



The Bulletin

Official Publication of the York County Medical Society

WINTER, 2024

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I hope this letter finds you in good health and high spirits. My favorite thing about this time of year is the lights. From the brilliantly festive adornments of buildings to the quiet candlelight within, each serves as a reminder that darkness is temporary, and we can light our own way. Similarly, the spark of motivation can be fleeting but it is our continued choice to dedicate ourselves to our patients and this profession that carries us through.

This past quarter I had the pleasure of attending the PAMED House of Delegates in person again. As with many events post-COVID, it felt good to reconnect with people but even more so with the energy of such gatherings. I was truly inspired by the fervor with which the medical student and resident/fellow sections argued their convictions before the House. I left the Hershey Lodge with a newfound vigor and enthusiasm which I hope to carry into the new year.

As we look to the new year, I would first like to remind you to renew your membership and encourage you to check the box for auto-renewal. We have a lot of exciting opportunities for our members this year. In March, we will host a CME event on opioid use disorders which can satisfy both state and federal requirements. On April 18th, we help to sponsor the Appell Center's showing of Come From Away. This Broadway musical recounts the story of thousands of passengers who were stranded in a small Newfoundland town after 9/11. May will bring our installation ceremony where we invite all of you to join us at Box Hill Mansion to welcome our new board president Dr. Michael Daniels.

May this new year bring you lots of joy and peace!



Limited Availability of Nirsevimab in the United States— Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus (RSV) during the 2023–2024 Respiratory Virus Season



Distributed via the CDC Health Alert Network

October 23, 2023, 3:30 PM ET

CDCHAN-00499

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to provide options for clinicians to protect infants from respiratory syncytial virus (RSV) in the context of a [limited supply of nirsevimab](#) [↗](#), a long-acting monoclonal antibody immunization product recommended for preventing RSV-associated lower respiratory tract disease in infants.

In the context of limited supply during the 2023–2024 RSV season, CDC recommends prioritizing available nirsevimab 100mg doses for infants at the highest risk for severe RSV disease: young infants (age <6 months) and infants with underlying conditions that place them at highest risk for severe RSV disease. Recommendations for using 50mg doses remain unchanged at this time. Avoid using two 50mg doses for infants weighing ≥ 5 kilograms (≥ 11 pounds) to preserve supply of 50mg doses for infants weighing <5 kilograms (<11 pounds). Providers should be aware that some insurers may not cover the cost of two 50mg doses for an individual infant.

CDC further recommends that providers suspend using nirsevimab in [palivizumab-eligible children](#) [↗](#) aged 8–19 months for the 2023–2024 RSV season. These children should receive palivizumab per [American Academy of Pediatrics \(AAP\) recommendations](#) [↗](#). Nirsevimab should continue to be offered to American Indian and Alaska Native children aged 8–19 months who are not palivizumab-eligible and who live in remote regions, where transporting children with severe RSV for escalation of medical care is more challenging or in communities with known high rates of RSV among older infants and toddlers. Prenatal care providers should discuss potential nirsevimab supply concerns when counseling pregnant people about RSVpreF vaccine (Abrysvo, Pfizer) as maternal vaccination is effective and will reduce the number of infants requiring nirsevimab during the RSV season.

Background

RSV is a common cause of respiratory infection in U.S. infants, most of whom are infected with RSV during their first year of life (1, 2). RSV is the leading cause of hospitalization among U.S. infants (3). The highest incidence of RSV-associated hospitalization occurs in infants aged <3 months and then decreases with increasing age (4). Because of the high incidence of severe RSV disease in the first months of life, RSV prevention products focus on passive immunization of young infants through maternal immunization or immunoprophylaxis with monoclonal antibodies.

In July 2023, the Food and Drug Administration (FDA) approved [nirsevimab \(Beyfortus™, Sanofi and AstraZeneca\)](#), a long-acting monoclonal antibody, for passive immunization to prevent RSV-associated lower respiratory tract disease among infants and young children. On August 3, 2023, CDC's Advisory Committee on Immunization Practices (ACIP) [recommended](#) nirsevimab for all infants aged <8 months who are born during or entering their first RSV season and for infants and children aged 8–19 months who are at increased risk for severe RSV disease and are entering their second RSV season (5). The recommended dosing of nirsevimab for infants weighing <5 kilograms (kg) (<11 pounds (lb)) is 50mg. For infants aged <8 months weighing ≥5 kg (≥11 lb), the recommended dose is 100mg. For infants aged 8–19 months at increased risk of severe RSV disease entering their second season, the recommended dose is 200mg. Nirsevimab is supplied in [single-dose prefilled syringes](#) of either 50mg or 100mg. Cost of a nirsevimab prefilled syringe is the same for a 50mg dose or a 100mg dose.

Current reports to the [National Respiratory and Enteric Virus Surveillance System \(NREVSS\)](#), a national laboratory-based surveillance network, indicate RSV transmission has increased to seasonal epidemic levels in the Southern regions of the United States and is expected to continue to increase in the rest of the country within the next 1–2 months.

For the 2023–2024 RSV season, the [manufacturer reports](#) a limited supply of nirsevimab, particularly the 100mg dose prefilled syringes used for infants weighing ≥5 kg. Based on manufacturing capacity and currently available stock, there are not sufficient 100mg dose prefilled syringes of nirsevimab to protect all eligible infants weighing ≥5 kg during the current RSV season. Additionally, supply of the 50mg dose prefilled syringes may be limited during the current RSV season. CDC continues to work with the manufacturer to understand how it may accelerate nirsevimab supply.

Recommendations for Healthcare Providers

These interim recommendations apply to healthcare settings with limited nirsevimab availability during the 2023–2024 RSV season. Interim recommendations are subject to change as new evidence becomes available.

1. For infants weighing <5 kg, ACIP recommendations are unchanged. For infants born before October 2023, administer a 50mg dose of nirsevimab now. For infants born during October 2023 and throughout the RSV season, administer a 50mg dose of nirsevimab in the first week of life.
2. For infants weighing ≥5 kg, prioritize using 100mg nirsevimab doses in infants at highest risk of severe RSV disease:
 1. Young infants aged <6 months.
 2. American Indian and Alaska Native infants aged <8 months.
 3. Infants aged 6 to <8 months with conditions that place them at high risk of severe RSV disease: premature birth at <29 weeks' gestation, chronic lung disease of prematurity, hemodynamically significant congenital heart disease, severe immunocompromise, severe cystic fibrosis (either manifestations of severe lung disease or weight-for-length less than 10th percentile), neuromuscular disease or congenital pulmonary abnormalities that impair the ability to clear secretions.
3. In palivizumab-eligible children aged 8–19 months, suspend using nirsevimab for the 2023–2024 RSV season. These children should receive palivizumab per [AAP recommendations](#).
4. Continue offering nirsevimab to American Indian and Alaska Native children aged 8–19 months who are not palivizumab-eligible and who live in remote regions, where transporting children with severe RSV for escalation of medical care may be challenging, or in communities with known high rates of severe RSV among older infants and toddlers.
5. Follow [AAP recommendations](#) for palivizumab-eligible infants aged <8 months when the appropriate dose of nirsevimab is not available.
6. Avoid using two 50mg doses for infants weighing ≥5 kilograms (≥11 pounds), because 50mg doses should be reserved only for infants weighing <5 kilograms (<11 pounds), for example those born during the season who will be at increased risk for severe RSV illness because of their young age. Furthermore, providers should be aware that some insurers may not cover the cost of two 50mg doses for an individual infant.
7. Providers should encourage pregnant people to receive RSVpreF vaccine (Abrysvo, Pfizer) during 32 weeks' gestation through 36 weeks and 6 days' gestation to prevent RSV-associated lower respiratory tract disease in infants. Only the Pfizer RSVpreF vaccine (Abrysvo) is approved and recommended for use in pregnant people. The GSK RSVpreF3 vaccine (Arevvy) should **not** be used in pregnant people.
8. Either RSVpreF vaccination or nirsevimab immunization for infants is recommended to prevent RSV-associated lower respiratory tract disease in infants, but [administration of both products](#) is not needed for most infants.

1. Families should be aware of [everyday preventive measures to limit the spread of RSV](#) and other respiratory illnesses, including washing hands, covering coughs and sneezes, cleaning frequently touched surfaces, and staying home when sick.
2. Expectant parents should talk with their healthcare provider about receiving the RSV vaccine (Abrysvo, Pfizer) during pregnancy to protect their infant from severe RSV. CDC recommends that all infants are protected against RSV through either vaccination of the mother with RSV vaccine during pregnancy or giving the infant nirsevimab after birth.
3. Parents should talk with their healthcare provider about whether nirsevimab is available for their infant.

For More Information

Additional Information for the Public:

- [Symptoms and Care of RSV \(Respiratory Syncytial Virus\) | CDC](#)
- [Preventing RSV \(Respiratory Syncytial Virus\) | CDC](#)
- [RSV Vaccination: What Parents Should Know | CDC](#)
- [RSV Vaccination for Pregnant People | CDC](#)
- [Frequently Asked Questions About RSV Vaccine for Children 19 Months and Younger | CDC](#)
- [Protect yourself from COVID-19, Flu, and RSV | CDC](#)
- [RSV National Trends – NREVSS | CDC](#)
- [RSV \(Respiratory Syncytial Virus\) Preventive Antibody Immunization Information Statement | CDC](#)

Additional Information for Healthcare Providers:

- [For Healthcare Professionals: RSV \(Respiratory Syncytial Virus\) | CDC](#)
- [Healthcare Providers: RSV Vaccination for Pregnant People | CDC](#)
- [Healthcare Providers: RSV Immunization for Children 19 Months and Younger | CDC](#)
- [ACIP and AAP Recommendations for Nirsevimab | Red Book Online | American Academy of Pediatrics](#) [↗](#)
- [Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection | Pediatrics | American Academy of Pediatrics](#) [↗](#)

References

1. Glezen WP, Taber LH, Frank AL, Kasel JA. Risk of primary infection and reinfection with respiratory syncytial virus [↗](#). *Am J Dis Child* 1986; 140(6):543–6.
2. Rosas-Salazar C, Chirkova T, Gebretsadik T, et al. Respiratory syncytial virus infection during infancy and asthma during childhood in the USA (INSPIRE): a population-based, prospective birth cohort study [↗](#). *Lancet* 2023; 401(10389):1669–80.
3. McLaughlin JM, Khan F, Schmitt H-J, et al. Respiratory Syncytial Virus–Associated Hospitalization Rates among US Infants: A Systematic Review and Meta-Analysis. [↗](#) *J Infect Dis.* 2022; 225(6):1100-11.
4. Hall CB, Weinberg GA, Blumkin AK, et al. Respiratory syncytial virus–associated hospitalizations among children less than 24 months of age [↗](#). *Pediatrics.* 2013;132(2):e341-8.
5. Jones JM, Fleming-Dutra KE, Prill MM, et al. Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 [↗](#). *MMWR Morb Mortal Wkly Rep* 2023; 72(34):920–5.
6. Fleming-Dutra KE, Jones JM, Roper LE, et al. Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 [↗](#). *MMWR Morb Mortal Wkly Rep* 2023; 72(41):1115–22.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

PAMED 2023 Legislative Year in Review

Last Updated: Dec 19, 2023

“Unpredictable” is probably the best word to describe the many changes that have taken place over the past year...both from a legislative perspective and a political one, although the two are often inextricably linked.

Shortly after the 2022 House of Delegates last October, the General Assembly approved Senate Bill 225, prior authorization reform legislation. This proposal was the result of nearly six years of stakeholder meetings, physician coalition discussions, meetings with PAMED physician leaders, and grassroots physician advocacy. The new law made changes to the time-frames health insurers have to make prior auth decisions, refined the definition of medical necessity related to prior authorizations, streamlined the process of medication step therapy, and enacted changes to the qualifications of peer-to-peer reviewers. Passage of Senate Bill 225 was applauded by physician organizations across the Commonwealth along with members of the legislature. Though more work needs to be done when it comes to the relationship between physicians, health insurers, and patients.

Last November also brought the election of a new Governor, Josh Shapiro, and a historic shift of power in the state House of Representatives with democrats edging out a one seat majority. These changes, coupled with the untimely death of Anthony DeLuca, a democratic member of the House, impacted the ability of the General Assembly to “hit the ground running” in early 2023. Adding to the political complexities of a new legislative session was the resignation of several democrat house members who had been elected to other offices, including Lt. Governor Austin Davis. As a result, the “business” of the House didn’t really get started in a serious way until April.

We were also happy to see the election of Arvind Venkat, MD, to the state House of Representatives, the first physician to do so since 1961. Since his swearing-in, Dr. Venkat has made a positive impression with members of his caucus and has, more than once, influenced or helped shape healthcare legislation in Harrisburg. We anticipate that Dr. Venkat will continue to be a driving force, and trusted source of clinical knowledge, to many members of the legislature.



**THE YORK COUNTY MEDICAL SOCIETY ENDOWMENT FUND
AT THE APPEL CENTER FOR THE PERFORMING ARTS**

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As a Sponsor, the Fund receives 20 complementary tickets. For each \$100.00 tax-free contribution made to our YCMS Endowment Fund at The Appell Center the member will receive one ticket – limited to 2/member and availability. Call Mindi Haines, Director of Development at 717 825-2235.

Or better yet, consider making a \$1,500 contribution, making you a Major Donor with recognition in perpetuity.

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2/14/2023

It should be noted that PAMED's political action committee, PAMPAC, was an early supporter of Dr. Venkat's candidacy.

Politics aside, we have seen a number of proposals put forth this legislative session that has PAMED very much engaged. We saw the reintroduction of Senate Bill 25, legislation that would grant CRNPs with independent practice authority and expect to see a companion bill introduced in the House before the end of the year. Legislation was also introduced to allow pharmacists to prescribe medications. A public hearing on this measure, House Bill 1000, was held in September with future stakeholder meetings expected. Staying with the theme of scope of practice expansion, PAMED has been engaged with the PA Chapter of the American College of Obstetricians Gynecologists in considering a legislative proposal that would no longer require nurse midwives to maintain a collaborative agreement with an OB/GYN. As of early December, consideration of these proposals is not expected in the near term.

While PAMED spends considerable resources on scope of practice issues, there are a number of bills, unrelated to scope, on which we are actively engaged. These include, but are not necessarily limited, to the following in no particular order:

Pennsylvania orders for Life Sustaining Treatment (POLST)—PAMED continues to work on moving proposals in both the Senate and House to address the issue of POLST. Sen. Gene Yaw (R-Lycoming) has introduced Senate Bill 631 and Rep. Tarik Kahn (D-Philadelphia) has introduced the companion bill in the House as House Bill 1212. Committee consideration of House Bill 1212 could come in early 2024.

Insurer credentialing—PAMED has identified Sen. Ryan Aument (R-Lancaster) as a possible sponsor in the Senate of legislation to shorten the time it takes to credential providers with health insurers. PAMED is working on several fronts to gather documented information on the delays in the credentialing process. It should be noted that Rep. Steve Mentzer (R-Lancaster) has introduced a version of our credentialing bill in the House as House Bill 1510.

Non-Compete Agreements—As mandated by the PAMED House of Delegates, we continue to discuss the issue of non-compete agreements in physician contracts with a number of legislators. Interest in this area seems to be growing as lawmakers learn more about how these contractual agreements negatively impact patient access and continuity of care. Sen. Michele Brooks (R-Venango) has re-introduced a proposal, Senate Bill 521, that would require a patient to be notified if their physician changes practices. Under the legislation, patients would receive the appropriate contact information for their physician should they choose to continue seeing their provider in another location. The bill would also void non-compete agreements when a physician is terminated "without cause." The state hospital association, HAP, opposes this legislation.

In the House, Rep. Dan Frankel (D-Allegheny) has introduced House Bill 1633, a proposal that would outright ban the use of non-compete agreements in all physician employment contracts. PAMED will be working with Rep. Frankel, and other policy makers in the House, to move this proposal forward. While PAMED supports House Bill 1633, our support is contingent upon adding a provision that would permit the use of non-compete agreements by private physician practices.

Bio-markers—Legislation introduced by Sen. Devlin Robinson (R- Allegheny), Senate Bill 1754, would mandate that health insurers cover the costs associated with diagnostic tests to determine a given patient’s biomarkers related to a specific illness. Rep. Kyle Mullins (D-Lackawanna) has joined with Rep. Bryan Cutler (Lancaster) in introducing House Bill 954, another bio-marker proposal as well and a companion to the Senate version. PAMED, along with abroad coalition of provider organizations and patient advocacy groups, supports both legislative initiatives.

Telemedicine—PAMED is hopeful that a telemedicine bill may finally get to the Governor’s desk this legislative session. Sen. Elder Vogel (D-Beaver) has once again introduced Senate Bill 739 of which PAMED is supportive.

ED Overcrowding—PAMED has asked Governor Josh Shapiro to establish a task force on the issue of ED overcrowding. While no legislative remedy to this crisis has been introduced, PAMED hopes to work hand-in-hand with the Shapiro administration in identifying a solution and following through with its implementation.

Mental Health Access—PAMED, along with the Pennsylvania Psychiatric Society (PSA), has embraced the collaborative care model between psychiatrists and primary care physicians as a way of expanding mental healthcare services to patients in need. House Bill 849, authored by Rep. Mike Schlossberg (D-Lehigh) provides funding to establish coordinated care models in primary care offices. The language also includes a model that utilizes psychologists in care models as well.

Reproductive Health—PAMED has met with Rep. Leanne Krueger (D-Philadelphia) regarding her proposal to expand access to contraceptives. Her proposal, House Bill 1140, would remove limitations on the duration of prescriptions for patients taking medications that not only prevent pregnancies but also treat ailments such as endometriosis and Polycystic ovary syndrome. PAMED is working cooperatively with Rep. Krueger to "tighten" aspects of the bill to ensure that physicians ultimately have control of the prescription process.

Constitutional Amendment on Abortion—Rep. Danielle Friel Otten (D-Chester) introduced House Bill 1888, a constitutional amendment measure that would enshrine within the state constitution an individual’s right to exercise personal reproductive liberty related to pregnancy.

The House Judiciary Committee held a public hearing to discuss the bill in mid-December and it is anticipated that the bill will be considered by the full House of Representatives in early 2024.

Although the current legislative session has been less than robust, a breast cancer related proposal authored by Sen. Kim Ward (R-Westmoreland) made it to the finish line in record time in May of this year. Senate Bill 8, lauded as a “first-of-its-kind” in the country to improve breast cancer screening coverage of necessary BRCA testing and screening for high-risk Pennsylvanians, had the support of PAMED and several patient advocacy groups. PAMED played an active role in helping to develop this legislation through several meetings between PAMED Board Chair and oncologist Ed Balaban, DO, and Sen. Ward’s legislative staff. The bill was signed into law by Governor Josh Shapiro as Act 1 of 2023.

As we near the end of the 2023 legislative calendar, PAMED is already looking ahead strategically on many of the issues contained in this report. We anticipate a busy legislative agenda in 2024 as lawmakers will be looking ahead to the state’s April primary election and of course, the Presidential election in November of 2024. As always, PAMED members are encouraged to develop relationships with their local state representatives and state senators. These relationships will play a key role in helping PAMED to achieve our legislative goals.

PAMED Supports Legislation Related to Reproductive Health

Last Updated: Nov 16, 2023

PAMED’s House of Delegates established policy in 2022, that opposes legislative measures that would criminalize physicians, including civil liability exposure for physicians, who make sound medical decisions with patients regarding the provision of reproductive health care.

Representative Mary Jo Daley (D-Montgomery) recently introduced a six-bill package (House Bills 1784-1789) that would help ensure that the Commonwealth is not complicit in other states’ efforts to attack bodily autonomy. In her co-sponsorship memo to colleagues Daley states that “while we cannot prevent other states from criminalizing abortion, we can protect individuals seeking and those providing reproductive healthcare services in Pennsylvania.”

This past week, the House Judiciary Committee, Chaired by Representative Tim Briggs (D-Montgomery) approved House Bill 1786, a measure included in the Daley package that would prohibit Pennsylvania courts from cooperating with out-of-state civil and criminal cases involving reproductive healthcare services and prevent officials from other states from arresting individuals in Pennsylvania for abortion-related crimes. Technically, the bill amends Title 42 to prohibit the Pennsylvania courts, prothonotaries, peace officers, law enforcement agencies, and the Governor from cooperating with out-of-state civil and criminal cases involving reproductive health care services. The bill was subsequently approved by the full House of Representatives by a vote of 117-86. The future of House Bill 1786 in the Senate is uncertain at this time.

As such, PAMED opposes legislative measures which expose patients to criminal charges or civil liability due to receiving medical care, or due to changes in pregnancy status and supports shared decision making for the physician-patient relationship as it applies to all reproductive health, including abortion. PAMED supports House Bill 1786.

2024 Physician and Medical Student Membership Dues

Full Active Members.....	\$349
Never been a member or it's your first year in practice?.....	\$95
<i>(Please note that this introductory offer includes county medical society membership)</i>	
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<i>More than 60% savings!</i>	
Supporter member.....	\$99
<i>Any physician who is engaged in professional activities related to the active practice of medicine, but who is not engaged in active practice. A supporter member may not vote or hold office.</i>	

Our membership dues cycle begins on January 1 and ends on December 31.

County Medical Society Membership

The Pennsylvania Medical Society is unified with county medical societies. Members belong to both the state medical society and a county medical society, which has their own dues structure. Physicians may join the county in which they live, work, or have medical staff privileges. To access your county medical society's contact information and due structure, please go to www.pamedsoc.org/county

▶ How can I join?

- Call between 8 am and 5 pm the Knowledge Center at **(800) 228-7823**
- Go online—www.pamedsoc.org/join

SAVE THE DATES!

March 28th 2024 from 1-330 PM

CME presentation - Using the PDMP to Optimize Pain Management and Effective Opioid Tapering Practices to be held at York Hospital (Lunch and refreshments to be provided)

May 15th 2024 from 6-9 PM

Annual Installation of YCMS Board Members to be held at Box Hill Mansion in York, PA (Cocktail hour and Dinner to be provided)

June 26th 2024 at 630 PM

New Resident Event to be held at York Revolution Stadium -York Revolution vs. Long Island Ducks (Game Tickets and Refreshments provided)