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**REPORT 1**  
**BOARD OF TRUSTEES**

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*

1                    *RESOLVED, that PAMED take the need for innovative childcare policy approaches for*  
2                    *residency programs to the 2020 American Medical Association Annual Meeting.*

3  
4    **Res. 19-206    NOT ADOPTED** – Methadone and Medical Marijuana in PDMP

5  
6    **Res. 19-207    ADOPTED AS AMENDED** – Restricting E-Cigarette Use

7  
8    **Res. 19-301    ADOPTED AS AMENDED** – Physician Communications with Emergency  
9                    Departments

10  
11                    *RESOLVED, that the Pennsylvania Medical Society (PAMED) engage the Hospital &*  
12                    *Healthsystem Association of Pennsylvania (HAP) and their member institutions to improve*  
13                    *communication through standardizing and streamlining the exchange of patient data between*  
14                    *physicians and emergency departments and develop policies that do not delay or interfere with patient*  
15                    *care; and be it further*

16  
17                    *RESOLVED, that PAMED engage HAP to address ways that a hospital or health system*  
18                    *could assist community affiliated practice physicians to gain access to robust integration with a*  
19                    *hospital or health system based electronic health records (EHR), or provide discounted sharing of a*  
20                    *hospital or health system’s EHR at a reasonable cost to the affiliated physicians, especially as the*  
21                    *relevant data pertains to the patient’s primary care team.*

22  
23    **Res. 19-302    NOT ADOPTED** – Pre-Approval of Pain Patches and Gels

24  
25    **Res. 19-303    ADOPTED AS AMENDED** – Removing Opposition to Single-Payer Healthcare

26  
27                    *RESOLVED, that the Pennsylvania Medical Society (PAMED) revise existing policy number*  
28                    *165.997 to read:*

29  
30                    *165.997 Managed Competition*

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

36  
37                    *(2) The Society continues to support a pluralistic health care system, with no preferential treatment*  
38                    *by government that gives a competitive advantage to any form of health insurance/ health care delivery*  
39                    *organization. In particular, integrated systems should be given no competitive advantage.*

40  
41                    *(3) The Society will propose and support legislative or regulatory action requiring employers to offer a*  
42                    *benefit payment schedule plan, in addition to other plans.*

43  
44                    *(4) The Society will continue to advocate strongly to Congress, the Department of Justice, and the*  
45                    *Federal Trade Commission the need for changes in relevant antitrust laws to allow physicians and*  
46                    *physician organizations to engage in group negotiations with collective purchasers, managed care*  
47                    *plans, insurers, and other payers.*

1                   (5) Society support for any “managed competition” proposal is contingent, in part, on: (a) relief from  
2 existing antitrust laws with respect to the right of physicians and physician organizations to engage  
3 in group negotiation; and (b) modifications to ERISA to ensure that any rules and negotiation  
4 requirements apply equally to self-insured and insured health benefit plans.  
5

6 **Res. 19-304   ADOPTED AS AMENDED** – Financial Incentive to Decrease Obesity in  
7 Pennsylvania Patients  
8

9                   RESOLVED, that the Pennsylvania Medical Society (PAMED) advocate to the Pennsylvania  
10 Department of Human Services, Pennsylvania Insurance Department, Centers for Medicare and  
11 Medicaid Services (CMS), and the Center of Medicare and Medicaid Innovation (CMMI) seeking  
12 further study of financial incentive programs and their effectiveness in encouraging healthy behavior  
13 for weight loss among obese beneficiaries.  
14

15 **Res. 19-305   ADOPTED AS AMENDED** – Prior Authorization Relief  
16

17                   RESOLVED, that the Pennsylvania Medical Society (PAMED) continue efforts to reform prior  
18 authorization, seek elimination of administrative burdens, and consider the use of prior  
19 authorization an impediment to the physician-patient relationship and the timely delivery of medical  
20 care.  
21

22 **Res. 19-401   ADOPTED AS AMENDED** – Wireless Devices and Cell Tower Safety  
23

24                   RESOLVED, that the Pennsylvania Medical Society (PAMED) oppose legislation that blocks  
25 the public’s right to guard its own safety and health regarding cell tower placement; and be it further  
26

27                   RESOLVED, that PAMED promote ways to reduce radiation exposure from wireless devices,  
28 especially for pregnant women and children (wired devices preferable to wireless, shielding, etc.); and  
29 be it further  
30

31                   RESOLVED, that PAMED introduce this as a resolution at the Annual American Medical  
32 Association (AMA) meeting.  
33

34 **Res. 19-402   ADOPTED AS AMENDED** – Restrictive Covenants  
35

36                   RESOLVED, that the Pennsylvania Medical Society (PAMED) reaffirm that medical care is a  
37 special and unique personal service differentiated from a common consumer good or service, and that  
38 restrictive clauses interfere with the ability of patients to have access to their physician; and be it  
39 further  
40

41                   RESOLVED, that PAMED reaffirm that restrictive covenants in physician contracts limit  
42 patients’ access to patient care from the physician of their choice; and be it further  
43

44                   RESOLVED, that PAMED actively seek the establishment of both state and national coalitions  
45 that address restrictive covenants to evaluate and implement multi-pronged efforts that pursue  
46 legislative, judicial, and regulatory approaches to limiting restrictive covenants in physician contracts.  
47  
48

- 1 **Res. 19-403** **ADOPTED AS AMENDED** – Physician Suffering  
2  
3 *RESOLVED, that the Pennsylvania Medical Society (PAMED) oppose legislation that can*  
4 *negatively affect physician wellness.*  
5
- 6 **Res. 19-404** **ADOPTED AS AMENDED** – Repeal of Act 112  
7  
8 *RESOLVED, that the Pennsylvania Medical Society (PAMED) and relevant specialty*  
9 *organizations work with the Pennsylvania legislature to modify or amend Act 112 of 2018.*  
10
- 11 **Res. 19-405** **ADOPTED** – DOH Physician Communication on Regulatory Issues  
12  
13 *RESOLVED, that the Pennsylvania Medical Society (PAMED) advocate that DOH adopt a*  
14 *policy that Pennsylvania physicians involved in regulatory issues with DOH can request a DOH*  
15 *physician be available during the discussion so physician-to-physician communication can occur.*  
16
- 17 **Res. 19-406** **ADOPTED** – Ban Sale of Energy Drinks to Children  
18  
19 *RESOLVED, that the Pennsylvania Medical Society (PAMED) advocate for a state ban on the*  
20 *sale of energy drinks to children younger than 18 years old.*  
21
- 22 **Res. 19-407** **NOT ADOPTED** – Cessation of Youth Tobacco Use  
23
- 24 **Res. 19-408** **ADOPTED** – Act 96 and Discussion of Physician Practice  
25  
26 *RESOLVED, that the Pennsylvania Medical Society (PAMED) seek immediate legislative*  
27 *relief from Act 96 such that those who can legally prescribe Schedule II through V controlled*  
28 *substances in the Commonwealth of Pennsylvania be permitted to do so by either written paper*  
29 *prescription or electronic prescription.*  
30
- 31 **Res. 19-501** **ADOPTED AS AMENDED** – Recording Executive and Finance Committee  
32 Meetings  
33  
34 *RESOLVED that, along with the Board of Trustees and Finance Committee meetings, the*  
35 *Executive Committee meetings be recorded and minutes written in accordance with the procedures of*  
36 *the American Institute of Parliamentarians (AIP), and the recordings be maintained until approval*  
37 *of the minutes.*  
38
- 39 **Res. 19-502** **NOT ADOPTED** – BOT Use of Consent Calendar  
40
- 41 **Res. 19-503** **NOT ADOPTED** – Physician Appeals Process Re: PHP  
42
- 43 **Res. 19-504** **REFERRED FOR STUDY** – PAMED Voting Transparency  
44
- 45 **Res. 19-505** **ADOPTED AS AMENDED** – Redistricting Task Force  
46  
47 *RESOLVED, that the Board of Trustees convene a task force study and make recommendations*  
48 *with regard to Bylaws changes that would allow the creation of regional medical societies and*

1 *specifically address how representation will be addressed for both the House of Delegates and the*  
2 *Board of Trustees.*

3  
4 **Res. 19-506 ADOPTED AS AMENDED** – Resolution Submission Deadline

5  
6 *RESOLVED, that the Pennsylvania Medical Society (PAMED) implement a resolution*  
7 *submission deadline of sixty (60) days prior to the House of Delegates meeting.*

8  
9 **Res. 19-507 ADOPTED AS AMENDED** – Correction of Inaccurate PAMED  
10 Communications

11  
12 *RESOLVED, that the Pennsylvania Medical Society (PAMED) notify its membership when*  
13 *litigation against ABMS member boards regarding MOC is filed and provide updates at*  
14 *appropriate intervals.*

15  
16 **Res. 19-508 ADOPTED AS AMENDED** – Review of Delegate Allocations

17  
18 *RESOLVED, that the Board of Trustees of the Pennsylvania Medical Society (PAMED) create*  
19 *a task force to specifically study the appropriate and balanced delegate allocation to the House of*  
20 *Delegates as it relates to all membership categories and make recommendations to the Bylaws*  
21 *Committee.*

22  
23 **Res. 19-509 NOT ADOPTED** – Refocusing the AMA on Its Members

24  
25 **Res. 19-510 NOT ADOPTED** – Transparency in Sale and Building of PAMED HQ

26  
27 **STANDING COMMITTEES OF THE BOARD**

28  
29 **Executive** – The Executive Committee is comprised of the Board chair, Board vice chair, president,  
30 president elect, vice president, immediate past president, speaker of the House of Delegates, and the  
31 chair of the Finance Committee. This year the Executive Committee met in person on the Monday  
32 evening immediately preceding the Board meetings in February and May and held telephone  
33 conferences between Board meetings. A summary of the actions taken during each teleconference  
34 and meeting is outlined below.

35  
36 **August 12, 2019** – The Executive Committee approved the minutes from the June 24, 2019 and July  
37 16, 2019 Executive Committee meetings. They were provided with updates on the Innovation Grant  
38 disbursement, the Specialty seating imbalance from the SLC chair, and a review of agenda items for  
39 the August 2019 Board meeting.

40  
41 **September 12, 2019** – The Executive Committee approved filing an amicus curiae brief in Center  
42 City Healthcare, LLC d/b/a Hahnemann University Hospital, et al. The brief is in support of the  
43 limited objection to the *Motion of the Debtors to Sell Substantially All of the Assets of St. Christopher’s*  
44 *Healthcare, LLC and Certain of Its Affiliates.*

45  
46 **October 2, 2019** – The Executive Committee approved filing an amicus curiae brief in *Leight v.*  
47 *University of Pittsburgh Physicians (UPP), et al.* This case is related to the 2012 shooting incident at the  
48 Western Psychiatric Institute and Clinic (WPIC), the Court will decide whether physicians can be

1 held liable under the Mental Health Procedures Act (MHPA) for harm caused by a mentally ill  
2 patient, where the physicians recognized that a patient was mentally ill and in need of involuntarily  
3 examination, but failed to follow through on the necessary steps to initiate the examination.  
4

5 **November 8, 2019** – The Executive Committee approved filing the amicus curiae brief in *Yanakos v.*  
6 *UPMC*. The Pennsylvania Supreme Court issued its decision in *Yanakos v. UPMC* striking down the  
7 Mcare statute of repose as unconstitutional. Shortly thereafter, UPMC asked the Pennsylvania  
8 Medical Society (PAMED) and the American Medical Association (AMA) to submit an amicus brief  
9 in support of their Petition for Reargument.  
10

11 **January 13, 2020** – The Executive Committee approved the minutes from the previous in-person  
12 meeting on August 12, 2019, from the July 24, 2019 teleconference, and from 3 separate E-votes.  
13 The Executive Committee was updated on PAMED’s top legislative priorities, PAMED  
14 membership, the Hahnemann closure issue, and the upcoming evaluation of PAMED’s EVP.  
15

16 **February 3, 2020** – The Executive Committee approved the minutes of the January 13, 2020  
17 meeting and held a discussion with representatives for the Physician Assistants (PAs) regarding  
18 current physician supervisory requirement changes they are seeking to SB 870 and HB 1997.  
19

20 **March 16, 2020** – The Executive Committee was updated on the ongoing COVID-19 situation in  
21 Pennsylvania, PAMED’s membership, and top legislative priorities. The Executive Committee was  
22 also made aware of a communication regarding a possible HOD resolution on Restrictive  
23 Covenants.  
24

25 **April 9, 2020** – The Executive Committee discussed and approved posing a question to  
26 membership to seek their input regarding cancelling the 2020 House of Delegates meeting due to  
27 the COVID-19 pandemic.  
28

29 **May 4, 2020** – The Executive Committee approved the minutes from the previous in-person  
30 meeting and approved signing on to a joint stakeholder letter opposing HB 2461, which would  
31 permit pharmacists to test for COVID-19 and administer vaccinations to individuals under the age  
32 of 18. The Executive Committee also discussed the plausibility of adopting an AMA statement in  
33 support of certain treatments for COVID-19 as a Pennsylvania Medical Society policy, the PAMED  
34 Coronavirus Response Team’s efforts and outreach, and the May 2020 Board meeting agenda.  
35

36 **June 22, 2020** – The Executive Committee was updated on current legislative issues, the  
37 Coronavirus Response Team’s ongoing response to the COVID-19 pandemic, and the Speakers’  
38 Advisory Panel’s preliminary plan regarding the 2020 House of Delegates meeting. They also  
39 discussed the issue of internally formalizing representation on the COSMOS Coalition (no motion  
40 was presented).  
41

42 **July 20, 2020** – The Executive Committee approved filing an amicus curiae brief in *Ungurian v.*  
43 *Beyzman, et al.* This case involves interpretation of Pennsylvania’s Peer Review Protection Act  
44 (PRPA) and the federal Patient Safety Quality Improvement Act (PSQIA) in a medical malpractice  
45 case involving multiple corporate and individual defendants, including Wilkes-Barre General  
46 Hospital, Wyoming Valley Healthcare System, and Andrew Beyzman, M.D. (non-member).  
47

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

5  
6 The Society invites its investment consultant to attend Committee meetings quarterly to review  
7 Society investments, to provide economic forecasts, and to offer performance comparisons. The  
8 Committee also meets with the outside independent auditor to review the annual audited financial  
9 statements and any other matters the auditor deems worthwhile.

10  
11 The PAMED Finance Committee is also responsible for reviewing the finances of the subsidiaries  
12 and PAMPAC.

13  
14 The Society relies heavily on the Endowment Fund and dues revenue for Society operations. The  
15 use of proceeds from the Endowment Fund is determined annually through the application of a  
16 “spending rule”. Despite budgetary constraints, the Society has continued to effectively respond to  
17 the many issues we face in this challenging economic environment.

18  
19 Questions regarding the Finance Committee can be directed to Finance Committee Chair, Steven A.  
20 Shapiro, DO.

## 21 **PERMANENT COMMITTEES OF THE BOARD**

22  
23  
24 **Awards Committee** – This committee considers candidates nominated for the Pennsylvania  
25 Medical Society Distinguished Service Award, Physician Award for International Voluntary Service  
26 (even-ending years), and Physician Award for Community Voluntary Service (odd-ending years). In  
27 addition, this committee recommends award recipients to the Board of Trustees.

28  
29 This year the Committee recommended, and the Board approved, the following:

- 30  
31 I. That the Board award the 2020 Distinguished Service Award to Donald E. Martin, MD,  
32 as nominated by Robert Campbell, MD.  
33  
34 II. That the Board award the Physician Award for International Voluntary Service to Eric C.  
35 Gokcen, MD, as nominated by J. Milo Sowards, MD.  
36

37 The members of the Awards Committee consist of the three most recent past PAMED Presidents:  
38 Charles Cutler, MD; Theodore Christopher, MD; and Danae Powers, MD.  
39

40 **Committee on Subsidiary and Foundation Relations** – The members of this committee for  
41 2020 are as follows: Candace R. Good, MD, Chair; Sherry L. Blumenthal, MD; Maria C. Escano,  
42 MD; Jeffrey M. Farma, MD; Michael Feinberg, MD, PhD; and John P. Williams, MD  
43

44 **Compensation Committee** – The Compensation Committee is comprised of the Immediate Past  
45 Board Chair, the two most Immediate Past Presidents, and one At-Large Member of the Finance  
46 Committee. (The Treasurer serves as Chair.) Current members include Steven A. Shapiro, DO,  
47 Chair; Theodore A. Christopher, MD; Danae Powers, MD; David A. Talenti, MD; and Chad P.  
48 Walker, DO.

1 The purpose of the Committee is to develop and maintain a leadership compensation and executive  
2 compensation and benefits program consistent with established policies. A meeting to review  
3 executive and leadership compensation was held on April 16, 2020.

#### 4 5 **COMMITTEES/TASK FORCES OF THE BOARD**

6  
7 **Awards Committee/Top Physicians Under 40** – This committee considers candidates  
8 nominated for Pennsylvania’s Top Physicians Under 40.

9  
10 This year the Committee chose, and the Board approved, 45 members for this list. They include:

11  
12 Shikhar Agarwal, MD; Prabhjot Singh Bedi, MD; Vincent J. Carson, MD; Amrita Chakraborty,  
13 MD; Ayan Chatterjee, MD, MSED; Anthony Cuneo, MD, PhD; Joshua D. Czerwinski, DO; Rutul  
14 Jagdish Dalal, MD; Eldra Daniels, MD, MPH; Diwakar Davar, MD; Anupriya Dayal, MD; Hannah  
15 Huong Do, MD; David Ermak, DO; Arun George, MD; Neerav Goyal, MD, MPH; Khatuna  
16 Gurgenshvili, MD; Lee M. Jablow, MD; Robert J. Kucejko, MD, MBA, MS; Ashutosh Kumar,  
17 MD; Stephanie A. Larson, DO; Christopher J. Lee, MD; Gayatra Mainali, MD; Christopher  
18 Melinosky, MD; Elizabeth A. Mohan, MD; Sean G. Morgan, MD; Dominick A. Motto, MD; Yana  
19 Najjar, MD; Sean B. O’Donnell, MD; Julie L. Orlosky, DO; Kathryn E. Palisoc, DO; Anand Popuri,  
20 DO; Mindy Rabinowitz, MD; Ganga Ruvini Ranasuriya, MD; Sanjay Sreerangapalle Reddy, MD;  
21 Christie Regula, MD; Ingrid Renberg, MD, MPH; Christian D. Shuman, MD; Brielle M. Spataro,  
22 MD; Roby A. Thomas, MD; Justin G. Tunis, MD; Namrata Vijayvergia, MD; Dennis J. Warfield, Jr.,  
23 MD; Sri Lakshmi Hyndavi Yeruva, MD; Jason C. You, MD, PhD; Brad Zacharia, MD

24  
25 The PAMED Top Physicians Under 40 Awards Committee consists of the President-Elect (Michael  
26 DellaVecchia, MD, PhD, FACS), the Early Career Physicians Section Trustee (Andrew Lutzkanin,  
27 MD), and a Residents & Fellows Section Representative (Graham Stratton, MD).

28  
29 **Board Processes Committee** – In October 2018, the PAMED Board of Trustees appointed a  
30 committee to make a series of recommendations to improve the efficiency of Board meetings. The  
31 Board Processes Committee was not convened in 2020 as of July 31, 2020 when this report was  
32 written.

33  
34 **Continuing Medical Education (CME) Advisory Panel** – PAMED’s CME Advisory Panel is  
35 comprised of 13 physician volunteers, as well as 3 non-physician educational consultants. The Panel  
36 serves PAMED with two key business functions: (1) Accreditation – the review and approval of all  
37 the educational activities that receive CME credit through PAMED and (2) Recognition - awarding  
38 CME accreditation privileges to hospitals or other organizations throughout Pennsylvania as an  
39 extension of the Accreditation Council for Continuing Medical Education (ACCME).

40  
41 The CME Advisory Panel holds three meetings per year (in February, June, and October) to review  
42 accreditation applications and progress reports from hospitals or other organizations seeking or  
43 renewing organizational accreditation through PAMED. Most members of the Panel visit  
44 organizations accredited through PAMED to serve as CME site surveyors at least once per calendar  
45 year. PAMED currently extends accreditation privileges to 31 organizations, including the PA  
46 Department of Health.

1 The Panel members are also engaged throughout the year in virtual reviews of individual CME  
2 activities as requests for CME credit are received from internal and external customers. In 2019,  
3 PAMED extended CME credit to 77 activities. Due to COVID-19, many repeat CME customers  
4 have postponed their CME conferences for 2020, and as a result, we anticipate the total number of  
5 CME activity approvals will not reach 2019 figures.

6  
7 The CME Advisory Panel members occasionally attend national and regional meetings and routinely  
8 attend virtual trainings offered by the ACCME to maintain the requisite knowledge to ensure that  
9 PAMED's CME operations are in compliance with all ACCME and AMA policies and procedures.  
10 These volunteers also help to identify potential educational needs, develop content for conferences,  
11 serve as faculty for PAMED initiatives, and approve policies, procedures and guidelines associated  
12 with PAMED's CME operations.

13  
14 **Innovation Committee** – The Innovation Committee conducted its work via Zoom meetings and  
15 email.

16  
17 Activities of the Innovation Committee included:

- 18  
19 1) Monitoring the progress of the 2019 Innovation Grant award projects. Based on the limited  
20 expenditures of the first 6 months of the grant period by 5 of the grantees, payment of their  
21 second disbursements were held until expenditures reached a higher threshold.
- 22 2) Revised the criteria for the 2020 Innovation Grant cycle. Due to the impacts of COVID-19,  
23 the Committee decided to delay the start of the 2020 cycle. A new implementation date has  
24 not yet been determined.
- 25 3) Also due to the impacts of COVID-19, the Committee surveyed all 2019 grantees and issued  
26 a no-cost extension to all.
- 27 4) Developed a scoring rubric to assess the level of innovation of a proposed project. This  
28 would be one metric used to evaluate whether a Letter of Intent submission should be  
29 accepted, and an offer made to apply for a grant.

30  
31 **KEPRO Fund Task Force** – After the May 2014 sale of KEPRO, the Board of Trustees  
32 constituted a task force to evaluate how the funds will be utilized. The KEPRO Fund is distinctly  
33 separate from the PAMED Endowment in that the KEPRO fund is a board-only directed fund. The  
34 KEPRO Fund Task Force identified three key areas of focus for the board-directed KEPRO fund  
35 which included advocacy, programs of the Foundation of the Pennsylvania Medical Society, and  
36 innovation. The Innovation Task Force, which makes recommendations for the allocation of the  
37 innovation funding, did not meet from October 2016 through September 2018. In 2017, the  
38 immediate need to address the unfunded defined-pension liability became a critical focal point to  
39 ensure that the Board of Trustees could meet their fiduciary obligation. As a result, the Finance  
40 Committee extensively reviewed strategies to meet the defined-pension obligation and the board  
41 ultimately approved a 5-year strategy that includes utilization of a portion of the KEPRO Fund.  
42 Therefore, the Innovation Task Force was not commissioned due to the emergent need to utilize a  
43 portion of the KEPRO Fund to address the unfunded defined-pension liability for current and  
44 former PAMED staff. Contributions were made from the KEPRO fund to the Pension fund in the  
45 amount of \$3,000,000 in 2018 and \$2,500,000 in 2019.

46  
47 In February 2019, both the Foundation and the PAMED Advocacy Division provided reports  
48 regarding their utilization of the 2018 KEPRO funding.

1  
2 In 2019, the role and function of the Innovation Committee was established. The Innovation  
3 Committee was formed to set parameters for grant applications, grant reporting, and definition of  
4 innovative grants. Grants were awarded in the summer of 2019 in the amount of \$500,000 to nine  
5 awardees. The awardees were provided with 50% of the grant request in the fall of 2019, with the  
6 balance to be provided in the spring of 2020 upon receipt of progress reports. An update was  
7 provided at the October KEPRO Fund Committee regarding the grant program process. The  
8 Innovation Committee will draft guidelines for the 2020/2021 grant cycle to fine-tune the grant  
9 program process.

10  
11 **Legislative Advocacy/Government Relations Task Force** – The Legislative Advocacy Task  
12 Force met on May 27 to discuss and review items related to CRNPs, Physician Assistants, and the  
13 current legislative and political climate in Harrisburg.

14  
15 The CRNP discussion was limited to a brief explanation of Rep. Hickernell’s CRNP Pilot Project  
16 proposal as an alternative to complete independent practice as sought through SB 25 and HB 100.  
17 Members of the Task Force were made aware that the proposal was being reviewed by our primary  
18 care partner organizations—the Pennsylvania Academy of Family Physicians (PAFP), the American  
19 College of Physicians (ACP), the PA Chapter of the American Academy of Pediatricians (AAP), and  
20 the Pennsylvania Osteopathic Medical Association (POMA). Task Force members were informed  
21 that this coalition would be working to draft recommendations for the pilot project based largely on  
22 the key elements that the PAMED Board had discussed and previously agreed to if either SB 25 or  
23 HB 100 had progressed towards final passage.

24  
25 Task Force members were also brought up to date with the latest on the state budget and the  
26 political rancor that has swept through the halls of the capitol as a result of widespread pushback to  
27 Governor Wolf’s handling of the Covid-19 pandemic, largely related to business closures.

28  
29 The Task Force delved into a lengthy discussion about legislation aimed at changing existing law  
30 regarding Physician Assistants (PAs). The template for the discussion was created by PAMED staff  
31 as a means of appropriately explaining each element of the proposed legislation along with possible  
32 alternatives.

33  
34 Items discussed were: adding a permanent seat for PAs on the State Board of Medicine (SBOM),  
35 chart review, satellite offices, physician signature requirements on PA agreements, and the ratio of  
36 physician to PAs.

37  
38 While the issue of adding a permanent PA seat on the SBOM was non-controversial, concerns  
39 raised ranged from setting unrealistic precedents (everyone will want a permanent seat) to possibly  
40 providing a non-voting seat for the PAs. The PAs would like to leave the decision of chart review up  
41 to each individual physician rather than mandating it through state law. It was mentioned that  
42 current law only requires that a supervising physician co-sign a representative number of charts.  
43 Currently, the SBOM requires 10% of PA charts be reviewed. There was some support for relaxing  
44 the SBOM mandate. However, concerns were raised that this “relaxation” could be the first step  
45 towards making the case for independent practice. There was also discussion that changing this  
46 requirement would give physicians, especially those in private practice, some added autonomy over  
47 how they supervise their PA. Some felt that working with their PA for an extended period negated

1 the need to have a chart review mandate. It was pointed out that new PAs and those changing  
2 practices and/or specialties should continue to be subjected to 100% chart reviews.

3  
4 Current law requires that a supervising physician visit a satellite office once every ten days if their PA  
5 is practicing in that location. A recognition of the existence of HER, telemedicine, and other  
6 improved communications does address concerns that would otherwise exist without those tools.  
7 Concern was raised regarding PAs that may be performing “procedures” in satellite locations;  
8 however, supervising physicians would not be prohibited from visiting these locations and/or  
9 limiting procedures to when they are present or directly consulted.

10  
11 Through this legislative proposal, PAs are also seeking to only require one physician to sign their  
12 agreement—current law requires two. The Task Force did not voice concern over the potential  
13 change. It was noted that the relationship between a private practice PA and a hospital-based PA  
14 with their supervising physician can be very different and may be the impetus for this change.

15  
16 The last element that was reviewed was increasing the number of PAs that a physician can supervise.  
17 The PAs would like to have that determined by each physician. However, concern was raised that in  
18 hospital settings, one physician could be charged with (through an employment agreement)  
19 supervising many PAs, thereby potentially jeopardizing patient safety. There was support for  
20 increasing the current 4:1 ratio but not beyond 6:1.

21  
22 PAMED staff was charged with contacting the SBOM to get statistics relative to delays in approving  
23 PA agreements. Another meeting of the Task Force is scheduled for late August to complete its  
24 review of the legislation and to make recommendations to the existing proposal.

25  
26 **Opioid Advisory Task Force** – The Opioid Advisory Task Force conducted its work (discussion  
27 of initiatives, legislation, etc.) via email.

28  
29 Activities of the Task Force included:

- 30  
31 1) Various members of the Task Force participated in writing prescribing guidelines for the  
32 sickle cell population and the administration of subanesthetic ketamine.  
33 2) Members of the Task Force provided feedback on the new guidelines as well as proposed  
34 updates to the dispensing guidelines.  
35 3) Task Force members provided feedback on potential opioid-related legislation.  
36 4) Task Force members continued to represent PAMED on the Department of Health’s Safe  
37 & Effective Prescribing Task Force.  
38 5) Task Force members continued to represent PAMED on the Achieving Better Care by  
39 Monitoring All Prescriptions (ABC-MAP) Advisory Committee to provide input and  
40 recommendations to the ABC-MAP Board regarding the Prescription Drug Monitoring  
41 Program.  
42 6) The slide decks covering a range of opioid topics were updated and used by staff and Task  
43 Force members for presenting opioid information to stakeholders, physicians, etc.

44  
45 **PAMED Charitable Trust Board** – Two PAMED Board members (appointed by the Board Chair  
46 and Vice Chair) and two Foundation Board members (appointed by the Foundation Board) are  
47 selected annually to serve as the PAMED Charitable Trust Board. Service is on a calendar-year basis.

1 The individuals who served on the Charitable Trust Board for 2019 included: Paul Dende, DO  
2 (Foundation representative); Gwendolyn A. Poles, DO (Foundation representative); Walter M.  
3 Klein, MD (PAMED representative); and Heath B. Mackley, MD (PAMED representative).  
4

5 The individuals currently serving on the Charitable Trust Board for 2020 include: Paul Dende, DO  
6 (Foundation representative); Gwendolyn A. Poles, DO (Foundation representative); Sherry L.  
7 Blumenthal, MD (PAMED representative); and Jeffrey M. Farma, MD (PAMED representative).  
8

9 The Trust's purpose is to protect the Physicians' Health Program (PHP) Endowment. The PHP  
10 Endowment is the only fund within the Trust. Annually, the trustees review the budget, the 990, the  
11 investment statement, and the investment policy. They also approve the transfer of funds from the  
12 Trust to the PHP program. The Trust currently holds \$5,117,904 in assets.  
13

14 **Payer Advocacy Task Force** – The Payer Advocacy Task Force meets on an as-needed basis. We  
15 are currently waiting on the Centers for Medicare & Medicaid Services to release the Notice of  
16 Proposed Rulemaking on the Medicare Physicians Fee Schedule. Once the proposed rule is released,  
17 the task force will review and consider next steps for advocacy, most particularly on the  
18 advancement of telemedicine, as policies were adapted to encourage use during the COVID-19  
19 pandemic. The task force will continue to meet as necessary to develop and implement an advocacy  
20 strategy that will encourage payers to make their interim telemedicine policies become permanent.  
21

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

23  
24 **Corporate Practice of Medicine** – The Corporate Practice of Medicine Task Force was convened  
25 earlier this year and has held virtual meetings since then. The Task Force explored and discussed  
26 several methods to refine the study called for by Resolution 18-303. Ultimately, based upon  
27 discussions with the Task Force, the author of Resolution 18-303 has decided to submit a future  
28 resolution to repeal and replace Policy 160.975 (Resolution 303, H-2018, subsequently presented as  
29 Board Report 18, H-2019). This resolution will call on the Society to explore partnership with state  
30 actors on the physician workforce survey that is conducted in conjunction with biennial physician  
31 license renewals.  
32

33 **Medical Marijuana Task Force** – Due to the COVID-19 pandemic, the medical marijuana  
34 program under the Pennsylvania Department of Health has not issued permanent regulations nor  
35 has it added new serious medical conditions to the list of conditions that qualify a person for the  
36 medical marijuana program. As such, this Task Force did not convene a meeting. The Task Force  
37 will continue to monitor the medical marijuana program and will convene as needed when new  
38 requirements are issued by the program.  
39

40 **Member Engagement Task Force** – The Member Engagement Task Force was created to  
41 respond to Resolution 18-501. Specifically, the Resolved statement of the resolution sought the  
42 formation of a task force comprised of both delegates and non-delegates to address the  
43 recommendations of the 2018 House of Delegates (HOD) Engagement Task Force to explore the  
44 incremental virtualization of the House of Delegates. The goal of the task force is to increase  
45 member input, involvement, and satisfaction while maintaining the transparency of PAMED's  
46 governance process. This Task Force was charged with recommending and proposing necessary  
47 Bylaws changes for consideration by the 2019 PAMED HOD.

1 In 2019 the Task Force evaluated options for moving toward a more virtual HOD, increasing  
2 member engagement in the process. The challenge of rising costs to hold an annual meeting, flat  
3 attendance, and the fact that other state medical societies are embracing virtual models to engage  
4 more members and delegates in governance processes and leadership roles were some of the driving  
5 forces for change. The group discussed using a virtual platform that would be attractive and  
6 engaging to technology-efficient members. At the same time, the Task Force recognized the need  
7 for person-to-person interaction as well, noting that some physicians struggle with technology and  
8 look forward to meeting and debating in person yearly. Following a demonstration of the Colorado  
9 Central Line model, the task force decided to test a virtual system that promotes enhanced  
10 communication between delegates, the reference committees, and the Board. The 2019 Task Force  
11 did not propose any changes to the Bylaws for the 2019 House of Delegates meeting.  
12

13 The 2020 Task Force continued the work to create a virtual forum for member feedback. The Task  
14 Force was intentional in not creating a House of Delegates virtual forum; instead they created a  
15 virtual forum that could be applied for both Board and House matters – the focus was simply  
16 member engagement, not the specific role of the Board or the House of Delegates. The Task Force  
17 reviewed the technological logistics of a virtual member engagement system created by PAMED  
18 staff. Several members of the Task Force commented on the propensity for success of this virtual  
19 model with the understanding that it cannot be a rushed replacement for the face-to-face meeting  
20 structure currently used for the House of Delegates.  
21

22 The PAMED system functions similarly to the Colorado Central Line model. Key steps for the  
23 model that informs the Board include: STEP 1 – Author submits an issue for consideration by the  
24 Board of Trustees (Board) up to 60 days in advance of a Board meeting. STEP 2 – Staff is notified  
25 of the submission and asked to review, add additional documentation, and attach a fiscal note. STEP  
26 3 – Issue is presented to membership for voting “thumbs up” or “thumbs down” as well as  
27 providing comments. STEP 4 – Following voting and commenting period, issue goes to the Board  
28 with final counts and all comments. STEP 5 – Board discusses the issue, votes on it, and reports its  
29 decision and rationale back to the membership. If the Board votes against the opinion of  
30 membership, STEP 6 – The issue goes back to the members for another vote and commenting  
31 period. STEP 7 – The issue returns to the Board for final consideration. Once a decision has been  
32 made, membership is notified.  
33

34 The COVID-19 pandemic and potential implications of a face-to-face meeting provided a real-time  
35 opportunity to test the member engagement platform. The membership was asked, “Do you  
36 support suspending the PAMED 2020 House of Delegates to resume at the 2021 House of  
37 Delegates?” Members had the opportunity to vote yes/no and leave comments. The data in the  
38 aggregate will be shared with PAMED trustees after the survey closes on April 29, 2020 for a Board  
39 decision on May 6, 2020.  
40

41 While the PAMED virtual member engagement platform is currently utilized to inform the Board of  
42 Trustees, the platform could potentially be used for the House of Delegates. To that end, the Task  
43 Force was tasked by Resolution 18-501 to review the Bylaws in relation to the virtual member  
44 engagement model and its potential application for year-round, virtual policymaking. In response to  
45 the original charge, the Task Force recommended the following bylaws change to remove the in-  
46 person requirement for credentialing at the House of Delegates.  
47

1 The recommended Bylaws changes fall under Chapter VIII, Section 6 – Delegate Registration  
2 (Registration of All Members):

3  
4 All delegates and alternates must register ~~in-person~~ with the Committee on  
5 Rules and Credentials. All ex officio nonvoting members of the House  
6 of Delegates shall likewise register ~~in-person~~.

7  
8 In 2020, the Board could vote to change considering COVID-19; recommendations would be made  
9 for permanent change for 2021.

10  
11 The Task Force unanimously approved this recommendation to change the Bylaws.

12  
13 The Task Force will continue to meet in 2020 to review the results of the COVID-19 question and  
14 potential recommendations for systems improvement.

15  
16 Members of the 2020 Member Engagement Task Force included: Andrew Lutzkanin, III, MD -  
17 Chair; Norman Callahan, III, DO; Janine Darby, MD; Todd M. Hertzberg, MD; Nathan Hoff;  
18 Quinn Kirk, MD; Robert Kucejko, MD; John Pagan, MD - Ex Officio; Timothy Pelkowski, MD;  
19 Kristen Sandel, MD; Neerav Sheth, MD; John P. Van Scoy, MD; Chad Walker, DO.

20  
21 **Redistricting Task Force** – The Redistricting Task Force was convened as a result of the adoption  
22 of Res. 19-505 by the 2019 House of Delegates. This resolution called on the Board of Trustees to  
23 convene a task force to study and make recommendations regarding Bylaws changes that would  
24 allow the creation of regional medical societies and to specifically address representation for both  
25 the House of Delegates and the Board of Trustees. The Redistricting Task Force has not met in  
26 2020 as of July 31 when this report was written.

27  
28 **Task Force on Continuous Professional Education** – PAMED’s Task Force on Continuous  
29 Professional Education monitors and evaluates ABMS Member Boards’ MOC initiatives and  
30 actions. This Ad Hoc Task Force was not convened in 2020 as of July 31, 2020 when this report was  
31 written.

32  
33  
34 John P. Gallagher, MD  
35 PAMED Board Chair