

AMA VIRTUAL HOD REPORT
NOVEMBER 2020

CONSTITUTION AND BYLAWS

1. CEJA Report 1 discussed that the relationship between patients and physicians is based on trust and should serve to promote patients well being while respecting the dignity and rights of both patients and physicians. See report for details on AMA website.
2. CEJA Report 2 discussed routine universal immunization of physicians. Physicians should encourage patients to accept immunization when the patient can do so safely. Physicians who are not or cannot be immunized have a responsibility to voluntarily take appropriate action to protect patients, fellow health care workers and others.
3. The current grace period has been extended from one year to two years for losing a delegate from a state or national medical society until the end of 2022 due to the COVID epidemic.
4. The AMA recognizes that race is a social construct and is distinct from ethnicity, genetic ancestry, or biology. The AMA supports ending the practice of using race as a proxy for biology or genetics in medical education, research, and clinical practice.
5. A Committee on Conduct at AMA meetings had previously been established. This committee should include one member from CEJA.
6. The AMA acknowledges that although the primary drivers of racial health inequity are systemic and structural racism that racism and unconscious bias within medical research and health care delivery have caused harm to marginalized communities and society as a whole. The AMA should identify a set of best practices for health care institutions, physician practices and academic medical centers to recognize, address and mitigate the effects of racism.
7. The AMA should collaborate with appropriate organizations to identify and address aspects of medical education and board examinations which may perpetuate teachings, assessments, and practices that reinforce institutional and structural racism.
8. The AMA advocates that physicians, medical students and all members of the health care team have access to affordable health care, including mental and physical health care, outside of their place of work or education to maintain confidentiality

REFEREMCE COMMITTEE A – MEDICAL SERVICE

1. CMS Report 3 discusses that the AMA should continue to solicit input from national medical specialty societies and state medical associations for their recommendations to ensure adequate Medicare Part B drug reimbursement. The AMA should continue to work with interested stakeholders to improve the utilization rates of adult vaccines by individuals enrolled in Medicare.
2. CMS Report 5 supports increases in states' Federal Medical Assistance Percentages or other funding during significant economic downturns to allow state Medicaid programs to continue to serve Medicaid patients and cover rising enrollment.

3. The AMA should oppose indication based formularies in order to protect the ability of patients to access and afford prescription drugs they need and for physicians to make the best prescribing decisions for their patients.
4. CMS Report 1 discussed the public option. For this lengthy report is best to check the AMA website but it did say that physician payments under the public option must be higher than prevailing Medicare rates and at rates to the costs to sustain a medical practice.
5. CMS Report 7 discussed social determinants of health. The AMA supports efforts by public and private health plans to address social determinants of health in health insurance benefit designs, The AMA encourages public and private health plans to examine implicit bias and the role of racism and social determinants of health.
6. The AMA should work with other interested parties to advocate for regulatory action on the part of CMS to implement a professional services payment enhancement to recognize the additional uncompensated costs associated with COVID-19 incurred by physicians during the current emergence. The AMA should work to compensate physicians for and additional work and expenses and that any new payments be exempt from budget neutrality.
7. The AMA should advocate against pharmacy practices that interfere with patient access to medications by refusing or discouraging legitimate requests to transfer prescriptions to a new pharmacy.

REFERENCE COMMITTEE B – LEGISLATIVE

1. BOT Report 5 discusses that FDA conflicts of interest should not overrule scientific evidence in making policy decisions.
2. The AMA should create a state restrictive covenant legislative template to assist state medical associations, national medical specialty societies and physician members as they navigate the intricacies of restrictive covenant policy at the state level.
3. The AMA should support legislation that ensures that Medicare physician payment is sufficient to safeguard beneficiary access to care, replaces or supplements budget neutrality in MIPS with incentive payments or implements positive annual physician payment updates.
4. The AMA should work to improve and expand various federal stimulus programs in order to assist physicians in response to the COVID-19 pandemic. It is recommended to restart the suspended Medicare Advance payment program, also to expand the CARES Act health care provider relief pool, and also to reform the Paycheck Protection Program. It is also recommended that during the pandemic that the AMA advocate for additional financial relief for physicians for medical school education debt.
5. The AMA opposes civil commitment proceedings for patients with a substance abuse disorder except for certain circumstances as listed in BOT Report 7
6. BOT Report 14 advocates for the expansion of federal grants in support of treatment for a substance use disorder to states. The AMA advocates for sustained funding to states in support of evidence based treatments for patients with a substance abuse disorder.
7. BOT Report 16 supports further research to help define the population of patients who may be safely treated with methadone maintenance treatment.

8. The AMA should continue to advocate for the widespread adoption of telehealth services in the practice of medicine post SARS-COV-2
9. The AMA should continue to advocate that all health plans, including self insured plans, be subject to state prior authorization reforms that align with state policy.
10. The AMA should advocate for federal legislation to create a congressionally mandated bipartisan commission to examine the US preparations for and response to the COVID-19 pandemic, in order to inform and support future public policy.
11. The AMA should continue to promote national awareness of the loss of physician medical practices and patient access to care due to the COVID-19 pandemic, and continue to advocate for reforms that support and sustain physician medical practices.
12. The AMA will develop model state legislation regarding co-pay accumulators for all pharmaceuticals, biologics, medical devices and medical equipment, and support federal and state legislation to ban copay accumulators.

REFERENCE COMMITTEE C – EDUCATION

1. The AMA will continue to work with the ABMS and its member boards to implement key recommendations outlined by the Continuing Board Certification: Vision for the Future Commission in its final report including the development of new integrated standards for continuing certification programs that will address the commission's recommendations for flexibility in knowledge assessment.
2. The AMA will continue to monitor issues, including waiver of due process requirements, created by corporate control of graduate medical education sites.
3. The AQMA should encourage the AAMC, AACOM and NRMP to develop a process similar to the Supplemental Offer and Assistance Program that could be used in the event of a sudden teaching institution or program closure. The AMA should encourage the ACGME that sponsoring institutions are to provide residents and residency applicants information regarding the financial health of the institution. The AMA should work with the AAMC, AACOM and the ACGME to coordinate on the communications with institutions in the event of a sudden closure of a program.
4. The AMA should work with appropriate agencies to eliminate centralized clinical skills examinations used as a part of state licensure.
5. The AMA should advocate to oppose the diversion of direct and indirect funding away from ACGME accredited graduate medical education.
6. The AMA should advocate that students in allopathic and osteopathic schools and residents in accredited residency programs to be re-examined at no charge if they fail an exam from the USMLE or the Comprehensive Osteopathic Medical Licensing Examination.

REFERENCE COMMITTEE D – PUBLIC HEALTH

1. BOT Report 9 discussed bullying in the practice of medicine. See the report. Organized medical staffs should work to lead the effort in ensuring safe work environment within their institutions.

2. The AMA supports policies that facilitate compassionate release of incarcerated patients on the basis of serious medical conditions.
3. The AMA should champion the betterment of public health by enhancing advocacy and support for programs and initiatives that strengthen public health systems, to address pandemic threats, health inequities and social determinants of health outcomes.
4. The AMA should institute a program to promote the integrity of a COVID-19 vaccination program.
5. The AMA should advocate for policies that prevent evictions during public health emergencies and also advocate for prevention of termination of life essential utilities during public health emergencies.
6. The AMA should acknowledge and act to reduce the incidence of antagonistic actions against physicians and other health care workers outside as well as in the workplace.
7. The AMA should support public Health approaches for the prevention and management of contagious diseases in correctional and detention facilities.
8. The AMA should encourage the CDC to study and issue guidance on the most effective infection and control strategies to reduce the spread of influenza in hospital settings.
9. The AMA should support evidence based standards and national guidelines for PPE use, reuse and appropriate cleaning/decontamination during surge conditions. It is the responsibility of health care facilities to provide sufficient PPE for employees

REFERENCE COMMITTEE E – SCIENCE AND TECHNOLOGY

1. CSPH Report 3 supports efforts to enhance the FDA resources to appropriately oversee the growing dietary supplement sector. The AMA supports continued research related to the efficacy, safety and long term effects of dietary supplements.
2. The Council on Science and Public Health shall continue to evaluate the drug shortage issue, including the impact of group purchasing organizations and report to the HOD annually
3. CSPH Report 2 supports the designation of neuropathic pain as a disease state and encourages research related to neuropathic pain, payer coverage of treatment options and improved resources for patients suffering from neuropathic pain.
4. CSPH Report 4 discussed cannabis legalization. The report felt that it should not be legalized and that the states that have legalized it should take steps to regulate the product effectively to protect public health and safety.
5. The AMA endorses home infusion of FDA approved drugs for appropriate patients under medical supervision. The AMA opposes any requirement by insurers for home administration of drugs if in the treating physician's clinical judgment it is not appropriate.
6. Considerable discussion occurred regarding the off label use of hydroxychloroquine. Previous policy was re-affirmed which shows strong support for the autonomous clinical decision making authority of a physician and that a physician may use an FDA approved drug in an off label situation when such use is based on sound scientific evidence or sound medical opinion.

REFERENCE COMMITTEE F – FINANCE AND GOVERNANCE

1. A private practice physician section was established

REFERENCE COMMITTEE G – MEDICAL PRACTICE

1. The AMA feels that all credentialed physicians be included in a healthcare organization's website.
2. CMS Report 2 discussed mitigating the negative effects of high deductible health plans. If interested read the lengthy report.
3. The AMA should actively oppose policies that limit a physician's access to hospital services based on the number and type of referrals and the number of procedures performed.
4. The AMA advocates that all insurance carriers and benefit managers that require prior authorization have staff available 24 hours per day.