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**Pennsylvania Medical Society  
House of Delegates  
Report**

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**Reference Committee C**

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**Presented by: Adele L. Towers, MD, Chair**

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**October 2017**

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**CONSENT CALENDAR**

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

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**Recommended for Adoption**

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1. Resolution 17-303: Air Ambulance Regulations and Reimbursements

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**Recommended for Adoption as Amended or Substituted**

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2. Resolution 17-302: PAMED Support of Direct Primary Care

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**Recommended for Referral to the Board of Trustees for Study**

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3. Resolution 17-301: Medicaid Reform

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4. Resolution 17-305: Medicaid Physician Reimbursement for Translation and Interpretation Services

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**Recommended Not for Adoption**

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5. Resolution 17-304: Patient Protection from Surprise Out-of-Network Costs

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1. RESOLUTION 17-303: AIR AMBULANCE REGULATIONS AND REIMBURSEMENTS

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RECOMMENDATION:

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Mr. Speaker, your reference committee recommends that Resolution 17-303 be adopted.

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Resolution 17-303 requests that the Pennsylvania Medical Society (PAMED) direct the Pennsylvania Delegation to the American Medical Association (AMA) to present a resolution for the study of the role of air ambulance services, clinical efficacy, cost-effectiveness, barriers to competition, reimbursement, and quality improvement.

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Your reference committee heard supportive testimony for this resolution, and feels that an AMA study may assist in increased transparency, reduction to regulatory barriers, and reimbursement parity in the long-term. Although several clarifications were sought from the author, the committee believes this resolution is worthwhile and should be presented at the AMA Annual Meeting in June 2018.

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2. RESOLUTION 17-302: PAMED SUPPORT OF DIRECT PRIMARY CARE

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 17-302 be amended as follows:

Resolved, that the Pennsylvania Medical Society (PAMED) ~~support~~ provide written description of the Direct Primary Care model to its members for the purpose of educating on alternative practice models by producing a written document endorsing Direct Primary Care and

1 ~~publishing said endorsement in PAMED newsletter and on the PAMED~~  
 2 ~~website; and, be it further~~

3  
 4 Resolved, that PAMED ~~support the Direct Primary Care model by~~  
 5 ~~writing~~ submit a press release outlining PAMED's ~~endorsement~~ support  
 6 of the Direct Primary Care model and publishing said press release  
 7 ~~outlining PAMED's endorsement of the model.~~

8  
 9 Resolution 17-302 requests that PAMED endorse the delivery of the Direct Primary Care (DPC) services,  
 10 and produce a supporting document of the DPC model in multiple outlets: press release, newsletter,  
 11 magazine, and website.

12  
 13 Your reference committee suggests that PAMED support and encourage innovative approaches to health  
 14 care delivery; however, the committee also recognizes the complexities associated with alternative  
 15 delivery models. The committee had concerns about endorsing the DPC model as a preferential model of  
 16 care. Instead, the committee suggests that more education about both the benefits and the limitations of  
 17 the DPC model be made available. The committee also asks for PAMED to explore opportunities to  
 18 ensure that evidence-based guidelines are followed and quality is achieved in practices utilizing the DPC  
 19 model.

20 RECOMMENDATION B:

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 22 Mr. Speaker, your reference committee recommends that Resolution 17-  
 23 302 be adopted as amended.

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 25 3. RESOLUTION 17-301: MEDICAID REFORM

26 RECOMMENDATION:

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 28 Mr. Speaker, your reference committee recommends that Resolution 17-  
 29 301 be referred to the Board of Trustees for study.

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 32 Resolution 17-301 asks that PAMED promote the offering of Direct Care services to patients through the  
 33 Medical Assistance program by engaging the Pennsylvania Insurance Department. It further asks  
 34 PAMED to engage the Pennsylvania House, Senate, and Governor's Office to pursue a State Innovation  
 35 Waiver available through Section 1332 of the Affordable Care Act to allocate \$5,000 per Medicaid  
 36 beneficiary to a Health Savings Account in order for the beneficiary to purchase private health insurance.  
 37 Additionally, the resolution requests that PAMED, in cooperation with health insurance companies, create  
 38 a plan to form and fund an independent organization with the intent to resolve complaints made by  
 39 Medicaid beneficiaries.

40  
 41 Your reference committee believes this resolution should be referred for study. Along with most who  
 42 testified, your reference committee favored the request to pursue the Section 1332 State Innovation  
 43 Waiver to authorize the creation of innovative payment models designed for Medicaid beneficiaries.  
 44 However, it is evident that the issue remains highly complex. Pressing factors such as budget constraints  
 45 and disbursement of funds raised questions among the committee. Several clarifications were sought from  
 46 the author on this resolution, but your committee feels that more research is needed.

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 48 4. RESOLUTION 17-305: MEDICAID PHYSICIAN REIMBURSEMENT FOR TRANSLATION  
 49 AND INTERPRETATION SERVICES

50 RECOMMENDATION:

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 52 Mr. Speaker, your reference committee recommends that Resolution 17-  
 53 305 be referred to the Board of Trustees for study.  
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1 Resolution 17-305 requests that PAMED pursue legislation allocating funds for provider reimbursement  
2 for interpretation expenses incurred during services rendered to Medicaid beneficiaries.

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4 AMA policy D-385.978 urges the Administration to reconsider interpretation of Title VI of the Civil  
5 Rights Act of 1964 requiring medical interpretive services without reimbursement. Your reference  
6 committee recognizes that other states may reimburse for these services.

7  
8 Although your reference committee supports this resolution, the committee recognizes the scope of the  
9 resolution is limited to Medicaid beneficiaries. The committee recommends research on successful  
10 implementation achieved in other states and expansion to include additional payers. Furthermore, your  
11 reference committee seeks more information on innovative uses of technology to provide such services at  
12 a reduced cost.

13  
14 Your reference committee commends the author for innovative and critical thinking for proposing a  
15 solution regarding care of Limited English Proficient (LEP) patients.

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17 5. RESOLUTION 17-304: PATIENT PROTECTION FROM SURPRISE OUT-OF-NETWORK  
18 COSTS

19 RECOMMENDATION:

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21 Mr. Speaker, your reference committee recommends that Resolution 17-  
22 304 not be adopted.

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24 Resolution 17-304 requests that PAMED engage the Pennsylvania Insurance Department to increase  
25 access to in-network facilities and in-network providers, thereby reducing patients' out-of-network costs.

26  
27 Your reference committee believes that this resolution fails to address the multiple issues that accompany  
28 surprise billing, such as network adequacy, patient deductibles, contract negotiation, tiering, and lack of  
29 transparency. Given the existing efforts already put forth by PAMED's Specialty Leadership Cabinet in  
30 promoting legislation that currently addresses surprise billing, your reference committee recommends that  
31 this resolution not be adopted.  
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Respectfully submitted,

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Ronald Anderson, MD

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Ragunath Appasamy, MD

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Everett C. Hills, MD

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Adele L. Towers, MD, Chair

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