

**Pennsylvania Medical Society
House of Delegates
Report**

Reference Committee D

Presented by: Kinnari Patel, MD, Chair

October 2017

CONSENT CALENDAR

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

Recommended for Adoption

1. Resolution 17-401: Eliminate the preferential treatment of physicians with hospital privileges in Pennsylvania
2. Report 4, Board of Trustees, Resolution 16-406: Hepatitis C Screening Act and Discretion of Physician Practices
3. Report 5, Board of Trustees, Resolution 16-408: Address and Petition CMS and Legislators to Allow for a Process of Appeal to Negative Statements and Reports to the National Practitioner Data Bank

Recommended for Adoption as Amended or Substituted

4. Resolution 17-402: CPR training
5. Resolution 17-403: Defending the physician-patient relationship
6. Resolution 17-405: Requirement of formulary equivalent alternatives from denying insurers
7. Resolution 17-406: Fixing informed consent
- Resolution 17-409: Informed consent
8. Resolution 17-407: Freedom from government forced mandates in physician practice
9. Resolution 17-408: Providing immunity for healthcare providers of free or low-cost or emergent healthcare
10. Resolution 17-410: Protection for Pennsylvania DACA students, physicians, and patients
11. Resolution 17-413: Oppose Measures that Erode Physician Supervision of Physician Assistants

Recommended for Referral to Board for Study

12. Resolution 17-412: the Pennsylvania Medical Society (PAMED) support and provide financing to develop and execute a physician survey assessing patterns of healthcare financial spending and its effect by consolidation of hospital and hospital network systems, monopolies of healthcare facilities, and excluding private practice physicians from caring for their patients that have a history of treatment by the physician in local healthcare facilities

Recommended Not for Adoption

13. Resolution 17-411: The Pennsylvania Medical Society (PAMED) support and lobby state legislators to support HB 17, introduced by State Representative Marcia Hahn (138th district), to amend sections 8 and 12 of the Act of April 14, 1972 (P.L. 221, no. 63), known as the Pennsylvania drug and alcohol abuse control act

1 1. RESOLUTION 17-401: ELIMINATE THE PREFERENTIAL TREATMENT OF PHYSICIANS
2 WITH HOSPITAL PRIVILEGES IN PENNSYLVANIA

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4 RECOMMENDATION:

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6 Mr. Speaker, your reference committee recommends that Resolution 17-
7 401 be adopted.
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9 Resolution 17-401 asks that the Pennsylvania Medical Society (PAMED) work with the legislature and
10 other appropriate state agencies to ensure that physicians who do not practice in a hospital are not
11 required to maintain hospital privileges by any entity including, but not limited to, health insurers,
12 medical liability companies, surgery centers, or other outpatient facilities. Furthermore, PAMED should
13 seek additional restrictions that would prohibit a health insurer from granting or denying preferred in-
14 network status to a physician based on the presence or absence of their hospital privileges.
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16 Your reference committee heard only positive testimony regarding this resolution and recommends its
17 adoption.
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19 2. REPORT 4, BOARD OF TRUSTEES, RESOLUTION 16-406: HEPATITIS C SCREENING ACT
20 AND DISCRETION OF PHYSICIAN PRACTICES

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22 RECOMMENDATION:

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24 Mr. Speaker, your reference committee recommends that the
25 recommendation in Board of Trustees Report 4 be adopted and that the
26 remainder of the report be filed.
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28 Resolution 16-406 introduced at the 2016 House of Delegates and referred to the Board, directs the
29 Society to seek legislative amendment to Act 87 which shall not impose any liability, criminal or civil
30 penalty, or licensure sanctions before any applicable State board for failure by a physician, health care
31 practitioner, health care provider, hospital, health care facility, or physician's office to comply with Act
32 87. After a subsequent review, the Board issued Board Report 4.
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34 The Hepatitis C Screening Act was introduced as HB 59 by Representative Matthew E. Baker (R-68),
35 Chairperson of the House Health Committee. In his co-sponsorship memo outlining his goals for
36 passage of this act, Representative Baker highlighted that Pennsylvania has one of the highest rates of
37 Hepatitis C in the nation, and that Hepatitis C is the leading cause of liver cancer and liver
38 transplantation. Due to the high rates of Hepatitis C, the U.S. Centers for Disease Control and Prevention
39 (CDC) released guidelines in 2012 recommending anyone born between 1945 through 1965 get tested for
40 Hepatitis C.
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42 Report 4 further noted three exceptions to mandated Hepatitis C screening:
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- 44 1) the individual is being treated for a life-threatening emergency;
- 45
- 46 2) the individual has previously been offered or has been the subject of a Hepatitis C screening test;
- 47
- 48 3) the individual lacks capacity to consent to a Hepatitis C screening test.
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50 HB 59 did not mandate that an individual take the test; it only required the offering of the test. If the
51 individual accepted the offer of the test and the screening was reactive, HB 59 required the health care
52 provider to either offer the individual follow-up care or refer the individual to a health care provider who
53 was able to provide follow-up health care.
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It is unlikely that PAMED will be able to successfully get an amendment enacted that exempts physicians from the requirements of this act. This act is specific to physicians and other health care practitioners in that it requires the offering of a Hepatitis C screening test if certain parameters are met. PAMED should not spend political capital attempting to seek an amendment that allows physicians to ignore the mandates of this bill and face no penalties for doing so. However, there are issues with the law that could be addressed with a possible amendment:

- A better definition of “primary care services” and what services are specifically exempt from this definition.
- A timeframe for when the offering of a Hepatitis C screening test negates the requirement to offer another test.
- Clarification on whether physicians are required to discuss insurance/payment-related issues with patients.
- Clarification on whether physicians may write an order for a Hepatitis C screening test that allows a patient to go elsewhere for the test.

Discussing these issues with members of the legislature, and specifically Rep. Baker, may open up the possibility of amending Act 87 and better clarifying what a physician must do under this law.

Report 4 concluded that given the political climate, and the unlikely success in getting this type of amendment enacted, it is recommended that PAMED does not seek an amendment to Act 87 that essentially exempts physicians from having to comply with the law. In the alternative, it is recommended that PAMED seek to work with the legislature to draft an amendment to Act 87 that clarifies the issues that were highlighted by PAMED in its letter to the Department of Health. By seeking this type of amendment, physicians will have a better understanding of when and how they must offer a Hepatitis C screening test.

Accordingly, the Board of Trustees recommended that Board Report 4 be adopted in lieu of Resolution 16-406. Your reference committee believes that the Board has made a thorough examination of this issue and supports its recommendations.

3. REPORT 5, BOARD OF TRUSTEES, RESOLUTION 16-408: ADDRESS AND PETITION CMS AND LEGISLATORS TO ALLOW FOR A PROCESS OF APPEAL TO NEGATIVE STATEMENTS AND REPORTS TO THE NATIONAL PRACTITIONER DATA BANK

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Board of Trustees Report 5 be adopted and that the remainder of the report be filed.

Resolution 16-408 requests that PAMED adopt a position on and defend physicians who have been affected by negative commentary on the National Practitioner Data Bank (NPDB). It further directs PAMED to take action through its delegation to the AMA to address and petition CMS and legislators to allow for a process of appealing negative statements and reports. Additionally, this resolution calls on PAMED to pursue legal and political avenues to guarantee due process and to protect physicians from misuse of the NPDB.

The resolution additionally called on PAMED to:

1. Adopt a position on and defend physicians against those who use the National Practitioner Data Bank to ruin their reputations in an effort to manipulate and dissuade them from application and/or participation on their medical staffs.
2. Take action through its delegation to the AMA to address and petition CMS and legislators to allow for a process of appealing negative statements and reports to the data bank.
3. Pursue legal and political avenues to guarantee due process and to protect physicians from abuse of the NPDB.

An NPDB report can have detrimental consequences for the subject physician. Considering the serious ramifications, it is imperative that only reports related to physician competence or conduct, which have adverse patient care outcomes, are promulgated to the NPDB. Although PAMED cannot offer financial assistance or legal defense to physicians challenging NPDB reports, PAMED can provide physicians with pertinent information and resources to assist with their defense. PAMED can also refer physicians to organizations that specialize in peer review and NPDB appeal.

The AMA has recently adopted policy, advanced by the Medical Society of New Jersey, that opposes medical staff appointment denial for any purpose other than competency or conduct issues. The AMA is finalizing the official language of this policy, which should be published shortly.

The AMA has enacted a number of policies concerning the protection of due process in peer review. Although universal guidelines for due process have not been promulgated, the AMA has issued general guidelines to be adopted as necessary to suit the circumstances and conditions of health care organizations. These guidelines include provisions to ensure a fair, objective, expeditious, and independent hearing. PAMED has also adopted numerous policies concerning due process protection for physicians interacting with health care plans and hospitals.

Given the potential harm of a NPDB report on a subject physician's reputation, PAMED vehemently opposes any use of the NPDB to ruin a physician's reputation in an attempt to manipulate or dissuade said physician from application and participation on a medical staff.

As such, the Board of Trustees recommends that PAMED:

1. Oppose the use of the National Practitioner Data Bank to manipulate or dissuade physicians from application and participation on medical staffs; and
2. Provide members with education on the National Practitioner Data Bank and the National Practitioner Data Bank's dispute process.

Accordingly, the Board of Trustees recommended that Board Report 5 be adopted in lieu of Resolution 16-406. Your reference committee believes that the Board has made a thorough examination of this issue and supports its recommendations.

1 4. RESOLUTION 17-402: CPR TRAINING

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3 RECOMMENDATION A:

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5 Mr. Speaker, your reference committee recommends that Resolution 17-
6 402 be amended as follows:

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8 RESOLVED, that the Pennsylvania Medical Society support state
9 legislation advocating for ~~mandatory~~ CPR training in schools for
10 students prior to graduation from high school; and, be it further

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12 RESOLVED, that the Pennsylvania Medical Society work with other
13 stakeholder organizations, including the American Heart Association, the
14 American Red Cross, and county medical societies to advocate for
15 increased CPR training for laypersons.

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17 Resolution 17-402 requests that PAMED support state legislation advocating for mandatory CPR training
18 in schools, and that it work with appropriate stakeholder organizations and county medical societies to
19 advocate for increased CPR training for laypersons.

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21 Your reference committee heard overwhelming positive testimony for the intent of this resolution;
22 however, concerns were voiced regarding the imposition of mandates on schools. There were additional
23 concerns expressed related to the potential costs associated with CPR certification. Specific reference was
24 made to PAMED's aversion to having our profession burdened by government mandates, and we felt it
25 would be hypocritical to impose such a mandate on schools. Your reference committee believes the
26 amended language provides schools with more flexibility in establishing training programs that work best
27 for individual institutions.

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29 RECOMMENDATION B:

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31 Mr. Speaker, your reference committee recommends that Resolution 17-
32 402 be adopted as amended.

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34 5. RESOLUTION 17-403: DEFENDING THE PHYSICIAN-PATIENT RELATIONSHIP

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36 RECOMMENDATION A:

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38 Mr. Speaker, your reference committee recommends that Resolution 17-
39 403 be amended as follows:

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41 RESOLVED, that the Pennsylvania Medical Society strongly ~~and~~
42 ~~unequivocally~~ oppose ~~Senate Bill 25 and House Bill 100, current and~~
43 future legislation which would establish independent practice for Nurse
44 Practitioners; and, be it further

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46 ~~RESOLVED, that the Pennsylvania Medical Society strongly oppose any~~
47 ~~effort to grant independent practice to Nurse Practitioners as an~~
48 ~~unacceptable disruption of the Physician Patient Relationship; and, be it~~
49 ~~further~~

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51 ~~RESOLVED, that the Pennsylvania Medical Society direct all Society~~
52 ~~Leadership to forcefully and unequivocally oppose this and any future~~
53 ~~expansion of Nurse Practitioners' scope of practice leading to~~

~~independent practice, which would disrupt the Physician Patient Relationship; and, be it further~~

RESOLVED, that the Pennsylvania Medical Society reaffirm Policy Number 35.986, ~~and opposes any legislation, regulation, or negotiation which would permit Nurse Practitioners and all other non-physicians to practice medicine independently without licensed medical supervision or a written collaborative agreement.~~

Resolution 17-403 requests that PAMED oppose any legislation, regulation, or negotiation which would grant independent practice authority to nurse practitioners (CRNP). The resolution further asks that PAMED reaffirm its policy on CRNP independent practice (Policy 35.986).

Your reference committee heard considerable testimony regarding this resolution. While testimony was presented that recognized the important role nurse practitioners can play in increasing access to care, the vast majority of testimony strongly opposed any expansion of nurse practitioner scope of practice. Concern was expressed that, should independent practice legislation advance through the legislative process, prohibiting negotiation with stakeholders would limit PAMED's ability to lessen the legislation's negative impacts. Your reference committee felt strongly that establishing an "all or nothing" position would be strategically unwise. Lastly, your reference committee believes the intent of this resolution is consistent with current PAMED policy.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 17-403 be adopted as amended.

6. RESOLUTION 17-405: REQUIREMENT OF FORMULARY EQUIVALENT ALTERNATIVES FROM DENYING INSURERS

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 17-405 be amended as follows:

RESOLVED, that the Pennsylvania Medical Society seek through legislation or regulation the requirement that all insurers or their agents provide formulary alternates at the time of prescription denial. ~~if a prescription drug has been denied due to the fact that it is not included in the health plans' formulary; and, be it further~~

~~RESOLVED, that an alternate and equivalent formulary recommendation be made by the insurer to the prescribing physician within 24 hours following the denial of the prescription; and, be it further~~

~~RESOLVED, that the Pennsylvania Medical Society work to compel insurers to provide physicians with a clear and rapid process of review that includes alternate recommendations for prescription drug treatment.~~

Resolution 17-405 requests that PAMED seek through legislation or regulation the requirement that all health insurers or their agents provide formulary alternatives if a prescription drug has been denied because it is not on the health plans' formulary. The resolution further calls for the legislation to require health insurers to provide to prescribing physicians an alternate and equivalent formulary recommendation within 24 hours following any denial.

Your reference committee heard testimony that reflected a tremendous amount of frustration by physicians regarding prescription denials by insurers. While insurers typically have formulary lists available online, locating formulary alternatives for several different insurers consumes valuable time that could otherwise be directed towards patient care. Concern was raised that physicians should not acquiesce to insurers the responsibility for prescription selection and continue to advocate for the most appropriate treatment for each patient despite formulary limitations. Your reference committee feels that a list of alternative options presented to the prescriber at the time of denial would streamline patient access to timely treatment.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 17-405 be adopted as amended.

7. RESOLUTION 17-406: FIXING INFORMED CONSENT RESOLUTION 17-409: INFORMED CONSENT

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the following substitute resolution be adopted in lieu of Resolution 17-406 and Resolution 17-409:

RESOLVED, that PAMED work in cooperation with the Hospital and Health System Association of Pennsylvania to introduce legislation that will allow a qualified physician to delegate his or her duty to obtain informed consent to another provider that has knowledge of the patient, the patient's condition, and the procedures to be performed on the patient; and, be it further

RESOLVED, that this legislation include language to ensure that all information exchanged between the patient and the individual obtaining informed consent be admissible in court.

Resolutions 17-406 and 17-409 request that PAMED address the recent state Supreme Court ruling (*Shinal v. Toms*) which limits informed consent discussions to the attending physician performing or approving the procedure in question. The resolutions ask for a legislative fix to address the uncertainties and inefficiencies that resulted from this decision.

Your reference committee heard extensive testimony about the profound impacts that the *Shinal* decision has had on everyday medical practice. This ruling has adversely affected patients, physicians, residents, and advanced practice providers by decreasing efficiency and delaying patient care. Additionally, it has hindered a vital aspect of resident education in the physician-patient relationship. Previous to this decision, informed consent discussions served as a vital aspect of a physician-in-training's medical education.

While attending physicians continue to lead the healthcare team, the reference committee strongly believes that limiting those who can obtain informed consent to only physicians is simply impractical in both academic and community practice. Physicians continue to rely on mid-level assistance in obtaining informed consent to provide efficient and necessary care on a daily basis. The committee also recognizes that allowing other members of the physician-led team to participate in legally admissible informed consent discussions affords patients and families more opportunities to ask questions and make truly informed decisions about their care.

1 RECOMMENDATION B:

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3 Mr. Speaker, your reference committee recommends that Resolution 17-
4 406 and Resolution 17-409 be adopted as amended by substitution.

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6 8. RESOLUTION 17-407: FREEDOM FROM GOVERNMENT FORCED MANDATES IN
7 PHYSICIAN PRACTICE

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9 RECOMMENDATION A:

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11 Mr. Speaker, your reference committee recommends that Resolution 17-
12 407 be amended as follows:

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14 ~~RESOLVED, that the Pennsylvania Medical Society (PAMED) continue~~
15 ~~to oppose legislation that would mandate the state's opioid prescribing~~
16 ~~guidelines; and, be it further~~

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18 RESOLVED, that PAMED actively oppose any ~~further~~ legislation
19 seeking to mandate clinical guidelines upon the physician; and, be it
20 further

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22 RESOLVED, that PAMED notify its membership in a timely manner of
23 any new legislation from the Pennsylvania General Assembly that seeks
24 to mandate clinical guidelines, ~~and, be it further~~

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26 ~~RESOLVED, that PAMED should it be unsuccessful in its opposition~~
27 ~~to future legislation seeking to mandate clinical guidelines will, at a~~
28 ~~minimum, ensure that such legislation does not impose any liability,~~
29 ~~criminal or civil penalty, or licensure sanctions before any applicable~~
30 ~~State board for failure by a physician to comply.~~

31
32 Resolution 17-407 requests that PAMED oppose legislation that would mandate opioid or other clinical
33 prescribing guidelines. The resolution further asks PAMED to ensure that a physician who fails to
34 comply shall not be subject to liability, criminal, or civil penalty of licensure sanctions before any
35 applicable state licensing board.

36
37 Your reference committee heard universal opposition to clinical care being dictated by the state
38 legislature. This opinion applied not only to recent opioid regulations, but also mandatory screening tests
39 or procedures. The reference committee believes that efforts to remove penalties against physicians in
40 established statutory mandates would be impractical. The reference committee supports the resolution's
41 call for timely communication to the membership regarding pending legislative proposals imposing
42 clinical mandates on physicians.
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RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 17-407 be adopted as amended.

9. RESOLUTION 17-408: PROVIDING IMMUNITY FOR HEALTHCARE PROVIDERS OF FREE OR LOW-COST OR EMERGENT HEALTHCARE

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 17-408 be amended by substitution as follows:

RESOLVED, that the Pennsylvania Medical Society reaffirm PAMED policy 435.966 (Liability Protection for All Uncompensated Care); and, be it further

RESOLVED, that PAMED advocate for physicians who volunteer at free clinics to have the same liability protections afforded to physicians who volunteer at Federally Qualified Health Centers (FQHC).

Resolution 17-408 requires PAMED to seek the enactment of legislation that would provide liability immunity for healthcare providers of free or low-cost health or emergent care.

Your reference committee heard testimony supporting existing PAMED policy regarding Good Samaritan laws and physician immunity in the settings of free clinics, health fairs, disasters, etc. There was, however, concern that despite PAMED's longstanding policy on this issue, advocacy efforts should be reinvigorated. The reference committee supports an active stance to support pending legislation related to immunity protections for physicians providing charitable care.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 17-408 be adopted as amended by substitution.

10. RESOLUTION 17-410: PROTECTION FOR PENNSYLVANIA DACA STUDENTS, PHYSICIANS, AND PATIENTS

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 17-410 be amended as follows:

~~RESOLVED, that the Pennsylvania Medical Society (PAMED) will study the issue of Deferred Action for Childhood Arrivals eligible medical students, residents, and physicians and consider the opportunities for their participation in the physician profession and report its findings to the House of Delegates; and, be it further~~

RESOLVED, that PAMED support legislative efforts to protect Deferred Action for Childhood Arrivals (DACA) status medical students, physicians, and patients; and, be it further

RESOLVED, that PAMED issue a statement in support of current US healthcare professionals, including those currently training as medical students or residents and fellows, who are DACA recipients in the Commonwealth of Pennsylvania.

Resolution 17-410 requests that PAMED study the issue of DACA including eligible medical students, residents, and physicians, and consider the opportunities for their participation in the physician profession, and report the findings to the House of Delegates. The resolution also calls on PAMED to support legislative efforts to protect DACA status medical students, physicians, and patients and issue a statement in support of these same individuals who are DACA recipients in the Commonwealth of Pennsylvania.

Your reference committee heard testimony supporting the intent of this resolution. The reference committee would especially like to thank PAMED's Medical Students Section for bringing this timely issue to the House of Delegates. Concerns were raised regarding the feasibility of conducting a study on DACA. Your reference committee believes that this resolution remains strong and relevant in today's political environment.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 17-410 be adopted as amended.

11. RESOLUTION 17-413: OPPOSE MEASURES THAT ERODE PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 17-413 be adopted as amended:

~~RESOLVED, that the Pennsylvania Medical Society oppose any legislation that eliminates the requirement for physician scope of practice to be reviewed by the state board of medicine; and be it further~~

~~RESOLVED, that the Pennsylvania Medical Society oppose legislation that eliminates any oversight for the requirement for physician countersignature; and be it further~~

~~RESOLVED, that the Pennsylvania Medical Society oppose legislation that establishes a permanent seat for a Physician Assistant on the State Medical Board and State Osteopathic Board; and be it further~~

RESOLVED, that the Pennsylvania Medical Society oppose legislation that promotes physician assistant independent practice.

Resolution 17-413 calls on PAMED to oppose any legislation that eliminates the requirement for physician scope of practice to be reviewed by the state board of medicine. It further asks PAMED to oppose the elimination of existing physician countersignature requirements, establish a permanent seat on the state board of medicine for a Physician Assistant, and any legislation that promotes physician assistant independent practice.

1 Your reference committee heard passionate testimony regarding this resolution. In light of the Board's
 2 previous discussions with the leadership of the physician assistants, your reference committee believes
 3 that it would be ill-advised to adopt policy contrary to existing agreements. The committee recognizes the
 4 important role physician assistants play in a physician-led team, and understands the value of maintaining
 5 a collegial relationship with them. Your reference committee believes that the agreement reached with the
 6 physician assistants was reasonable, while continuing to preserve the physician's supervisory role.

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 8 12. RESOLUTION 17-412: THE PENNSYLVANIA MEDICAL SOCIETY (PAMED) SUPPORT AND
 9 PROVIDE FINANCING TO DEVELOP AND EXECUTE A PHYSICIAN SURVEY ASSESSING
 10 PATTERNS OF HEALTHCARE FINANCIAL SPENDING AND ITS EFFECT BY
 11 CONSOLIDATION OF HOSPITAL AND HOSPITAL NETWORK SYSTEMS, MONOPOLIES OF
 12 HEALTHCARE FACILITIES, AND EXCLUDING PRIVATE PRACTICE PHYSICIANS FROM
 13 CARING FOR THEIR PATIENTS THAT HAVE A HISTORY OF TREATMENT BY THE
 14 PHYSICIAN IN LOCAL HEALTHCARE FACILITIES

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 16 RECOMMENDATION A:

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 18 Mr. Speaker, your reference committee recommends that Resolution 17-
 19 412 be referred to Board for study.

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 21 Resolution 17-412 requests that PAMED provide financing for and execution of a physician survey to
 22 assess the effects that hospital and health systems consolidation is having on the delivery of care in
 23 Pennsylvania. The resolution also calls for data to be collected from physicians relative to patterns of
 24 insurance carriers creating narrow physician networks. Lastly, PAMED is being asked to lobby
 25 Federal lawmakers regarding the tax status of non-profit hospitals and whether they are fulfilling their
 26 IRS community benefit standard.

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 28 Your reference committee was informed that a survey was conducted earlier this year that addresses a
 29 component of this resolution, but believes that the Board should further evaluate whether this survey
 30 was comprehensive enough to be relevant statewide. The reference committee respectfully requests
 31 that the Board review this data and determine whether further investigation is warranted.

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 33 13. RESOLUTION 17-411: THE PENNSYLVANIA MEDICAL SOCIETY (PAMED) SUPPORT AND
 34 LOBBY STATE LEGISLATORS TO SUPPORT HB 17, INTRODUCED BY STATE
 35 REPRESENTATIVE MARCIA HAHN (138TH DISTRICT), TO AMEND SECTIONS 8 AND 12
 36 OF THE ACT OF APRIL 14, 1972 (P.L. 221, NO. 63), KNOWN AS THE PENNSYLVANIA
 37 DRUG AND ALCOHOL ABUSE CONTROL ACT

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 39 RECOMMENDATION A:

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 41 Mr. Speaker, your reference committee recommends that Resolution 17-
 42 411 not be adopted.

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 44 Resolution 17-411 requests that PAMED support the passage of House Bill 17 and to add the bill to our
 45 list of legislative priorities. House Bill 17 would allow parents or legal guardians to authorize medical
 46 treatment for a minor over the age of 14 who might otherwise not seek treatment for substance abuse.
 47 Current law does not afford parents or guardians with the legal authority to mandate that a minor child
 48 receive substance abuse treatment.

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 50 Your reference committee heard considerable testimony from both proponents and opponents to this
 51 resolution. Like all physicians, your reference committee empathizes with the devastating effects of
 52 Pennsylvania's substance abuse epidemic on adolescents. Physicians representing emergency medicine,
 53 psychiatry, addiction medicine, and family practice spoke to the realities and challenges of successfully
 54 treating adolescents who are unwilling to participate in treatment programs. Despite your reference

1 committee's strong support for addressing substance abuse among our youth, this resolution does not
2 provide a durable solution to this problem.

3 RECOMMENDATION B:

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5 Mr. Speaker, your reference committee recommends that Resolution 17-
6 413 be adopted as amended.
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Respectfully submitted,

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Kinnari Patel, MD, Chair