The Patient Trust Act: Taking Politics Out of the Exam Room in Pennsylvania

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Across the country, politicians are playing doctor – pushing for laws that intrude into exam rooms and conflict with professional and ethical standards of medical care. The laws they are enacting put politicians’ words in the mouths of health care providers, prohibit providers from communicating important health information, mandate unnecessary procedures or outdated modes of care and much more.

The government has an important role to play in regulating the medical profession, but when those regulations do not comport with medical standards and/or when they interfere in the patient-provider relationship and undermine patient-centered care, lawmakers have abused their authority.

The Patient Trust Act would help ensure that in Pennsylvania, medical decisions are left where they belong – in the hands of patients and their professional health care providers.

The Patient Trust Act states that Pennsylvania and its local and county governments:

- Will not require health care providers to give patients information that is medically inaccurate or prohibit the provision of information that is medically appropriate and accurate;
- Will not require health care providers to perform services that are inconsistent with appropriate and evidence-based medical standards; and
- Will not prohibit health care providers from delivering care in a manner that is appropriate and consistent with evidence-based medical standards.

“Politicians are increasingly overstepping their boundaries by considering and enacting unprecedented numbers of measures that inappropriately infringe on clinical practice and patient-physician relationships and improperly intrude into the realm of medical professionalism, often without regard to established, evidence-based care guidelines.”

— Executive leadership of the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American College of Surgeons, New England Journal of Medicine, October, 2012
Why the Patient Trust Act is Needed

The Patient Trust Act addresses the serious and growing problem of laws that impose politics and ideology on clinical care. This dangerous trend threatens evidence-based, patient-centered medicine, the delivery of quality care, and public health. Restrictions on how providers may deliver care have impaired health care professionals’ ability to give patients medically appropriate care and counseling on issues such as gun safety, environmental risk factors and abortion care.¹

For example:

- In Florida, a law restricts health care providers’ ability to counsel patients about gun safety – despite the fact that the American Academy of Pediatrics recommends such counseling to help prevent unintentional shooting deaths especially among children.² While Florida’s law remains the most restrictive, Montana and Missouri have also enacted laws restricting conversations between health care providers and patients on gun safety.³

- In Pennsylvania, a provision in Act 13 of 2012 could prevent health care providers from sharing information with their patients about the potentially toxic chemicals to which they were exposed due to hydraulic fracturing (“fracking”). Thirteen states require that information regarding fracking chemicals be shared with health professionals, but many of those requirements have provisions that may limit sharing that information with anyone else, including patients.⁴

- In five states, health care providers are required to give women seeking abortion care medically inaccurate information that falsely asserts a link between abortion and breast cancer.⁵ Two states require providers to tell patients that medication abortion may be “reversible,” an assertion with no medical support.⁶ Thirteen states require health care providers to perform an ultrasound; in some states providers must describe and display the image, regardless of medical need or the wishes of the patient.⁷ Twenty-eight states force providers to delay abortion care for up to 72 hours.⁸ These are just a few examples of the widespread political interference in abortion care. More than 300 abortion restrictions were introduced in state legislatures in just the first three months of 2015.⁹

Health Care Providers Speak Out to Protect Patient Trust

Medical organizations in Pennsylvania and around the country are taking a stand against political intrusion into the exam room. The executive leadership of five major medical groups – the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians and the American College of Surgeons – signed a statement published in the New England Journal of Medicine that decried the growing encroachment of politics into medical care.¹⁰ Twenty-three organizations, including more than a dozen medical associations, have endorsed the principles of the Coalition to Protect the Patient-Provider Relationship, a

“State legislatures should not stop physicians from practicing good medicine. This law has a chilling effect on life-saving conversations [about gun safety] that take place in the physician’s office.” — James M. Perrin, MD, FAAP, Former President of the American Academy of Pediatrics, in the American Academy of Pediatrics’ statement on the “Florida Privacy of Firearm Owners Act,” July 28, 2014
national consortium of medical and advocacy groups dedicated to keeping politics out of the exam room.\textsuperscript{11} The \textbf{American Medical Association} adopted a resolution in opposition to “any government regulation or legislative action on the content of the individual clinical encounter between a patient and physician without a compelling evidence-based benefit to the patient, a substantial public health justification, or both.”\textsuperscript{12}

In 2012, the Pennsylvania Medical Society (PAMED) sent a letter opposing legislation that would have mandated an ultrasound prior to an abortion and dictated the content of the conversation between a woman and her health care provider, irrespective of medical need or appropriateness. PAMED wrote, “As physicians, we are dedicated to our professional oath to deliver the highest quality care possible and to provide that care in partnership with our patients. . . . [W]e are particularly sensitive to protecting and preserving our confidential relationship with our patients, who are most vulnerable when faced with serious illness or confronted with difficult medical decisions.”\textsuperscript{13} The letter noted that, by “legislating specific diagnostic protocols,” the proposed bill, if it became law, would “significantly jeopardize that open dialogue within the physician/patient relationship, which is the very foundation upon which modern medicine was built.”\textsuperscript{14} Although this bill did not pass, the threat still looms.

\textbf{Medically Appropriate Care Should Be Noncontroversial}

All patients deserve health care that is medically appropriate and based on scientific evidence. The \textbf{Patient Trust Act} would prohibit state, county and municipal laws that mandate care that is inconsistent with evidence-based standards or that ban care that \textit{is} consistent with evidence-based medicine. All health care providers should be able to give their patients high quality, individualized care based on their professional judgment, without fear of political intrusion that undermines professional standards of care. All patients are entitled to receive care based on their individual needs and what is medically appropriate, not on a politician’s ideology.

\textbf{For more information, please contact Andrea Friedman, National Partnership for Women & Families, at afriedman@nationalpartnership.org.}
5 Guttmacher Institute. (2015, September 1). State Policies in Brief: Counseling and Waiting Periods for Abortion. Retrieved 2 September 2015, from http://www.guttmacher.org/statecenter/spibs/spib_MWPA.pdf (Kansas, Texas, Alaska, Mississippi and Oklahoma include this information in their state-drafted written materials, but it is not mandated by state law.)
8 See note 5.
10 See note 1.
11 Coalition to Protect the Patient-Provider Relationship, Available at: www.coalitiontoprotect.org
14 Ibid.

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at www.NationalPartnership.org.

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