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December 18, 2013

The Honorable Matthew E. Baker  
Chairman, House Health Committee  
PO Box 202068  
Harrisburg, PA 17120-2068

Dear Representative Baker,

Thank you for the opportunity to comment on House Bills 1621 and 1622, along with the broader issue of the impact of integrated delivery systems on access to care.

It goes without saying that the delivery of health care is undergoing a rapid transformation, brought about in part by the federal Affordable Care Act. However, other changes, including hospital mergers, physician employment by large hospital systems, and the emergence of integrated delivery systems, are having an equally large impact on access to care.

Unfortunately a common theme permeating these developments has been the all-too-frequent separation of patients from their physicians. This is a significant concern, as we believe the physician/patient relationship is an essential component of quality health care. Protecting the ability of patients to continue to see their current physicians should be the General Assembly's primary focus as you examine these rapid systemic changes.

777 East Park Drive

PO Box 8820

Harrisburg, PA 17105-8820

Tel: (717) 558-7750

Fax: (717) 558-7840

Email: [stat@pamedsociety.org](mailto:stat@pamedsociety.org)

[www.pamedsociety.org](http://www.pamedsociety.org)

The Pennsylvania Medical Society does not at present have a position on House Bills 1621 or 1622, though we applaud Representatives Christiana and Frankel for the concern which led them to introduce the bills. We do, however, wish to offer three specific legislative proposals that would benefit patients in a meaningful way in this evolving environment.

First, we believe the General Assembly should prohibit the inclusion of non-compete, or restrictive covenant clauses in physician employment contracts. When physicians leave their current employment, they are often forced to move many miles away to continue to practice due to a non-compete clause in their agreement with their former employer. This causes great hardship for patients, who are often forced to find a new physician. If patients are truly our primary concern, these restrictive covenants in physician employment contracts should be prohibited.

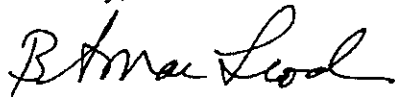
Second, we propose a ban on economic credentialing. Increasingly, hospital privileges are being denied to physicians who are not employed by the hospital solely on economic considerations. Distilled to its essence, economic credentialing rewards physicians who funnel patients to the hospital system and penalizes physicians who engage in conduct that diverts, or has the potential to divert, patients to competitors of the hospital system—even when the competing provider would be the better choice from a quality of care, cost efficiency, or patient preference perspective. What is best for the patient is sacrificed for what is best for the hospital system and its bottom line. The practice should be prohibited.

Third, based on a Texas statute, we propose legislation ensuring that a physician shall retain independent medical judgment in providing care to patients at a health care facility, and may not be disciplined for reasonably advocating for patient care.

While they do not in and of themselves constitute a complete resolution to the potential disruptions in access to care that led the House Health Committee to conduct this public hearing, we believe these pro-patient initiatives are an important part of the solution. We would be pleased to work with you to bring them about.

Again, thank you for inviting us to share our views on this important issue.

Sincerely,

A handwritten signature in black ink that reads "Bruce A. MacLeod". The signature is written in a cursive, flowing style.

Bruce A. MacLeod, MD FACEP  
President

cc: Members, House Health Committee  
Rep. Christiana  
Rep. Frankel