

AMERICAN MEDICAL ASSOCIATION  
INTERIM MEETING  
NATIONAL HARBOR, MARYLAND  
NOVEMBER, 2018

CONSTITUTION AND BYLAWS

1. CEJA Report 3 discusses ethics guidance for physicians in regards to pediatric decision making regarding patients with differences in sex development.
2. CEJA Report 5 provides guidance with respect to physicians' rights to express themselves on matter of social and political importance and underscores the physicians' rights to due process when their conduct is subject to disciplinary review.
3. The AMA should advocate for inclusion of demographic data inclusive of sexual orientation and gender identity in national and state surveys.
4. BOT Report 14 asks that the AMA strongly oppose litigation challenging the exercise of a physician's first amendment rights to express opinions regarding medical issues.
5. The AMA should advocate for development of model legislation and the establishment and maintenance of a national confidential and secure method for the storage and retrieval of advance directive documents.
6. The AMA should object to policies separating undocumented immigrant parents and guardians from children.
7. The AMA should urge continuity of care for migrant children released from detention facilities.
8. The AMA should oppose any efforts to deny an individual's right to determine their stated sex marker or gender identity.
9. CEJA Report 2 regarding physician assisted suicide was again referred back to CEJA for re-evaluation.

## REFERENCE COMMITTEE B 6 LEGISLATION

1. The AMA will support a revised 340B drug discount program covered entity eligibility formula which captures the level of outpatient charity care provided by hospitals and standalone facilities.
2. The AMA should develop state legislation for physicians being credentialed by a health plan to treat patients and be retroactively receive payments if they are ultimately credentialed.
3. The AMA should oppose legislation that would undermine the ability of an institution to use affirmative action to promote a diverse student population.
4. The AMA should advocate against Medicare changes which would recategorize Part B drugs into Part D.
5. The AMA should advocate for the possibility of interoperability of clinical data.
6. The AMA should support legislation prohibiting optometrists from performing surgical procedures.
7. The AMA should support the right of federally certified Opioid ATreatment Programs to be located where there is a demonstrated medical need.
8. BOT Report 7 asks the AMA to advocate for seamless interface between physicians electronic health records (EHRs) and pharmacies and prescription drug monitoring programs.
9. The AMA supports gun violence restraining orders for individuals arrested or convicted of domestic violence or stalking. It also supports due process so the person could petition for the rights to be restored.
10. The AMA should advocate for the expansion of broadband and wireless connectivity to all rural areas and underserved areas of the United States.
11. The AMA should support uniform legislation across states for the legal protection for those who use automated external defibrillators (AEDs) in the course of attempting to aid a sudden cardiac arrest victim.
12. The AMA should encourage the CDC to develop recommendations or best practices for media coverage of mass shootings.
13. The AMA should advocate that any revised Medicare Part B Competitive Acquisition Program meet standards to improve the value of the program by lowering the cost of drugs without undermining the quality of care.
14. The AMA should support legislation and funding for evidence based training programs aimed at educating corrections officers in effectively interacting with people with mental health disorders in all detention and correction facilities.
15. The AMA should advocate to change the CMS quality improvement process (QIO) to mandate an opportunity for practitioners to request an additional review when the initial QIO initial determination peer review and the QIO reconsideration peer review are in conflict.
16. The AMA should oppose and CMS proposal that would require qualified clinical data registry measure owners to enter into a license agreement with CMS.
17. The AMA should continue to oppose communications being sent to physicians that include a blanket proscription against filling prescriptions for opioids that exceed numerical thresholds without taking into account the diagnosis and previous response to treatment.

18. The AMA should study and/or develop options for alternatives to the tort system that will still ensure fair compensation.

#### REFERENCE COMMITTEE C ó MEDICAL EDUCATION

1. CME Report 5 reported on consolidating and reconciling multiple AMA policies on medical student debt. CME Report 6 did the same thing and consolidated multiple AMA policies on resident work hours.
2. A resolution asked the AMA to request the Liaison Committee on Medical Education and the ACGME to collect data on medical student, resident and fellow suicides to identify patterns that could predict such events.
3. The AMA should advocate for continued funding of programs including Income-Driven Repayment plans for the benefit of reducing medical student loan burden.
4. The AMA should continue to support the mission of the Department of Veterans Affairs Office of Academic Affiliations for expansion of graduate medical education programs.
5. The AMA should promote equal acceptance of the USMLE and COMLEX at all US residency programs.
6. CME Report 1 discussed competency of senior physicians. This complicated issue was referred back to the Committee on Medical Education for further study and recommendations.
7. The AMA should encourage the AAMC, AACOM, and the ACGME to highlight public/population health leadership learning opportunities to all learners but especially encourage dissemination to women physician groups and other groups that are typically underrepresented.
8. CME Report 4 states that voluntary efforts to develop and expand undergraduate and graduate medical education programs to educate primary care physicians.
9. The AMA should work with interested stakeholders to identify strategies to increase residency training opportunities in rural areas with a report back to the HOD.
10. The AMA should continue studying the certifying bodies that compete with the ABMS and give an update in the annual report from CME.
11. The AMA should advocate for the rights of medical students, residents and fellows to have physician led clinical training, supervision and evaluation while recognizing the contributions of non physicians to medical education.
12. AMA policy was re-affirmed that there should be parity between the number of medical school graduates and the number of match positions.

#### REFERENCE COMMITTEE F ó FINANCE AND GOVERNANCE

1. Delineated Section status for the women's physician section was renewed through 2023
2. The AMA should offer live education sessions at least annually for AMA members to develop their public speaking skills,

## REFERENCE COMMITTEE J 6 MEDICAL SERVICE

1. CMS Report 2 recommends that the AMA amend policy by supporting the education of first responders about the cost associated with inappropriate use of emergency patient transportation systems.
2. CMS Report 3 recommends that the AMA reaffirm policies to urge CMS to assist physician practices seeking to maintain medical home status.
3. A joint CMS and CSPH report discussed aligning clinical and financial incentives for high value care. AMS member said it would expand AM Aø leadership on coverage for high value care and build on AMA policy regarding value based insurance design (VBID) and a CSPH member testified that the report would recognize that health insurance must provide ongoing access to care for patients with chronic disease.
4. A resolution stated that the AMA agrees that documentation for outpatient physician services should be completed in a timely manner but work with government health plans and private insurers to help them understand the consequences of imposing documentation rules with unrealistically short timeframes. The AMA should oppose such rules or regulations in determining whether submitted claims are valid and payable.
5. The AMA should advocate for rejection of step therapy in Medicare Advantage plans for physician administered administered drugs covered under Medicare Part B.
6. The AMA should continue to monitor the development and implementation of physician credentialing repository databases that track hospital affiliations, including tracking hospital closures as well as how and where these closed hospitals are storing physician credentialing information.
7. CMS Report 1 supports the in person purchase and importation of Health Canada approved prescription drugs obtained directly from a licensed Canadian pharmacy when product integrity can be assured, provided that such drugs are for personal use and limited quantity.
8. CMS Report 4 states that Medicare payment policies for outpatient services should be site neutral. Medicare payments for the same service in multiple outpatient settings should be based on data regarding the real actual costs of provide the service.
9. The AMA should develop educational resources to help physicians complete due diligence in evaluating the performance of physician led and hospital integrated systems before considering consolidation.
10. The AMA should reaffirm policy supporting insurance coverage for screening mammography. The AMA should oppose state requirements for mandatory notification of breast tissue density to patients. The AMA should support insurance coverage for and adequate access to supplemental screening recommended for patients with ødense breastö tissue following a discussion with the physician.
11. The AAMA should continue to encourage regulators to enforce existing prompt pay requirements.

12. The AMA should advocate for removal of arbitrary limits on telemedicine visits by medical practitioners in nursing facilities and instead base the, purely on medical necessity.
13. The AMA should educate and urge health insurers, etc not to inappropriately apply the
14. Beers or similar criteria to quality ratings programs in a way that may financially penalize physicians.
15. The AMA should support efforts to track and quantify the impact of health plans' prior authorization and utilization management processes on patient access to necessary care.
16. The AMA should support legislation an/or regulations that would apply the following parameters regarding prior authorization (PA) for Medicaid and Medicaid managed care plans and Medicare Advantage plans: (a) list services and prescription services that would require a PA. (b) notify providers of changes in PA requirements at least 45 days prior, (c) improve transparency by requiring plans to report on the scope of PA practices, (d) standardize a PA request form, (e) minimize PA requirements as much as possible, (f) pay for services and prescription medications for which PA has been approved, (g) allow continuation of medications already being administered when a patient changes health plans, (h) define a consistent process for appeals and grievances.
17. Policy H-510.986 regarding health care for veterans was amended by addition to state that the Veterans Health Administration and Congress develop and implement resources, protocols and accountability to ensure that the Veterans Health Administration recruits, hires, and retains physicians and other health care professionals to deliver the safe, effective and high quality care that our veterans deserve.

#### REFERENCE COMMITTEE K ó PUBLIC HEALTH ADVOCACY

1. The AMA should support preregistration in order to mitigate publication bias and improve the reproducibility of biomedical research.
2. The AMA should support legislative and policy changes that streamline, simplify, and reduce or eliminate the cost of obtaining identification cards for the homeless population.
3. The AMA should support increased access to affordable incontinence products.
4. The AMA should oppose the over the counter sale of inhaled epinephrine as it is currently not an improved treatment for asthma.
5. The AMA should urge manufacturers to include all ingredients and components present in medical products on the product label and denote any derived from an animal source.
6. AMA Policy D-515.980 regarding intimate partner violence (IPV) in the LGBTQ community. It was recommended to encourage the dissemination of research to educate physicians and the community regarding the prevalence of IPV in the LGBTQ population, the accuracy

of screening tools, effectiveness of early detection and interventions as well as the benefits and harms of screening.

7. CSPH Report 2 discussed FDA expedited review programs. Drug approval should be evaluated by the FDA, in consultation with its advisory committees.
8. The AMA should advocate for increased post pubertal patient access to Sexual Assault Nurse Examiners and other trained and qualified clinicians in the emergency department for medical forensic exams.
9. The AMA should encourage the FDA to develop front of the package warning labels for foods that are high in added sugars.
10. The AMA should support the funding of federal grant programs for modernization of the 9-1-1 infrastructure including incorporation of text to 9-1-1 technology.
11. The AMA should support the education of physicians about the effective use of HIV Post Exposure Prophylaxis.
12. The AMA should encourage tattoo artists to obtain informed consent from their client including potential risks. The AMA should develop model state legislation for regulation of tattoo artists.
13. The AMA believes that reconstruction of breasts for post treatment rehabilitation of patients with in situ or invasive breast neoplasm should be considered reconstructive and not aesthetic surgery and should be covered by insurance.
14. The AMA should support efforts to mitigate the negative public health impacts of pornography.
15. The AMA encourages the FDA to prohibit the use of flavoring agents in tobacco products.
16. The AMA opposes allowing power plants to avoid complying with the new source review requirements to install air and pollution control equipment when annual pollution emissions increase.
17. The AMA should encourage food manufacturers to pursue more obvious packaging distinctions between products that contain the eight most common food allergens identified in the Food Allergen Labeling and Consumer Protection Act.
18. The AMA should advocate for increased federal funding for vaccines.
19. The AMA should encourage the FDA to engage in dialogue with the American Association of Blood Banks to reanalyze their therapeutic phlebotomy policies on variance including but not limited to hereditary hemochromatosis. The use of e-cigarettes and vaping should be recognized as a public health epidemic.

