

AMA-YPS Handbook Review: HOD Reference Committee B (legislation and health system reform)

Full text at <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2009-interim-meeting/i09-reports-resolutions/business-hod.shtml>. Recommended AMA-YPS positions should be considered preliminary until ratified by the AMA-YPS Assembly on Nov. 6, 2009.

Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
Resolution 201: Electronic Medical Records Incentives (MI)	RESOLVED, That our American Medical Association lobby for a meaningful monetary incentive in the near future to aid the private practitioner investing in electronic medical records for the benefit of better patient care. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,900.	Monitor/Support	Reaffirmed
Resolution 202: Retroactive Incentives for the Electronic Medical Record (MI)	RESOLVED, That our American Medical Association lobby the federal government for retroactive payments to physician groups that have already invested in electronic medical records. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,900.	Monitor/Support	Reaffirmed
Resolution 203: Ruling Policies with Regard to AMA Health Care System Reform (NJ)	RESOLVED, That our American Medical Association House of Delegates at the 2009 Interim Meeting endorse the "Statement of the American Medical Association to the Democratic Steering and Policy Committee United States House of Representatives" as a statement of our ruling policies (New HOD Policy); and be it further RESOLVED, That our AMA leadership and membership promote to the fullest, at each and every opportunity, our ruling policies with regard to Health Care System Reform as clearly expressed in the "Statement of the American Medical Association to the Democratic Steering and Policy Committee United States House of Representatives" and as adopted by our AMA House of Delegates at the 2009 Interim Meeting. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$9,700.	Monitor	Substitute Resolution 203 adopted as amended in lieu of Resolutions 203, 208, 209. See http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-b-annotated.pdf for final language
Resolution 204: Advocacy for High-Risk Pools Rather Than Guaranteed Issue and Community Rating Regulations (KS)	RESOLVED, That our American Medical Association publicly advocate for the replacement in federal legislation of requirements for guaranteed issue and community rating regulations with measures that support state-based high-risk pools and other methods of direct subsidy for high risk patients. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.	Monitor	Referred
Resolution 205: Change Use of Term Health Care Provider (FL)	RESOLVED, That our American Medical Association continue to promote the professionalism of the medical profession (Directive to Take Action); and be it further RESOLVED, That our AMA eliminate the use of words such as healthcare provider and practitioner when describing doctors and refer to people who have completed medical school and residency as physician, osteopathic physician, medical doctor, doctor of osteopathic medicine or doctor, and not as "provider" (Directive to Take Action); and be it further RESOLVED, That our AMA work with specialty groups to refer to physicians as such, or as doctors, osteopathic physicians, doctors of osteopathic medicine or medical doctors (Directive to Take Action); and be it further RESOLVED, That our AMA monitor and counter any media advertising that seeks to minimize the medical profession and seek legislation to prohibit the use of the term	Support	Reaffirmed

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	<p>“physician” by any person other than an MD or DO. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>		
<p>Resolution 206: Liability Reform in Health Care Reform (AAFPRS, AACS, ASOPRS, Triological Society)</p>	<p>RESOLVED, That our American Medical Association promote liability reform that mirrors the reforms of such states as Texas and California as the optimum reform plans (Directive to Take Action); and be it further RESOLVED, That our AMA strongly support that any federal liability reform does not preempt effective state reforms, and thereby possibly weaken proven state reforms (Directive to Take Action); and be it further RESOLVED, That our AMA support that any alternative reforms such as specialized health courts and early offer programs not be mandated for all states, but rather be tested in states only as demonstration projects, to be incentivized only if they prove to be effective (Directive to Take Action); and be it further RESOLVED, That our AMA support that best clinical practice guidelines represent a medical guideline not a legal one and recognize and encourage that such guidelines do not supplant clinical judgment and that failure to follow each and every clinical guideline when clinical judgment otherwise dictates should not be admissible in court as evidence or create a presumption of negligence (Directive to Take Action); and be it further RESOLVED, That our AMA strongly clarify the ambiguous language of several provisions (HR3200: Sections 2401, 2301, 1751, 1237, 1151,224 and 1783) in existing bills which deal with risk management, utilization review, and cost containment that might inadvertently create new legal causes of action against physicians to be sure that such provisions not lead to new theories of liability, such as presumption of negligence in cases of hospital acquired conditions. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p>	<p>Monitor/Support</p>	<p>Adopted as amended. See http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-b-annotated.pdf for final language</p>
<p>Resolution 207: Prevent Intrusion in Physician-Patient Self Determination and Autonomy in Decision Making (FL)</p>	<p>RESOLVED, That our American Medical Association oppose any legislation that infringes on physician practice autonomy and the doctor/patient relationship. (New HOD Policy) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859. This topic is currently under study by the Council on Medical Service.</p>	<p>Support</p>	<p>Reaffirmed</p>
<p>Resolution 208: AMA Support of Health System Reform (AAFP)</p>	<p>RESOLVED, That our American Medical Association House of Delegates support AMA leadership in their unwavering and bold efforts to promote health care reform in the United States. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p>	<p>Monitor/Support</p>	<p>Substitute Resolution 203 adopted as amended in lieu of Resolutions 203, 208, 209.</p>

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			See http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-b-annotated.pdf for final language
<p>Resolution 209: Health Care Reform Legislation (AANS, CNS, GA, DC et al)</p>	<p>RESOLVED, That our American Medical Association actively oppose any health care reform legislation that contains any of the following provisions:</p> <ol style="list-style-type: none"> 1. A public health insurance option; 2. The Independent Medicare Commission (or other similar construct), which would take Medicare payment policy out of the hands of Congress and place it under the control of a small group of unelected policymakers; 3. A CMS Payment Innovation Center that gives the federal government broad authority to make extensive changes to Medicare without adequate Congressional oversight or judicial review; 4. Physician payment polices that: (a) merely provide a temporary short-term “patch” to replace upcoming SGR cuts with modest payment increases; (b) provide bonus payments to primary care and/or general surgeons through across-the-board, budget-neutral cuts in reimbursement to all other physicians; (c) cut physician payments to those physicians who do not participate in the Physician Quality Reporting Initiative (PQRI) program; (d) cut physician payments to those physicians who are deemed to exceed resource use benchmarks; (e) establish a separate payment modifier that will, in a budget-neutral manner, pay physicians or groups of physicians differentially based upon the relative quality of care they achieve for Medicare beneficiaries relative to cost; and/or (f) create a duplicative process for determining code values other than the AMA/Specialty Society Relative Value Update Committee (RUC); and 5. A comparative effectiveness research structure that stifles medical innovation and restricts patient access to valuable, life-saving, treatment options (Directive to Take Action); be it further <p>RESOLVED, That our AMA actively oppose any health care reform legislation that does not include:</p> <ol style="list-style-type: none"> 1. The right of patients to choose their doctor and enter into private contracts with their physicians as to the fees for services provided; and 2. Proven medical liability reforms (Directive to Take Action); be it further 	Monitor	Substitute Resolution 203 adopted as amended in lieu of Resolutions 203, 208, 209. See http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-b-annotated.pdf for final language

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	<p>RESOLVED, That our AMA actively pursue changes to health care reform legislation that:</p> <ol style="list-style-type: none"> 1. Ensures the government will not have the power to determine standards of medical care through the identification, development, evaluation, dissemination and implementation of best practices in the delivery of health care services; 2. Prohibits the government’s involvement in determining the quality of residency training programs; 3. Recognizes the looming workforce shortages in surgery and other specialties and prohibits the government from requiring that all unused medical residency training slots be allocated to primary care; 4. Preserves patient-centered health care and prohibits the government from (a) curtailing the development of physician-owned hospitals or facilities, and (b) restricting office-based imaging; and 5. Maintains the ability of medical societies to offer valuable continuing medical education programs (Directive to Take Action); be it further <p>RESOLVED, That our AMA actively engage grassroots physicians in collaboration with the state medical and national specialty societies to contact their Members of Congress, and that the grassroots message include those elements of health care reform that physicians support as well as those provisions that we oppose (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA seek the input of the state medical and national specialty societies seated in the House of Delegates through a special meeting (which may be held via telephone conference), email/fax survey or other such mechanism prior to making any final decision to endorse additional health care reform legislation. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,580.</p>		
<p>Resolution 210: Electronic Prescribing and Conflicting Federal Guidelines (WA)</p>	<p>RESOLVED, That our American Medical Association address with the Centers for Medicare & Medicaid Services and the Drug Enforcement Administration the contradictory guidance, issued respectively by those two federal agencies, relating to electronic transmission of physicians’ prescriptions to pharmacies--commonly referred to as “e-prescribing”--for Schedules III, IV and V drugs, as those current guidelines add rather than reduce administrative paperwork and defeat the purpose of electronic handling of prescriptions. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p>	Active Support	Adopted