

REFERENCE COMMITTEE J ADVOCACY IN PUBLIC SECTOR

YPS HOD Handbook Review Committee: Padmini Ranasinghe, MD, MPH, Chair; Robert Yang, MD; and Devdutta Sangvai, MD, MBA

Note: The text of all resolutions and reports can be viewed at <http://www.ama-assn.org/ama/pub/category/18064.html>.

HOD RESOLUTION/ REPORT	ACTION REQUESTED	RECOMMENDED AMA-YPS POSITION	FINAL AMA-HOD ACTION
<p>CMS Report 3: State Efforts to Expand Coverage to the Uninsured (Resolution 136, A-07)</p>	<p>The Council recommends that the following be adopted in lieu of Resolution 136 (A-07) and the remainder of this report be filed:</p> <p>1. That the American Medical Association (AMA) support the following principles to guide in the evaluation of state health system reform proposals:</p> <p>a) Health insurance coverage for state residents should be universal, continuous, and portable. Coverage should be mandatory only if health insurance subsidies are available for those living below 500% of the federal poverty level.</p> <p>b) The health care system should emphasize patient choice of plans and health benefits, which should be value-based.</p> <p>c) The delivery system should ensure choice of health insurance and physician for patients, choice of participation and payment method for physicians, and preserve the patient/physician relationship. The delivery system should focus on providing care that is safe, timely, efficient, effective, patient-centered, and equitable.</p> <p>d) The administration and governance system should be simple, transparent, accountable, and efficient and effective in order to reduce administrative costs and maximize funding for patient care.</p> <p>e) Health insurance coverage should be equitable, affordable, and sustainable. The financing strategy should strive for simplicity, transparency, and efficiency. It should emphasize personal responsibility as well as societal obligations, due to the limited nature of resources available for health care. (New HOD Policy)</p>	<p>Monitor</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/469/jannotatedi07.doc for exact wording</p>
<p>CMS Report 5: Tax Treatment of Health Insurance: Comparing Tax Credits and Tax Deductions (Resolution 104, A-07)</p>	<p>The Council on Medical Service recommends that the following be adopted in lieu of Resolution 104 (A-07) and the remainder of the report be filed:</p> <p>That our American Medical Association support the use of appropriately structured and adequately funded tax credits as preferable to tax deductions, as the most effective mechanism for enabling uninsured individuals to obtain health insurance coverage. (New HOD Policy)</p>	<p>Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/469/jannotatedi07.doc for exact wording</p>

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<p>CMS Report 6: Strategies to Strengthen the Medicare Program (CMS Report 10, A-07)</p>	<p>The Council recommends that the following be adopted in lieu of Recommendations 1 (a) and (c) of Council on Medical Service Report 10 (A-07), and the remainder of this report be filed:</p> <p>1. That our American Medical Association (AMA) support combining the Medicare Trust Funds into a single program that offers a comprehensive and integrated set of services that facilitate efficient and appropriate use of care. Upon combining the Trust Funds, policymakers will need to develop an updated set of financing and payment rules that reflects a more collaborative and flexible medical practice environment. (New HOD Policy)</p> <p>2. That our AMA encourage the Centers for Medicare and Medicaid Services to explore the use of value-based, targeted benefit design to facilitate a more efficient and meaningful cost-sharing structure that will help align incentives for patients to seek appropriate and effective care. (Directive to Take Action)</p>	<p>Monitor/Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/469/jannotatedi07.doc for exact wording</p>
<p>Resolution 701: One Fee, One Number</p>	<p>RESOLVED, That our American Medical Association work with the appropriate agencies to require only one federal DEA number that would be physician-specific and not site-specific. (Directive to Take Action)</p>	<p>Active Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/469/jannotatedi07.doc for exact wording</p>
<p>Resolution 702: Support for Increased Regulation in Tissue Procurement</p>	<p>RESOLVED, That our American Medical Association support efforts by the US Food and Drug Administration, the American Association of Tissue Banks, the Centers for Disease Control and Prevention, and other appropriate establishments to institute a uniform system of tissue tracking and a national database of tissue registry for tissues intended for non-clinical scientific and educational purposes (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA reaffirm AMA Policy H-370.988, Regulation of Tissue Banking. (Reaffirm HOD Policy)</p>	<p>Support</p>	<p>Reaffirmed</p>
<p>Resolution 703: Encouragement of Medicaid Funding for 17P Progesterone for High Risk Pregnancies</p>	<p>RESOLVED, That our American Medical Association strongly encourage all state Medicaid programs and private insurers to provide funding for 17P progesterone treatment for all eligible women in need of this therapy. (New HOD Policy)</p>	<p>Monitor/Support</p>	<p>Reaffirmed</p>

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Resolution 704: Health Care as a Fundamental Societal Obligation	<p>RESOLVED, That our American Medical Association formally recognize that every member of society deserves an adequate level of protection from illness and avoidable pain and suffering related to health problems and that this fundamental societal obligation is derived from the sum of the diverse ethical considerations of our values of equality of opportunity, justice and compassion (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA recognize that providing access to quality and affordable health care for all US citizens is a fundamental societal obligation, and that a letter advocating that societal obligation be sent from the AMA Board of Trustees within 90 days of the adjournment of the 2007 Interim Meeting to (1) all official candidates for president of the United States for the upcoming 2008 presidential election and (2) all elected members of the United States Senate and the United States House of Representatives. (New HOD Policy)</p>	Monitor	Referred
Resolution 705: Accreditation for Military Training Programs in Respiratory Therapy	RESOLVED, That our American Medical Association advocate to the Department of Defense, including the Department of the Army and the Department of the Navy, that Army Medical Department trainees in the field of respiratory therapy be directed to complete an academic program that will provide an Associate's Degree and concurrent accreditation by the Commission on Accreditation of Respiratory Care. (Directive to Take Action)	Monitor	Reaffirmed in lieu of Resolution 719
Resolution 706: Medicare Reimbursement	RESOLVED, That our American Medical Association include review and revision of the Geographic Practice Cost Indices (GPCI) as a component of overall Medicare reform. (New HOD Policy)	Monitor	Reaffirmed
Resolution 707: Sustainable Growth Rate and Medicare	<p>RESOLVED, That our American Medical Association continue to express its extreme disappointment in the failure of the US Congress to protect access to medical care for Medicare beneficiaries by ensuring a fair and reasonable physician payment update (Directive to Take Action); and be it further</p> <p>RESOLVED, That the American Medical Association report back to the AMA House of Delegates at the 2008 Annual Meeting on methods of major Medicare reform to allow return of direct control of health care spending to individual Medicare beneficiaries by 2020, while maintaining traditional Medicare solely as a safety net for the elderly living at or below 200% of the federal poverty level. (Directive to Take Action)</p>	Monitor/Oppose	Adopted as amended; see http://www.ama-assn.org/ama1/pub/uploadd/mm/469/jannotatedi07.doc for exact wording

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HOD RESOLUTION/ REPORT	ACTION REQUESTED	RECOMMENDED AMA-YPS POSITION	FINAL AMA-HOD ACTION
Resolution 708: Health Care Disparity and the Patient-Physician Relationship	<p>RESOLVED, That our American Medical Association seek a leadership role with other concerned parties to ensure that the American people be provided access to a voluntary health care plan no less desirable and proper than is in place for the enrollees of federally sponsored health plans (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work to ensure that Congress addresses the disparity that results from enrollees of federally sponsored health plans being served with a more high-quality, comprehensive health plan than is available to the rest of Americans (Directive to Take Action); and be it further</p> <p>RESOLVED, That it is AMA policy that medical care services provided by physicians should be compensated and not constitute an unfunded mandate from the government. (New HOD Policy)</p>	Monitor/Support	Reaffirmed
Resolution 709: Improving the Abdominal Aortic Aneurysm Screening to Medicare	RESOLVED, That our American Medical Association work with the United States Congress to extend coverage for one time abdominal aortic aneurysm (AAA) screening to all Medicare beneficiaries age 65 to 75 who have a family history of AAA or who manifest risk factors as determined by US Preventive Services Task Force. (Directive to Take Action)	Support	Adopted with change in title (Medicare Abdominal Aortic Aneurysm Screening)
Resolution 710: Changes to the Medical Profession Resulting from Medicare Administrative Contracting Reforms	RESOLVED, That our American Medical Association review and monitor the impacts of the Medicare Administrative Contracting reforms as they evolve over the next several years with periodic reports to the House of Delegates, to include at a minimum: (a) growth, nature and outcomes of actions against physicians by Payment Safeguard Contractors and Recovery Audit Contractors; (b) changes in structure and/or function of Contractor Advisory Committees; and (c) changes in access to Medicare Administrative Contractor Medical Directors and other Medicare Administrative Contractor personnel. (Directive to Take Action)	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/469/jannotatedi07.doc for exact wording

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HOD RESOLUTION/ REPORT	ACTION REQUESTED	RECOMMENDED AMA-YPS POSITION	FINAL AMA-HOD ACTION
Resolution 711: Securing Medicare GME Funding for Research and Outside Rotations During Residency	<p>RESOLVED, That our American Medical Association study current funding mechanisms for residency training programs and potential funding limitations (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage research and extramural educational opportunities (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA work to change current Direct Medical Education (DME) regulations and funding guidelines which may limit research and extramural educational opportunities during residency training. (Directive to Take Action)</p>	Support	Referred
Resolution 712: Delayed Implementation of Ambulatory Surgery Center Payment Rate	RESOLVED, That our American Medical Association ask the Centers for Medicare and Medicaid Services (CMS) to delay implementation of "CMS 1392-P: Proposed Changes to the Ambulatory Surgical Center Payment System and CY 2008 Payment Rule" for one year so that CMS can study the impact of the new system on the access to and cost of screening for colorectal cancers and take corrective action to ensure that there is no disruption in colorectal cancer screening. (Directive to Take Action)	Monitor/Support	Reaffirmed
Resolution 713: CMS Proposed Decision Memo for Clinical Trial Policy	RESOLVED, That our American Medical Association request that the Centers for Medicare and Medicaid Services: (a) use local institutional review board (IRB) review processes as a means for identifying trials that meet appropriate standards and that these trials should be considered automatically deemed; (b) allow trials that currently are not registered on ClinicalTrials.gov to provide an alternative registration as proxy such as the tracking number generated from the local IRB process; and (c) provide more detailed information regarding the implementation of the approval process prior to the implementation of this policy. (Directive to Take Action)		WITHDRAWN
Resolution 714: Acceptance of TRICARE Health Insurance	RESOLVED, That our American Medical Association work with TRICARE to decrease the complexities associated with the contracting process and work to increase the level of reimbursement to physicians. (Directive to Take Action)	Support	Substitute Resolution 714 adopted (see http://www.ama-assn.org/ama1/pub/upload/mm/469/jannotatedi07.doc for exact wording)

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Resolution 715: Patients Admitted for Observation	<p>RESOLVED, That our American Medical Association study the scientific and clinical accuracy and merits of currently available criteria used to determine admission to hospitals under “observation” vs. “inpatient” status (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA study the potential impact on clinical treatment and outcomes as well as financial consequences to patients, hospitals and physicians that may occur as a result of the strict application of clinical criteria to patients admitted for observation (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA promote the application of criteria that are established by scientific evidence, based on good clinical practice for admission to hospitals. (Directive to Take Action)</p>	Monitor	Referred
Resolution 716: Universal Reporting of Naegleria Fowleri Meningo- encephalitis	RESOLVED, That our American Medical Association, in partnership with the Centers for Disease Control and Prevention and various state public health departments, call for universal required reporting of Naegleria Fowleri Meningoencephalitis throughout the US. (Directive to Take Action)	Support	Not adopted