OPENING SESSION—October 24, 2015
Martin D. Trichtinger, MD, Speaker of the House, called the opening session of the House of Delegates to order at 8:30 a.m. on Saturday, October 24, 2015, in the Aztec/Nigerian Rooms of the Hershey Lodge, Hershey, Pennsylvania.

Pledge of Allegiance
Dr. Trichtinger led the House of Delegates in the Pledge of Allegiance.

Invocation
Pastor Eugene Liddick, Enola Emmanuel United Methodist Church, offered the invocation.

Committee on Rules and Credentials
Charles A. Castle, MD (Lancaster County), Chair, reported there was a quorum of 195 certified delegates.

CONSENT CALENDAR

Mr. Speaker, The Committee on Rules and Credentials recommends the following consent calendar:

Recommended for Adoption
1. Proposed Standing Rule No. 18

Recommended for Continuation without Amendment
2. Standing Rules Nos.1-17

Mr. Speaker, members of the House of Delegates, the Committee on Rules and Credentials has considered all the items in the above index.

The Standing Rules establish procedures for the orderly transaction of business at meetings of the House of Delegates. The rules in effect as of the most recent meeting remain in effect unless altered or rescinded by the House of Delegates by a two-thirds favorable vote of the seated delegates. The Committee on Rules and Credentials is responsible for proposing necessary or desirable changes to the rules.

1. STANDING RULE 18

   Mr. Speaker, your Committee on Rules and Credentials recommends that proposed new Standing Rule 18, as published in the 2015 Official Reports Book, be adopted.

Proposed new Standing Rule 18 would establish Sturgis, Standard Code of Parliamentary Procedure as the parliamentary authority for this meeting. Use of this authority previously was mandated by the bylaws. However, in October 2014, the bylaws were amended to allow the House of Delegates to adopt the parliamentary authority by rule, due to concern that Sturgis may go out of print. A bylaws amendment under consideration at this meeting would require use of the American Institute of Parliamentarians (AIP), Standard Code of Parliamentary Procedure. However, if adopted, that amendment will not take effect until adjournment of the House. The committee believes that it would be
appropriate to continue use of Sturgis in the interim. While the changes in the AIP authority are minimal, this will allow time for members of the House to adapt to a new authority.

The House adopted proposed new Standing Rule 18.

2. STANDING RULES NOS.1-17

Mr. Speaker, your Committee on Rules and Credentials recommends that Standing Rules Nos. 1 through 17 of the House of Delegates, as published in the 2015 Official Reports Book, remain in effect with no amendments.

There was no discussion regarding Standing Rules Nos. 1-17 and the committee agreed that they should remain in effect.

The House adopted Standing Rules 1-17.

Approval of Proceedings
The Proceedings of the 165th Annual Business Meeting of the Pennsylvania Medical Society, held in Hershey, October 18-19, 2014, were approved.

Introduction of Official Reports Book
The Official Reports Book, containing the 2015 annual reports and resolutions, was accepted as business of the House.

Dr. Trichtinger called to the attention of the House the information reports found in the front of the Official Reports Book before the Rules and Credentials materials, and asked if any of the delegates wished to extract any of the reports. There were no extractions.

The House filed the following information reports:

Board of Trustees: Necrology Report and Board Reports 1, 2, 5, 6, 7, and 11
Officers: Reports of the Auditor; Executive Vice President; Secretary; Report 1 of the Speaker, House of Delegates; and Treasurer
Standing Committee: Committee to Nominate Delegates & Alternates to the AMA
Miscellaneous Reports: The Foundation of the Pennsylvania Medical Society; Pennsylvania Delegation to the AMA; and Pennsylvania Medical Political Action Committee (PAMPAC)

Address of the President
Karen A. Rizzo, MD (Lancaster County) addressed the House, and the House filed her report.

Necrology Report
Dr. Trichtinger stated that the necrology report from the Board of Trustees could be found under the information tab of the Official Reports Book. He also called attention to the Memorial Resolutions for Robert L. Lasher, MD; H. Tom Tamaki, MD; and Milton A. Wohl, MD, which were adopted. The House observed a moment of silence in their honor.

Remarks by AMA Representative
Dr. Trichtinger recognized Dr. James A. Goodyear, Chair of the AMA Delegation, who introduced Stephen R. Permut, MD, JD, Chair of the AMA Board of Trustees, who addressed the House.
Address of the President Elect
Scott E. Shapiro, MD (Montgomery County) addressed the House, and the House filed his report.

Address of the Pennsylvania Medical Society Alliance President
Dr. Trichtinger introduced Mrs. Anna Kosenko, 91st President of the State Society Alliance. Mrs. Kosenko briefly addressed the House, and the House filed her address.

PAMPAC Presentation
Dr. Spurlock recognized John C. Wright, Jr., MD, Chair of the PAMPAC Board, who gave a brief presentation.

Foundation of the Pennsylvania Medical Society/PAMPAC Presentation
Dr. Spurlock recognized Raymond C. Truex, Jr., MD (Berks County), Chair of the Foundation’s Board, who gave a brief presentation and presented a video.

Recess
The House of Delegates recessed at 10:30 a.m.

Reference Committees
Reference committees for the 2015 Annual Business Meeting of the House of Delegates are listed below.

Reference Committee A (Bylaws): Jennifer L. Lewis, MD, Chair (Washington County); Kevin O. Garrett, MD (Allegheny County); Lynn M. Lucas-Fehm, MD (Philadelphia County); and Shyam B. Sabat, MD (Young Physicians Section)

Reference Committee B (Education and Science/Public Health): Michael A. DellaVecchia, MD, PhD, Chair (Philadelphia County); Virginia E. Hall, MD (Dauphin County); and Judith R. Pryblick, DO (Lehigh County); Maria J. Sunseri, MD (Allegheny County); and Carol A. Westbrook, MD (Luzerne County)

Reference Committee C (Managed Care & Other Third-Party Reimbursement): Timothy D. Welby, MD, Chair (Lackawanna County); Lawrence L. Altaker, MD (Dauphin County); Jan W. Madison, MD (Allegheny County); Patrick F. McSharry, MD (Dauphin County); Winslow W. Murdoch, MD (Chester County); and Kinnari Patel (Philadelphia County)

Reference Committee D (McCare Fund/Tort Reform/Other Legislation/Regulation): Jill M. Owens, MD, Chair (McKean County); Lucy J. Cairns, MD (Berks County); Aaron E. George, DO (Franklin County); Sage T. Green (Medical Student Section); Salvatore A. Lofaro, MD (Delaware County); and John P. Williams, MD (Allegheny County)

Reference Committee E (Membership/Leadership/Subsidiaries): Amelia A. Pare, MD, Chair (Allegheny County); Daniel T. Dempsey, MD (Philadelphia County); Wilma C. Light, MD (Westmoreland County); Warren L. Robinson, Jr., MD (Lycoming County); Jay E. Rothkopf, MD (Young Physicians Section); and John M. Vasudevan, MD (Young Physicians Section)

Committee on Rules & Credentials: Charles A. Castle, MD, Chair (Lancaster County); Mark S. Friedlander, MD (Delaware County); Jonathan A. Rhoads, Jr., MD (York County); Chand Rohatgi, MD (Northampton County); Arlene G. Seid, MD (Cumberland County); and Carmen E. Spinney, MD (Lycoming County)

Tellers/Sergeants-at-Arms: Phillip R. Levine, MD, Chief (Allegheny County); Joseph B. Blood, Jr., MD (Bradford County); Anthony D. Dippolito, MD (Northampton County); Sharon L. Goldstein, MD (Allegheny County); Howard K. Horne, MD (Carbon County); Scott E. Jordan, MD (Philadelphia County); and Mark A. Lopatin, MD (Montgomery County)
Inaugural Program/Alliance AMES Fundraiser
The AMES Fund Silent Auction opened at 5:15 p.m.; Silent Auction items were available for viewing all afternoon on Saturday, October 24. The inaugural program and awards ceremony was held at 6:00 p.m. The combined events were held in the Red and White Rooms of the Hershey Lodge.

Opening Remarks
Martin D. Trichtinger, MD, Speaker of the House of Delegates, delivered opening remarks.

Introduction of Past Presidents and Visiting Dignitaries
Dr. Trichtinger introduced the Medical Society’s past presidents and visiting dignitaries, and presented the results of the elections and the clinical poster contest.

Presentation of Distinguished Service Award
Dr. Talenti presented the Distinguished Service Award to M. Elaine Eyster, MD.

Presentation of the PAMPAC R. William Alexander Award
John C. Wright, Jr., MD, PAMPAC Board Chair, presented the award to John P. Gallagher, MD.

Presentation of AMES Scholarships
Mrs. Caryl Schmitz, AMES Fund Committee, announced the names of the winners of the AMES scholarships, and Dr. Shapiro presented the checks to the winners: Colin T. Ackerman (Sidney Kimmel Medical College, Thomas Jefferson University); James J. Bresnahan (Penn State University College of Medicine); Clayton A. Cooper (Penn State University College of Medicine); Megan C. Gray (Penn State University College of Medicine); Oriana C. Hunter (University of Pittsburgh School of Medicine); Edward V. Kogan (Perelman School of Medicine, University of Pennsylvania); Mona Lotfipour (Penn State University College of Medicine); and Thomas P. Scharnitz (Penn State University College of Medicine).

Presentation of Past President’s Pin and Scroll
Dr. Talenti presented the past president’s pin and scroll to Karen A. Rizzo, MD.

Installation of President
Dr. Talenti installed Scott E. Shapiro, MD as the 166th President of the Pennsylvania Medical Society. After taking the oath of office, Dr. Shapiro delivered brief remarks.

Dinner Blessing
Dean R. Werner, MD presented the dinner blessing.

Closing Remarks
Dr. Trichtinger presented closing remarks. An evening social mixer and dinner was held and the Silent Auction reopened. The Silent Auction closed at 8:00 p.m., and the winners were announced at 8:30 p.m.

FINAL SESSION -- October 25, 2015
The final session of the 2015 House of Delegates was called to order at 8:05 a.m. on Sunday, October 25, 2015, in the Aztec/Nigerian Rooms of the Hershey Lodge, Hershey, Pennsylvania.

Committee on Rules and Credentials
Charles A. Castle, MD (Lancaster County), Chair, reported that there was a quorum of 218 certified delegates.
Reference Committee A  
Presented by: Jennifer L. Lewis, MD, Chair

CONSENT CALENDAR

Mr. Speaker, your reference committee recommends the following consent calendar:

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**Recommended for Adoption**

1. 2015 Proposed Bylaws Amendment: Subject Two - Clean-up Amendment

**Recommended for Adoption as Amended or Substituted**

2. 2015 Proposed Bylaws Amendment: Subject One - Parliamentary Authority

**Recommended for Referral to Board of Trustees for Study**

3. 2014 Proposed Bylaws Amendment: Subject Five - Ballot Voting (Board of Trustees, Report 9)

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1. **2015 PROPOSED BYLAWS AMENDMENT: SUBJECT TWO - CLEAN-UP AMENDMENT**

   **RECOMMENDATION:**

   Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Two in the 2015 Official Call be adopted.

   Proposed Amendment Subject Two is a clean-up amendment that would correct a drafting error in bylaws amendments adopted in October 2014 to a section governing the Committee to Nominate AMA Delegates and Alternates. The amendment replaces incorrect references to nominations “by petition” with nominations “from the floor” and reverts back to the original language of the section. Your reference committee agrees that the original language should have been retained when the House voted not to approve a bylaws amendment that would have required nominations to be made 30 days in advance of the meeting “by petition” instead of “from the floor.”

   The House adopted Subject Two.

2. **2015 PROPOSED BYLAWS AMENDMENT: SUBJECT ONE - PARLIAMENTARY AUTHORITY**

   **RECOMMENDATION A:**

   Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject One in the 2015 Official Call be amended as follows:

   **SECTION 11 - Parliamentary Authority**

   The current edition of the American Institute of Parliamentarians, Standard Code of Parliamentary Procedure shall be the parliamentary authority of the Pennsylvania Medical Society. **FOR PURPOSES OF THE HOUSE OF DElegates, THE CURRENT EDITION SHALL BE DETERMINED AS OF THE DATE OF THE OFFICIAL CALL FOR THE MEETING. The House of Delegates may adopt an official reference to govern its meetings and other proceedings when the matter**
Proposed Amendment Subject One would establish the American Institute of Parliamentarians (AIP), *Standard Code of Parliamentary Procedure* as the parliamentary authority for the Society. Your reference committee agrees that the AIP authority is an appropriate replacement for the current authority, Sturgis, *Standard Code of Parliamentary Procedure*. Sturgis soon may not be readily available for purchase. The AIP authority is very similar to Sturgis and would facilitate governance of the Society.

However, for purposes of the House of Delegates, your reference committee believes that the proposed language should be amended to establish a date for determination of the current edition. The edit (shown in CAPITALS) would determine the current edition as of the date of the Official Call for the meeting. This will allow delegates time to digest any changes in advance of the meeting.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject One in the 2015 Official Call be adopted as amended.

The House adopted as amended Subject One.

3. **2014 PROPOSED BYLAWS AMENDMENT: SUBJECT FIVE - BALLOT VOTING (BOARD OF TRUSTEES, REPORT 9)**

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Five in the 2014 Official Call be referred to the Board of Trustees for further study with a report back no later than the 2018 annual meeting of the House of Delegates.

Subject Five of the amendment packet considered by the 2014 House of Delegates would authorize the House to vote by ballot, either via mail or electronically, without convening an in-person meeting. The House referred this amendment for study to the Board, which sought the counsel of the Bylaws Committee. The Board agreed with the Bylaws Committee recommendation that the amendment should not be adopted at this point in time.

Your reference committee agrees that there would be value in further investigation and consideration of key matters, such as credentialing of the delegates eligible to vote and the scope of the matters that may be decided by a ballot vote without the benefit of a synchronous debate. At the same time, your reference committee agrees with testimony presented in the virtual forum and during the reference committee hearing that this issue should remain on the Board’s radar. There is growing interest among members to participate in PAMED activities electronically and future technological advances may make implementation more feasible.

Testimony at the hearing acknowledged that this matter may not be ripe for reconsideration at next year’s annual meeting. The recommendation is designed to give the Board the flexibility to report back at an appropriate time while assuring that the matter will continue to be considered and acted upon in a timely manner.
The House approved referring Subject Five.

Reference Committee C
Presented by: Timothy D. Welby, MD, Chair

CONSENT CALENDAR

Mr. Speaker, your reference committee recommends the following consent calendar:

Recommended for Adoption as Amended or Substituted
1. Resolution 15-301: Improve Delivery of Peripheral Arterial Disease Care to Medicaid Beneficiaries at a Lower Cost to the State

Recommended for Referral to Board of Trustees for Study
2. Resolution 15-302: Informing Public of Hospital Revenue per Inpatient Day of Care

1. RESOLUTION 15-301: IMPROVE DELIVERY OF PERIPHERAL ARTERIAL DISEASE CARE TO MEDICAID BENEFICIARIES AT A LOWER COST TO THE STATE
Resolved, That the Pennsylvania Medical Society urge Pennsylvania Medicaid to mirror Medicare coverage for in-office peripheral arterial disease (PAD) services and to adjust the Medicaid fee schedule to reimburse for in-office percutaneous PAD therapies.

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 15-301 be amended as follows:

Resolved, That the Pennsylvania Medical Society urge Pennsylvania Medicaid Department of Human Services to mirror Medicare coverage and reimburse for in-office percutaneous peripheral arterial disease (PAD) services, and to adjust the Medicaid fee schedule to reimburse for in-office percutaneous PAD therapies.

Resolution 15-301 seeks coverage for peripheral arterial disease (PAD) therapies by Medicaid when performed in an in-office setting.

Your reference committee supports this resolution. We feel that there is an opportunity for not only cost savings, but also and even more importantly, better care for a statistically more chronically-ill population.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 15-301 be adopted as amended.

The House adopted as amended Resolution 15-301.

2. RESOLUTION 15-302: INFORMING PUBLIC OF HOSPITAL REVENUE PER INPATIENT DAY OF CARE
Resolved, That the Pennsylvania Medical Society work with the Pennsylvania Department of Health and the Pennsylvania Health Care Cost Containment Council to inform patients and
families of the average daily cost of hospitalization at each hospital (Net Patient Revenue per Inpatient Day of Care); and be it further

Resolved, That the Pennsylvania Medical Society work to have the Pennsylvania Health Care Cost Containment Council publish an addendum to their 2014 Financial Analysis that reports Net Patient Revenue per Inpatient Day of Care for each hospital and Region, and include Net Patient Revenue per Inpatient Day of Care in all future annual Financial Analysis reports; and be it further

Resolved, That the Pennsylvania Medical Society work with the Pennsylvania Department of Health to establish policy that requires each hospital to post prominently its most recent Average Daily Cost for Hospitalization (Net Patient Revenue per Inpatient Day of Care), along with the averages for the State and Region.

Mr. Speaker, your reference committee recommends that Resolution 15-302 be referred to the Board of Trustees for study.

Resolution 15-302 directs the Pennsylvania Medical Society (PAMED) to work with the Pennsylvania Department of Health and the Pennsylvania Health Care Cost Containment Council (PHC4) to have net patient revenue per inpatient day of care figures for individual hospitals publicly reported. The resolution further directs PAMED to work with PHC4 to publish an addendum to their 2014 report to include this data.

Several clarifications were sought from the author on this resolution. It is clear that this resolution addresses an extremely complex issue – one on which physicians need to be educated. Their patients view them as a primary resource for most healthcare decisions.

Your reference committee, along with most everyone who testified, strongly favors transparency in healthcare costs. However, the information must be clear and useful to both patients and physicians. Additionally, it would be irresponsible to embark on this path without first collaborating with other interested stakeholders.

Your reference committee believes it should be referred for study.

The House approved referring Resolution 15-302.

Reference Committee E
Presented by: Amelia A. Pare, MD, Chair

CONSENT CALENDAR

Mr. Speaker, your reference committee recommends the following consent calendar:

Recommended for Adoption
1. Report 3, Board of Trustees, Resolution 14-502: Using the PAMED Endowment Fund to Offset The High Cost of Membership; Resolution 14-503: Universal Physician Membership in the Pennsylvania Medical Society; Resolution 14-504: Addressing PAMED Membership Dues Pricing; Resolution 14-506: Using the Pennsylvania Medical Society Endowment Fund to Offset the High Cost of Membership
2. Report 4, Board of Trustees, Resolution 14-505: Pennsylvania Medical Society Fiscal Transparency
3. Report 10, Board of Trustees, Policy Sunset
4. Resolution 15-501: Regional Local Medical Societies
Recommended for Adoption as Amended or Substituted
5. Resolution 15-502: Pennsylvania Medical Society Inclusion of Non-Physician Subject Matter Experts
6. Resolution 15-504: The Education of Pennsylvania Physicians to the Legalities of Contracts
7. Resolution 15-505: Streamlining Medical Student Membership Registration

Recommended for Referral to Board of Trustees for Study

1. REPORT 3, BOARD OF TRUSTEES, RESOLUTION 14-502: USING THE PAMED ENDOWMENT FUND TO OFFSET THE HIGH COST OF MEMBERSHIP; RESOLUTION 14-503: UNIVERSAL PHYSICIAN MEMBERSHIP IN THE PENNSYLVANIA MEDICAL SOCIETY; RESOLUTION 14-504: ADDRESS PAMED MEMBERSHIP DUES PRICING; RESOLUTION 14-506: USING THE PENNSYLVANIA MEDICAL SOCIETY ENDOWMENT FUND TO OFFSET THE HIGH COST OF MEMBERSHIP

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Report 3 of the Board of Trustees be adopted and the remainder of the report be filed.

Report 3 addresses resolutions 502, 503, 504, and 506 from the 2014 House of Delegates meeting. In response to these resolutions, at its May 21, 2014 meeting, the PAMED Board approved the development of a Membership Taskforce to provide recommendations on membership development activities and address PAMED’s declining active membership.

Specifically, the Taskforce worked with volunteer leaders, PAMED staff, and county and specialty medical societies to:

1. Access and evaluate the current PAMED membership model and advise the Board on potential alternative membership categories or membership models. This may include discontinuing certain membership categories and/or pilot projects that are identified as ineffective or not sustainable.
2. Review current member benefits and recommend potential additional benefits, services, or other activities including CME/educational programming and both on-line and in-person member benefits.
3. Identify opportunities for collaboration with county and specialty medical societies that may provide for joint recruitment efforts and membership development.
4. Serve as a sounding board or focus group for communications and marketing initiatives related to membership development.

While the Taskforce and Board did not recommend adoption of any of the four resolutions from 2014, they did consider the sentiment that a change in dues pricing was expressed by delegates.

Your reference committee believes the Board has made a thorough examination of this issue and supports its recommendation.

The House adopted Board Report 3.
2. REPORT 4, BOARD OF TRUSTEES, RESOLUTION 14-505: PENNSYLVANIA MEDICAL SOCIETY FISCAL TRANSPARENCY

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Report 4 of the Board of Trustees be adopted and the remainder of the report be filed.

Resolution 14-505, introduced at the 2014 House of Delegates and referred to the Board, called on the Society to provide a report to the House of Delegates, providing the guidelines for disposition of the funds from the sale and report back to the House of Delegates before any of the funds are utilized. Resolution 14-505 also called on the Society to not approve utilization of any of the funds from the sale of any Pennsylvania Medical Society asset without approval from a three-fourths majority of the Board of Trustees and the House of Delegates. Resolveds 4 and 5 were referred to the Board for study.

Board Report 4 addresses resolveds 4 and 5 by providing guidelines for the disposition of funds from the sale of KEPRO. At the May Board meeting, the KEPRO Proceeds Taskforce submitted their final recommendations which identified priority areas for funding and recommended a spending formula.

Board Report 4 clarifies that the disposition of funds from the sale of KEPRO are under the purview of the PAMED Board of Trustees, however, the Board recognizes the value of having input and participation from the House of Delegates and general membership. To this end, the Board has recommended the establishment of an Innovation/Strategic Purpose Committee that is inclusive of delegates and other PAMED members to evaluate requests for funding that advance the PAMED strategic plan and demonstrate member value.

Your reference committee believes the Board has made a thorough examination of this issue and supports its recommendation.


3. REPORT 10, BOARD OF TRUSTEES, POLICY SUNSET

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Board of Trustees Report 10 be adopted and the remainder of the report be filed.

Society policy directs that all Society policies adopted prior to 1981 be reviewed and presented to the House for re-adoptions; and that in subsequent years, all policies adopted by the Society be reviewed and presented to the House for similar action on the tenth anniversary of their adoption; and, that all policies reviewed, but not readopted automatically, expire at the conclusion of that House meeting. The Board brings a report with recommendations to the House each year.

This year, the procedure was followed for policies for 1965, 1975, 1985, 1995, and 2005. The Board acted on these at its August 2015 meeting.

Your reference committee believes the Board has made a thorough investigation of this issue and supports its recommendation.
The House adopted Board Report 10.

4. RESOLUTION 15-501: REGIONAL LOCAL MEDICAL SOCIETIES
Resolved, That the Pennsylvania Medical Society create a taskforce to examine the feasibility of forming larger regional medical societies built upon existing county structures that will continue to provide appropriate representation of physicians' local issues while providing increased member benefits though organizations with greater resources.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 15-501 be adopted.

Resolution 15-501 calls on the Pennsylvania Medical Society to create a taskforce to examine the feasibility of forming larger regional medical societies.

The resolution highlights that the county medical society format was created over a century ago to provide regional representation and political activism. The resolution also explains that modern technology, political redistricting, and regionalization of third party payers have caused county medical societies to duplicate efforts. Other efforts such as strengthening membership and providing advocacy are also duplicated.

Your reference committee feels this effort would be valuable as some county medical societies are struggling while others are more robust. The action contained in this resolution is worthwhile.

The House adopted Resolution 15-501.

5. RESOLUTION 15-502: PENNSYLVANIA MEDICAL SOCIETY INCLUSION OF NON-PHYSICIAN SUBJECT MATTER EXPERTS
Resolved, That the Pennsylvania Medical Society seek and engage non-physician subject matter expert(s) to participate, in a non-voting capacity, on any councils, committees or task forces charged to investigate, evaluate, review and/or implement policy, programs or legislation that may impact the physicians of the Commonwealth and their patients.

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 15-502 be adopted as amended as follows:

Resolved, That the Pennsylvania Medical Society seek and engage non-physician subject matter expert(s) to participate, in a non-voting capacity, on any councils, committees, or task forces charged to investigate, evaluate, review and/or implement policy, programs, or legislation that may impact the physicians of the Commonwealth and their patients.

Resolution 15-502 calls on the Pennsylvania Medical Society to seek and engage non-physician subject matter experts to participate in councils, committees, or taskforces as non-voting consultants.
This resolution addresses the fact that professional competencies to evaluate and meet the challenges posed by the evolving healthcare climate may be different than the customary skillsets of the practicing physicians in the Commonwealth.

Your reference committee heard positive testimony and supports the intent of this resolution. Your reference committee also heard testimony that the Pennsylvania Medical Society Board of Trustees has policy on use of non-physician expert input. The adoption of this resolution will build awareness as well as officially add this practice to the Policy Compendium.

RECOMMENDATION B:

Mr. Speaker, you reference committee recommends Resolution 15-502 be adopted as amended. (Original fiscal note: $50,000; amended fiscal note: $0)


6. RESOLUTION 15-504: THE EDUCATION OF PENNSYLVANIA PHYSICIANS TO THE LEGALITIES OF CONTRACTS

Resolved, That in order to assist and prepare the many Pennsylvania physicians, fellows and students who may be faced with contracts, the Pennsylvania Medical Society establish a readily available (such as on the PAMEDSOC website) multimedia presentation, educating such individuals to the proper method of analyzing, questioning and entering into such contracts for their just and proper benefit.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 15-504 be adopted as amended as follows:

Resolved, That in order to assist and prepare the many Pennsylvania physicians, fellows and students who may be faced with contracts, the Pennsylvania Medical Society establish a readily available (such as on the PAMEDSOC website) multimedia presentation, educating such individuals to the proper method of analyzing, questioning and entering into such contracts for their just and proper benefits.

Resolution 15-504 calls on the Pennsylvania Medical Society to establish a multimedia presentation to educate medical students, residents, and physicians on the proper method of analyzing, questioning, and entering into an employment contract.

The resolution is intended to provide education on proper employment contract review and negotiation to the high number of residents and employed physicians in Pennsylvania.

Your reference committee heard testimony that the intent of the author was not to provide a multimedia product, but an easily accessible summary of the do’s and don’ts of contract review and negotiation. Also, the students testified that they agreed with this simple approach.
RECOMMENDATION B:

Mr. Speaker, your reference committee recommends Resolution 15-504 be adopted as amended as follows:

Fiscal Note: Approximately $2,000 for legal consultation, preparation of the multimedia presentation, and installation on the website. (submitted by author); $12,500 (determined by staff).

The House adopted as amended Resolution 15-504.

7. RESOLUTION 15-505: STREAMLINING MEDICAL STUDENT MEMBERSHIP REGISTRATION

Resolved, That the Pennsylvania Medical Society explore avenues of having Pennsylvania medical schools participate in providing direct access to free membership for all current students.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends Resolution 15-505 be adopted as amended as follows:

Resolved, That the Pennsylvania Medical Society explore avenues of having Pennsylvania medical schools participate in providing direct access to and build awareness of free membership for all current students.

This resolution calls on the Society to explore avenues of increasing medical student membership.

The reason for this resolution is that membership has been stagnant or declining and approximately 8,000 medical students are attending school in Pennsylvania. Increased awareness among this population could greatly increase PAMED and county medical society membership.

Your reference committee heard, during the EVP report, that there are plans to hire a staff person designated to focus on medical school outreach. Additionally, the medical schools will not share personal information such as student email addresses as it is protected.

Further, your reference committee heard testimony from a Commonwealth Medical College student who stated that 1 out of 10 of their students are participating in this meeting. Your reference committee applauds this engagement and encourages other student representatives to use TCMC efforts as a guide to engage their fellow students and institutions.

Your reference committee believes that student membership in the Society is important and the proposed action in this resolution is worthwhile.
The House adopted as amended Resolution 15-505.

8. **RESOLUTION 15-503: THE EDUCATION OF PENNSYLVANIA PHYSICIANS, FELLOWS, RESIDENTS, AND STUDENTS TO THE LEGISLATIVE PROCESSES OF PENNSYLVANIA AND HOW TO PARTICIPATE THEREIN**

Resolved, That in order to educate the many Pennsylvania physicians, fellows, residents and students within the state of Pennsylvania who are affected by its laws and legislation, the Pennsylvania Medical Society establish a readily available (such as on the PAMED website) multimedia presentation educating such.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 15-503 be referred to the Board of Trustees for study. (Original fiscal note: $50,000; amended fiscal note: $0)

Resolution 15-503 asks the Pennsylvania Medical Society to provide a multimedia presentation educating physicians, fellows, residents, and students on Pennsylvania laws and legislation that may affect their practice of medicine.

This resolution addresses the need for the large amount of residents and students in Pennsylvania as well as the growing number of physicians to be educated on laws and legislation that affects them.

Your reference committee heard testimony that much of the information regarding Pennsylvania laws and legislation is readily available at [www.pamedsoc.org](http://www.pamedsoc.org). Further, your reference committee also heard testimony from student members asking for this information in a different format. Because it was unclear as to the desired delivery method of the information, several PAMED Trustees, expressed a willingness for PAMED to work with the students to identify new methods for disseminating information that meets their needs. Therefore, your reference committee is referring this resolution for study.

The House approved referring Resolution 15-503.

**Recognition of Andrew W. Gurman, MD**

Dr. Trichtinger recognized Andrew W. Gurman, MD, past PAMED and AMA Vice Speaker and Speaker, who was elected AMA President Elect at the June 2015 meeting, and presented him with an “AMA Survival Kit” which was comprised of a large quantity of items donated by the county medical societies across the state.

**Reference Committee B**

Presented by: Michael A DellaVecchia MD, PhD, Chair

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**CONSENT CALENDAR**

Mr. Speaker, your reference committee recommends the following consent calendar:

**Recommended for Adoption**

1. Report 8, Board of Trustees, Resolution 13-203: Opposition to Maintenance of Certification (MOC)
2. Resolution 15-204: Parity for International Medical Graduates with US Medical Graduates in Years of Graduate Medical Education Requirement for Licensure

**Recommended for Adoption as Amended or Substituted**

3. Resolution 15-202: Defining Annual Wellness Visits as Provided by Community-based Primary Care Physicians
6. Resolution 15-207: A Clearly Articulated Protocol for Sleep Facilities and/or Safe Transportation in All ACGME/AOA-approved Residencies

**Recommended for Referral to Board of Trustees for Study**

7. Resolution 15-201: Clinical Rotations in Pennsylvania Hospitals for Medical Students of International Medical Schools

**Recommended Not for Adoption**

8. Resolution 15-203: Recognizing National Board of Physicians and Surgeons Board Certification as an Equal Alternative to American Board of Medical Specialties Maintenance of Certification and Recertification Process

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1. **REPORT 8, BOARD OF TRUSTEES, RESOLUTION 13-203: OPPOSITION TO MAINTENANCE OF CERTIFICATION (MOC)**

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Board of Trustees Report 8 be adopted and the remainder of the report be filed.

Resolution 13-203, introduced at the 2013 annual meeting and referred to the Board of Trustees for study, asked that PAMED seek to address concerns with Maintenance of Certification (MOC). Delegates adopted Resolveds 1 and 4 of House Resolution 203, which recognized the MOC process as costly, time intensive and disruptive to patient care, and further agreed that PAMED should oppose MOC as a condition of state medical licensure. Following Board study, Resolved 2 was subsequently adopted as amended at the 2014 House of Delegates, while Resolved 3 was re-referred to the Board of Trustees for further study.

Resolved 3 is as follows:

(3) Resolved, That if no action is taken by the ABMS in working with the AMA to make MOC requirements less onerous, the AMA revoke its support for MOC, as evidenced on the ABMS website (http://www.abms.org/Maintenance_of_Certification/support.aspx);

Board Report 8 noted that considerable progress has been made on MOC since the 2014 House of Delegates and that efforts to impact AMA policy are ongoing. While getting the AMA to revoke its support for MOC, at least for the present, would be highly unlikely, the Report noted that a resolution might succeed which calls on the AMA to only support recertification processes that meet the 20 existing AMA MOC principles and oppose those that do not.

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In Report 8, the Board saw the value in reaching out to the Liaison Committee for Specialty Boards (LCSB), an organization sponsored by ABMS and the AMA’s Counsel on Medical Education (CME), to develop an alternative pathway to recertification while continuing to work within the ABMS and AMA structure. The Board also thought that PAMED should explore alternative certifying organizations which may give a degree of leverage to efforts to improve the existing system.

Board Report 8 concluded with recommendations that the following substitute resolved be adopted in lieu of Resolved 3 of Resolution 13-203:

1. PAMED will draft a resolution to be presented at the AMA November meeting, calling on the AMA to only support recertification processes that meet the 20 existing AMA MOC principles.
2. PAMED will include in the AMA resolution a second resolved calling on the AMA to oppose recertification processes that do not meet the 20 existing AMA MOC principles.
3. PAMED will explore reaching out to the Liaison Committee for Specialty Boards (LCSB), an organization sponsored by ABMS and AMA/CME.
4. PAMED will explore non-ABMS alternatives to board certification, such as the National Board of Physicians and Surgeons (NBPAS).

Your reference committee believes that the Board made a thorough examination of the key issues and concerns related to MOC and has come to a well-reasoned conclusion and plan of action. We support its recommendations.

The House adopted Board Report 8.

2. RESOLUTION 15-204: PARITY FOR INTERNATIONAL MEDICAL GRADUATES WITH US MEDICAL GRADUATES IN YEARS OF GRADUATE MEDICAL EDUCATION REQUIREMENT FOR LICENSURE

Resolved, That the Pennsylvania Medical Society adopt a policy supporting parity in the number of years of Graduate Medical Education (GME) training required for International Medical Graduates (IMGs) and United State Medical Graduates (USMGs) to obtain state medical licensure; and be it further

Resolved, That the Pennsylvania Medical Society aggressively pursue, including by legislative means, parity in the number of years of GME training requirement for IMGs and USMGs for licensure, and report back the progress in two years.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 15-204 be adopted.

Resolution 15-204 calls for the Pennsylvania Medical Society to adopt a policy supporting parity in the number of years of Graduate Medical Education (GME) training required for International Medical Graduates (IMGs) and United States Medical Graduates (USMGs) to obtain state medical licensure. It further directs the Society to aggressively pursue, including by legislative means, parity in the number of years of GME training requirement for IMGs and USMGs for licensure, and report back the progress in two years.

Your reference committee heard compelling testimony that IMGs satisfy the same educational and performance standards as USMGs. Your reference committee believes that the imposition of additional GME training for IMGs to be eligible for licensure provides no additional benefit to quality patient care. The committee also believes that removing this hurdle for IMGs would improve access to care by eliminating unnecessary delays in attaining state licensure.
The House adopted Resolution 15-204.

3. RESOLUTION 15-202: DEFINING ANNUAL WELLNESS VISITS AS PROVIDED BY COMMUNITY-BASED PRIMARY CARE PHYSICIANS

Resolved, That the Pennsylvania Medical Society work with appropriate organizations to define who may provide an annual wellness visit; and be it further

Resolved, That annual wellness services should be defined as provided by physicians who are available and will provide continuity of care for new patients in their community; and be it further

Resolved, That this issue be taken in the form of a resolution to the American Medical Association at the next feasible opportunity.

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 15-202 be amended as follows:

Resolved, That the Pennsylvania Medical Society work with appropriate organizations to define who may provide an annual wellness visit; and be it further

Resolved, That the Medicare Annual Wellness Visit services should be defined as provided by physicians or members of a community-based, physician-led team that will provide continuity of care to those patients; who are available and will provide continuity of care for new patients in their community; and be it further

Resolved, That this issue be taken in the form of a resolution to the American Medical Association at the next feasible opportunity.

Resolution 15-202 directs the Pennsylvania Medical Society to work with appropriate organizations to define who may provide an annual wellness visit. The resolution further calls for annual wellness services to be defined as provided by physicians who are available and will provide continuity of care for new patients in their community. It calls for this issue to be taken in the form of a resolution to the American Medical Association at the next feasible opportunity.

This resolution addresses concerns about mobile testing businesses that offer an isolated examination of patients and billing and receiving payment for a Medicare Annual Wellness Visit.

Your reference committee believes that it is important to assure coordination and continuity of care are provided to patients who receive these health care services and that a resolution to the AMA may be the most appropriate means to see that this practice is stopped.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 15-202 be adopted as amended.

4. RESOLUTION 15-205: UNIVERSAL ACCESS FOR VACCINATIONS IN PENNSYLVANIA

Resolved, That the Pennsylvania Medical Society advocate that insurers should be required to pay for appropriate vaccines regardless of the point of service as both incident to a service, as a separate service not requiring a visit with a provider, or at the pharmacy as a benefit; and be it further

Resolved, That the Pennsylvania Medical Society make public knowledge and encourage local pharmacies (perhaps regional pharmacies or practices could carry most and be a regional resource) to stock and supply vaccines to patients when the patient brings a valid Rx and is in receipt of a current Vaccine Information Sheet for this vaccine as requested by their personal physician; and be it further

Resolved, That when a pharmacist administers a vaccination to an adult or minor, a record of this vaccination is registered in the Pennsylvania state vaccine registry, and that some form of communication of administration is passed back to the ordering physician/practitioner.

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 15-205 be amended as follows:

Resolved, That the Pennsylvania Medical Society advocate that all insurers should be required to pay for appropriate vaccines regardless of the point of service as both incident to a service, as a separate service not requiring a visit with a provider, or at the pharmacy as a benefit; and be it further

Resolved, That the Pennsylvania Medical Society make public knowledge and encourage local pharmacies (perhaps regional pharmacies or practices could carry most and be a regional resource) to stock and supply vaccines to patients when the patient brings a valid Rx and is in receipt of a current Vaccine Information Sheet for this vaccine as requested by their personal physician; and be it further

Resolved, That when a pharmacist administers a vaccination to an adult or minor, a record of this vaccination is registered in the Pennsylvania state vaccine registry, and that some form of communication of administration is passed back to the ordering physician/practitioner.

Resolution 15-205 directs the Pennsylvania Medical Society to advocate that insurers be required to pay for appropriate vaccines regardless of the point of service as both incident to a service, as a separate service not requiring a visit with a provider, or at the pharmacy as a benefit. The resolution further directs the Society to make public knowledge and encourage local pharmacies to stock and supply vaccines to patients when the patient brings a valid Rx and is in receipt of a current Vaccine Information Sheet as requested by their personal physician. It calls for a pharmacist who administers a vaccination to register a record of the vaccination in the Pennsylvania state vaccine registry and to notify the ordering practitioner.

Your reference committee fully embraces doing everything possible to encourage vaccination and agrees that insurers should be required to cover their cost. At the same time, the committee had concerns that the second resolved could potentially result in patients receiving vaccines outside the medical home. The
committee did agree with the intent of the third resolved to ensure that all vaccinations administered be registered in the state’s vaccine registry.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 15-205 be adopted as amended.

It was moved and seconded from the floor of the House to further amend the resolution be adding to the second resolved, “and that communication of administration is passed back to the primary care providers.” The House approved the amendment. The House adopted as amended Resolution 15-205.

5. RESOLUTION 15-206: REDUCING HEALTHCARE DISPARITIES FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) PATIENTS

Resolved, That PAMED advocate for policies that expand access and eliminate healthcare disparities for Lesbian, Gay, Bisexual and Transgender (LGBT) Pennsylvanians; and be it further

Resolved, That PAMED advocate for future research efforts that are specifically designed to investigate LGBT health issues; and be it further

Resolved, That PAMED establish standing policy on LGBT health; and be it further

Resolved, That PAMED publish a news brief on current LGBT health issues in Pennsylvania.

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 15-206 be amended as follows:

Resolved, That PAMED advocate for policies that expand access and eliminate healthcare disparities for Lesbian, Gay, Bisexual and Transgender (LGBT) Pennsylvanians; and be it further

Resolved, That PAMED advocate for future research efforts that are specifically designed to investigate LGBT health issues; and be it further

Resolved, That PAMED make information on LGBT health issues available to Pennsylvania physicians, establish standing policy on LGBT health; and be it further

Resolved, That PAMED publish a news brief on current LGBT health issues in Pennsylvania.

Resolution 15-206 calls for PAMED to advocate for policies that expand access and eliminate healthcare disparities for Lesbian, Gay, Bisexual and Transgender (LGBT) Pennsylvanians, and for future research investigating LGBT health issues. It further calls for PAMED to establish standing policy on LGBT health and publish a news brief on current LGBT health issues in Pennsylvania.

Your reference committee agreed that the LGBT community has unique health care needs and that raising awareness of these needs among the general physician population would be advantageous.
RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 15-206 be adopted as amended.

The House adopted as amended Resolution 15-206.

6. RESOLUTION 15-207: A CLEARLY ARTICULATED PROTOCOL FOR SLEEP FACILITIES AND/OR SAFE TRANSPORTATION IN ALL ACGME/AOA-APPROVED RESIDENCIES

Resolved, That PAMED advocate for all Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) residency programs in Pennsylvania offer the option of safe transportation home, as well as sleep facilities in their institution, for residents who may be too fatigued to safely return home after an overnight shift; and be it further

Resolved, That PAMED ask all ACGME or AOA residency programs in Pennsylvania to create and make publicly available via the internet and in internal literature, such as resident physician program handbooks, a clearly articulated protocol for the use of their sleep facilities or transportation services for residents who have overnight shifts.

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 15-207 be amended as follows:

Resolved, That PAMED advocate for all Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) physician residency programs in Pennsylvania to offer the option of safe transportation home, as well as sleep facilities in their institution, for residents who may be too fatigued to safely return home after an overnight shift; and be it further

Resolved, That PAMED ask all ACGME or AOA physician residency programs in Pennsylvania to create and make publicly available via the internet and in internal literature, such as resident physician program handbooks, a clearly articulated protocol for the use of their sleep facilities or transportation services for residents who have overnight shifts.

Resolution 15-207 calls for PAMED to advocate for all Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) residency programs in Pennsylvania to offer the option of safe transportation home, as well as sleep facilities in their institution, for residents who may be too fatigued to safely return home after an overnight shift. It further directs PAMED to ask all ACGME and AOA residency programs in Pennsylvania to make available an articulated protocol for the use of these sleep facilities or transportation services for residents who have overnight shifts.

Your reference committee supports this resolution but believes that deleting references to specific accreditation organizations is appropriate given the possibility of organizational changes in the future.
RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 15-207 be adopted as amended.

The House adopted as amended Resolution 15-207.

7. RESOLUTION 15-201: CLINICAL ROTATIONS IN PENNSYLVANIA HOSPITALS FOR MEDICAL STUDENTS OF INTERNATIONAL MEDICAL SCHOOLS

Resolved, That for the purpose of foreign medical students wishing to rotate in Pennsylvania hospitals, the Pennsylvania Medical Society work with the State Board of Medicine and any other necessary regulatory body to change the current regulation that defines an accredited medical school to include schools accredited by the Liaison Committee on Medical Education (LCME) and any other international medical school meeting the accreditation standard required for Educational Commission for Foreign Medical Graduates (ECFMG) certification.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 15-201 be referred to the Board of Trustees for study.

Resolution 15-201 calls on the Pennsylvania Medical Society to work with the State Board of Medicine and any other necessary regulatory body to change the current regulation that defines an accredited medical school to include schools accredited by the Liaison Committee on Medical Education (LCME) and any other international medical school meeting the accreditation standard required for Educational Commission for Foreign Medical Graduates (ECFMG) certification.

The resolution asserts that it is difficult to recruit IMGs to Pennsylvania due to current state regulations which prohibit students of international medical schools not accredited by LCME from completing clinical rotations in Pennsylvania hospitals.

While your reference committee believes that the resolution has considerable merit, there is concern that international medical schools could potentially monopolize clinical clerkship opportunities for students of U.S. medical schools. Given that Pennsylvania is currently the only state that disallows foreign medical students from completing rotations in Pennsylvania hospitals, your reference committee recommends that this matter be referred to the Board for study as to how other states have handled implementing this change.

The House approved referring Resolution 15-201.

8. RESOLUTION 15-203: RECOGNIZING NATIONAL BOARD OF PHYSICIANS AND SURGEONS BOARD CERTIFICATION AS AN EQUAL ALTERNATIVE TO AMERICAN BOARD OF MEDICAL SPECIALTIES MAINTENANCE OF CERTIFICATION AND RECERTIFICATION PROCESS

Resolved, That the Pennsylvania Medical Society (PAMED) recognize certification by the National Board of Physicians and Surgeons (NBPTS) as equal to Maintenance of Certification (MOC) and recertification by the American Board of Medical Specialties (ABMS) and all its respective specialty boards; and be it further
Resolved, That PAMED make public this position to insurance companies, hospitals and on its website; and be it further
Resolved, That PAMED propose and promote this resolution to the AMA for consideration at its next meeting.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 15-203 not be adopted.

Resolution 15-203 calls for the Pennsylvania Medical Society (PAMED) to recognize certification by the National Board of Physicians and Surgeons (NBPAS) as equal to Maintenance of Certification (MOC) and recertification by the American Board of Medical Specialties (ABMS) and all its respective specialty boards. It further directs that PAMED make public this position to insurance companies, hospitals and on its website; and propose and promote this resolution to the AMA for consideration at its next meeting.

The resolution asserts that MOC and recertification by ABMS has not improved patient care, wastes vast amounts of physicians’ time, and threatens their livelihoods. It seeks to recognize NBPAS as a viable alternative to ABMS for continual board certification.

Your reference committee is sensitive to the author’s desire to provide a viable alternative for continual board certification outside of the ABMS. However, your reference committee also notes that the Board of Trustees has been fully engaged in pursuing this matter and that an action plan related to MOC is already underway. Given the positive change that these efforts have led to thus far, your reference committee recommends that this resolution not be adopted, given the recommendations in Board Report 8. Your reference committee is confident that PAMED will continue to be a national leader on this issue.

The House did not adopt Resolution 15-203.

Reference Committee D
Presented by: Jill M. Owens, MD, Chair

CONSENT CALENDAR

Mr. Speaker, your reference committee recommends the following consent calendar:

Recommended for Adoption as Amended or Substituted
1. Resolution 15-403: Remove Opposition to Legalization of Medical Marijuana Under Certain Conditions

Recommended for Referral to Board of Trustees for Study
2. Resolution 15-404: Protect Physicians Who Wish to Terminate Futile Medical Care from Civil and Criminal Prosecution

Recommended Not for Adoption

Recommended for Reaffirmation in Lieu of
5. Resolution 15-405: The Pennsylvania Medical Society Aggressively Seek Legislation and/or Regulatory Action to End the Practice of Exclusive Contracts by Hospitals and Hospital Networks
1. **RESOLUTION 15-403: REMOVE OPPOSITION TO LEGALIZATION OF MEDICAL MARIJUANA UNDER CERTAIN CONDITIONS**

**MEDICAL USE OF CANNABINOIDS**

Resolved, That the Pennsylvania Medical Society maintain opposition to Senate Bill 3 as currently worded, but support use of medical marijuana for compassionate care and medical conditions in which no FDA approved prescription medication is effective.

**RECOMMENDATION A:**

Mr. Speaker, your reference committee recommends that the following substitute resolution be adopted in lieu of Resolution 15-403.

Resolved, that the Pennsylvania Medical Society oppose broad-based legalization of cannabis for medical use, as embodied in Senate Bill 3, and adopt the following principles:

1. The Pennsylvania Medical Society calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.

2. The Pennsylvania Medical Society urges that marijuana’s status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.

3. The Pennsylvania Medical Society urges the National Institutes of Health (NIH) to implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research into the medical utility of marijuana. This effort should include: a) disseminating specific information for researchers on the development of safeguards for marijuana clinical research protocols and the development of model informed consent on marijuana for institutional review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of marijuana for clinical research purposes; c) confirming that marijuana of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the Drug Enforcement Agency who are conducting bona fide clinical research studies that receive Food and Drug Administration approval, regardless of whether or not the NIH is the primary source of grant support.

4. The Pennsylvania Medical Society believes that effective patient care requires the free and unfettered exchange of information on
treatment alternatives and the discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.

5. The Pennsylvania Medical Society supports trials using cannabidiol oil to treat children with seizure disorders, funding for the trials, and a patient registry.

Resolution 15-403 directs the Society to maintain opposition to Senate Bill 3, a measure that would legalize medical marijuana to treat several diseases and conditions, in its current form, but to support the use of medical marijuana for compassionate care and medical conditions in which no FDA-approved prescription medication is effective.

The resolution points out that medical marijuana is legal in 23 states, and asserts that regulated medical marijuana may be beneficial and as safe or safer than some prescription medications such as opiates/anti-epileptics for certain neurological conditions, neuropathic pain and palliative/compassionate care.

Your reference committee heard passionate testimony advocating compassionate use of cannabidiol oil from the parents of children with severe epileptic seizure disorders. However, we also heard serious concerns over the potential harm that may result from such use, and widely divergent views over the state and credibility of current research.

Our hearts go out to these patients and their families, and we are deeply disappointed that the U.S. Food and Drug Administration (FDA) has not heeded our 2010 call to relax marijuana’s status as a Schedule I drug to facilitate expedited testing. Nevertheless, we cannot in good faith recommend that cannabis be legalized at this time, given the known risks of harm and the lack of double-blinded, peer reviewed studies demonstrating benefit.

We do, however, strongly endorse an expanded program of trials of cannabidiol oil to treat children with epileptic seizure disorders, with state funding for same, and encourage the Society to work with the Commonwealth to facilitate such a program.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 15-403 be adopted as amended by substitution.

It was moved and seconded from the floor of the House to adopt original Resolution 15-403.

It was moved and seconded from the floor of the House to adopt substitute Resolution 15-403. The House approved the motion.

It was moved and seconded from the floor of the House to amend substitute Resolution 15-403 by deleting from the resolved the words, “as embodied in Senate Bill 3.” The House approved the amendment.

It was moved and seconded from the floor of the House to further amend substitute Resolution 15-403 by adding the following, “6. The Board of Trustees study the impact of medical marijuana on patients and physicians in those states where it has become available and report back to the House of Delegates.” The House did not approve the amendment.

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The House adopted as amended substitute Resolution 15-403.

2. **RESOLUTION 15-404: PROTECT PHYSICIANS WHO WISH TO TERMINATE FUTILE MEDICAL CARE FROM CIVIL AND CRIMINAL PROSECUTION**

Resolved, That the Pennsylvania Medical Society petition the state legislature to enact a law in the state of Pennsylvania that will protect physicians who wish to terminate futile medical care from civil and criminal prosecution, thereby empowering physicians to follow the dictates of evidence-based medicine and act within the standard of care without fear of legal recourse.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 15-404 be referred to the Board of Trustees for study. (Original fiscal note: $8,000; amended fiscal note $4,000)

Resolution 15-404 calls on the Society to petition the General Assembly to enact a law that will protect physicians who wish to terminate futile medical care from civil and criminal prosecution, thereby empowering them to follow the dictates of evidence-based medicine and act within the standard of care without fear of legal recourse.

The resolution cites American Medical Association Opinion 2.035, “Futile Care,” which states that physicians are not ethically obligated to deliver care that will not have a reasonable chance of benefitting their patients. The resolution also states that the legal consequences of this course of action are uncertain, and points out that several states, including Texas, New York, Massachusetts, Connecticut, Nevada and California have enacted laws to protect physicians who wish to terminate futile care.

Your reference committee strongly agrees with the author’s intent, but notes that some or all of the requested relief may already be contained in Act 169. Your reference committee does not have the time or resources to determine what additional legislation may or may not be needed to effectuate the needed level of protection for physicians faced with this situation.

Accordingly, we recommend that the Board of Trustees make a thorough examination of the existing law along with new statutes being enacted in other states to determine what additional actions may be needed.

The House approved referring Resolution 15-404.

3. **RESOLUTION 15-402: “LONG WHITE COATS” TO HELP IDENTIFY PHYSICIANS**

Resolved, That the Pennsylvania Medical Society seek regulations from the appropriate state regulatory agency and/or legislation that restricts the wearing of long white coats to physicians and PhDs when caring for patients to improve patients’ and health care team members’ recognition of the individuals caring for patients.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 15-402 not be adopted.

Resolution 15-402 calls on the Society to seek regulations from the appropriate state regulatory agency, and/or legislation, restricting the wearing of long white coats to physicians and PhDs when caring for patients, as a means of improving patients’ and health care team members’ recognition of the individuals caring for patients.
The resolution asserts that long white coats are associated with physicians and PhDs by patients, other health care professionals and the public at large, and that restricting their use to physicians and PhDs will reduce patient confusion over who is treating them.

Your reference committee noted widespread agreement that reducing patient confusion over who is treating them is an important goal. However, there was considerable disagreement over whether limiting long white coats is the best way to utilize PAMED’s resources to advance that campaign. We believe that the recently implemented identification badge legislation is a major step in the right direction. We also believe that PAMED’s current effort to enact Truth in Advertising legislation is a logical next step. Accordingly, we recommend that PAMED continue to pursue its existing strategy before exploring other avenues.

It was moved and seconded from the floor of the House to amend the resolution by deleting the words, “and PhDs,” from the resolution. The House approved the amendment. The House did not adopt Resolution 15-402.

4. RESOLUTION 15-401: SOURCE TESTING AFTER HEALTHCARE WORKER BLOODBORNE PATHOGEN EXPOSURE

Resolved, That the Pennsylvania Medical Society place Act 148 on its current legislative agenda and dedicate resources to lobbying for the further amendment of Act 148, further eliminating barriers to prompt Source testing in the case of BBPE involving HCW; and be it further Resolved, That should amendment of Act 148 be unsuccessful, the Pennsylvania Medical Society continue to lobby for this goal until it is attained.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Policies 20.980 and 20.990 be reaffirmed in lieu of Resolution 15-401.

Resolution 15-401 calls on the Society to place Act 148 on its current legislative agenda and dedicate resources to lobbying to amend Act 148, further eliminating barriers to prompt source testing in the case of blood-borne pathogen exposure (BBPE) involving health care workers. It further directs that should amendment of Act 148 be unsuccessful, the Society continue to lobby for this goal until it is attained.

The resolution cites significant legal obstacles to prompt testing under current law, resulting in dangerous delays, since the ideal therapeutic window for HIV post-exposure prophylaxis (PEP) calls for the first dose to be administered to the injured health care worker within two hours of exposure.

Your reference committee believes that this is an extremely important public health initiative, and we strongly support the author’s intent. We believe that existing PAMED policies adequately address the issue, and are comfortable recommending reaffirmation of those policies. Policy 20.980 directs the Society to work to streamline the procedures outlined in Act 148 for testing a source patient’s blood for HIV when an accidental exposure occurs to allow testing in a timely manner. Policy 20.990 directs the Society to seek as a high priority, legislation or other means to correct those provisions of Act 148 of 1990 which can delay prompt testing of HIV exposure source individuals.

We believe that a renewed effort to enact these existing policies is timely, and we recommend that the Society make this a high priority legislative initiative.

It was moved and seconded from the floor of the House to adopt Resolution 15-401. The House adopted
Resolution 15-401.

5. **RESOLUTION 15-405: THE PENNSYLVANIA MEDICAL SOCIETY AGGRESSIVELY SEEK LEGISLATION AND/OR REGULATORY ACTION TO END THE PRACTICE OF EXCLUSIVE CONTRACTS BY HOSPITALS AND HOSPITAL NETWORKS**

Resolved, That the Pennsylvania Medical Society actively pursue actions and legislation to end the unfair practice of exclusive contracts by hospitals and hospital networks and support physicians who are impacted by these tactics; and be it further

Resolved, That the Pennsylvania Medical Society aggressively seek enforcement of the “Community Benefit Standard” in respect to the restriction of physician access to non-profit hospitals and health networks through the closing of medical staff to independent physicians; and be it further

Resolved, That the Pennsylvania Medical Society lobby the Internal Revenue Service to enforce the “Community Benefit Standard” in reference to the restriction of private practice physicians access to non-profit hospitals and health networks.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Policies 180.983 and 230.991 be reaffirmed in lieu of Resolution 15-405.

Resolution 15-405 directs the Society to actively pursue actions and legislation to end the unfair practice of exclusive contracts by hospitals and hospital networks and support physicians who are impacted by these tactics. It further calls on the Society to aggressively seek enforcement of the “Community Benefit Standard” in respect to the restriction of physician access to non-profit hospitals and health networks through the closing of medical staff to independent physicians. Additionally, it directs the Society to lobby the Internal Revenue Service to enforce the “Community Benefit Standard” in reference to the restriction of private practice physicians’ access to non-profit hospitals and health networks.

The resolution asserts that exclusive contracting is being used by hospitals to remove physicians from participating on their medical staffs; and that these exclusive contracts will force physicians out of certain geographic areas, constituting a direct threat to patient-physician relationships and negatively impact patient care.

Your reference committee supports the intent of this resolution and notes that it is substantively very similar to policies adopted at the 2014 House of Delegates. We are advised that Society staff has made progress in drafting legislation and identifying a potential bill sponsor. We encourage the Society to continue its aggressive campaign to enact this legislation, but see no reason to adopt another essentially identical policy statement. Accordingly, we recommend reaffirmation of the policies adopted in 2014.

The House reaffirmed policies 180.983 and 230.991.

**Special Recognition**

Dr. Trichtinger thanked the members of the Rules & Credentials Committee and the Tellers/Sergeants-at-Arms for their service, as well as PAMED staff.

**Nominations and Elections**

In accordance with Chapter XII, Section 1 of the Bylaws of the Pennsylvania Medical Society, nominations for Vice President, Speaker and Vice Speaker of the House of Delegates, trustees, AMA delegates and alternate delegates, Committee to Nominate Delegates and Alternates to the AMA, and
Judicial Council were in order at the first session of the House of Delegates on Saturday morning, October 24, 2015.

The new officers for 2015-16 are:

**President:** Scott E. Shapiro, MD (Montgomery County) was formally installed as the President

**President Elect:** Charles Cutler, MD (Montgomery County) assumed the office of President Elect

**Vice President:** Theodore A. Christopher, MD (Philadelphia County) was elected Vice President by acclamation

**Speaker, House of Delegates:** Martin D. Trichtinger, MD (Montgomery County) was elected as Speaker by acclamation.

**Vice Speaker, House of Delegates:** John J. Pagan, MD (Bucks County) was elected as Vice Speaker. In the initial election, he received 90 votes; James A. Goodyear, MD (Montgomery County) received 55 votes; and John W. Spurlock, MD (Carbon County) received 49 votes. In the run-off election held on Sunday morning, October 25, 2015, Dr. Pagan received 128 votes, and Dr. Goodyear received 65 votes.

The following trustees were elected by acclamation:

**First District** – Lynn M. Lucas-Fehm, MD

**Third District** – Chad P. Walker, DO

**Twelfth District** – David A. Talenti, MD

**Primary Care (Family Medicine)** – Dennis L. Gingrich, MD

**Medical Specialties** – F. Wilson Jackson, III, MD

**Medical Specialties** – William A. VanDecker, MD

**Hospital-Based** – Cathleen A. Woomert, MD

**Surgical Specialties** – Joseph W. Sassani, MD

**At-Large Specialties** – Edward P. Balaban, DO

**Young Physicians Section** – Kristen M. Sandel, MD

**Medical Student Section** – John S. Trickett, Jr.

**Committee to Nominate Delegates and Alternates to the AMA**

George R. Green, MD (Montgomery County) was reelected and Richard T. Bell, MD (Berks County) was elected by acclamation to serve three-year terms on the Committee.

**Judicial Council**

John A. Malcolm, Jr., MD (Union County) was reelected by acclamation to serve a three-year term on the Judicial Council.

**Report of the Committee to Nominate Delegates and Alternates to the AMA**

The nominations of the Committee to Nominate Delegates and Alternates to the American Medical Association were published in the Official Call and contained in the Official Reports Book. The following were elected by acclamation for eight two-year AMA delegate positions commencing January 1, 2016 and expiring December 31, 2017:

Theodore A. Christopher, MD (Philadelphia County)

Stephen N. Clay, MD (Delaware County)

Marilyn J. Heine, MD (Bucks County)

Peter S. Lund, MD (Erie County)

Judith R. Pryblik, DO (Lehigh County)

Ralph Schmeltz, MD (Allegheny County)

John W. Spurlock, MD (Carbon County)

Martin D. Trichtinger, MD (Montgomery County)
The following were elected for six two-year AMA alternate delegate positions commencing January 1, 2016 and expiring December 31, 2017:

- Erick J. Bergquist, MD, PhD (Indiana County) – 145 votes
- Michael DellaVecchia (Philadelphia County) – 149 votes
- Mark S. Friedlander, MD, MBA (Delaware County) – 143 votes
- Kevin O. Garrett, MD (Allegheny County) – 145 votes
- Jill M. Owens, MD (McKean County) – 176 votes
- Scott E. Shapiro, MD (Montgomery County) – 165 votes

The following is an account of the votes received by the unsuccessful candidates for AMA alternate delegate positions:

- Evan J. Pollack, MD (Delaware County) – 98 votes
- Shyam B. Sabat, MD (Dauphin County) – 71 votes
- Thomas J. Weida, MD (Lancaster County) – 72 votes

Dane Scantling, DO (Philadelphia County) was elected by acclamation to the slotted AMA alternate delegate position for a resident or fellows physician for a one-year term commencing October 25, 2015 and expiring October 23, 2016. Michael A. Loesche (Philadelphia County) was elected by acclamation to the slotted AMA alternate delegate position for a medical student for a one-year term commencing January 1, 2016 and expiring December 31, 2016.

**Adjournment**
The House of Delegates adjourned at 9:25 a.m.

Respectfully submitted,

- Martin D. Trichtinger, MD, Speaker
- John J. Pagan, MD, Vice Speaker
- Erick J. Bergquist, MD, PhD, Secretary
- Kay A. Barrett, Assistant Secretary