

REFERENCE COMMITTEE K ADVOCACY IN THE PRIVATE SECTOR

YPS HOD Handbook Review Committee: Heather Sojourner, MD, chair; Jerry Halverson, MD; John Ratliff, MD

Note: The text of all resolutions and reports can be viewed at <http://www.ama-assn.org/ama/pub/category/18065.html>.

HOD RESOLUTION/ REPORT	ACTION REQUESTED	RECOMMENDED AMA-YPS POSITION	FINAL AMA-HOD ACTION
<p>BOT Report 2: Consequences of Accepting Hospital and Health Care System Based EMRs/EHRs (Resolution 832, I-06)</p>	<p>The Board of Trustees recommends that the following statements be adopted and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That the first resolve of Resolution 832 (I-06) be amended by addition and deletion to read as follows: RESOLVED, That our American Medical Association develop a model contract <u>contracting guidelines</u> for physicians considering accepting Electronic Medical Records and Electronic Health Records <u>systems</u> (EMRs/EHRs) from hospitals and health care systems; and be it further 2. That Resolution 832 (I-06) be adopted as amended. 	<p>Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/469/kannotatedi07.doc for exact wording</p>
<p>CMS Report 1: Cost-Sharing Arrangements For Prescriptions Drugs</p>	<p>The Council on Medical Service recommends that the following be adopted and the remainder of this report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association believes that cost-sharing arrangements for prescription drugs should be designed to encourage the judicious use of health care resources, rather than simply shifting costs to patients. (New HOD Policy) 2. That our AMA believes that cost-sharing requirements should be based on considerations such as: unit cost of medication; availability of therapeutic alternatives; medical condition being treated; personal income; and other factors known to affect patient compliance and health outcomes. (New HOD Policy) 3. That our AMA supports the development and use of tools and technology that enable physicians and patients to determine the actual price and out-of-pocket costs of individual prescription drugs prior to making prescribing decisions, so that physicians and patients can work together to determine the most efficient and effective treatment for the patient's medical condition. (New HOD Policy) 	<p>Support</p>	<p>Adopted</p>

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<p>CMS Report 2: Health Insurance Coverage of High- Risk Patients</p>	<p>The Council on Medical Service recommends that the following be adopted and the remainder of this report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) reaffirm Policy H-165.856 [3], which supports the principle that risk-related subsidies such as subsidies for high-risk pools, reinsurance, and risk adjustment should be financed through general tax revenues rather than through strict community rating or premium surcharges. (Reaffirm HOD Policy) 2. That our AMA supports the principle that health insurance coverage of high-risk patients be subsidized through direct risk-based subsidies such as high-risk pools, risk adjustment, and reinsurance, rather than through indirect methods that rely heavily on market regulation. (New HOD Policy) 3. That our AMA support state-based demonstration projects to subsidize coverage of high-risk patients through mechanisms such as high-risk pools, risk adjustment, reinsurance, and other risk-based subsidies. (New HOD Policy) 	<p>Support</p>	<p>Adopted</p>
<p>CMS Report 4: Trends in Employer- Sponsored Health Insurance</p>	<p>The Council on Medical Service recommends that the following be adopted and that the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association encourage employers to: <ol style="list-style-type: none"> a) Promote greater individual choice and ownership of plans; b) Enhance employee education regarding how to choose health plans that meet their needs; c) Offer information and decision-making tools to assist employees in developing and managing their individual health care choices; d) Support increased fairness and uniformity in the health insurance market; and e) Promote mechanisms that encourage their employees to pre-fund future costs related to retiree health care and long-term care. (Directive to Take Action) 	<p>Support</p>	<p>Adopted</p>

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<p>CSAPH Report 1: AMA Policy on Smoke-Free Environments and Workplaces</p>	<p>The Council on Science and Public Health recommends that Policy H-490.913 be amended by addition, deletion, and renumbering to read as follows: (Modify Current HOD Policy)</p> <p>H-490.913 Smoke-Free Environments and Workplaces On the issue of the health effects of environmental tobacco smoke (ETS) and passive smoke exposure in the workplace and other public facilities, our AMA:</p> <p>(1) (a) supports classification of ETS as a known human carcinogen; (b) concludes that passive smoke exposure is associated with increased risk of sudden infant death syndrome and of cardiovascular disease; (c) encourages physicians and medical societies to take a leadership role in defending the health of the public from ETS risks and from political assaults by the tobacco industry; and (d) encourages the concept of establishing smoke-free campuses for business, labor, education, and government;</p> <p>(2) (a) honors companies and governmental workplaces that go smoke-free; (b) will petition the Occupational Safety and Health Administration (OSHA) to adopt regulations prohibiting smoking in the workplace, and will use active political means to encourage the Secretary of Labor to swiftly promulgate an OSHA standard to protect American workers from the toxic effects of ETS in the workplace, preferably by banning smoking in the workplace; (c) encourages state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation that prohibits smoking around the public entrances to buildings and in all indoor public places, restaurants, bars, and workplaces; and (d) will update draft model state legislation to prohibit smoking in public places and businesses, which would include language that would prohibit preemption of stronger local laws.</p> <p>(3) (a) encourages state medical societies to: (i) support legislation for states and counties mandating smoke-free schools and eliminating smoking in public places and businesses and on any public transportation; (ii) enlist the aid of county medical societies in local anti-smoking campaigns; and (iii) through an advisory to state, county, and local medical societies, urge county medical societies to join or to increase their commitment to local and</p>	<p>Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/uploadd/mm/469/kannotatedi07.doc for exact wording</p>

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	<p>state anti-smoking coalitions and to reach out to local chapters of national voluntary health agencies to participate in the promotion of anti-smoking control measures; (b) urges all restaurants, particularly fast food restaurants, and convenience stores to immediately create a smoke-free environment; (c) strongly encourages the owners of family-oriented theme parks to make their parks smoke-free for the greater enjoyment of all guests and to further promote their commitment to a happy, healthy life style for children; (d) encourages state or local legislation or regulations that prohibit smoking in stadia and encourages other ball clubs to follow the example of banning smoking in the interest of the health and comfort of baseball fans as implemented by the owner and management of the Oakland Athletics and others; (e) urges eliminating cigarette, pipe, and cigar smoking in any indoor area where children live or play, or where another person's health could be adversely affected through passive smoking; (f) urges state and county medical societies and local health professionals to be especially prepared to alert communities to the possible role of the tobacco industry whenever a petition to suspend a nonsmoking ordinance is introduced and to become directly involved in community tobacco control activities; and (g) will report annually to its membership about significant anti-smoking efforts in the prohibition of smoking in open and closed stadia;</p> <p>(4) calls on corporate headquarters of fast-food franchisers to require that one of the standards of operation of such franchises be a no smoking policy for such restaurants, and endorses the passage of laws, ordinances and regulations that prohibit smoking in fast-food restaurants and other entertainment and food outlets that target children in their marketing efforts;</p> <p>(5) advocates that all American hospitals ban tobacco and supports working toward legislation and policies to promote a ban on smoking and use of tobacco products in <u>in, or on the campuses of,</u> hospitals, health care institutions, and educational institutions, including medical schools;</p> <p>(6) supports the development and dissemination of model language to administrators of American hospitals and the membership of the AMA Hospital Medical Staff Section to emphasize and facilitate the importance of a smoke-free hospital environment, and as a matter of high priority, the incorporation of this requirement by the Joint Commission on Accreditation of Healthcare Organizations and the American Hospital Association;</p>		

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	<p>(7) In hospitals where smoking has not been banned, our AMA encourages hospitals and physicians to support the following guidelines with respect to smoking in hospitals: (a) Physicians should take a leadership role in promoting the development of nonsmoking policies and programs in hospitals; (b) Smoking should be prohibited in areas where oxygen or flammable materials are stored or in use; (c) Smoking should be prohibited in all corridors, elevators, and acute care areas; (d) Bedridden patients should not be permitted to smoke; (e) Smoking on patient floors by visitors, hospital staff, and ambulatory patients should be restricted to designated, well-ventilated areas equipped to meet fire standards; (f) If smoking is permitted in cafeterias, other dining areas, employee lounges, waiting areas, and library facilities, there should be separate sections for smokers and nonsmokers. Where segregation is not feasible, smoking should be prohibited; (g) Smoking should be prohibited in all hospital staff meetings, Board meetings, and conferences (e.g., Grand Rounds); (h) Hospitals should ask all patients prior to or upon admission about their preference for a smoke-free room and should guarantee that preference; (i) Hospitals should seriously consider designating one or more entire floors as completely nonsmoking; (j) No tobacco products should be sold in hospitals or on hospital grounds; (k) Signs should be posted at entrances to the hospital and in all nonsmoking areas to inform patients, staff and visitors where smoking is prohibited. When indicated, the signs should be multilingual or should make use of symbols; (l) Designated smoking areas should not be interpreted as approval of smoking by the institution and its physicians; (m) Hospitals should develop, implement, enforce, and maintain a formal written smoking policy, to be distributed to all staff, visitors, and patients; (n) Either directly or in conjunction with other community agencies, hospitals should make smoking education and cessation programs, literature and other materials available to patients, employees, and the community; (o) Hospitals that restrict or eliminate smoking within the institution should initiate discussions with their fire and casualty insurance carriers to consider reductions in insurance premiums; and (p) Hospital administrators should be aware of all of the hazards of smoking and should take the necessary steps to reduce these hazards. Administrators should utilize appropriate nonsmoking resource materials (e.g., those of the American Hospital Association) in developing policies on nonsmoking;</p>		

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	<p>(86) will work with the Department of Defense to explore ways to encourage a smoke-free environment in the military through the use of mechanisms such as health education, smoking cessation programs, and the elimination of discounted prices for tobacco products in military resale facilities; and</p> <p>(97) encourages and supports local and state medical societies and tobacco control coalitions to work with (1) Native American casino and tribal leadership to voluntarily prohibit smoking in their casinos; and (2) legislators and the gaming industry to support the prohibition of smoking in all casinos and gaming venues. (CSA Rep. 3, A-04; Appended: Sub. Res. 426, A-04)</p>		
Resolution 801: Patient Safety Curricula in Undergraduate Medical Education	RESOLVED, That our American Medical Association explore the feasibility of the Liaison Committee on Medical Education including the requirement of patient safety training in medical school accreditation. (Directive to Take Action)	Monitor	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/469/kannotatedi07.doc for exact wording
Resolution 803: Childhood Obesity	<p>RESOLVED, That our American Medical Association encourage wide-scale, comprehensive, school-based obesity prevention that includes didactic curriculum, nutrition standards, physical education programs, and parent- and teacher- involvement (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA encourage research and evaluative studies to develop a unified, evidence-based tool to accurately determine youth and adolescent weight status. (New HOD Policy)</p>	Monitor/Support if pulled	Reaffirmed
Resolution 804: Communication and Clinical Teaching Curricula	<p>RESOLVED, That our American Medical Association establish policy supporting the development of formalized medical teacher training for residents and attending faculty (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA explore the feasibility of the Accreditation Council for Graduate Medical Education defining formal requirements regarding the clinical teaching qualifications for faculty attending physicians and residents (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work closely with appropriate organizations, including the Alliance for Clinical Education, to establish a common framework for a formal medical teaching training program for residents and attending faculty. (Directive to Take Action)</p>	Active oppose	Referred

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Resolution 807: Same Day Procedures	RESOLVED, That our American Medical Association advocate on a national level that health plan discounts for second and subsequent procedures on the same day be based on the relative resources required for providing the additional services. (Directive to Take Action)	Monitor/Support if pulled	Reaffirmed
Resolution 808: Electronic Medical Records	RESOLVED, That our American Medical Association seek a full refundable federal tax credit or equivalent financial mechanism to indemnify physician practices for the cost of purchasing and implementing electronic medical record systems. (Directive to Take Action)	Monitor/Support if pulled	Adopted as amended with change in title; see http://www.ama-assn.org/ama1/pub/upload/mm/469/kannotatedi07.doc for exact wording
Resolution 809: Standardize Pharmacy Telephone Answering Machines	RESOLVED, That our American Medical Association work with pharmacy executives of companies who have a multi-state presence, to standardize the pharmacy voice-mail message which would allow the physician caller to bypass the entire message and select the choice to phone in a prescription. (Directive to Take Action)	Active Support	Adopted
Resolution 810: CO2 Emissions	RESOLVED, That our American Medical Association urge state governments to develop energy use policies that include a plan to reduce projected carbon dioxide (CO2) emissions, to adopt a renewable energy requirement for a portion of a state's electric power and to improve efficiency standards for transportation, businesses, homes and appliances (Directive to Take Action); and be it further RESOLVED, That our AMA urge the US Congress to support federal legislation to regulate CO2 emissions and to reduce the predicted increases in CO2 release nationally and worldwide. (Directive to Take Action)	Monitor/Support if pulled	Reaffirmed
Resolution 811: Medical Students Obtaining Access to Health Care Facilities	RESOLVED, That our American Medical Association continue to work with the Association of American Medical Colleges and other national organizations to expedite, wherever possible, the standardization of requirements in regards to training on HIPPA, drug screening, and health requirements for medical students who are being taught in hospitals and other health care settings. (Directive to Take Action)	Support	Adopted as amended with change in title; see http://www.ama-assn.org/ama1/pub/upload/mm/469/kannotatedi07.doc for exact wording

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Resolution 802: Solutions to Tackling the Increasing Cost of Medical Education	<p>RESOLVED, That our American Medical Association support policies that ensure that funding gained by medical schools from all future increases to medical school tuition and fees be allocated directly to improve the education of medical students (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support policies that ensure that all information related to the allocation of funds from tuition and fees increases be disclosed to all prospective and current medical students for each respective medical school campus. (New HOD Policy)</p>		Recommended against consideration at I-07
Resolution 805: Encouragement of Teamwork Among Health Care Professions Students	<p>RESOLVED, That our American Medical Association recognize that interprofessional education and partnerships are a top priority of the American medical education system (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA explore the feasibility of the implementation of Liaison Committee on Medical Education and American Osteopathic Association accreditation standards requiring interprofessional training in medical schools. (Directive to Take Action)</p>		Recommended against consideration at I-07
Resolution 806: Decreasing the Spread of HIV/AIDS in the United States	RESOLVED, That our American Medical Association promote the establishment of a standard of care that calls for hospital and medical personnel to routinely recommend testing for HIV/AIDS in conjunction with any medical evaluation to patients ages 13-64 as suggested by the Centers for Disease Control and Prevention.		Recommended against consideration at I-07

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Resolution 812: Antibiotic Drug Resistance	<p>RESOLVED, That our American Medical Association seek federal legislation to authorize a public health education campaign to promote appropriate antimicrobial use as a national health priority and to increase physicians' and patients' knowledge about the appropriate use of antibiotics (Directive to Take Action); and</p> <p>RESOLVED, That our AMA notify retail pharmacy chains, and other organizations as necessary, about the dangers of inappropriate use of antibiotics, suggest ways to avoid creating excessive patient demand for antibiotics, and urge these organizations to publicize appropriate use of antibiotics in concert with this program (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work in collaboration with state medical societies and medical specialty societies and other partners to develop and facilitate the implementation of educational and behavioral interventions that will assist clinicians in appropriate antimicrobial prescribing. (Directive to Take Action)</p>	Monitor/Support if pulled	Reaffirmed

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<p>Resolution 813: Improving Medical Practice and Patient/Family Education to Reverse the Epidemic of Prescription Drug Misuse and Addiction</p>	<p>RESOLVED, That our American Medical Association collaborate with the American Academy of Pain Medicine, the American Society of Addiction Medicine, the American Psychiatric Association, the American College of Emergency Medicine, and others, to develop continuing medical education curricula aimed at reducing the epidemic of misuse of and addiction to controlled substances, especially by youth (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage the Accreditation Council for Graduate Medical Education and the American Association of Medical Colleges to incorporate appropriate curricula into graduate and undergraduate medical education aimed at minimizing the incidence of unauthorized/non-medical use of opioids, opioid receptor agonists, benzodiazepines, and benzodiazepine receptor agonists (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage medical specialty societies to develop practice guidelines and performance measures that would increase the likelihood of safe medical practice and targeted patient education around topics such as:</p> <ol style="list-style-type: none"> a. any practitioner writing a prescription for an opioid, an opioid receptor agonist, a benzodiazepine, or a benzodiazepine receptor agonist would document that they have screened for addiction before writing a prescription, by asking simple questions such as “Have you ever had a problem with or received treatment for addiction to or withdrawal from alcohol or other drugs?” or “Do you have a family history of alcohol or other drug addiction?”; b. any practitioner writing a prescription for an opioid, an opioid receptor agonist, a benzodiazepine, or a benzodiazepine receptor agonist would document that they have educated their patient that there is the potential for the development of tolerance, withdrawal, or addiction with the use of the therapeutic agent; c. any practitioner writing a prescription for an opioid, an opioid receptor agonist, a benzodiazepine, or a benzodiazepine receptor agonist would document that they have educated their patient about the risk of youth or others diverting to their own use left-over supplies of the therapeutic agent; d. any practitioner writing a prescription for an opioid, an opioid receptor agonist, a benzodiazepine, or a benzodiazepine receptor agonist would document that they have advised their patient to protect controlled substances supplies from unintended use by others, such as by using lock boxes or medicine cabinet locks akin to the way many persons use kitchen or bathroom cabinet locks to prevent unintentional or otherwise harmful use of home solvents or cleansers by infants or teens; 	<p>Active Oppose</p>	<p>Referred</p>

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	<p>e. any practitioner writing a prescription for an opioid, an opioid receptor agonist, a benzodiazepine, or a benzodiazepine receptor agonist would document that they have educated their patient to protect controlled substances supplies from unintended use by others, such as by advising the patient to safely dispose of any unused supplies rather than keeping them in the home as an unwitting supply of agents for use by teenagers;</p> <p>f. any practitioner writing prescriptions for an opioid, an opioid receptor agonist, a benzodiazepine, or a benzodiazepine receptor agonist for medium-to-long term plans of care, document their intended strategy for safe and effective opioid or sedative-hypnotic discontinuation when the need for further medical treatment with such an agonist is no longer present (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA collaborate with the federal Centers for Substance Abuse Prevention and Substance Abuse Treatment to develop any reasonable and prospectively-effective strategy to actively involve physicians as being “a part of the solution” to the epidemic of unauthorized/non-medical use of controlled substances. (Directive to Take Action)</p>		
<p>Resolution 814: Guidelines for Collaborative and Supervisory Agreements with Allied Health Professionals</p>	<p>RESOLVED, That our American Medical Association develop a model document or set of guidelines that will guide the physician as to the provisions that should be contained in any collaborative and/or supervisory agreement with an allied health professional (Directive to Take Action); and be it further</p> <p>RESOLVED, That such document or guidelines, at a minimum, address quality of care, continuity of care, appropriate supervision and oversight, and the verification and ongoing maintenance of the skills, education and training of the allied health professional. (Directive to Take Action)</p>	<p>WITHDRAWN</p>	

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<p>Resolution 815: Joint Commission Interpretations of Medication Reconciliation</p>	<p>RESOLVED, That our American Medical Association advocate that medication reconciliation standards be consistently interpreted by the Joint Commission survey team members, hospitals, and health care systems to improve patient safety (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA work with other interested parties, including the American Hospital Association, National Patient Safety Foundation and the Joint Commission to standardize interpretation and enforcement of Joint Commission medication reconciliation policies, based on pre-established, uniform, specific, and consistently interpreted criteria. (Directive to Take Action)</p>	<p>Monitor/Support if pulled with amendment</p> <p>RESOLVED, That our AMA work with other interested parties, including the American Hospital Association, National Patient Safety Foundation and the Joint Commission <u>and interested medical specialty societies</u> to standardize interpretation and enforcement of Joint Commission medication reconciliation policies, based on pre-established, uniform, specific, and consistently interpreted criteria. (Directive to Take Action)</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/uploadd/mm/469/kannotatedi07.doc for exact wording</p>
<p>Resolution 816: Tiering System for Third Party Payers</p>	<p>RESOLVED, That our American Medical Association develop a mechanism, for use by state medical associations, to tier third party payers on value and performance. This information should then be made available to individual and group purchasers of health care coverage as a way to promote transparency and informed decision making in the purchase of health insurance. (Directive to Take Action)</p>	<p>Monitor/Support if pulled</p>	<p>Referred</p>

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Resolution 817: Oppose Sale of Tobacco Where Patients Receive Health Care	RESOLVED, That our American Medical Association oppose the sale of tobacco at any facility where health care is delivered or where prescriptions are filled. (New HOD Policy)		Policy H-495.986 adopted as amended in lieu of Resolution 817 (see http://www.ama-assn.org/ama1/pub/upload/mm/469/kannotatedi07.doc for exact wording)