

Friday, November 11th, 2016

Council on Medical Education Stakeholders Forum

Dr. Hubbell attended this session. Osteopathic residency programs are now applying for ACGME accreditation as we transition to one system. A new ACGME Core Specialty: Osteopathic Neuromuscular Medicine (ONMM) was described. There is considerable overlap with PM&R.

Saturday, November 12th, 2016

AAPM&R Caucus I: In attendance were:

Dr. Leon Reinstein, M.D. Chair, AAPM&R Delegation to the AMA
Dr. Susan Hubbell, AAPM&R Delegate to the AMA
Dr. Carlo Milani, AAPM&R Delegate to the Resident and Fellow Physician Section and AAPM&R Alternate Delegate
Dr. Robert Goldberg, New York Delegate; Member of the OSMAP Steering Committee
Dr. Matthew Grierson, Washington State Delegate
Dr. William Pease, AANEM Delegate
Ms. Millie Suk, AANEM Director, Health Policy
Dr. Claire Wolfe, Senior Physician Group Delegate
Dr. Donna Bloodworth, American Academy of Pain Medicine Alternate Delegate
Dr. Stuart Glassman, New Hampshire Alternate Delegate
Dr. Sam Chu, AAP Representative
Ms. Bernadette Rensing, AAP External Affairs Director
Mr. ArAvind Addelpalli, Medical Student Delegate
Mr. Yashesh Parekh, Medical Student Delegate
Ms. Britinia Galvin, AAPM&R Health Policy Assistant

1. We reviewed the AMA Handbook and the AAPM&R staff report.
2. We identified those resolutions which we wanted to testify about at the upcoming Reference Committees
3. We assigned attendance at the Reference Committees as follows:
 - a. Reference Committee On Constitution and Bylaws – Dr. Milani
 - b. Reference Committee B – Legislative Advocacy - Dr. Reinstein
 - c. Reference Committee C – Advocacy Related to Medical Education – Dr. Goldberg
 - d. Reference Committee F – AMA Finance and Government - Dr. Bloodworth
 - e. Reference Committee J – Advocacy Related to Medical Service, Medical Practice, Insurance, and Related Topics – Dr. Hubbell
 - f. Reference Committee K – Advocacy Related to Science and Public Health Related Topics – Dr. Bloodworth

Neurosciences Caucus

1. The Neurosciences Caucus consists of those AMA Specialty Societies which are concerned with the central nervous system and include: Neurology, Neurosurgery, Pain, PM&R, and Psychiatry. Attending this meeting were: Drs. Reinstein, Hubbell, Pease, Bloodworth, and Ms. Galvin. We reviewed specific resolutions and reports in the handbook related to Neuroscience. Resolution 912 – Neuropathic Pain was supported by the caucus. Dr. Patrice Harris, Chair of the AMA Board of Trustees identified five areas of concern: decreased regulation under President-Elect Trump, MACRA and QPP, drug pricing transparency, network advocacy, and health insurance consolidation and mergers.

Orthopedic Section Council Meeting

Drs. Reinstein and Hubbell and Brit Galvin attended this meeting. This was an introductory meeting and they identified their goals and objectives. The group discussed the formation of Musculoskeletal Caucus to review issues of mutual concern. Orthopedics, Rheumatology, and PM&R will be the founding members. Others may be invited to join in the future.

Specialty and Service Societies (SSS) Meeting

Drs. Reinstein and Hubbell represented the AAPM&R to the SSS and attended this meeting.

1. The Specialty and Service Societies “provides a forum for the national medical specialty societies and their service (military) branches to foster effective communications and full participation in all activities of the AMA.” Currently, there are 130 Specialty Societies and 5 Federal and Military members of the SSS seated in the AMA House of Delegates.

2. We reviewed the Report of the Rules Committee. 17 societies underwent the Five-Year Review. They were found to be in compliance and eligible to retain their representation in the AMA House of Delegates.

3. Having met the requirements for representation in the House of Delegates, the American Society of Hematology, the American Society of Transplant Surgeons, and the International Society of Hair Restoration Surgery were granted representation in the HOD.

4. The Association of Academic Physiatriests was found to be compliant with the requirements of representation in the SSS and was admitted to the SSS.

5. We reviewed the reports and resolutions in the Meeting Handbook.

Women's Physician Section

Dr. Hubbell attended this meeting. They discussed Research Projects and reviewed resolutions affecting women in the House of Delegates.

Opening Session of the AMA House of Delegates

Distinguished Service Award

The AMA presented this award to Dr. Bennett Omalu for his pioneering work on Chronic Traumatic Encephalopathy in National Football League players.

Address of the AMA President – Dr. Andrew Gurman

Dr. Gurman complimented Dr. Omalu on his professionalism and dedication to service. He complimented the AMA on the completion of the revised AMA Code of Medical Ethics. He discussed the AMA's Advocacy Efforts. He noted that “what happens in the halls of the US Congress is as important as the halls of hospitals. He discussed gun research, Epipen costs, Zika, opioid epidemic, mergers of health care giants, and MACRA. He discussed CMS' Quality Payment Program (QPP). He reported that was successful in improving the final rule for QPP noted that “we led with our values and they listened.”

Address of the Executive Vice-President – Dr. James Madeira

Dr. Madeira began with “may we never again have an election like that.” He reported that the AMA is “committed to work with ALL concerned to promote the art and science of medicine and the betterment of public health.” He noted that in a recent survey, the AMA was “first overall” among the 50 most effective associations.

He identified the AMA's Goal: to aspire to save every physician one hour each day every year. He identified Bold Ideas: medical school of the future, professional satisfaction, and “living the mission.” He identified Three Pillars: “performance aligned with high expectations, real results through partnerships, and a narrative that drives success.”

Mr. Richard Dean – AMA Legislative Representative

Mr. Dean noted that CMS MACRA Reporting will begin January 1st, 2017 and Payment Adjustments will begin in 2019. Physicians who collect less than \$30,000 in charges annually or see less than 100 patients annually will not be required to report. He stated that “the only physicians who will experience negative payment adjustments (-4%) in 2019 are those physicians who do not report data in 2017.” He noted that MACRA was overwhelmingly adopted in the US Congress: 392 favorable votes in the House and 92 favorable votes in the Senate. He noted that MIPS (Merit-Based Incentive Payment System) incorporates Quality Reporting (was PQRS), Cost (was Value-Based Modifier), Advancing Care Information (was Meaningful Use), and Improvement Activities.

Sunday, November 13th, 2016

Specialty and Service Societies Section Council Chairs

Dr. Reinstein attended this meeting. We discussed the role of the SSS and each section identified key resolutions and reports.

Opening Session of the House of Delegates

This half hour session consisted of formalities officially opening the AMA Meeting.

Reference Committee Meetings

The Reference Committees met. AAPM&R members attended the various Reference Committee Meetings, offering testimony on those issues which we had identified as important to PM&R.

Women's Physician Section

Dr. Hubbell attended this meeting. Issues pertinent to women physicians were discussed.

Private Practice Physicians' Congress Meeting

Dr. Hubbell attended this meeting. Issues pertinent to private practice were discussed.

**Educational Session: Genomic Engineering –
The Transformative Discovery Of Our Time**

Dr. Reinstein attended this session.

Introduction: Dr. Stephen Stack, immediate past-president of the AMA, noted that the Human Genome Project was completed after 25 years. Today we can write into the genome.

Dr. Neville Sanjana, core faculty member of the New York Genome Center of New York University, reported that there are 20,000 genes in the Genome and 7 million “Base Pairs.” He discussed applications in agriculture, noting the challenges of viral diseases and pesticide resistance.

Dr. James Sejuar of the CDC, discussed the Zika Virus. He discussed outbreaks in French Polynesia in 2013 (42 cases) and more recently in Brazil, Central America, and the Caribbean. He reviewed neurological manifestations: congenital birth defects, Guillain-Barre, Meningoencephalitis, and Myelitis. Regarding Guillain-Barre, he reported a 75%-90% history of a preceding illness such as a rash, fever, and myalgia.

Dr. Celeste Philip, State Surgeon General of Florida, noted that Florida had 915 travel-related cases from 38 countries. There were 81 infants with 2 having birth defects and 2 having Guillain-Barre. She reviewed the travel advisory from July 29th, 2016 to September 19th, 2016.

Monday, November 14th, 2016

Specialty and Service Societies Meeting – Council Updates

Dr. Reinstein attended this meeting.

1. Council on Long-Range Planning – They identified the following reports: Health Care Trends, Annual Stakeholders Analysis, Annual Analysis of Sections and Groups, and Diversity Within The House of Delegates. Current Projects include: Big Data, Digital Health, and Physician Burnout and Practice Satisfaction.
2. Council on Science and Public Health – They identified the following areas: Cannabis, Gene Splicing, LED/ Incandescent Lights, the National Drug Shortage, Opioid Use and Urine Testing, and Precision Medicine.
3. Council on Constitution and Bylaws – They identified the following areas: CCB-1: Membership in OMSS and CCB-2: Late resolutions, emergency business, and the House of Delegates Reference Manual.
4. Council on Medical Education - They identified eight reports including Access to Confidential Health Services and Unmatched Medical Students.
5. Council on Ethical and Judicial Affairs – They reviewed the new, modernized AMA Code of Medical Ethics. This was last reviewed in 1959. It was an eight year project. Items reviewed included: Amended Opinion on Social Media, Physician Spokespersons in the Media, Immunization Exceptions, Continuity of Care, Aid in Dying, Targeted Education on Organ Donation, and Stem-Cell Tourism.
6. Council on Legislation - They felt that the AMA should be “at the table, not on the table.” They identified: Telemedicine, the ACA, MACRA, Insurance Company Mergers, and Opioid Abuse.

Scope of Practice Summit Meeting

Dr. Hubbell attended this meeting.

The AMA Advocacy Research Center (ARC) has been involved in scope of practice issues involving independent practice of nursing and has been successful in limiting such practice in several states. The Scope of Practice Partnership has a data series including physicians and non-physicians. The newly revised Health Workforce Mapper is an interactive on-line app allowing individuals to look at population health and geographic maps. Other issues discussed included prescriptive authority for psychologists, prescriptive authority for naturopaths, optometrists managing hypertension and diabetes, and pharmacists who want to diagnose and treat.

Council on Legislation Forum

Dr. Reinstein attended this meeting.

The 12-member AMA Council on Legislation advises the AMA Board on policy and legislation. Their strategic focus is to improve clinical practice and improve health outcomes. They discussed MACRA, MIPS, and QPP and noted that 2017 will be a transitional year.

a. Regarding the Opioid Epidemic they noted that there have been more than 2000 state legislative proposals since 2014. They noted that 78 people die EVERY DAY from opioids. Progress is being made as more physicians receive education and training and opioid rates are decreasing.

b. They updated Telemedicine noting that there were nine new state laws in 2016. Current concerns are licensure and payment. There is a 17-state Interstate Medical Licensure Compact which provides expedited approval of licensure across states. This is an alternative to a national licensure.

c. They discussed the Two Health Megamergers: Aetna/ Humana and Anthem/Cigna.

d. They reviewed Drug Access and Price referencing truthinRx.org.

e. They briefly reviewed ACA implementation, precision medicine, medical liability reform, public health, the patient-physician relationship, team-based care, scope of practice, GME funding, physician taxation, and truth-in-advertising.

f. They concluded that health care provides 10 million jobs in America, with \$65 Billion in annual income.

AMA Drug Pricing Symposium

Dr. Reinstein attended this meeting.

They reported that “consumer spending on prescriptions in the U.S. increased nearly 20% between 2013 and 2015. “People have a right to know why the cost of their prescriptions fluctuate year after year when the ingredients stay the same. . . Drug companies aren’t required to disclose their pricing agreements, which leaves patients-in-the dark about the price of medications.”

AAPM&R Caucus II

1. In attendance were:

Dr. Leon Reinstein, Chair, AAPM&R Delegation
Dr. Susan L. Hubbell, AAPM&R Delegate.
Dr. Carlo Milani, AAPM&R Delegate to Resident and Fellows Physician Section
AAPM&R Alternate Delegate.
Dr. Matthew Grierson, Washington State Delegate
Dr. Claire Wolfe, Senior Physician Group Delegate
Dr. William Pease, AANEM Delegate.
Dr. Robert Goldberg, New York State Society Delegate, Member of the OSMAP
Steering Committee
Dr. Donna Bloodworth, American Academy of Pain Medicine Alt. Delegate
Dr. Keri Chung, Resident and Fellow Section, Alternate Delegate
Dr. Sam Chu, Association of Academic Physiatriests Representative
Ms. Bernadette Rensing, AAP External Affairs Director
Ms. Britania Galvin, AAPM&R Health Policy Assistant

2. We reviewed the reports of the AAPM&R representatives who attended the Reference Committee Hearings. We decided our position on various issues which will come before the AMA House of Delegates the next two days.

AMA HOUSE OF DELEGATES MEETING

Monday, November 14th and Tuesday, November 15th, 2016

The meeting Handbook contained 586 pages of Reports and Resolutions. Therefore, we will only present a review of those resolutions and reports which are of particular interest to PM&R (*italics*) or are of major interest nationally.

Committee on Amendments to Constitution and Bylaws

1. *Board of Trustees Report 5: "IOM 'Dying In America' Report."* This 11 page report noted "the overreaching goal of *Dying In America* is to ensure that all patients with advanced serious illness who are nearing the end of life have round the clock access to comprehensive care . . . in keeping with individuals' values, goals, and preferences." The report identified five key domains: financing for comprehensive care; quality measurement; professional education, licensure, and credentialing; interoperable electronic health records; and public education about end of life and advance care planning. It was **adopted**.

2. Board of Trustees Report 6: Designation of Specialty Societies for Representation in the House of Delegates. “The Board of Trustees (BOT), with input from the Specialty and Service Societies (SSS), believed that the following is a reasonable and equitable solution. . . *the number of constituent delegates and specialty delegates should be equal* (emphasis added) . . . specialty society delegation allocation should be determined using data that is submitted by each specialty society every five years . . . once the total number of constituent society delegates allocated for any given year is determined then specialty society delegates would be adjusted up or down so that the total number of specialty society delegates equals the number of constituent society delegates . . . In the case of a tie, the previous year’s data will be used a tie-breaker. . .” It was **adopted as amended**.

3. Board of Trustees Report 7 – Supporting Autonomy for Patients with Differences of Sex Development (DSD). “DSD refers to congenital conditions in which development of chromosomal, gonadal, or anatomic sex is atypical.” It was recommended that “our AMA support optimal management of DSD through individualized, multidisciplinary care . . .” It was **referred**.

4. Board of Trustees Report 8 – Medical Reporting for Safety Sensitive Positions. This report concluded that “national standards already exist. . . and therefore recommended that the resolution not be adopted.” It was **referred**.

5. CCB Report 2 – Bylaws Amendments relating to Late Resolutions and Emergency Business. It was **referred**.

6. Report 1 of CEJA - Collaborative Care. This 10 page report recommended that “. . . physicians have a responsibility to model ethical leadership, promote core team values, support transparent decision making, encourage open discussion and share accountability, and respect the patient’s and family’s unique relationship as team members . . .” It was **filed**.

7. Report 2 of CEJA – Competence, Self-Assessment and Self-Awareness. This 10 page report “. . . requires that physicians at all stages . . . be able to recognize when they are and when they are not able to provide appropriate care . . .” It was **filed**.

8. Resolution 001 – Support for the Decriminalization and Treatment of Suicide Attempts Amongst Military Personnel. This resolution asked our AMA to “support efforts to decriminalize suicide attempts in the military (and) support efforts to provide treatment for survivors of suicide attempt in lieu of punishment in the military.” It was **reaffirmed**.

9. Resolution 005 – No Compromise on Anti-Female Genital Mutilation Policy. This resolution stated that our AMA “condemns all forms of female genital mutilation. . .” It was **referred.**

10. Resolution 006 – Effective Peer Review. This resolution asked our AMA to “study the current environment for effective peer review . . . in order to update its current policy to include strategies for employed physicians as well as consider a national strategy for protecting all physicians from retaliation as a result from participating in effective peer review.” It was **adopted as amended.**

10. Resolution 007 – Fair Process for Employed Physicians. This resolution asked our AMA to “support whistleblower protection for healthcare providers . . . (and) advocate for protection in medical staff bylaws. . .” It was **adopted as amended.**

Reference Committee B – Legislative Advocacy

1. BOT Report 2 – AMA Support for State Medical Societies Efforts to Implement MICRA-Type Legislation. This 11 page report summarized no-fault medical liability and “. . .recommended reaffirmation of long-standing AMA policy in support of MICRA-style reforms, and recommends that the AMA support state medical associations in their opposition to proposals to replace a state medical liability system with no-fault liability or Patient Compensation Systems unless these proposals are consistent with AMA policy.” It was **adopted as amended.**

2. BOT Report 3 – Model State Legislation Promoting the Use of Electronic Tools to Mitigate Risk with Prescription Opioid Prescribing. This 7 page report asked that our AMA “support the ability of prescribing drug monitoring programs (PDMPs) to have the ability for physicians to know when their patients have received a prescription from multiple prescribers or multiple pharmacies within a short time frame. . .” (and) “ advocate for the interoperability of state PDMPs with electronic health records” It was **adopted as amended.**

3. Resolution 201 – Removing Restrictions on Federal Funding for Firearms Violence Research. This resolution asked our AMA to “provide an informational report . . with additional recommendations . . .” It was **adopted.**

4. Resolutions 202 and 212 – Inclusion of Sexual Orientation and Gender Identity Information in Electronic Medical Records. This resolution asked our AMA to “support the voluntary inclusion of a patient’s biological sex, current gender identity, sexual orientation, and preferred gender pronoun (s) in medical documentation and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner.” Resolution 212 was **adopted as amended** (in lieu of 202).

5. Resolution 203 – Universal Prescriber Access to Prescription Monitoring Programs. This resolution asked our 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.” It was **adopted**.

6. Resolution 204 – Seamless Conversion of Medicare Advantage Programs. This resolution asked our AMA to “. . . raise awareness among physicians and seniors regarding the implications of the practice of ‘seamless conversion’ (from traditional Medicare to Medicare Advantage) (and) immediately begin to advocate with Congress and CMS to implement an immediate moratorium on the practice of seamless conversion.” It was **adopted**.

7. Resolutions 205, 209, 223, 224, and 226 – Protecting Patient Access to Health Insurance Coverage, Physicians, and Quality Health Care. These resolutions were combined and asked our AMA to “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 our AMA’s extensive body of policy on health system reform; and be it further resolved, that our AMA craft a strong public statement for immediate and broad release, articulating 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; and be it further resolved that our Board of Trustees report back to our AMA House of Delegates at the Annual 2017 Meeting.” It was **adopted as amended**.

8. Resolution 207 – Limitation on Reports by Insurance Carriers to the National Practitioner Data Bank Unrelated to Patient Care. This resolution asked our AMA that “. . . the Health Resources and Services Administration should be compelled to remove the name of any physician from the NPBD who was reported by the medical malpractice carrier as the result of the settlement of a claim by a healthcare entity where the physician was not involved in the treatment of the plaintiff.” It was **not adopted**.

9. Resolution 208 – MIPS and MACRA Exemptions. This resolution asked our AMA to “advocate for an exemption from MIPS and MACRA for small practices . . .” It was **adopted as amended**.

11. Resolution 210 – Automatic Enrollment Into Medicare Advantage. This resolution asked our AMA to “work to make seamless conversion enrollment into a Medicare Advantage Plan an opt-in rather than an opt-out process.” It was **adopted**.

12. Resolution 212 – Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation. (See Resolution 202).

13. Resolution 213 – SOAP Notes and Chief Complaint – This resolution stated that our 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 reasons for the visit and services rendered.” It was **adopted as amended**.

14. Resolution 214 – Firearm-Related Injury and Death: Adopt a Call to Action. This resolution asked our AMA to “endorse the specific recommendations . . . (in) A Call to Action from 8 Health Professional Organizations and the American Bar Association.” It was **adopted**.

15. Resolution 215 – Parental Leave. This resolution asked our AMA to “encourage the study of the health implications among patients if the United States were to modify . . . the Family and Medical Leave Act . . .” It was **adopted as amended**.

16. Resolution 218 – Support for Prescription Drug Monitoring Programs. This resolution asked our AMA to “continue to encourage Congress to assure that the National All Schedules Prescription Electronic Reporting Act (NASPER) and/or similar programs be fully funded to allow state prescription drug monitoring programs (PDMPs) to remain viable and active . . .” It was **adopted**.

17. Resolution 219 – Protect Individualized Compounding in Physicians’ Offices. This resolution asked our AMA to “advocate that the FDA remove physician offices and ambulatory surgery centers from its definition of a compounding facility.” It was **adopted as amended**.

18. Resolution 220 – Distracted Driver Reduction - This resolution asked our AMA to “develop model state legislation to limit cell phone use to hands-free use only when driving.” It was **adopted**.

19. Resolution 221 – Electronic Medical Record Recovery Fees - This resolution asked our AMA to “work to create legislation to be introduced in the US Congress that would eliminate the costs to physicians associated with recovering patient health care records from a previous electronic medical records (EMRs) vendor, when they upgrade to a new EMR vendor.” It was **reaffirmed**.

20. Resolution 225 – Limitations on Reports by Insurance Carriers to the National Practitioner Data Bank Unrelated to Patient Care. This resolution asked our AMA to “formally request that the Health Resources and Services Administration (HRSA) clarify that reports of medical malpractice settlements by physicians are contingent on treatment . . . and that HRSA should be compelled to remove the name of any physician from the NPDB who was reported by a medical malpractice carrier as the result of the settlement of a claim by a healthcare entity where the physician was not involved in the treatment of the plaintiff.” It was **adopted**.

Reference Committee C –Advocacy Related to Medical Education

1. *CME Report 1 – Access to Confidential Health Services for Medical Students and Physicians.* This 18 page report, with 19 references to AMA Policy and 12 references, was in response to Resolutions 901-I-15, 913-I-15, and 304-A-16, access to mental health care and was expanded to include confidential access to all health services for medical students and physicians. Issues cited included 1) The mental and physical toll that medical education exacts on medical students and physicians . . . 2) The “hidden curriculum” of medical education which can expose students/learners to an unhealthy emotional environment and contribute to burnout, 3) The long-standing and deeply ingrained stigma against physicians seeking care . . . 4) Issues with confidentiality of care . . . 5) Acculturation . . . to ignore one’s own personal health needs . . . The report’s recommendations include revisions to existing AMA policy . . . do not reflect new policy directives. The report discussed the work of accrediting agencies including the Liaison Committee on Medical Education (LCME), Commission on Osteopathic College Accreditation (COCA), Accreditation Council for Graduate Medical Education (ACGME), and the Joint Commission. It also discussed the work of Medical Institutions and the AMA. Recommendations included: “provide or facilitate the immediate availability of urgent and emergent access to low-cost, confidential health care including mental health and substance use counseling services . . . ensure that residency training programs are abiding by all duty hour restrictions. . . that our AMA urge state medical boards to refrain from asking applicants about past history of mental health diagnosis or substance use disorder diagnosis or treatment and only focus on current impairment by mental illness or addiction and to accept ‘safe-haven’ non reporting for physicians seeking licensure or re-licensure who are undergoing treatment for mental health issues or addiction, to help ensure confidentiality of such treatment for the individual physician while providing assurance of patient safety.” That our AMA “encourage medical schools to create mental health and substance abuse awareness and suicide prevention screening programs . . .” It was **adopted as amended.**

2. Resolution 301 – Expand the Treatment of Opiate Dependence Using Medication-Assisted Treatment by Physicians in Residency Training Programs. This resolution asked our AMA to “encourage the expansion of residency and fellowship training opportunities to provide clinical experience in the treatment of opioid disorders, under the supervision of an appropriately trained physician . . .” It was **adopted as amended.**

3. Resolution 302 – Protecting the Rights of Breastfeeding Residents and Fellows. This resolution asked our AMA to “work with appropriate bodies such as the ACGME and the LCME to include language in house staff manuals . . . of all training programs regarding protected times and locations for milk expression and secure storage of breast milk . . .” It was **adopted as amended.**

4. Resolutions 307 and 311 – Restrictions on the Use of Recertification. This resolution asked that our AMA, “through legislative, regulatory, and collaborative efforts, work with interested state medical societies and other interested parties by creating model state legislation and model staff bylaws while advocating that Maintenance of Certification not be a requirement for: (1) medical staff membership, privileging, or credentialing; (2) insurance panel participation; or (3) state licensure. The MOC program should not be a mandated requirement for licensure, credentialing, re-credentialing, privileging, reimbursement, network participation, employment, or insurance panel participation.” It was **adopted as amended**.

5. Resolution 309 – Development of Alternative Competency Assessment Models. This resolution asked our AMA “continue to work with the ABMS and other relevant organizations to explore alternative evidence-based methods of determining ongoing clinical competence . . .” It was **adopted as amended**.

6. Resolution 310 – Maintenance of Certification and Insurance Plan Participation. This resolution asked our AMA to “. . .ensure that the maintenance of certification does not become a requirement for insurance panel participation.” It was **adopted**.

7. Resolution 312 – Eliminating the Tax Liability for Student Loans. This resolution asked our AMA to “support the elimination of the tax liability when employers provide the funds to repay student loans for physicians who agree to work in an underserved area.” It was **adopted as amended**.

8. Late Resolution 1001 – Support for DACA-Eligible Healthcare Professionals. This resolution asked that our AMA “issue a statement of support of current US healthcare professionals, including those currently training as medical students or residents and fellows, who are Deferred Action for Childhood Arrivals recipients.” It was **adopted**.

Reference Committee F – AMA Finance and Government

1. CLRPD Report 1 – Minority Affair Section and Integrated Physician Practice Section, Five Year Reviews. This 6 page report reviewed criteria for the sections: issue of concern, consistency, appropriateness, representation threshold, stability, and accessibility. The CLRPD determined that both the MAS and IPSS met all the criteria and renewed the delineated section status of the sections. It was **adopted**.

2. Resolution 602 – Equality. This resolution asked “that all future meetings and conferences organized and/or sponsored by our AMA, not yet contracted, only be held in towns, cities, counties, and states that do not have discriminatory policies based on race, color, religion, ethnic origin, national origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age.” It was **referred**.

3. Resolution 603 – Support a Study on the Minimum Competencies and Scope of Medical Scribe Utilization. This resolution asked our AMA to “study medical scribe utilization in various health care settings..” It was **adopted as amended**.

4. Resolution 604 – Oppose Physician Gun Rule Policy by Taking Our AMA Business Elsewhere. This resolution asked our AMA to “adopt policy that bars our AMA from holding House of Delegates Meetings in states that enact physician gun gag rule laws . . .” It was **referred**.

5. Resolution 607 – Analysis of American Board of Internal Medicine (ABIM) Finances. This resolution asked our AMA to “formerly, directly, and openly asked the ABIM, prior to the end of December, 2016, to allow an independent outside organization, representing ABIM stakeholders, to independently conduct an open audit of the finances of both the ABIM, a 501©(3) tax-exempt, non-profit organization and its Foundation.” It was **adopted as amended**.

Reference Committee J – Advocacy Related to Medical Service, Medical Practice, Insurance and Related Topics

1. CMS Report 1 – Infertility Benefits for Veterans. This 6 page report discussed strategies to eliminate barriers to accessing IVF for veterans. It was **adopted**.

2. CMS Report 2 – Healthcare while Incarcerated. This 8 page report reviewed current policy and “advocates for adequate payment to health care providers . . .” It was **adopted as amended**.

3. CMS Report 4 – Concurrent Hospice and Curative Care. This 7 page report noted that “ in January, 2016 the Center for Medicare and Medicaid Innovation (CMMI) launched a concurrent care demonstration project called the Medicare Care Choices Model (MCCM). . . This pilot will test the impact of patient access to concurrent hospice and curative care on quality of care and patient and family satisfaction . . .” It was **adopted as amended**.

4. CMS Report 5 – Incorporating Value into Pharmaceutical Pricing. This 13 page report noted “long-standing AMA policy that supports market-driven mechanisms to control pharmaceutical costs. . . The Council believes that pharmaceutical pricing mechanisms need to take into account a drug’s public health value . . . *value-based pharmaceuticals should be determined by objective, independent entities* (emphasis added). . .” It was **adopted**.

5. CMS Report 6 – Integration of Application of Mobile Health Devices into Practice. This 11 page report discussed regulatory and legislative activity and coverage and payment. It recommended “that our AMA support the establishment of coverage, payment and financial incentive mechanisms to support the use of mobile health applications . . . follow evidence-based practice guidelines, especially those developed and produced by national medical specialty societies and based on systematic reviews . . .” It was **adopted as amended**.

6. CMS Report 7 – Hospital Discharge Communication. This 10 page report recommended that “our AMA encourage hospital engagement of patients and their families/ caregivers in the discharge process . . . medication reconciliation . . . patient follow-up . . . review early readmissions . . . (and) support making hospital discharge instructions available to patient in both printed and electronic form. . .” It was **adopted as amended**.

7. Resolution 802 – Eliminating Fail First Policy in Addiction Treatment. This 6 page report asked our AMA to “advocate for the elimination of the ‘fail first’ policy implemented by insurance companies for addiction treatment.” “Fail first,” also called “Step Therapy,” “require that patients with addiction attempt and fail an outpatient program prior to receiving coverage for inpatient treatment . . .” It was **adopted as amended**.

8. Resolution 804 – Parity in Reproductive Health Insurance Coverage for Same-Sex Couples. This resolution asked our AMA to “support insurance coverage for fertility treatments regardless of marital status or sexual orientation, when insurance provides coverage for fertility treatments.” It was **adopted as amended**.

9. Resolution 805 – Health Insurance Companies Should Collect Deductible From Patients After Full Payments To Physicians. This resolution asked our AMA to “seek federal and state legislation that requires health insurers to reimburse physicians the full negotiated payment rate for services to enrollees in high deductible plans and that the health insurers collect any patient financial responsibilities, including deductibles and co-insurance, directly from the patient.” It was **referred**.

10. Resolution 806 – Pharmaceutical Industry Drug Pricing is a Public Health Emergency. This resolution, with 6 state sponsors, asked our AMA to “request that the Secretary of HHS declare pharmaceutical drug pricing a public health emergency . . . (and) take appropriate actions in response to the emergency, including investigation into the cause, treatment, or prevention of egregious pharmaceutical drug pricing.” It was **not adopted**.

11. Resolution 808 – A Study on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey and Healthcare Disparities. This resolution asked our AMA to “study the impact of the Healthcare Providers and Systems (HCAHPS) on Medicare payments to hospitals serving vulnerable populations and on potential health disparities.” It was **adopted as amended**.

12. Resolution 809 – Addressing the Exploitation of Restrictive Distribution Systems by Pharmaceutical Manufacturers. This resolution asked our AMA to “advocate with interested parties for legislative or regulatory measures that require prescription drug manufacturers to seek Federal Drug Administration and Federal Trade Commission approval before establishing a restrictive distribution system,” (and) “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 seeking to perform bioequivalence assays.” It was **adopted as amended**.

13. Resolution 811 – Opposition to CMS Mandating Treatment Expectations and Practicing Medicine. This resolution asked our AMA to “oppose CMS creating mandatory standards of care . . .” The example was “administration of 30cc/kg of crystalloid fluid for all patients with potential serious infections . . .” It was **referred for decision**.

14. Resolution 813 – Physician Payment for Information Technology Costs. This resolution asked our AMA to “assist in the gathering and providing data that physicians can use to convince public and private payers that payment must cover the increasing information technology costs of physicians.” It was **referred for decision**.

15. Resolution 814 – Addressing Discriminatory Health Plan Exclusions or Problematic Benefit Substitutions for Essential Health Benefits Under the Affordable Care Act. This resolution with 6 sponsors, asked our AMA to “work with state medical societies (and) federal regulators . . .” It was **adopted as amended**.

16. Resolution 817 – Brand and Generic Drug Costs. This resolution asked our AMA to “advocate for the following: Investigate the purchasing of medications from outside the county with FDA guidance . . . Advocate to allow increased competition in the marketing of medications . . . Advocate for participating pricing . . . Advocate for increased regulation of the generic drug market.” It was **reaffirmed**.

Reference Committee K – Advocacy Related to Science and Public Health Related Topics

1. *BOT Report 9 – Product-Specific Direct-to-Consumer Advertising (DTCA) of Prescription Drugs*. This 9-page report concluded that “DTCA can be both beneficial and detrimental.” It asked our AMA to “to support a ban on direct-to-consumer advertising for prescription drugs and implantable medical devices.” It was **adopted**.

2. Council on Science and Public Health (CSPH) Report 1 – Urine Drug Testing. This 24-page report concluded that “UDT is an objective means to detect the use of non-prescribed or illicit drugs and to confirm the presence of prescribed drugs. . .” It was **adopted as amended**.

3. CSPH Report 3 – Genome Editing and its Potential Clinical Use. This 15-page report concluded that “our AMA encourage continued research into the therapeutic use of genome editing. . . urge continued development of consensus international principles . . .” It was **adopted**.

4. Resolution 901 – Disclosure of Screening Test Results and Benefits, Performed Without a Doctor’s Order. This resolution, with 10 sponsors, asked our AMA to “advocate that if a screening test is being marketed as having a medical benefit and is offered and performed by a well program vendor without a specific order by the individual’s physician or other licensed provider, they must provide the patient with test specific evidence based guidance that supports the utility of the test. . .” It was **referred**.

5. Resolution 902 – Removing Restrictions on Federal Public Health Crisis Research. This resolution asked our AMA to “. . . oppose efforts to restrict funding or suppress the findings of biomedical and public health research for political purposes.” It was **adopted as amended**.

6. Resolution 905 – Chronic Traumatic Encephalopathy (CTE) Awareness. This resolution asked our AMA to amend Policy H-470.954, Reduction of Sports-Related Injury and Concussion by addition: “support research into the detection, causes, and prevention of injuries along the continuum from sub-concussive head impacts to conditions such as chronic traumatic encephalopathy (CTE). It was **adopted as amended**.

7. Resolution 907 – Clinical Implications and Policy Considerations for Cannabis Use. This resolution asked our AMA to amend Policy H-95.998 by deletion of “sale of cannabis should not be legalized.” It was **referred**.

8. Resolution 910 – Disparities in Public Education as a Crisis in Public Health and Civil Rights. This resolution, with 6 state sponsors, asked our AMA to “issue a call to action of all educational private and public stakeholders . . . to propose strategies, regulation and/or legislation to further the access of all children to a quality public education including early childhood education. . .” It was **adopted as amended**.

9. Resolution 912 – Neuropathic Pain Recognized as a Disease. This resolution asked our AMA to “recognize chronic neuropathic pain as a distinct pain condition with multiple pathophysiologic aspects requiring diagnostic investigation different from other pain conditions.” It was **referred**.

10. Resolution 917 – Youth Incarceration in Adult Prisons. This resolution asked our AMA to “oppose the detention and incarceration of juveniles (under 18 years of age) in adult facilities (and) support with respect of juveniles (under 18 years of age) detained or incarcerated in any criminal justice facility including 1. early intervention and rehabilitation services, 2. appropriate guidelines for parole, and 3. fairness in the expungement and sealing records.” It was **adopted as amended**.

11. Resolution 918 – Ensuring Cancer Patient Access to Pain Medicine. This resolution asked our AMA Policy D-129.947, A More Uniform Approach to Assessing and Treating Patients with Controlled Substances for Pain Relief be amended to include “work diligently 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 in hospice and palliative care.” It was **adopted as amended**.

12. Resolution 921 – Raise the Minimum Age of Legal Access to Tobacco to 24 Years. This resolution asked our AMA to “reaffirm its support for raising the minimum age of legal access to tobacco products to 24 years.” It was **reaffirmed**.

13. Resolution 924 – AMA Advocacy for Environmental Stability and Climate. This resolution asked our AMA to “support initiatives to promote environmental sustainability and other efforts to halt global climate change. . .” It was **adopted as amended**.

Resolutions NOT For Consideration

1. Resolution 601 – Sexual Orientation and Gender Identity Demographic Collection by the AMA and Other Medical Organizations. This resolution asked our AMA to “develop a plan with input from the LGBT Advisory Committee to expand the demographics we collect about our members to include both sexual orientation and gender identity information, which will be given voluntarily by members and handled in a confidential manner.” It was **not considered**.

Respectfully submitted,

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