

**AMA INTERIM MEETING  
2017  
HONOLULU, HAWAII**

**CONSTITUTION AND BYLAWS**

1. The American Association of Neuromuscular & Electrodiagnostic Medicine, American College of Rheumatology, American Society for Dermatologic Surgery, American Society of Clinical Oncology, American Society for Maxillofacial Surgeons, and the American Society of Plastic Surgeons are in compliance with the five year review and will retain specialty representation in the HOD.
2. Council on Ethical and Judicial Affairs (CEJA) Report provides guidance for physicians who are speaking to or are appearing in the media.. The report can be found on the AMA website.
3. A resolution asked the AMA encourage stakeholders to study the impact of mandated reporting of domestic violence on individuals with undocumented immigrant status.
4. The AMA was asked to adopt policy stating that fetal tissue obtained during termination of a pregnancy should be handled no differently than tissues obtained during other medical procedures.
5. AMA Policy H-375.962 was amended by stating that physicians who participate in good faith peer review should have legal protection with immunity and protection from retaliation. The full policy can be found on the AMA website.
6. A resolution asked the AMA to support the disaggregation of demographic data regarding ethnic groups in order to reveal the within group disparities that exist in health outcomes and representation in medicine.
7. Since the terms “prostitute” and “prostitution” are now considered pejorative and stigmatizing, a resolution asked the AMA to modify AMA policies and change the terms to “sex workers” and “sex work”.
8. The AMA should oppose any policies that give legal rights (such as probate, inheritance, and social security numbers to ectopic and/or molar pregnancies.
9. Referral to CEJA for further study was made regarding physicians ability to recognize when they are and when they are not able to provide appropriate care to their patients.
10. A referral was made to CEJA to further study autonomy for patients with differences in sex development.
11. A referral to CEJA was made to study the effect of mergers between secular hospitals and hospitals with religious affiliation on access to care.
12. Referral was made for study regarding physicians’ freedom of speech. Recently physicians have been terminated or disciplined by their employers for expressing their opinions on social media accounts. Also physicians have been sued for expressing their views on medical issues.

## REFERENCE COMMITTEE B – LEGISLATION

1. BOT Report 6 states that the current administration should take immediate steps to facilitate e-prescribing of controlled substances as well as to streamline administrative paperwork burdens. The report can be found on the AMA website.
2. A resolution asked the AMA to modify Policy H-370.965 regarding relieving the burden for living organ donors to encourage paid leave for organ donation.
3. The AMA should continue to consider and implement the most strategic approaches to engage with the Department of Health and Human Services to advance and advocate for policies important to physicians and patients and to promote physician leadership in emerging health care organizations and reimbursement structures.
4. The AMA should oppose any rules or regulations regarding the repair or refurbishment of medical tool, equipment or instruments that are not based on objective scientific data.
5. A resolution regarding the appropriate use of objective tests for obstructive sleep apnea was made stating that ordering and interpreting these tests constitutes the practice of medicine and that such tests should be ordered by and interpreted by a licensed physician.
6. The AMA should continue to work with impacted specialties to actively lobby the federal government to exclude Medicare Part B drug reimbursement from the Merit Based Incentive payment System (MIPS) payment adjustment as part of the Quality payment Program ((QPP).
7. The AMA should oppose legislation or regulation that allows physician assistant independent practice.
8. The AMA should support the creation, standardization, and implementation of electronic prescription cancellation from all electronic medical records vendors and that these orders be accepted by pharmacies.
9. The AMA should support legislative changes to the Americans with Disabilities Act of 1990 to educate state and local government officials and property owners on strategies to promote access to patients with disabilities. Also the AMA should develop educational tools to help physicians make their offices more accessible.
10. A resolution asked the AMA to advocate for the legal protection of sexual assault survivors' rights and work with state medical societies to ensure implementation of these rights.
11. The AMA should advocate that physicians are offered flexibility related to adoption and use of new certified EHRs versions or additions when there is not a sufficient choice of HER products. He AMA should also advocate that physicians should not be penalized financially for certified HER technology not meeting standards,
12. The AMA should petition CMS to require HER vendors meet all current certification requirements and that HER vendors, not physicians, be financially responsible for HER technology not meeting current standards.
13. The AMA should oppose legislation that reduces or eliminates access to federal child nutrition programs.
14. The AMA should advocate to remove the wequester provision for Medicare reimbursement.

15. The AMA should oppose enactment of the Advanced Practice Registered Nurse (APRN) Multistate Compact, due to the potential of the APRN Compact to supersede state laws that require APRNs to practice under physician supervision, collaboration, or oversight.
16. The AMA should advocate for legislation, standards, policies and funding that encourage correctional facilities to increase access to evidence based treatment of opioid disorders.
17. The AMA should support regulatory and legislative changes that better balance patients' privacy protections against the need for health professionals to be able to offer appropriate medical services to patients with substance abuse disorders.
18. The AMA should support early communication and resolution programs as a viable option to settle disputes prior to litigation.
19. The AMA should oppose the holders of the degree Doctor of Medical Science from being recognized as a new category of health care provider.
20. The AMA should oppose the presence of office enforcement at health care facilities in non exigent circumstances.
21. The AMA should work with pharmacy benefit managers to (a) identify the impact on patients of policies that restrict prescriptions to ensure success to care and (b) prohibit pharmacy actions that are unilateral medical decisions.
22. The AMA should urge and advocate that the US Congress quickly pass legislation to adequately fund Puerto Rico and the US Virgin Islands Medicaid programs.
23. The AMA should urge Congress to preserve the tax deductibility of student loan interest payments, and also the tax deductibility of high medical expenses. The AMA should also urge Congress to maintain the tax exempt status of tuition waivers.
24. A New York resolution asked the AMA to object to any purchase of a health insurance plan by any drug store or pharmacy chain. This was referred to the BOT for decision.

## REFERENCE COMMITTEE F - FINANCE AND GOVERNANCE

1. Council on Long Range Planning recommends that the AMA renew delineated section status for the Senior Physician Section through 2022.
2. The Board of Trustees that AMA publishing plans to implement a process for waiving or reducing Open Access fees if Authors are not supporter by funders or cannot afford to pay/
3. Three resolutions on physician were referred for study for a report back at the annual meeting in 2018.

**REFERENCE COMMITTEE J – MEDICAL SERVICE, PRACTICE,  
INSURANCE**

1. Council on Medical Service (CMS) Report 1 asks the AMA to support the criteria in Section 1332 of the Affordable Care Act for the approval of State Innovation Waivers. The waiver proposal should provide coverage to at least a comparable number of state's residents as would be covered absent the waiver. It should also be at least as affordable and comprehensive as could be obtained absent the waiver.
2. CMS Report 3 discussed principles regarding non physician ordered screenings. Any screening results should be sent to the primary care provider upon patient request and should require a consultation with the primary care provider should a positive or abnormal result occur.
3. CMS Report 4 recommends that the AMA oppose the removal of categories from the essential health benefits (EHB) package and their associated protections against annual and lifetime limits, and out of pocket expenses.
4. CMS Report 5 reaffirmed Policy H-290.963 opposing caps on federal Medicaid spending.
5. A resolution asked the AMA to oppose work requirements as a criterion for Medicaid eligibility.
6. The AMA should study the role, clinical efficacy, and cost effectiveness of ambulance services, including barriers to adequate competition, reimbursement and quality improvement.
7. Policy H-130.948 was amended to include the statement that physicians should receive adequate compensation for being available and providing on call and emergency services.
8. The AMA should engage and advocate with any commercial insurance company that discontinues payment for consultation codes.
9. The AMA should actively lobby the federal government to change laboratory Date of Service rules under Medicare such that complex diagnostic laboratory services performed on pathologic specimens collected from a hospital procedure be paid separately from outpatient and inpatient bundled payments.
10. The AMA should recognize the disparity to access to care for women veterans and encourage research to address this population's needs.
11. The AMA should engage accrediting organizations to ensure that their hospital accreditation standards acknowledge the medical staff's essential role in the provision of high quality medical care.
12. The AMA should oppose hospital quality program assessments that have the effect of financially penalizing physicians, including those practicing in safety net hospitals.
13. CMS and CSPH recommend that the AMA work with interested national medical specialty societies and other stakeholders to encourage the development of a comprehensive payment strategy that facilitates more consistent coverage of genetic/genomic tests and therapeutics that have clinical impact.

14. The AMA should advocate for the authorization of Chronic Care Management reimbursement for all physicians, including those practicing in rural health clinics and federally qualified health centers for patients in a home health episode.
15. The AMA should re-affirm Policy H-110.987 which encourages prescription drug price transparency. The AMA should advocate for policies that prohibit price gouging on prescription medications.
16. The AMA should aggressively advocate to ensure that when an E&M code is appropriately reported with a modifier 25, that the procedure and E&M codes are paid at the non-reduced, allowable payment rate.
17. The AMA should support additional funding for payment for services provided to patients with mobility related impairments that is not through a budget neutral adjustment in the physician fee schedule.
18. The AMA should work to promote appropriate payment for treatment of all types of dementia when patients are treated in an accredited facility even when dementia is the primary diagnosis for admission.
19. A resolution was referred with a request for a report at the annual meeting (A-18) in 2018 regarding the site of service differential.
20. A referral was made with a request for a report at A-18 on medicare payment for services provided by a proctored medical student.
21. The AMA supports requiring health insurers that terminate in network providers: (a) notify providers of pending termination at least 90 days prior to termination, and (b) give to providers at least 60 days prior to distribution a copy of the health insurer's letter notifying patients of the provider's change in status.

**REFERENCE COMMITTEE K – MEDICAL EDUCATION, SCIENCE,  
PUBLIC HEALTH**

1. Council on Medical Education (CME) Report 1 discusses promotion and reaffirming domestic medical school clerkship education. The report is on the AMA website.
2. Council on Science and Public Health (CSPH) Report 2 discusses targeted education to increase organ donation.
3. CSPH was asked to determine whether neuropathic pain is a disease. They felt that due to complexities surrounding the issue that this would be best deliberated by a group of multi-specialty experts in the evaluation and treatment of pain.
4. CSPH Report 4 discusses the national drug shortage. Policy H-100.956 was amended to add during the evaluation of potential mergers and acquisitions regarding pharmaceutical manufacturers, the FTC consult with the FDA to determine whether such activity has the potential to worsen drug shortages. See the AMA website for the full policy.
5. The AMA should encourage the implementation of a routine protocol for depression screening in pregnant and post partum women.
6. The AMA should support the work of maternal mortality review committees and work with state and specialty societies to secure funding.
7. The AMA should work with appropriate groups regarding raising awareness of the increased death rate and decreased life expectancy rates in the United States.
8. The AMA supports research into mechanisms to improve patient understanding of their respiratory inhaler medications with the aim of improving safety and reducing unintentional errors. This came from a resolution to color code which the FDA does not support for a variety of reasons.
9. A resolution in 2016 asked the AMA to change existing policies on cannabis use. The CSPH opined that the evidence available at this time does not support a substantial change in AMA policy. The AMA does support research to determine the consequences of long term cannabis use and urges legislatures to delay initiating the legalization of cannabis for recreational use until further research is completed on the public health, medical, economic and social consequences of its use.
10. The AMA encourages primary and secondary schools to incorporate into health class curriculum the topic of balancing screen time with physical activity and sleep.
11. The AMA supports state legislation to provide expedited partner therapy to patients diagnosed with gonorrhea, chlamydia and other sexually transmitted infections, as supported by scientific evidence and identified by the CDC.
12. The AMA should study recent domestic violence data and the unique issues faced by the LGBTQ population.

13. A resolution asked for educating physicians regarding the importance of cervical cancer screening for female to male transgender patients.
14. The AMA should collaborate with relevant organizations to support the development of continuing education programs to enhance physicians' knowledge of the health impacts of social media usage.
15. The AMA's Opioid Task Force should promote educational resources for mothers who are breastfeeding on the benefits and risks of using opioids or medication assisted therapy for opioid use disorder, based on most recent guidelines.
16. The AMA should advocate for comprehensive and evidence based care that addresses the specific health care needs of children in foster care.
17. The AMA should support research on the implementation of buffer zones between oil and gas development sites and residences, schools, hospitals, and religious institutions, to determine the distance necessary to ensure public health and safety.
18. The AMA should urge the FDA to study the practicality and utility of naloxone rescue stations (public availability of naloxone through wall mounted display/storage units that include instructions).
19. The AMA should work with appropriate organizations to help educate the public and policymakers about the tobacco companies organized conspiracy to commit fraud leading to the federal court verdict finding them in violation of the Racketeer Influenced and Corrupt Organization (RICO) Act.
20. The AMA should support the mission and funding of academically based regional Pediatric Environmental Health Specialty Units by the Agency for Toxic Substances and Disease Registry of the Centers for Disease Control and Prevention.
21. The AMA should stakeholders to examine the barriers and facilitators that medical staffs will encounter following a natural or other disaster.
22. The AMA should support the development and implementation of training regarding implicit bias, diversity and inclusion in all medical schools and residency programs.
23. The MOC process should be reflective of and consistent with the cost of development and administration of the MOC components and ensure a fair fee structure. Value in MOC should include cost effectiveness with full financial transparency.
24. The AMA should study innovative approaches that could be developed to support interested physicians as they seek qualifications and credentials in preventive medicine/public health to strengthen public health leadership, especially in rural communities.
25. The AMA should encourage the AAMC and the ERAS to develop steps to minimize bias in the residence selection process.
26. The AMA should encourage the ACGME to better enforce compliance with the standardization of abortion training requirements.
27. The AMA should collaborate with appropriate groups to disseminate the work introduced by the medical schools participating in the Accelerating



**Change in Medical Education consortium and distribute pertinent information and a comprehensive bibliography about the influence that sex and gender have on clinical medicine.**

- 28. The AMA should support policies for the inclusion of lifestyle medicine education and social determinants of health in undergraduate, graduate, and continuing education.**
- 29. The AMA, in collaboration with the AAMC, should study the potential implications and repercussions of expanding the Standardized Video Interview to all residence applicants.**