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REPORT 1
BOARD OF TRUSTEES

Listed below are the resolutions considered by the 2016 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 16-201: Elimination of Tobacco Sales (adopted as amended)—Called on PAMED to oppose the sale and public use of tobacco products in the Commonwealth of Pennsylvania.

Resolution 16-202: Further Addressing the Overdose Crisis (adopted)—Called on PAMED to work together with other statewide stakeholders to identify and rectify existing barriers for patients seeking care for addiction and to work together with the county medical societies to identify and rectify barriers at the local level.

Resolution 16-203: Seeking Support of Pennsylvania Immunization Coalition (referred for study to Board of Trustees)—Called on PAMED to lobby the State of Pennsylvania to provide \$200,000 in annual funding for the administration and activities of the Pennsylvania Immunization Coalition to increase awareness and compliance with recommended immunization practices to improve the health of all Pennsylvanians.

Resolution 16-204: Eliminating Barriers to Children Possessing and Using Sunscreen in School (adopted)—Called on PAMED to lobby to allow students to bring and possess sunscreen and sun-protective clothing, including hats, at school and youth camps without requiring physician authorization.

Resolution 16-205: Transfer of Jurisdiction Over Required Clinical Skills Examinations to LCME-Accredited and COCA-Accredited Medical Schools (adopted as amended)—Called on PAMED to support the efforts of the American Medical Association, in conjunction with the Federation of State Medical Boards (FSMB), to eliminate the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) and the Comprehensive Osteopathic Licensing Examination (COMLEX) Level 2-Performance Examination (PE) as a requirement for Liaison Committee on Medical Education (LCME)-accredited and Committee on Osteopathic College Accreditation (COCA)-accredited medical school graduates who have passed a school-administered, clinical skills examination. Also called on PAMED to advocate for medical schools and medical licensure stakeholders to create standards for clinical skills examination that would be administered at each Liaison Committee on Medical Education (LCME)-accredited and Committee on Osteopathic College Accreditation (COCA)-accredited medical school in lieu of United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) and Comprehensive Osteopathic Licensing Examination (COMLEX) Level 2-Performance Examination (PE) and that would be a substitute prerequisite for future licensure exams.

Resolution 16-206: Pennsylvania Medical Society Support for a Moratorium on Fracking (adopted as amended)—Called on PAMED to urge and support a moratorium on new natural gas extraction using high-volume hydraulic fracturing in Pennsylvania. Also called on PAMED to urge the Commonwealth of Pennsylvania to fund an independent health registry and commission research studies on the health effects of fracking.

1 **Resolution 16-207: Promote Teen Health Week (adopted)**—Called on PAMED to actively promote Teen
2 Health Week and encourage county and specialty associations across the state to join with their local
3 schools to adopt, promote, and participate in Teen Health Week. Also called on the Pennsylvania
4 Delegation to the American Medical Association to present this Resolution to the interim meeting of the
5 AMA (I-2016) for national adoption.
6

7 **Resolution 16-208: Support for Liability Protection in Administration of Naloxone in Schools (adopted
8 as amended)**—Called on PAMED to seek legislative action that will provide specific immunity for school
9 districts and their employees to include school nurses, teachers, and administrators for the
10 administration of Naloxone on students while on school property with the same Good Samaritan
11 protection provided to other first responders to overdose situations.
12

13 **Resolution 16-209: Increase in Availability of Opioid Rescue Medication and Medication-Assisted
14 Treatment (adopted as amended)**—Called on PAMED to support the practice that all pharmacies selling
15 opioids also stock for sale opioid reversal agents and medications for the treatment of opioid use
16 disorders. Also called on PAMED to collaborate with appropriate stakeholders to identify and rectify
17 existing barriers that impede stocking and selling opioid reversal agents and medications for the
18 treatment of opioid use disorders.
19

20 **Resolution 16-301: Standardize Observation Status Among Insurers (adopted as amended)**—Called on
21 PAMED to seek through enactment of legislation or regulation the requirement that all insurers or their
22 agents make publicly available the criteria that are used to determine observation status and that a
23 determination of observation or admission be made by the insurer within 24 hours of the time the
24 patient presents for treatment based upon the information available to the attending physician and/or
25 agents. Also called on PAMED to advocate that the criteria used to determine observation status be
26 standardized across insurers and to work to compel insurers to provide physicians with a clear and rapid
27 process of appeal and review that includes the recommendations of the attending physician.
28

29 **Resolution 16-302: Retrospective Payment Denial of Medically Appropriate Studies, Procedures and
30 Testing (adopted as amended)**—Called on PAMED to advocate for legislation to require insurers’
31 medical policies to reflect current evidence-based medically appropriate studies and treatments
32 including those for rare and uncommon diseases. Further called on PAMED to advocate for legislation
33 to require Pennsylvania insurers to implement a streamlined process for exceptions for rare or
34 uncommon disease states and for legislation to prohibit insurers from using medical coding as the sole
35 justification to deny medical services and diagnostic or therapeutic testing. Finally, called on the
36 Pennsylvania Delegation to the American Medical Association to take this issue forward to the AMA at
37 the next feasible opportunity.
38

39 **Resolution 16-303: Clinical Pathways (adopted)**—Called on PAMED to advocate that clinical pathways
40 be developed transparently and collaboratively and that they: (a) promote access to evidence-based
41 care for patients; (b) recognize the medical variability among patients and individual patient autonomy;
42 (c) promote access to clinical trials; (d) are continuously updated to reflect the rapid development of
43 new scientific knowledge; and (e) are implemented in ways that promote administrative efficiencies for
44 physicians, other healthcare providers, and payers. Further called on PAMED to advocate that clinical
45 practice guidelines, when used by health plans, must allow variation and consider individual patient
46 differences and the resources available in a particular health care system or setting to provide
47 recommended care, and should include a statement of their limitations and restrictions. Finally, called
48 on PAMED to advocate that formal procedures be adopted to minimize the potential for undue financial

1 or other interests from influencing the development of clinical guidelines including required disclosure
2 of all potential conflicts of interest by panel members, consultants, staff, and other participants; with
3 the disclosures of panel members' conflicts of interest relating to specific recommendations published
4 with the guidelines or otherwise made public.

5
6 **Resolution 16-401: Oppose Mandate to Mandated E-Prescribing (adopted as amended)**—Called on
7 PAMED to actively preserve the ability of physicians to physically write prescriptions and oppose any
8 mandate that requires all prescribing in Pennsylvania be done electronically.

9
10 **Resolution 16-402: Abolish the 30-Day Waiting Period for Tubal Sterilization (adopted as amended)**—
11 Called on PAMED to support the efforts of the American Medical Association (AMA) to abolish the
12 mandatory 30-day waiting period for elective tubal sterilization and to urge Pennsylvania's
13 Congressional Delegation to seek legislative or regulatory elimination of the required 30-day interval
14 between informed consent and a permanent sterilization procedure.

15
16 **Resolution 16-403: Fairness for Physicians Cleared of Wrongdoing by Their State Licensing Board**
17 **(adopted)**—Called on PAMED to seek a remedy for physician who must repeatedly disclose the fact that
18 they have been the subject of an investigation by their licensure board due to a complaint which was
19 filed against them, found to be without merit, and closed without action and that PAMED propose
20 legislation, if necessary, that eliminates a physician's obligation to report complaints which have been
21 filed against him or her and which have been closed without disciplinary action by his or her licensure
22 board after initial review by the Department of State.

23
24 **Resolution 16-404: Comprehensive Women's Reproductive Health Care (adopted)**—Called on PAMED
25 to oppose legislative interference with facilities that provide medically-accepted standard of care
26 reproductive services for women including contraception; screening for and prevention of sexually
27 transmitted infections; screening for female cancers; and education to prevent unplanned pregnancy.

28
29 **Resolution 16-405: Protect Confidentiality of Dependents of Insurance Policyholders (adopted as**
30 **amended)**—Called on PAMED to seek legislation that requires health insurers to, upon request,
31 communicate directly and confidentially with individuals insured as dependents who receive any
32 medical services or treatment for which parental or guardian consent is not required, including but not
33 limited to the EOBs.

34
35 **Resolution 16-406: Hepatitis C Screening Act and Discretion of Physician Practice (referred for study to**
36 **Board of Trustees)**—Called on PAMED to seek legislative amendment to Act 87 which shall not impose
37 any liability, criminal or civil penalty, or licensure sanctions before any applicable State board for failure
38 by a physician, health care practitioner, health care provider, hospital, health care facility, or physician's
39 office to comply with Act 87.

40
41 **Resolution 16-407: The Pennsylvania Medical Society Recommend Legislation to Train and License**
42 **Unmatched Residency Applicants as Independent Primary Care Providers in Areas of Pennsylvania**
43 **with Physician Shortage (not adopted)**—Called on PAMED to address physician shortages by urging the
44 state to enact legislation enabling unmatched residency applicants to become licensed to independently
45 deliver primary care in areas of Pennsylvania requiring family physicians.

46
47 **Resolution 16-408: Address and Petition CMS and Legislators to Allow for a Process of Appeal to**
48 **Negative Statements and Reports to the National Practitioner Data Bank (referred for study to Board**

1 **of Trustees)**—Called on PAMED to adopt a position on and defend physicians against those who use the
2 National Practitioner Data Bank to ruin their reputations in an effort to manipulate and dissuade them
3 from application and/or participation on their medical staffs. Further called on PAMED to take action
4 through its delegation to the AMA to address and petition CMS and legislators to allow for a process of
5 appeal to negative statements and reports to the data bank and to pursue avenues legal and political to
6 guarantee due process and to protect physicians from abuse of the NPDB.

7
8 **Resolution 16-409: Support Closing Pennsylvania’s Private Sale Loophole for Long Guns by Requiring**
9 **Background Checks for All Firearms Transfers (adopted)**—Called on PAMED to reaffirm support for HB
10 1010 or similar legislation that closes Pennsylvania’s private sale loophole for long guns by requiring
11 background checks for all firearms transfers.

12
13 **Resolution 16-501: Practicing Physician Declining Membership Analysis (not adopted)**—Called on
14 PAMED to petition the AMA to study the reasons for membership decline among practicing physicians in
15 Life Stage categories “Mature” and “Senior” by proportionally surveying both members and non-
16 members in these categories as to the reasons why or why not individuals are members; that any such
17 survey examine a variety of concerns physicians may have with regard to the AMA, its attention to its
18 mission, its adequacy in advocating for physicians, any political bias which may be dissuading individuals
19 from remaining or becoming members, and possible solutions for the foregoing concerns; and that this
20 survey be undertaken immediately by an independent consulting company with expertise in
21 membership engagement and reported to the AMA House of Delegates at the 2017 Annual Meeting and
22 made available to the AMA membership at large at that time.

23
24 **Resolution 16-502: Participation of Physicians on Healthcare Organization Boards (adopted as**
25 **amended)**—Called on PAMED to advocate for and promote the membership of actively practicing
26 physicians on the boards of healthcare organizations including, but not limited to, acute care providers,
27 insurance entities, medical device manufacturers, and health technology service organizations. Also
28 called on PAMED to promote educational programs on corporate governance that prepare and enable
29 physicians to participate on health organization boards and to provide existing healthcare boards with
30 resources that increase their awareness of the value of physician participation in governance matters.
31 Finally, called on the Pennsylvania Delegation to the American Medical Association (AMA) to craft a
32 similar resolution to take to the AMA at the 2017 AMA House of Delegates Annual Meeting.

33
34 **Resolution 16-503: Analysis of American Board of Internal Medicine (ABIM) Finances (adopted)**—
35 Called on PAMED to petition the American Medical Association (AMA), through its delegation to the
36 AMA, to analyze the finances of the American Board of Internal Medicine (ABIM) and its Foundation and
37 to request that the results of this analysis be shared with the AMA House of Delegates and the PAMED
38 membership-at-large.

39
40 **Substitute Resolution 16-504 and 16-505: Endorse National Board of Physicians and Surgeons (NBPAS)**
41 **for Recertification and Support Reform of the Maintenance of Certification (MOC) Process and Adopt**
42 **a Position Favoring Acknowledgment of an Alternative Board, the National Board of Physicians and**
43 **Surgeons (NBPAS), for Certification of Physicians Pursuing Lifelong Education (substitute resolution**
44 **adopted in lieu of Resolutions 16-504 and 16-505)**—Called on PAMED to fully support the concept of
45 viable alternatives to MOC; to adopt as its policy those principles of recertification as articulated in AMA
46 policy “Maintenance of Certification H-275.924”; to support the activity of the AMA as articulated in
47 AMA policy “Maintenance of Certification and Osteopathic Continuous Certification D-275.954”; to
48 oppose maintenance of certification programs administered by the specialty boards of the ABMS or any

1 similar physician certifying organization, which do not appropriately adhere to the principles codified as
2 AMA policy on Maintenance of Certification; and to oppose use of Maintenance of Certification status as
3 mandatory criteria for hospital credentialing, medical licensure plan participation, or state medical
4 licensure.

5
6 **Resolution 16-506: Support Physician-Driven, Free Market-Based Healthcare Payment Model Creation**
7 **and the Restoration of the Patient-Physician Relationship Through Innovative Consumer-Driven**
8 **Healthcare Financing and Delivery Solutions (referred for study to Board of Trustees)**—Called on
9 PAMED to endeavor to aid in the creation of, and partner with, a stand-alone comprehensive and
10 innovative healthcare initiative; to ask the Board of Trustees to create a loan that may be released
11 incrementally up to \$5 million for a stand-alone comprehensive and innovative healthcare initiative; to
12 anticipate that this endeavor be marketed and promulgated through the county medical societies
13 throughout the state of Pennsylvania; to partner with and provide administrative, secretarial and county
14 resources to this innovative physician-led plan and support physician-developed processes to manage
15 quality, utilization and cost through a patient- and physician-driven, free market-based healthcare
16 system; and to support patient-centric and physician-facilitated, free market-based healthcare reform as
17 an alternative to government or commercial insurance-devised payment models.

18
19 **Resolution 16-COW: Practice Options Initiative Concept and Funding (adopted as amended)**—Called
20 on the PAMED Board of Trustees to commit to transparency and responsible fiscal stewardship of
21 endowment funds; that future business plans shall include a list of deliverables, dates for updates to the
22 membership, and performance metrics for use in evaluation; that the PAMED Board of Trustees commit
23 to transparency and regular communication to the PAMED membership including the House of
24 Delegates, providing updates on the PAMED Practice Options Initiative including, but not limited to,
25 when the business plan is approved and a quarterly report; that, with the assistance of legal counsel, the
26 PAMED Practice Options Initiative explore collaboration among physician-led networks including
27 specialty networks, and enable engagement by physicians of all practice types; and that the PAMED
28 House of Delegates authorize the PAMED Board of Trustees to access up to \$15 million from the PAMED
29 Endowment Fund principle of \$115 million to be used to actualize the PAMED Practice Options Initiative.

30 STANDING COMMITTEES OF THE BOARD

31
32
33 **Executive** – The Executive Committee is comprised of the Board chair, Board vice chair, president,
34 president elect, vice president, immediate past president, speaker of the House of Delegates and the
35 chair of the Finance Committee. This year the Executive Committee held monthly telephone
36 conferences and also met in person on the Monday evening immediately preceding the Board meetings
37 in February, May, and August. A brief summary of the actions taken during each teleconference and
38 meeting is outlined below.

39
40 **September 21, 2016**—The Executive Committee took the following actions: 1) approved a letter in
41 support of Deval (Reshma) Paranjpe, MD to serve an additional term on the State Board of Medicine;
42 and 2) approved a motion to have a fair hearing of a conflict of interest issue at the next board meeting
43 regarding Dr. Scott Shapiro and his involvement with NueHealth. Additionally, the committee discussed
44 the following issues: HB 2232, EVP search, PAMED/Chester County Medical Society member application,
45 Montgomery County Medical Society - Rawdin v. Real, county/state relations and The Healthcare
46 Alliance RFI submissions.

1 **October 21, 2016**—The Executive Committee discussed confidentiality, the upcoming board agenda and
2 prepared for the Reference Committee of the Whole at the House of Delegates. Staff updated the
3 committee on the Interstate Medical Licensure Compact, Opioids and Physicians’ Bill of Rights.
4

5 **November 16, 2016**—The Executive Committee approved the re-nominations of Jack I. Jallo, MD, PhD,
6 FACS and Simon D. Lampard, MD, FACS for the Pennsylvania Trauma Systems Foundation Board of
7 Directors and the submission of the Pennsylvania Orthopaedic Society’s nominations of Henry Boateng,
8 MD and Saqib Rehman, MD also for the Pennsylvania Trauma Systems Foundation Board of Directors.
9 The committee also received an update on HB 1948, the EVP search and the board retreat.
10

11 **December 21, 2016**—The Executive Committee took the following actions: 1) approved the call for the
12 nominations process to begin immediately following the Executive Committee call to fill the 6th District
13 vacancy created by the election of Dr. Pagan as Speaker of the House; and 2) approved discussing the
14 Allegheny CMS letter regarding MOC at the next board meeting. The committee also discussed the code
15 of conduct and diversity presentation/training that will occur at the next board meeting.
16

17 **January 18, 2017**—The Executive Committee approved a motion to put PAMED Resolution 16-206
18 (Support for a Moratorium on Fracking) on the next board meeting agenda to discuss drafting a letter to
19 urge appropriate study. Discussions were held on the Pension options, Finance Committee 2016,
20 PMSCO staffing and the Practice Options Initiative quarterly report, trustee vacancies, PAMED/County
21 Leadership Summit and the intention of Independence Blue Cross and the Pennsylvania Health Funders
22 Collaborative to hold a meeting with PAMED to discuss Pennsylvanians at risk of losing health insurance.
23

24 **January 30, 2017**—The Executive Committee approved sending the draft Department of Health fracking
25 letter to the Board for approval. The committee also discussed Dr. Carol Burke’s article “MOC: Time to
26 Serve Our Interests,” pension options, out of state President visits, trustee vacancies, Penn State College
27 of Medicine Students’ Fracking conference and the upcoming board meeting agenda.
28

29 **February 15, 2017**—The Executive Committee took the following actions: 1) approved sending a
30 nomination letter to the AMA in support of Lawrence R. John, MD for appointment to the American
31 Board of Family Medicine; (2) submit the nomination of Shyam B. Sabat, MD in consideration of
32 appointment to the PA eHealth Partnership Advisory Board; 3) approved PAMED’s Promotional
33 Opportunities Guide; and 4) approved PAMED joining the amicus brief in the case of Williams v. City of
34 Philadelphia in support of the city of Philadelphia’s recent soda tax. The Committee also discussed
35 Representative Doyle Heffley’s ADO Legislation HB 288 and deadlines for board agenda items.
36

37 **March 15, 2017**—The Executive Committee took the following actions: 1) support the request for
38 assistance with drafting narrow networks/any willing provider legislation; 2) sign the Memorandum of
39 Understanding with the University of Pittsburgh for the development and maintenance of content on
40 the OverdoseFreePA website; and 3) approve partnering with Partnership for Better Health to
41 disseminate PAMED opioid educational materials to physicians in Cumberland and Perry Counties. The
42 Executive Committee received an update on PMSCO financials, County/State Leadership Summit, Code
43 of Conduct, CRNP and Physician Assistants, and Representative Ted Nesbitt’s Opioid ePrescribing Bill, HB
44 353.
45

46 **April 19, 2017**—The Executive Committee approved referring the issue of prescribing diets in long-term
47 care facilities to the Specialty Leadership Cabinet for them to review and make a recommendation to
48 the Board at the next meeting. Additionally, the following items were discussed: Investment Policy

1 Statement, PAMED 2015 Form 990, Senator Matt Baker’s Opioids Legislation, the pension webinar and
2 hospital monopolies.

3
4 **May 15, 2017**—The Executive Committee met preceding the Board of Trustees meeting in May. They
5 approved making some revisions to the Physician Assistant Legislative language contingent upon Dr.
6 Heine’s feedback. They also discussed MOC legislation, County/State Leadership Summit, holding an
7 EVP Forum and the upcoming board meeting agenda.

8
9 **June 21, 2017**—The Executive Committee approved the following actions: 1) send a letter to IBC
10 regarding the Modifier 25 Payment Policy; 2) make an amendment to the PMSCO Equity Contribution
11 Agreement to extend funding to the Care Centered Collaborative through August 31st allowing the
12 PAMED Board of Trustees to review the business plan; 3) file an amicus brief in support of JUA’s
13 complaint against the state of Pennsylvania; and 4) postpone the discussions regarding Out of Network
14 Physician Payment until the July Executive Committee teleconference. The Committee also held
15 discussions on various topics which included: Specialty sign-on to PAMED’s No Confidence in ABIM
16 letter, CRNP legislation and the Women Physicians Caucus.

17
18 **July 19, 2017**—The Executive Committee approved a motion to direct legislative staff to study pursuing
19 a legislative fix regarding Supreme Court’s decision on informed consent and report back to the
20 Executive Committee. The Committee also received updates on the IBC Modifier 25 Payment Policy,
21 Protz v. Workers’ Compensation Appeals Board and out-of-network physician payment.

22
23 **July 31, 2017**—The Executive Committee approved directing staff to identify 10 physician practices to
24 complete an analysis in coordination with IBC of the Modifier 25 changes on the practice, and to send a
25 letter to IBC with this request.

26
27 **August 14, 2017**—The Executive Committee held discussions regarding updates on the counties, the
28 2018 budget, IBC Modifier 25 Payment Policy, JUA, and Care Centered Collaborative. Additionally, they
29 discussed AMA’s Council on Medical Education and the nominations they are seeking to fill roles on
30 several committees.

31
32 **Finance** – The Finance Committee held meetings regularly during the past year for the purpose of
33 reviewing the Society’s finances and making appropriate recommendations to the Board of Trustees.
34 The Committee kept the Board informed of the Society’s financial position by distributing financial
35 statements at all regular Board meetings.

36
37 The Society’s investment consultant attended Committee meetings quarterly to review Society
38 investments, to provide economic forecasts, and to offer performance comparisons. The Committee
39 also met with the outside independent auditor to review the annual audited financial statements and
40 any other matters the auditor deemed worthwhile.

41
42 The PAMED Finance Committee also reviewed the finances of the Foundation, PMSCO, PAMPAC, and
43 the Alliance.

44
45 The Society relies heavily on the Endowment Fund and dues revenue for Society operations. The use of
46 proceeds from the Endowment Fund is determined annually through the application of a “spending
47 rule.” Despite budgetary restraints, the Society has continued to effectively respond to the many issues
48 we face in this challenging economic environment.

1
2 A member of the Finance Committee will be available during Reference Committee E to answer any
3 questions with respect to Society financial matters.
4

5 **PERMANENT COMMITTEES OF THE BOARD**
6

7 **Awards Committee** – This committee considers candidates nominated for the Pennsylvania Medical
8 Society Distinguished Service Award, the Physician Award for International Voluntary Service (in even-
9 ending years), the Physician Award for Community Voluntary Service (in odd-ending years), and the
10 PAMED Grant for Healthy Living in Ethnic Communities. In addition, this committee recommends award
11 recipients to the Board of Trustees.
12

13 This year, the Distinguished Service Award Committee recommended, and the Board of Trustees
14 approved, the following:
15

- 16 1. that the Board award the 2017 Distinguished Service Award to Gerald Tracy, MD,
17 as nominated by the Lackawanna County Medical Society;
18
- 19 2. that the Board award the Physician Award for Community Voluntary Service in 2017 to
20 Koroush Khalighi, MD, as nominated by the Northampton County Medical Society; and
21
- 22 3. that the Board approve Community Volunteers in Medicine, as nominated by both the
23 Delaware County Medical Society and the Chester County Medical Society, as the 2017
24 recipient of the Society’s Grant for Healthy Living in Ethnic Communities. (Strategic Goal:
25 2, ... advance physician leadership, enhance professional satisfaction ...) (Financial
26 Impact: already budgeted)
27

28 Members of the Distinguished Service Award Committee are: Bruce MacLeod, MD; Karen Rizzo, MD; and
29 Scott Shapiro, MD.
30

31 **Awards Sub-Committee** – This committee considers candidates nominated for Pennsylvania’s Top
32 Physicians Under 40.
33

34 This year, the committee chose, and the Board of Trustees approved, 41 members to be named to the
35 list.
36

37 They include: Michael Ascher, MD; Nadia Awad, MD; Kristin Bibee, MD, PhD; Autumn Bridger, DO;
38 Christopher Buzas, DO; Ravi Chekka, MD; Allen Chiang, MD; Bryan Cicuto, DO; Thomas Clements, MD;
39 Amy Depuy, MD; Jason Fodeman, MD; Shannon Grap, MD; Rahul Kapur, MD; Dawn Karns, DO; Jared
40 Knickelbein, MD, PhD; Srinivas Kondapalli, MD; Kandan Kulandaivel, MD; Wayne Lau, MD; Pak Leung,
41 MD; Henry Lin, MD; Kory London, MD; Jennifer Lorine, DO; Sarah Lubner, DO; Mrinalini Meesala, MD;
42 Jeffrey Montgomery, DO; Jason Ojeda, MD; MaryEllen Pfeiffer, DO; Jeffrey Radecki, MD; James Reilly,
43 MD; Kristin Rising, MD; Justin Roberts, DO; Loren Robinson, MD; Lorraine Rosamilia, MD; Patricia
44 Salvador, MD; Kelly Scollon-Grieve, MD; Saima Siddiqui, MD; David Somerman, DO; Philip St. Julien, DO;
45 Adam Susmarski, DO; Chad Walker, DO; and Nicole Wheeler, MD.
46

47 Members of the Awards Sub-Committee this year are: Theodore Christopher, MD; Tani Malhotra, MD;
48 and John Vasudevan, MD.

1 **Committee on Subsidiary and Foundation Relations** – The members of this committee are as follows:
 2 Steven A. Shapiro, DO, Chair; Sherry L. Blumenthal, MD; John P. Gallagher, MD; Danae M. Powers, MD;
 3 James W. Redka, MD; and Edward M. Stafford, MD.

4
 5 **CCC Board** – Current members of the CCC Board are: Martin D. Trichtinger, MD, Chair; John J. Pagan,
 6 MD, Vice Chair; Theodore A. Christopher, MD; John P. Furia, MD; Bindukumar C. Kansupada, MD, MBA;
 7 and Martin P. Raniowski, PAMED Executive Vice President/Staff Representative. (Sally J. Dixon, Public
 8 Representative, resigned from the Board in 2017.)

9
 10 **Foundation Board** – Current members of the Foundation Board are: Virginia E. Hall, MD, FACOG, FACP,
 11 Chair; Joanne R. Bergquist; Erick J. Bergquist, MD, PhD; Kenneth M. Certa, MD; Paul F. Dende, DO, FACP,
 12 Vice Chair; William R. Dewar, III, MD, FACP; Ravi Dukkipati, MD; Daniel Kimball, Jr., MD, MACP; Peter S.
 13 Lund, MD, FACS; Martin P. Raniowski, PAMED Executive Vice President; and William J. West, Jr., MD,
 14 Treasurer.

15
 16 **Employed Physician Task Force** – After completing the Physicians’ Bill of Rights, the Employed Physician
 17 Task Force did not identify any additional priorities. Additionally, no legislative, regulatory, or policy
 18 issues arose that required input from the Task Force. Therefore, the Employed Physician Task Force has
 19 not met in 2017.

20
 21 **Legislative Advocacy Task Force** – The Legislative Advocacy Task Force met once, on September 19,
 22 2017 via conference call. Five (5) members of the task force and three (3) staff were in attendance.

23
 24 Much of the discussion centered on the role of the task force as well as how often it should meet. A
 25 survey has been circulated to current task force members to determine a schedule for regularly
 26 scheduled meetings.

27
 28 A copy of the agenda, which includes summary notes from the meeting, is attached below:
 29

WELCOME / ATTENDANCE	DR. DANAЕ POWERS, CHAIR
REVIEW OF AGENDA AND ANY ADDITIONS	DR. DANAЕ POWERS, CHAIR
<ol style="list-style-type: none"> 1. <i>RLG GAVE OVERVIEW OF GOALS FOR LATF (SEE POINTS 1-4 BELOW)</i> 2. <i>DISCUSS REQUEST FROM AMA REGARDING PENDING HEALTH CARE AMENDMENT IN THE SENATE (FEDERAL).</i> 	
REVIEW AND DISCUSSION -- THE ROLE OF THE LEGISLATIVE ADVOCACY TASK FORCE <ul style="list-style-type: none"> ○ SUPPORT AND ADVISORY 	TASK FORCE
<u>GENERAL MEETING DISCUSSION</u> <ol style="list-style-type: none"> 1. <i>SUGGESTION FOR EVERY OTHER MONTH MEETING SCHEDULE.</i> 2. <i>DOODLE POLL FOR BEST DAY -- ACTION</i> 3. <i>BILL ANALYSIS EMAILED OUT -- AS A SAMPLE FOR REVIEW -- ACTION</i> 4. <i>STATUS OF PRIORITY PROJECTS -- ACTION</i> 5. <i>PROCESS FOR IMMEDIATE NEEDS, QUESTIONS, RESPONSES FROM THE TASK FORCE NEEDS TO BE OUTLINED.</i> <ol style="list-style-type: none"> a. <i>WILL BE TIMES WHEN TURNAROUND ON A</i> 	

<p style="text-align: center;"><i>PARTICULAR ISSUE MAY REQUIRE UNSCHEDULED EMAILS, PHONE CALLS, ETC.</i></p> <p>6. <i>REGULAR UPDATES OUT TO THE TASK FORCE FROM STAFF</i></p> <p>7. <i>LTF BOARD REPORT?</i></p> <p>8. <i>STATUS REPORT FOR LTF OF CURRENT LEGISLATION – ACTION</i></p>	
PROCESS FOR REVIEWING AND PROVIDING GUIDANCE ON LEGISLATIVE ACTIVITIES	TASK FORCE
PROCESS FOR ASSISTING THE BOARD OF TRUSTEES WITH ESTABLISHING OUR LEGISLATIVE PRIORITIES	TASK FORCE
PROPOSED MEETING SCHEDULE	TASK FORCE
QUESTIONS / WRAP UP	

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LEGISLATIVE ADVOCACY TASK FORCE (LATF) – GENERAL RESPONSIBILITIES

1. ASSIST WITH POSITION STATEMENTS REGARDING LEGISLATION, ESPECIALLY WHERE NO CLEAR POLICY EXISTS
2. SERVE AS “THOUGHT LEADERS” FOR LEGISLATIVE MATTERS AND DISCUSSIONS
3. CLINICAL INPUT ON LEGISLATIVE ISSUES
4. PROVIDE GUIDANCE AND ADVICE TO THE BOARD OF TRUSTEES, AS APPROPRIATE, REGARDING LEGISLATIVE AND ADVOCACY ACTIVITIES AND PRIORITIES.

LGBT Health Disparities Work Group – No legislative, regulatory, or policy issues arose that required input from the LGBT Health Disparities Work Group; therefore, the Work Group has not met in 2017. Information sharing among group members has continued via email relative to conferences, webinars, etc. that may be of interest.

Medical Marijuana Task Force – At the January 31-February 1, 2017, quarterly Board of Trustees meeting, the Board approved the creation of a Medical Marijuana Task Force for 2017.

Members of the Task Force are: Edward Balaban, DO; Stuart Brilliant, MD; Hyatt DeGreen, III, DO; Michael Feinberg, MD, PhD; Marino Goldman, MD; D. Scott Miller, MD, MA; Barbara Ostrov, MD; Amelia Paré, MD, FACS (Chair); Charles Pollack, Jr., MD; Erik Rupard, MD; and Cicily Vachaparambil, Medical Student (recently resigned).

PAMED Staff Persons who are part of the Task Force are: Robin Rothermel, Senior Director, Physician Support; and Michael Siget, JD, MPA, Legislative & Regulatory Counsel.

The Task Force is charged with the following duties as it relates to Pennsylvania’s Medical Marijuana Act, Act 16-2016:

- Reviewing and providing input to PAMED on any enacted changes to the Medical Marijuana (MM) law.
- Reviewing any proposed regulations issued by the Department of Health or other state agencies regarding the MM law.
- Providing summaries of any proposed regulations to PAMED regarding the MM law.
- Providing PAMED members with information on how to comment on any proposed regulations issued regarding the MM law.

- 1 • Reviewing relevant medical, clinical, and academic research regarding MM research and
2 providing updates on this research to PAMED’s Board of Trustees or Executive Committee when
3 requested.
- 4 • Any other duties as assigned by the Board of Trustees or the Executive Committee.

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6 Recent Activities

7 The Task Force was asked to review and respond to the Department of Health’s (DOH) proposed
8 temporary regulations relating to physicians who choose to participate in the medical marijuana
9 program. DOH published these proposed temporary regulations in April 2017 and provided
10 approximately one week for stakeholders to submit comments. PAMED staff wrote a draft response to
11 DOH that was reviewed by the Task Force. PAMED submitted its response to DOH on April 19, 2017.

12
13 Meetings

14 The Task Force held two orientation meetings on May 10 and 11, 2017 for its Task Force members. The
15 Task Force discussed various topics, including:

- 16
17 • The status of the DOH regulations to date and which regulations have yet to be published.
- 18 • Reviewing the role/charge of the task force as the regulations get issued.
- 19 • CME questions for physicians wanting to partake in the MM program through DOH.
- 20 • PAMED’s intern and what research she will be performing.
- 21 • Answer any questions that the Task Force has about what to expect going forward.

22
23 The Task Force held a conference call on September 28, 2017. The purpose of this meeting was to
24 review the progress of Pennsylvania’s medical marijuana program (program). Topics discussed at the
25 meeting included:

- 26 • The status of Department of Health (DOH) temporary regulations to date. PAMED anticipates
27 that DOH will begin issuing proposed regulations sometime in early 2018.
- 28 • The training requirement for physicians wishing to participate in the program. Currently, DOH
29 has approved two training entities for physicians to become registered with the program – The
30 Answer Page and Extra Step Assurance.
- 31 • The practitioner registry that DOH has started to allow physicians to apply for registration with
32 the program.
- 33 • The permit process and the status of litigation filed against DOH.
- 34 • An update from PAMED’s intern on her research project.
- 35 • Question and answer session.

36
37 **Member Advisory Panel** – The Member Advisory Panel is a monthly online survey group of PAMED
38 members who have volunteered to participate. Around the 15th of every month, an email is sent to the
39 300+ members currently serving on the panel asking them to answer 3-5 questions. These questions can
40 be from any area or topic that is currently relevant to our membership. Recent examples include:
41 MACRA, prior authorization, and CRNP scope of practice. PAMED evaluates the answers to the questions
42 to better develop activities, communications, and even advocacy positions that better serve our
43 membership-at-large. Marketing emails and materials continually go out promoting members to opt-in
44 to participate on the Member Advisory Panel.

45
46 **Opioid Advisory Task Force** – The Opioid Advisory Task Force has had several calls to discuss initiatives,
47 legislation, etc. related to the ongoing opioid issue.

1 Activities of the Task Force include:

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- 3 • Working to further develop and foster grassroots advocacy among the counties. Champion
- 4 physicians were identified in some of the counties and were provided with initiatives that had
- 5 been successful at the grassroots level in other counties, as well as other resources.
- 6
- 7 • Expanding the availability of Narcan in schools as well as in law enforcement agencies has
- 8 remained a priority for the Task Force. Relationships have been established with Department of
- 9 Health School Health Nurse Consultants and the School Nurses Association to assist in
- 10 identifying challenges schools are facing in efforts to make Narcan available in schools.
- 11 Collaborative efforts with the Pennsylvania District Attorneys Association continue to identify
- 12 funding opportunities to provide Narcan to law enforcement agencies.
- 13
- 14 • Slide decks covering a wide range of opioid-related topics were developed to be used by staff or
- 15 Task Force members when presenting opioid information to stakeholders, physicians, etc.
- 16 Presentations delivered include: a joint presentation in Erie with the State Attorney General's
- 17 Office; a CME activity in Lancaster; a provider meeting in Mercer County; and an opioid update
- 18 at Thomas Jefferson Hospital.
- 19
- 20 • There have been numerous pieces of opioid-related legislation and policies introduced
- 21 throughout the year, and the Task Force has provided feedback on select legislation and
- 22 policies. Feedback was received for legislation pertaining to prescribing guidelines, prescribing
- 23 limits, PDMP querying, medication-assisted treatment, and pain clinics, as well as on policy
- 24 changes to the Medical Assistance Prior Authorization Guidelines for Medication-Assisted
- 25 Treatment and rules regarding office-based medication-assisted treatment in the Medicaid
- 26 program.
- 27
- 28 • The Task Force held a call on March 14, 2017 in response to the invitation from the State
- 29 Attorney General to meet with a small group to explore areas of collaboration to address the
- 30 opioid issue. The Task Force discussed various initiatives that could be discussed with the
- 31 Attorney General and prioritized their importance. The priorities identified were Education,
- 32 PDMP, Proper Disposal of Medication, and the Use of Naloxone by Law Enforcement.
- 33
- 34 • Four members of the Opioid Advisory Task Force, along with PAMED's EVP and Sr. Director of
- 35 Physician Support, met with the Attorney General and members of his staff on March 22, 2017.
- 36 Discussion focused mainly on the areas prioritized by the Task Force. The meeting was very
- 37 productive and there have been several follow-up conversations aimed at finalizing
- 38 collaborative efforts.
- 39
- 40 • The Task Force also supported PAMED entering into a partnership with the University of
- 41 Pittsburgh to be a part of the newly-redesigned OverdoseFreePA.org website. The website
- 42 contains resources related to opioid education, death data, naloxone availability, substance use
- 43 disorder treatment, drug collection boxes, and a wealth of information for friends and family,
- 44 health professionals, public safety professionals, individuals struggling with opioid dependence,
- 45 and individuals in recovery. The website was launched on June 5, 2017.
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1 **Payer Advocacy Task Force** – The Payer Advocacy Task Force meets on an as-needed basis; they have
2 not called any meetings in 2017.

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4 **Physician Innovation Committee** – After the May 2014 sale of KEPRO, the Board of Trustees constituted
5 a task force to evaluate how the funds will be utilized. The KEPRO Fund Task Force identified three key
6 areas of focus for the board-directed KEPRO fund which included advocacy, programs of the Foundation
7 of the Pennsylvania Medical Society, and innovation. From that work came the recommendation to form
8 a Physician Innovation Committee to evaluate opportunities to fund innovative projects. The Physician
9 Innovation Committee did not meet from October 2016 through September 2017. The committee was
10 never commissioned due to the emergent need to address the unfunded defined-pension liability for
11 current and former PAMED staff. The KEPRO Fund is distinctly separate from the PAMED Endowment in
12 that the KEPRO fund is a board-directed fund. The immediate need to address the unfunded defined-
13 pension liability in 2017 became the focal point to ensure that the Board of Trustees could meet their
14 fiduciary obligation. As a result, the Finance Committee extensively reviewed strategies to meet the
15 defined-pension obligation and the board ultimately approved a strategy that includes the utilization of
16 a portion of the KEPRO fund. At the May 2017 PAMED Board of Trustees meeting, the Board passed a
17 motion to address the needs of the pension and called for a task force to re-evaluate the board's
18 commitment to the original three priorities. This task force, chaired by F. Wilson Jackson, III, MD will
19 meet in October 2017 to re-evaluate how the KEPRO fund will be utilized in the future and a report will
20 be shared at the February 2018 Board of Trustees meeting.

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22 **Primary Care Task Force** – The Primary Care Task Force meets on an as-needed basis; they have not
23 called any meetings in 2017.

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25 **Task Force on Continuous Professional Education** - The Task Force continues to advance PAMED's goals
26 to reform the ABMS Maintenance of Certification process and stop any further encroachments or
27 consequences that potentially impact patient care and physicians' practice of medicine.

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- 29 • At the May 2017 meeting, the Board of Trustees approved a motion for PAMED to pursue
30 legislation that opposes MOC for licensure, hospital privileges, and insurance company
31 credentialing. The Board referred the issue of appropriate legislation to the Task Force on
32 Continuous Professional Education for study.
 - 33
 - 34 • Task Force members/AMA Delegation members hosted a meeting with Delegates from other
35 states at the June AMA meeting to review and discuss resolutions at that June meeting related
36 to MOC.
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 - 38 • The Task Force convened via conference call in July and reviewed (1) legislation proposed by or
39 acted upon by other states, (2) resolutions addressing MOC that were introduced at the AMA
40 Annual Meeting in June, and (3) AMA model state legislation language that was distributed at
41 the AMA Annual Meeting. The Task Force also heard from PAMED's Legislative and Regulatory
42 Council related to PA-specific language that would need to be incorporated in any legislation, as
43 well as a brief overview of the process that would need to be undertaken.
 - 44
 - 45 • At the Aug 2017 Board of Trustees meeting the Task Force recommended to the Board that
46 PAMED draft and introduce a bill that prohibits MOC as a condition of licensure, insurer
47 credentialing and reimbursement, or hospital admitting privileges. The Board of Trustees
48 approved the recommendation.

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2 Related to new business, this year the Task Force held exploratory conversations with staff regarding
3 potential opportunities for PAMED to help members to earn points in the MIPS Practice Improvement
4 Activities category, a component of the MACRA Quality Payment Program.

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6 In June, the Centers for Medicare and Medicaid Services (CMS) released the proposed rule updating the
7 Quality Payment Program (MACRA) for 2018. As part of the proposed final rule, CMS has included
8 changes in the Practice Improvement Activities category of MIPS that would allow physicians to earn
9 points towards payment via completion of an accredited performance improvement CME program that
10 addresses performance or quality improvement programs.

11
12 Currently physicians must choose from an inventory of pre-approved activities for this category. With
13 the introduction of this proposed change, however, physicians could potentially earn credit for
14 participation in structured CME activities that are identified by their practice/hospital as meaningful and
15 relevant to patient care in that setting. As a CME provider, PAMED could offer a CME activity/PI platform
16 that would allow our members to capture, assess, and improve patient care performance and earn
17 applicable points for MIPS. Alternatively, rather than facilitating the PI/QI activity, PAMED could choose
18 to partner with another organization such as the Care Centered Collaborative for the delivery of the
19 activity, with PAMED awarding the CME credits that are a required component.

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21 The Task Force discussed the potential opportunity for member recruitment, retention, and
22 engagement related to this potential service and felt it merited further study, and therefore submitted a
23 recommendation to the Board of Trustees suggesting that PAMED assign staff to investigate any
24 opportunities (collaborative partners, technology platforms, etc.) and potential costs (technology
25 platform, staff oversight, etc.) of accrediting and/or implementing performance improvement activities
26 available to our members. The Board of Trustees approved this recommendation.

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33 David A. Talenti, MD
34 Chair