportions in Pennsylvania and throughout the United States; and

WHEREAS, primary care physicians and many specialists can play an important role in helping patients with a substance use disorder engage in treatment if they are better aware of the resources for these patients in their communities; therefore, be it

RESOLVED, that the Pennsylvania Medical Society coordinate public and professional education campaigns and programs to promote more widespread use of the safe and effective medication-assisted treatments in coordination with counseling and evidence-based therapies which are available; and be it further

RESOLVED, that the Pennsylvania Medical Society coordinate and promote training programs for Pennsylvania physicians to become Medication-Assisted Treatment providers.

Fiscal Note: $0

Relevance to Strategic Plan

203
RESOLUTION 17-204

(Referred to Reference Committee B)

Subject: Equal Access to Abortion Coverage in Health Insurance

Introduced by: Jarett Beaudoin, MS, Sidney Kimmel Medical College, Philadelphia County Medical Society

Authors: Rachel Thomas, MPH, and Jarett Beaudoin, MS, Sidney Kimmel Medical College, Philadelphia County Medical Society

WHEREAS, reproductive health is a critical component of women's overall health, and women need access to safe, affordable, and comprehensive reproductive health care throughout their lives, including screening for cancer and sexually transmitted infections, contraceptive services, abortion care, prenatal care, and labor and delivery services; and

WHEREAS, a woman’s freedom to make reproductive decisions is vital to her safety, well-being, economic opportunity, and ability to participate equally in society; however, more than 16% of women of reproductive age (611,000) in Pennsylvania, enrolled in Medicaid, are denied coverage for comprehensive pregnancy-related care that includes abortion care, because of bans on such coverage imposed by federal and state lawmakers; and

WHEREAS, many women in Pennsylvania, including state and federal employees, Peace Corps members, beneficiaries of Indian Health Services and military insurance programs, obtain insurance coverage through other public insurance programs that also include restrictions on coverage for abortion; and

WHEREAS, the United States Supreme Court since 1973 has ruled that a woman’s ability to make her own personal medical decisions about when or whether to have children is a protected Constitutional right; and

WHEREAS, notwithstanding these Constitutionally-protected rights to safe and affordable abortions, severe restrictions in the Hyde Amendment, passed by Congress on September 30, 1976, have impeded the ability of low-income women enrolled in the Medicaid health insurance program from accessing this medical procedure; and

WHEREAS, Pennsylvania law currently imposes limitations on insurance coverage of abortion in the state Medicaid program; and

WHEREAS, Pennsylvania’s longstanding commitment to gender equality in its Human Relations Act 34 OF 1997, 43 P.S. §§ 951-963, means that denial or limitation of essential reproductive healthcare services to women constitutes gender discrimination; and

WHEREAS, laws that restrict insurance coverage of abortion create unjust obstacles to quality health care and the harm falls hardest on low-income women, women of color, and young women; and

WHEREAS, a woman who wants to get an abortion but is denied is more likely to fall into poverty than one who can get an abortion. This is particularly significant in Pennsylvania where Census data has found that over 14.2% of women 18-64 years old live underneath the poverty line; and

WHEREAS, the government, by partially or fully subsidizing health insurance and health care services for individuals who meet certain eligibility criteria, recognizes that health care is essential to protect an individual’s ability to fully participate in her family, community, and society; and
WHEREAS, health insurance, whether private or government-funded, should cover the full range of a woman's options when she is facing an unintended pregnancy so that she is able to, without interference, make a decision she deems best for her and her family; therefore, be it

RESOLVED, that the Pennsylvania Medical Society call on the Pennsylvania General Assembly to provide abortion coverage in public insurance programs in Pennsylvania and lift the ban on such coverage in private insurance plans sold through the Pennsylvania Health Insurance Exchange; and, be it further

RESOLVED, that the Pennsylvania Medical Society call on Governor Wolf to actively support these and all other measures to insure and protect the rights of women everywhere to have unhindered access to safe and comprehensive health care.

Fiscal Note: $

Relevance to Strategic Plan

204
RESOLUTION 17-205

(Referred to Reference Committee B)

Subject: Support for VA Health Services for Women Veterans

Introduced by: Gillian Naro, Penn State College of Medicine, on behalf of the Medical Students Section

Authors: Daniel Kim, Gillian Naro, and John Muller, Penn State College of Medicine

WHEREAS, the active component of the Armed Forces is now 14 percent female and the reserve component is 18 percent female who, as they transition into veteran status, are now making up the fastest growing cohort within the veteran community;

WHEREAS, by 2020, women will comprise nearly 11% of the total veteran population;

WHEREAS, over the last decade alone, the number of women veterans using Veteran Affairs (VA) health care has nearly doubled;

WHEREAS, the National Survey of Women Veterans reports that about 40% of women veterans who served in the recent conflicts in Iraq and Afghanistan incorrectly believe that only those with service-connected disability are eligible for VA health care;

WHEREAS, a 2014 membership survey of Iraq and Afghanistan Veterans of America (IAVA) found that only 58% of women veterans reported being contacted by the Veteran’s Affairs health care or seeing VA advertisements about women’s eligibility for VA services and benefits;

WHEREAS, cross-sectional analysis of data provided by 286 female veterans of Operation Iraqi Freedom and/or Operation Enduring Freedom found that 76% of women veterans who were prescribed drugs by VA health care providers had not been warned about risks of medication-induced birth defects;

WHEREAS, the Study of Barriers for Women Veterans to VA Health Care Final Report published by the VA found that 19% of women veterans who utilize VA health care services reported avoiding the VA because of past sexual trauma, citing the historically male dominated culture and patient base in VA facilities as a factor;

WHEREAS, only 30% of facilities provided Substance Use Disorder (SUD) women specific groups, and only 14% provided women specific SUD-Posttraumatic Stress Disorder groups;

WHEREAS, women veterans with a history of military sexual assault and/or posttraumatic stress symptomatology perceive that they are not receiving the same quality of care as male veterans;

WHEREAS, only 58% of VA sites offer gynecological services and, of those, only 25% offer infertility treatment;

WHEREAS, in a study of women veterans who reported using the VA system, 72% indicate that they do not utilize the nearest VA facility for primary care, with the most common reason being “the women’s services I need are not available [at the facility];” therefore, be it
RESOLVED, that the Pennsylvania Medical Society (PAMED) recognize the disparity in access to care for women veterans; and, be it further

RESOLVED, that PAMED encourage research to address this population’s specific needs to improve patient outcomes; and, be it further

RESOLVED, that the Pennsylvania Delegation to the American Medical Association present this resolution to the upcoming interim meeting of the AMA (I-2017) for national adoption.

Fiscal Note: $0

Relevance to Strategic Plan

205

References:

RESOLUTION 17-206

(Referred to Reference Committee B)

Subject: Baby Boxes as a Safe Sleeping Space for Infants in PA

Introduced by: Gillian Naro, Penn State College of Medicine, on behalf of the Medical Students Section

Authors: Daniel Kim and Gillian Naro, Penn State College of Medicine

WHEREAS, the 2016 CIA World Factbook estimates that in the United States, 5.8 per every 1,000 infants die per year; and

WHEREAS, there were approximately 3,700 cases of sudden unexpected infant deaths (SUID) in the United States in 2015, of which 25% were due to accidental strangulation or suffocation in bed; and

WHEREAS, the rate of SUID due to accidental strangulation or suffocation has been rising since 1997 to a peak of 23.1 deaths per 100,000 live births in 2015; and

WHEREAS, 93% of SUID in New Jersey in 2016 were related to sleep and sleep environments; and

WHEREAS, The “Safe to Sleep” educational campaign is credited with decreasing rates of prone infant sleeping leading to reductions in mortality rates from SIDS/SUID, but these decreases have plateaued in the past decade.

WHEREAS, infants younger than three months of age are significantly more likely to die of causes associated with bed sharing than other sleep-associated suffocations such as lying prone on a blanket or stuffed animal; and

WHEREAS, the rate of bed sharing from 1993 to 2010 has doubled, and co-sleeping increases the risk of infant death through suffocation; and

WHEREAS, infant bed-sharing is increased among infants with no identifiable place to sleep; and

WHEREAS, racial, socioeconomic, and geographic disparities exist in the rates of infant death. Hispanic and Black individuals display higher rates of co-sleeping, and higher rates of infant death; and

WHEREAS, The American Academy of Pediatrics (AAP) recommends focusing on a safe sleep environment as the primary way to reduce the risk of all sleep-related infant deaths, including SIDS.

WHEREAS, the AAP recommends that infants sleep in the supine position and independently on an uncluttered flat surface; and

WHEREAS, baby boxes fulfill the AAP recommendation that infants sleep “on an uncluttered flat surface” and “in the parents’ room, close to the parents’ bed, but on a separate surface designed for infants, ideally for the first year of life, but at least for the first 6 months” and

WHEREAS, baby box programs are beginning to be developed in the United States with the first implementation by New Jersey which involves the provision by the state of a baby box, free of charge upon completion of a 20-minute caretaker educational program; and
WHEREAS, baby boxes are equipped with education materials on safe newborn care as well as supplies such as bottles, onesies, thermometers, and clothes;¹² and

WHEREAS, baby boxes are proven to decrease the number of incidences of an infant’s head being covered during the night, therefore reducing the risk of suffocation;¹⁴ and

WHEREAS, when provided the education, bed-sharing is decreased and mothers are more likely to use a baby box as a sleeping place for their infants;¹⁵,¹⁶ and

WHEREAS, the American Academy of Pediatrics has voiced concerns over a lack of safety research and “insufficient data on the role cardboard boxes play in reducing infant mortality”;¹⁷ and

WHEREAS, a national program may be difficult to implement by the federal government due to the individual state’s needs due to the variation in demographics, cultural values, and other factors such as climate;¹⁸ therefore, be it

RESOLVED, that PAMED encourage the research of baby box safety, efficacy, and methods of implementation as a potential initiative to decrease the incidence of Sudden Unexpected Infant Death in Pennsylvania; and, be it further

Alternate --- RESOLVED, that PAMED advocate for the use of baby boxes in settings that provide obstetrical services to decrease the incidence of Sudden Unexpected Death in Pennsylvania; and, be it further

Alternate --- RESOLVED, that PAMED collaborate with health insurance companies to include baby boxes as a covered health benefit; and, be it further

RESOLVED, that PAMED, based on favorable research, support the implantation of a statewide initiative utilizing baby boxes and education on safe sleeping conditions for infants; and, be it further

Alternate ---- RESOLVED, that with the adoption of baby boxes that the Commonwealth of Pennsylvania study the effectiveness of this initiative on the incidence of Sudden Unexpected Death in Pennsylvania; and, be it further

RESOLVED, that the Pennsylvania Delegation to the American Medical Association present this resolution to the upcoming interim meeting of the AMA (I-2017) for national adoption.

Fiscal Note:

Relevance to Strategic Plan

206

References:


RELEVANT AMA AND AMA-MSS POLICY:

AMA-MSS Policy:

245.003MSS Sudden Infant Death Syndrome
AMA-MSS will ask the AMA to encourage the education of parents, physicians, and all other health care professionals involved in newborn care regarding methods to eliminate known SIDS risk factors, such as prone sleeping, soft bedding, and parental smoking.

245.012MSS Continuing the Fight to Lower Infant Mortality in the United States
AMA-MSS supports the reduction of the rate of infant mortality in the United States through the promotion of access to prenatal and infant care, education on healthy choices to reduce risks, and research on how to best reduce infant mortality. AMA-MSS will communicate to the AMA Health Disparities Initiative the importance of reducing infant mortality in the United States, and specifically where this problem manifests as racial or ethnic disparities in health indicators.

AMA Policy:

H-245.986 Infant Mortality in the United States
It is the policy of the AMA: (1) to work with the World Health Organization toward the development of standardized international methodology for collecting infant mortality data, which will include collecting information regarding racial/ethnic background in order to document the needs of infants, children, and adolescents of subpopulations of society, and will improve the basis on which international comparisons are made; (2) to continue to work to increase public awareness of the flaws in comparisons of infant mortality data between countries, as well as of the problems that contribute to infant mortality in the United States; (3) to continue to address the problems that contribute to infant mortality within its ongoing health of the public activities. In particular, the special needs of adolescents and the problem of teen pregnancy should continue to be addressed by the adolescent health initiative; and (4) to be particularly aware of the special health access needs of pregnant women and infants, especially racial and ethnic minority group populations, in its advocacy on behalf of its patients.

D-245.994 Infant Mortality
1. Our AMA will work with appropriate agencies and organizations towards reducing infant mortality by providing information on safe sleep positions and preterm birth risk factors to physicians, other health professionals, parents, and child care givers.
2. Our AMA will work with Congress and the Department of Health and Human Services to improve maternal outcomes through: (a) maternal/infant health research at the NIH to reduce the prevalence of premature births and to focus on obesity research, treatment and prevention; (b) maternal/infant health research and surveillance at the CDC to assist states in setting up maternal mortality reviews; modernize state birth and death records systems to the 2003-recommended guidelines; and improve the Safe Motherhood Program; (c) maternal/infant health programs at HRSA to improve the Maternal Child Health Block grant; (d) comparative effectiveness research into the interventions for preterm birth;
(e) disparities research into maternal outcomes, preterm birth and pregnancy-related depression; and
(f) the development, testing and implementation of quality improvement measures and initiatives.

H-245.977 Sudden Infant Death Syndrome
1. The AMA encourages the education of parents, physicians and all other health care professionals
involved in newborn care regarding methods to eliminate known Sudden Infant Death Syndrome (SIDS)
risk factors, such as prone sleeping, soft bedding and parental smoking.
2. Our AMA will advocate for the appropriate labeling of all infant sleep products, not in compliance
with the Safe Infant Sleeping Environment Guidelines, as adopted by the AAP, to adequately warn
consumers of the risks of product use and prevent sudden unexpected infant death.
3. Our AMA encourages consumers to avoid commercial devices marketed to reduce the risk of SIDS,
including: wedges, positioners, special mattresses, and special sleep surfaces.
4. Our AMA encourages media and manufacturers to follow safe-sleep guidelines in their messaging and
advertising.

H-245.998 Infant Mortality Statistics
The AMA (1) requests that all countries use a standard form of reporting births in their country and the
deaths that result per 1,000 live births based on rules and regulations set up by the World Health
Organization; and (2) supports publicizing that the medical profession is vitally concerned with infant
mortality rates and pledges to continue its efforts to decrease the infant mortality rates in the US to the
lowest rate possible.
RESOLUTION 17-301

(Referred to Reference Committee C)

Subject: Medicaid Reform

Introduced by: Marion E. Mass, MD, Bucks County Medical Society

Author: Arvind R. Cavale, MD, Bucks County Medical Society

WHEREAS, Medicaid expansion costs continue to rise way above predicted levels ($7,436 per enrollee versus $4875), accounting for nearly 40% of Pennsylvania’s annual budget as of 2015, while failing to fulfill its stated goal of improving access to timely and personal health care for the indigent and disabled, resulting in second-class medical care for Medicaid recipients; and

WHEREAS, the current Medicaid program relegates its enrollees to a system where they have no recourse to challenge inequalities in the medical care they receive; and

WHEREAS, the current Center for Medicare and Medicaid Services is highly inclined to offer waivers to States “to pursue innovative strategies for providing their residents with access to high quality, affordable health coverage”; therefore, be it

RESOLVED, that PAMED designate its Executive Vice President or other staff member to begin working immediately with the PA Insurance Department to simplify regulatory language regarding Medicaid services to encourage the offering of innovative insurance products by current and/or new insurance companies, including the option of Medicaid patients accessing timely, comprehensive, and personal services provided by Direct Care practices; and, be it further

RESOLVED, that PAMED immediately engage with the Governor’s office and State House & Senate leadership to assist in applying for Section 1332 State Innovation Waiver with the concept of allocating $5000 per Medicaid enrollee to a Health Savings Account, through which the enrollee can purchase innovative private health insurance (with the default being the State Employee Benefits Plan) and/or purchase care directly (coupled with a catastrophic insurance plan), and promote this concept via County Medical Societies; and, be it further

RESOLVED, that PAMED formulate a plan to form an independent organization, funded equally by PAMED and insurance companies, that serves as an impartial adjudicator of complaints by Medicaid enrollees, and to encourage the PA Insurance Department to be responsive to the remedial actions suggested by this organization.

LINKS TO SUPPORTING DOCUMENTATION:

https://www.wsj.com/articles/medicaids-potemkin-health-coverage-1500419200?mg=prod/accounts-wsj
https://ballotpedia.org/Medicaid_spending_in_Pennsylvania
Fiscal Note: $_______

Relevance to Strategic Plan

301
RESOLUTION 17-302

(Referred to Reference Committee C)

Subject: PAMED Support of Direct Primary Care

Introduced by: Marion E. Mass, MD, Bucks County Medical Society

Author: Kimberly Legg Corba, DO, Lehigh County Medical Society

WHEREAS, Direct Primary Care is a new system of health care delivery; and

WHEREAS, our health care system, in its current state of exorbitant cost and unaffordability, is making it difficult for patients to access basic affordable primary care; and

WHEREAS, Direct Primary Care works in the following manner:

1) Direct Primary Care physicians do not participate with insurers and may or may not opt out of Medicare/Medicaid;
2) Charges patient member a monthly membership fee often graduated based on age;
3) Monthly membership fee covers many, if not most in-office primary care services with any exceptions being transparently demonstrated to the patient at extremely affordable cost, does not charge co-pays or co-insurance;
4) Provides access to a Direct Primary Care physician via unrestricted office visits, text/email/phone availability after hours and weekends/holidays for acute issues;
5) Provides same day/next day acute visits;
6) Provides prolonged visits of 30-60 minutes;
7) Provides value-added benefits of wholesale generic medications dispensed from in-house dispensary, deeply discounted imaging and laboratory services; and
8) Provides extensive coordination of care for complex medical issues; and

WHEREAS, Direct Primary Care will improve our health care system for primary care services with better access, affordability and attention through all the above listed benefits; and

WHEREAS, Direct Primary Care will allow physicians to care for patients without the intrusions and restrictions of insurers and government; and

WHEREAS, Direct Primary Care is gaining national recognition and as the model grows across this state and the country; and

WHEREAS, physicians and the public need to become educated about the Direct Primary Care model; and

WHEREAS, draft legislation defining Direct Primary Care as an entity that will not fall under insurance regulation is being sponsored by Representative Matt Baker and Senator Pat Browne in Pennsylvania and endorsement of the model by the Pennsylvania Medical Society would aid in the passage of these bills; therefore, be it

RESOLVED, that the Pennsylvania Medical Society (PAMED) support the Direct Primary Care model by producing a written document endorsing Direct Primary Care and publishing said endorsement in PAMED newsletter and on the PAMED website; and, be it further
RESOLVED, that PAMED support the Direct Primary Care model by writing a press release outlining PAMED’s endorsement of the model and publishing said press release outlining PAMED’s endorsement of the model.

Fiscal Note: $0

Relevance to Strategic Plan

302
RESOLUTION 17-303

(Referred to Reference Committee C)

Subject: Air Ambulance Regulations and Reimbursements

Introduced by: Natalia Ortiz, MD, on behalf of the Philadelphia County Medical Society

Author: Elisa Giusto, Philadelphia College of Osteopathic Medicine

WHEREAS, emergent air medical services are provided to critically-ill or injured patients to the closest appropriate hospital via air ambulances when requested by third-party medical professionals or first responders;¹ and

WHEREAS, air ambulances improve access to level 1 trauma centers for 87 million Americans who would not otherwise be able to receive emergent care in a timely manner with 86.4% of the U.S. population living within a 15- to 20-minute response area of an air ambulance;¹ and

WHEREAS, the American College of Surgeons has published field triage guidelines, yet 59% of patients transported by air ambulance had minor injuries, as defined by an Injury Severity Score of less than 15;² and

WHEREAS, the Airline Deregulation Act of 1978 prohibits states from regulating the price, route, or service of an air carrier, including air ambulances, for the purposes of increasing competition, reducing rates, and improving airline passenger service;³ and

WHEREAS, since Medicare created a national fee schedule for air ambulances in 2002, more than half of the air ambulance industry is now controlled by 4 for-profit operators with an increase in air ambulances from 545 in 2002 to 1,045 in 2015;⁴ and

WHEREAS, Air Methods, the nation’s largest air ambulance operator, has seen an increase in their average bill from $17,262 in 2009 to $50,199 in 2016, far more than the actual cost for a flight of only $10,199;¹⁴ and

WHEREAS, Air Methods has resorted to hundreds of lawsuits against individuals throughout the country seeking salary garnishment and other forms of debt collection;⁵,⁶ and

WHEREAS, Medicare only reimburses 59% of air ambulance costs, adding an average of $15,984 to the cost of self-pay or privately insured patients as air ambulance operators recoup what they lose on below-cost transports funded by the government;¹ and

WHEREAS, private insurance companies that offer ambulance coverage only cover an average of 36.5% of the air ambulance’s bill and, unlike Medicare and Medicaid, there are no regulations preventing them from balance billing patients for charges after coverage has been applied; for example, Blue Cross Blue Shield pays air ambulance companies $13,780 plus $89.72 per mile and “balance bill” patients if the air ambulance company is out of network;⁷,⁹ and

WHEREAS, between 2013 and 2016, insurance departments from nine states reviewed 55 incidences in which consumers complained of $3.8 million in combined charges, an average charge of $70,000 per trip;¹⁰ and
WHEREAS, in 2015, the Maryland Insurance Administration held hearings to investigate a string of consumer complaints regarding air ambulance bills ranging from $20,000 to over $40,000;¹¹ and

WHEREAS, laws from Wyoming seeking to cap air ambulance fees and North Dakota forcing air ambulance companies to become participating providers by joining major insurance company networks have been struck down in federal courts;¹² therefore, be it

RESOLVED, that the Pennsylvania Delegation to the American Medical Association (AMA) present this resolution for national adoption to direct that the AMA, and appropriate stakeholders identified by the AMA, study the role, clinical efficacy, and cost-effectiveness of air ambulance services, including barriers to adequate competition, reimbursement, quality improvement and other areas identified by the AMA and its stakeholders, and provide appropriate recommendations addressing the areas to be studied.

Fiscal Note: $1500-2000

Relevance to Strategic Plan

303

References:

10. Peterson, Eric and Brian Maffly. Sky’s the Limit for What Utah Air Ambulances Can Charge -- the $46K Bill This Man Received for a 50-mile Trip. The Salt Lake Tribune. August 2016.
RESOLUTION 17-304

(Referred to Reference Committee C)

Subject: Patient Protection from Surprise Out-of-Network Costs

Introduced by: Natalia Ortiz, MD, on behalf of the Philadelphia County Medical Society

Author: Ludwig Koeneke-Hernandez, MS, Sidney Kimmel College of Medicine

WHEREAS, patients obtain services from in-network facilities and hospitals expecting to have their treatments covered by insurance; and

WHEREAS, patients receiving care at an in-network facility can receive treatment from out-of-network providers resulting in higher fees for the patient that are often undisclosed at the time of treatment and they end up receiving “surprise billing” after services are rendered;¹ and

WHEREAS, current AMA policy (H-285.908), designed to protect patients from low-quality networks, does not suffice in protecting patients from receiving out-of-network treatment unless the patient’s network is deemed “inadequate”; and

WHEREAS, current AMA policy (H-285.904) demands insurers to provide access to in-network physicians but does not go so far as to demand access to in-network facilities and consultants within the same in-network facility; therefore, be it

RESOLVED, that the Pennsylvania Medical Society (PAMED) work with the Pennsylvania Insurance Department to ensure access to high-quality, in-network providers located at in-network institutions so as to decrease high cost out-of-network billing; and, be it further

RESOLVED, that PAMED advocate for the expansion of AMA policy H-285.904 to mandate insurers to provide networks providing patient access to an in-network facility with in-network physicians and consultants.

Fiscal Note: $3,000-5,000

Relevance to Strategic Plan

304

References:

1. Court, Emma. This increasingly common hidden fee is a nasty surprise on medical bills. Marketwatch. June 3, 2017.
Relevant AMA and AMA-MSS Policy:

Network Adequacy H-285.908

1. Our AMA supports state regulators as the primary enforcer of network adequacy requirements.
2. Our AMA supports requiring that provider terminations without cause be done prior to the enrollment period, thereby allowing enrollees to have continued access throughout the coverage year to the network they reasonably relied upon when purchasing the product. Physicians may be added to the network at any time.
3. Our AMA supports requiring health insurers to submit and make publicly available, at least quarterly, reports to state regulators that provide data on several measures of network adequacy, including the number and type of providers that have joined or left the network; the number and type of specialists and subspecialists that have left or joined the network; the number and types of providers who have filed an in-network claim within the calendar year; total number of claims by provider type made on an out-of-network basis; data that indicate the provision of Essential Health Benefits; and consumer complaints received.
4. Our AMA supports requiring health insurers to indemnify patients for any covered medical expenses provided by out-of-network providers incurred over the co-payments and deductibles that would apply to in-network providers, in the case that a provider network is deemed inadequate by the health plan or appropriate regulatory authorities.
5. Our AMA advocates for regulation and legislation to require that out-of-network expenses count toward a participant’s annual deductibles and out-of-pocket maximums when a patient is enrolled in a plan with out-of-network benefits, or forced to go out-of-network due to network inadequacies.
6. Our AMA supports fair and equitable compensation to out-of-network providers in the event that a provider network is deemed inadequate by the health plan or appropriate regulatory authorities.
7. Our AMA supports health insurers paying out-of-network physicians fairly and equitably for emergency and out-of-network bills in a hospital. AMA policy is that any legislation which addresses this issue should assure that insurer payment for such care be based upon a number of factors, including the physicians’ usual charge, the usual and customary charge for such service, the circumstances of the care and the expertise of the particular physician.
8. Our AMA provides assistance upon request to state medical associations in support of state legislative and regulatory efforts, and disseminate relevant model state legislation, to ensure physicians and patients have access to adequate and fair appeals processes in the event that they are harmed by inadequate networks.
9. Our AMA supports the development of a mechanism by which health insurance enrollees are able to file formal complaints about network adequacy with appropriate regulatory authorities.
10. Our AMA advocates for legislation that prohibits health insurers from falsely advertising that enrollees in their plans have access to physicians of their choosing if the health insurer’s network is limited.
11. Our AMA advocates that health plans should be required to document to regulators that they have met requisite standards of network adequacy including hospital-based physician specialties (i.e. radiology, pathology, emergency medicine, anesthesiologists and hospitalists) at in-network facilities, and ensure in-network adequacy is both timely and geographically accessible.
Out-of-Network Care H-285.904

Our AMA adopts the following principles related to unanticipated out-of-network care:

1. Patients must not be financially penalized for receiving unanticipated care from an out-of-network provider.
2. Insurers must meet appropriate network adequacy standards that include adequate patient access to care, including access to hospital-based physician specialties. State regulators should enforce such standards through active regulation of health insurance plans.
3. Insurers must be transparent and proactive in informing enrollees about all deductibles, copayments and other out-of-pocket costs that enrollees may incur.
4. Prior to scheduled procedures, insurers must provide enrollees with reasonable and timely access to in-network physicians.
5. Patients who are seeking emergency care should be protected under the "prudent layperson" legal standard as established in state and federal law, without regard to prior authorization or retrospective denial for services after emergency care is rendered.
6. Out-of-network payments must not be based on a contrived percentage of the Medicare rate or rates determined by the insurance company.
7. Minimum coverage standards for unanticipated out-of-network services should be identified. Minimum coverage standards should pay out-of-network providers at the usual and customary out-of-network charges for services, with the definition of usual and customary based upon a percentile of all out-of-network charges for the particular health care service performed by a provider in the same or similar specialty and provided in the same geographical area as reported by a benchmarking database. Such a benchmarking database must be independently recognized and verifiable, completely transparent, independent of the control of either payers or providers and maintained by a non-profit organization. The non-profit organization shall not be affiliated with an insurer, a municipal cooperative health benefit plan or health management organization.
8. Mediation should be permitted in those instances where a physician’s unique background or skills (e.g. the Gould Criteria) are not accounted for within a minimum coverage standard.

Price Transparency D-155.987

1. Our AMA encourages physicians to communicate information about the cost of their professional services to individual patients, taking into consideration the insurance status (e.g., self-pay, in-network insured, out-of-network insured) of the patient or other relevant information where possible.
2. Our AMA advocates that health plans provide plan enrollees or their designees with complete information regarding plan benefits and real time cost-sharing information associated with both in-network and out-of-network provider services or other plan designs that may affect patient out-of-pocket costs.
3. Our AMA will actively engage with health plans, public and private entities, and other stakeholder groups in their efforts to facilitate price and quality transparency for patients and physicians, and help ensure that entities promoting price transparency tools have processes in place to ensure the accuracy and relevance of the information they provide.
4. Our AMA will work with states to support and strengthen the development of all-payer claims databases.
5. Our AMA encourages electronic health records vendors to include features that assist in facilitating price transparency for physicians and patients.
6. Our AMA encourages efforts to educate patients in health economics literacy, including the development of resources that help patients understand the complexities of health care pricing and encourage them to seek information regarding the cost of health care services they receive or anticipate receiving.

7. Our AMA will request that the Centers for Medicare and Medicaid Services expand its Medicare Physician Fee Schedule Look-up Tool to include hospital outpatient payments.
RESOLUTION 17-305

(Referred to Reference Committee C)

Subject: Medicaid Physician Reimbursement for Translation and Interpretation Services

Introduced by: Natalia Ortiz, MD, on behalf of the Philadelphia County Medical Society

Authors: Rachel Thomas, MPH, and Jarett Beaudoin, MD, Sidney Kimmel Medical College

WHEREAS, refusal of medical interpretation for Limited English Proficient (LEP) patients during any medical encounter is considered discrimination due to country of origin under Title IV of the Civil Rights Act of 1964; and

WHEREAS, physicians and medical providers, consequently, must bear the burden of finding, contracting with, and paying for medical interpreters to adhere to the law; and

WHEREAS, Pennsylvania census data from 2011 shows more than 219,000 Pennsylvanians who designated that they speak English “Not Well” or “Not At All”, this includes both patients and parents/caregivers of patients; and

WHEREAS, medical interpretation is shown to increase positive health outcomes for LEP individuals by both the Institute of Medicine (IOM) and the Joint Commission, and results in patients who make more outpatient visits, receive and fill more prescriptions, do not differ from English-proficient patients in test costs or receipt of intravenous hydration, have outcomes among those with diabetes that are superior or equivalent to those of English-proficient patients, and have high satisfaction with care and is widely accepted to be essential for the delivery of quality care to patients; and

WHEREAS, LEP patients who are not provided interpretation have increased chances of negative health outcomes such as defer needed medical care, leave the hospital against medical advice, miss follow-up appointments, or experience drug complications; and

WHEREAS, the use of family members and friends as medical interpreters has been shown to be ineffective and harmful (i.e. interpreters omitting questions about drug allergies or instructions on prescription dose, frequency, and duration); and

WHEREAS, Medicaid reimbursement for interpretation and translation services during medical encounters has historically been regulated at the state level; and

WHEREAS, ten states pay for interpreter services under Medicaid or SCHIP. With varying approaches are used (ex: Some states authorize reimbursement for interpreter services, while others contract with specific organizations to provide interpretation); therefore, be it

RESOLVED, that the Pennsylvania Medical Society (PAMED) work to obtain state Medicaid funding for medical interpretive services; and, be it further

RESOLVED, that PAMED urge the Pennsylvania General Assembly to pass legislation that installs a system of reimbursement for interpretation and translation services accrued during medical encounters.
Fiscal note: $5,000 – 8,000

Relevance to Strategic Plan

305

RELEVANT AMA AND AMA-MSS POLICY:

Language Interpreters D-385.978
Our AMA will: (1) continue to work to obtain federal funding for medical interpretive services; (2) redouble its efforts to remove the financial burden of medical interpretive services from physicians; (3) urge the Administration to reconsider its interpretation of Title VI of the Civil Rights Act of 1964 as requiring medical interpretive services without reimbursement; (4) consider the feasibility of a legal solution to the problem of funding medical interpretive services; and (5) work with governmental officials and other organizations to make language interpretive services a covered benefit for all health plans inasmuch as health plans are in a superior position to pass on the cost of these federally mandated services as a business expense.

Availability and Payment for Medical Interpreters Services in Medical Practices H-385.929
It is the policy of our AMA to: (1) the fullest extent appropriate, to actively oppose the inappropriate extension of the OCR LEP guidelines to physicians in private practice; and (2) continue our proactive, ongoing efforts to correct the problems imposed on physicians in private practice by the OCR language interpretation requirements.
RESOLUTION 17-401

(Referred to Reference Committee D)

Subject: Eliminate the Preferential Treatment of Physicians with Hospital Privileges in Pennsylvania

Introduced by: Sandeep K. Kakaria, MD, on behalf of the Cumberland County Medical Society

Author: Sandeep K. Kakaria, MD, Cumberland County Medical Society

WHEREAS, hospitals place unpaid requirements on physicians including, but not limited to, on-call coverage, electronic records training, and staff meetings; and

WHEREAS, hospital-owned practices directly compete with private practices for outpatient care; and

WHEREAS, two of the nation’s largest insurers, Medicare and Medicaid, do not require hospital privileges; and

WHEREAS, patients pay additional fees and lose access to qualified doctors when insurance companies grant preferred status to one group of physicians over another; therefore, be it

RESOLVED, that the Pennsylvania Medical Society work with the Pennsylvania Legislature, the Pennsylvania Department of Health, the Pennsylvania Insurance Department, and other appropriate agencies to establish legislation or regulation that any physician who is not practicing in a hospital may not be required to maintain hospital privileges by any entity including, but not limited to, a health insurance company, malpractice insurance company, surgery center, or outpatient facility; and, be it further

RESOLVED, that the Pennsylvania Medical Society work with the Pennsylvania Legislature, the Pennsylvania Department of Health, the Pennsylvania Insurance Department, and other appropriate agencies to establish legislation or regulation that no insurance company may grant or deny preferred or in-network status to physicians according to the presence or absence of their hospital privileges.

Fiscal Note: $________

Relevance to Strategic Plan

401
RESOLUTION 17-402

(Referred to Reference Committee D)

Subject: CPR Training

Introduced by: Pennsylvania College of Emergency Physicians (PACEP) and Allegheny County Medical Society (ACMS)

Author: Ankur A. Doshi, MD, FACEP

WHEREAS, over 300,000 Americans die from sudden cardiac arrest each year; and

WHEREAS, bystander cardiopulmonary resuscitation (CPR), also known as layperson CPR, is an important intervention that can double the chances for patients to be discharged to home neurologically intact; and

WHEREAS, less than 20% of Americans feel that they are adequately trained in CPR; and

WHEREAS, an increase in the rate of CPR training is associated with an increase in survival for sudden cardiac arrest; and

WHEREAS, 37 states and the District of Columbia have some CPR mandate in schools; and

WHEREAS, the American Medical Association’s “Cardiopulmonary Resuscitation (CPR) and Defibrillation” Policy (H-130.938) states that the AMA “encourages the American public to become trained in CPR and the use of automated external defibrillators” and “supports legislation that would encourage high school students be trained in cardiopulmonary resuscitation and automated defibrillator use”; therefore, be it

RESOLVED, that the Pennsylvania Medical Society support state legislation advocating for mandatory CPR training in schools; and, be it further


RESOLVED, that the Pennsylvania Medical Society work with other stakeholder organizations, including
the American Heart Association, the American Red Cross, and county medical societies to advocate for
increased CPR training for laypersons.

Fiscal Note: $______________

Relevance to Strategic Plan

402
RESOLUTION 17-403

(Referred to Reference Committee D)

Subject: Defending the Physician-Patient Relationship
Introduced by: Pennsylvania Society of Anesthesiologists
Author: Shannon Grap, MD, Pennsylvania Society of Anesthesiologists

WHEREAS, one of the tenets of the Pennsylvania Medical Society is to uphold the Physician-Patient Relationship as noted in Policy Number 35.986 ("Supporting the Need for Physician Oversight") which in its opening line states: "The Society recognizes, supports and lobbies for the need for physician oversight, whether by direct supervision or a written collaborative agreement..."; and

WHEREAS, legislation pending in both Chambers of the Pennsylvania General Assembly, with strong support of mid-level providers, the Pennsylvania Hospital Association, and many legislators, would grant full independent practice to Nurse Practitioners; and

WHEREAS, independent practice for mid-level providers contradicts and expressly violates the tenet of preserving the Physician-Patient Relationship; and

WHEREAS, removal, in any way, of the collaborative agreement, even in a time-defined fashion for Nurse Practitioners, would provide independent practice for these mid-level providers; and

WHEREAS, the current legislation pending in the Pennsylvania General Assembly would authorize independent practice for Nurse Practitioners; and

WHEREAS, the leadership of the Pennsylvania Medical Society has been asked by some members of the Pennsylvania Legislature and others to compromise to eventually remove the collaborative agreement for Nurse Practitioners; therefore, be it

RESOLVED, that the Pennsylvania Medical Society strongly and unequivocally oppose Senate Bill 25 and House Bill 100, which would establish independent practice for Nurse Practitioners; and, be it further

RESOLVED, that the Pennsylvania Medical Society strongly oppose any effort to grant independent practice to Nurse Practitioners as an unacceptable disruption of the Physician-Patient Relationship; and, be it further

RESOLVED, that the Pennsylvania Medical Society direct all Society Leadership to forcefully and unequivocally oppose this and any future expansion of Nurse Practitioners’ scope of practice leading to independent practice, which would disrupt the Physician-Patient Relationship; and, be it further

RESOLVED, that the Pennsylvania Medical Society reaffirm Policy Number 35.986, and opposes any legislation, regulation, or negotiation which would permit Nurse Practitioners and all other non-physicians to practice medicine independently without licensed medical supervision or a written collaborative agreement.

Fiscal Note: $________________

Relevance to Strategic Plan: Goals 1.1, 1.5, and 2
RESOLUTION 17-404

(Referred to Reference Committee D)

Subject: Oversight of the PA Board of Medicine & PA Board of Osteopathic Medicine

Introduced by: Winslow W. Murdoch, MD, Chester County Medical Society

Authors: Board of Directors, Chester County Medical Society

WHEREAS, the Pennsylvania State Boards of Medicine and Osteopathic Medicine have absolute authority over physicians practicing medicine in Pennsylvania; and

WHEREAS, the Boards are permitted by statute to remove or restrict a physician’s license and ability to practice in cases where a physician has been accused of a wrongdoing but has not had the opportunity to have the matter addressed and appropriately adjudicated; and

WHEREAS, the Boards report actions taken against a physician’s license to the National Practitioner’s Data Bank but do not follow up expediently and amend or update their reports to the Data Bank; and

WHEREAS, the Boards are permitted to issue restricted licenses when they determine that a physician may be a risk to public safety; and

WHEREAS, physicians with a restricted license are not able to obtain professional liability insurance or to be credentialed by third-party payers; and

WHEREAS, physicians without enormous financial resources have little or no recourse to challenge the decisions and actions taken by the licensing boards; and

WHEREAS, PAMED has a longstanding policy (275.995) calling for the state boards to permit physicians to practice until a final decision is rendered; therefore, be it

RESOLVED, that PAMED seek legislative oversight of the Boards of Medicine to instill accountability of the Boards to all those involved in cases where a physician’s license is suspended or restricted; and, be it further

RESOLVED, that PAMED develop channels of communication with the PA Board(s) of Medicine and Osteopathic Medicine to provide advocacy on behalf of practicing physicians who may face some jeopardy due to a Board action.

Fiscal Note: $

Relevance to Strategic Plan

404
RESOLUTION 17-405

(Referred to Reference Committee D)

Subject: Requirement of Formulary Equivalent Alternatives from Denying Insurers

Introduced by: Stephen T. Olin, MD, Lancaster City & County Medical Society

Author: Stephen T. Olin, MD, Lancaster City & County Medical Society

WHEREAS, patients experiencing symptoms of an illness present at physician offices and hospital emergency departments; and

WHEREAS, patients are treated for their reported symptoms with a prescription for medication; and

WHEREAS, patients’ insurers make a determination that the prescription provided to the patient is not included in the patients’ health plan formulary; and

WHEREAS, the prescription drug has been determined medically necessary for the treatment of the indicated condition as recommended and prescribed; and

WHEREAS, every carrier uses different criteria that changes frequently; and

WHEREAS, patients may experience a delay in receiving the necessary, prescribed medication; and

WHEREAS, this can result in significant and unexpected financial expenses to patients and/or potential negative impacts on their health; therefore, be it

RESOLVED, that the Pennsylvania Medical Society seek through enactment of legislation or regulation the requirement that all insurers or their agents provide formulary alternates if a prescription drug has been denied due to the fact that it is not included in the health plans’ formulary; and, be it further

RESOLVED, that an alternate and equivalent formulary recommendation be made by the insurer to the prescribing physician within 24 hours following the denial of the prescription; and, be it further

RESOLVED, that the Pennsylvania Medical Society work to compel insurers to provide physicians with a clear and rapid process of review that includes alternate recommendations for prescription drug treatment.

Fiscal Note: $

Relevance to Strategic Plan

405
RESOLUTION 17-406

(Referred to Reference Committee D)

Subject: Fixing Informed Consent

Introduced by: Natalia Ortiz, MD, on behalf of the Philadelphia County Medical Society

Authors: Enrique Hernandez, MD and Kurt Miceli, MD, Philadelphia County Medical Society

WHEREAS, the Pennsylvania Supreme Court has ruled that only physicians who will perform a procedure can obtain informed consent for that procedure; and

WHEREAS, there are many situations when it is impractical to prohibit other competent members of the health care team (residents, nurses, physician assistants) to participate in the informed consent process; and

WHEREAS, allowing other qualified members of the health care team to participate in the informed care process may provide the patient with more information, more opportunities to ask questions and, ultimately, to be able to make an informed decision; therefore, be it

RESOLVED, that the Pennsylvania Medical Society (PAMED) work with members of the Pennsylvania Assembly to introduce legislation to amend the MEDICAL CARE AVAILABILITY AND REDUCTION OF ERROR (MCARE) ACT of Mar. 20, 2002, P.L. 154, No. 13, specifically, Section 504, to allow other qualified health professionals (e.g. residents, fellows, nurses, physician assistants and/or other Allied Health Professionals) to obtain informed consent for procedures about which they are knowledgeable and qualified, whenever they are delegated to do so by the health care practitioner who will perform any procedure that requires consent under the MCARE ACT; and, be it further

RESOLVED, that if the informed consent has been obtained by a qualified health care practitioner, the patient will still have the opportunity to participate in informed consent discussions with the practitioner performing the procedure prior to the procedure, except in the case of an emergency; and, be it further

RESOLVED, that whenever alleged failure to obtain informed consent claims are made, all information exchanged between the patient and the physician and/or the physician’s qualified delegate shall be admissible in court; and, be it further

RESOLVED, that such legislation fully ensures a physician has satisfied the duty of disclosure and that the patient’s consent is truly informed when either the physician, or the physician’s qualified staff, have obtained informed consent for a surgery or treatment provided by the physician.

Fiscal Note: $10,000-25,000

Relevance to Strategic Plan

406
RESOLUTION 17-407

(Referred to Reference Committee D)

Subject: Freedom from Government Forced Mandates in Physician Practice

Introduced by: Natalia Ortiz, MD, on behalf of the Philadelphia County Medical Society

Author: Kurt Miceli, MD, Philadelphia County Medical Society

WHEREAS, in 2017, Senate Bill No. 655 was introduced to the General Assembly of Pennsylvania and proposed mandating the state's opioid prescribing guidelines as written by a government formed Advisory Council; and

WHEREAS, similar legislation mandating guidelines took effect as law last year under Act 87, which requires every individual born between 1945 and 1965 who receives health services as an inpatient in a hospital or who receives primary care services in an outpatient department of a hospital, health care facility, or physician's office, to be offered a hepatitis C screening test or hepatitis C diagnostic test; and

WHEREAS, it is unclear what legal ramifications, either intentional or unintentional, violation of Act 87 may have; and

WHEREAS, Act 87 and Senate Bill No. 655 subvert clinical judgment by imposing a blanket mandate on physicians; and

WHEREAS, the Hippocratic Oath states that a physician “will use treatment to help the sick according to [the physician’s] ability and judgment,” not according to government mandate; and

WHEREAS, the continued intrusion of government into the doctor-patient relationship erodes the professional bond which exists between the two; and

WHEREAS, in medicine, there is no one-size-fits-all, cookie-cutter approach to care; and

WHEREAS, each individual is unique and should be treated as such; and

WHEREAS, guidelines can inform care, but they should not govern it; and;

WHEREAS, a treatment protocol or clinical guideline may not be appropriate and effective for all patients; and

WHEREAS, forcing a physician, either through statute or regulation, to treat each patient the same without regard for clinical flexibility can be dangerous, ineffective, and detrimental to a patient's well-being; and

WHEREAS, physicians should not be put in the position of breaking the law when they are seeking to provide care in the best interests of their patients; therefore, be it

RESOLVED, that the Pennsylvania Medical Society (PAMED) continue to oppose legislation that would mandate the state's opioid prescribing guidelines; and, be it further
RESOLVED, that PAMED actively oppose any further legislation seeking to mandate clinical guidelines upon the physician; and, be it further

RESOLVED, that PAMED notify its membership in a timely manner of any new legislation from the Pennsylvania General Assembly that seeks to mandate clinical guidelines; and, be it further

RESOLVED, that PAMED—should it be unsuccessful in its opposition to future legislation seeking to mandate clinical guidelines—will, at a minimum, ensure that such legislation does not impose any liability, criminal or civil penalty, or licensure sanctions before any applicable State board for failure by a physician to comply.

Fiscal Note: $2500-5000

Relevance to Strategic Plan

407
RESOLUTION 17-408

(Referred to Reference Committee D)

Subject: Providing Immunity for Healthcare Providers of Free or Low-Cost or Emergent Healthcare

Introduced by: Natalia Ortiz, MD, on behalf of the Philadelphia County Medical Society

Author: Michael A. DellaVecchia, MD, PhD, Philadelphia County Medical Society

WHEREAS, there is a great source of active physicians, physicians in training, and physicians who are in retirement in the State of Pennsylvania; and

WHEREAS, such physicians are a great resource to the healthcare of the people of the State of Pennsylvania; and

WHEREAS, there is a need for the services of such physicians to people who may not have healthcare access due to economics, availability, de facto, or emergent causes; and

WHEREAS, a great hindrance to physicians volunteering to fulfill such a healthcare void is exposure to liability; and

WHEREAS, liability insurance coverage usually does not extend to physicians who volunteer to fill such a need; and

WHEREAS, approximately 2/3 of the physicians of Pennsylvania are employees and employers of these physicians do not extend liability coverage of such employees who volunteer to fill such a need; and

WHEREAS, the State of Pennsylvania has on many occasions neglected such needy populace of the state by failing to pass legislation that grants immunity for healthcare providers of free or low-cost health or emergent care, such as with 2015 bill SB 1102; therefore, be it

RESOLVED, that the Pennsylvania Medical Society be required to petition the legislature of the State of Pennsylvania to provide immunity for healthcare providers of free or low-cost health or emergent care.

Fiscal note: $5,000--$8,000

Relevance to Strategic Plan

408
Resolution 17-409
(Referred to Reference Committee D)

Subject: Informed Consent

Introduced by: Andrew R. Waxler, MD, FACC, on behalf of the Pennsylvania Chapter of the American College of Cardiology

Author: Andrew R. Waxler, MD FACC

WHEREAS, the process of witnessed informed consent is a vital prerequisite to any invasive procedure or treatment, and constitutes a detailed back-and-forth discussion between the physician and the patient regarding specific risks, benefits, indications and alternatives of that particular procedure or treatment; and

WHEREAS, many physician groups and departments of physicians (particularly, specialists and subspecialists) frequently work as a well-organized "team" in order to better care for the patient and to improve the efficiency of patient care; and

WHEREAS, a 2017 Pennsylvania Supreme Court ruling mandated that a physician may not delegate to others his or her obligation to provide sufficient information to obtain a patient’s informed consent; and

WHEREAS, the high court further stated that the duty of informed consent is a non-delegable duty owed by the physician conducting the surgery or treatment; and

WHEREAS, the court’s decision may lead to potentially devastating and adverse unintended consequences to patient health by causing unnecessary and potentially harmful delays; therefore, be it

RESOLVED, that the Pennsylvania Medical Society continue to support laws that promote physician-led, team-based care, to ensure efficiency, patient safety, and quality of care; and be it further

RESOLVED, that the Pennsylvania Medical Society advocate for informed consent laws that acknowledge and support the use of a well-organized team in providing patients with information sufficient to obtain their informed consent; and be it further

RESOLVED, that the Pennsylvania Medical Society advocate for laws that allow the physician conducting the surgery or treatment to delegate his or her duty to obtain informed consent to another qualified physician (including, residents and fellows) of the same specialty or subspecialty, within the same physician group or department. The physician to whom informed consent is delegated must have knowledge of the patient, the patient’s condition, and the procedures to be performed on the patient.

Fiscal Note: $5000

Relevance to Strategic Plan:

Goal 1: Improve the health of patients, families, and communities as we advocate for physicians and their patients
Objective 1.1. Develop and advocate for policies and programs that promote the appropriate patient-centered, physician-led team-based care as determined by patient need and available resources, and position physicians as the ultimate champions of safety, quality and value in patient care.

PAMED Policy:

35.991 - 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.

References:

2 Id. at *16.
RESOLUTION 17-410

(Referred to Reference Committee D)

Subject: Protection for Pennsylvania DACA Students, Physicians, and Patients

Introduced by: Gillian Naro, Penn State College of Medicine, on behalf of the Medical Students Section

Authors: Daniel Kim, Gillian Naro, and John Muller, Penn State College of Medicine

WHEREAS, 113 students with Deferred Action for Childhood Arrivals (DACA) status applied to US medical schools, with 65 matriculating in the 2016-2017 academic year alone; and

WHEREAS, to be eligible for DACA protections to stay and work in the US, these youths must prove that they arrived in the United States prior to turning 16; were under the age of 31 in June 2012; have continuously resided in the United States since June 15, 2007; are currently in school, graduated from high school, or obtained a general education development certificate (GED); and have not been convicted of a felony, a significant misdemeanor, or three or more other misdemeanors; and

WHEREAS, an undocumented student network called Pre-Health Dreamers reports that it currently has over 215 prehealth undocumented students in 27 states in its network; and

WHEREAS, one social mission of medical education is to increase the number of primary care physicians in health professional shortage areas, especially those populated by underrepresented minorities. DACA students demonstrate characteristics likely to contribute directly to this social mission. DACA students are largely underrepresented minorities themselves, and such physicians are likely to return to and serve their communities, which are often low-income, health professional shortage areas; and

WHEREAS, DACA medical students are legally excluded from receiving federal financial aid, and many have already taken on this debt with the intention of living and working in the US; and

WHEREAS, DACA status medical students enrolled in school will now face uncertainty about completing their degrees, paying their student loans, and serving patients. Furthermore, if DACA residents are unable to complete their training, this will result in wasted graduate medical education funds, unfilled training slots, and generally exacerbate the physician shortage our country is facing, especially for our most vulnerable patients; and

WHEREAS, our nation’s health care workforce depends on the care provided by international medical graduates (IMGs)—one out of every four physicians practicing in the United States is an IMG. These individuals include many with DACA status who are filling gaps in care; and

WHEREAS, the Health Resources and Services Administration reported that there is a current shortage of over 8,200 primary care physicians. Likewise, an independent study by the Association of American Medical Colleges has projected that the total physician deficit will grow to between 61,700 and 94,700 physicians by 2025. Estimates have shown that the DACA initiative could help introduce 5,400 previously ineligible physicians into the U.S. health care system in the coming decades to help address these shortages and ensure patient access to care; and

WHEREAS, in Pennsylvania, DACA has allowed nearly 5,900 young people to come forward, pass background checks, and live and work legally; and
WHEREAS, ending DACA would cost Pennsylvania nearly $357.1 million in annual GDP losses;¹¹ and

WHEREAS, AAMC (Association of American Medical Colleges) President and CEO Darrell G. Kirch, MD, issued the following statement to “strongly urge [Trump] to not revoke the current DACA executive action until a permanent pathway to a lawful immigration status for DACA participants is approved by Congress.”¹² and

WHEREAS, the AAMC is dedicated to promoting a culturally competent, diverse, and prepared health and biomedical workforce that leads to improved health.;¹² and

WHEREAS, the AAMC also supports work underway on Capitol Hill to craft a potential legislative solution that would ensure a temporary stay of deportation for students with DACA status until such time that Congress approves a permanent fix, such as the Development, Relief, and Education for Alien Minors (DREAM) Act. Further, the AAMC encourages lawmakers to grant DREAMers eligibility for federal student loans since financing medical education is often cited as the biggest barrier for aspiring physicians.;¹² and

WHEREAS, medical students and residents with DACA status and DREAMers represent a small but important segment of the U.S. population, and their participation in our health care workforce will benefit all U.S. patients.;¹² and

WHEREAS, the American Medical Association (AMA), has publically urged Congress to take prompt action to protect and provide stability for individuals with DACA status.;¹³ therefore, be it

RESOLVED, that the Pennsylvania Medical Society (PAMED) will study the issue of Deferred Action for Childhood Arrivals-eligible medical students, residents, and physicians and consider the opportunities for their participation in the physician profession and report its findings to the House of Delegates; and, be it further

RESOLVED, that PAMED support legislative efforts to protect DACA status medical students, physicians, and patients; and, be it further

RESOLVED, that PAMED issue a statement in support of current US healthcare professionals, including those currently training as medical students or residents and fellows, who are Deferred Action for Childhood Arrivals recipients in the Commonwealth of Pennsylvania.

Fiscal Note:

Relevance to Strategic Plan


RELEVANT AMA AND AMA-MSS POLICY:
RESOLUTION 17-411

(Referred to Reference Committee D)

Subject: The Pennsylvania Medical Society (PAMED) Support and Lobby State Legislators to Support HB 17, Introduced by State Representative Marcia Hahn (138th District), to Amend Sections 8 and 12 of the Act of April 14, 1972 (P.L. 221, No. 63), known as the Pennsylvania Drug and Alcohol Abuse Control Act

Introduced by: Ziba Rahjoi-Monfared, MD, on behalf of the Northampton County Medical Society

Author: Ziba Rahjoi-Monfared, MD, Northampton County Medical Society

WHEREAS, current law does not allow for a parent or legal guardian to consent for medical treatment of a minor over the legal age of 14; and

WHEREAS, the intent of this bill is to allow for a parent or legal guardian to authorize medical treatment for an individual who might otherwise not seek treatment for a substance abuse or mental health issue; and

WHEREAS, opioid and substance abuse, as well as mental health issues, have touched and affected children and families of many Pennsylvanians; and

WHEREAS, substance abuse and mental health treatment of individuals over the age 14 can only be applied by a physician upon the consent of the individual; and

WHEREAS, parents of children above the age of 14 have no legal authority to mandate or seek treatment for their children without the child’s consent above legal age; and

WHEREAS, 14- to 18-year-old children have not yet reached an age of what might be considered maturity or have the ability to define what might be in their own best interest in respect to substance abuse or mental health issues; and

WHEREAS, many parents seek to have their children treated for substance abuse and mental health issues before they become addicted or a mental health condition worsens; and

WHEREAS, physicians do not have the ability to order treatment for individuals between the ages of 14 and 18, without that individuals consent, regardless of parental consent or wishes; therefore, be it

RESOLVED, that the Pennsylvania Medical Society (PAMED) support and use lobbying efforts to support passage of this bill; and, be it further

RESOLVED, that PAMED add HB 17 to its list of legislative priorities and seek passage of this bill through its lobbying efforts.

Fiscal Note:

Relevance to Strategic Plan

411
Attached: House Bill 17

HB_17.pdf
RESOLUTION 17-412

(Referred to Reference Committee D)

Subject: The Pennsylvania Medical Society (PAMED) Support and Provide Financing to Develop and Execute a Physician Survey Assessing Patterns of Healthcare Financial Spending and Its Effect by Consolidation of Hospital and Hospital Network Systems, Monopolies of Healthcare Facilities, and Excluding Private Practice Physicians from Caring for Their Patients that have a History of Treatment by the Physician in Local Healthcare Facilities

Introduced by: Manny S. Iyer, MD, FACS, Northampton County Medical Society

Author: Chand Rohatgi, MD, Northampton County Medical Society

WHEREAS, the current healthcare marketplace has empowered hospital consolidation; and

WHEREAS, hospitals that dominate the marketplace have excluded private practice physicians being granted staff hospital privileges and practicing in “Not for Profit” institutions; and

WHEREAS, this is a violation of the IRS “Community Benefit Standard” - Rev. Rul. 56-185, 1956-1 C.B. 202, modified Rev. Rul. 69-545, 1969-2 C.B.117; and

WHEREAS, the ruling states: In order for a hospital to establish that it is exempt as a public charitable organization within the contemplation of section 501(c)(3), it must, among other things, show that it meets the following general requirements: #3: It must not restrict the use of its facilities to a particular group of physicians and surgeons, such as a medical partnership or association, to the exclusion of all other qualified doctors; and

WHEREAS, consolidation of Network Healthcare systems has impacted small groups and solo private practices; and

WHEREAS, insurance carriers collaborate with hospitals and network systems to narrow healthcare networks and select products that exclude private practice participation and hospital physician domination of the marketplace; and

WHEREAS, healthcare facility monopolies have driven up the cost of healthcare; and

WHEREAS, consolidation of healthcare facilities raises costs, decreases and limits patient access to healthcare; and

WHEREAS, patients of private practice physicians who request their current physicians in hospital settings are redirected to employed healthcare system physicians. Private practice physicians are not contacted even when a patient requests “their own” doctor; and

WHEREAS, the above factors limit a physician’s ability to care for their patients and sever the patient/physician relationship; therefore, be it

RESOLVED, that the Pennsylvania Medical Society (PAMED) provide financing to develop and execute a physician survey to assess the patterns of how healthcare is being affected in Pennsylvania, by consolidation of hospitals and healthcare network systems; and, be it further
RESOLVED, that PAMED provide financing to develop and execute a physician survey to assess the patterns of insurance carriers creating narrow physician networks; and, be it further

RESOLVED, that PAMED investigate and lobby federal legislators to enforce the regulations contained in the IRS’ “Community Benefit Standard” - Rev. Rul. 56-185, 1956-1 C.B. 202, modified Rev. Rul. 69-545, 1969-2 C.B.117 - for “Non-Profit” Healthcare systems using the results of these surveys.

Fiscal Note:

Relevance to Strategic Plan


HealthcareFacilities Act_79_P.L.130_No4.pdf
RESOLUTION 17-501

(Referred to Reference Committee E)

Subject: Full and Open Survey of PAMED to Prioritize Members’ Needs

Introduced by: Marion E. Mass, MD, Bucks County Medical Society

Author: Marion E. Mass, MD, Bucks County Medical Society

WHEREAS, the Pennsylvania Medical Society (PAMED) has thousands of members; and

WHEREAS, there are limited resources and many issues which can be seen as priorities; and

WHEREAS, PAMED should be an organization whose utilization of resources represents its membership base; and

WHEREAS, PAMED leadership should have the most accurate information in order to responsibly lead the use of resources; therefore, be it

RESOLVED, that PAMED conduct an anonymous survey of 100% of its members, presented in an open question format to determine what membership believes are the most important issues on which leadership should focus, what the greatest challenges are that members face and that need to be addressed, and what the greatest concerns are that hinder members’ ability to deliver care in a manner they feel is appropriate; and, be it further

RESOLVED, that this survey be finished in time to be presented to the next PAMED House of Delegates meeting.

Fiscal Note: $

Relevance to Strategic Plan

501
RESOLUTION 17-502

(Referred to Reference Committee E)

Subject: Financing for Student and Resident Delegates

Introduced by: Natalia Ortiz, MD, on behalf of the Philadelphia County Medical Society

Author: Michael A. DellaVecchia, MD, PhD, Philadelphia County Medical Society

WHEREAS, the Pennsylvania Medical Society (PAMED) is the primary instrument whereby physicians from the State of Pennsylvania advocate for their profession and their patients at a state level; and

WHEREAS, PAMED is an integral part of the American Medical Association (AMA) and an active participant and contributor to the advocacy of the medical profession and patient care on a national platform; and

WHEREAS, students, residents, and fellows are the future of the profession and patient care; and

WHEREAS, Pennsylvania is home to approximately 5,000 of the 75,000 national medical and osteopathic students (Association of American Medical Colleges | 655 K Street, NW,Suite100,Washington,DC,20001-2399 www.aamc.org/data/facts/enrollmentgraduate/148670/total-grads-by-school-gender.html); and

WHEREAS, students, residents, and fellows are better prepared to be responsible for the advocacy of the profession and patients by participation in the mechanism of the PAMED House of Delegates and the AMA; and

WHEREAS, the participation of the students, residents, and fellows benefits the patients of the State of Pennsylvania and the profession of medicine not only at the county level but also at the entire state level and the nation in general; and

WHEREAS, we must invest in such a great asset as the students and residents; therefore, be it

RESOLVED, that the Pennsylvania Medical Society contribute at least equally with the counties (50%) to the cost of the attendance of medical students, residents, and fellows to the annual House of Delegates conference of the Pennsylvania Medical Society.

Fiscal Note: $45,000-$50,000

Relevance to Strategic Plan

502
RESOLUTION 17-503

Subject: Practicing Physician Declining Membership Analysis

Introduced by: Natalia Ortiz, MD, on behalf of the Philadelphia County Medical Society

Author: Kurt Miceli, MD, Philadelphia County Medical Society

WHEREAS, the total number of U.S. physicians 40 years and older (Life Stage categories “Mature” and “Senior,” based on the AMA Physician Masterfile) increased from 741,495 in December 2010 to 793,189 in June 2017;¹,² and

WHEREAS, the total number of non-AMA U.S. physicians 40 years and older (Life Stage categories “Mature” and “Senior,” based on the AMA Physician Masterfile) increased from 622,991 in December 2010 to 684,003 in June 2017;¹,² and

WHEREAS, U.S. physicians in Life Stage categories “Mature” and “Senior” (based on the AMA Physician Masterfile) represent the majority of practicing physicians (specifically 61.8% of all U.S. physicians and medical students);² and

WHEREAS, the American Medical Association’s (AMA’s) membership for physicians 40 years and older (Life Stage categories “Mature” and “Senior,” based on the AMA Physician Masterfile) declined from 118,504 in December 2010 to 109,186 in June 2017;¹,² and

WHEREAS, the percentage of total U.S. physicians 40 years and older (Life Stage categories “Mature” and “Senior,” based on the AMA Physician Masterfile) who were members of the AMA in December 2010 was 15.98%;¹ and

WHEREAS, the percentage of total U.S. physicians 40 years and older (Life Stage categories “Mature” and “Senior,” based on the AMA Physician Masterfile) who were members of the AMA in June 2017 declined to 13.77%;² and

WHEREAS, the rate of growth of “Young” physician members to the AMA (those under 40 years old or in their first eight years of practice) [24.1% from December 2010 to June 2017] was less than the rate of growth of Young physicians in the United States [27.5% from December 2010 to June 2017];¹,² and

WHEREAS, physician membership to the AMA decreased from 16.0% of all physicians to 15.6% of all physicians from December 2010 to July 2017;¹,² and

WHEREAS, membership dues for the AMA from 2014 to 2015 decreased from $40.4 million to $39.5 million;³ and

WHEREAS, membership dues for the AMA from 2015 to 2016 decreased from $39.5 million to $39.1 million; and

WHEREAS, the AMA states that it advocates on behalf of physicians and aims to be the voice of physicians; and

WHEREAS, the AMA has as its mission to “promote the art and science of medicine and the betterment of public health;” and

WHEREAS, the AMA has supported physician membership drive campaigns in the past noting that “Together We are Stronger;” and

WHEREAS, a clear discrepancy exists between declines in AMA membership for the majority of practicing physicians and the AMA’s intent to be the voice of physicians; and

WHEREAS, reasons for this discrepancy need to be understood and acted upon so that membership declines in practicing physicians can be reversed for the strength and financial health of the organization as well as the larger voice of physicians in the country; and

WHEREAS, it is in the interest of any membership organization to represent a substantial portion of the individuals it claims to represent, therefore be it;

RESOLVED, that the Pennsylvania Medical Society (PAMED) petition the American Medical Association (AMA) to study the reasons for membership decline among practicing physicians in Life Stage categories “Mature” and “Senior” by proportionally surveying both members and non-members in these categories as to the reasons why or why not individuals are members; and, be it further

RESOLVED, that PAMED petition the AMA to study the reasons for the relatively slow growth of membership in the “Young” physician category as such growth in membership lags behind the growth rate of this group at large; and, be it further

RESOLVED, that any such survey examine a variety of concerns physicians may have with regard to the AMA, its attention to its mission, its adequacy in advocating for physicians, any political bias which may be dissuading individuals from remaining or becoming members, and possible solutions for the foregoing concerns; and, be it further

RESOLVED, that this survey be undertaken immediately by an independent consulting company with expertise in membership engagement and reported to the AMA House of Delegates at the 2018 Annual Meeting and made available to the AMA membership at large at that time.

Fiscal Note: $2,500-$5000

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5 http://www.ama-assn.org/ama
7 http://www.ama-assn.org/ama/pub/about-ama.page
Relevance to Strategic Plan

503
RESOLUTION 17-504

(Referred to Reference Committee E)

Subject: Use the PAMED Special Purpose Funds to Support Delegates and Alternate Delegates to the PAMED House of Delegates

Introduced by: Natalia Ortiz, MD, on behalf of the Philadelphia County Medical Society

Authors: Board of Directors, Philadelphia County Medical Society

WHEREAS, the Pennsylvania Medical Society (PAMED) House of Delegates is the forum where direction for PAMED is determined; and

WHEREAS, once a year, members of the PAMED House of Delegates come together as volunteers at the Hershey Lodge to debate and vote upon resolutions which will set direction for PAMED; and

WHEREAS, the House of Delegates is comprised of members elected by each county medical society or medical specialty section; and

WHEREAS, the House of Delegates remains a function of PAMED as a whole and the responsibility to disseminate all information to the Delegates and Alternates of every county, specialty, and section in a uniform fashion; and

WHEREAS, the average cost of staying at the Hershey Lodge this year is over $450 for two nights’ accommodations; and

WHEREAS, the high cost of attending the House of Delegates at the Hershey Lodge for the weekend has placed a financial burden on many of the county medical societies, medical specialty sections, and their members; therefore, be it

RESOLVED, that PAMED provide full financial support beginning with the 2018 House of Delegates, using the special purpose funds, for the lodging and travel expenses for all county and medical specialty sections delegates and alternate delegates for the next 3 years.

Fiscal Note: $350-$440K

Relevance to Strategic Plan

504
RESOLUTION 17-505

(Referred to Reference Committee E)

Subject: PAMED Support and Provide Financing to Locate and Retain an Independent Healthcare Law Firm to Review Employment Contracts

Introduced by: Manny S. Iyer, MD, FACS, on behalf of the Northampton County Medical Society

Author: Chand Rohatgi, MD, Northampton County Medical Society

WHEREAS, physicians are highly-trained individuals; and

WHEREAS, physicians have become increasingly pressured to become employed by healthcare networks and systems; and

WHEREAS, more than 70% of physicians in the state of Pennsylvania are currently employed; and

WHEREAS, the impact of employment encumbers physicians and restricts their ability to effectively provide patient care; and

WHEREAS, the practice of medicine is evolving from a profession to a trade; and

WHEREAS, physicians have been encumbered by restrictive covenants as employed physicians; and

WHEREAS, itinerant healthcare is not in the best interests of patients; and

WHEREAS, hospitals and healthcare facilities retain multiple law firms in a given area, making it difficult for physicians to find a law firm that does not have a conflict of interest to represent them in contract negotiations; and

WHEREAS, it is difficult to find a knowledgeable law firm that has the expertise in healthcare to represent a physician’s best interests; and

WHEREAS, the Pennsylvania Medical Society (PAMED) has a mission to help and support its membership, 30% of which is comprised of private practice physicians; and

WHEREAS, PAMED’s current contract review service is not evaluated or reviewed by a practicing independent law firm with healthcare negotiation experience and expertise in hospital network system – physician contract negotiations; therefore, be it

RESOLVED, that PAMED allocate $1 million from its endowment fund to support physicians in contract negotiations by retaining a law firm to review contracts and give advice to physicians who are anticipating possible employment as a benefit of membership.

Fiscal Note: $1 million

Relevance to Strategic Plan

505
RESOLUTION 17-506

(Referred to Reference Committee E)

Subject: Transparency within the Functioning of the Pennsylvania Medical Society

Introduced by: Natalia Ortiz, MD, on behalf of the Philadelphia County Medical Society

Author: Michael A. DellaVecchia, MD, PhD, Philadelphia County Medical Society

WHEREAS, the Pennsylvania Medical Society is the primary instrument whereby physicians from the State of Pennsylvania advocate for their profession and their patients at a state level; and

WHEREAS, the Pennsylvania Medical Society is the central source of information for both the county societies and their members; and

WHEREAS, much of the information of the Pennsylvania Medical Society is generated within its elected leadership such as the Executive Committee and the Board of Trustees; and

WHEREAS, the dissemination of information is instrumental for the functioning of the county societies and for the education of their members as well; therefore, be it

RESOLVED, that the Pennsylvania Medical Society disseminate to the counties and subsequently their members information to include but not limited to: Agenda Action Forms, Executive Summary of Issues, and Discussion Items for upcoming Board Meetings.

Fiscal Note: $0

Relevance to Strategic Plan

506