Listed below are all resolutions considered by the 2019 House of Delegates:

Res. 19-201 **ADOPTED AS AMENDED** – Screening for HPV-Related Anal Cancer Screening for HPV-Related Anal Cancer

Resolved, that the Pennsylvania Medical Society (PAMED) support advocacy efforts to implement screening for anal cancer for high-risk populations; and be it further

RESOLVED, that PAMED support other organizations in developing guidelines for follow up and management of anal cancer screening results; and be it further

RESOLVED, that the PAMED American Medical Association (AMA) delegation introduce Res. 19-201 at the next AMA Annual Meeting.

Res. 19-202 **ADOPTED AS AMENDED** – Support for Safe Consumption Facilities

RESOLVED, that the Pennsylvania Medical Society (PAMED) endorse the opening of an independently funded and studied pilot trial of a comprehensive illicit drug user engagement site including a safer injection facility in keeping with existing multinational evidence-based medicine.

Res. 19-203 **ADOPTED AS AMENDED** – Medical Marijuana Advisory Board Accountability

RESOLVED, that the Pennsylvania Medical Society (PAMED) work with interested parties in the medical community to review the list of serious medical conditions for which medical marijuana can be used, and when potential for harm or lack of benefit exists to such use, petition the Medical Marijuana Advisory Board and Secretary of Health to remove those conditions from this list.

Res. 19-204 **ADOPTED AS AMENDED** – Opposing Recreational Marijuana Use

RESOLVED, that the Pennsylvania Medical Society (PAMED) oppose the use and support decriminalization of recreational marijuana/cannabis in Pennsylvania; and be it further

RESOLVED, that PAMED coordinate with appropriate medical specialty partners to educate members about the effects of marijuana/cannabis; and be it further

RESOLVED, that PAMED coordinate with appropriate medical specialty society partners to educate members on the care of patients who are currently certified to participate in Pennsylvania’s medical marijuana program.

Res. 19-205 **ADOPTED AS AMENDED** – Support for GME Program Child Care

RESOLVED, that the Pennsylvania Medical Society (PAMED) support Graduate Medical Education (GME) programs’ implementation of accommodative childcare policies and flexible working environments for all residents in order to promote equity in all training settings; and be it further
RESOLVED, that PAMED take the need for innovative childcare policy approaches for residency programs to the 2020 American Medical Association Annual Meeting.

RESOLVED, NOT ADOPTED – Methadone and Medical Marijuana in PDMP

RESOLVED, ADOPTED AS AMENDED – Restricting E-Cigarette Use

RESOLVED, ADOPTED AS AMENDED – Physician Communications with Emergency Departments

RESOLVED, that the Pennsylvania Medical Society (PAMED) engage the Hospital & Healthsystem Association of Pennsylvania (HAP) and their member institutions to improve communication through standardizing and streamlining the exchange of patient data between physicians and emergency departments and develop policies that do not delay or interfere with patient care; and be it further

RESOLVED, that PAMED engage HAP to address ways that a hospital or health system could assist community affiliated practice physicians to gain access to robust integration with a hospital or health system based electronic health records (EHR), or provide discounted sharing of a hospital or health system’s EHR at a reasonable cost to the affiliated physicians, especially as the relevant data pertains to the patient’s primary care team.

RESOLVED, NOT ADOPTED – Pre-Approval of Pain Patches and Gels

RESOLVED, ADOPTED AS AMENDED – Removing Opposition to Single-Payer Healthcare

RESOLVED, that the Pennsylvania Medical Society (PAMED) revise existing policy number 165.997 to read:

165.997 Managed Competition

(1) The Society adopts the following policy position: Health system reform proposals that unfairly concentrate the market power of payers are detrimental to patients and physicians, if patient freedom of choice or physician ability to select mode of practice is limited or denied. Single-payer systems that fall within such a definition should continue to be opposed by the Society. Reform proposals should balance fairly the market power between payers and physicians or be opposed.

(2) The Society continues to support a pluralistic health care system, with no preferential treatment by government that gives a competitive advantage to any form of health insurance/health care delivery organization. In particular, integrated systems should be given no competitive advantage.

(3) The Society will propose and support legislative or regulatory action requiring employers to offer a benefit payment schedule plan, in addition to other plans.

(4) The Society will continue to advocate strongly to Congress, the Department of Justice, and the Federal Trade Commission the need for changes in relevant antitrust laws to allow physicians and physician organizations to engage in group negotiations with collective purchasers, managed care plans, insurers, and other payers.
(5) Society support for any “managed competition” proposal is contingent, in part, on: (a) relief from existing antitrust laws with respect to the right of physicians and physician organizations to engage in group negotiation; and (b) modifications to ERISA to ensure that any rules and negotiation requirements apply equally to self-insured and insured health benefit plans.

Res. 19-304 ADOPTED AS AMENDED – Financial Incentive to Decrease Obesity in Pennsylvania Patients

RESOLVED, that the Pennsylvania Medical Society (PAMED) advocate to the Pennsylvania Department of Human Services, Pennsylvania Insurance Department, Centers for Medicare and Medicaid Services (CMS), and the Center of Medicare and Medicaid Innovation (CMMI) seeking further study of financial incentive programs and their effectiveness in encouraging healthy behavior for weight loss among obese beneficiaries.

Res. 19-305 ADOPTED AS AMENDED – Prior Authorization Relief

RESOLVED, that the Pennsylvania Medical Society (PAMED) continue efforts to reform prior authorization, seek elimination of administrative burdens, and consider the use of prior authorization an impediment to the physician-patient relationship and the timely delivery of medical care.

Res. 19-401 ADOPTED AS AMENDED – Wireless Devices and Cell Tower Safety

RESOLVED, that the Pennsylvania Medical Society (PAMED) oppose legislation that blocks the public’s right to guard its own safety and health regarding cell tower placement; and be it further

RESOLVED, that PAMED promote ways to reduce radiation exposure from wireless devices, especially for pregnant women and children (wired devices preferable to wireless, shielding, etc.); and be it further

RESOLVED, that PAMED introduce this as a resolution at the Annual American Medical Association (AMA) meeting.

Res. 19-402 ADOPTED AS AMENDED – Restrictive Covenants

RESOLVED, that the Pennsylvania Medical Society (PAMED) reaffirm that medical care is a special and unique personal service differentiated from a common consumer good or service, and that restrictive clauses interfere with the ability of patients to have access to their physician; and be it further

RESOLVED, that PAMED reaffirm that restrictive covenants in physician contracts limit patients’ access to patient care from the physician of their choice; and be it further

RESOLVED, that PAMED actively seek the establishment of both state and national coalitions that address restrictive covenants to evaluate and implement multi-pronged efforts that pursue legislative, judicial, and regulatory approaches to limiting restrictive covenants in physician contracts.
Res. 19-403  
ADOPTED AS AMENDED – Physician Suffering

RESOLVED, that the Pennsylvania Medical Society (PAMED) oppose legislation that can negatively affect physician wellness.

Res. 19-404  
ADOPTED AS AMENDED – Repeal of Act 112

RESOLVED, that the Pennsylvania Medical Society (PAMED) and relevant specialty organizations work with the Pennsylvania legislature to modify or amend Act 112 of 2018.

Res. 19-405  
ADOPTED – DOH Physician Communication on Regulatory Issues

RESOLVED, that the Pennsylvania Medical Society (PAMED) advocate that DOH adopt a policy that Pennsylvania physicians involved in regulatory issues with DOH can request a DOH physician be available during the discussion so physician-to-physician communication can occur.

Res. 19-406  
ADOPTED – Ban Sale of Energy Drinks to Children

RESOLVED, that the Pennsylvania Medical Society (PAMED) advocate for a state ban on the sale of energy drinks to children younger than 18 years old.

Res. 19-407  
NOT ADOPTED – Cessation of Youth Tobacco Use

Res. 19-408  
ADOPTED – Act 96 and Discussion of Physician Practice

RESOLVED, that the Pennsylvania Medical Society (PAMED) seek immediate legislative relief from Act 96 such that those who can legally prescribe Schedule II through V controlled substances in the Commonwealth of Pennsylvania be permitted to do so by either written paper prescription or electronic prescription.

Res. 19-501  
ADOPTED AS AMENDED – Recording Executive and Finance Committee Meetings

RESOLVED that, along with the Board of Trustees and Finance Committee meetings, the Executive Committee meetings be recorded and minutes written in accordance with the procedures of the American Institute of Parliamentarians (AIP), and the recordings be maintained until approval of the minutes.

Res. 19-502  
NOT ADOPTED – BOT Use of Consent Calendar

Res. 19-503  
NOT ADOPTED – Physician Appeals Process Re: PHP

Res. 19-504  
REFERRED FOR STUDY – PAMED Voting Transparency

Res. 19-505  
ADOPTED AS AMENDED – Redistricting Task Force

RESOLVED, that the Board of Trustees convene a task force study and make recommendations with regard to Bylaws changes that would allow the creation of regional medical societies and
specifically address how representation will be addressed for both the House of Delegates and the Board of Trustees.

Res. 19-506  ADOPTED AS AMENDED – Resolution Submission Deadline

RESOLVED, that the Pennsylvania Medical Society (PAMED) implement a resolution submission deadline of sixty (60) days prior to the House of Delegates meeting.

Res. 19-507  ADOPTED AS AMENDED – Correction of Inaccurate PAMED Communications

RESOLVED, that the Pennsylvania Medical Society (PAMED) notify its membership when litigation against ABMS member boards regarding MOC is filed and provide updates at appropriate intervals.

Res. 19-508  ADOPTED AS AMENDED – Review of Delegate Allocations

RESOLVED, that the Board of Trustees of the Pennsylvania Medical Society (PAMED) create a task force to specifically study the appropriate and balanced delegate allocation to the House of Delegates as it relates to all membership categories and make recommendations to the Bylaws Committee.

Res. 19-509  NOT ADOPTED – Refocusing the AMA on Its Members

Res. 19-510  NOT ADOPTED – Transparency in Sale and Building of PAMED HQ

STANDING COMMITTEES OF THE BOARD

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

August 12, 2019 – The Executive Committee approved the minutes from the June 24, 2019 and July 16, 2019 Executive Committee meetings. They were provided with updates on the Innovation Grant disbursement, the Specialty seating imbalance from the SLC chair, and a review of agenda items for the August 2019 Board meeting.

September 12, 2019 – The Executive Committee approved filing an amicus curiae brief in Center City Healthcare, LLC d/b/a Hahnemann University Hospital, et al. The brief is in support of the limited objection to the Motion of the Debtors to Sell Substantially All of the Assets of St. Christopher’s Healthcare, LLC and Certain of Its Affiliates.

October 2, 2019 – The Executive Committee approved filing an amicus curiae brief in Leight v. University of Pittsburgh Physicians (UPP), et al. This case is related to the 2012 shooting incident at the Western Psychiatric Institute and Clinic (WPIC), the Court will decide whether physicians can be
held liable under the Mental Health Procedures Act (MHPA) for harm caused by a mentally ill patient, where the physicians recognized that a patient was mentally ill and in need of involuntarily examination, but failed to follow through on the necessary steps to initiate the examination.

November 8, 2019 – The Executive Committee approved filing the amicus curiae brief in Yanakos v. UPMC. The Pennsylvania Supreme Court issued its decision in Yanakos v. UPMC striking down the Mcare statute of repose as unconstitutional. Shortly thereafter, UPMC asked the Pennsylvania Medical Society (PAMED) and the American Medical Association (AMA) to submit an amicus brief in support of their Petition for Reargument.

January 13, 2020 – The Executive Committee approved the minutes from the previous in-person meeting on August 12, 2019, from the July 24, 2019 teleconference, and from 3 separate E-votes. The Executive Committee was updated on PAMED’s top legislative priorities, PAMED membership, the Hahnemann closure issue, and the upcoming evaluation of PAMED’s EVP.

February 3, 2020 – The Executive Committee approved the minutes of the January 13, 2020 meeting and held a discussion with representatives for the Physician Assistants (PAs) regarding current physician supervisory requirement changes they are seeking to SB 870 and HB 1997.

March 16, 2020 – The Executive Committee was updated on the ongoing COVID-19 situation in Pennsylvania, PAMED’s membership, and top legislative priorities. The Executive Committee was also made aware of a communication regarding a possible HOD resolution on Restrictive Covenants.

April 9, 2020 – The Executive Committee discussed and approved posing a question to membership to seek their input regarding cancelling the 2020 House of Delegates meeting due to the COVID-19 pandemic.

May 4, 2020 – The Executive Committee approved the minutes from the previous in-person meeting and approved signing on to a joint stakeholder letter opposing HB 2461, which would permit pharmacists to test for COVID-19 and administer vaccinations to individuals under the age of 18. The Executive Committee also discussed the plausibility of adopting an AMA statement in support of certain treatments for COVID-19 as a Pennsylvania Medical Society policy, the PAMED Coronavirus Response Team’s efforts and outreach, and the May 2020 Board meeting agenda.

June 22, 2020 – The Executive Committee was updated on current legislative issues, the Coronavirus Response Team’s ongoing response to the COVID-19 pandemic, and the Speakers’ Advisory Panel’s preliminary plan regarding the 2020 House of Delegates meeting. They also discussed the issue of internally formalizing representation on the COSMOS Coalition (no motion was presented).

July 20, 2020 – The Executive Committee approved filing an amicus curiae brief in Ungurian v. Beyzman, et al. This case involves interpretation of Pennsylvania’s Peer Review Protection Act (PRPA) and the federal Patient Safety Quality Improvement Act (PSQIA) in a medical malpractice case involving multiple corporate and individual defendants, including Wilkes-Barre General Hospital, Wyoming Valley Healthcare System, and Andrew Beyzman, M.D. (non-member).
**Finance** – The Finance Committee held meetings regularly during the past year for the purpose of reviewing the Society’s finances and making appropriate recommendations to the Board of Trustees. The Committee kept the Board informed of the Society’s financial position by distributing financial statements at all regular Board meetings.

The Society invites its investment consultant to attend Committee meetings quarterly to review Society investments, to provide economic forecasts, and to offer performance comparisons. The Committee also meets with the outside independent auditor to review the annual audited financial statements and any other matters the auditor deems worthwhile.

The PAMED Finance Committee is also responsible for reviewing the finances of the subsidiaries and PAMPAC.

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

Questions regarding the Finance Committee can be directed to Finance Committee Chair, Steven A. Shapiro, DO.

**PERMANENT COMMITTEES OF THE BOARD**

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

This year the Committee recommended, and the Board approved, the following:

I. That the Board award the 2020 Distinguished Service Award to Donald E. Martin, MD, as nominated by Robert Campbell, MD.

II. That the Board award the Physician Award for International Voluntary Service to Eric C. Gokcen, MD, as nominated by J. Milo Sewards, MD.

The members of the Awards Committee consist of the three most recent past PAMED Presidents: Charles Cutler, MD; Theodore Christopher, MD; and Danae Powers, MD.

**Committee on Subsidiary and Foundation Relations** – The members of this committee for 2020 are as follows: Candace R. Good, MD, Chair; Sherry L. Blumenthal, MD; Maria C. Escano, MD; Jeffrey M. Farma, MD; Michael Feinberg, MD, PhD; and John P. Williams, MD

**Compensation Committee** – The Compensation Committee is comprised of the Immediate Past Board Chair, the two most Immediate Past Presidents, and one At-Large Member of the Finance Committee. (The Treasurer serves as Chair.) Current members include Steven A. Shapiro, DO, Chair; Theodore A. Christopher, MD; Danae Powers, MD; David A. Talenti, MD; and Chad P. Walker, DO.
The purpose of the Committee is to develop and maintain a leadership compensation and executive compensation and benefits program consistent with established policies. A meeting to review executive and leadership compensation was held on April 16, 2020.

**COMMITTEES/TASK FORCES OF THE BOARD**

**Awards Committee/Top Physicians Under 40** – This committee considers candidates nominated for Pennsylvania’s Top Physicians Under 40.

This year the Committee chose, and the Board approved, 45 members for this list. They include:

Shikhar Agarwal, MD; Prabhjot Singh Bedi, MD; Vincent J. Carson, MD; Amrita Chakraborty, MD; Ayan Chatterjee, MD, MSEd; Anthony Cunco, MD, PhD; Joshua D. Czerwinski, DO; Rutul Jagdish Dalal, MD; Eldra Daniels, MD, MPH; Diwakar Davar, MD; Anupriya Dayal, MD; Hannah Huong Do, MD; David Ermak, DO; Arun George, MD; Neerav Goyal, MD, MPH; Khatuna Gurgenshivili, MD; Lee M. Jablow, MD; Robert J. Kucejko, MD, MBA, MS; Ashutosh Kumar, MD; Stephanie A. Larson, DO; Christopher J. Lee, MD; Gayatra Mainali, MD; Christopher Melinosky, MD; Elizabeth A. Mohan, MD; Sean G. Morgan, MD; Dominick A. Motto, MD; Yana Najjar, MD; Sean B. O'Donnell, MD; Julie L. Orlosky, DO; Kathryn E. Palisoc, DO; Anand Popuri, DO; Mindy Rabinowitz, MD; Ganga Ruvinie Ranasuriya, MD; Sanjay Sreerangapalle Reddy, MD; Christie Regula, MD; Ingrid Renberg, MD, MPH; Christian D. Shuman, MD; Brielle M. Spataro, MD; Roby A. Thomas, MD; Justin G. Tunis, MD; Namrata Vijayvergia, MD; Dennis J. Warfield, Jr., MD; Sri Lakshmi Hyndavi Yeruva, MD; Jason C. You, MD, PhD; Brad Zacharia, MD

The PAMED Top Physicians Under 40 Awards Committee consists of the President-Elect (Michael DellaVecchia, MD, PhD, FACS), the Early Career Physicians Section Trustee (Andrew Lutzkanin, MD), and a Residents & Fellows Section Representative (Graham Stratton, MD).

**Board Processes Committee** – In October 2018, the PAMED Board of Trustees appointed a committee to make a series of recommendations to improve the efficiency of Board meetings. The Board Processes Committee was not convened in 2020 as of July 31, 2020 when this report was written.

**Continuing Medical Education (CME) Advisory Panel** – PAMED’s CME Advisory Panel is comprised of 13 physician volunteers, as well as 3 non-physician educational consultants. The Panel serves PAMED with two key business functions: (1) Accreditation – the review and approval of all the educational activities that receive CME credit through PAMED and (2) Recognition - awarding CME accreditation privileges to hospitals or other organizations throughout Pennsylvania as an extension of the Accreditation Council for Continuing Medical Education (ACCME).

The CME Advisory Panel holds three meetings per year (in February, June, and October) to review accreditation applications and progress reports from hospitals or other organizations seeking or renewing organizational accreditation through PAMED. Most members of the Panel visit organizations accredited through PAMED to serve as CME site surveyors at least once per calendar year. PAMED currently extends accreditation privileges to 31 organizations, including the PA Department of Health.
The Panel members are also engaged throughout the year in virtual reviews of individual CME activities as requests for CME credit are received from internal and external customers. In 2019, PAMED extended CME credit to 77 activities. Due to COVID-19, many repeat CME customers have postponed their CME conferences for 2020, and as a result, we anticipate the total number of CME activity approvals will not reach 2019 figures.

The CME Advisory Panel members occasionally attend national and regional meetings and routinely attend virtual trainings offered by the ACCME to maintain the requisite knowledge to ensure that PAMED’s CME operations are in compliance with all ACCME and AMA policies and procedures. These volunteers also help to identify potential educational needs, develop content for conferences, serve as faculty for PAMED initiatives, and approve policies, procedures and guidelines associated with PAMED’s CME operations.

**Innovation Committee** – The Innovation Committee conducted its work via Zoom meetings and email.

Activities of the Innovation Committee included:

1) Monitoring the progress of the 2019 Innovation Grant award projects. Based on the limited expenditures of the first 6 months of the grant period by 5 of the grantees, payment of their second disbursements were held until expenditures reached a higher threshold.

2) Revised the criteria for the 2020 Innovation Grant cycle. Due to the impacts of COVID-19, the Committee decided to delay the start of the 2020 cycle. A new implementation date has not yet been determined.

3) Also due to the impacts of COVID-19, the Committee surveyed all 2019 grantees and issued a no-cost extension to all.

4) Developed a scoring rubric to assess the level of innovation of a proposed project. This would be one metric used to evaluate whether a Letter of Intent submission should be accepted, and an offer made to apply for a grant.

**KEPRO Fund Task Force** – After the May 2014 sale of KEPRO, the Board of Trustees constituted a task force to evaluate how the funds will be utilized. The KEPRO Fund is distinctly separate from the PAMED Endowment in that the KEPRO fund is a board-only directed fund. The KEPRO Fund Task Force identified three key areas of focus for the board-directed KEPRO fund which included advocacy, programs of the Foundation of the Pennsylvania Medical Society, and innovation. The Innovation Task Force, which makes recommendations for the allocation of the innovation funding, did not meet from October 2016 through September 2018. In 2017, the immediate need to address the unfunded defined-pension liability became a critical focal point to ensure that the Board of Trustees could meet their fiduciary obligation. As a result, the Finance Committee extensively reviewed strategies to meet the defined-pension obligation and the board ultimately approved a 5-year strategy that includes utilization of a portion of the KEPRO Fund. Therefore, the Innovation Task Force was not commissioned due to the emergent need to utilize a portion of the KEPRO Fund to address the unfunded defined-pension liability for current and former PAMED staff. Contributions were made from the KEPRO fund to the Pension fund in the amount of $3,000,000 in 2018 and $2,500,000 in 2019.

In February 2019, both the Foundation and the PAMED Advocacy Division provided reports regarding their utilization of the 2018 KEPRO funding.
In 2019, the role and function of the Innovation Committee was established. The Innovation Committee was formed to set parameters for grant applications, grant reporting, and definition of innovative grants. Grants were awarded in the summer of 2019 in the amount of $500,000 to nine awardees. The awardees were provided with 50% of the grant request in the fall of 2019, with the balance to be provided in the spring of 2020 upon receipt of progress reports. An update was provided at the October KEPRO Fund Committee regarding the grant program process. The Innovation Committee will draft guidelines for the 2020/2021 grant cycle to fine-tune the grant program process.

**Legislative Advocacy/Government Relations Task Force** – The Legislative Advocacy Task Force met on May 27 to discuss and review items related to CRNPs, Physician Assistants, and the current legislative and political climate in Harrisburg.

The CRNP discussion was limited to a brief explanation of Rep. Hickernell’s CRNP Pilot Project proposal as an alternative to complete independent practice as sought through SB 25 and HB 100. Members of the Task Force were made aware that the proposal was being reviewed by our primary care partner organizations—the Pennsylvania Academy of Family Physicians (PAFP), the American College of Physicians (ACP), the PA Chapter of the American Academy of Pediatrictians (AAP), and the Pennsylvania Osteopathic Medical Association (POMA). Task Force members were informed that this coalition would be working to draft recommendations for the pilot project based largely on the key elements that the PAMED Board had discussed and previously agreed to if either SB 25 or HB 100 had progressed towards final passage.

Task Force members were also brought up to date with the latest on the state budget and the political rancor that has swept through the halls of the capitol as a result of widespread pushback to Governor Wolf’s handling of the Covid-19 pandemic, largely related to business closures.

The Task Force delved into a lengthy discussion about legislation aimed at changing existing law regarding Physician Assistants (PAs). The template for the discussion was created by PAMED staff as a means of appropriately explaining each element of the proposed legislation along with possible alternatives.

Items discussed were: adding a permanent seat for PAs on the State Board of Medicine (SBOM), chart review, satellite offices, physician signature requirements on PA agreements, and the ratio of physician to PAs.

While the issue of adding a permanent PA seat on the SBOM was non-controversial, concerns raised ranged from setting unrealistic precedents (everyone will want a permanent seat) to possibly providing a non-voting seat for the PAs. The PAs would like to leave the decision of chart review up to each individual physician rather than mandating it through state law. It was mentioned that current law only requires that a supervising physician co-sign a representative number of charts. Currently, the SBOM requires 10% of PA charts be reviewed. There was some support for relaxing the SBOM mandate. However, concerns were raised that this “relaxation” could be the first step towards making the case for independent practice. There was also discussion that changing this requirement would give physicians, especially those in private practice, some added autonomy over how they supervise their PA. Some felt that working with their PA for an extended period negated...
the need to have a chart review mandate. It was pointed out that new PAs and those changing
practices and/or specialties should continue to be subjected to 100% chart reviews.

Current law requires that a supervising physician visit a satellite office once every ten days if their PA
is practicing in that location. A recognition of the existence of HER, telemedicine, and other
improved communications does address concerns that would otherwise exist without those tools.
Concern was raised regarding PAs that may be performing “procedures” in satellite locations;
however, supervising physicians would not be prohibited from visiting these locations and/or
limiting procedures to when they are present or directly consulted.

Through this legislative proposal, PAs are also seeking to only require one physician to sign their
agreement—current law requires two. The Task Force did not voice concern over the potential
change. It was noted that the relationship between a private practice PA and a hospital-based PA
with their supervising physician can be very different and may be the impetus for this change.

The last element that was reviewed was increasing the number of PAs that a physician can supervise.
The PAs would like to have that determined by each physician. However, concern was raised that in
hospital settings, one physician could be charged with (through an employment agreement)
supervising many PAs, thereby potentially jeopardizing patient safety. There was support for
increasing the current 4:1 ratio but not beyond 6:1.

PAMED staff was charged with contacting the SBOM to get statistics relative to delays in approving
PA agreements. Another meeting of the Task Force is scheduled for late August to complete its
review of the legislation and to make recommendations to the existing proposal.

**Opioid Advisory Task Force** – The Opioid Advisory Task Force conducted its work (discussion
of initiatives, legislation, etc.) via email.

Activities of the Task Force included:

1) Various members of the Task Force participated in writing prescribing guidelines for the
sickle cell population and the administration of subanesthetic ketamine.
2) Members of the Task Force provided feedback on the new guidelines as well as proposed
updates to the dispensing guidelines.
3) Task Force members provided feedback on potential opioid-related legislation.
4) Task Force members continued to represent PAMED on the Department of Health’s Safe
& Effective Prescribing Task Force.
5) Task Force members continued to represent PAMED on the Achieving Better Care by
Monitoring All Prescriptions (ABC-MAP) Advisory Committee to provide input and
recommendations to the ABC-MAP Board regarding the Prescription Drug Monitoring
Program.
6) The slide decks covering a range of opioid topics were updated and used by staff and Task
Force members for presenting opioid information to stakeholders, physicians, etc.

**PAMED Charitable Trust Board** – Two PAMED Board members (appointed by the Board Chair
and Vice Chair) and two Foundation Board members (appointed by the Foundation Board) are
selected annually to serve as the PAMED Charitable Trust Board. Service is on a calendar-year basis.
The individuals who served on the Charitable Trust Board for 2019 included: Paul Dende, DO (Foundation representative); Gwendolyn A. Poles, DO (Foundation representative); Walter M. Klein, MD (PAMED representative); and Heath B. Mackley, MD (PAMED representative).

The individuals currently serving on the Charitable Trust Board for 2020 include: Paul Dende, DO (Foundation representative); Gwendolyn A. Poles, DO (Foundation representative); Sherry L. Blumenthal, MD (PAMED representative); and Jeffrey M. Farma, MD (PAMED representative).

The Trust’s purpose is to protect the Physicians’ Health Program (PHP) Endowment. The PHP Endowment is the only fund within the Trust. Annually, the trustees review the budget, the 990, the investment statement, and the investment policy. They also approve the transfer of funds from the Trust to the PHP program. The Trust currently holds $5,117,904 in assets.

**Payer Advocacy Task Force** – The Payer Advocacy Task Force meets on an as-needed basis. We are currently waiting on the Centers for Medicare & Medicaid Services to release the Notice of Proposed Rulemaking on the Medicare Physicians Fee Schedule. Once the proposed rule is released, the task force will review and consider next steps for advocacy, most particularly on the advancement of telemedicine, as policies were adapted to encourage use during the COVID-19 pandemic. The task force will continue to meet as necessary to develop and implement an advocacy strategy that will encourage payers to make their interim telemedicine policies become permanent.

**AD HOC COMMITTEES/TASK FORCES OF THE BOARD**

**Corporate Practice of Medicine** – The Corporate Practice of Medicine Task Force was convened earlier this year and has held virtual meetings since then. The Task Force explored and discussed several methods to refine the study called for by Resolution 18-303. Ultimately, based upon discussions with the Task Force, the author of Resolution 18-303 has decided to submit a future resolution to repeal and replace Policy 160.975 (Resolution 303, H-2018, subsequently presented as Board Report 18, H-2019). This resolution will call on the Society to explore partnership with state actors on the physician workforce survey that is conducted in conjunction with biennial physician license renewals.

**Medical Marijuana Task Force** – Due to the COVID-19 pandemic, the medical marijuana program under the Pennsylvania Department of Health has not issued permanent regulations nor has it added new serious medical conditions to the list of conditions that qualify a person for the medical marijuana program. As such, this Task Force did not convene a meeting. The Task Force will continue to monitor the medical marijuana program and will convene as needed when new requirements are issued by the program.

**Member Engagement Task Force** – The Member Engagement Task Force was created to respond to Resolution 18-501. Specifically, the Resolved statement of the resolution sought the formation of a task force comprised of both delegates and non-delegates to address the recommendations of the 2018 House of Delegates (HOD) Engagement Task Force to explore the incremental virtualization of the House of Delegates. The goal of the task force is to increase member input, involvement, and satisfaction while maintaining the transparency of PAMED’s governance process. This Task Force was charged with recommending and proposing necessary Bylaws changes for consideration by the 2019 PAMED HOD.
In 2019 the Task Force evaluated options for moving toward a more virtual HOD, increasing member engagement in the process. The challenge of rising costs to hold an annual meeting, flat attendance, and the fact that other state medical societies are embracing virtual models to engage more members and delegates in governance processes and leadership roles were some of the driving forces for change. The group discussed using a virtual platform that would be attractive and engaging to technology-efficient members. At the same time, the Task Force recognized the need for person-to-person interaction as well, noting that some physicians struggle with technology and look forward to meeting and debating in person yearly. Following a demonstration of the Colorado Central Line model, the task force decided to test a virtual system that promotes enhanced communication between delegates, the reference committees, and the Board. The 2019 Task Force did not propose any changes to the Bylaws for the 2019 House of Delegates meeting.

The 2020 Task Force continued the work to create a virtual forum for member feedback. The Task Force was intentional in not creating a House of Delegates virtual forum; instead they created a virtual forum that could be applied for both Board and House matters – the focus was simply member engagement, not the specific role of the Board or the House of Delegates. The Task Force reviewed the technological logistics of a virtual member engagement system created by PAMED staff. Several members of the Task Force commented on the propensity for success of this virtual model with the understanding that it cannot be a rushed replacement for the face-to-face meeting structure currently used for the House of Delegates.

The PAMED system functions similarly to the Colorado Central Line model. Key steps for the model that informs the Board include: STEP 1 – Author submits an issue for consideration by the Board of Trustees (Board) up to 60 days in advance of a Board meeting. STEP 2 – Staff is notified of the submission and asked to review, add additional documentation, and attach a fiscal note. STEP 3 – Issue is presented to membership for voting “thumbs up” or “thumbs down” as well as providing comments. STEP 4 – Following voting and commenting period, issue goes to the Board with final counts and all comments. STEP 5 – Board discusses the issue, votes on it, and reports its decision and rationale back to the membership. If the Board votes against the opinion of membership, STEP 6 – The issue goes back to the members for another vote and commenting period. STEP 7 – The issue returns to the Board for final consideration. Once a decision has been made, membership is notified.

The COVID-19 pandemic and potential implications of a face-to-face meeting provided a real-time opportunity to test the member engagement platform. The membership was asked, “Do you support suspending the PAMED 2020 House of Delegates to resume at the 2021 House of Delegates?” Members had the opportunity to vote yes/no and leave comments. The data in the aggregate will be shared with PAMED trustees after the survey closes on April 29, 2020 for a Board decision on May 6, 2020.

While the PAMED virtual member engagement platform is currently utilized to inform the Board of Trustees, the platform could potentially be used for the House of Delegates. To that end, the Task Force was tasked by Resolution 18-501 to review the Bylaws in relation to the virtual member engagement model and its potential application for year-round, virtual policymaking. In response to the original charge, the Task Force recommended the following bylaws change to remove the in-person requirement for credentialing at the House of Delegates.
The recommended Bylaws changes fall under Chapter VIII, Section 6 – Delegate Registration (Registration of All Members):

All delegates and alternates must register in person with the Committee on Rules and Credentials. All ex officio nonvoting members of the House of Delegates shall likewise register in person.

In 2020, the Board could vote to change considering COVID-19; recommendations would be made for permanent change for 2021.

The Task Force unanimously approved this recommendation to change the Bylaws.

The Task Force will continue to meet in 2020 to review the results of the COVID-19 question and potential recommendations for systems improvement.

Members of the 2020 Member Engagement Task Force included: Andrew Lutzkanin, III, MD - Chair; Norman Callahan, III, DO; Janine Darby, MD; Todd M. Hertzberg, MD; Nathan Hoff; Quinn Kirk, MD; Robert Kucejko, MD; John Pagan, MD - Ex Officio; Timothy Pelkowski, MD; Kristen Sandel, MD; Neerav Sheth, MD; John P. Van Scoy, MD; Chad Walker, DO.

**Redistricting Task Force** – The Redistricting Task Force was convened as a result of the adoption of Res. 19-505 by the 2019 House of Delegates. This resolution called on the Board of Trustees to convene a task force to study and make recommendations regarding Bylaws changes that would allow the creation of regional medical societies and to specifically address representation for both the House of Delegates and the Board of Trustees. The Redistricting Task Force has not met in 2020 as of July 31 when this report was written.

**Task Force on Continuous Professional Education** – PAMED’s Task Force on Continuous Professional Education monitors and evaluates ABMS Member Boards’ MOC initiatives and actions. This Ad Hoc Task Force was not convened in 2020 as of July 31, 2020 when this report was written.

John P. Gallagher, MD
PAMED Board Chair