

AMERICAN MEDICAL ASSOCIATION
HOUSE OF DELEGATES
CHICAGO, ILLINOIS
JUNE 2018

CONSTITUTION AND BYLAWS

1. The American Rhinologic Society, American Society for Reconstructive Microsurgery, North American Neuromodulation Society and the North American Neuro-ophthalmology Society will be granted representation in the HOD.
2. A BOT report on mergers of secular and religious affiliated hospitals suggests that there is little scholarly research but there is a suggestion that patients may have more difficulty gaining access to some services due to such mergers.
3. A BOT report studied whether health care is a human right. Existing house policy adequately supports the intention of ensuring that all people have access to a basic level of health care.
4. A BOT report recommends that the AMA support the ability of transgender prisoners to be housed in facilities that are reflective of their affirmed gender status.
5. A BOT report on IRB protocols recommended that the AMA continue to support efforts to improve protections for human subjects of biomedical and behavioral research.
6. A CEJA Report on physician competence and self assessment was reviewed and referred back to CEJA for further study.
7. A CEJA report on medical tourism outlines the potential risks of medical tourism and the ethical challenges including informed consent, continuity of care and preservation of trust between physician and patient.
8. A CEJA report studied the issue of expanded access to investigational therapies, In 2009 the FDA created regulations to outline the parameters as to how a terminally ill patient can access investigational therapies.
9. A CEJA report discussed physician assisted suicide and aid in dying. The report recommended no change in AMA policy as being in opposition. This created lengthy debate with passionate testimony on each side. Those in favor of PAS did not like the implication that it is unethical in states where it is legal and those against feel that it is unethical. Essentially there was an impasse and it was referred back to CEJA to try to make a report that is acceptable to all. In my opinion this is not likely.
10. A resolution was adopted regarding recent decisions allowing professionals to opt out of providing services on grounds of religious liberty. The AMA was asked to speak out against such policies that might be discriminatory.
11. A resolution asked the speak out against the criminalization of self induced abortion.
12. The AMA was asked to use the term LGBTQ terminology in all future policies.
13. The AMA should advocate that Family and Medical Leave Act policies include any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.
14. The AMA was asked to study the handling of de-identified patient information.
15. The AMA should advocate with appropriate agencies to recognize Physician Orders for Life Sustaining Treatment (POLST) forms completed in one state as a valid expression of a patient's desire.. The AMA should advocate for reciprocity of POLST.

16. The AMA supports continued promotion of community service and volunteerism by its membership.
17. The AMA supports initiatives and research developed by specialty societies and other relevant stakeholders to establish standardized protocols for patient selection, surgical management and pre and post operative care for transgender patients undergoing gender confirmation surgery. The AMA encourages the use of guidelines, treatment protocols, and decision support tools specific to biologic sex for conditions in which physiologic and pathophysiologic differences exist between sexes.
18. The AMA support removing financial barriers to living organ donations.
19. The AMA opposes any law or policy that prohibits any pregnant minor from consenting to any prenatal and other pregnancy related care.
20. The AMA should promote the adoption of LGBTQ friendly and gender neutral intake forms.
21. The AMA should study the effectiveness of physician education regarding the recognition and reporting of human trafficking and slavery.
22. The AMA should study the reasons for and impact of physician (resident/fellow and medical student) re-assignment based on patient request.
23. The AMA should study the incidence of medical student, resident and physician suicide and report back to I-18.
24. The AMA should disseminate a report detailing its positions and recommendations on gender equity.

REFERENCE COMMITTEE A ó MEDICAL SERVICE

1. A BOT report clarified the rules regarding the teaching physician billing for services done by a medical student. Any billable service must be done in the presence of the teaching physician.
2. A CMS Report discussed improving affordability in the health insurance exchanges.
3. A resolution asked that the AMA support risk modeling that appropriately represents cars that is specific to all age groups.
4. A resolution discussed expanding on site physician home health care to low income families. The importance of removing economic barriers to physician house calls.
5. The AMA opposes the sale of health insurance plans in the individual and small group markets that do not guarantee pre-existing condition protections and also coverage of essential health benefits.
6. The AMA supports initiatives that provide physician education regarding the cost effectiveness of insulin therapies.
7. The AMA should continue to support Medicare coverage for colorectal screenings consistent with ACA compliant plan coverage requirements and encourage the development of a coding guide to help providers bill correctly.
8. The AMA opposes block out provisions that exclude Medicaid eligible patients for lengthy periods.

9. The AMA should pursue legislation or regulation to require health plans not regulated by their states (such as ERISA plans) to pay physicians for emergency out of network care.
10. The AMA should work with the American Dental Association to improve access to dental care for Medicare beneficiaries.
11. The AMA should work with interested groups to help develop and advocate for one or more Medicare alternative payment models focusing on post acute and/or long term care.
12. The AMA should seek legislation or regulation that would prohibit medicare managed care companies from terminating without cause an enrollee's contracted physician before that enrollee's next subsequent open enrollment period.

REFERENCE COMMITTEE B 6 LEGISLATION

1. BOT Report 14. The AMA should explore current availability and accessibility of EHR, pharmacy, and payer functionalities that enable integration of price, insurance coverage, formulary tier and drug utilization management policies, and patient cost information at the point of care.
2. BOT Report 15 recommends that AMA Policy H-35.988 "Independent Practice of Medicine by Advanced Practice Registered Nurses" be rescinded.
3. BOT Report 16 was amended to say that there is a basic right of patients to privacy of their medical information and records.
4. BOT Report 18 did not recommend medical liability coverage through the federal torts claims act. This was a NY resolution.
5. BOT Report recommended certain principles regarding health information technology. (See the report for details). It was also stated that the cost of installing, maintaining, and upgrading information technology should be specifically acknowledged and addressed in reimbursement schedules.
6. BOT Report 4 discussed CMS reimbursement guidelines for teaching physician supervision.
7. BOT Report 45 recommended that the AMA continue to take a leadership role in developing proactive and practical approaches to promote interoperability at the point of care for EHRs.
8. The AMA recommends that the Department of Agriculture and HHS clearly indicate in the Dietary Guidelines for Americans and other federal nutrition guidelines that meat and dairy products are an option based on an individual's dietary needs.
9. No physician should be denied a license on the grounds of failure to use an EHR or to demonstrate proficiency in EHRs.
10. The AMA should support adequate funding for the U.S. Census to assure accurate and relevant data is collected and disseminated.
11. The AMA should draft model state legislation requiring consent of all parties to the recording of a patient-physician conversation.

12. The AMA should lobby Congress to preserve and protect the Supplemental Nutrition Assistance Program through reauthorization of the 2018 Farm Bill in order for Americans to live healthy and productive lives.
13. The AMA should oppose the practice of separating migrating children from their caregivers in the absence of immediate physical or emotional threats.
14. The AMA should advocate for a federal study to evaluate the use of Prescription Drug Monitoring Programs to improve pain care as well as treatment for substance use disorders.
15. BOT Report 17 urges having national pharmacy chains, health insurance companies and PBMs testify at state level public hearings and state medical/pharmacy boards and state departments of insurance on whether the policies to restrict the prescribing/dispensing of opioid analgesics are in conflict with state insurance laws or state laws governing the practice of medicine or pharmacy.
16. BOT Report 41 discusses the AMA's unique opportunity to ensure that augmented intelligence in medicine benefits patients, physicians, and the health care community. AI should be funded as an enhancement of the primary care medical home.
17. The AMA should work to remove out of date restrictions at the state and federal levels prohibiting health care providers from providing the current standard of care to patients affected by obesity.
18. The AMA should seek legislation to establish regulations that require universal and standard interoperability protocols for EHR vendors to follow during EHR data transition to reduce common barriers that prevent physicians from changing HER vendors,
19. The AMA should strongly oppose prior authorization requirements for post operative analgesia.
20. The AMA should support legislative efforts for the expansion and improved access to evidence based treatment for substance abuse disorders during pregnancy.
21. The AMA should seek clarification from the DOJ about possible federal prosecution of physicians who participate in a state operated marijuana program for medical use.
22. To prevent medical misinformation, the AMA encourages medical staff participation in hospital administrative decisions regarding marketing and advertising. It should be consistent with federal regulatory standards and the Code of Medical Ethics.
23. Incarcerated women should be provided free of charge the appropriate type and quantity of feminine hygiene products.
24. The AMA should advocate for legislation that eliminates barriers to increased funding for, and requires access to all appropriate FDA approved medications or therapies used by licensed drug treatment clinics or facilities.
25. The AMA's Opioid Task Force should work together with the American Hospital Association and other relevant organizations to identify best practices that are being used to treat opioid disorders.

26. The AMA should advocate for removal of state, federal, and other barriers that impede interpharmacy transfers of valid electronic prescriptions for Schedule II-V medications.
27. The AMA should examine issues with PBM related clawbacks and direct and indirect remuneration fees, The AMA should request from PBMs and compile data on the top 25 medication precertification requests and the percentage of such requests approved after physician challenge.
28. The AMA should work with all relevant stakeholders to clear the backlog for conversion from H1-B visas for physicians to permanent resident status.
29. The AMA should advocate to ensure that programs designed to meet daily needs, support changes in individual behavior, and improve the health of populations remain funded at least at current levels.
30. The AMA should support efforts to help the DEA and FDA better regulate and control the illegal online sales and distributing of drugs, dietary supplemental and herbal remedies.
31. The AMA should advocate for improvement in the Merit Based Incentive Payment System (MIPS). In the interim the AMA should work with CMS to shorten the yearly data reporting period from one year to 90 days.
32. The AMA should advocate that any payment or transfer of value required as part of the Physician Payments Sunshine Act should include whether the physician acknowledged receipt.
33. The AMA should support efforts to ensure that reimbursement policies established by PBMs are based on medical need. The FTC and the FDA should be encouraged to monitor PBM's policies for potential conflicts of interest and antitrust violations.
34. The AMA should support the efforts and work with the Federation of State Medical Boards to examine disciplinary data, barriers that delay or prevent reporting of sex crimes, and the cooperation of state medical boards with law enforcement in order to ensure a comprehensive approach to identifying and addressing sexual crimes within medicine.
35. Policy H-145.985 was amended to recommend the ban of sales of firearms from licensed and unlicensed dealers to those under the age of 21. Also opposition was made against "concealed carry reciprocity" federal legislation.
36. The AMA should oppose legislative and other efforts that are in conflict with AMA policies concerning patient access to physician dispensed drugs and The AMA should study the long term economic impact for physicians and hospitals for HER system procurement, including their impact on downsizing of medical staffs and its effect on physicians.
37. The AMA supports efforts to ensure that patients in Direct Primary Care practices have access to specialty care.
38. The AMA should oppose replacement of the MIPS with the Voluntary Value Program (VVP).
39. The AMA should support national efforts to amend federal law and FDA regulations to allow for the e-prescribing of a medication, including a controlled substance, needed by a patient with a mental health or behavioral health diagnosis

when a valid patient physician relationship has been established through telemedicine.

40. The AMA should study the impact of scope of practice expansion on medical student choice of specialty.
41. The AMA should advocate for the FAA, the Department of Transportation and Congress to define a physician as an individual possessing degree of either a Doctor of Medicine or Doctor of Osteopathic Medicine.

REFERENCE COMMITTEE C 6 MEDICAL EDUCATION

1. CME Report 1 gave an annual report regarding the AMA's continued work with the medical societies and the ABMS member boards that have not yet moves to a process to improve MOC. The AMA through the Council on Education should continue to be actively engaged in following the work of the ABMS Continuing Board Certification Vision for the Future Commission.
2. CME Report 4 asks that the medical schools and residency programs be encouraged to design clinical documentation and EHR training.
3. A resolution asked the BOT to investigate the status of implementation of existing AMA policies regarding financing for medical education programs and graduate medical education programs.
4. The AMA was asked to submit commentary to the ABMS asking that junior diplomates be given equal opportunity to serve on ABMS and its committees.
5. The AMA should advocate to create and fund graduate medical education programs that can accommodate the equivalent number of additional medical school graduates consistent with the workforce needs of our nation.
6. The AMA should encourage state licensing boards to require disclosure of physical or mental health conditions only when a physician is suffering from any condition that would impair his/her judgement or that otherwise affect the ability to practice medicine in a competent and ethical manner or when the physician presents a public health danger.
7. A resolution asked the AMA to encourage the ACCME and the Liaison Committee on Medical Education to create standards that allow all students and trainees to voluntarily avoid exposure to hazardous materials without negatively affecting their standing in the program. This resolution was referred for study.
8. The AMA should study issues related to medical education programs offered at profit versus non profit medical schools regarding attrition rate of students, financial burden of graduates versus non graduates, success of graduates in obtaining a residency program, and level of support for graduate medical education.
9. The AMA should work with relevant stakeholders to study the impact of delayed fellowship start dates after July 1.
10. The AMA should advocate that Health Resources and Services Administration include persons with intellectual and developmental disabilities as a medically underserved population.

11. The AMA should work with the Liaison Committee on Medical Education for the inclusion of sex and gender based differences within the curricular content for medical school accreditation.
12. The AMA should work with appropriate organizations to develop opioid education resources for medical students, physicians in training, and practicing physicians.
13. The AMA should work with appropriate organizations to facilitate the development of education resources and training related to suicide risk of patients, medical students, residents/fellows, practicing physicians, and other health care professionals.
14. The AMA will advocate for and support the creation of leadership programs and curricula that emphasize learning models to include knowledge, skills, and management techniques integral to achieving personal and professional financial literacy.
15. The AMA should encourage the inclusion of peer facilitated intergroup dialogue in medical education programs nationwide.
16. The AMA will study possible mechanisms for transitioning scoring of the USMLE and COMLEX exams to a pass/fail system. The recommendations of this study should be available at I-18.

REFERENCE COMMITTEE D ó PUBLIC HEALTH

1. Policy H-160.903 was amended to recognize that stable affordable housing as a first priority is effective in improving housing stability and quality of life among individuals who are chronically homeless.
2. The AMA should oppose policies that enable racial housing segregation.
3. The AMA should support state and federal run child protective services in reporting child abuse and neglect in the military to the Family Advocacy Program within the Department of Defense.
4. The AMA should request a warning label on all wire bristle grill brushes regarding the possibility of ingestion.
5. The AMA should consider joining other medical organizations in an amicus brief supporting the American Academy of Pediatrics legal action to compel the FDA to take timely action to establish effective regulations of e-cigarettes, cigars and other nicotine products.
6. The AMA should support research on reducing physician and staff ergonomic injuries in the workplace.
7. The AMA should encourage states to require the reporting of legal intervention deaths and law enforcement homicides to public health agencies.
8. The AMA should recommend expanding domestic violence restraining orders to include dating partners.
9. AMA Policy H-495.988 was amended to recognize that currently available evidence from short term studies points to electronic cigarettes contain fewer toxicants than combustible cigarettes, but their use is not harmless and increases youth risk of using combustible cigarettes.

10. The AMA should encourage necessary rulemaking to integrate automated high beam to low beam headlight switching lamps.
11. The AMA should advocate for schools to remain gun free zones, except for school sanctioned activities and professional law enforcement officers.
12. The AMA should support appropriate stakeholders to increase public awareness of HPV vaccine effectiveness for all genders against HPV related cancers.
13. The AMA should encourage further research of infant safe sleeping environment programs.
14. The AMA should recognize the adverse effect of pretrial detention and support legislation that promotes the use of non financial release options for individuals charged with non violent crimes.
15. The AMA will support legislation that limits targeted marketing of products that do not meet nutritional standards as defined by the USDA when such marketing targets youth.
16. The AMA should support limiting the use of solitary confinement of any length, with rare exceptions, for incarcerated persons with mental illness.
17. The AMA should recommend that sex education materials for students include culturally competent materials that are language appropriate for limited English proficiency pupils.
18. The AMA should encourage the National Health Care for the Homeless Council to study the funding, implementation and standardized evaluation of the Medical Respite Care for homeless persons.
19. The AMA should encourage research in identifying barriers and developing strategies toward the implementation of evidence based practices to prevent disease conditions that contribute to poor obstetric outcomes, maternal morbidity, and maternal mortality on racial and ethnic minorities.
20. The AMA should urge appropriate organizations to guide best health practices for the senior independent living community.
21. The AMA should support federal standardization of date labels on food products.
22. The AMA supports creating and implementing standardized protocols and regulations pertaining to water quality testing, reporting and remediation to ensure the safety of water in schools and child care centers.
23. The AMA should strongly express our concerns about the problems of rape, sexual abuse and physical abuse on college campuses.
24. The AMA calls for hospital cafeterias and inpatient meal menus to publish nutrition information.
25. The AMS should support more comprehensive graduated driver licensing programs.
26. The AMA should support the concept of gun buyback programs.
27. Policy H-170.968 was amended by addition that schools are urged to appropriately address the sexual behavior of all people, inclusive of sexual and gender minorities.

28. The AMA should encourage federal officials to prohibit the sale of e-cigarette cartridges and refills that do not include a complete list of ingredients on its packaging.

REFERENCE COMMITTEE E 6 SCIENCE AND TECHNOLOGY

1. The AMA encourages the FDA to consider the conversion of prescription products, such as oral contraceptives to OTC products. The AMA supports full coverage of contraception products.
2. BOT Report 22 outlines the current requirements concerning the verification of a medical professional's credentials in an in flight emergency.
3. The AMA encourages research into the use of animal assisted therapy as a part of a therapeutic treatment plan. See BOT Report 29.
4. The AMA encourages states with laws establishing prescription drug repository and/or "return and reuse" programs to implement such laws and also encourages states without such laws to enact such laws in consultation with the state board of pharmacy.
5. The AMA supports efforts urging the FDA to lift the Risk Evaluation and Mitigation Strategy on mifepristone.
6. The AMA supports further study on the impact of virtual reality on human health.
7. The AMA supports the addition of naloxone to the airline medical kit.
8. The AMA advocates for vigilant oversight of direct to consumer laboratory testing. The AMA encourages state controlled substance authorities, boards of pharmacy and legislative bodies to take the necessary steps including regulation and legislation to reschedule U.S FDA approved cannabidiol products as expeditiously as possible so that they will be available to patients immediately after approval by the FDA and rescheduling by the DEA.
9. The AMA supports regulated research to determine the efficacy and safety of mitochondrial donation as a means of preventing the transmission of mitochondrial diseases.
10. The AMA supports efforts to improve the quality of care for patients with pain, ensuring access to multiple analgesic strategies. The AMA supports guidance for pain management for different clinical indications developed by the specialties who manage these conditions.
11. The AMA urges the FDA to require manufacturers to provide greater transparency regarding production locations of drugs and provide more detailed information regarding the causes and anticipated duration of drug shortages. The AMA encourages EHR vendors to make changes in their systems to ease the burden of making drug shortage changes. The AMA encourages HHS and the Department of Homeland Security to examine and consider drug shortages as a national security initiative.
12. The AMA supports the development and implementation of appropriate educational programs for persons in recovery from opioid addiction that

address how a return to opioid use after a period of abstinence can, due to reduced opioid tolerance, result in overdose and death.

13. The AMA supports responsible waste management and clean energy production policies that minimize health risks.
14. AMA Policy H-440.957 regarding portable listening devices and noise induced hearing loss be amended by addition of a request that portable listening devices limit the maximum sound amplitude to safe levels.
15. It was recommended that the AMA send a letter to the EPA administrator opposing the EPA's proposal to roll the "glider kit rule" which would effectively allow the unlimited sale of re-conditioned diesel truck engines that do not meet current EPA new diesel engine emission standards.
16. The AMA should strongly support the pathway for demonstrating biosimilar interchangeability that was proposed by the FDA in 2017.

REFERENCE COMMITTEE F ó FINANCE AND GOVERNANCE

1. There will be no changes in AMA membership dues.
2. The AMA should continue to update the Physician's Guide to Medical Staff Organization bylaws to address emerging issues in medical staff affairs
3. The American Podiatric Medical Association will be admitted as an official observer in the AMA HOD.
4. The President, President elect, immediate past president, chair and chair elect honoraria will be increased by 4%.
5. The AMA HOD will establish a Specialty Section Council on LGBT Health.
6. Any person who believes they have experienced or witnessed conduct in violation of Anti-Harassment Policy H-140.837 during any AMA HOD meeting or associated function should promptly notify the speaker or the AMA Office of General Counsel.
7. BOT Report 33 states that health equity, defined as optimal health care for all, is a goal toward which the AMA will work.
8. The AMA Foundation will work in a timely, incremental, and fiscally responsible manner, to the extent allowed by their legal and fiduciary duties, to end all financial investments with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale fossil fuels.
9. The AMA should promote evidence based health and wellness programs among AMA members.
10. The AMA should consider sustainability and mitigation of food waste in vendor and venue selection.
11. A New York delegate's resolution to consider discounted or waived CPT fees as a member benefit was referred.

REFERENCE COMMITTEE G ó MEDICAL PRACTICE

1. The AMA was asked to study the long term impact for physicians and hospitals of HER system procurement including the impact on downsizing medical staffs and its affect on physician recruitment and retention.
2. The AMA should work with CMS to redefine the requirement that an update to a history and physical within 24 hours of a surgical procedure to mean that the physician or non physician provider has reviewed pertinent data and the original H&P and that should be sufficient.
3. The AMA will urge EHR vendors to adopt social determinants of health templates without adding further cost or documentation burden for physicians.
4. CMS Report 4 affirmed that medical advice services provided by health plans should adhere to certain guidelines as listed in the report. See the report.
5. The AMA supports adding transferable and portable long term care coverage as part of workplace automatic enrollment with an opt out provision potentially available to both current employees and retirees.
6. Policy D-185.980 was reaffirmed which encourages public and private payers to adopt a series of process for determining coverage and payment for genetic/genomic medicine.
7. The AMA should work to identify additional mechanisms by which the patients out of pocket costs for skilled nursing facility care can be fairly covered.
8. The AMA should work with CMS to streamline transfer of code status.
9. The AMA should study, with a report at A-19, the effects on the healthcare marketplace of corporate investors acquiring a majority or controlling interest in entities that manage physician practices.
10. The AMA should support efforts to reduce laboratory benefit management policies that result in delays in patient care, reduced patient access, or increased patient cost.
11. AMA Policy H-225.942 was amended regarding physician and medical staff bill of rights. See the policy for the lengthy information.