



# Pennsylvania MEDICAL SOCIETY®

**BRUCE A. MACLEOD, MD, FACEP**  
*President*

April 11, 2014

**KAREN A. RIZZO, MD, FACS**  
*President Elect*

**SCOTT E. SHAPIRO, MD**  
*Vice President*

To: Pennsylvania Medical Society Delegates  
Secretaries and Executives of County Medical Societies  
Presidents and Executives of Specialty Societies

**JOHN J. PAGAN, MD, FACS**  
*Chair*

**ERICK J. BERGQUIST, MD, PHD**  
*Secretary*

From: Michael R. Fraser, PhD  
Executive Vice President

**MICHAEL R. FRASER, PHD**  
*Executive Vice President*

Subject: Proceedings of 2013 House of Delegates Meeting

Attached is a copy of the Proceedings of the 2013 House of Delegates meeting, as mandated by the State Society's bylaws which call for copies to be sent to all Society delegates and each county medical society for distribution to those who wish to receive them.

Any new initiatives engendered by resolutions are mentioned throughout the year on the Society's Web site and in appropriate e-newsletters.

barrett/abm/2013 Proceedings Cover Ltr  
Attachment  
cc: Board of Trustees

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**PROCEEDINGS**  
**164<sup>th</sup> ANNUAL MEETING OF THE HOUSE OF DELEGATES**

**OPENING SESSION--October 26, 2013**

Martin D. Trichtinger, MD, Speaker of the House, called the opening session of the House of Delegates to order at 9:00 a.m. on Saturday, October 26, 2013, in the Aztec/Nigerian Rooms of the Hershey Lodge, Hershey, Pennsylvania.

**Invocation**

The Very Reverend Phillip G. Burger of The Roman Catholic Diocese of Harrisburg offered the invocation.

**Pledge of Allegiance**

Dr. Trichtinger led the House of Delegates in the Pledge of Allegiance.

**Internet Access Process**

Since this was PAMED's first paperless meeting John W. Spurlock, MD, Vice Speaker of the House, explained the internet process to access the web site and the "Official Reports Book."

**Committee on Rules and Credentials**

Wilma C. Light, MD (Westmoreland County), Chair, reported there was a quorum of 196 delegates registered and in attendance.

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**CONSENT CALENDAR**

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

**Recommended for Adoption**

1. Amendment to Standing Rule No. 2
2. Amendment to Standing Rule No. 14

**Recommended for Continuation without Amendment**

3. Remaining Standing Rules – Nos. 1, 3-13, and 15-17

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

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

**1. AMENDMENT TO STANDING RULE NO.2**

Mr. Speaker, your Committee on Rules and Credentials recommends that  
Standing Rule No. 2 be amended as follows:

**Standing Rule No. 2**  
**Procedure for Submitting Resolutions**

Resolutions may be submitted at any time prior to 30 days before a meeting of the House of Delegates ~~and shall be printed, circulated, and to~~ become the business of the House. ~~In order to accommodate printing and mailing deadlines, only resolutions that are received two weeks prior to the 30-day deadline will be included in the Official Reports Book.~~ Resolutions received after that date will be posted on the website prior to the meeting to the extent feasible ~~and distributed at the meeting.~~ Those resolutions submitted later than 30 days prior to a meeting shall be ~~distributed~~ posted on the website, but to become the business of the House shall require a two-thirds favorable vote of the House members present and voting at the first session. Resolutions requiring a vote of the House are to be accompanied by an explanation for lateness. Such resolutions will be reviewed by the Committee on Rules and Credentials, which will recommend to the House whether they should be accepted or rejected as House business. Authors may be present at the Committee on Rules and Credentials meeting to explain their resolution. The foregoing rule shall not apply to substitute resolutions. Any resolution submitted after the Committee on Rules and Credentials has adjourned will require a three-fourths favorable vote of the members of the House present and voting to become the business of the House.

All resolutions must be introduced by a member of the House of Delegates either acting as an individual or as a representative for a component society, specialty, or section.

Resolutions emanating from a business meeting of an officially recognized section of the Pennsylvania Medical Society may be presented for consideration by the House of Delegates at any time before the close of business at the opening session of the House. Discretion is urged in the number and timeliness of the subjects of the resolutions introduced.

Resolutions emanating from, and approved by, the Board of Trustees may be submitted directly to the House of Delegates at any time prior to or during the meeting at the discretion of the Speaker.

All resolutions are to be submitted to the Secretary of this Society and are to include the names of the author and the introducer.

The Speaker of the House of Delegates, during the meeting of the House, shall have the right to declare any resolution out of order in accordance with the principles of the parliamentary authority designated in the bylaws.

The Speakers recommended that Standing Rule No. 2 be modified to reflect the current practice of making the official reports book available on the website versus printed and distributed. The committee agreed that these changes were appropriate.

The House adopted as amended Standing Rule 2.

## 2. AMENDMENT TO STANDING RULE NO. 14

Mr. Speaker, your Committee on Rules and Credentials recommends that Standing Rule No. 14 be amended as follows:

### **Standing Rule No. 14**

All amendments five words or more in length must be handed to the Speaker in writing; however, it is preferred that the amendment be taken to the Control Desk to be typed, ~~uplicated, and distributed to the House~~. This should be done in advance of the amendment being proposed from the floor, when possible. **To the extent feasible, amendments five words or more will be made available to the House either on paper or electronically.**

The Speakers recommended that Standing Rule No. 14 be modified for clarification and to reflect current practice that copies of proposed amendments are not distributed in hard copy. The committee agreed that these changes are appropriate. For the past several years, proposed amendments have instead been projected on the screens in the front of the room. In addition, this year, proposed amendments will be posted real time on the website to the extent feasible and delegates will be able to connect to the internet via a WIFI connection. It is anticipated that this added feature will aid in consideration of any amendments to Reference Committee A (Bylaws) report, which could be lengthy and not easily shown on the screen.

The House adopted as amended Standing Rule 14.

## 3. REMAINDER OF THE STANDING RULES – NOS. 1, 3-13, AND 15-17

Mr. Speaker, your Committee on Rules and Credentials recommends that the remaining Standing Rules – Nos. 1, 3-13, and 15-17 – of the House of Delegates, as published in the 2013 Official Reports Book, remain in effect.

There was not discussion regarding the remaining rules and the committee agreed that they should remain in effect.

The House adopted Standing Rules 1, 3-13, and 15-17.

### **Approval of Proceedings**

The Proceedings of the 163<sup>rd</sup> Annual Business Meeting of the Pennsylvania Medical Society, held in Hershey, October 27-28, 2012, were approved.

### **Introduction of Official Reports Book**

The Official Reports Book, containing the 2013 annual reports and resolutions, was accepted as business of the House.

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

The House filed the following information reports:

**Board of Trustees:** Necrology Report and Board Reports 1, 3, 5, 6, 11 and 12

**Officers:** Report of the Executive Vice President; Secretary; Report 1 of the Speaker, House of Delegates; and Treasurer

**Standing Committee:** Committee to Nominate Delegates & Alternates to the AMA

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

### **Committee on Rules and Credentials**

Wilma L Light, MD (Westmoreland County), Chair presented the report regarding a late resolution.

## **CONSENT CALENDAR**

### **For Business of the House**

1. Late Resolution A: Health Insurance Carriers Canceling Coverage for Thousands of Patients in PA

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

Resolutions must be submitted 30 days before the scheduled opening of the House to be timely and automatically accepted as business. This year's resolution deadline was September 26, 2013. The Rules and Credentials Committee meets the day before the House opens to recommend whether resolutions submitted after the deadline should be accepted as business. The final decision is made by the House. A late resolution may be added to the House's business only if the House votes to accept it as business by either a two-thirds vote in the case of a late resolution submitted prior to adjournment of the committee or a three-quarters vote in the case of a late resolution submitted after the committee's adjournment. The committee does not address the merits of the late resolutions – only whether there is sufficient basis to waive the resolution deadline.

### **1. LATE RESOLUTION A: HEALTH INSURANCE CARRIERS CANCELING COVERAGE FOR THOUSANDS OF PATIENTS IN PA**

Late Resolution A expresses concern that several major insurers recently have sent cancellation notices to thousands of Pennsylvania individual plan members and that problems with the start-up of the ACA Health Insurance Exchanges (HIEs) will impede the ability of these individuals to obtain comparable affordable coverage. The resolution calls upon PAMED to work with state officials to ensure that these individuals are able to renew or extend their current coverage until affordable comparable coverage is available through the HIEs or the private market. The resolution further calls upon Pennsylvania Delegation to the AMA take this issue forward to the AMA and ask the AMA to work with federal officials to provide for relief for individual plan members nationwide who have experienced similar cancellations. The rationale for lateness is that information about the number of affected individuals did not come to light in time to craft a timely resolution. The rationale further asserts that this is a problem that is of immediate concern to the citizens of Pennsylvania and the rest of the nation. The committee agreed that there was a valid reason for lateness and that the resolution presents concerns that should be addressed at this meeting of the House.

Mr. Speaker, your Committee on Rules and Credentials recommends that  
Late Resolution A be accepted for business of the House.

The House accepted as business Late Resolution A, which became Resolution 13-305.

**Address of the President**

C. Richard Schott, MD (Delaware County) addressed the House, and the House filed his report.

**Necrology Report**

Dr. Trichtinger stated that the necrology report from the Board of Trustees could be found under the information tab of the Official Reports Book. He also called attention to the Memorial Resolution for Doris G. Bartuska, MD which was adopted. The House observed a moment of silence in her honor.

**Remarks by AMA Representative**

Dr. Trichtinger recognized Dr. James A. Goodyear, Chair of the AMA Delegation, who introduced D. Ardis Hoven, MD, President of the AMA, who addressed the House.

**Address of the Pennsylvania Medical Society Alliance President**

Dr. Spurlock introduced Mrs. Cynthia A. Parrish, 89<sup>th</sup> President of the State Society Alliance. Mrs. Parrish briefly addressed the House, and the House filed her address.

**Address of the President Elect**

Bruce A. MacLeod, MD (Allegheny County) addressed the House, during which he made the following recommendations, which were referred to reference committees as noted and the remainder of his address filed:

1. Develop and implement a plan where 50 percent of all Pennsylvania Medical Society Members participate in an advocacy activity sometime over the course of the year with a goal of 75 percent of all members in two years (Reference Committee E).
2. Develop a plan to evaluate the variability of clinical practice in Pennsylvania and working with a consortium of specialty societies, insurance companies, and other stakeholder groups to develop a process to improve quality of care by reducing inappropriate clinical practice variability in Pennsylvania. (Reference Committee C).
3. Assemble a blue ribbon panel of internal and external experts and stakeholders to evaluate the use of the Endowment Fund and offer suggestions to strengthen and preserve the legacy of the Pennsylvania Medical Society and report back to the House of Delegates. (Reference Committee E).

**Foundation of the Pennsylvania Medical Society/PAMPAC Presentation**

Dr. Spurlock recognized Raymond C. Truex, Jr., MD (Berks County), chair of the Foundation's Board, and Benjamin Schlechter, MD, Chair of the PAMPAC Board, who gave a brief presentation.

**AMPAC Presentation**

Dr. Spurlock recognized Dr. Schlechter, who introduced Linda Ford, MD, member of the AMPAC Board, who addressed the House.

John J. Pagan, MD, Chair of the PAMED Board of Trustees, reported that 100% of the PAMED Board members were PAMPAC and Foundation members and challenged the House to attain the same.

**Presentation by PAMED Executive Vice President**

Dr. Trichtinger recognized Michael R. Fraser, PhD, who briefly addressed the House.

**Recess**

The House of Delegates recessed at 9:45 a.m.

**Reference Committees**

Reference committees for the 2013 Annual Business Meeting of the House of Delegates are listed below.

**Reference Committee A (Bylaws):** Anthony M. Padula, MD, Chair (Philadelphia County); Christopher J. Daly, MD (Allegheny County); David A. Levin, DO (Bucks County); Jennifer L. Lewis, MD (Washington County); and Andrew Lutzkanin, III, MD (Berks County)

**Reference Committee B (Education and Science/Public Health):** Gwendolyn A. Poles, DO, Chair (Dauphin County); James L. Cristol, MD (Philadelphia County); Thomas D. Falasca, DO (Erie County); Fredric N. Hellman, MD (Delaware County); Rajiv R. Varma, MD (Allegheny County); and Robert D. Barraco, MD, alternate (Lehigh County)

**Reference Committee C (Managed Care & Other Third-Party Reimbursement):** Mark F. Pyfer, MD, Chair (Montgomery County); Anthony M. Dippolito, MD (Northampton County); Howard K. Horne, MD (Carbon County); Robert C. Oelhaf, Jr., MD (Allegheny County); and Amelia A. Pare, MD (Allegheny County)

**Reference Committee D (McCare Fund/Tort Reform/Other Legislation/Regulation):** Benjamin Schlechter, MD, Chair (Berks County); Taiwen Chen, MD (Allegheny County); Salvatore A. Lofaro, MD (Delaware County); Rajendra N. Seth, MD (Philadelphia County); Alexis M. Smith, DO (Residents & Fellows Section); and Maria J. Sunseri, MD, alternate (Allegheny County)

**Reference Committee E (Membership/Leadership/Subsidiaries):** Kevin O. Garrett, MD, Chair (Allegheny County); Mohamad Arif Ali, MD (Young Physicians Section); Virginia E. Hall, MD (Dauphin County); Jill M. Owens, MD (McKean County); Jay E. Rothkopf, MD (Montgomery County); and Sharon L. Goldstein, MD, alternate (Allegheny County)

**Committee on Rules & Credentials:** Wilma C. Light, MD, Chair (Westmoreland County); Lawrence L. Altaker, MD (Dauphin County); Joseph Lamantia, DO (Indiana County); Harvey B. Lefton, MD (Philadelphia County); and Donald E. Parlee, MD (Bucks County)

**Tellers/Sergeants-at-Arms:** Phillip R. Levine, MD, Chief (Allegheny County); Joseph B. Blood, Jr., MD (Bradford County); Mark A. Goodman, MD (Allegheny County); Albert S. Kroser, DO (Philadelphia County); Dale M. Mandel, MD (Philadelphia County); and J. Fred Stoner, MD (Lawrence County)

**Inaugural Program/Alliance AMES Fundraiser**

The AMES Fund Silent Auction opened at 5:30 p.m.; Silent Auction items were available for viewing all afternoon on Saturday, October 26. The inaugural program and awards ceremony was held at 6:00 p.m. The combined events were held in the Red and White Rooms of the Hershey Lodge.

**Opening Remarks**

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

**Introduction of Past Presidents and Visiting Dignitaries**

Dr. Trichtinger introduced the Medical Society's past presidents and visiting dignitaries, and presented the results of the elections and the clinical poster contest.

**Presentation of Physician Award for Community Voluntary Service**

Dr. Pagan presented the Physician Award for Community Voluntary Service to Deborah Baceski, MD (Somerset County) and Marc Schneiderman, MD (Allegheny County).

**Announcement of Healthy Living in Ethnic Communities Grant**

Dr. Pagan announced the winner of the grant was the WeCare Street Outreach, in collaboration with the Washington County Medical Society.

**Presentation of R. William Alexander Award for Political Advocacy**

Benjamin Schlechter, MD, PAMPAC Board Chair (Berks County), presented the R. William Alexander Award for Political Advocacy to Bruce A. Brod, MD (Lancaster County) and the York County Medical Society.

**Presentation of AMES Scholarships**

Mrs. Caryl Schmitz, AMES Fund Committee, announced the names of the winners of the AMES scholarships, and Dr. MacLeod presented the checks to the winners: Kathlene T. Babalola (University of Pittsburgh School of Medicine); Mitchell B. Crawford (Philadelphia College of Osteopathic Medicine); Hans T. Zuckerman (Philadelphia College of Osteopathic Medicine); Amit Kumar (Temple University School of Medicine); Matthew A. Murphy (Jefferson Medical College); Grace A. Lagasse (Temple University School of Medicine); Brian M. Nolen (University of Pittsburgh School of Medicine); Caitlin C. Feth (Lake Erie College of Osteopathic Medicine); and Lauren E. Kramer (Philadelphia College of Osteopathic Medicine).

**Presentation of Past President's Pin and Scroll**

Dr. Pagan presented the past president's pin and scroll to C. Richard Schott, MD.

**Remarks of the Honorable Tom Corbett, Governor, Commonwealth of Pennsylvania**

Governor Corbett briefly addressed the attendees.

**Installation of President**

Dr. Pagan installed Bruce A. MacLeod, MD as the 164<sup>th</sup> President of the Pennsylvania Medical Society. After taking the oath of office, Dr. MacLeod delivered brief remarks.

**Dinner Blessing**

Reverend Roger Rice of Lower Marsh Creek Presbyterian Church, Gettysburg, presented the dinner blessing.

**Closing Remarks**

Dr. Trichtinger presented closing remarks. An evening social mixer and dinner was held and the Silent Auction reopened. The Silent Auction closed at 8:00 p.m., and the winners were announced at 8:30 p.m.

**FINAL SESSION -- October 27, 2013**

The final session of the 2013 House of Delegates was called to order at 8:10 a.m. on Sunday, October 27, 2013, in the Aztec/Nigerian Rooms of the Hershey Lodge, Hershey, Pennsylvania.

**Committee on Rules and Credentials**

Wilma C. Light, MD (Westmoreland County), Chair, reported that there was a quorum of 224 delegates registered and in attendance.

**Reference Committee Report Process**

Dr. Spurlock explained how the front screens and the web site would be working through the reference committee reports. Dr. Trichtinger explained how he intended to handle debate for the proposed bylaws amendments (Reference Committee A).



**Reference Committee A****Presented by: Anthony M. Padula, MD, Chair**

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**CONSENT CALENDAR**

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

**Recommended for Adoption as Amended or Substituted**

1. Committee on Bylaws: Proposed Bylaws Amendments
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**1. COMMITTEE ON BYLAWS: PROPOSED BYLAWS AMENDMENTS****RECOMMENDATION:**

Mr. Speaker, your reference committee recommends that the governance bylaws amendments proposed in the Official Call be adopted with the amendments reflected in the attached document.\*

At the October 2012 meeting of the House of Delegates, the House directed the Board of Trustees to take action, including initiation of necessary bylaws amendments, to accomplish these goals:

- Move policy-making to Board of Trustees
- Down-size Board of Trustees over time
- Create process for trustees/officers to be nominated by a committee using skills-based criteria and elected by the general membership
- Hold one-day annual membership meeting
- Enhance mechanisms for member voice to be heard
- Maintain and expand engagement of CMSs and specialty organizations

The above action had its genesis a year earlier at the 2011 House of Delegates, when the House approved a Young Physicians Section resolution which proposed a study of PAMED's governing process and structure. The Board created a task force to study this matter, and their report to the 2012 House of Delegates concluded that the current structure is too cumbersome and not agile enough to keep up with rapid changes.

The path to improve our governance system over the past two years has involved much debate by several volunteer physician groups – the Task Force to Improve Governance Structures and Processes, the Board of Trustees, the Governance Work Group, and the Bylaws Committee – along with input from county medical society, section, specialty, and PAMED leaders and members. Every member who served on one of the physician groups that worked on the proposed bylaws amendments is to be commended. Each group helped to shape and refine the end result, as they identified and addressed concerns that surfaced along the way.

In response to the 2012 House directive, the Bylaws Committee introduced bylaws amendments to accomplish the goals set forth by the House. These bylaws amendments were posted on the Society's website.

In preparation for the House discussion of the proposed amendments, delegates were urged to review the proposed bylaws and submit suggested amendments prior to the meeting, in order to permit a thorough review and facilitate discussion on site. Several amendments were proposed for delegates to consider.

During the reference committee hearing, the testimony was divided into seven areas for testimony, which also encompassed the various suggested amendments.

Notice for meetings and other matters (including Amendment B) – The bylaws committee had added language to Chapter XXII, which addressed how notices required or permitted under the bylaws can be provided. After the committee submitted the bylaws language, Pennsylvania law was changed to address this matter. Legal counsel advised that the added language is no longer necessary and it would be better to simply delete the added language. The Reference Committee heard no objection to deleting this language as proposed by Amendment B and determined to follow legal counsel’s advice.

Policy-making authority and “member voice” mechanisms (including Amendment D.3) – The amendments proposed by the Bylaws Committee transferred policy-making to the new Executive Policy Council. Amendment D.3 proposed that the Executive Policy Council accept resolutions from members, county medical societies, and specialty organizations on advocacy policy issues and suggested a process for reconsideration by the Member Representative Assembly of the Council’s actions on advocacy policy issues. There was no disagreement with the concept of providing mechanisms for the constituencies mentioned to submit resolutions on advocacy policy to the Council and for the Council to annually report back to the Member Representative Assembly.

The matter of “reconsideration of Executive Policy Council actions” by the Member Representative Assembly was a topic of much debate, with some delegates believing that this provision was necessary to create the proper balance of power, and others believing that this was contrary to the original action of the House to transfer policy-making and that it created an unworkable situation for PAMED, if the Executive Policy Council’s decisions were to be subsequently reversed. This was one of the main points of contention during the Committee hearing, with each side feeling passionate about its perspective.

The Reference Committee carefully considered the merits of all the perspectives offered and felt that this is an area where compromise is essential to the House’s ability to arrive at a consensus on the proposed bylaws. The Committee’s recommendation is to include this provision in the bylaws but to require a two-thirds super majority vote of the Member Representative Assembly to accept an advocacy policy for reconsideration, followed by a two-thirds super majority vote of the Member Representative Assembly to change the Executive Policy Council’s action. There was a sentiment by all of the delegates who testified either in favor of or opposed to this provision that it would be a rare occurrence. The Reference Committee agreed that this would likely be rare and that the two-thirds super majority for consideration, followed by a two-thirds super majority to change would work to satisfy the concerns of both perspectives.

Executive Policy Council (including Amendment C) – This amendment suggested that the Executive Policy Council not be downsized. Some delegates wanted to stick with the downsized Executive Policy Council because it was consistent with the direction of last year’s House action and it reflected best practices to increase timeliness and agility in decision-making. While there were a variety of opinions, the primary point of contention revolved around the fact that psychiatry would lose its dedicated seat on the Executive Policy Council and be combined with medical specialties. The Reference Committee agreed with the prevailing sentiment that psychiatry is somewhat different in its issues, and recommends that an additional seat be added to the Executive Policy Council for psychiatry, while maintaining the downsizing as originally proposed. However, they opted to include psychiatry with other medical specialties for purposes of allocating the 13 Member Representative Assembly specialty delegates as per the proposed bylaws language. The Reference Committee members recognized that there are other specialties who do not have dedicated seats or who lose their seats in the downsizing, and that adding an additional seat for psychiatry creates a slight imbalance with 8 geographic trustees and 9 specialty trustees, but believes that this is the appropriate action to move forward.

Member Representative Assembly (including Amendment A) – This amendment provides county medical societies with an additional delegate for each medical school in the county and shifts delegates allocated to medical schools to county medical societies. Some confusion between medical school representation and medical student representation surfaced during the discussion. This amendment outlines a new way to allocate medical school representation by allowing an additional delegate for each county medical society with a medical school. The amendment does not dictate whether the delegate needs to be a faculty member, administrator, or student. The former Medical School Section rarely sent delegates in past years. The Reference Committee agrees with the rationale that this change increases the fairness in the allocation of delegates and results in a closer alignment with the current system of the percentage of total delegates allocated to each region. They also felt that allowing the county medical society to work in consultation with the dean of the medical school might be effective in garnering more medical school representation than under the former system. Although they agreed with the amendment as written, they also wanted to clarify a question that arose. The medical school delegates will be allotted to the county medical society where the school’s main campus is located, as specified by the medical school.

Elections including Leadership Development Committee and nominations (including Amendments D.1, E, F and H) – Amendment D.1 urged that all students and residents be entitled to vote in the election for vice president. This was another area of hot debate, with passionate pleas by students and residents that they not be excluded on the basis of whether they pay dues, versus the fear that allowing all students and residents to vote in elections would give an unfair advantage to certain areas of the state in electing the vice president. Some also questioned whether it is fair for students to participate in this election or whether it should be reserved for the dues paying members, as the “owners” of PAMED. The Reference Committee felt that the reasons not to allow students and residents to vote were not compelling enough to deny them this privilege of membership. They also did not believe that the volume of votes cast by this group would be significant enough to sway a vote. Amendment H proposed an alternative solution of having the vice president elected by the Member Representative Assembly rather than the membership. The Committee considered Amendment H as an alternative but felt that D.1 was the better solution.

While no testimony was given about Amendment F, which provides for the Member Representative Assembly to decide any run-off election for vice president, the Reference Committee felt that this is an efficient and appropriate way to handle this situation.

Dues/dues categories (including Amendment D.2) – This amendment retained the authority to set dues and assessments with the Member Representative Assembly rather than shifting it to the Executive Policy Council. There was a fear by some delegates that this would take too much power away from the Member Representative Assembly. The Reference Committee discussed the rationale for the original bylaws amendment. Originally, the thought was to have the Board set dues because they also have responsibility for the Society’s budget. This was changed to the Executive Policy Council to provide a greater system of checks and balances. In addition, the Finance and Audit Committee was expanded to include two representatives elected by the Member Representative Assembly. The Reference Committee thought that it makes sense from a functional perspective to have the Executive Policy Council set dues because it is a group which is representative in nature and they are the people who have the best knowledge of the day-to-day finances. They felt that it was both functional and appropriately balanced for the Executive Policy Council to have responsibility for setting the dues and dues categories. Allowing the Executive Policy Council to set dues also allows agility and timing of dues setting. For example, the Executive Policy Council could set dues in May 2013 for calendar year 2014. In contrast, if the Member Representative Assembly was required to approve dues, we would still need to set dues two years in advance.

Miscellaneous (including Substitute Amendment G) – There was limited testimony that no bylaws changes should be adopted. The Committee unanimously agreed that the proposed governance bylaws amendments, modified as outlined above, will better serve the future needs of the Pennsylvania Medical Society than the status quo governance structure. The Committee did not consider Substitute Amendment G.

It was moved and seconded from the floor of the House to adopt the governance bylaws amendments proposed in the Official Call with the amendments reflected in the document attached to the report. A request was made from the floor of the House, calling for a written ballot. The House voted by written ballot, and the motion failed.

**(Secretary's Note:** The motion failed by a vote of 146-60.)

\*<http://www.pamedsoc.org/MainMenuCategories/PAMED-Community/Leadership/LeadershipGroups/Reference-Committees/Sunday-Materials/Sunday-A/Reference-Committee-A-Version.pdf>

\*<http://www.pamedsoc.org/MainMenuCategories/PAMED-Community/Leadership/LeadershipGroups/Reference-Committees/Sunday-Materials/Sunday-A/Disposition-of-amendments.pdf>

It was moved and seconded from the floor of the House to reconsider Substitute Amendment G. The motion failed.

### **Reference Committee C**

**Presented by: Mark F. Pyfer, MD, Chair**

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### **CONSENT CALENDAR**

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

#### **Recommended for Adoption**

1. Report 4, Board of Trustees, Resolution 12-306: Single Billing Card
2. Resolution 13-303: Payer Transparency
3. Resolution 13-305: Health Insurance Carriers Canceling Coverage for Thousands of Patients in Pennsylvania

#### **Recommended for Adoption as Amended or Substituted**

4. Resolution 13-301: Onerous Prior Authorization Process
5. Resolution 13-302: Claims Based Data as a Flawed Quality of Care Measure
6. Resolution 13-304: Payer Reimbursement for Emergency Services

#### **Recommended for Referral to Board of Trustees for Decision**

7. Recommendation 2 of the President Elect: Develop a Plan to Evaluate the Variability of Clinical Practice in Pennsylvania
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## 1. REPORT 4, BOARD OF TRUSTEES, RESOLUTION 12-306: SINGLE BILLING MEDICAL CARD

### RECOMMENDATION:

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

Resolution 12-306, introduced at the 2012 annual meeting and referred to the Board of Trustees for study, asked PAMED to seek to have all health care providers who bill health insurance in Pennsylvania to partner in and share the cost of the development, adoption and use of a cost-effective common single billing medical card for automatic verification of eligibility, claims processing and payment for physician, hospital, and other health care services.

The committee believes the report did a good job of outlining the many complexities of a directive of this scale. Much work is being done at the national level to comply with the administrative simplification rules mandated in the Affordable Care Act. PAMED fully supports efforts to decrease administrative burdens, and will continue our participation with our national partners, the Council for Affordable Quality Healthcare and the American Medical Association, as well as our partners at the state level through the Medical Directors Forum.

Your reference committee agrees with the Board of Trustees recommendation to adopt the recommendation in this report in lieu of Resolution 12-306 and file the remainder of the report.

The House adopted Board Report 4.

## 2. RESOLUTION 13-303: PAYER TRANSPARENCY

**Resolved, That the Pennsylvania Medical Society develop and advocate for legislation that requires payers to provide a website that will allow any physician to log in with personal identifying information and learn what their reimbursement rate is for any product and code the physician has agreed to by contract, in a similar fashion as currently offered by Medicare; and be it further Resolved, That the Pennsylvania Medical Society develop and advocate for legislation that requires physician reimbursement rates to be transparent across the state.**

### RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 13-303 be adopted.

This resolution directs the Society to seek legislation that requires payers to make available statewide fee information via a website.

Testimony was supportive of fee transparency although there was some concern expressed about the possible legal challenges. Your reference committee felt that the federal government currently provides this information for the Medicare Program and believes that commercial insurers should follow the same policy.

The House adopted Resolution 13-303.

### **3. RESOLUTION 13-305: HEALTH INSURANCE CARRIERS CANCELING COVERAGE FOR THOUSANDS OF PATIENTS IN PENNSYLVANIA**

**Resolved, That the Pennsylvania Medical Society work with our Governor, state legislators and the Insurance Commissioner to assure that individuals enrolled in individual plans, and other subscribers who may experience similar cancellations in Pennsylvania, be able to renew or otherwise extend their existing insurance contracts until such time that affordable comparable replacements are available through the Exchanges or within the private market; and be it further Resolved, That our Pennsylvania Delegation to the AMA take this issue forward to the AMA Interim Meeting this November, asking the AMA work with the President, legislators, and Centers for Medicare and Medicaid Services so that subscribers who are enrolled in individual plans, and other subscribers who may experience similar cancellations throughout the nation, be able to renew or otherwise extend their existing insurance contracts until such time that affordable and comparable replacements are available through the Exchanges or within the private market.**

#### RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 13-305 be adopted.

Resolution 13-305 asks the Society to work with the Governor, state legislators and the Insurance Commissioner to assure that consumers enrolled in individual plans who may have recently experienced cancellations due to the Affordable Care Act, are able to renew or extend their existing insurance contracts until affordable, comparable replacements are available through the Exchanges or the private market. The resolution also directs the Pennsylvania Delegation to take this issue forward to the AMA Interim Meeting this November.

The author expressed concerns about the more than 100,000 Pennsylvanians who recently had their individual health policies cancelled by their insurer. The reference committee heard testimony from an insurance company representative who explained that provisions of the Affordable Care Act related to the essential benefit package have resulted in the mandated cessation of this type of coverage.

Your reference committee sees this circumstance as an opportunity for the Society to take the lead in an important patient advocacy issue. Your reference committee urges the Society to not wait to move forward with this issue, but rather make whatever efforts necessary to produce and communicate accurate and relevant information to consumers prior to their December 31, 2013 termination date and take steps to ensure continued coverage for these individuals.

The House adopted Resolution 13-305.

### **4. RESOLUTION 13-301: ONEROUS PRIOR AUTHORIZATION PROCESS**

**Resolved, That the Pennsylvania Medical Society support the payment of physicians for their time as documented in the patient chart; and be it further**

**Resolved, That the Pennsylvania Medical Society engage in discussions with the Pennsylvania Insurance Department concerning the prior authorization process as a criteria of fair practice for insurance in Pennsylvania.**

#### RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 13-301 be amended as follows:

Resolved, That the Pennsylvania Medical Society support the payment of physicians for their time as documented in the patient chart, ~~and be it further~~

~~Resolved, That the Pennsylvania Medical Society engage in discussions with the Pennsylvania Insurance Department concerning the prior authorization process as a criteria of fair practice for insurance in Pennsylvania.~~

Resolution 13-301 asks the Society to support payment to physicians for the time they spend obtaining prior authorizations and also directs the Society to pursue discussions with the Pennsylvania Insurance Department to make the prior authorization process a criteria of fair practice in Pennsylvania.

This resolution is a reaffirmation of existing PAMED policies, 285.960 and 185.995, which address transparency and consistency in criteria used by benefit managers and also compensation for physicians for the time they spend on this burdensome process. The adoption of these policies prompted the Pennsylvania Chapter of the American College of Cardiology to meet with the Insurance Department. The discussions during this meeting made it clear that a legislative effort by PAMED would be required.

PAMED drafted legislation which focuses on streamlining, standardizing and obtaining payment for the process of prior authorization of medical services. The Society is currently soliciting legislators for sponsors of this legislation.

The reference committee determined that the second resolved is no longer relevant due to the recently drafted legislation and the main point of this resolution is to advocate for physicians' payments for time spent obtaining prior authorizations.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 13-301 be adopted as amended.

It was moved and seconded from the floor of the House to further amend Resolution 13-301 by adding the following: "Resolved, That the Pennsylvania Medical Society create a central hotline whereby physicians can report insurance abuses with the intent of publicizing these abuses to the media." The House approved the amendment. The House adopted Resolution 13-301 as amended.

**5. RESOLUTION 13-302: CLAIMS BASED DATA AS A FLAWED QUALITY OF CARE MEASUREMENT**

**Resolved, That the Pennsylvania Medical Society adopt the policy and pursue AMA support that insurance companies not use claim based data as a determinant of quality of care rendered and furthermore, that insurance companies do not financially penalize physicians for patient non-compliance.**

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 13-302 be amended as follows:

Resolved, That the Pennsylvania Medical Society adopt the policy and pursue AMA support that insurance companies not use claim based data as a the sole determinant of quality of care rendered and furthermore,

that insurance companies do not financially penalize physicians for patient non-compliance.

Resolution 13-302 requests that the Society adopt a policy of opposing the use by insurers of claims-based data as a determinant of quality of care.

There was a good deal of testimony on this resolution. All of those offering testimony seemed to agree that although claims-based data was not a perfect application, it is one of the few currently available methods to assess quality at this time. There was particular concern as to how to account for patient behavior. Your reference committee believes that quality determinants must include exclusions for patient non-compliance and other means to modify or enhance the data. Therefore, your reference committee amended the resolution in make sure that claims-based data was not the sole determinant of quality care.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 13-302 be adopted as amended.

The House adopted as amended Resolution 13-302.

**6. RESOLUTION 13-304: PAYER REIMBURSEMENT FOR EMERGENCY SERVICES**

**Resolved, That the Pennsylvania Medical Society develop and advocate for legislation that requires all payers within the Commonwealth to reimburse physicians, as whether an in-network or out-of-network provider, directly for all emergency services. Emergency services shall be defined as care provided in any emergency room or urgent care setting in addition to any follow-up care required thereafter in observation status or inpatient status at "the reasonable and customary amount," "the usual, customary, and reasonable amount," "the prevailing rate," or other similar terms that payment will be based on what other healthcare professionals in a geographic area charge for their services.**

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 13-304 be amended as follows:

~~Resolved, That the Pennsylvania Medical Society develop and advocate for legislation that requires all payers within the Commonwealth to reimburse physicians, as whether an in- network or out-of-network provider, directly for all emergency services. ~~Emergency services shall be defined as care provided in any emergency room or urgent care setting in addition to any follow up care required thereafter in observation status or inpatient status at "the reasonable and customary amount," "the usual, customary, and reasonable amount," "the prevailing rate," or other similar terms that payment will be based on what other healthcare professionals in a geographic area charge for their services.~~~~

Resolution 13-304 directs the Society to pursue legislation that requires insurers to reimburse physicians directly for emergency services.



Act 68 provides for payment for emergency services provided by physicians, whether in or out of network. However, the resolution goes beyond what is provided under Act 68 in that it requests that payment be made directly to the physician.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 13-304 be adopted as amended.

The House adopted as amended Resolution 13-304.

**7. RECOMMENDATION 2 OF THE PRESIDENT ELECT: DEVELOP A PLAN TO EVALUATE THE VARIABILITY OF CLINICAL PRACTICE IN PENNSYLVANIA**

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Recommendation 2 of the President Elect be referred to the Board of Trustees for decision.

The House approved referring Recommendation 2.

**Reference Committee D**

**Presented by: Benjamin Schlechter, MD, Chair**

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**CONSENT CALENDAR**

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

**Recommended for Adoption**

1. Resolution 13-401: Electronic Cigarettes

**Recommended for Adoption as Amended or Substituted**

2. Resolution 13-402: PAMED Support for a Moratorium on Fracking
3. Resolution 13-403: Limitation of Liability

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**1. RESOLUTION 13-401: ELECTRONIC CIGARETTES**

**Resolved, That the Pennsylvania Medical Society support electronic cigarette legislation equivalent to Pennsylvania tobacco cigarette laws, including its taxation and sales to minors; and be it further Resolved, That the Pennsylvania Medical Society support tobacco education in Pennsylvania schools including the potential dangers of electronic cigarettes.**

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 13-401 be adopted.

Resolution 13-401 calls on the Society to support electronic cigarette legislation equivalent to Pennsylvania tobacco cigarette laws, including its taxation and sales to minors. It further directs the

Society to support tobacco education in Pennsylvania schools that includes the potential dangers of electronic cigarettes.

Your reference committee heard disturbing testimony regarding the health dangers of electronic cigarettes, as well as their use as a gateway drug by minors. We strongly agree with the resolution author that electronic cigarettes should be treated like tobacco cigarettes, and that the Society should support educational efforts in Pennsylvania schools.

The House adopted Resolution 13-401.

## **2. RESOLUTION 13-402: PAMED SUPPORT FOR A MORATORIUM ON FRACKING**

**Resolved, That the Pennsylvania Medical Society urge and support a moratorium on natural gas extraction using high volume hydraulic fracturing in Pennsylvania until completion of the Environmental Protection Agency (EPA) study to evaluate its effects on human health and the environment; and be it further**

**Resolved, That the Pennsylvania Medical Society urge the state legislature to fund independent research studies on the health effects of fracking; and be it further**

**Resolved, That the Pennsylvania Medical Society urge the state legislature to clarify the “right to know” rules of physician disclosure of chemicals and other agents used in fracking.**

### RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the first resolve of Resolution 13-402 be amended as follows:

Resolved, That the Pennsylvania Medical Society urge ~~and support a moratorium on natural gas extraction using high volume hydraulic fracturing in Pennsylvania until completion of the Environmental Protection Agency (EPA) to immediately release the interim results of its ongoing study on the effects of hydraulic fracturing to evaluate its effects on human health and the environment,~~ so that policymakers are not delayed in addressing these issues; and be it further resolved

Resolution 13-402 calls on the Society to urge and support a moratorium on natural gas extraction using high volume hydraulic fracturing (“fracking”) in Pennsylvania until completion of the Environmental Protection Agency (EPA) study to evaluate its effects on human health and the environment. It also directs the Society to urge the legislature to fund independent research studies on the health effects of fracking. Finally, it instructs the Society to urge the General Assembly to clarify the “right to know” rules of physician disclosure of chemicals and other agents used in fracking.

Your reference committee heard persuasive testimony that there may be genuine health concerns related to hydraulic fracturing. However, we are hesitant to call for an immediate moratorium in advance of the forthcoming EPA study. Representatives of the state Department of Environmental Protection have indicated that they believe the EPA study may be delayed until 2015, which is cause for some concern. Accordingly, we believe the appropriate course of action for the Society is to call for the immediate release of the interim results of that study so that policymakers can act quickly and responsibly.

Your reference committee strongly supports the second and third resolves, and recommends their adoption without amendment.

## RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 13-402 be adopted as amended.

It was moved and seconded from the floor of the House to further amend the resolution by adding the following second resolved: “Resolved, That Pennsylvania DEP monitor well water in areas of fracking annually and report the results within six months, and monitor waste water and soil for radioactivity annually and report the results within six months. Testing should be as soon as possible, preferably before fracking begins; and be it further.” The following editorial revisions were offered from the floor of the House and accepted: insert after the words, Resolved, That the words, the Pennsylvania Medical Society seek to have the, and change the word, being, to the word, begin. The House adopted as amended Resolution 13-402.

**3. RESOLUTION 13-403: LIMITATION OF LIABILITY**

**Resolved, That the Pennsylvania Medical Society strongly oppose extending the legal definition of medical malpractice to include other civil injury claims unrelated to alleged breach of fiduciary duty to the patient and/or deviation from the applicable accepted standard(s) of care.**

## RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the following substitute resolution be adopted in lieu of Resolution 13-403:

Resolved, That the Pennsylvania Medical Society oppose any attempt to establish a second, separate civil cause of action in addition to a medical liability claim resulting from physicians’ treatment of patients.

Resolution 13-403 directs the Society to strongly oppose extending the legal definition of medical malpractice to include other civil injury claims unrelated to alleged breach of fiduciary duty to the patient and/or deviation from the applicable accepted standard(s) of care.

The genesis of this resolution was a medical liability lawsuit filed in California asserting that a physician failed to refer an elderly patient to a specialist. A California appellate court ruled that the physician could also be sued for elder abuse pursuant to a state law that establishes a civil cause of action for elder abuse. Pennsylvania currently has no such statute, and Resolution 13-403 would have the Society oppose any effort to create that sort of civil double jeopardy for physicians here.

Your reference committee strongly agrees with that sentiment and believes that the substitute resolve, which the resolution author supports, more accurately reflects the appropriate course of action for the Society in response to any such threat in Pennsylvania.

## RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 13-403 be adopted as amended by substitution.

The House adopted substitute Resolution 13-403.

**Reference Committee E****Presented by: Kevin O. Garrett, MD, Chair**

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**CONSENT CALENDAR**

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

**Recommended for Adoption**

1. Report 7, Board of Trustees, Annual Assessment for Students
2. Report 8, Board of Trustees, Policy Sunset
3. Report 9, Board of Trustees, Allocation to Support Student Loan Program
4. Report 10, Board of Trustees, Membership Dues Categories

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

5. Resolution 13-501: Virtual Reference Committees

**Recommended for Referral to Board of Trustees for Decision**

6. Recommendation 1 of the President Elect: Increase Advocacy Involvement
7. Recommendation 3 of the President Elect: Evaluate Use of Endowment Fund

**Recommended Not for Adoption**

8. Resolution 13-502: Bring Back the Councils and the Leadership Conference
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**1. REPORT 7, BOARD OF TRUSTEES, ANNUAL ASSESSMENT FOR STUDENTS****RECOMMENDATION:**

Mr. Speaker, your reference committee recommends that the recommendation in Board of Trustees Report 7 be adopted and the remainder of the report be filed.

According to the Bylaws, Chapter I, Section 3, the House approves the dues for student members. The Board recommends that the student assessment for 2015 be \$0.00. This is the same as in past years.

Your reference committee heard positive testimony on keeping the medical student annual assessment at \$0. Several persons spoke to the importance of encouraging the involvement of medical students. Others testified that the medical students to whom they had spoken said that even a small assessment would be a hindrance to membership and involvement. No speakers voiced opposition to keeping the student assessment at \$0.

The House adopted Board Report 7.

**2. REPORT 8, BOARD OF TRUSTEES, POLICY SUNSET****RECOMMENDATION:**

Mr. Speaker, your reference committee recommends that the recommendation in Board of Trustees Report 8 be adopted and the remainder of the report be filed.

Society policy directs that all Society policies adopted prior to 1981 be reviewed and presented to the House for re-adoption; and that in subsequent years, all policies adopted by the Society be reviewed and presented to the House for similar action on the tenth anniversary of their adoption; and, that all policies reviewed, but not readopted automatically, expire at the conclusion of that House meeting. The Board brings a report with recommendations to the House each year.

This year, the procedure was followed for policies for 1973, 1983, 1993, and 2003. The Board acted on these at its September meeting.

Your reference committee heard positive testimony from the Board representative. No other members spoke.

The House adopted Board Report 8.

### **3. REPORT 9, BOARD OF TRUSTEES, ALLOCATION TO SUPPORT STUDENT LOAN PROGRAM**

#### RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Board of Trustees Report 9 be adopted and the remainder of the report be filed.

According to the Bylaws, Chapter IV, Section 4, the House may allocate a portion of dues to the Medical Student Fund of the Foundation of the Pennsylvania Medical Society. The Board of Trustees recommends that the House allocate \$10.00 from the 2014 annual member assessment to continue to support student loans and financial management seminars. This amount is the same as last year.

Your reference committee heard testimony in support of this report from the Board representative. No other members spoke.

The House adopted Board Report 9.

### **4. REPORT 10, BOARD OF TRUSTEES, MEMBERSHIP DUES CATEGORIES**

#### RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Board of Trustees Report 10 be adopted and the remainder of the report be filed.

According to the bylaws, the House of Delegates sets membership categories a year in advance following recommendation by the Board of Trustees. Because the 2015 membership year begins on October 1, 2014, prior to the 2014 House of Delegates, the 2015 membership categories and dues must be approved by the 2013 House. The Practice Advocacy Executive Council has proposed the membership dues categories listed in this report for 2015, with no changes recommended from the 2014 dues categories.

This report also includes a status update on the group membership dues pilot project, which concluded its third of five years on September 30, 2013.

Your reference committee heard no testimony on this issue.

The House adopted Board Report 10.

**5. RESOLUTION 13-501: VIRTUAL REFERENCE COMMITTEES**

**Resolved, That the Pennsylvania Medical Society conduct virtual reference committees online in advance of the House of Delegates meetings and that pre-prepared reference committee reports become the agenda of the on-site reference committee hearings; and be it further Resolved, That virtual reference committees be used by all the Pennsylvania Medical Society sections.**

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 13-501 be referred for study.

This resolution calls on the Pennsylvania Medical Society to: conduct virtual reference committees online before the House of Delegates; make pre-prepared reference committee reports part of the agenda of the on-site reference committee hearings; and use virtual reference committees for all sections.

The reference committee heard testimony from the author, who would like the Pennsylvania Medical Society to follow the example of the virtual reference committees of the American Medical Association. PAMED would make the virtual reference committees available to members who could not attend. This virtual testimony could then be considered by onsite reference committees and the House of Delegates in its deliberations.

Your reference committee believes this idea has merit and would like the Board of Trustees to study the concept and decide if it should be implemented. The committee discussed the possibility of conducting one or two pilot virtual reference committees in 2014. While supportive of the AMA model, need for improvement was expressed by reference committee members who have interacted with the AMA virtual reference committees. This includes the need for time limits on ending virtual testimony prior to the House meeting and formatting reports on virtual testimony to make them easy to read.

The House approved referring Resolution 13.501.

**6. RECOMMENDATION 1 OF THE PRESIDENT ELECT: INCREASE ADVOCACY INVOLVEMENT**

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Recommendation 1 of the President Elect be referred to the Board for decision.

The reference committee heard little testimony on this issue. It believes this is a laudable goal and should be considered by the Board.

The House approved referring Recommendation 1.

## 7. RECOMMENDATION 3 OF THE PRESIDENT ELECT: EVALUATE USE OF ENDOWMENT FUND

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Recommendation 3 of the President Elect be referred to the Board for decision.

The reference committee heard testimony from the President Elect regarding this matter. The panel he is proposing would look at the use of the endowment fund and make recommendations. The President Elect clarified that his goal is not to invade the endowment fund, but to study and evaluate it and make recommendations to be considered by the House of Delegates.

There was considerable testimony on both sides of the issue regarding spending of the endowment fund's principal. One perspective is that the endowment fund should be preserved and only a portion of the investment proceeds used. Other members suggested that having such a large reserve is not a service to the members and appropriate use of the principal should be considered. The President Elect would like a panel to consider if there is a use for the fund that will "preserve and strengthen the legacy of the organization."

It was moved and seconded from the floor of the House to refer the recommendation to the Board for study rather than decision. The House did not approve the amendment. The House approved referring Recommendation 3 for decision.

## 8. RESOLUTION 13-502: BRING BACK THE COUNCILS AND THE LEADERSHIP CONFERENCE

**Resolved, That no matter how PAMED is reorganized, it should immediately restore the standing Councils in at least four areas, Medical Service, Legislative, Medical-Legal, and Ethical; and be it further**

**Resolved, That the annual Spring leadership meeting, funded for success by the endowment, should be revived, beginning with one devoted to the Affordable Care Act.**

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 13-502 not be adopted.

This resolution calls on the Pennsylvania Medical Society to immediately restore the standing councils in at least four areas: Medical Service, Legislative, Medical-Legal, and Ethical. It also calls for the revival of the annual spring Leadership Conference, funded for success by the endowment, beginning with one devoted to the Affordable Care Act.

The reference committee heard testimony from the author about the history of leadership conferences and their impact on "the rise and fall of the Pennsylvania Medical Society." The author argued that such in-person meetings help members and leaders know one another and build relationships that lead to better decisions and a stronger, more successful organization. He said the cost of such a conference should not be a factor. The author also stated that standing committees such as those listed in the resolves add stability and consistency in the decision-making process.

There was testimony that was sympathetic to the goals of the resolution, particularly the purpose of getting more members involved and decreasing apathy. Concern was expressed about the cost of a leadership conference. At one point, the Pennsylvania Medical Society paid for the expenses of all attendees, including travel, lodging, and meals. However, when budget restrictions forced the Society to stop paying for participants' expenses, attendance began to wane. The reference committee also heard positive testimony regarding current Society leadership training - the Leadership Skills Academy - conducted in collaboration with the American College of Physician Executives.

The reference committee is in agreement with the goals of this resolution, but believes that the structures are already in place to achieve the goals. With the leadership training currently underway, the Society offers more opportunities than ever, many of which may be more appealing to young physicians than live programs. Regarding standing councils, there are currently several administrative councils (Political, Practice and Patient Advocacy Executive Councils) plus commissions on CME and Public Health and the Specialty Leadership Cabinet. The reference committee felt these groups serve the Society well.

The House did not adopt Resolution 13-502.

### **Reference Committee B**

**Presented by: Gwendolyn A. Poles, DO, Chair**

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### **CONSENT CALENDAR**

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

#### **Recommended for Adoption**

1. Resolution 13-204: Opposition to Maintenance of Licensure (MOL)
2. Resolution 13-205: Psychiatric Bed Shortages within Emergency Departments
3. Resolution 13-206: Gun Violence
- \*4. Resolution 13-203: Opposition to Maintenance of Certification (MOC)

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

5. Resolution 13-201: Proposal for a Single National Narcotic Provider Application Number

#### **Recommended Not for Adoption**

6. Resolution 13-202: Use of Electronic Prescribing to Reduce Inappropriate Access to Drug Enforcement Administration (DEA) Controlled Prescription Drugs – 2013

#### **Recommended for Filing**

7. Report 2, Board of Trustees, Resolution 12-208: Licensure of Drug Manufacturers Selling Products within Pennsylvania

\*Automatic extraction by the Speakers

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**1. RESOLUTION 13-204: OPPOSITION TO MAINTENANCE OF LICENSURE (MOL)**  
**Resolved, That the Pennsylvania Medical Society oppose any efforts by the Pennsylvania State Board of Medicine to require the FSMB “maintenance of licensure (MOL)” program as a condition of state medical licensure.**



**RECOMMENDATION:**

Mr. Speaker, your reference committee recommends that Resolution 13-204 be adopted.

Resolution 13-204 directs the Society to oppose any efforts by the Pennsylvania State Board of Medicine to require the FSMB “maintenance of licensure (MOL)” program as a condition of state medical licensure.

MOL is the process by which a licensee periodically provides, as a condition of license renewal, evidence that he/she is actively participating in a program of continuous professional development. In lieu of MOL, state licensing boards may elect to qualify licensees engaged in these activities to meet the requirements for state licensure.

Your reference committee heard testimony in support of this resolution and concluded that this process can be potentially onerous and costly for physicians with no significant data available of improved practice performance and patient outcomes. While continuous professional development is important, your reference committee agrees that the ever-growing burden of administrative requirements takes valuable time away from direct patient care.

The House adopted Resolution 13-204.

## **2. RESOLUTION 13-205: PSYCHIATRIC BED SHORTAGES WITHIN EMERGENCY DEPARTMENTS**

**Resolved, That the Pennsylvania Medical Society endorse the development of a voluntary shared bed tracking system for behavioral health and detoxification beds across the Commonwealth; and be it further**

**Resolved, That the Pennsylvania Medical Society work with the Pennsylvania Psychiatric Society (PaPS) and the Pennsylvania Chapter, American College of Emergency Physicians (PaACEP) to secure stakeholder commitment, including the Department of Health (DOH), the Hospital & Healthsystem Association of Pennsylvania (HAP) and others in developing a real-time voluntary reporting system of available psychiatric and substance use detoxification beds by region.**

**RECOMMENDATION:**

Mr. Speaker, your reference committee recommends that Resolution 13-205 be adopted.

Resolution 13-205 directs the Society to endorse the development of a voluntary shared bed tracking system for behavioral health and detoxification beds across the Commonwealth, and to work with the Pennsylvania Psychiatric Society (PaPS) and the Pennsylvania Chapter, American College of Emergency Physicians (PaACEP) to secure stakeholder commitment, including the Department of Health (DOH), The Hospital & Healthsystem Association of Pennsylvania (HAP) and others in developing a real-time voluntary reporting system of available psychiatric and substance use detoxification beds by region.

While the demand for behavioral health services has increased, the availability of inpatient beds for these services has declined, resulting in patients having to endure extensive wait times for treatment. Voluntary shared bed tracking systems would expedite the delivery of mental health services to these patients, thereby freeing up emergency room physicians to treat other patients. Reducing treatment delays for these patients would also improve patient safety within the emergency facility.

The House adopted Resolution 13-205.

### **3. RESOLUTION 13-206: GUN VIOLENCE**

**Resolved, That the Pennsylvania Medical Society issue a statement recognizing gun violence as a significant public health problem, and urge politicians and the public to support further research into the epidemiology of risks related to gun violence in the state of Pennsylvania; and be it further Resolved, That the Pennsylvania Medical Society present, in writing, its position statement recognizing gun violence as a significant public health concern and its support of research into the epidemiology of risks related to gun violence in the state of Pennsylvania to the Pennsylvania Department of Health, Violence, and Injury Prevention for consideration; and be it further Resolved, That the Pennsylvania Delegation to the AMA submit a resolution to the AMA House of Delegates, urging U.S. legislators to support further research into the epidemiology of risks related to gun violence on a national level.**

#### RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 13-206 be adopted.

Resolution 13-206 directs the Society to establish a written position statement to the Department of Health, recognizing gun violence as a significant public health problem, and urge politicians and the public to support further research into the epidemiology of risks related to gun violence in the Commonwealth of Pennsylvania. The resolution also requests that the Pennsylvania Delegation to the AMA submit a resolution to the AMA House of Delegates, urging U.S. legislators to support further research into the epidemiology of risks related to gun violence on a national level.

Your reference committee recognizes that addressing the issue of gun violence is often perceived as an infringement on the rights of gun owners. However, we recommend supporting this resolution because it focuses on the epidemiology of risks related to gun violence that ultimately affect public health while respecting the tenets of the Second Amendment.

The House adopted Resolution 13-206.

### **4. RESOLUTION 13-203: OPPOSITION TO MAINTENANCE OF CERTIFICATION (MOC)**

**Resolved, That the Pennsylvania Medical Society acknowledge that the certification requirements within the Maintenance of Certification (MOC) process are costly, time intensive, and result in significant disruptions to the availability of physicians for patient care; and be it further**

**Resolved, That the Pennsylvania Medical Society petition the American Medical Association (AMA) to work with the American Board of Medical Specialties (ABMS) to eliminate from the requirements of MOC practice performance assessment modules as a first step in making MOC less onerous; and be it further**

**Resolved, That if no action is taken by the ABMS in working with the AMA to make MOC requirements less onerous, the AMA revoke its support for MOC, as evidenced on the ABMS website ([http://www.abms.org/Maintenance\\_of\\_Certification/support.aspx](http://www.abms.org/Maintenance_of_Certification/support.aspx)); and be it further**

**Resolved, That the Pennsylvania Medical Society oppose mandatory MOC as a condition of medical licensure, and encourage physicians to strive constantly to improve their care of patients by the means they find most effective.**

## RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the first and fourth resolves of Resolution 13-203 be adopted.

Resolution 13-203 directs the Society to oppose mandatory Maintenance of Certification (MOC) as a condition of medical licensure and instead, encourage physicians to continually strive to improve patient care. This resolution also requests that the Society petition the American Medical Association (AMA) to work with the American Board of Medical Specialties (ABMS) to eliminate from the MOC requirements related to practice performance assessment modules. The MOC process is costly, time intensive, and results in significant disruptions to the availability of physicians for patient care.

Physicians participating in MOC are committed to a substantive program of learning, assessment, and quality improvement based on requirements for a specialty board recognized by the ABMS. These certification requirements can be costly and time intensive with no available data that indicates MOC substantiates improved outcomes and should not be a condition of state licensure.

The House adopted the first and fourth resolves of Resolution 13-203.

## RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that the second and third resolves of Resolution 13-203 be referred to the Board of Trustees for study.

Your reference committee believes that mandatory MOC should not be a condition of medical licensure. However, pursuing a position that seeks to eliminate MOC entirely, without considering alternatives, could be perceived negatively by the public. In order to make an informed decision as to the efficacy of MOC and at the same time, manage physician and public expectations, further study to substantiate these two resolves is necessary.

The House approved referring the second and third resolves of Resolution 13-203.

##### **5. RESOLUTION 13-201: PROPOSAL FOR A SINGLE NATIONAL NARCOTIC PROVIDER APPLICATION NUMBER**

**Resolved, That the Pennsylvania Medical Society study the issue of and take appropriate action to allow improved controlled substance prescription monitoring by authorizing the DEA to define a single prescriber nationally with a single national provider identification number for controlled substance dispensing and prescription.**

## RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 13-201 be referred to the Board of Trustees for study.

Resolution 13-201 calls on the Society to study the issue and take appropriate action to allow improved controlled substance prescription monitoring by authorizing the DEA to define a single prescriber nationally with a single national provider identification number for controlled substance dispensing and prescription.

A separate registration is required for each principal place of business or professional practice where controlled substances are stored, administered, or dispensed. If a practitioner will only be prescribing from another location(s) situated within the same state, then an additional registration is not necessary.

Your reference committee believes that the information provided in the resolution does not accurately reflect current DEA requirements for prescribing controlled substances. Your reference committee does not believe that replacing the DEA number with an NPI number would resolve the concerns raised in the resolution.

The House approved referring Resolution 13-201.

**6. RESOLUTION 13-202: USE OF ELECTRONIC PRESCRIBING TO REDUCE INAPPROPRIATE ACCESS TO DRUG ENFORCEMENT ADMINISTRATION (DEA) CONTROLLED PRESCRIPTION DRUGS – 2013**

**Resolved, That the Pennsylvania Medical Society work with other involved parties to promptly activate the Pennsylvania system for the electronic prescription of Drug Enforcement Administration (DEA) controlled medications so that prepared physicians can utilize their electronic medical records programs to prescribe all DEA controlled medications; and be it further Resolved, That the Pennsylvania Medical Society join with interested and concerned professional societies to implement actions to manage inappropriate access to DEA controlled medications in Pennsylvania, limiting any increase in administrative burden for physicians and their staff or the disruption of patient care.**

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 13-202 not be adopted.

Resolution 13-202 requests that the Society work with other involved parties to promptly activate the Pennsylvania system for the electronic prescription of Drug Enforcement Administration (DEA) controlled medications and join with interested and concerned professional societies to implement actions to manage inappropriate access to controlled medications in Pennsylvania, limiting any increase in administrative burden for physicians and their staff or the disruption of patient care.

Federal regulations permit, but do not require, pharmacies to receive electronic prescriptions. State regulation revised its regulation to likewise permit pharmacies to accept electronic prescriptions from physicians for controlled substances. This change became effective August 2012 and requires that the software application utilized meet DEA requirements.

PAMED has been working with the legislature over the past several years to develop an appropriate controlled substance database. Recently, the House of Representatives approved favorable legislation to that end.

Based on this information, your reference committee believes the adoption of this resolution is unnecessary.

The House did not adopt Resolution 13-202.

## **7. REPORT 2, BOARD OF TRUSTEES, RESOLUTION 12-208: LICENSURE OF DRUG MANUFACTURERS SELLING PRODUCTS WITHIN PENNSYLVANIA**

### RECOMMENDATION:

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

Resolution 12-208, introduced at the 2012 annual meeting and referred to the Board of Trustees for decision, called on the Society to support an amendment of the Pennsylvania Drug Device and Cosmetics Act to require the licensure of all drug manufacturers selling products within Pennsylvania to be subject to regulatory requirements and action by Pennsylvania. The Board referred Resolution 12-208 to the Political Advocacy Executive Council.

Based on reviewing the resolution, the Council felt that it would be unnecessary to address licensure of drug manufacturers since they are licensed by both the state and the FDA. In realizing this, the concern does not necessarily lie with manufacturers, but with compounding pharmacies and out-of-state pharmacies.

The State Board of Pharmacy is currently drafting regulations that address compounding pharmacies within the state; however, any state oversight of out-of-state pharmacies would require statutory changes. PAMED is currently involved in the regulatory drafting process with the State Board of Pharmacy as it relates to compounding; therefore, it may be unnecessary to take action on such matters. Alternatively, it may be advantageous to tackle an issue that the Pharmacy Board does not have any control over, but still views as a problem with respect to compounding or internet pharmacies.

The Board, therefore, is recommending that the Society seek appropriate means of state oversight over out-of-state pharmacies and that this recommendation be adopted in lieu of Resolution 12-208.

Your reference committee believes the Board has made a thorough examination of this issue and supports its recommendation.

The House adopted Board Report 2.

### **Special Recognition**

Dr. Trichtinger thanked the members of the Rules & Credentials Committee and the Tellers/Sergeants-at-Arms for their service, as well as PAMED staff.

Drs. Virginia Hall and Arlene Seid recognized Carol Seidlich, PAMED Associate Director of Professional Relations & Services, who was retiring in late November, and thanked her for her service.

### **Nominations and Elections**

In accordance with Chapter XII, Section 1 of the Bylaws of the Pennsylvania Medical Society, nominations for Vice President, Speaker and Vice Speaker of the House of Delegates, trustees, AMA delegates and alternate delegates, Committee to Nominate Delegates and Alternates to the AMA, and Judicial Council were in order at the first session of the House of Delegates on Saturday morning, October 27, 2012.

The new officers for 2013-14 are:

**President:** Bruce A. MacLeod, MD (Allegheny County) was formally installed as the President

**President Elect:** Karen A. Rizzo, MD (Lancaster County) assumed the office of President Elect

**Vice President:** Scott E. Shapiro, MD (Montgomery County) was elected Vice President by acclamation

**Speaker, House of Delegates:** Martin D. Trichtinger, MD (Montgomery County) was elected as Speaker by acclamation.

**Vice Speaker, House of Delegates:** John W. Spurlock, MD (Carbon County) was elected as Vice Speaker by acclamation

The following trustees were elected by acclamation:

**Seventh District** – James W. Redka, MD

**Eighth District** – John P. Gallagher, MD

**Eleventh District** – Edward M. Stafford, MD

**Hospital-Based** – Joseph F. Answine, MD

**Obstetrics/Gynecology** – Sherry L. Blumenthal, MD

**At-Large Specialties** – Walter M. Klein, MD

**Primary Care (Internal Medicine)** – Jaan E. Sidorov, MD

**Young Physicians Section** – Kristen Sandel, MD

**Medical Student Section** – Parth Dalal

#### **Committee to Nominate Delegates and Alternates to the AMA**

Charles Cutler, MD (Montgomery County) and Jonathan E. Rhoads, Jr., MD (York County) were elected by acclamation to serve three-year terms on the Committee.

#### **Judicial Council**

Carol E. Rose, MD (Allegheny County) was elected by acclamation to serve a three-year term on the Judicial Council.

#### **Report of the Committee to Nominate Delegates and Alternates to the AMA**

The nominations of the Committee to Nominate Delegates and Alternates to the American Medical Association were published in the Official Call and contained in the Official Reports Book. The following were elected for eight two-year AMA delegate positions commencing January 1, 2014 and expiring December 31, 2015:

Peter S. Lund, MD (Erie County) – 155 votes

John W. Spurlock, MD (Carbon County) – 152 votes

Martin D. Trichtinger, MD (Montgomery County) – 151 votes

Judith R. Pryblich, DO (Lehigh County) – 149 votes

Ralph Schmeltz, MD (Allegheny County) – 148 votes

Marilyn J. Heine, MD (Bucks County) – 146 votes

Stephen N. Clay, MD (Delaware County) – 141 votes

Theodore A. Christopher, MD (Philadelphia County) – 121 votes

The following is an account of the votes received by the unsuccessful candidate for an AMA delegate position:

Keith I. Adams, MD (Clinton County) – 93 votes

The following were elected by acclamation for seven two-year AMA alternate delegate positions commencing January 1, 2014 and expiring December 31, 2015:

Michael DellaVecchia, MD (Philadelphia County)  
 Kevin O. Garrett, MD (Allegheny County)  
 Jill M. Owens, MD (McKean County)  
 Evan J. Pollack, MD (Delaware County)  
 Scott E. Shapiro, MD (Montgomery County)  
 Thomas J. Weida, MD (Lancaster County)  
 Bruce L. Wilder, MD (Allegheny County)

Sokpoleak So, MD (Allegheny County) was elected by acclamation to the slotted AMA alternate delegate position for a resident or fellows physician for a one-year term commencing October 27, 2013 and expiring October 19, 2014. Juan Aparicio (Philadelphia County) was elected by acclamation to the slotted AMA alternate delegate position for a medical student for a one-year term commencing January 1, 2014 and expiring December 31, 2014.

### **Annual Assessment**

Peter M. Daloni, MD, Chair of the Finance Committee of the Board of Trustees, presented the following report containing the recommendation that the 2015 annual assessments for dues-paying members remain at \$395.

Mr. Speaker and members of the House of Delegates, as you know, previous action of this House requires that we set dues one year in advance.

Last year, you approved that dues for 2014 be \$395 for each full dues-paying member.

The Board of Trustees recommends that regular dues for 2015 remain at \$395 for each full dues-paying member and a proportionate share thereof in other dues-paying categories.

It was moved and seconded from the floor of the House to approve the recommendation of the Finance Committee that the 2015 annual assessment be \$395 per active member. The House approved the motion.

### **Adjournment**

The House of Delegates adjourned at 10:25 a.m.

Respectfully submitted,

Martin D. Trichtinger, MD, Speaker  
 John W. Spurlock, MD, Vice Speaker  
 Erick J. Bergquist, MD, PhD, Secretary  
 Kay A. Barrett, Assistant Secretary