

**PROCEEDINGS OF THE
167TH ANNUAL MEETING OF THE HOUSE OF DELEGATES**

OPENING SESSION—October 22, 2016

Martin D. Trichtinger, MD, Speaker of the House, called the opening session of the House of Delegates to order at 8:30 am on Saturday, October 22, 2016 in the Aztec/Nigerian Rooms of the Hershey Lodge in Hershey, Pennsylvania.

Pledge of Allegiance

John J. Pagan, MD, Vice Speaker of the House, led the House of Delegates in the Pledge of Allegiance.

Invocation

Carol E. Rose, MD (Allegheny County), offered the invocation.

Committee on Rules and Credentials

Virginia E. Hall, MD (Dauphin County), Chair, reported there was a quorum of 200 credentialed delegates.

CONSENT CALENDAR

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

Recommended for Continuation without Amendment

1. Standing Rules Nos. 1-18
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Mr. Speaker, members of the House of Delegates, the Committee on Rules and Credentials has considered all of the items in the above index.

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 The rules in effect as of the most recent meeting remain in effect unless altered or rescinded by the House of Delegates by a two-thirds favorable vote of the seated delegates.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

There was no discussion regarding Standing Rules Nos. 1-18 and the committee agreed that they should remain in effect.

The House adopted Standing Rules 1-18.

Approval of Proceedings

The Proceedings of the 166th Annual Business Meeting of the Pennsylvania Medical Society, held in Hershey on October 23-25, 2015, were approved.

Introduction of Official Reports Book

The Official Reports Book, containing the 2016 annual reports and resolutions, was accepted as business of the House.

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

The House filed the following information reports:

Reports of the Board of Trustees: Board Reports 1, 7, and 8; Necrology Report.

Reports of Standing Committees: Committee to Nominate Delegates & Alternates to the AMA.

Reports of Officers: Auditor; Interim Executive Vice President; Secretary; Speaker, House of Delegates; and Treasurer.

Miscellaneous Reports: Pennsylvania Delegation to the AMA; Pennsylvania Medical Political Action Committee (PAMPAC); and the Foundation of the Pennsylvania Medical Society.

Necrology Report

Dr. Pagan stated that the Necrology Report from the Board of Trustees could be found with the information reports in the Official Reports Book. He called attention to the Memorial Resolutions for Carmela F. de Rivas, MD; Walter I. Hofman, MD; Charles D. Hummer, MD; John W. Mills, MD; Donald W. Spigner, MD; and Richard P. Whittaker, MD, which were adopted. The House observed a moment of silence in their honor.

Address of the President

Scott E. Shapiro, MD, FACC, FACP, FCPP (Montgomery County), President, addressed the House, and the House filed his report.

Remarks by the Pennsylvania Medical Society Alliance President

Dr. Pagan introduced Mrs. Caryl Schmitz, the 92nd President of the Pennsylvania Medical Society Alliance. Mrs. Schmitz briefly addressed the House, and the House filed her remarks.

Remarks by the Secretary of the Board, AMPAC

Dr. Trichtinger introduced Dr. Vidya Kora, Secretary of the Board, AMPAC. Dr. Kora briefly addressed the House, and the House filed his remarks.

Address of the President Elect

Charles Cutler, MD, MACP (Montgomery County), President Elect, addressed the House, and the House filed his remarks.

Remarks by the Chair of the Board, PAMPAC

Dr. Trichtinger recognized John C. Wright, Jr., MD (Beaver County), Chair of the PAMPAC Board, who gave a brief presentation to the House. Dr. Wright's remarks were filed by the House.

Remarks by the Chair of the Board, Foundation of the Pennsylvania Medical Society

Dr. Pagan recognized Raymond C. Truex, Jr., MD, FACS (Berks County), Chair of the Foundation's Board, who gave a brief presentation and presented a video to the House.

Remarks by the Interim Executive Vice President of the Pennsylvania Medical Society

Dr. Pagan recognized Heather A. Wilson, MSW, CFRE, PAMED Interim Executive Vice President and Executive Director, Foundation. Mrs. Wilson briefly addressed the House and then recognized Dr. Pagan, who gave a brief presentation acknowledging the many years of service of the outgoing Speaker of the House, Martin D. Trichtinger, MD.

NOMINATIONS/ELECTIONS

In accordance with Chapter X, Section 1 ("Nominations") of the Bylaws of the Pennsylvania Medical Society, nominations for Vice President, Speaker and Vice Speaker of the House of Delegates, Trustees, AMA Delegates and Alternate Delegates, Committee to Nominate Delegates and Alternates to the AMA, and Judicial Council are in order at the first session of the House of Delegates.

Timothy D. Welby, MD (Lackawanna County) nominated Dr. William R. Dewar, III, MD (Wayne-Pike County) for the office of Vice President, and gave a nominating speech to the House.

Anthony D. Dippolito, MD, MBA, FACS (Northampton County) nominated Danae M. Powers, MD (Centre County) for the office of Vice President, and gave a nominating speech to the House.

Hearing no additional nominations from the floor for the following positions, Dr. Trichtinger announced that nominations were closed and that the House had elected the following by acclamation:

Speaker, House of Delegates: John J. Pagan, MD (Bucks County)

Ninth District Trustee: Erick J. Bergquist, MD, PhD (Indiana County)

Tenth District Trustee: Donald C. Brown, MD (Westmoreland County)

Thirteenth District Trustee: Amelia A. Paré, MD (Allegheny County)

Primary Care (Pediatrics) Trustee: Steven A. Shapiro, DO (Montgomery County)

Psychiatry Trustee: Michael Feinberg, MD, PhD (Montgomery County)

International Medical Graduates Section Trustee: Bindukumar C. Kansupada, MD

Residents & Fellows Section Trustee: Tani Malhotra, MD (York County)

Young Physicians Section Trustee: John M. Vasudevan, MD (Philadelphia County)

Medical Students Section Trustee: Cicily Vachaparambil (Philadelphia County)

Dr. Powers and Dr. Dewar presented their Vice President candidate speeches to the House.

Dr. Rohatgi and Dr. Lopatin presented their candidate speeches for the 2nd District Trustee position.

Dr. Hertzberg and Dr. Spurlock presented their candidate speeches for the office of Vice Speaker.

Remarks by the AMA Representative

Dr. Trichtinger recognized Dr. James A. Goodyear, Chair of the Pennsylvania Delegation to the AMA, and called for a standing ovation by the House for Dr. Goodyear's involvement in shaping opioid legislation in the Commonwealth.

Delegates to the AMA

Hearing no additional nominations from the floor, it was announced that the House had elected the following by acclamation: James A. Goodyear, MD (Montgomery County); Virginia E. Hall, MD (Dauphin County); Daniel B. Kimball, Jr., MD (Berks County); Anthony M. Padula, MD (Philadelphia County); and John P. Williams, MD (Allegheny County).

Alternate Delegates to the AMA

The following are the candidates for four (4) Alternate Delegates to the AMA:

John P. Gallagher, MD (Mercer County)
Bruce A. MacLeod, MD (Allegheny County)
John M. Vasudevan, MD (Philadelphia County)
Jane A. Weida, MD (Berks County)
Aaron E. George, DO (Franklin County) (*nominated from the floor*)
Shyam Sabat, MD (Dauphin County) (*nominated from the floor*)

The House of Delegates elected the following as Alternate Delegates to the AMA: John P. Gallagher, MD; Bruce A. MacLeod, MD; John M. Vasudevan, MD; and Aaron E. George, DO.

Slotted Position for Alternate Delegate to the AMA for a Resident or Fellow Physician

Hearing no additional nominations from the floor, it was announced that the House had elected Hans T. Zuckerman, DO (Lebanon County) by acclamation to the slotted position for Alternate Delegate to the AMA for a Resident or Fellow Physician.

Slotted Position for Alternate Delegate to the AMA for a Medical Student

Hearing no additional nominations from the floor, it was announced that the House had elected Erik Saka (Philadelphia County) by acclamation to the slotted position for Alternate Delegate to the AMA for a Medical Student.

Committee to Nominate Delegates & Alternates to the AMA

Hearing no additional nominations from the floor, it was announced that the House had elected the following (by acclamation) to the Committee to Nominate Delegates & Alternates to the AMA: Charles Cutler, MD (Montgomery County) and Jonathan E. Rhoads, Jr., MD (York County).

Judicial Council

Hearing no additional nominations from the floor, it was announced that the House had elected Carol E. Rose, MD (Allegheny County) to the Judicial Council by acclamation.

RECESS

The opening session of the 2016 House of Delegates recessed at 10:54 am.

REFERENCE COMMITTEES

Reference committee members for the 2016 House of Delegates & Annual Education Conference are listed below:

Reference Committee A (Standing Committee on Bylaws)

JENNIFER L. LEWIS, MD, CHAIR (Washington County)
Kevin O. Garrett, MD (Allegheny County)
Cadence A. Kim, MD, FACS (Philadelphia County)
Shyam Sabat, MD (Young Physicians Section)

Reference Committee B (Education & Science/Public Health)

KINNARI PATEL, MD, CHAIR (Philadelphia County)
Robert D. Barraco, MD (Lehigh County)
Justin V. Chacko, DO (Residents & Fellows Section)
Rajendra N. Seth, MD (Philadelphia County)
Carol A. Westbrook, MD (Luzerne County)

Reference Committee C (Managed Care & Other Third Party Reimbursement)

MARIA J. SUNSERI, MD, FAASM, CHAIR (Allegheny County)
Patrick F. McSharry, MD, MBA, CHCQM (Dauphin County)
Winslow W. Murdoch, MD (Chester County)
Jay E. Rothkopf, MD (Young Physicians Section)
Joseph J. Stemm, MD (Montour County)
Adele L. Towers, MD (Allegheny County)

Reference Committee D (Mcare Fund/Tort Reform/Other Legislation/Regulation)

SALVATORE A. LOFARO, MD, CHAIR (Delaware County)
Ronald B. Anderson, MD (Delaware County)
Timothy D. Pelkowski, MD (Erie County)
Chand Rohatgi, MD, BS, FACS (Northampton County)
Benjamin Schlechter, MD, FACS (Berks County)
John P. Williams, MD (Allegheny County)

Reference Committee E (Membership/Leadership/Subsidiaries)

WILLIAM R. DEWAR, III, MD, FACP, CHAIR (Wayne/Pike County)
Aasta D. Mehta, MD (OB/GYN Specialty Society)
Amelia A. Paré, MD, FACS (Allegheny County)
Judith R. Pryblich, DO (Lehigh County)
Warren L. Robinson, Jr., MD, FACP (Lycoming County)
John M. Vasudevan, MD (Young Physicians Section)

Reference Committee of the Whole

DAVID A. TALENTI, MD, CHAIR (Chair, Executive Committee)
Theodore A. Christopher, MD (Executive Committee)
Charles Cutler, MD (Executive Committee)
John P. Gallagher, MD (Executive Committee)
F. Wilson Jackson, III, MD (Executive Committee)
Karen A. Rizzo, MD (Executive Committee)
Scott E. Shapiro, MD (Executive Committee)

Committee on Rules & Credentials

VIRGINIA E. HALL, MD, FACOG, FACP, CHAIR (Dauphin County)
Mark S. Friedlander, MD (Delaware County)
George R. Green, MD (Montgomery County)
Tani Malhotra, MD (York County)
Timothy D. Welby, MD (Lackawanna County)

Tellers/Sergeants-at-Arms

PHILLIP R. LEVINE, MD, CHIEF (Allegheny County)
James A. Betler, DO (Allegheny County)
Joseph B. Blood, Jr., MD (Bradford County)
V. Hema Kumar, MD (Westmoreland County)
Albert S. Kroser, DO (Philadelphia County)
Deval M. Paranjpe, MD (Allegheny County)
Suneel S. Valla, MD (Northampton County)

Inaugural Program/Alliance Fundraiser

The Alliance reception and the AMES silent auction fundraiser opened at 5:15 pm. Silent auction items were available for viewing all afternoon on Saturday, October 22. The inaugural program and awards ceremony were held beginning at 6:00 pm. The combined events were held in the Red and White Rooms of the Hershey Lodge.

Opening Remarks

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

Introduction of Past Presidents and Visiting Dignitaries

Dr. Trichtinger introduced the Medical Society's past presidents and visiting dignitaries.

Election Results/Clinical Poster Contest Results

Dr. Trichtinger presented the results of the elections and the clinical poster contest. The winners of the 2016 poster contest are listed below:

1st prize-

Niranjan Tachamo, MD (Reading Health System): "Abdominal Pain – Learn When to Do Nothing!"

2nd prize-

Umar Tariq, MD (Geisinger Medical Center): "Rare Case of Unilateral Temporomandibular Joint Monoarthritis"

3rd prize-

Richie Manikat, MD (Easton Hospital): “Heavy Alcohol Use—A Cryptic Cause of Immunosuppression”

Presentation of Physician Award for International Voluntary Service

David A. Talenti, MD, Chair, Board of Trustees, presented the International Voluntary Service award to Baker Henson, DO.

Presentation of the PAMPAC R. William Alexander Award

John C. Wright, Jr., MD, PAMPAC Board Chair, presented the award to Larry L. Light.

Presentation of AMES Scholarships

Mrs. Caryl Schmitz, AMES Fund Committee, announced the names of the winners of the AMES scholarships as follows:

- Graeme Williams, Lewis Katz School of Medicine at Temple University
- Rachel Polinski, The Commonwealth Medical College
- Ahmed Kashkoush, University of Pittsburgh School of Medicine
- Christopher Hong, University of Pittsburgh School of Medicine
- Jamil Alhassan, University of Pittsburgh School of Medicine
- Mona Lotfipour, Penn State University College of Medicine
- Alexander Adams, Sidney Kimmel Medical College, Thomas Jefferson University

Presentation of Past President’s Pin and Scroll

David A. Talenti, MD, Chair, Board of Trustees, made the presentation of the Past President’s Pin and Scroll to Scott E. Shapiro, MD, FACC, FCPP, FACP.

Installation of President

David A. Talenti, MD, Chair, Board of Trustees, installed Charles Cutler, MD, MACP as the 167th President of the Pennsylvania Medical Society.

Dinner Blessing

The dinner blessing was provided by Daniel B. Kimball, Jr., MD, MACP (Berks County).

Post Inauguration Activities

The Silent Auction was re-opened and the evening’s entertainment was provided by Asi Wind, Illusionist.

FINAL SESSION—October 23, 2016

The closing session of the 2016 House of Delegates was called to order at 8:05 am on Sunday, October 23, 2016 in the Aztec/Nigerian Rooms of the Hershey Lodge in Hershey, Pennsylvania.

Remarks by AMA Representative

Dr. Trichtinger recognized Dr. James A. Goodyear, Chair of the Pennsylvania Delegation to the AMA, who introduced Patrice A. Harris, MD, MA, Board Chair of the AMA, who briefly addressed the House. Dr. Harris’ remarks were filed.

Committee on Rules and Credentials

Virginia E. Hall, MD (Dauphin County), Chair, reported that there was a quorum of 199 credentialed delegates.

**Pennsylvania Medical Society
House of Delegates
Report**

Reference Committee A

Presented by: Jennifer L. Lewis, MD, Chair

October 2016

CONSENT CALENDAR

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

Recommended for Adoption

1. Proposed Bylaws Amendment Subject One—Membership: Medical Students
2. Proposed Bylaws Amendment Subject Two—Membership: Affiliate Members - Component Societies
3. Proposed Bylaws Amendment Subject Three —Membership: Affiliate Members – Out of State Physicians
4. Proposed Bylaws Amendment Subject Five—Membership: Administrative Members
5. Proposed Bylaws Amendment Subject Seven—Component Societies: Choice of Membership
6. Proposed Bylaws Amendment Subject Nine—Special Sections: Proposed Name Change from Young Physicians Section to Early Career Physicians Section

Recommended for Adoption as Amended

7. Proposed Bylaws Amendment Subject Ten—House of Delegates: Composition and Apportionment – Voting Delegates and Alternate Delegates, Medical Schools

Recommended for Referral to Board of Trustees for Study

8. Proposed Bylaws Amendment Subject Four - Membership: Expansion of Affiliate Member Category to Include Physicians 70 Years of Age or Older

Recommended Not for Adoption

9. Proposed Bylaws Amendment Subject Six —Component Societies: Membership Dues
 10. Proposed Bylaws Amendment Subject Eight—Membership: Payment of Dues
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HOUSE ACTION: ADOPTED

1. PROPOSED BYLAWS AMENDMENT SUBJECT ONE – Membership: Medical Students

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject One in the 2016 Official Call be adopted.

Currently, the bylaws indicate that medical students are not required to be members of a component medical society. This, however, is not current practice.

The proposed amendment would require medical students to be members of a component medical society, as is currently required of all Active Pennsylvania Medical Society (PAMED) members. Your committee heard compelling testimony in support of the proposed amendment. The goal of this amendment is to get medical students active in both PAMED and the county medical society of their choosing. The amendment promotes mentorship at the county level and facilitates the entry of students into organized medicine.

HOUSE ACTION: ADOPTED

2. PROPOSED BYLAWS AMENDMENT SUBJECT TWO—Membership: Affiliate Members - Component Societies

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Two in the 2016 Official Call be adopted.

Currently, the bylaws indicate that the PAMED Affiliate Membership is contingent upon the direct application, or recommendation and certification by a component society. The bylaws also require the prospective applicant to be an existing member of a component society.

The proposed amendment would remove the component medical society certification requirement and the requirement that the applicant be an existing member of a component medical society to qualify for affiliate membership.

HOUSE ACTION: ADOPTED

3. PROPOSED BYLAWS AMENDMENT SUBJECT THREE—Membership: Affiliate Members – Out of State Physicians

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Three in the 2016 Official Call be adopted.

Currently, the bylaws make a distinction between “physicians who have moved out of Pennsylvania and concurrently maintain active membership in the state medical society in the new state of residence” and physicians “who live in a state other than Pennsylvania and concurrently maintains active membership in another medical society.”

There is no difference in the described characteristics. To eliminate redundancy, the proposed amendment would delete the language “physicians who have moved out of Pennsylvania and concurrently maintains active membership in the state medical society in the new state of residence.”

HOUSE ACTION: ADOPTED

4. PROPOSED BYLAWS AMENDMENT SUBJECT FIVE—Membership: Administrative Members

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Five in the 2016 Official Call be adopted.

Currently, administrative members are exempt from paying dues if 50% or more of the physicians in their practice were members of PAMED in the preceding membership year.

The proposed amendment would change the dues exemption so that it is only applicable to administrative members who have 50% or more of their practice’s physicians as members of PAMED in the current membership year.

HOUSE ACTION: ADOPTED

5. PROPOSED BYLAWS AMENDMENT SUBJECT SEVEN—Component Societies: Choice of Membership

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Seven in the 2016 Official Call be adopted.

Currently, the bylaws give physicians a choice of membership by allowing those who either (1) live near a county line or (2) live in one county and maintain an office in another county, to choose to hold membership in the component medical society most convenient to them, on permission of the trustee of the district in which the physician member resides.

The proposed amendment would reflect current PAMED practice that allows physicians who live near a county line or live in one county and maintain an office, or are affiliated with a hospital in another county to choose to hold membership in the component medical society most convenient to them.

HOUSE ACTION: ADOPTED

6. PROPOSED BYLAWS AMENDMENT SUBJECT NINE—Special Sections: Proposed Name Change from Young Physicians Section to Early Career Physicians Section

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Nine in the 2016 Official Call be adopted.

As a result of member input and trend analysis, the Young Physicians Section (YPS) is proposing to change its name to the Early Career Physicians Section (ECPS). The age at which students are entering medical school has increased throughout the United States and physicians who are entering practice are not necessarily “young” in the traditional sense of the word. Individuals may begin their medical careers at all different ages and the Young Physicians Section asserts that referring to them as “Early Career” versus “Young” demonstrates a recognition of, and respect for, this changing demographic.

The proposed amendment would remove all references in the bylaws to YPS and replace the name with ECPS.

HOUSE ACTION: ADOPTED AS AMENDED

7. PROPOSED BYLAWS AMENDMENT SUBJECT TEN—House of Delegates: Composition and Apportionment – Voting Delegates and Alternate Delegates, Medical Schools

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Ten in the 2016 Official Call be amended as follows:

CHAPTER VIII
HOUSE OF DELEGATES

SECTION 3 - Composition and Apportionment

The House of Delegates shall be composed of voting delegates and ex officio persons without the right to vote.

a. Voting delegates shall be:

...

4. One delegate from each medical school in Pennsylvania, who is a member of the medical student section and is elected by that section; ten delegates from the residents and fellows section; four delegates from the young physicians section; and one delegate from each medical school in Pennsylvania, who is an active member of the Pennsylvania Medical Society AND ~~their county medical society~~ A COMPONENT MEDICAL SOCIETY OF THEIR CHOICE, who is designated by the dean.

...

Each special section shall be entitled to elect alternates who also are members of that section as follows: one medical student from each medical school in Pennsylvania; ten from the residents and fellows section; four from the young physicians section; and one alternate from each medical school in Pennsylvania, who is an active member of the Pennsylvania Medical Society AND ~~their county medical society~~ A COMPONENT MEDICAL SOCIETY OF THEIR CHOICE, who is designated by the dean.

Currently, voting delegates and alternate delegates include medical school students who are designated by their medical school dean and are active members of PAMED.

The proposed amendment would require that medical students who are designated by their medical school dean, as a voting delegate or an alternate delegate, be an active member of PAMED and their county medical societies. This proposal seeks to keep medical students engaged at the county level.

Although this amendment was proposed to address membership among medical students, it was noted that this provision was not specific to medical students; per the bylaws, a dean of a medical school may designate any individual as a voting delegate or alternate delegate, as long as that individual is an active member of PAMED.

Individuals testified that this amendment may help increase membership at the county level, especially among medical students.

The committee recommends that the proposed language be amended to allow the individual to be an active member of PAMED and *a component medical society of their choice*. This amendment is being proposed to mirror the existing language in the bylaws and ensure that the individual is allowed membership in the component medical society most convenient to them.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Ten in the 2016 Official Call be adopted as amended.

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR STUDY

8. PROPOSED BYLAWS AMENDMENT SUBJECT FOUR—Membership: Expansion of Affiliate Member Category to Include Physicians 70 Years of Age or Older

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Four in the 2016 Official Call be referred to the Board of Trustees for Study.

Currently, the bylaws have a separate category of membership for Associate members for physicians who are 70 years of age or over (in the year of application) and have been an active member of PAMED or an active member of a constituent association of the American Medical Association. These members are not required to pay annual dues and are not required to maintain a license. Additionally, the Associate members are currently split into two categories: Associate members who receive mail and Associate members who receive no mail. Individuals in the 'Associate members with mail' category pay 10 percent of the full annual assessment each year and continue to receive PAMED communications. Individuals in the 'Associate members with no mail' category do not pay dues and do not receive PAMED communications.

The proposed amendment would eliminate the Associate member category. Physicians who are 70 years of age or over (in the year of application) and choose to receive PAMED mail would be moved to the Affiliate category. These individuals would still pay 10 percent of the full annual assessment of state dues; dues payment for the component medical society would be at the component medical societies' discretion. Physicians who are 70 years of age or over (in the year of application) and choose not to receive PAMED mail would be grandfathered into the proposed iteration of the bylaws; these individuals would retain the "Associate member" title and would neither pay dues nor receive PAMED communications. Since the Associate member category would be eliminated, this membership option and title would no longer be available for prospective members.

Your reference committee has determined that additional information is needed to make a proper determination. Individuals who testified cautioned against making changes that would discourage membership among older physicians, and any change that would impact overall membership numbers.

Individuals who testified acknowledged that physicians are working later in life and, as a result, recommended the deletion of any reference to a specific age for membership categories within PAMED's bylaws.

The committee recommends further study regarding the impact of the proposed amendment on overall membership numbers and delegate representation.

HOUSE ACTION: NOT ADOPTED

9. PROPOSED BYLAWS AMENDMENT SUBJECT SIX—Component Societies: Membership Dues

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Six in the 2016 Official Call not be adopted.

Currently, the bylaws state that "[t]he executive vice president or the secretary or treasurer of each component medical society shall...render an annual dues statement to each member of said component medical society..." In practice, only PAMED disseminates the dues statements and collects dues for the component medical societies. The monies are then distributed twice a month to each component society.

The proposed amendment would remove the language that refers to the secretary or treasurer of a component medical society rendering annual dues statements and submitting said dues statements to PAMED.

Committee testimony indicated that dues collection should be at the discretion of the component medical societies, rather than a mandate that all dues be collected by PAMED.

HOUSE ACTION: NOT ADOPTED

10. PROPOSED BYLAWS AMENDMENT SUBJECT EIGHT—Dues: Payment of Dues

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that proposed bylaws amendment Subject Eight in the 2016 Official Call not be adopted.

Currently, the bylaws state that “annual dues shall be paid to [t]he executive vice president of this Society or to the member’s component society.” In practice, annual dues are paid only to PAMED. The monies are then distributed twice a month to each component society.

The proposed bylaw would remove the language that refers to the member’s component society as part of the dues collection process.

Committee testimony indicated that dues collection should be at the discretion of the component medical societies, rather than a mandate that all dues be collected by PAMED.

**Pennsylvania Medical Society
House of Delegates
Report**

Reference Committee of the Whole (COW)

Presented by: David Talenti, MD, Chair

October 2016

CONSENT CALENDAR

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

Recommended for Adoption as Amended or Substituted

1. Resolution 16-COW: Practice Options Initiative Concept and Funding
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HOUSE ACTION: ADOPTED AS AMENDED

1. RESOLUTION 16-COW: PRACTICE OPTIONS INITIATIVE CONCEPT AND FUNDING

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-COW be amended as follows:

Resolved, That the PAMED Board of Trustees is committed to transparency and responsible fiscal stewardship of endowment funds; and be it further

Resolved, That future business plans shall include a list of deliverables, dates for updates to the membership, and performance metrics for use in evaluation; and be it further

Resolved, That the PAMED Board of Trustees is committed to transparency and regular communication to the PAMED membership including the House of Delegates, providing updates on the PAMED Practice Options Initiative including, but not limited to, when the business plan is approved, a quarterly report; and be it further

Resolved, That with the assistance of legal counsel the PAMED Practice Options Initiative explores collaboration among physician-led networks, including specialty networks, and enables engagement by physicians of all practice types; and be it further

Resolved, That the PAMED House of Delegates authorizes the PAMED Board of Trustees to access up to \$15 million from the PAMED Endowment Fund principle of \$115 million to be used to actualize the PAMED Practice Options Initiative.

Resolution 16-COW asks the House to support the concept and development of a PAMED Practice Options Initiative (POI). The POI would create Clinically Integrated Networks (CINs) throughout the various health delivery markets of Pennsylvania as well as create a Management Service Organization (MSO). These activities are in direct response to the evolving health delivery system which is rapidly moving toward value-based care. The PAMED POI will enable physicians to lead and own the CINs taking back control of health financing dollars as well as assist physicians with the successful participation in the Medicare Access and CHIP Reauthorization Act (MACRA) program. It will help physicians evolve to Advanced Alternative Payment Models (APMs) rather than participation in the Merit-based Incentive Payment System (MIPS). Since most physicians will initially participate in MIPS, the MSO will provide physicians with expertise and support in MIPS reporting as well as help them with other practice functions such as revenue cycle, practice operations, and finance and business operations.

Additionally, the resolution asks the House to authorize the PAMED Board of Trustees to access up to \$15 million from the PAMED Endowment Fund principle of \$115 million to be used to actualize the PAMED POI. This is the estimated amount of money our consultant - Deloitte Consulting - believes is necessary to operationalize the endeavor. These monies would be accessed over time, based on need, and approved by the PAMED Board of Trustees before distribution.

The majority of testimony heard by your reference committee was supportive of the PAMED POI. Themes that we heard in the testimony included the need for transparency of the activities occurring in the PAMED POI as it moves forward and the need for regular communication with the membership on the PAMED POI. We believe that transparency and regular communication are vitally important to the membership to ensure accountability. Additionally, another factor identified included the need to foster collaboration among physician-led networks, including specialty networks, and avoid discrimination amongst members who do not participate in the CIN.

The Board will fulfill its fiduciary responsibilities monitoring the established benchmarks of the PAMED POI, and make decisions based on these performance objectives.

Although the Deloitte market analysis focuses on two geographic areas of the Commonwealth, the MSO would service the entire state. Physicians outside of the two identified initial markets who seek CIN development could be assisted by the PAMED POI.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-COW be adopted as amended.

**Pennsylvania Medical Society
House of Delegates
Report**

Reference Committee C

Presented by: Maria J. Sunseri, MD, FAASM, Chair

October 2016

CONSENT CALENDAR

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

Recommended for Adoption

1. Report 3, Board of Trustees, Resolution 15-302: Informing Public of Hospital Revenue per Inpatient Day of Care
2. Resolution 16-303: Clinical Pathways

Recommended for Adoption as Amended or Substituted

3. Resolution 16-301: Standardize Observation Status Among Insurers
4. Resolution 16-302: Retrospective Payment Denial of Medically Appropriate Studies, Procedures and Testing

HOUSE ACTION: ADOPTED

1. REPORT 3, BOARD OF TRUSTEES, RESOLUTION 15-302: INFORMING PUBLIC OF HOSPITAL REVENUE PER INPATIENT DAY OF CARE

RECOMMENDATION:

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

Resolution 15-302, introduced at the 2015 annual meeting and referred to the Board of Trustees for study, calls on the Pennsylvania Medical Society (PAMED) to work with the Pennsylvania Department of Health (DOH) and the Pennsylvania Health Care Cost Containment Council (PHC4) to inform patients and families of the average daily cost of hospitalization (net patient revenue per inpatient day of care) at each hospital. The author of the resolution requested that this information be included in PHC4's yearly financial report of hospitals.

Your reference committee concurs with the report and its recommendation to continue to support and pursue the issues brought forward in Resolution 15-302 by facilitating additional discussions between the author of the resolution and the PHC4.

Additionally, your committee suggests that Society staff work with the author to further define his meaning of the terms "Average Daily Cost for Hospitalization" and "Net Patient Revenue per Inpatient Day of Care" prior to the next meeting with PHC4.

HOUSE ACTION: ADOPTED

2. RESOLUTION 16-303: CLINICAL PATHWAYS

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-303 be adopted.

Resolution 16-303 requests that the Society advocate for the transparent and collaborative development of clinical pathways. The resolution also asks that the Society push for considerations by insurers that would permit variations among individual patients and health care systems and settings. Additionally, the resolution requests that procedures be adopted to guard against undue influence in the development of clinical guidelines.

The American Medical Association adopted policy H-410.948 at their 2016 Annual Meeting. It addresses many of the issues raised in Resolution 16-303.

Resolution 16-303 received supportive testimony during the hearing. Clinical pathways can provide useful guidance for clinicians in providing appropriate patient care. Physicians must meet medical necessity requirements instituted by plans. However, the lack of transparency and inconsistency among health plans presents a formidable challenge to physicians, and often leads to denials of covered services for their patients. It is critical that we begin the work to resolve these issues associated with clinical pathways in preparation for value-based care and its analysis of resource utilization.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

3. RESOLUTION 16-301: STANDARDIZE OBSERVATION STATUS AMONG INSURERS

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the second, third, and fourth resolves of Resolution 16-301 be amended as follows:

Resolved, That a determination of observation or ~~admitted~~ admission be made by the insurer ~~at~~ within 24 hours of the time the patient presents for treatment based upon the information available to the attending physician and/or agents nursing staff; and be it further

Resolved, That the Pennsylvania Medical Society ~~and the Commonwealth~~ seek advocate that the criteria used to determine observation status be standardized across insurers; and be it further

Resolved, That the Pennsylvania Medical Society work to compel insurers to provide physicians with a clear and rapid process of appeal and a review that includes the recommendations of the attending physician ~~be defined and implemented.~~

Resolution 16-301 asks the Society to seek laws that would require insurers to publicly disclose the criteria used in their determination of observation status and further, that such criteria be standardized across insurers.

The resolution states that the determination of observation or admission should be based on the information available to the attending physician at the time the patient presents for treatment. Lastly, the resolution asks for an appeal and review process that would incorporate the recommendations of the attending physician.

Your reference committee wholeheartedly supports the concept of this resolution. Additional clarification, transparency, and physician education about the process is in the best interest of maintaining the physician-patient relationship.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-301 be adopted as amended.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

4. RESOLUTION 16-302: RETROSPECTIVE PAYMENT DENIAL OF MEDICALLY APPROPRIATE STUDIES, PROCEDURES AND TESTING

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the first, second, and third resolves of Resolution 16-302 be amended as follows:

Resolved, That the Pennsylvania Medical Society advocate for legislation to require ~~that~~ insurers' ~~update their M~~medical ~~P~~olicies ~~documents at least annually~~ to reflect current evidence-based medically ~~acceptable~~ appropriate studies and treatments ~~for relatively~~ including those for rare and uncommon diseases; and be it further

Resolved, That the Pennsylvania Medical Society advocate for legislation to require Pennsylvania insurers to ~~put in place~~ implement a streamlined process for exceptions for rare or uncommon disease states; and be it further

Resolved, That the Pennsylvania Medical Society advocate for legislation to prohibit insurers from using medical coding ~~for~~ as the ~~primary purpose of denying~~ sole justification to deny medical services ~~studies and~~ diagnostic or therapeutic testing; and be it further

Resolution 16-302 requests that the Society advocate for legislation that would require insurers to update their medical policies at least annually in order to reflect current medically acceptable studies and treatments for rare and uncommon diseases. The resolution further seeks legislation to require insurers to institute a streamlined process to accommodate exceptions for rare or uncommon diseases, and also to prohibit insurers from using medical coding as the primary reason for denying medical services, studies, and testing. The resolution directs the Pennsylvania Delegation to the AMA to take this issue to the American Medical Association at its earliest opportunity.

Your reference committee heard favorable testimony for this resolution. We agree that insurers' common practice of retrospectively denying payment for services absent a reasonable and expedited appeals process is a barrier to delivering high-quality medical care.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-302 be adopted as amended.

**Pennsylvania Medical Society
House of Delegates
Report**

Reference Committee E

Presented by: William R. Dewar, III, MD, FACP, Chair

October 2016

CONSENT CALENDAR

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

Recommended for Adoption

1. Resolution 16-503: Analysis of American Board of Internal Medicine (ABIM) Finances

2. Report 5, Board of Trustees, Resolution 15-503: The Education of Pennsylvania Physicians, Fellows, Residents, and Students to the Legislative Processes of Pennsylvania and How to Participate Therein
3. Report 6, Board of Trustees: Policy Sunset

Recommended for Adoption as Amended or Substituted

4. Resolution 16-502: Participation of Physicians on Healthcare Organization Boards
5. Resolution 16-504: Endorse National Board of Physicians and Surgeons (NBPAS) for Recertification
Resolution 16-505: Support Reform of the Maintenance of Certification (MOC) Process and Adopt a Position Favoring Acknowledgment of an Alternative Board, the National Board of Physicians and Surgeons (NBPAS), for Certification of Physicians Pursuing Lifelong Education

Recommended Not for Adoption

6. Resolution 16-501: Practicing Physician Declining Membership Analysis
7. Resolution 16-506: Support Physician-Driven, Free Market-Based Healthcare Payment Model Creation and the Restoration of the Patient-Physician Relationship Through Innovative Consumer-Driven Healthcare Financing and Delivery Solutions

HOUSE ACTION: ADOPTED

1. RESOLUTION 16-503: ANALYSIS OF AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) FINANCES

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-503 be adopted.

Resolution 16-503 directs the Society to petition the American Medical Association (AMA) to analyze the finances of the American Board of Internal Medicine (ABIM) and share the results.

Your reference committee heard considerable testimony in favor of this resolution.

HOUSE ACTION: ADOPTED

2. REPORT 5, BOARD OF TRUSTEES, RESOLUTION 15-503: THE EDUCATION OF PENNSYLVANIA PHYSICIANS, FELLOWS, RESIDENTS, AND STUDENTS TO THE LEGISLATIVE PROCESSES OF PENNSYLVANIA AND HOW TO PARTICIPATE THEREIN

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Report 5, Board of Trustees, Resolution 15-503 be adopted.

HOUSE ACTION: ADOPTED

3. REPORT 6, BOARD OF TRUSTEES: POLICY SUNSET

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Report 6, Board of Trustees: Policy Sunset be adopted.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

4. RESOLUTION 16-502: PARTICIPATION OF PHYSICIANS ON HEALTHCARE ORGANIZATION BOARDS

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-502 be amended as follows:

RESOLVED, That the Pennsylvania Medical Society advocate for and promote the membership of actively practicing physicians on the boards of healthcare organizations including, but not limited to, acute care providers, insurance entities, medical device manufacturers, and health technology service organizations; and be it further

RESOLVED, That the Pennsylvania Medical Society promote educational programs on corporate governance that prepare and enable physicians to participate on health organization boards; and be it further

RESOLVED, That the Pennsylvania Medical Society provide existing healthcare boards with resources that increase their awareness of the value of physician participation in governance matters; and be it further

RESOLVED, That the Pennsylvania Delegation to the AMA craft a similar resolution to take this issue forward to the American Medical Association at the next feasible opportunity. 2017 AMA House of Delegates Annual Meeting.

Resolution 16-502 requests that the Society advocate for physician membership on the boards of healthcare organizations like insurance entities and medical device manufacturers as well as educate physicians to enable them to participate. Further, the resolution asks PAMED to direct the AMA delegation to take the issue to the AMA.

Your reference committee supports the intent of this resolution and has included the author's suggested language to further strengthen this resolution.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-502 be adopted as amended.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

5. RESOLUTION 16-504: ENDORSE NATIONAL BOARD OF PHYSICIANS AND SURGEONS (NBPAS) FOR RECERTIFICATION

RESOLUTION 16-505: SUPPORT REFORM OF THE MAINTENANCE OF CERTIFICATION (MOC) PROCESS AND ADOPT A POSITION FAVORING ACKNOWLEDGMENT OF AN ALTERNATIVE BOARD, THE NATIONAL BOARD OF PHYSICIANS AND SURGEONS (NBPAS), FOR CERTIFICATION OF PHYSICIANS PURSUING LIFELONG EDUCATION

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the following substitute resolution be adopted in lieu of Resolutions 16-504 and 16-505:

RESOLVED, That the Pennsylvania Medical Society fully support the concept of viable alternatives to MOC; and be it further

RESOLVED, That the Pennsylvania Medical Society adopt as its policy those principles of recertification as articulated in AMA policy, "Maintenance of Certification H-275.924";

AMA Principles on Maintenance of Certification (MOC)

- 1. Changes in specialty-board certification requirements for MOC programs should be longitudinally stable in structure, although flexible in content.*
- 2. Implementation of changes in MOC must be reasonable and take into consideration the time needed to develop the proper MOC structures as well as to educate physician diplomates about the requirements for participation.*
- 3. Any changes to the MOC process for a given medical specialty board should occur no more frequently than the intervals used by that specialty board for MOC.*
- 4. Any changes in the MOC process should not result in significantly increased cost or burden to physician participants (such as systems that mandate continuous documentation or require annual milestones).*
- 5. MOC requirements should not reduce the capacity of the overall physician workforce. It is important to retain a structure of MOC programs that permits physicians to complete modules with temporal flexibility, compatible with their practice responsibilities.*
- 6. Patient satisfaction programs such as The Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient survey are neither appropriate nor effective survey tools to assess physician competence in many specialties.*
- 7. Careful consideration should be given to the importance of retaining flexibility in pathways for MOC for physicians with careers that combine*

clinical patient care with significant leadership, administrative, research and teaching responsibilities.

8. Legal ramifications must be examined, and conflicts resolved, prior to data collection and/or displaying any information collected in the process of MOC. Specifically, careful consideration must be given to the types and format of physician-specific data to be publicly released in conjunction with MOC participation.

9. Our AMA affirms the current language regarding continuing medical education (CME): "Each Member Board will document that diplomates are meeting the CME and Self-Assessment requirements for MOC Part II. The content of CME and self-assessment programs receiving credit for MOC will be relevant to advances within the diplomate's scope of practice, and free of commercial bias and direct support from pharmaceutical and device industries. Each diplomate will be required to complete CME credits (AMA PRA Category 1 Credit™, American Academy of Family Physicians Prescribed, American College of Obstetricians and Gynecologists, and/or American Osteopathic Association Category 1A)."

10. In relation to MOC Part II, our AMA continues to support and promote the AMA Physician's Recognition Award (PRA) Credit system as one of the three major credit systems that comprise the foundation for continuing medical education in the U.S., including the Performance Improvement CME (PICME) format; and continues to develop relationships and agreements that may lead to standards accepted by all U.S. licensing boards, specialty boards, hospital credentialing bodies and other entities requiring evidence of physician CME.

11. MOC is but one component to promote patient safety and quality. Health care is a team effort, and changes to MOC should not create an unrealistic expectation that lapses in patient safety are primarily failures of individual physicians.

12. MOC should be based on evidence and designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance and delivery of care.

13. The MOC process should be evaluated periodically to measure physician satisfaction, knowledge uptake and intent to maintain or change practice.

14. MOC should be used as a tool for continuous improvement.

15. The MOC program should not be a mandated requirement for licensure, credentialing, reimbursement, network participation or employment.

16. Actively practicing physicians should be well-represented on specialty boards developing MOC.

17. Our AMA will include early career physicians when nominating individuals to the Boards of Directors for ABMS member boards.

18. MOC activities and measurement should be relevant to clinical practice.

19. The MOC process should not be cost prohibitive or present barriers to patient care.

20. *Any assessment should be used to guide physicians' self-directed study.*
21. *Specific content-based feedback after any assessment tests should be provided to physicians in a timely manner.*
22. *There should be multiple options for how an assessment could be structured to accommodate different learning styles.*
23. *Physicians with lifetime board certification should not be required to seek recertification.*
24. *No qualifiers or restrictions should be placed on diplomates with lifetime board certification recognized by the ABMS related to their participation in MOC.*
25. *Members of our House of Delegates are encouraged to increase their awareness of and participation in the proposed changes to physician self-regulation through their specialty organizations and other professional membership groups.*

and be it further

RESOLVED, That the Pennsylvania Medical Society ~~also adopt as its policy~~ support the activity of the AMA as articulated in AMA policy, "Maintenance of Certification and Osteopathic Continuous Certification D-275.954" as follows:

Our AMA will:

1. *Continue to monitor the evolution of Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for MOC, and prepare a yearly report to the House of Delegates regarding the MOC and OCC process.*
2. *Continue to review, through its Council on Medical Education, published literature and emerging data as part of the Council's ongoing efforts to critically review MOC and OCC issues.*
3. *Continue to monitor the progress by the American Board of Medical Specialties (ABMS) and its member boards on implementation of MOC, and encourage the ABMS to report its research findings on the issues surrounding certification and MOC on a periodic basis.*
4. *Encourage the ABMS and its member boards to continue to explore other ways to measure the ability of physicians to access and apply knowledge to care for patients, and to continue to examine the evidence supporting the value of specialty board certification and MOC.*
5. *Work with the ABMS to streamline and improve the Cognitive Expertise (Part III) component of MOC, including the exploration of alternative formats, in ways that effectively evaluate acquisition of new knowledge while reducing or eliminating the burden of a high-stakes examination.*
6. *Work with interested parties to ensure that MOC uses more than one pathway to assess accurately the competence of practicing physicians,*

to monitor for exam relevance and to ensure that MOC does not lead to unintended economic hardship such as hospital de-credentialing of practicing physicians.

7. Recommend that the ABMS not introduce additional assessment modalities that have not been validated to show improvement in physician performance and/or patient safety.

8. Work with the ABMS to eliminate practice performance assessment modules, as currently written, from MOC requirements.

9. Encourage the ABMS to ensure that all ABMS member boards provide full transparency related to the costs of preparing, administering, scoring and reporting MOC and certifying examinations.

10. Encourage the ABMS to ensure that MOC and certifying examinations do not result in substantial financial gain to ABMS member boards, and advocate that the ABMS develop fiduciary standards for its member boards that are consistent with this principle.

11. Work with the ABMS to lessen the burden of MOC on physicians with multiple board certifications, particularly to ensure that MOC is specifically relevant to the physician's current practice.

12. Work with key stakeholders to (a) support ongoing ABMS member board efforts to allow multiple and diverse physician educational and quality improvement activities to qualify for MOC; (b) support ABMS member board activities in facilitating the use of MOC quality improvement activities to count for other accountability requirements or programs, such as pay for quality/performance or PQRS reimbursement; (c) encourage ABMS member boards to enhance the consistency of quality improvement programs across all boards; and (d) work with specialty societies and ABMS member boards to develop tools and services that help physicians meet MOC requirements.

13. Work with the ABMS and its member boards to collect data on why physicians choose to maintain or discontinue their board certification.

14. Work with the ABMS to study whether MOC is an important factor in a physician's decision to retire and to determine its impact on the US physician workforce.

15. Encourage the ABMS to use data from MOC to track whether physicians are maintaining certification and share this data with the AMA.

16. Encourage AMA members to be proactive in shaping MOC and OCC by seeking leadership positions on the ABMS member boards, American Osteopathic Association (AOA) specialty certifying boards, and MOC Committees.

17. Continue to monitor the actions of professional societies regarding recommendations for modification of MOC.

18. Encourage medical specialty societies' leadership to work with the ABMS, and its member boards, to identify those specialty organizations that have developed an appropriate and relevant MOC process for its members.

19. *Continue to work with the ABMS to ensure that physicians are clearly informed of the MOC requirements for their specific board and the timelines for accomplishing those requirements.*
20. *Encourage the ABMS and its member boards to develop a system to actively alert physicians of the due dates of the multi-stage requirements of continuous professional development and performance in practice, thereby assisting them with maintaining their board certification.*
21. *Recommend to the ABMS that all physician members of those boards governing the MOC process be required to participate in MOC.*
22. *Continue to participate in the National Alliance for Physician Competence forums.*
23. *Encourage the PCPI Foundation, the ABMS, and the Council of Medical Specialty Societies to work together toward utilizing Consortium performance measures in Part IV of MOC.*
24. *Continue to assist physicians in practice performance improvement.*
25. *Encourage all specialty societies to grant certified CME credit for activities that they offer to fulfill requirements of their respective specialty board's MOC and associated processes.*
26. *Support the American College of Physicians as well as other professional societies in their efforts to work with the American Board of Internal Medicine (ABIM) to improve the MOC program.*
27. *Oppose those maintenance of certification programs administered by the specialty boards of the ABMS, or of any other similar physician certifying organization, which do not appropriately adhere to the principles codified as AMA Policy on Maintenance of Certification.*
28. *Examine the activities that medical specialty organizations have underway to review alternative pathways for board recertification; and determine if there is a need to establish criteria and construct a tool to evaluate if alternative methods for board recertification are equivalent to established pathways.*
29. *Ask the ABMS to encourage its member boards to review their maintenance of certification policies regarding the requirements for maintaining underlying primary or initial specialty board certification in addition to subspecialty board certification, if they have not yet done so, to allow physicians the option to focus on maintenance of certification activities relevant to their practice.*
30. *Call for the immediate end of any mandatory, secured recertifying examination by the ABMS or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination.*
31. *Support a recertification process based on high quality, appropriate Continuing Medical Education (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.*

32. Continue to work with the 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.

33. Continue to support the requirement of 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.

and be it further

RESOLVED, That the Pennsylvania Medical Society oppose maintenance of certification programs administered by the specialty boards of the ABMS or any similar physician certifying organization, which do not appropriately adhere to the principles codified as AMA policy on Maintenance of Certification; and be it further

RESOLVED, That the Pennsylvania Medical Society oppose use of Maintenance of Certification status as mandatory criteria for hospital credentialing, medical licensure plan participation, or state medical licensure.

Resolution 16-504 requests that the Society recognize and support recertification by the National Board of Physicians and Surgeons (NBPAS) as well as take this resolution to the AMA for consideration.

Resolution 16-505 requests the Society to endorse NBPAS and seek AMA endorsement of NBPAS.

Your reference committee heard a plethora of testimony on the two resolutions and feels the combined sentiment fulfills the need of our membership to continue to promote quality lifelong learning while respecting the time and finances of the physician community.

HOUSE ACTION: NOT ADOPTED

6. RESOLUTION 16-501: PRACTICING PHYSICIAN DECLINING MEMBERSHIP ANALYSIS

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-501 not be adopted.

Resolution 16-501 asks that the Society to petition the AMA to study the decline in AMA's "Mature" and "Senior" membership categories.

Your reference committee is sensitive to the author's desire to seek additional information regarding AMA's declining membership in the "Mature" or "Senior" membership categories. While not necessarily germane to the Pennsylvania Medical Society, the AMA delegation is committed to connecting Pennsylvania physicians to an existing 2015 study conducted by the AMA. The Chair of the delegation plans to address this with AMA staff and communicate his findings to the author.

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR STUDY

7. RESOLUTION 16-506: SUPPORT PHYSICIAN-DRIVEN, FREE MARKET-BASED HEALTHCARE PAYMENT MODEL CREATION AND THE RESTORATION OF THE PATIENT-PHYSICIAN RELATIONSHIP THROUGH INNOVATIVE CONSUMER-DRIVEN HEALTHCARE FINANCING AND DELIVERY SOLUTIONS

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-506 not be adopted.

Your reference committee did not feel that this resolution would serve all of the member physicians of the Pennsylvania Medical Society. Testimony on this resolution seemed to support a select group of physicians and did not provide enough insight to recommend any further action at this time.

**Pennsylvania Medical Society
House of Delegates
Report**

Reference Committee D

Presented by: Salvatore A. Lofaro, MD, Chair

October 2016

CONSENT CALENDAR

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

Recommended for Adoption

1. Report 4, Board of Trustees, Resolution 15-404: Protect Physicians Who Wish to Terminate Futile Medical Care from Civil and Criminal Prosecution
2. Resolution 16-403: Fairness for Physicians Cleared of Wrongdoing by Their State Licensing Board
3. Resolution 16-404: Comprehensive Women's Reproductive Health Care

Recommended for Adoption as Amended or Substituted

4. Resolution 16-401: Oppose Mandate to Mandated E-Prescribing
5. Resolution 16-402: Abolish the 30-Day Waiting Period For Tubal Sterilization
6. Resolution 16-405: Protect Confidentiality of Dependents of Insurance Policyholders

Recommended for Referral to the Board of Trustees

7. Resolution 16-408: Address and Petition CMS and Legislators to Allow for a Process of Appeal to Negative Statements and Reports to the National Practitioner Data Bank

Recommended Not for Adoption

8. Resolution 16-406: Hepatitis C Screening Act and Discretion of Physician Practice
9. Resolution 16-407: The Pennsylvania Medical Society Recommend Legislation to Train and License Unmatched Residency Applicants as Independent Primary Care Providers in Areas of Pennsylvania with Physician Shortage

10. Resolution 16-409: Support Closing Pennsylvania's Private Sale Loophole for Long Guns by Requiring Background Checks for All Firearms Transfers
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HOUSE ACTION: ADOPTED

1. REPORT 4, BOARD OF TRUSTEES, RESOLUTION 15-404: PROTECT PHYSICIANS WHO WISH TO TERMINATE FUTILE MEDICAL CARE FROM CIVIL AND CRIMINAL PROSECUTION

RECOMMENDATION:

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

Resolution 15-404, introduced at the 2015 annual meeting and referred to the Board of Trustees for study, called on the Society to petition the state legislature to enact a law that would protect physicians who wish to terminate futile medical care from civil and criminal prosecution, thereby empowering physicians to follow the dictates of evidence-based medicine and act within the standard of care without fear of legal recourse.

Resolution 15-404 references Texas' Advanced Directives Act as an example of the type of protection sought by the resolution:

"The state of Texas enacted the Texas Advanced Directives Act of 1999... which gives physicians the ability to terminate life-sustaining treatment if the treating medical team determines that the care is futile care, and protects both the health care facility and the individual physicians involved from civil and criminal prosecution."

After review of the Texas law, it appears that Pennsylvania already offers such protections. Pennsylvania's Advanced Health Care Directives Law (20 Pa. C.S.A. 5421 *et seq.*) contains a liability provision which offers protection to health care providers who, in good faith, are unable or refuse to comply with a patient's advanced health care directives. Additionally, Board Report 4 noted that the Texas law includes additional requirements of the physician and the health care facility which are not required in Pennsylvania.

Accordingly, the Board of Trustees recommended that Board Report 4 be adopted in lieu of Resolution 15-404. Your reference committee believes that the Board has made a thorough examination of this issue and supports its recommendation.

HOUSE ACTION: ADOPTED

2. RESOLUTION 16-403: FAIRNESS FOR PHYSICIANS CLEARED OF WRONGDOING BY THEIR STATE LICENSING BOARD

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-403 be adopted.

Resolution 16-403 requests that the Society seek a remedy for physicians who must repeatedly disclose the fact that they have been the subject of an investigation by their licensure board due to a complaint which was filed against them, found to be without merit, and closed without action. It further calls for the Society to propose legislation, if necessary, that eliminates a physician's obligations to report complaints which have been filed against him or her and which have been closed without disciplinary action by his or her licensure board after initial review by the Department of State.

The resolution points out that any individual or entity may file a formal complaint against a physician for alleged unprofessional conduct. The Pennsylvania Department of State receives and reviews the information filed within each complaint to determine whether a violation of the licensing law has occurred. If there is no evidence to warrant the filing of a disciplinary action, the case is closed and the subject of the complaint is notified.

The resolution describes how physicians who have been investigated must subsequently report to a host of entities that they have been the subject of an investigation, regardless of whether there was any merit in the complaint, for the purposes of obtaining professional liability coverage or professional credentialing or affiliation.

Your reference committee heard only positive testimony regarding this resolution and believes that the proposed actions contained in this resolution are worthwhile.

HOUSE ACTION: ADOPTED

3. RESOLUTION 16-404: COMPREHENSIVE WOMEN'S REPRODUCTIVE HEALTH CARE

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-404 be adopted.

Resolution 16-404 calls for the Society to oppose legislative interference with facilities that provide medically-accepted standard of care reproductive services for women including: contraception, screening for and prevention of sexually transmitted infections, screening for female cancers, and education to prevent unplanned pregnancy.

The resolution describes recent legislative efforts at both the national and state level that would limit reproductive health care for women. This year, Congress defeated a bill to provide Zika virus funding because an amendment was attached to the bill to defund Planned Parenthood. Additionally, a law was signed in Florida that would block access to birth control, health education, and other screenings – services that are critical to combat Zika.

This resolution discusses the benefits of comprehensive reproductive healthcare for women, including the prevention of unplanned pregnancy and Zika-affected pregnancies. The resolution points out that free-standing non-profit clinics perform many valuable health services for women, including contraception, that are often unavailable elsewhere.

Your reference committee heard overwhelming testimony in support of this resolution, which is consistent with the Society's efforts to prevent legislation which interferes with the physician-patient relationship. We recommend its adoption.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

4. RESOLUTION 16-401: OPPOSE MANDATE TO MANDATED E-PRESCRIBING

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-401 be amended as follows:

Resolved, That the Pennsylvania Medical Society actively preserve the ability of physicians to physically write prescriptions and oppose any mandate ~~to require or mandate all electronic prescribing that requires all prescribing in Pennsylvania be done electronically.~~

Resolution 16-401 directs the Society to actively preserve the ability of physicians to physically write prescriptions and oppose any mandate that requires all prescribing in Pennsylvania be done electronically.

This resolution asserts that while many organizations are moving to support and encourage electronic prescribing, many physicians still prefer to write prescriptions using paper and pen. It further acknowledges that mandating e-prescribing may create undue pressure and concern for many physicians, and a reliance on electronic prescriptions may present logistical difficulties when there are problems with the underlying technology.

Your reference committee heard compelling testimony that although an increasing number of physicians are prescribing electronically, there are still many physicians that prefer to write prescriptions by hand. We agree and recommend the adoption of this resolution with a technical change.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-401 be adopted as amended.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

5. RESOLUTION 16-402: ABOLISH THE 30-DAY WAITING PERIOD FOR TUBAL STERILIZATION FOR MEDICAID BENEFICIARIES

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-402 be amended as follows:

Resolved, That the Pennsylvania Medical Society support the efforts of the American Medical Association (AMA) to abolish recommend to the Pennsylvania Department of Human Services a revision to the current Medicaid regulations by abolishing the mandatory 30-day waiting period for elective tubal sterilization; and be it further

Resolved, That the Pennsylvania Medical Society urge Pennsylvania's Congressional Delegation to seek legislative or regulatory elimination of the required 30-day interval between informed consent and a permanent sterilization procedure.

Resolution 16-402 calls for the Society to recommend to the Pennsylvania Department of Human Services a revision to the current Medicaid regulations by abolishing the mandatory 30-day waiting period for elective tubal sterilization.

The resolution points out that elective tubal sterilization is one of the most common and effective forms of contraception in the United States, and immediate postpartum sterilization offers the advantage of one-time hospitalization which offers ease and convenience for women. The resolution avers that the mandatory 30-day waiting period violates health care principle of justice because it reduces access to a procedure differently based on the source of payment and gender, and it entails increased clinical risks of unwanted pregnancy based on source of payment.

Your reference committee learned that the requirement for a 30-day interval between informed consent and a permanent sterilization procedure is a federally mandated requirement which must be followed by all physicians who deliver services in "programs or projects for health services which are supported in whole or in part by Federal financial assistance" (42 CFR Part 50, Subpart B). Pennsylvania's regulations regarding the administration of Medicaid are dictated by federal law.

AMA Policy D-75.994, Tubal Litigation and Vasectomy Consents, directs our AMA to work closely with the American Congress of Obstetricians and Gynecologists, the American Urological Association, and any other interested organizations, to advocate to Congress for the legislative or regulatory elimination of the required 30-day interval between informed consent and a permanent sterilization procedure. It further directs the AMA to work with the Centers for Medicare & Medicaid Services (CMS) to eliminate the time restrictions on informed consent for permanent sterilization procedures.

Your reference committee heard impassioned testimony for the elimination of the 30-day time interval, which creates a disparity between privately-insured patients and those insured under Medicaid in accessing these services.

Your reference committee agrees that this is a serious issue, which has already been addressed by the AMA in Policy D-75.994. Your committee recommends that the Society support the efforts of the AMA.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-402 be adopted as amended.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

6. RESOLUTION 16-405: PROTECT CONFIDENTIALITY OF DEPENDENTS OF INSURANCE POLICYHOLDERS

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-405 be amended as follows:

Resolved, That the Pennsylvania Medical Society seek legislation that requires health insurers to, upon request, to require insurers to communicate directly and confidentially with individuals insured as dependents of a parent or guardian's insurance policy who receive any medical services or treatment for which without parental or guardian consent is not required as authorized by law, including but not limited to the EOBs.

Resolution 16-405 directs the Society to seek legislation to require insurers to communicate directly and confidentially with dependents of a parent or guardian's insurance policy who receive any medical services or treatment without parental or guardian consent as authorized by law, including but not limited to the Explanation of Benefits (EOBs).

Your reference committee heard testimony regarding the impact of privacy concerns on patients' access to care. We agree that dependents on health insurance policies should have the option to receive communications regarding their personal health care directly and confidentially upon request.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-405 be adopted as amended.

HOUSE ACTION: REFERRED TO THE BOARD OF TRUSTEES

7. RESOLUTION 16-408: ADDRESS AND PETITION CMS AND LEGISLATORS TO ALLOW FOR A PROCESS OF APPEAL TO NEGATIVE STATEMENTS AND REPORTS TO THE NATIONAL PRACTITIONER DATA BANK

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-408 be referred to the Board of Trustees for study.

Resolution 16-408 requests that the Society adopt a position on and defend physicians against those who use The National Practitioner Data Bank (NPDB) to ruin their reputations in an effort to manipulate and dissuade them from application and/or participation on their medical staffs. It further directs the Society to take action through its delegation to the AMA to address and petition CMS and legislators to allow for a process of appeal to negative statements and reports to the data bank. Additionally, this resolution calls on the Society to pursue avenues legal and political to guarantee due process and to protect physicians from misuse of the NPDB.

Your reference committee heard conflicting testimony regarding the current process of reporting information to the NPBD.

Your reference committee believes that this is an important issue, but that its complexities require a more thorough examination. Accordingly, we recommend that the Board of Trustees more fully research the issue to determine what action should be taken.

HOUSE ACTION: REFERRED TO THE BOARD OF TRUSTEES FOR STUDY

8. **RESOLUTION 16-406: HEPATITIS C SCREENING ACT AND DISCRETION OF PHYSICIAN PRACTICE**

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-406 not be adopted.

Resolution 16-406 directs the Society to seek legislative amendment to Act 87 which shall not impose any liability, criminal or civil penalty, or licensure sanctions before any applicable State board for failure by a physician, health care practitioner, health care provider, hospital, health care facility, or physician's office to comply with Act 87.

Your reference committee felt strongly that this resolution overlooked the fact that Act 87 is devoid of any statutory penalties for physicians' noncompliance. Furthermore, your committee is aware that the Society is currently in the process of seeking clarification of Act 87's provisions from the Department of Health. We agreed with testimony which expressed concern that pursuing amendments to Act 87 could be perceived as opposing the law's intent, which is to increase screening of a high risk population for Hepatitis C.

HOUSE ACTION: NOT ADOPTED

9. RESOLUTION 16-407: THE PENNSYLVANIA MEDICAL SOCIETY RECOMMEND LEGISLATION TO TRAIN AND LICENSE UNMATCHED RESIDENCY APPLICANTS AS INDEPENDENT PRIMARY CARE PROVIDERS IN AREAS OF PENNSYLVANIA WITH PHYSICIAN SHORTAGE

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-407 not be adopted.

Resolution 16-407 requests that the Society address physician shortages by urging the state to enact legislation enabling unmatched residency applicants to become licensed to independently deliver primary care in areas of Pennsylvania requiring family physicians.

While your reference committee heard testimony both in support of and opposition to this resolution, an overwhelming majority of testimony was in opposition to the proposed creation of a new license for medical school graduates who lack residency training.

Your reference committee applauds the author's eagerness to come up with creative solutions to address the underlying issues of both insufficient access to care in rural areas and inadequate opportunities for graduate medical education. Your reference committee appreciates the intent of the resolution; however, we believe that the clinical training primary care physicians receive during their residency is essential to providing quality health care.

HOUSE ACTION: ORIGINAL RESOLUTION ADOPTED

10. RESOLUTION 16-409: SUPPORT CLOSING PENNSYLVANIA'S PRIVATE SALE LOOPHOLE FOR LONG GUNS BY REQUIRING BACKGROUND CHECKS FOR ALL FIREARMS TRANSFERS

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-409 not be adopted.

Resolution 16-409 calls for the Society to reaffirm support for House Bill 1010 or similar legislation that closes Pennsylvania's private sale loophole for long guns by requiring background checks for all firearms transfers.

While your reference committee recognizes the importance of firearms safety and agrees with the intent of this resolution, we believe that it is not in the best interest of the Society to weigh in on a politically charged issue related to the specifics of regulating firearms. The Society has a number of existing policies that promote firearms safety, address gun violence, and identify the health consequences of firearms. We believe that the Society's existing policies adequately address the public's health concerns related to firearms.

**Pennsylvania Medical Society
House of Delegates
Report**

Reference Committee B

Presented by: Kinnari Patel, MD, Chair

October 2016

CONSENT CALENDAR

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

Recommended for Adoption

1. Resolution 16-202: Further Addressing the Overdose Crisis
2. Resolution 16-204: Eliminating Barriers to Children Possessing and Using Sunscreen in School
3. Resolution 16-207: Promote Teen Health Week
4. Report 2, Board of Trustees, Resolution 15-201: Clinical Rotations in Pennsylvania Hospitals for Medical Students of International Medical Schools

Recommended for Adoption as Amended or Substituted

5. Resolution 16-201: Elimination of Tobacco Sales
6. Resolution 16-205: Transfer of Jurisdiction Over Required Clinical Skills Examinations to LCME-Accredited and COCA-Accredited Medical Schools
7. Resolution 16-206: Pennsylvania Medical Society Support for a Moratorium on Fracking
8. Resolution 16-208: Support for Liability Protection in Administration of Naloxone in Schools
9. Resolution 16-209: Increase in Availability of Opioid Rescue Medication and Medication-Assisted Treatment

Recommended for Referral to the Board of Trustees

10. Resolution 16-203: Seeking Support of Pennsylvania Immunization Coalition
-

HOUSE ACTION: ADOPTED

1. RESOLUTION 16-202: FURTHER ADDRESSING THE OVERDOSE CRISIS

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-202 be adopted.

Resolution 16-202 requests that the Pennsylvania Medical Society (PAMED) work with statewide stakeholders and county medical societies to identify and remove existing barriers for patients seeking treatment for addiction at the state and local levels.

Your reference committee heard extensive testimony in support of this resolution. Your reference committee believes that the work of the PAMED Opioid Advisory Task Force provides a strong foundation for work in the broader spectrum of identifying and rectifying barriers to those patients

seeking care for addictions, and believes that efforts with the county medical societies will help with that endeavor.

HOUSE ACTION: ADOPTED

2. RESOLUTION 16-204: ELIMINATING BARRIERS TO CHILDREN POSSESSING AND USING SUNSCREEN IN SCHOOL

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-204 be adopted.

Resolution 16-204 requests that the Society lobby to remove the existing restriction that physician authorization is required for school student and youth camp participants to possess and use sunscreen and sun-protective clothing (including hats).

Your reference committee wishes to applaud the author of this resolution for bringing forth this issue.

The multidisciplinary support demonstrated by those testifying solidified our view that adoption is warranted.

HOUSE ACTION: ADOPTED

3. RESOLUTION 16-207: PROMOTE TEEN HEALTH WEEK

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-207 be adopted.

Resolution 16-207 requests that the Society promote the Teen Health Week program, encourage county and specialty societies in Pennsylvania to do the same in conjunction with local schools, and seek similar support from the American Medical Association (AMA) House of Delegates.

Your reference committee is impressed by the Teen Health Week Toolkit and the success of the first annual Pennsylvania Teen Health Week. Your reference committee agrees that this resolution should be presented at the AMA I-2016 meeting in order to facilitate national adoption, prior to the second annual Teen Health Week scheduled for January 9-13, 2017. The reference committee encourages continued collaboration with specialty organizations in order to expand the depth of the program.

HOUSE ACTION: ADOPTED

4. REPORT 2, BOARD OF TRUSTEES, RESOLUTION 15-201: CLINICAL ROTATIONS IN PENNSYLVANIA HOSPITALS FOR MEDICAL STUDENTS OF INTERNATIONAL MEDICAL SCHOOLS

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Report 2 of the Board of Trustees be adopted and the remainder of the report be filed.

Resolution 15-201, introduced at the 2015 Annual Meeting and referred to the Board of Trustees for study, asked PAMED to work with the State Board of Medicine and other regulatory bodies to change the existing regulation that defines an accredited medical school to include schools accredited by the Liaison Committee on Medical Education (LCME) and any other international medical school meeting the accreditation standard required for Educational Commission for Foreign Medical Graduates (ECFMG) certification. The resolution asserted that it is difficult to recruit International Medical Graduates to Pennsylvania because current state regulations prohibit the students of international medical schools not accredited by LCME from completing clinical rotations in Pennsylvania hospitals.

Your reference committee is very appreciative of the research attended to this report. We would like to note that this issue may re-emerge as a result of increased competition for clinical rotation spots by allied practitioners.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

5. RESOLUTION 16-201: ELIMINATION OF TOBACCO SALES

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-201 be amended as follows:

~~RESOLVED, That it be the policy of PAMED to oppose the sale and public use of tobacco products in the United States and its territories~~Commonwealth of Pennsylvania; and be it further

~~RESOLVED, That our AMA be asked to adopt this position; and be it further~~

~~RESOLVED, That our AMA ask Vice President Biden to use the resources of the Cancer Moonshot program to eliminate the sale of tobacco products in the United States and its territories.~~

Resolution 16-201 asks that the Society oppose the sale of tobacco products in the United States and its territories, that the AMA be asked to adopt the same policy position and that the AMA ask Vice President Biden to direct that the resources of the Cancer Moonshot program be used to achieve the same goal.

Your reference committee supports the intent of this resolution and firmly believes that PAMED should continue its strong advocacy position on matters related to tobacco. Research on this issue revealed a broad spectrum of existing AMA policies regarding tobacco, and drew us to the conclusion that focusing on this issue at the state level is the most practical option for moving forward. Adoption of this

resolution as amended will bolster our existing policy and offer an important next step to eradicating tobacco-related health issues.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-201 be adopted as amended.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

6. RESOLUTION 16-205: TRANSFER OF JURISDICTION OVER REQUIRED CLINICAL SKILLS EXAMINATIONS TO LCME-ACCREDITED AND COCA-ACCREDITED MEDICAL SCHOOLS

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-205 be amended as follows:

RESOLVED, That the Pennsylvania Medical Society, ~~work with the support~~ work with the support the efforts of the American Medical Association, in conjunction with the Federation of State Medical Boards (FSMB), and our state medical boards 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; and be it further

RESOLVED, That PAMED 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 16-205 requests that the Society work with the AMA, the Federation of State Medical Boards (FSMB) and the Pennsylvania Medical and Osteopathic Medicine Licensure Boards 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 and to also advocate that medical schools and medical licensure stakeholders create standards for the clinical skills examination that would be a substitute prerequisite for the future.

Your reference committee recognizes and commends the recent work of the AMA, and further believes that the work of the AMA Council on Medical Education will provide the insight and direction required to address this important issue.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-205 be adopted as amended.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

7. RESOLUTION 16-206: PENNSYLVANIA MEDICAL SOCIETY SUPPORT FOR A MORATORIUM ON FRACKING

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-206 be amended as follows:

RESOLVED, That the Pennsylvania Medical Society urge and support a moratorium on new natural gas extraction using high-volume hydraulic fracturing in Pennsylvania; and be it further

RESOLVED, That the Pennsylvania Medical Society urge the ~~state legislature~~ Commonwealth of Pennsylvania to fund an independent health registry and commission research studies on the health effects of fracking.

Resolution 16-206 requests that the Society advocate for a moratorium on new natural gas extraction by high-volume hydraulic fracturing and for funding of an independent health registry and research studies on the health effects of fracking.

Your reference committee agrees with the strong support heard for this resolution, an issue which has taken on unfortunate political overtones. Serious health issues remain unaddressed, and it is incumbent on the Pennsylvania Medical Society to continue advocating for a registry and research studies regarding the effects of fracking that impact the public health of the Commonwealth.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-206 be adopted as amended.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

8. RESOLUTION 16-208: SUPPORT FOR LIABILITY PROTECTION IN ADMINISTRATION OF NALOXONE IN SCHOOLS

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-208 be amended as follows:

RESOLVED, That the Pennsylvania Medical Society seek legislative action ~~or seek an amendment to Act 139 to~~ that will provide specific immunity for school districts and their employees to include school nurses, teachers and administrators for the administration of naloxone on students while on school property with the same Good Samaritan protection provided to other first responders to overdose situations.

Resolution 16-208 requests that the Society seek an amendment to Act 139 that would provide school districts and their employees (including school nurses, teachers and administrators) with the same Good Samaritan protection now provided to first responders when administering Naloxone in overdose situations.

Your reference committee supports this resolution, but believes the amendment is necessary to afford legislative strategic flexibility to achieve this goal. Only positive testimony was heard on this resolution.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-208 be adopted as amended.

HOUSE ACTION: ADOPTED AS AMENDED OR SUBSTITUTED

9. RESOLUTION 16-209: INCREASE IN AVAILABILITY OF OPIOID RESCUE MEDICATION AND MEDICATION-ASSISTED TREATMENT

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-209 be amended by substitution as follows:

~~RESOLVED, That the Pennsylvania Medical Society request that all pharmacies that sell opioids also sell naloxone (Narcan), the rescue drug for opioids and buprenorphine/naloxone, the medication-assisted treatment drug for opioid use disorder.~~

RESOLVED, That the Pennsylvania Medical Society support the practice that all pharmacies selling opioids also stock for sale opioid reversal agents and medications for the treatment of opioid use disorders.

RESOLVED, That the Pennsylvania Medical Society collaborate with appropriate stakeholders to identify and rectify existing barriers that impede stocking and selling of opioid reversal agents and medications for the treatment of opioid use disorders.

Resolution 16-209 requests that the Society support efforts to have all pharmacies that sell opioids to also sell Naloxone.

Your reference committee supports and applauds the intent of the resolution. We do believe, however, that the proposed substitute language provides needed specificity and clarity to direct the action of the Pennsylvania Medical Society on this matter.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-209 be adopted as amended by substitution. (Original fiscal note: \$0; amended fiscal note: \$3,000).

HOUSE ACTION: REFERRED TO THE BOARD OF TRUSTEES

10. RESOLUTION 16-203: SEEKING SUPPORT OF PENNSYLVANIA IMMUNIZATION COALITION

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-203 be referred to the Board of Trustees for study.

Resolution 16-203 requests that the Society support the proposal for the Commonwealth of Pennsylvania to provide an annual \$200,000 appropriation to the Pennsylvania Immunization Coalition with the specific goal of increasing awareness and compliance with recommended immunization practices in the state.

Your reference committee heard support for this resolution, but would like to emphasize that questions remain. Your reference committee believes more information is needed regarding the role of the organization in promoting a federally-funded initiative and the appropriate funding level.

Special Recognition

Dr. Trichtinger thanked the Reference Committee chairs and members for volunteering their time. He also recognized and thanked the members of the Rules & Credentials Committee and the Tellers/Sergeants-at-Arms for their service.

Dr. Pagan recognized and thanked the staff of PAMED.

Nominations and Elections

In accordance with Chapter X, Section 1 ("Nominations") of the Bylaws of the Pennsylvania Medical Society, nominations for Vice President, Speaker and Vice Speaker of the House of Delegates, Trustees, AMA Delegates and Alternate Delegates, Committee to Nominate Delegates and Alternates to the AMA, and Judicial Council were in order at the first session of the House of Delegates held on Saturday morning, October 22, 2016. Elections were held on Saturday afternoon, October 22nd.

THE NEW OFFICERS FOR 2016-17 ARE AS FOLLOWS:

President: Charles Cutler, MD (Montgomery County) was formally installed as the 167th President.

President Elect: Theodore A. Christopher, MD (Philadelphia County) assumed the office of President Elect.

Vice President: Danae M. Powers, MD (Centre County) was elected Vice President in the elections held on Saturday, October 22nd by a vote of 140-76 over her opponent, William R. Dewar, III, MD (Wayne-Pike County).

Speaker, House of Delegates: John J. Pagan, MD (Bucks County) was elected Speaker by acclamation.

Vice Speaker, House of Delegates: John W. Spurlock, MD (Northampton County) was elected as Vice Speaker. In the elections held on Saturday afternoon, October 22nd, Dr. Spurlock received 123 votes; Todd M. Hertzberg, MD (Allegheny County) received 93 votes.

District and Specialty Section Trustees:

Second District Trustee: Mark A. Lopatin, MD (Montgomery County) received 172 votes and was elected as Second District Trustee over Chand Rohatgi, MD (Northampton County), who received 44 votes in Saturday's elections.

Ninth District Trustee: Erick J. Bergquist, MD, PhD (Indiana County) was elected by acclamation.

Tenth District Trustee: Donald C. Brown, MD (Westmoreland County) was elected by acclamation.

Thirteenth District Trustee: Amelia A. Paré, MD (Allegheny County) was elected by acclamation.

Primary Care (Pediatrics) Trustee: Steven A. Shapiro, DO (Montgomery County) was elected by acclamation.

Psychiatry Trustee: Michael Feinberg, MD, PhD (Montgomery County) was elected by acclamation.

International Medical Graduates Trustee: Bindukumar C. Kansupada, MD, MBA (Bucks County) was elected by acclamation.

Residents & Fellows Section Trustee: Tani Malhotra, MD (York County) was elected by acclamation.

Young Physicians Section (Early Career Physicians) Section Trustee: John M. Vasudevan, MD (Philadelphia County) was elected by acclamation.

Medical Students Section Trustee: Cicily Vachaparambil was elected by acclamation.

Committee to Nominate Delegates and Alternates to the AMA

The nominations of the Committee to Nominate Delegates and Alternates to the AMA were published in the Official Call and contained in the Official Reports Book.

The following were elected by acclamation to serve as Delegates to the AMA for five (5) two-year terms commencing January 1, 2017 and expiring December 31, 2018:

James A. Goodyear, MD (Montgomery County)

Virginia E. Hall, MD (Dauphin County)

Daniel B. Kimball, Jr., MD (Berks County)

Anthony M. Padula, MD (Philadelphia County)

John P. Williams, MD (Allegheny County)

The following were elected by the House to serve as Alternate Delegates to the AMA for four (4) two-year terms commencing January 1, 2017 and expiring December 31, 2018:

John P. Gallagher, MD (Mercer County)
 Aaron E. George, DO (Franklin County)*(nominated from the floor of the House at the Opening Session)*
 Bruce A. MacLeod, MD (Allegheny County)
 John M. Vasudevan, MD (Philadelphia County)

The following is an accounting of the votes received by the unsuccessful candidates for the AMA Alternate Delegate positions:

<u>CANDIDATE NAME</u>	<u>VOTES RECEIVED</u>
Jane A. Weida, MD	117
Shyam Sabat, MD	71

Slotted Position for Alternate Delegate to the AMA for a Resident or Fellow Physician:

Hans T. Zuckerman, DO (Lebanon County) was elected by acclamation to the slotted position for a resident or fellow physician to serve as Alternate Delegate to the AMA for a one-year term commencing October 23, 2016 and expiring October 15, 2017.

Slotted Position for Alternate Delegate to the AMA for a Medical Student:

Erik Saka (Philadelphia County) was elected by acclamation to the slotted AMA Alternate Delegate position for a medical student for a one-year term commencing January 1, 2017 and expiring December 31, 2017.

Committee to Nominate Delegates & Alternates to the AMA:

Charles Cutler, MD (Montgomery County) and Jonathan E. Rhoads, Jr., MD (York County) were elected by acclamation.

Judicial Council:

Carol E. Rose, MD (Allegheny County) was elected by acclamation.

ADJOURNMENT

The 2016 House of Delegates adjourned at 11:42 am.

Respectfully submitted,

Handwritten signature of Martin D. Trichtinger, MD in black ink.

Martin D. Trichtinger, MD, Speaker

Handwritten signature of John J. Pagan, MD in black ink.

John J. Pagan, MD, Vice Speaker

Handwritten signature of Erick J. Bergquist, MD, PhD in black ink.

Erick J. Bergquist, MD, PhD, Secretary

Handwritten signature of Sharon M. Miller in black ink.

Sharon M. Miller, Assistant Secretary