

AMA INTERIM MEETING
ORLANDO, FLORIDA
NOVEMBER 2016

This is a short summary of individual resolutions and reports. The full reports and reference to specific AMA policies can be found on the AMA website

CONSTITUTION AND BYLAWS

1. BOT Report 5 reviews the IONs "Dying in America" report and compares it to existing AMA policy. The report recommends re-affirming AMA policy which promotes high quality, patient centered care for all patients at the end of life.
2. CCB Report 1 addresses updated bylaws for membership and representation in the Organized Medical Staff Section (OMSS). The changes were adopted.
3. CEJA Report 2 deals with the topic of physician competence, self assessment and self awareness. Central to medicine is the expectation that a physician will provide competent care and the report discusses what it means to maintain expertise in one's field.
4. CEJA Report 1 examines the ethical issues inherent in the provision of physician led collaborative care.
5. A resolution asked the AMA to study the implementation and the ethics of expanded access programs, accelerated approval mechanisms and payment reform models meant to increase access to investigational therapies, including programs for infants and children.
6. A resolution asked the AMA to recognize the importance of individual patient spirituality.
7. Lengthy debate occurred regarding female genital mutilation and whether or not it should be condemned. Due to different opinions the resolution was referred for study.
8. The AMA should study the current environment for effective peer review in order to update its policy to include strategies for promoting effective peer review by physicians and to consider a national strategy for protecting physicians from retaliation.
9. A resolution addressed fair processes for employed physicians. The AMA should support whistleblower protections for health care professionals who raise questions on issues of quality safety and efficacy of health care and are adversely treated by any health care organization.
10. BOT Report addressed specialty society representation in the HOD. Basically specialty society representation should be the same size as state society representation.
11. A resolution asked the AMA to study the issue of living organ donation. Existing policies were re-affirmed (H-370.959), D-370.985, H-370.964, and H-370.961).

REFERENCE COMMITTEE B – LEGISLATIVE

Highlight items 10 11 and 15

1. A resolution asked the AMA to provide an informational report on recent and current organizational actions taken on our existing AMA policies regarding removing the restrictions on federal funding for firearms research.
2. A resolution asked the AMA to support legislation and regulatory action that would authorize all prescribers of controlled substances, including residents, to have access to their state prescription drug monitoring program.
3. A resolution asked the AMA to work with CMS and or Congress to end the procedure of “auto enrollment” of individuals into Medicare Advantage programs.
4. The AMA was asked to endorse the recommendations of an interdisciplinary interprofessional group (full list of these groups on the AMA website) in the publication “Firearm Related Injury and Death in the United States”.
5. The AMA should encourage Congress to assure that the National All Schedules Prescription Electronic Reporting Act (NASPER) be fully funded to allow state prescription drug monitoring programs to remain viable and active.
6. The AMA should develop model state legislation to limit cell phone use to hands free use only use while driving.
7. The AMA should support state medical association in their opposition to proposals to replace a state medical liability system with a no fault liability or Patient Compensation System, unless these proposals are consistent with AMA Policy.
8. BOT Report 3 discusses prescription drug monitoring programs, (PDMP). These programs should have the capability for physicians to know when their patients have received a prescription for controlled substances from multiple prescribers.
9. The AMA should support the voluntary inclusion of a patient’s biological sex, current gender identity, sexual orientation and preferred gender pronouns in medical documentation, including EMRs.
10. The AMA should actively engage the new administration and Congress in discussions about the future of health care reform, in collaboration with state and specialty medical societies, emphasizing the AMA’s extensive body of policy on health system reform. The AMA should craft a strong public statement for immediate and broad release, articulation the priorities and firm commitment to our current AMA policies and our dedication in the development of Comprehensive health care reform that continues and improves access to care for all patients.
11. The AMA should advocate for an exemption from the Merit Based Incentive payment System (MIPS) and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) for small practices.
12. The AMA will encourage CMS to discontinue the denial of payments or imposition of negative action during an audit due to the absence of specific words in the chief complaint when the note provides adequate documentation of the reason for the visit and the services rendered.
13. The AMA should encourage the study of the health implications among patients if the US were to modify one or more of the following aspects of the Family and Medical Leave Act: a reduction in the number of employees from 50, an increase in the number of covered weeks, and creating a new benefit of paid parental leave.

14. The AMA should try to convince CMS to abstain from inappropriate bundling in situations in which functional and aesthetic considerations should be considered separately.
15. The AMA should advocate that the US FDA remove physicians offices and ambulatory centers from its definition of a compounding facility.
16. A resolution asked the AMA to advocate for the Adoption of federal and state legislation and regulations to prohibit health care organizations from blocking their electronic availability of clinical data to non affiliated physicians who participate in the care of shared patients.
17. Policy D-478-982 was reaffirmed in which the AMA asked the government to set realistic targets for meaningful use of EHRs and to improve the incentive program to maximize physician participation.
18. Policy D-478.972 was reaffirmed regarding the enhancement of efforts to accelerate the development and adoption of HER interoperability standards.

REFERENCE COMMITTEE C – EDUCATION

Highlight items 2 and 9

1. The AMA should advocate for the incorporation of integrated services for general medical care, mental health care and substance abuse disorder care into existing psychiatry, addiction medicine and primary care training programs clinical setting.
2. The AMA should increase its efforts to work with the insurance industry to ensure that maintenance of certification does not become a requirement for insurance panel participation.
3. A CME report discussed health care for medical students and residents. There should be immediate availability of urgent and emergent access to low cost confidential health care including mental health and substance abuse disorder counseling. State medical boards should refrain from asking about past history of mental health or substance disorders and focus only on current impairment issues, The AMA should encourage medical schools to create mental health and substance abuse awareness and suicide prevention screening programs.
4. The AMA should encourage the expansion of residency and fellowship training opportunities to provide clinical experience in the treatment of opioid use disorders.
5. The AMA should work with the ACGME and the KCME to include language in house staff manuals of all training programs regarding protected times and locations for milk expression and the secure storage of breast milk..
6. The AMA should encourage training opportunities for students and residents, as members of the physician led team, to learn cultural competency from community health workers.
7. The AMA should work with the LCME and the ACGME to develop policies, especially with consideration of potential financial burden and personal privacy of trainees, to ensure a more uniform regulation for use of mobile devices in medical education and clinical training.
8. The AMA should advocate with the LCME to implement programs early in medical training to promote the development of leadership capabilities.
9. The AMA should work to create model state legislation and medical staff bylaws while advocating that MOC not be a requirement for: (1) medical staff membership, privileging, credentialing or recertification; (2) insurance panel participation; or (3) state licensure.
10. The AMA should work with the ABMS and other relevant organizations to explore alternative evidence based methods of determining ongoing clinical competence.
11. The AMA should support elimination of the tax liability when employers provide the funds to repay student loans for physicians who agree to work in an underserved area.
12. Emergency resolution: that the AMA should issue a statement in support of current US health care professionals who are Deferred Action for Childhood Arrivals recipients.

REFERENCE COMMITTEE F – FINANCE AND GOVERNANCE

Highlight item 4

1. The Council for Long Range Planning recommended that the AMA renew delineated section status for the Minority Affairs Section and the Integrated Physician Practice Section through 2021
2. The AMA should actively promote Teen Health Week 2017 and encourage state and specialty medical associations to join the initial efforts begun in Pennsylvania.
3. A resolution asked the AMA to partner with the Joint Commission to study the minimum skills and competencies required of a medical scribe.
4. The AMA should call on the American Board of Medical Specialties and its component specialty boards to provide the physicians of America with financial transparency, independent financial audits and enhanced mechanisms for communication with and feedback with their diplomat physicians.

REFERENCE COMMITTEE J – MEDICAL SERVICE

1. CMS Report 1 recommends that the AMA support lifting the congressional ban on the Department of Veterans Affairs from covering in vitro fertilization for veterans who have become infertile due to service related injuries.
2. CMS Report 3 discusses the annual wellness visit and that it should be provided by a physician or a member of the physician led team that establishes or continues to provide ongoing continuity of care.
3. CMS Report 5 reaffirmed existing policies supporting value based pricing of pharmaceuticals.
4. The AMA should advocate for the elimination of the “fail first” policy implemented at times by some insurance companies and managed care organizations for addiction treatment.
5. The AMA should encourage all software providers to include the functionality to accept discontinuation message transmittals in their electronic prescribing software products.
6. CMS Report 2 discusses health care while incarcerated. There should be a continuum of health care services for juveniles and adults in the correctional system. State Medicaid agencies should process Medicaid applications for those who are incarcerated. The AMA should advocate for adequate payment to health care providers to encourage improved access to comprehensive health care services including addiction treatment.
7. CMS Report 4 encourages physicians to be familiar with local hospice and palliative care resources as well as clinical practice guidelines.
8. The AMA should support the establishment of coverage, payment and financial incentive mechanisms to support the use of mobile health applications by patients, physicians and others. The AMA should assess the feasibility of state and federal legislation in an effort to mitigate the physician’s potential risk of liability from the use or recommendation of mHealth apps.
9. The AMA should support making hospital discharge instructions available to patients in both printed and electronic forms and specifically via online portals. The AMA should develop model guidelines for physicians to improve communications to other physicians, etc.
10. The AMA should support parity in insurance coverage for fertility treatments regardless of marital status or sexual orientation when insurance provides coverage for fertility treatments.
11. The AMA should study the impact of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) on payments to hospitals serving vulnerable populations and on potential health care disparities.
12. The AMA should advocate for measures that require prescription drug manufacturers to seek FDA and FTC approval before establishing a restricted distribution system, The AMA should support requiring pharmaceutical companies to allow for reasonable access to and purchase of appropriate quantities of approved out of patent drugs upon request to generic manufacturers
13. The AMA should support efforts to ensure medical necessity and utilization review decisions are based on established and evidence based clinical criteria to promote the most clinically appropriate care.

14. The AMA should work with state medical societies to ensure that no health carrier may adopt or implement a benefit design that discriminates on the basis of health status, race, color, national origin, disability age, sex, gender identity, sexual orientation, expected length of life, present or predicted disability, degree of medical dependency quality of life or other health conditions
15. The AMA should support the freedom of choice f physicians to refer patients to the physician practice or hospital that they think in most able to provide the best medical care when appropriate care is not available within a limited network of providers.

REFERENCE COMMITTEE K – PATIENT AND PHYSICIAN ADVOCACY

1. BOT Report discusses direct to consumer advertising (DTCA) of prescription drugs. Policy H-105.988 was amended to state that the supports a ban on DTCA of prescription drugs but until such a ban occurs there the AMA opposes product DTCA that does not satisfy certain guidelines which are listed on policy. Please see the policy on the AMA website if interested.
2. CSPH Report 3 recommends that the AMA encourage continued research into the therapeutic use of genome editing. It was mentioned that the Institute of Medicine has an upcoming report on the ethical implications regarding this that is anxiously awaited.
3. The AMA should establish a position that the use of human chorionic gonadotropin for weight loss is inappropriate
4. A resolution asked the AMA to call on the government to establish national goals to eliminate lead poisoning and prevent lead exposure in children.
5. CSPH Report 1 discusses urine drug testing. Useful guidelines are presented. Please see the website.
6. The AMA opposes efforts to restrict funding or suppress the findings of biomedical and public health research for political purposes.
7. The AMA should support strategies that emphasize de-stigmatization and enable timely and affordable access to mental health services for undergraduate and graduate students in order to improve the provision of care and increase its use by those in need.
8. The AMA supports research into the detection, causes and prevention of injuries along the continuum from subconcussive head impacts to conditions as chronic traumatic encephalopathy.
9. The AMA supports mental health and faith community partnerships that foster improved education and understanding regarding culturally competent, medical accepted and scientifically proven methods of care for psychiatric and substance abuse disorders.. The AMA supports efforts of mental health providers to create relationships with local religious leaders to improve access to scientifically sound mental health services.
10. The AMA should issue a call to action to appropriate groups to propose legislation or regulation to further the access of all children to a quality education including early childhood education.
11. The AMA recognizes the importance of managing oral health and access to dental care as a part of optimal health care and th AMA should wxplore opportunities to work with the American Dental Association on a comprehensive strategy for improving oral health.
12. Long discussion took place as to whether neuropathic pain should be declared a disease. Due to an inability to come to a conclusion it was referred to the BOT for a study.
13. The AMA supports appropriate utilization of genetic testing, pre and post test counseling for patients undergoing genetic testing. The AMA supports the development and dissemination of guidelines for best practice standards concerning pre and post test genetic counseling.
14. The AMA encourages all communities to establish needle exchange programs.

15. The AMA should support increased awareness of the sex and gender differences in incidence and etiology of Alzheimer's Disease and related dementias. The AMA encourages increased enrollment in clinical trials of appropriate patients with Alzheimer's disease to better identify sex differences in incidence and progression and to advance a treatment.
16. The AMA will educate physicians and the public about the effective use of pre-exposure prophylaxis for HIV, including use in women and minority populations.
17. The AMA opposes the detention and incarceration of juveniles in adult criminal justice systems.
18. The AMA will work with the CDC and other regulatory agencies to provide increased leeway in the interpretation of the new guidelines for appropriate prescription of opioid medications in long term facilities and in the care of patients with cancer and cancer related pain in much the same way as is being done for hospice and palliative care.
19. The AMA should advocate for legislation to ban the use of pavement sealcoats that contain polycyclic aromatic hydrocarbons (PAH) or at least a minimal amount of PAH
20. The AMA supports initiatives to promote environmental sustainability and other efforts to halt global climate change.
21. The AMA should support requiring more explicit and effective health warnings, such as graphic warning labels, regarding the use of tobacco and alcohol products.