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SUBJECT: Advocacy Update

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The 2022 primary is over, but its impacts are being felt throughout the Capitol. Governor Wolf cannot run for re-election, and he's in the middle of his last year as Governor, making him a lame duck – but retaining the power of the veto pen. As a result of decisions and elections, we know that at least 43 members of the state House are in their final term in that chamber. And internal caucus politics are increasingly difficult (See below.) The House and Senate will be in Harrisburg through the month of June, beginning June 6, and have scheduled sessions through the full weeks starting June 20.

Candidates are now set for the US Senate, Governor/Lt. Governor and Congressional races as well. The US Senate race has already provided surprises, including Democratic nominee Lt. Gov. John Fetterman suffering a stroke and then two weeks later acknowledging that he also suffers from cardiomyopathy and had a defibrillator implanted following his stroke. Fetterman is not expected to campaign before July at the earliest. On the Republican side, the nominee, after a recount, is thoracic surgeon Mehmet Oz, who won the race by less than 1,000 votes statewide.

State Budget

Gov. Tom Wolf's budget proposal is a record \$43.8 billion plan – an increase from this year's \$38.6 billion plan for state dollars - that calls for spending more federal pandemic relief aid now. The Wolf Administration has said that if his proposed budget is passed in its entirety, the state would leave 2022-2023 with a \$3.3 billion budget surplus.

Pennsylvania remains in a good financial position, thanks to \$5.8 billion in revenue collections above expectations for the year, and more than \$3.1 billion remaining from state and local coronavirus American Recovery Program funds. And according to the PA Treasury Department, the state has more than \$2.8 billion in its Rainy Day Fund.

But Republicans, concerned about a slowing economy, a potential recession and what would be an almost certain revenue shortfall in future years, are citing estimates by the state's Independent Fiscal Office and the Volcker Alliance that suggest the state is “at risk of encountering a fiscal cliff once the cash runs out.”

Both Appropriations Committee Chairs, Stan Saylor of York and Pat Browne of Allentown lost their primary elections to opponents from the right, and by the Citizens Alliance of Pennsylvania, an anti-tax, anti-government expansion, anti-lockdown, pro-second amendment and pro-medical freedom political organization. And in late April, a majority of Republicans voted for a motion to consider a constitutional amendment to restrict state spending, despite opposition from their own Republican leadership.

Emboldened by the primary results, some of those members tried to force changes in the GOP leadership during the last week of session in May, and it remains to be seen whether the bad



feelings will continue into June and how that might affect not only budget negotiations, but all other legislative initiatives. We have concerns over funding for the state's

Bills signed by the governor

Since February, the Governor has signed few bills impacting medical practices in the state. Act 16, signed in April, reduced the number of years of approved graduate medical training from three to two for graduates of unaccredited medical colleges and redefined both institutional licenses and the powers that come with temporary licenses.

Many of the flexibilities created for licensees under the COVID-19 emergency orders were again extended, but these have been transitioning out, with the last of these scheduled to be terminated on June 30, unless further legislation is passed. We are working on that front with legislative leadership in both chambers.

Other priority issues

Prior Authorization

Since November, we have continued meeting and negotiating with first the Insurance Department, and then the insurers and integrated delivery systems. They have been forced to the table by Senate leadership to identify areas of agreement and compromise and to work through disagreements. We are now close to a final product, [SB 225](#), and may have an agreement by June 6. The fact that the IDFS's (Highmark, Geisinger, UPMC and WellSpan) have split with the other Blues and the Insurance Federation has led to many positive changes that will benefit patients, providers and hospitals in the amended legislation.

On your behalf, we have been making the rounds with members and do have the votes we need to advance the bill. House GOP leadership and Insurance Chairman Tina Pickett have been kept up to date on these negotiations and have advised us they are willing to move the bill when it goes over from the Senate if there is general agreement and signoff from the Insurance Department.

Telemedicine

At this time, [SB 705](#) remains in the House Insurance Committee. While we are still hoping against hope that we can move this legislation, especially with the extension of the Covid-19 emergency declaration waivers ending June 30, the leaked information on the Roe v. Wade Supreme Court decision has again put issues like abortion counseling and mifepristone in the targets of Right to Life legislators, and rumblings continue about amendments to ban sexual identification counseling.

Insurance Committee Chair Tina Pickett has introduced and moved a separate telemedicine bill, [HB 2419](#), which would permanently approve telemedicine for mental health counseling, and that bill is currently in the State Senate.



Other insurer issues:

[HB 681](#), banning noncompete clauses, with the Medical Society's amendment allowing these clauses for 2 years within 45 miles, remains on the House calendar. PA-ACP continues to oppose this legislation because of the amendment. And [HB 2613](#), which would mandate prompt credentialing and credentialing in all locations within a health system, is slated for consideration by the House Health Committee this month.

CRNPs

The Senate has held off on moving [SB 25](#), but when it does, it will pass with more than 40 votes. House leadership and Chairman Hickernell are still promising to amend it to provide the six year pilot project negotiated last session, and we've already met with the new Democratic Chair of the Professional Licensure Committee, Frank Burns, who expressed his agreement with our position. We are concerned that the Nurse Practitioners' Coalition is waiting for Chairman Hickernell's departure this fall to again push for a bill that has no provision for proving their assertions for independent practice.

The state's pharmacists are also seeking to expand their scope to provide all immunizations, injectibles, biologicals for everyone 9 years and older, and to provide COVID-19 vaccines for children 5 and over.

MH and ABC-MAP Information Sharing

The House late last year passed [HB 1561](#) and [HB 1563](#), which are intended to get the state in concert with federal security and privacy laws, including HIPAA on issues relating to mental health and drug treatments. The bills remain in the Senate Health and Human Services Committees at this time.

Miscellaneous legislation slated for consideration this month:

[HB 2585](#) and [SB 1235](#) which would prevent the Department of Human Services from disqualifying bidders for HealthChoices contracts if they do not provide services in each county in one of the Department's Health service regions. Without this legislation, DHS' decision, announced in May, would have precluded Capital Blue Cross from qualifying, and created a situation where 12,000 children in the CHIP program would have either lost their insurer or had to find a new primary care physician. PA-ACP supported these bills, which each passed their home chamber unanimously and sit in the respective insurance oversight committees.

[HB 2544](#) would provide funding for dialysis direct care centers for staff retention to avert the current staffing crisis.

[HB 1172](#) would expand access to Sexual Assault Nurse Examiners via telehealth and outreach in rural areas.



[HB 2293](#) would require Contract Health Care Service Agencies who provide temporary employment in nursing homes, assisted living residences and personal care homes to register with the DHS as a condition of their operations in Pennsylvania.

[SB 317](#) would allow providers to prescribe antibiotics for partners of those diagnosed with sexually transmitted infections without examining the partner. PA-ACP supports this legislation.

[SB 818](#) would align procedures permitted in licensed Ambulatory Surgery Centers (ASCs) with that of other states and federal Centers for Medicare and Medicaid Services (CMS). PA-ACP supports this legislation as well.

Drug related legislation – two bills regarding kratom production, manufacture, sale and possession, and use of psychedelic mushrooms for treatments may also get consideration during June. The Governor and Democratic leadership will put on a new push for legalization of personal use of marijuana as well.

[SB 471](#), and which PA-ACP opposes, remains on the Senate calendar. The “Medical Freedom Act,” sponsored by the GOP gubernatorial nominee Doug Mastriano asserts that every resident in this Commonwealth has the inalienable right to bodily integrity and should be free from any threat or compulsion that the individual must receive a vaccination. An individual who exercises the right not to be vaccinated must not be denied any right or privilege.

In the House, [HB 2013](#), a constitutional amendment to assert individuals’ right to medical freedom, remains on the tabled calendar. Two constitutional amendments that would declare there is no right to abortion or right to funding for an abortion in Pennsylvania are still on the calendars and could be brought to a vote. PA-ACP opposes all these bills.

Venue Update

The Supreme Court’s Civil Procedural Rules Committee will be considering the change to medical malpractice venue rules at its June meeting, and is expected to recommend the court throw out the current venue law, which was part of a negotiated deal with the court, trial lawyers, insurers and providers in 2002. This would enable an individual to file a med mal lawsuit in any county where the health care facility where the alleged malpractice occurred has operations.

Anticipating this, House Judiciary Committee Chairman Rob Kauffman introduced [HB 2660](#) on June 6, legislation for a constitutional amendment that gives only the General Assembly the authority to determine venue in civil actions. PA-ACP supports this legislation and educated members during its Capitol Advocacy Day on June 7.



Medicaid Issues

PA-ACP has been active in issues impacting the Medicaid program this spring as well. In March, the Chapter signed onto a letter to the Wolf Administration protesting a plan by DHS to limit contracts for Health Choices providers to those providers with no history of work stoppages during the preceding five years, unless the provider is or becomes a signatory to a collective bargaining agreement or labor peace agreement that includes specific terms. Based on current information, this clause would have precluded more than a dozen hospitals and dozens of sole community providers in rural areas from serving people in their community covered by Medicaid. The Wolf Administration capitulated and dropped that provision from contracting. (A copy of that letter is provided in the tabs.)

More recently, the DHS proposed limiting HealthChoices contractors for the CHIP and Medicaid programs to only health systems which provide services to all counties in each of its administrative regions. That provision would have blocked Capital Blue Cross, which is a regional Blue and is only permitted by the Blue Cross Blue Shield Association (BCBSA) to sell branded products in 21 counties from participating in the CHIP program. This action would have put almost 12,000 children at risk, all of which would need to find new coverage and possibly new primary care physicians if DHS was successful. PA-ACP supported passage of [HB 2585](#) and [SB 1235](#) requiring DHS allow bids for its Health Choices/CHIP programs from any health service corporation or hospital plan corporation to ensure choices for all counties. Again, it appears the Wolf Administration will back off its proposed contracting change.

Advocacy Day - Harrisburg

Nineteen PA-ACP members participated in the first in-person Advocacy Day June 7 in Harrisburg, with a training webinar held June 6 during the evening, and visits to 24 legislators and/or staff during the day on Tuesday June 7. A copy of the brief provided to legislators is attached at the end of this report.

Leadership Day in DC

Another 18 PA-ACP members served as delegates to the ACP's Leadership Day events in Washington, DC May 17 and 18. The delegates met with staff and Congresspeople from 18 of the state's 20 Congressional Offices.

Change in Health Related Leadership at State Level

Keira Klinepeter, who replaced Acting Health Secretary Alison Beam on January 1, departed earlier than anticipated during her pregnancy, and was replaced by Acting Secretary Denise A. Johnson, M.D., FACOG, FACHE who also serves as Physician General for the Commonwealth of Pennsylvania. Prior to becoming Physician General, Dr. Johnson was Chief Medical Officer at Meadville Medical Center.

Political Action – Campaign Finance Report



PA-ACP members can make either a one-time or a recurring contribution using PayPal at [Physicians and Patients PAC Donation | ERG Partners \(erg-partners.com\)](https://www.erg-partners.com). Corporate contributions are prohibited, and contributions are not deductible as charitable contributions for federal income tax purposes. This website is not a PA-ACP Services Inc. affiliated Political Action Committee, but donations are used to support ERG's efforts.

ERG maintains separate accounting of these funds, and uses them exclusively to support state level officials who directly impact medical policies. Reports are filed with the state election commission several times a year.

ERG has received \$680 from internists for its Political Action Committee since February.

ERG has participated financially since the last HPPC and Council meeting, attending fundraisers and events for the following legislators and committees:

House Republican Campaign Committee, Senator Kristin Phillips-Hill (prime sponsor, SB 225), Sen. John DiSanto (Insurance Chair), Senator Jim Brewster (Insurance, LBFC), Sen. John Yudichak (Aging & Youth, Rules), House Democratic Campaign Committee, Rep. Tony DeLuca (Insurance Chair), Rep. Kevin Boyle (Finance and Policy), Rep. Valerie Gaydos (Health, Policy), and Rep. Tom Mehaffie (Professional Licensure, Policy). These events cost \$5,250.00 and represent a small segment of events which a good financial program would have recommended.

PA-ACP Council voted to move forward with creation of an Internal Medicine Political Action Committee in 2022. That will require registration with the state and opening of a bank checking account. To do that will require selection of a PAC Committee Chairman and Treasurer.

Summary of PA-ACP's Capitol Day Priorities

June 7, 2022

The PA Chapter of the American College of Physicians (PA-ACP) includes 7,800 Pennsylvania physicians practicing general internal medicine and related subspecialties, including cardiology, gastroenterology, nephrology, endocrinology, hematology, rheumatology, neurology, pulmonary disease, oncology, infectious diseases, allergy and immunology, palliative care and geriatrics.

Prior Authorization Reform

Prior authorization was developed in days before the Internet, electronic health records and when record numbers of patients were uninsured. Today's system can be confusing for patients, and interferes with people's ability to get quality care they need. It results in delays in patient care and costs the average medical practice two days a week seeking approvals instead of treating patients.

PA-ACP supports legislation that ensures physicians have access to more efficient electronic prior authorization systems, standardizes processes among insurers, establishes a transparent framework



accessible online, provides realistic deadlines for determinations, expedites urgently needed decisions, and ensures peer to peer reviews are conducted by practitioners in the same specialty.

SB 225 would make these improvements, with language that's been negotiated over the last year among physicians, hospitals, insurers, patient advocates and regulators. *PA-ACP asks your support for SB 225 with this negotiated language.*

Telemedicine Authorization

Pennsylvania is one of only ten states that does not have a payment mandate for telemedicine services. The COVID-19 pandemic, and the telehealth flexibilities permitted by the state and federal governments clearly demonstrated the value of these services, and have improved access to care. PA-ACP supports expanded use of telemedicine for patients with established physician relationships, for monitoring and management of chronic conditions, counseling on mental/behavioral health issues and drug and alcohol issues as well.

SB 705, passed by the State Senate by a 46-4 vote would require payment for telemedicine, including physical, mental and behavioral health and substance abuse services. HB 2419, which passed the House by a unanimous 199-0 vote, extends telemedicine for outpatient psychiatric clinics to address the shortage of in-person staff.

PA-ACP urges your support for both bills to preserve the use of telemedicine after June 30.

Scope of Practice Issues

PA-ACP supports access to quality care using team-based models with all health care providers practicing to their full capabilities, based on education, training and experience. Physicians and nurse practitioners complete training with different levels of knowledge, skills, and abilities that while not equivalent, are complementary. As trained health care professionals, physicians and nurse practitioners share a commitment to providing high quality care.

Whenever possible, the needs and preferences of every patient should be met by the health care professional with the most appropriate skills and training to provide the necessary care. Patients with complex problems, multiple diagnoses or difficult management challenges will typically be best served by physicians working with a team of health care professionals that may include nurse practitioners and other non-physician clinicians.

PA-ACP recognizes the important role that nurse practitioners play in meeting the current and growing demand for primary care, especially in underserved areas. It also advocates for research to develop effective systems of consultation between physicians and nurse practitioners as clinically indicated.

Legislation has been introduced that would authorize Certified Registered Nurse Practitioners to practice independently, absent collaborative agreements with a physician. In 2020, with the agreement of physicians, hospitals, and the Coalition of Nurse Practitioners, legislation was amended in the House that would have provided a six year pilot project for CRNPs to practice independently in Health Professional Shortage Areas, with a study conducted after five years to determine the efficacy and measure quality of care.



PA-ACP supports legislation for Nurse Practitioners that includes the agreed-to pilot project and develops data to demonstrate the expansion benefits patients in terms of access and quality of care.

Medical Malpractice, Venue and the Courts

Twenty years ago, lawsuit payouts and premium costs drove many physicians to leave the state. Patients suffered and many communities lost access to primary care, OB/Gyn services and other specialists.

A year-long effort among trial lawyers, insurers, physicians, hospitals and the Supreme Court resulted in passage of the MCARE Act and reforms in tort law to solve the problem. A key piece of that reform was passage of legislation mandating medical malpractice cases be initiated in the county where the medical care occurred. The law has been repeatedly affirmed by the courts.

Today, the Supreme Court's Civil Procedural Rules Committee is considering a unilateral rule change that would allow medical malpractice suits to be filed in any county(venue) where the facility has operations. With that change, an issue resulting from a physician with a health system in, for example, Clarion or Greene County, could be filed in Philadelphia.

HB 2660 has been introduced proposing an amendment to the state Constitution that would require any changes in venue laws to be controlled by acts of the General Assembly.

PA-ACP opposes venue shopping in medical malpractice cases, and any changes in the law without legislation. The College asks your support for HB 2660.

Medicaid Recertification Plans

As a result of state and federal actions during the COVID-19 pandemic and public health emergency(PHE), Pennsylvania now has 3.4 million citizens enrolled in Medicaid and CHIP programs. The extensions of these programs will expire at the end of the PHE, most likely in October, 2022. Estimates are that as many as 600,000 Pennsylvanians will lose their coverage when these temporary pandemic-inspired reforms expire.

Federal officials are planning to give states 14 months to complete review and recertification of their Medicaid and CHIP recipients. But the Wolf Administration has said it plans to complete the process in just six months. Legislation has been introduced in the House to require those recertifications be completed in 60 days. Accomplishing this in either of the shorter time frames would be difficult at best given the staff and resources needed to review and recertify more than two million Pennsylvanians.

PA-ACP has asked the Wolf Administration to take advantage of the federal time frame recommendation of at least a year, to ensure there is adequate staff and time available to educate Pennsylvanians, conduct a thorough effort, and ensure no one suffers needlessly.



PA-ACP is asking you to assist in the effort to publicize the need for recertification at the end of the PHE, and to help preserve access to care for your most vulnerable constituents.