



2007 Interim AMA-HOD Disposition of Actions

The AMA House of Delegates (HOD) convened November 11-13 in Honolulu for its 2007 Interim Meeting. Several policy items were considered by the House and a variety of timely educational sessions were conducted. (Visit the AMA Web site, www.ama-assn.org, for more information.)

The AMA Minority Affairs Consortium (MAC) Governing Council took an active role in this process. It authored one resolution (Res. 604) as well as testified on many key issues before the HOD, including those listed below with their final actions. For more information, please contact Wilda Knox at (312) 464-5529 or wilda.knox@ama-assn.org.

Please note that the following is a preliminary report of actions taken by the House of Delegates at its 2007 Interim Meeting and should not be considered final.

Rpt/ Res	Title	Summary / Comments	Outcomes
BOT 5	2008 AMA Strategic Plan	<p>Board of Trustees Report 5 presents the American Medical Association's 2008 Strategic Plan, which includes principal commitments in six major areas that are considered especially relevant to the membership, and which establish the basis for the 2008 budget. The principal commitments include: health care environment, clinical excellence, health of the public, physician practice viability, physician education and professionalism, and a sustainable AMA.</p> <p>Testimony received was positive and appreciative of the Board's work in developing the Plan. The input of various stakeholders, including AMA Councils, Sections, and the House, was recognized. Some concerns were expressed, however, related primarily to the specificity of elements contained within the Plan. For example, there were requests to include the following under the broad headings—physician health and wellness, family violence (including child abuse, domestic abuse and elderly violence), Medicare reform, physician reimbursement, and the growing numbers of</p>	<p>RECOMMENDATION: The Reference Committee recommends that Board of Trustees Report 5 be <u>filed</u>.</p> <p>HOD ACTION: Board of Trustees Report 5 <u>filed</u>.</p>

		employed physicians. The Reference Committee asks that the Board consider these important issues in its continued implementation and planning processes.	
603	Presidential Candidates' Views on Health System Reform	<p>Resolution 603 calls upon our American Medical Association (AMA) to host a US presidential candidate forum of all the candidates at the 2008 Annual Meeting.</p> <p>Testimony received was uniformly positive of the resolution's goal—making the views of presidential candidates on health reform available to physicians. There was some concern, however, about the method proposed by the resolution—using the next House meeting as the specific vehicle. Additional points raised included a potentially low fiscal note associated with this resolution, the questionable value of such a forum to presidential candidates because of a fairly small audience, the practicalities (audience questions, logistics, security concerns, etc.), and alternatives such as using our AMA web site as a way to share information with all member physicians, not just those in the House.</p> <p>The Reference Committee supports referral for decision to allow the Board to investigate the legal issues associated with an organization such as our AMA hosting a presidential candidate forum. There also would be major logistical concerns associated with using the House as a venue for a town hall meeting in June 2008. Referral will give the Board opportunity to study the feasibility of organizing the event as proposed, as well as to identify other ways to make physicians more informed voters and supporters of presidential candidates who espouse their preferred health care system. Referral for decision also will allow the Board to start planning the event, if feasible.</p>	<p>RECOMMENDATION: The Reference Committee recommends that Resolution 603 be <u>referred for decision</u>.</p> <p><u>HOD ACTION: RESOLUTION 603 REFERRED FOR DECISION.</u></p>
604	National Diabetes Education Program	Resolution 604 calls upon our American Medical Association (AMA) to endorse the work of the National Diabetes Education Program (NDEP) and to seek inclusion in the NDEP Steering Committee to influence development of	<p>RECOMMENDATION: The Reference Committee recommends that Resolution 604 be <u>referred for decision</u>.</p>

		<p>educational materials that are reflective of AMA policy.</p> <p>The Reference Committee received limited but positive testimony on Resolution 604. Testimony clarified that the NDEP is a joint project of the National Institutes of Health and the Centers for Disease Control and Prevention. It is federally-funded and has over 200 partner organizations involved in its work.</p> <p>The Reference Committee has learned that our AMA was recently invited to become a member of the NDEP's steering committee, and our AMA's response to that invitation is now being formulated. The Reference Committee supports referral for decision to allow a timely AMA response to be sent to the NDEP.</p>	<p>HOD ACTION: RESOLUTION 604 <u>REFERRED FOR DECISION.</u></p>
605	Access to Quality Health Care		<p>Note: Resolution number changed to 720.</p> <p>HOD Action: Placed on the reaffirmation calendar.</p>
CMS 3	State Efforts to Expand Coverage to the Uninsured (Resolution 136, A-07)	<p>Council on Medical Service Report 3 responds to Resolution 136 (A-07), which asks that that the AMA consider a number of guiding principles for evaluating specific state health system reform proposals. The report responds to and largely concurs with the proposed guidelines in the context of AMA policy, and recommends support for the following principles to guide in the evaluation of state health system reform proposals: 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; B) The health care system should emphasize patient choice of plans and health benefits, which should be value-based; C) The delivery system should ensure choice of health insurance and physician for patients, choice of participation and payment method for physicians, and</p>	<p>RECOMMENDATION A: The Reference Committee recommends that Recommendation 1a contained in Council on Medical Service Report 3 be <u>amended by insertion and deletion on page 9, line 16</u> to read as follows:</p> <p>1a) 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 <u>a defined</u> poverty level.</p> <p>RECOMMENDATION B: The Reference Committee recommends that</p>

		<p>preserve the patient/physician relationship. The delivery system should focus on providing care that is safe, timely, efficient, effective, patient-centered, and equitable; 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; and 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.</p> <p>The Council on Medical Service was commended for its report. Testimony was lengthy and there were several suggested amendments. Regarding Recommendation 1a, there was controversy around the 500% of the federal poverty level (FPL) threshold for states to mandate coverage. In particular, it was noted that the Massachusetts mandate has a threshold of 300% of FPL. Given that there were repeated requests to allow states more flexibility, The Reference Committee recommends deletion of the 500% FPL language and replacement with “a defined poverty level.”</p> <p>Regarding Recommendation 1b, there was conflicting testimony on whether the AMA should define an essential or mandatory minimum benefits package. The Reference Committee notes that the House recently rescinded policies that defined minimum and standard benefit packages. These policies had been developed in the context of previous AMA support for an employer mandate, and included detailed recommendations regarding covered services and procedures, benefit levels, and patient cost-sharing. Those policies have been superseded with a policy shift emphasizing individual choice and ownership of health insurance (e.g. Policies H-165.920, H-165.856[9b], and H-165.846). However, there was legitimate concern that some state proposals are not meaningful insurance packages.</p>	<p>Recommendation 1b contained in Council on Medical Service Report 3 be <u>amended by insertion on page 9, line 19</u> to read as follows:</p> <p>1b) The health care system should emphasize patient choice of plans and health benefits, <u>including mental health</u>, which should be value-based. <u>Existing federal guidelines regarding types of health insurance coverage (e.g., Title 26 of the US Tax Code and Federal Employees Health Benefits Program [FEHBP] regulations) should be used as references when considering if a given plan would provide meaningful coverage.</u></p> <p>RECOMMENDATION C: The Reference Committee recommends that Recommendation 1e contained in Council on Medical Service Report 3 be <u>amended by deletion on page 9, line 32 - 33</u> as follows:</p> <p>1e) 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.</p> <p>RECOMMENDATION D: The Reference Committee recommends that the Recommendations contained in Council on Medical Service Report 3 be <u>adopted as amended</u>, and that the remainder of the report be <u>filed</u>.</p> <p>HOD ACTION: Recommendations in Council on Medical Service Report 3 <u>adopted as amended</u>, and the remainder of the report</p>
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704	Health Care as a Fundamental Societal Obligation	<p>Resolution 704 calls for our AMA to: (1) 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; and (2) 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 (i) all official candidates for president of the United States for the upcoming 2008 presidential election and (ii) all elected members of the United States Senate and the United States House of Representatives.</p>	<p>RECOMMENDATION: The Reference Committee recommends that Resolution 704 be <u>referred</u>.</p> <p>HOD ACTION: Resolution 704 <u>referred</u>.</p>

		<p>The Reference Committee heard spirited and evenly divided testimony on Resolution 704. There was considerable concern that the notion of “societal obligation” implied an individual right to health care. A member of the Council on Medical Service recommended deletion of the first resolve, and amendment of the second resolve to address the AMA proposal for expanding coverage to the uninsured. A member of the Board of Trustees expressed concern about the potential impact on the Voice for the Uninsured campaign, and concurred with testimony urging the promotion of established AMA policy. In addition, the Council on Ethical and Judicial Affairs testified that their Council is currently considering this issue. Because of these concerns, referral is recommended.</p>	
803	Childhood Obesity		HOD Action: Placed on the reaffirmation calendar.
904	Improving Affordability of Childhood Vaccines	<p>Resolution 904 asks that our American Medical Association actively encourage the US Congress to develop legislation aimed at allowing states to purchase vaccines at the Vaccines For Children rate even when private funding is included in the financing of a state’s Universal Status Immunization Initiative.</p> <p>The Reference Committee heard testimony largely in opposition to Resolution 904 as it is written. While the Reference Committee recognizes the need to increase immunization rates for children by overcoming cost barriers, the Reference Committee believes that further study is warranted due to various concerns expressed including those relating to funding, financial viability and whether the AMA should take a legislative approach given its current activity on this issue. Therefore, the Reference Committee recommends that Resolution 904 be referred for decision.</p>	<p>RECOMMENDATION: The Reference Committee recommends that Resolution 904 be <u>referred for decision</u>.</p> <p>HOD ACTION: Resolution 904 <u>referred for decision</u>.</p>
909	State Children's Health	Resolution 909 asks that our American Medical Association	RECOMMENDATION:

	Insurance Program	<p>call for re-authorization of the State Children’s Health Insurance Program for children only and only for those at or below the 200% Federal Poverty Level with a transition towards insurance coverage for these children through a system of tax subsidies and vouchers by 2010 as described in the AMA’s 2007 “Expanding health insurance: The AMA proposal for reform.”</p> <p>The Reference Committee heard extensive and passionate testimony in opposition to Resolution 909, and recognizes the concerns of those who testified in support of the resolution. The Reference Committee appreciates the view that the State Children’s Health Insurance Program (SCHIP) should apply only to those children most in need. It also acknowledges the confusion surrounding this legislation. The Reference Committee heard a request that the bill number of the pending compromise SCHIP package be identified. For clarification, the current bill number is H.R. 3963. The Reference Committee believes that existing and extensive AMA policy sets an appropriate standard for evaluating pending SCHIP reauthorization legislation. Further, the Reference Committee agrees with many who testified on the importance of maintaining our advocacy of SCHIP legislation that would strengthen outreach and enrollment efforts to target children in families with the lowest income; provide assistance to allow SCHIP programs and employers to enroll children in employer-sponsored private health insurance plans; and prohibit federal funding for coverage of illegal immigrants. The Reference Committee also heard support for continuing to allow states flexibility in providing SCHIP coverage. In addition, the Reference Committee concurs that AMA policy already supports moving to a tax subsidy and voucher system. At this time, however, the infrastructure is currently not in place to achieve this goal by 2010, and thus our AMA should continue to support alternative initiatives to expand coverage to the uninsured in a manner that comports with existing AMA policy. On this basis, the Reference Committee recommends that Resolution 909 not be adopted.</p>	<p>The Reference Committee recommends that Resolution 909 <u>not be adopted</u>.</p> <p>HOD ACTION: Resolution 909 <u>not adopted</u>.</p>
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912	Increasing Minority Participation in Clinical Research	<p>Resolution 912 asks that our American Medical Association ask for the establishment of an Office of Minority Health within the Office of the Food and Drug Administration (FDA) Commissioner to supervise the implementation of National Institutes of Health- (NIH) like guidelines on the inclusion of women and minority populations in clinical trials undertaken for FDA drug approvals; (2) that our AMA encourage Congress to pass legislation requiring clinical trials for FDA approval of drugs to include women and minorities, similar to legislation passed in 1993 requiring the inclusion of these groups in NIH-funded trials; and (3) that our AMA work with Congress to provide tax incentives or patent extensions for companies that adhere to FDA guidance on inclusion of minorities in clinical trials and/or undertake additional trials in the pre- or post-marketing phase.</p> <p>The Reference Committee heard extensive testimony on Resolution 912. The Reference Committee concurs on the need to ensure appropriate diversity in clinical trials. The Reference Committee also appreciates the issues raised by several who testified regarding the practicality of the solutions presented in this resolution, as well as the possible unintended consequences. The Reference Committee also concurs with the authors of this resolution regarding the deletion of the third resolve of Resolution 912 and urges our Board to follow this recommendation when drafting its report. Due to the complexity and urgency of the issues raised, the Reference Committee recommends that Resolution 912 be referred with a report back at the AMA's 2008 Annual Meeting.</p>	<p>RECOMMENDATION: The Reference Committee recommends that Resolution 912 be <u>referred for report back to the House of Delegates at the 2008 Annual Meeting</u>.</p> <p>HOD ACTION: Resolution 912 referred for report back to the House of Delegates at the 2008 Annual Meeting.</p>
914	Establishment of Model Legislation to Develop State Commission / Taskforce to Eliminate Racial and Ethnic Health Care Disparities	<p>Resolution 914 asks that our American Medical Association develop model legislation and encourage and assist state and local medical societies to advocate for creation of statewide commissions to eliminate health disparities in each state.</p> <p>The Reference Committee heard unanimous testimony in</p>	<p>RECOMMENDATION: The Reference Committee recommends that Resolution 914 be <u>adopted</u>.</p> <p>HOD ACTION: Resolution 914 adopted.</p>

		support of Resolution 914. The Reference Committee agrees that the development of model legislation creating state commissions to eliminate health care disparities is important to achieving our AMA's goal of reducing health care disparities in the US. Therefore, the Reference Committee recommends adoption.	
916	State Children's Health Insurance Program (SCHIP)		HOD Action: Placed on the reaffirmation calendar.