Listed below are the resolutions considered by the 2015 House of Delegates. In the case of a referred or adopted resolution, the index refers to the specific report, which contains the details of the implementing actions.

Resolution 15-202: Defining Annual Wellness Visits as Provided by Community-based Primary Care Physicians (adopted as amended)—Called on PAMED to work to define the Medicare annual wellness visit as that which is provided by physicians or members of a community-based, physician-led team that will provide continuity of care to patients; also called on the AMA Delegation to consider taking a similar resolution to the AMA. Resolution was submitted to the AMA for its interim meeting in November 2015. The AMA’s Council on Medical Service will prepare a report for consideration by the AMA House of Delegates at the 2016 interim meeting in November.

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 (not adopted)—Called on PAMED to 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; to make public this position to insurance companies, hospitals and on its website; and to promote this resolution to the AMA for consideration at its next meeting.

Resolution 15-204: Parity for International Medical Graduates with US Medical Graduates in Years of Graduate Medical Education Requirement for Licensure (adopted)—Called on PAMED 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, and 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. PAMED has discussed this issue with HAP. HAP is in favor of this resolution. PAMED will contact AMA for additional data/info. PAMED has asked Rep. Aaron Kaufer to sponsor legislation on the issue. Draft legislation has been drafted. PAMED will provide updates on this resolution as they occur.

Resolution 15-205: Universal Access for Vaccinations in Pennsylvania (adopted as amended)—Called on PAMED to advocate that all insurers should be required to pay for appropriate vaccines regardless of the point of service, and to advocate that when a vaccination is administered to an adult or minor, a record of this vaccination is registered in the Pennsylvania state vaccine registry and that communication of administration is passed back to the primary care providers. PAMED has been in touch multiple times with resolution author regarding research and communication with insurers and public. This issue was presented to members of the PAMED Medical Directors Forum at their May meeting to determine which payers are paying for vaccine administration to the pharmacist. Several of the payers do pay for this service. Several retail pharmacies in the author’s service area were contacted regarding their stocking of vaccines. We have compiled a spreadsheet outlining the pharmacies contacted and their vaccine supplies. We also talked with the PA DOH regarding PA SIIS reporting. We believe all of the Resolveds have been addressed.

Resolution 15-206: Reducing Healthcare Disparities for Lesbian, Gay, Bisexual and Transgender (LGBT) Patients (adopted as amended)—Called on PAMED to advocate to expand access and eliminate disparities for LGBT Pennsylvanians; to advocate for future research efforts that are specifically designed to investigate LGBT health issues; and to make information on LGBT health issues available to Pennsylvania physicians. Task force met on 2/17/16, 3/30/16, and 7/6/16. The resolution’s author was invited to participate in these meetings. Each meeting focused on the three key resolves of the resolution: 1) advocate for future research efforts specifically designed to investigate LGBT health issues; 2) educate...
and inform Pennsylvania’s physicians, policymakers, and the public on issues that impact public health, patient care and the practice of medicine; and 3) make information on LGBT health issues available to Pennsylvania physicians. Areas of priority included support for the PA Fairness Act; discussion of proposed legislation, policies and procedures related to conversion therapy; the Healthcare Bill of Rights; insurance coverage for hormone replacement therapy, gender reassignment surgery and other LGBT healthcare concerns; mental health and substance use parity to include LGBT behavioral health needs; and elimination of anti-stigma and anti-discrimination in local, state and national policies/legislation. The March meeting focused on cultural and medical competency education for transgender, bisexual, lesbian and gay patients and their families of choice. The task force recommended mandated medical school curriculum on LGBT-specific health care disparities, cultural sensitivity and non-discrimination training. A list of clinical competency model training modules was compiled. The focus of the last meeting was to brainstorm educational needs for both the public at large and medical healthcare professionals. Attendees provided links to important healthcare initiatives occurring across the state and nation and list of organizations available to serve as resources for education, public service awareness, and physician training. Issues that should be part of a public service campaign include information on domestic violence, bullying, increased mental health needs (including high incidence of suicides, gun violence, and substance use) and cultural sensitivity. Although the official duties of the task force are complete, this group has expressed an interest in continuing to meet to complete its work.

Resolution 15-207: A Clearly Articulated Protocol for Sleep Facilities and/or Safe Transportation in All ACGME/AOA-Approved Residencies (adopted as amended)—Called on PAMED to advocate that all physician 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 to ask all 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 and transportation services for residents who have overnight shifts. PAMED has met internally to discuss strategy for advancing this resolution and had a conference call with HAP to discuss. HAP believes that the existing accreditation standards adopted by ACGME are adequate. PAMED provided update to resolution author via email. Letter sent to medical school deans to request clearer articulation of literature on transportation and sleeping arrangements and to make this information available to students. Letter sent to ACGME requesting that policy be changed to require schools to provide both transportation and sleeping arrangements for students instead of providing one or the other. PAMED will continue to monitor this situation as required.

Resolution 15-301: Improve Delivery of Peripheral Arterial Disease Care to Medicaid Beneficiaries at a Lower Cost to the State (adopted as amended)—Called on PAMED to urge the Pennsylvania Department of Human Services to cover and reimburse for in-office percutaneous peripheral arterial disease (PAD) therapies. PAMED contacted author for access to information and consultation on resolution. PAMED conducted research on Medicare payment amounts and drafted letter to CMO of DHS (Dr. Kelley) requesting physician office coverage. PAMED sent follow-up email to Dr. Kelley and received a response indicating that the Bureau of Planning and Policy is reviewing the resolution and they will apprise PAMED once that is complete. There has been follow-up with Dr. Kelley to determine status of evaluation. Preliminary report is DHS is considering covering some of the codes, but probably not all. Waiting for final response from DHS.

Resolution 15-401: Source Testing After Healthcare Worker Bloodborne Pathogen Exposure (adopted)—Called on PAMED to place Act 148 on its legislative agenda and to dedicate resources to lobbying for further amendment of Act 148, further eliminating barriers to prompt Source testing in the case of BBPE involving HCW, and to continue to lobby for amendment of Act 148, should it be unsuccessful, until the goal is attained. Resolution re-assigned from Angela Boateng to Hannah Walsh on 4/21/16. PAMED staff met with Resolution author to establish the criteria for the specific change(s) in the law that are being sought. This issue requires further research. Given PAMED’s legislative priorities, this has not been aggressively pursued.
Resolution 15-402: “Long White Coats” to Help Identify Physicians (not adopted)—Called on PAMED to 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.

Resolution 15-403: Medical Use of Cannabinoids (adopted substitute resolution as amended)—Called on PAMED to oppose broad-based legalization of cannabis for medical use 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.

Between 1/1/16 and 4/28/16: PAMED staff fielded a combined total of 55 media inquiries and news conference contacts related to the medical use of cannabinoids, and 662 news clips on the issue. PAMED also participated in a Media Call-In.

On multiple dates (3/7/16, 3/8/16, 3/14/16, 3/15/16, 3/23/16, 4/4/16, 4/5/16, 4/7/16, 4/11/16, 4/12/16, and 4/13/16), Advocacy staff advocated PAMED’s position to key legislators regarding SB3 and the need for more research on medical uses of cannabinoids. Advocacy staff also worked to ensure that the Pennsylvania Department of Health (DOH) would have an advisory committee to annually review cannabinoid medical research being conducted and provide recommendations.

During the Executive Committee teleconference on 3/16/16, Advocacy staff provided an overview of the political landscape as well as the multiple versions of SB3.

On 4/13/2016, PAMED released a statement from Dr. Shapiro regarding medical use of cannabinoids:

“The Pennsylvania Medical Society (PAMED) is encouraged that the recently-passed legislation concerning marijuana for medical use contains provisions that recognize the benefit and need for additional clinical research. In light of the passage of this legislation, it is our hope that
marijuana’s status as a federal Schedule I controlled substance is reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. While PAMED continues to have serious concerns about the efficacy of medical cannabis across a wide spectrum of disease states, it is our sincere hope that patients, especially children and their caring parents, experience positive clinical outcomes.”

On 4/15/16, PAMED created 4 Quick Consults regarding the recently-passed SB3 “Medical Marijuana Legislation”:

**Quick Consult 1:** General Information Regarding Medical Marijuana (a general overview for physicians; understanding the role and responsibilities of health care providers).

**Quick Consult 2:** Highlights of SB 3 - Medical Marijuana Legalization (a general overview for the public explaining which conditions are approved and what forms of cannabinoids may be administered).

**Quick Consult 3:** Physician Information for Medical Marijuana (a general overview of the provisions that impact physicians directly).

**Quick Consult 4:** Upcoming Process for Medical Marijuana (explains the process for physicians and patients to become “approved” by the DOH).

**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 (existing policies 180.983 & 230.991 reaffirmed in lieu of resolution)—Called on PAMED 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; 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; and 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.

**Resolution 15-501:** Regional Local Medical Societies (adopted)—Called on PAMED to create a task force 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. PAMED created a task force to operate under direction of its Chair, Charles Cutler, MD, PAMED President Elect. Additional PAMED staff were assigned to this issue on 1/25/16. PAMED made contact with Sheri Jacobs, Consultant, to outline work plan and consulting needs. Consultant’s proposal received and reviewed with Task Force Chair. Finance Committee funding request completed; reviewed at 2/9/16 Finance Committee meeting. Funding request was approved by PAMED BOT; agreement signed with Consultant. Task Force participant names provided for consideration of appointment; letters sent and interested participants confirmed. Task force update on purpose completed and approved by Chair; shared with Executive Committee. First meeting was held on 4/8/16 to discuss the charge, author’s vision, and the end goal of creating tool kits for use by counties that provide expert legal and financial guidance for those interested in merging. The group spent time with Sheri Jacobs, Consultant, who was gathering data on membership value and associated dues with the end result of providing membership model recommendations. PAMED continued to work with experts on the financial and legal aspects necessary for the toolkits. A focus group was hosted for county medical society leaders who are considering the possibility of regionalization. The focus group yielded helpful feedback and guidance for the formation of the toolkit. Key themes included:

- regionalization is a decision directed by county medical society leadership;
- regionalization is completely optional and often emerges organically;
• regionalization can be as simple as coordinating advocacy efforts and as complex as merging boards and sharing financial resources;
• the state society has no authority and/or role in the regionalization process;
• regionalization within districts is the most feasible option because representation within the House of Delegates is determined through district boundaries;
• if regionalization occurs outside across district boundaries, the bylaws will need to be revised;
• the toolkit is not legal guidance—legal guidance must be secured by each county medical society;
• the toolkit will serve as a starting point and guide for key discussion points between county leadership

During the process of research and discovery, Avenue M was commissioned to create and execute a survey to evaluate value relative to the cost of dues pricing at the county and state levels. The results of this survey will be made available in a report in September 2016. The assembly of the toolkit is currently underway and will be made available to all county medical society leadership before the 2016 House of Delegates. Key components of the toolkit include: governance, legal, financial and staffing considerations.

Resolution 15-502: Pennsylvania Medical Society Inclusion of Non-Physician Subject Matter Experts (adopted as amended)— Called on PAMED to seek and engage non-physician subject matter expert(s) to participate (in a non-voting capacity) on 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. PAMED will work with Board Chair and President to implement this policy as part of the 2017 Committee appointment process. There are currently several non-physician experts participating in various PAMED work groups and task forces, including the Payer Advocacy Task Force and the LGBT Task Force.

Resolution 15-504: The Education of Pennsylvania Physicians to the Legalities of Contracts (adopted as amended)—In order to assist and prepare the many Pennsylvania physicians, fellows and students who may be faced with contracts, this Resolution called on PAMED to establish a readily available (such as on the PAMEDSOC website) presentation, educating such individuals to the proper method of analyzing, questioning and entering into such contracts for their just and proper benefit. PAMED legal counsel is reviewing existing resources. Will determine whether or not 2014 HOD presentation, “Get What You Deserve, Save What You Get (Physician Employment Contracts)” will satisfy resolution.

Resolution 15-505: Streamlining Medical Student Membership Registration (adopted as amended)— Called on PAMED to explore avenues of having Pennsylvania medical schools facilitate access to and build awareness of free membership for all current students. Dr. Gallagher spoke with several medical students at the February 2016 Board meeting on this issue. Concern was expressed about automatically signing up all students as members. PAMED will reach out to Medical Student Section for further discussion.

STANDING COMMITTEES OF THE BOARD

Executive – The Executive Committee is comprised of the Board chair, Board vice chair, president, president elect, vice president, immediate past president, speaker of the House of Delegates and the chair of the Finance Committee. This year the Executive Committee held monthly telephone conferences and also met in person on the Monday evening immediately preceding the Board meetings in February, May, and August. A brief summary of actions taken during each teleconference and meeting are outlined below.

September 16, 2015—The Executive Committee took the following actions: 1) tentatively supported the PA Pharmacists Association’s opioid dispensing guidelines, with the caveat that PAMED staff would address with the pharmacists the issues raised regarding prescriber validation and oversight; 2) provided
direction to staff regarding a meeting scheduled for September 21st with the PA Insurance Department, as well as an insurance hearing scheduled for October 1st at which PAMED was asked to testify. Dr. Brad Klein, a neurologist and PAMED young physician member, would provide testimony; 3) approved PAMED endorsement of Kishan Thadikonda (University of Pittsburgh School of Medicine) to run for election as the Region VI Delegate from Pennsylvania and Gretchen Evans (Drexel University College of Medicine) to run for the Region VI Alternate Delegate from Pennsylvania; and 4) supported Dr. Daniel Glunk’s nomination to the American Board of Internal Medicine (ABIM).

October 23, 2015—The Executive Committee took the following actions: 1) approved the nomination of Patrick M. Reilly, MD to the PA Trauma Systems Foundation Board and directed staff to notify PTSF; and 2) approved the request of Congressman Charles Dent (PA-15-Lehigh) that PAMED support H.R. 3537, the Synthetic Drug Control Act of 2015. The Committee also discussed the following issues: POLST orders; guidelines for an effective medical staff; the current status of the Mcare refund process; interstate medical licensure compact; and medical marijuana.

November 18, 2015—The Executive Committee authorized Dr. Scott Shapiro and Dr. Charles Cutler to meet with Senator Toomey and his staff to begin working on addressing the issue of limiting the number of prescribers of opioids to one physician per patient. The Executive Committee heard additional updates regarding the Mcare refund process, POLST, and the child abuse clearances requirement in the Child Protective Services Law.

December 16, 2015—The Executive Committee began discussing the process that would be followed for appointing a PAMED member to fill the 2nd District Trustee vacancy created by Dr. John Pagan’s successful election to Vice Speaker. Additionally, the Committee took the following actions: 1) determined to conclude the work of the Endowment Fund Task Force; and 2) approved sending a co-authored letter from HAP and PAMED to Secretary Ted Dallas requesting clarification regarding child abuse clearances.

January 20, 2016—The Executive Committee continued discussions regarding the appointment of the 2nd District Trustee; received a request from the Philadelphia County Medical Society to sign on to a Declaration of Principles by Cease Fire, PA; and took the following actions: 1) voted to submit the names of two PAMED members to the Board of Trustees, for consideration at the February meeting, for one appointment to fill a vacancy on the Committee to Nominate Delegates and Alternates to the AMA. The appointment will end with a formal election held during the House of Delegates meeting in October; and 2) approved the creation of five new task forces for 2016. Additionally, the Committee discussed some housekeeping items.

February 8, 2016—The Executive Committee took the following actions: 1) approved support of mandatory opioid prescription CME legislation with the caveat that it would apply only to providers who have a DEA license and the CME would count for two (2) of the 10 hours per year required as patient safety hours of CME; further, any legislation would only apply to physicians who write at least one narcotic prescription per year; and 2) approved recommending to the Board of Trustees that PAMED investigate various options to support physician participation in value-based care initiatives, including potentially forming or affiliating with already formed, physician-led organizations such as an independent physician network and/or Accountable Care Organization, and that a feasibility study on options for supporting physician participation be presented to the PAMED Board of Trustees at the May 2016 meeting. The Committee also discussed PAMED’s endorsement agreement with NORCAL and a proposed legislative fix for the Child Protective Services Legislation.

February 17, 2016—The Executive Committee took the following actions: 1) approved sending a letter to the Pennsylvania Insurance Department addressing issues regarding out-of-network surprise billing practices; and 2) approved creation of a subgroup of the Executive Committee to develop parameters for a Governance and Nomination Committee. Additionally, the Committee discussed some housekeeping items.
March 16, 2016—The Executive Committee voted: 1) to present to the Board of Trustees in May a report regarding a vacancy in the alternate delegate position on the Pennsylvania Delegation to the AMA. The Board of Trustees is responsible for filling any alternate delegate vacancies; 2) to secure a law firm to explore the feasibility of any potential legal claim(s) against the ABIM; and 3) to authorize PAMED to support an AMA Call to Action regarding the nationwide opioid epidemic. The Executive Committee discussed several housekeeping items and was provided with updates on the status of the Mcare refund process; PAMED’s Regionalization Task Force; Highmark’s announced fee reduction; balanced billing; and Senate Resolution 267 (Establishment of an Advisory Committee to Study the Need, Availability and Access to Effective Drug Addiction Treatment in the Commonwealth).

April 27, 2016—The Executive Committee approved preparation of an amicus brief on Mcare informed consent requirement. Additionally, the Committee was advised by the LGBT work group that there was an urgency to support the PA Fairness Act. Based upon that information, the Executive Committee approved moving forward in support. The Committee also received updates on the following: 1) Highmark’s fee reduction; physician guilds/unions; PMSCO; practice options for physicians; and CRNP legislation.

May 16, 2016—The Executive Committee met preceding the Board of Trustees meeting in May. Discussion items included: 1) PAMED’s pension program; 2) state and county relations; 3) a review of the Board’s meeting agenda; and 4) PAMED’s membership numbers and financial figures.

June 22, 2016—The Executive Committee approved two actions during the June 22 teleconference: 1) authorized sending a letter to CMS regarding PAMED’s comments on MACRA; and 2) authorized staff to conduct fact-finding to explore costs and potential risks/rewards of filing an FTC complaint regarding over-concentrated health insurance markets. The Committee also discussed various topics which included: Pennsylvania rural health transformation; a Pennsylvania hospital’s exception request to add clinical psychologists to their hospital medical staff; resolution of litigation involving sanctions against a professional liability defense counsel; CRNP scope of practice (SB 717); PAMED’s position on organ donation (HB 30 / SB 180); PAMED’s Be Smart. Be Safe. Be Sure campaign on opioid abuse/addiction; feedback from the membership regarding the PA Fairness Act; and plans for preparation of the 2017 budget.

July 6, 2016—The Executive Committee held a phone conference to discuss the resignation of Michael Fraser, PAMED’s Executive Vice President (EVP). The Committee will involve the Board of Trustees in the candidate search and hiring process and, to that end, directed staff to prepare a webinar to inform the Board of the pros and cons of conducting an internal vs. an external candidate search. The Board will determine, during a special meeting on July 11, the process for conducting the EVP search.

July 20, 2016—The Executive Committee took the following actions during the July 20 teleconference: 1) approved a report from the Society’s Awards Committee; 2) approved sending a letter to the AMA Board of Trustees in support of Dr. Michael Suk’s nomination to the AMPAC Board; and 3) authorized filing an amicus brief for the Pennsylvania Supreme Court regarding the peer review protection act. The Committee also continued its discussion of physician practice options and received updates regarding a fiscal code amendment involving the Joint Underwriting Association (JUA); PAMED’s receipt of a contingency payment from KEPRO as a result of their award of a TRICARE contract; an update on the EVP search; and proposed changes to the PAMED Bylaws regarding membership dues categories.

August 15, 2016—The Executive Committee discussed several items in preparation for the Board of Trustees meeting on August 16-17: 1) review of the agenda for the Board meeting; 2) an update on the EVP search; and 3) received an overview of the 2017 budget.

Finance—The Finance Committee held meetings regularly during the past year for the purpose of reviewing the Society’s finances and making appropriate recommendations to the Board of Trustees. The
Committee kept the Board informed of the Society’s financial position by distributing financial statements at all regular Board meetings.

The Society’s investment consultant attended Committee meetings quarterly to review Society investments, to provide economic forecasts, and to offer performance comparisons. The Committee also met with the outside independent auditor to review the annual audited financial statements and any other matters the auditor deemed worthwhile.

The PAMED Finance Committee also reviewed the finances of The Foundation, PMSCO, PAMPAC and the Alliance.

The Society relies heavily on the Endowment Fund and dues revenue for Society operations. The use of proceeds from the Endowment Fund is determined annually through the application of a “spending rule.” Despite budgetary restraints, the Society has continued to effectively respond to the many issues we face in this challenging economic environment.

A member of the Finance Committee will be available during Reference Committee E to answer any questions with respect to Society financial matters.

PERMANENT COMMITTEES OF THE BOARD

Distinguished Service Awards Committee – This committee considers candidates nominated for the Pennsylvania Medical Society Distinguished Service Award, the Physician Award for International Voluntary Service (even-ending years), the Physician Award for Community Voluntary Service (odd-ending years), and the PAMED Grant for Healthy Living in Ethnic Communities. In addition, this committee recommends award recipients to the Board of Trustees.

This year, the Awards Committee recommended, and the Executive Committee of the Board of Trustees approved, the following: (1) that the 2016 Distinguished Service Award not be handed out; (2) that Baker Henson, DO, be the recipient of the Physician Award for International Voluntary Service in 2016; and (3) that Katallasso, nominated by the York County Medical Society, be awarded the 2016 Grant for Healthy Living in Ethnic Communities.

Members of the Distinguished Service Awards Committee are: C. Richard Schott, MD, Chair; Bruce A. MacLeod, MD; and Karen A. Rizzo, MD.

Awards Sub-Committee – This committee considers candidates nominated for the Pennsylvania Physician “40 Under 40” awards.

This year, this committee selected, and the Executive Committee of the Board of Trustees approved, forty-two (42) members to be named to the list.

The physicians selected are: Anastasia Shnitser, MD; Jennifer Stephens, DO; Cynthia Bartus, MD; Pamela Valenza, MD; Aaron George, DO; Thomas Jordan, MD; Katherine Lund, DO; Jorge Mercado, MD; Kelli Wienecke, DO; Maggie Biebel, DO; Atul Kalanuria, MD; Eric Griffin, DO; Daniel Schlegel, MD; Afif Kulaaylat, MD; Lindsay Surace, MD; Ure Mezu-Chukwu, MD; Lindsey Vu, MD; Andrew Batchelet, MD; Kristin Onderco-Ligda, MD; Adam Biuckians, MD; Kristina Newport, MD; Marc Yester, MD; Elizabeth Ramsey, DO; Mark Matta, DO; Jason Neustadter, MD; Carlo Bartoli, MD, PhD; David Frankel, MD; Amanda Hu, MD; Priya Mitra, MD; Richard Month, MD; Dane Scantling, DO; Alexandra Tuluca, MD; Tamar Carmel, MD; Andrew Pogozelski, MD; Keith Stowell, MD; Micah Jacobs, MD; Nicole Velez, MD; Matthew Novak, MD; Ariane Conaboy, DO; John Vasudevan, MD; Diane Shih-Della Penna, MD; and Luis Garcia, MD.
Sub-Committee members include: Charles Cutler, MD; Kristen M. Sandel, MD; and Hans T. Zuckerman, DO.

**Committee on Subsidiary and Foundation Relations** – The members of this committee are as follows:
Steven A. Shapiro, DO, Chair; John P. Gallagher, MD; Danae M. Powers, MD; James W. Redka, MD; Jaan E. Sidorov, MD; and Hans Zuckerman, DO.

**PMSCO Board** – Current members of the PMSCO Board are: Martin D. Trichtinger, MD, Chair; John J. Pagan, MD; Theodore A. Christopher, MD; Sally J. Dixon, Treasurer; John P. Furia, MD; and Martin Raniowski, PAMED Staff.

**Foundation Board** – Current members of the Foundation Board are: Joanne R. Bergquist; Erick J. Bergquist, MD, PhD; Kenneth M. Certa, MD; Paul F. Dende, DO; William R. Dewar, III, MD; Ravi Dukkipati, MD; Virginia E. Hall, MD; Peter S. Lund, MD; Kirk D. Tolhurst, MD; Raymond C. Truex, Jr., MD; and William J. West, Jr., MD.

**eHealth & Health IT Task Force** – The Task Force did not meet, as resources were devoted to final development and introduction of the PAMED Telemedicine Bill. After initial development by the PAMED Telemedicine Task Force, comprised of physicians representing a number of specialties and engaged in telemedicine, the draft was approved by the PAMED Board. After Board approval and the long process of seeking input and potential support by other stakeholders (including the Hospital & Healthsystem Association of Pennsylvania, the Health Information & Management System Society, health insurance plans, vendors, Pennsylvania providers engaged in telemedicine, and others), the language was finalized. The bill has been introduced as SB-1342 by the prime sponsor, Sen. Elder Vogel. A House sponsor has been identified. Next steps will be to seek passage of the bill during the remaining days of the 2016 legislative session.

**Employed Physician Task Force** – The Employed Physician Task Force has conducted four conference calls during 2016. The task force has focused efforts in three major areas: needs assessment; contract review; and physician bill of rights. PAMED staff conducted six employed physician focus groups across the Commonwealth. The focus groups revealed common issues and needs of employed physicians: 1) employment contracts; 2) employment working conditions; 3) leadership training; and 4) understanding employment transitions. The task force tasked staff with researching and drafting a physician bill of rights that will address and establish the standards for physicians in an employed setting. Staff has nearly completed the research and will present those finding to the task force. The Employed Physician Task Force will draft and then recommend to the Board of Trustees a Physician Bill of Rights. The task force also worked with PAMED staff to ensure that contract reviews were still available through PAMED partners like PMSCO. The task force will provide recommendations for marketing contract review services. The task force will also provide recommendations to PAMED education staff regarding specific needs for employed physicians’ leadership training.

**Legislative Advocacy Task Force:** On July 20, 2016, the Legislative Advocacy Task Force (LATF) conducted a conference call. Topics for discussion were Scope of Practice, Telemedicine, Retroactive Denial, and the Pennsylvania Prescription Drug Monitoring Program. The Task Force has asked Pennsylvania Medical Society (PAMED) staff going forward to continue to provide an overview of the legislation. However, in cases where PAMED may not fully agree with a piece of legislation, the Task Force asked PAMED staff to provide additional information so that the LATF could provide suggestions to the Board of Trustees to consider as counter proposals or amendment language.

**LGBT Health Disparities Work Group:** As a result of House Resolution 206-2015 (Reducing Healthcare Disparities for Lesbian, Gay, Bisexual and Transgender (LGBT), a task force was created to address the key components of this resolution. The task force included representatives from: Alder Health Services, the American Medical Association (AMA), Bradbury-Sullivan LGBT Community, a clinical sexologist in private practice, the Craig-Dalsimer Division of Adolescent Medicine, Equality
Pennsylvania, the Gay and Lesbian Medical Association, Gender and Sexuality Development Clinical at the Children’s Hospital of Philadelphia (CHOP), LGBT Community Center, the Mazzoni Center, Metro Community Health Center, PA Department of Health (DOH), PAMED, Papillon Center, PA Psychiatry Society, Persad Center, Pinnacle Health Endocrinology Associates, and Temple University School of Medicine. Jarett Sell, MD, Hershey Medical Center and Alder Health Services, served as Chair of the task force. Michael Fraser, PhD, CAE and Deborah Ann Shoemaker served as staff liaisons.

The task force met on February 17th, March 30th and July 6th. The resolution’s author was invited to participate in these meetings. Each meeting focused on the three key resolves of the resolution: 1) advocate for future research efforts specifically designed to investigate LGBT health issues; 2) educate and inform Pennsylvania’s physicians, policymakers, and the public on issues that impact public health, patient care and the practice of medicine; and 3) make information on LGBT health issues available to Pennsylvania physicians.

During the advocacy meeting, areas of priority addressed included support for the PA Fairness Act; discussion of proposed legislation, policies and procedures related to conversion therapy; the Healthcare Bill of Rights; insurance coverage for hormone replacement therapy, gender reassignment surgery and other LGBT healthcare concerns; mental health and substance use parity to include LGBT behavioral health needs; and elimination of anti-stigma and anti-discrimination in local, state and national policies/legislation.

Our March meeting focused on cultural and medical competency education for transgender, bisexual, lesbian and gay patients and their families of choice. The task force recommended mandated medical school curriculum on LGBT-specific health care disparities, cultural sensitivity and non-discrimination training. Areas of concern to be addressed to reduce disparities include:

- the need to provide health needs assessments,
- the need to perform the Youth Behavioral Risk Survey and the Behavioral Risk Factor Surveillance System,
- develop/promote health care prevention in areas of known disparities,
- call for data to be included in all publicly-funded research areas,
- ensure that gynecological care is included for women who were female at birth, and
- the need for increased training on mental health, substance use, gun violence and domestic violence needs.

A list of clinical competency model training modules was compiled and available for future use.

The focus of the last meeting was to brainstorm educational needs for both the public at large and medical healthcare professionals. Attendees provided links to important healthcare initiatives occurring across the state and nation. Organizations discussed included the Centers for American Progress, the Centers for Disease Control, the LGBT Data Center at Drexel University, the Human Resources Services Administration, the Gay and Lesbian Medical Association, and the LGBT Center. Issues that should be part of a public service campaign include information on domestic violence, bullying, increased mental health needs (including high incidence of suicides, gun violence, and substance use) and cultural sensitivity. Attendees were provided with a list of organizations available to serve as resources for education, public service awareness, and training for physicians.

Although the official duties of the task force are complete, this group has expressed an interest in continuing to meet to complete our work.

**Medical Society Regionalization Task Force:** PAMED created a task force 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. The task force has been guided under the direction of Task Force Chair, Chuck Cutler, MD, PAMED President Elect.

The task force representing county leadership and executive staff met to discuss challenges and opportunities associated with regionalization. In addition, a focus group was hosted for county medical society leaders who are considering the possibility of regionalization. The focus group yielded helpful feedback and guidance for the formation of the toolkit. Key themes included:

- regionalization is a decision directed by county medical society leadership;
- regionalization is completely optional and often emerges organically;
- regionalization can be as simple as coordinating advocacy efforts and as complex as merging boards and sharing financial resources;
- the state society has no authority and/or role in the regionalization process;
- regionalization within districts is the most feasible option because representation within the House of Delegates is determined through district boundaries;
- if regionalization occurs outside across district boundaries, the bylaws will need to be revised;
- the toolkit is not legal guidance—legal guidance must be secured by each county medical society;
- the toolkit will serve as a starting point and guide for key discussion points between county leadership.

During the process of research and discovery, Avenue M was commissioned to create and execute a survey to evaluate value relative to the cost of dues pricing at the county and state levels. The results of this survey will be made available in a report in September 2016. The assembly of the toolkit is currently underway and will be made available to all county medical society leadership before the 2016 House of Delegates. Key components of the toolkit include: governance, legal, financial and staffing considerations.

**Member Advisory Panel:** The Member Advisory Panel is a monthly online survey group of PAMED members who have volunteered to participate. Around the 15th of every month, an email is sent to the ninety-one (91) people currently on the panel asking them to answer 3-5 questions. These questions can be from any area or topic that is currently relevant to our membership. Recent examples include: MOC, MACRA, ICD-10, and Advocacy issues. PAMED evaluates the answers to the questions to better develop activities, communications, and even advocacy positions that better serve our membership-at-large. Marketing emails and materials continually go out promoting members to opt-in to participate on the Member Advisory Panel.

**Opioid Prescribing Guidelines Task Force:** The PAMED Opioid Advisory Task Force has met regularly by phone to discuss and plan initiatives related to opioid and heroin misuse, abuse and diversion.

Actions taken by the task force include:

1) Reconsideration of the PA-developed Clinical Guidelines for Opiate Prescribing for Non-Cancer Chronic Pain in light of newly released CDC Guidelines. The two sets of guidelines were compared point for point to find areas of consensus which were then incorporated into the revised Opiate Guidelines submitted to the state and endorsed by the PA State Board of Medicine.

2) Staff has attempted, without tangible success to date, to develop a grassroots advocacy program among the counties to propose full availability of Narcan in all high schools and police units to facilitate immediate response to opiate overdoses. Initial outreach was attempted to also develop a central clearinghouse for all county and specialty society activities on the opiate issue to develop a database of best ideas for general distribution to other interested stakeholders. Response to this effort was disappointing. Trial projects to implement these programs are being attempted in one
rural county (Mercer) which we hope will serve as the basis for projects in other counties across
the Commonwealth.

3) On the educational front, a meeting of community stakeholders from Lancaster County was held
on August 8th to address the Opioid/Heroin overdose crisis. The purpose of the meeting was to
get community stakeholders to come together to develop education for students and faculty at
both high school and middle schools. Included were school superintendents, local hospital
officials & physicians, local law enforcement, the PA District Attorneys’ Association, the PA
Department of Health, the PA Pharmacy Association, the PA Dental Association and the School
Nurses’ Association. The goal is to create educational modules for schools and disseminate the
program across the state via county medical societies and physician members.

4) A Task Force meeting for August 3rd was scheduled to review information on the ABC-MAP
program, limited though it may still be, as well as to develop a Speakers’ Bureau to provide
educational programs to interested counties, and to brainstorm how to move forward and
implement the practice guidelines.

Staff has also reached out to other constituencies, including the PA District Attorneys’ Association, the
Drug Enforcement Agency (DEA) and the PA Department of Health to develop networking opportunities
that will advance PAMED’s agenda.

PA Physician Innovation Committee: Funds from the sale of KEPRO have been placed in a board-
designated special purpose fund. The fund has three key areas of focus: Advocacy, The Foundation of the
Pennsylvania Medical Society, and Innovation/Strategic Purpose Grant Funding.

The Innovation Fund would allow PAMED to react nimbly to emerging issues or strategic opportunities
in the medical community based on the results of periodic environmental scans. To date, a 2016 call for
proposals has not been issued due to a lack of response to requests to serve on the Innovation Committee
along with critical financial challenges presently facing the Pennsylvania Medical Society Board.

Finance Committee Chair, F. Wilson Jackson, MD, in coordination with the Innovation/Strategic Funding
Grant Chair, John Pagan, MD, plan to convene the former KEPRO Innovation Fund Work group in the
fall of 2016 to evaluate current innovation opportunities against the background of these new financial
stressors impacting the financial needs/obligations of the Pennsylvania Medical Society.

Payer Advocacy Task Force: The Payer Advocacy Task Force met and focused their energies on
insurer network adequacy in response to a legislative proposal by the Pennsylvania Insurance
Commissioner to address “surprise” balance billing. The proposal by the Commissioner was not
supported by PAMED and a number of specialty societies, including those representing emergency
physicians, pathologists, radiologists, and anesthesiologists. The bill proposed in the Senate was a mirror
image of the Insurance Department proposal. The bill did not gain any traction in the Senate. A number of
studies have found that a primary root cause of surprise balance billing is lack of robust networks to begin
with. This concept fueled the approach that PAMED took to address balance billing in general—network
advocacy. Draft legislation was developed by the Task Force with input from those specialties most
affected by the Insurance Department proposal. PAMED leadership met with the Insurance
Commissioner several times on this issue. Our draft bill was presented to the Commissioner. Little
support was shown for our bill. No further legislative activity has occurred on this issue.

Task Force on Continuous Professional Education: Recommendations made by the Task Force on
Continuous Professional Education earlier in the year, and approved by the Board of Trustees in
February, set in motion several subsequent activities that have established PAMED as the state medical
society leading the national campaign in response to the lack of substantive positive changes brought
forth by the ABIM.

Perhaps just as importantly, the same recommendations of the Task Force set the tone for PAMED’s
continued leadership at the AMA level in the effort to address widely held concerns with Maintenance of
Certification (MOC). In June, again as a result of leadership by PAMED, the AMA’s House of
Delegates set new policy that will maintain a high level of meaningful and relevant life-long learning and
ongoing continuing medical education by all physicians as an important component of promoting patient safety, and health care quality and value.

Since the October 2015 meeting of the PAMED House of Delegates, the recommendations of the Task Force (which are listed below and which are ongoing) and the following activities undertaken at the national level during meetings of the AMA House of Delegates have resulted in significant progress with regard to both the ABIM and MOC:

**November 2015** – PAMED convened a meeting of interested physicians during the 2015 Interim meeting of the AMA HOD that was attended by more than 100 individuals.

**June 2016** – PAMED hosted a panel discussion during the 2016 Annual meeting of the AMA HOD featuring individuals who have been prominently engaged in the national discussion of the fiscal irregularities of the ABIM:

- Bonnie H. Weiner, MD – NBPAS Board Member, “Making MOC Work through a New Board Structure”
- Wes Fisher, MD – Cardiologist/Blogger, “Why MOC is Broken and How to Fix It.”
- Scott Shapiro, MD – PAMED President, “Steps Forward on MOC and Making Changes to MOC”

**June 2016** – Aggressively and successfully supported adoption of Resolution 309 which established stronger AMA policy:

- Calling for the immediate end of any mandatory, secured recertifying examination by the American Board of Medical Specialties (ABMS) or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination.
- Directing that the AMA continue to work with the American Board of Medical Specialties (ABMS) to encourage the development by and the sharing between specialty boards of alternative ways to assess medical knowledge other than by a secure high-stakes exam.
- Directing that the AMA continue to support the requirement of Continuing Medical Education (CME) and ongoing, quality assessments of physicians, where such CME is proven to be cost-effective and shown by evidence to improve quality of care for patients.
- Directing that the AMA support a recertification process based on high quality, appropriate CME material directed by the AMA recognized specialty societies covering the physician’s practice area, in cooperation with other willing stakeholders, that would be completed on a regular basis as determined by the individual medical specialty, to ensure lifelong learning.

**July 2016** – Issued a Statement of No Confidence in the leadership of the ABIM and circulated to state medical societies a “sign on” letter, inviting them to join in the Statement of No Confidence. PAMED continues to explore possible collaborative legal action and initiated a discussion of relevant aspects of the issue in policy discussions with the Attorney General candidates from both parties in the November general election.

**Recommendations of the Task Force:**

1) Improve Continuous Professional Education/MOC through the deletion of some of the more onerous requirements (cost, hassle) and addition of others (continuous quality improvement, satisfaction, practicing physician oversight).

   a) Evaluate support from state medical societies, state and national specialty organizations, the AMA and other interested physician or relevant groups for a statement of “No Confidence” in the ABIM.

   b) Obtain legal advice relative to potential “class action” litigation.

   c) Review the options for state level legislation that will prohibit insurers and hospitals from requiring board certification.
2) Assess the availability of other options that also demonstrate professional expertise (such as NBPAS).
   a) Evaluate the potential for PAMED to initiate a program that would “franchise” board certification by entities meeting relevant standards.
   b) Evaluate and prepare for distribution an analysis report card comparing ABIM and NBPAS to the standards codified within AMA Policy H-275.924 (AMA Principles on Maintenance of Certification (MOC)).
   c) Host a meeting with Paul Teirstein of the NBPAS.
3) Heighten and sustain exposure of the issue via bi-weekly emails and content in PAMED electronic communications vehicles.

David A. Talenti, MD
Chair