

**MEMORIAL RESOLUTIONS**  
**Adopted unanimously**

**Clarence S. Avery, Jr., MD**  
**Introduced by the California Delegation**

Whereas, Clarence S. Avery, Jr., MD, was a highly respected physician who practiced medicine for nearly 40 years; and

Whereas, Doctor Avery was devoted to upholding the principles and ethics of his profession and was a tenacious advocate for physicians' prerogatives and their relationships with patients; and

Whereas, Doctor Avery's political acumen and activism earned him the respect of many elected officials who appointed him to local, state, and national Boards and Commissions where he could promote quality and access to health care; and

Whereas, Doctor Avery served in numerous positions to improve his community and promote social justice; and

Whereas, Doctor Avery's leadership skills led him to numerous medical leadership positions including serving in the leadership of several medical staffs, as president of the Alameda-Contra Costa Medical Association and the California Medical Association, as a member of the AMA House of Delegates from 1977 to 1997 and as Chairman of the CMA Delegation to the AMA, and in numerous other medical leadership positions; and

Whereas, Doctor Avery endeared himself to many for his leadership, compassion, gentlemanly and respectful manner, support and counsel; and

Whereas, Doctor Avery passed away on April 24, 2008, at the age of 81; therefore be it

RESOLVED, That our American Medical Association recognize the distinguished life of Clarence S. Avery, Jr., MD, who made enumerable contributions to the practice of medicine and enhanced the lives of his colleagues, friends, family and the patients he served; and be it further

RESOLVED, That our AMA convey its deepest sympathy for the passing of Clarence S. Avery, Jr., MD, to his wife, Barbara, his daughter, Marie, his granddaughter, Lauren Elizabeth Heimbach, and to other members of the family and friends who are saddened by his loss.

**John H. Dawson, Jr., MD**  
**Introduced by the Washington Delegation**

Whereas, John H. Dawson, Jr, MD, passed away on February 7, 2007; and

Whereas, Dr. Dawson was born in 1926 and earned his MD degree from Northwestern University in Chicago in 1950; and

Whereas, He became a Medical Missionary in Korea and served as Chief of Surgery at Presbyterian Hospital in Taegu, Korea, and served as a Civilian Consultant in Surgery to the Surgeon General, Republic of Korea; and

Whereas, He was always an example of what a surgeon should be, operating on his many patients and maintaining his practice, all the while serving his patients and colleagues through his advocacy for organized medicine; and

Whereas, Dr. Dawson epitomized extraordinary professional competence, dedication, hard work, education of colleagues, medical students, residents and associates, and community involvement; and

Whereas, He loved organized medicine and was a champion for patient advocacy and access to care, defender of medical staff self-governance, and advocate for quality medical care; and

Whereas, Dr. Dawson also shared his considerable talents and gifts by serving as a member of the AMA House of Delegates, and as a member of the AMA Board of Trustees from 1982 through 1990; and as both Treasurer and Vice-President of the Education and Research Foundation of the AMA; and

Whereas, He also served the Washington State Medical Association as a member of the Board of Trustees, and in numerous other capacities, including as a member of the WSMA House of Delegates, Medical Liaison Committee, Medical Service Committee, and Health Care Consortium; and

Whereas, He served the King County Medical Society as a Trustee, as Vice-President and as President; and

Whereas, He served as Chief of Surgery at both Doctor's Hospital and Swedish Hospital; and

Whereas, His dedication to medicine and the medical profession, concern for his patients and love and devotion for his family, were the benchmarks of his life; and

Whereas, He was a friend to all and a mentor to many; therefore be it

RESOLVED, That our American Medical Association House of Delegates express its sorrow and sense of loss for the death of John Dawson, MD, to his friends and family, and present them with a copy of this resolution; and be it further

RESOLVED, That our AMA House of Delegates recognize the contributions made by John Dawson, MD, to the medical profession, the community, and to his fellow physicians by his service and advocacy on behalf of, and for, all patients and physicians.

**Albert M. Fields, MD**  
**Introduced by the California Delegation**

Whereas, Albert M. Fields, MD, active member of the Los Angeles County Medical Association for the past 65 or more years, member of the Governing Board of the Los Angeles County Medical Association, past Trustee of the California Medical Association, member of the House of Delegates of the California Medical Association, member of the California Delegation to the American Medical Association, and decades-long outspoken opponent of tobacco use, died on March 19, 2008; and

Whereas, Doctor Fields dedicated his time and efforts using his knowledge, skills, and expertise to care for the sick and bring compassion and caring to his patients of all ages, traveling at his own expense, to Nicaragua in the aftermath of a devastating earthquake in 1965, to assist those in need, and serving in the U.S. Army while stationed in China during World War II (learning to speak fluent Mandarin, which he retained in his later years); and

Whereas, Doctor Fields loved organized medicine from his earliest years as a physician, and he dedicated his time and energies to promoting a national awareness of the deleterious effects of cigarette smoking, successfully opposing the presence of cigarette vending machines in places frequented by the young, and earning citations and awards for his efforts; and

Whereas, Doctor Fields' dedication to his specialty of vascular surgery, the deep caring for his patients and the love and devotion he had for his wife of 56 years, Doris, who preceded him in death last year, will be remembered with great fondness by those who knew him; and

Whereas, Doctor Fields has left behind many, many individuals he mentored, as well as thousands of friends; therefore be it

RESOLVED, That our American Medical Association House of Delegates express its deep sorrow and sense of loss at the death of Albert M. Fields, MD, to his sister-in-law, Mrs. Sandy Margoles, and to his many close acquaintances both in and outside the medical profession; and be it further

RESOLVED, That our AMA House of Delegates recognize the extraordinary contributions made by Albert M. Fields, MD to the medical profession, the Los Angeles County Medical Association, the CMA Board of Trustees, the CMA House of Delegates, the American Medical Association, and the many, many fortunate patients, colleagues, and others touched by his warm encouragement and enlightened by his extensive overview of the history of medicine.

**Charles B. McElwee, MD**  
**Introduced by the California Delegation**

Whereas, Charles B. McElwee, MD, was a prominent orthopedist in the San Gabriel Valley of California; and

Whereas, Doctor McElwee helped organize the San Gabriel Valley effort to bring MICRA into being to contain and bring sense to the malpractice insurance arena; and

Whereas, Doctor McElwee continued to bring sense and fairness to the malpractice arena by serving on the Board of the Southern California Physicians Insurance Exchange (SCPIE); and

Whereas, Doctor McElwee was active in the political endeavors to preserve the legacy of medicine for new physicians and access to care for patients through political involvement; and

Whereas, Doctor McElwee did so by serving in many medical association offices, county, state and federal, including as a member of the Los Angeles County Medical Association (LACMA) Council, Board of Trustees and as President of LACMA; a member of the California Medical Association (CMA) House of Delegates and Board of Trustees and was awarded the CMA's Gary Krieger Speaker's Recognition Award; a member of the American Medical Association House of Delegates; and as a founder and president of the California Orthopedic Association; and

Whereas, In all venues, Doctor McElwee actively lobbied for the preservation of private practice medicine; and

Whereas, Doctor McElwee assisted in bringing modern pain medicine to the citizens of the eastern San Gabriel Valley and helped bring these concepts to the American Medical Association; and

Whereas, Doctor McElwee was a marvelous athlete with an exceptional patience for those not so gifted; and

Whereas, Doctor McElwee died shortly before Christmas of a lingering illness and will be missed by his patients and so many others whose lives he touched and helped make so much better; therefore be it

RESOLVED, That our American Medical Association House of Delegates express its deep sorrow and sense of loss for the untimely death of Charles B. McElwee, MD, to his family; and be it further

RESOLVED, That our AMA House of Delegates recognize the contributions made by Charles B. McElwee, MD, to the medical profession, the community, and to his fellow physicians by his service and advocacy on behalf of, and for, all patients and physicians.

**Wm. Gordon McGee, MD**  
**Introduced by Texas Delegation**

Whereas, On April 6, 2008, our American Medical Association, the Texas Medical Association, and the El Paso County Medical Society were saddened by the death of Wm. Gordon, McGee, MD; and

Whereas, Dr. McGee, a pathologist who worked tirelessly during his career as an outspoken advocate for improving health on both sides of the Texas-Mexico border in his adopted hometown of El Paso; and

Whereas, Dr. McGee was active in all aspects of health care at the local, state, and national levels; and

Whereas, Dr. McGee was an active and dedicated member of organized medicine, serving as the Texas Medical Association's president, chair of its Board of Trustees, and an alternate delegate to the American Medical Association, as president of the Texas Medical Foundation, as president of the Texas Society of Pathologists, and as president of the El Paso County Medical Society; and

Whereas, Dr. McGee's work earned him numerous awards, including the Texas Medical Association Distinguished Service Award in 1998, the Phillip R. Overton Award for Meritorious Service to Medical Peer Review in Texas in 1989, and the Texas Pathologist of the Year in 1984; and

Whereas, Dr. McGee positively affected the lives of future physicians and their patients through his teaching at The University of Texas at El Paso and the Texas Tech University Health Sciences Center, and his service as a member of the Texas Tech University Board of Regents;  
 therefore be it

RESOLVED, That the members of our American Medical Association adopt this resolution as an indication of the respect organized medicine held for Wm. Gordon McGee, MD, as a physician, educator, and servant of humanity.

**Edward Press, MD, MPH**  
**Introduced by the American Association of Public Health Physicians**

Whereas, Dr. Edward Press was an AMA member from 1981 until 2005; and

Whereas, Dr. Press obtained his MD from NY University-Bellevue Hospital School of Medicine, and MPH from the Harvard School of Public Health; and

Whereas, Dr. Press, during his illustrious medical career, served as a Major in the United States Air Force during World War II, started the first poison control center in the United States in Chicago in 1953, served as the Chief Public Health Officer in Oregon from 1967 until 1979, and was an Emeritus Professor of Public Health and Preventive Medicine and Emeritus Clinical Professor of Pediatrics at the Oregon Health Sciences University School of Medicine; and

Whereas, Dr. Press was a Past President of the American Association of Public Health Physicians; and

Whereas, Dr. Press passed away on September 7, 2006; therefore be it

RESOLVED, That our AMA commend and memorialize Dr. Edward Press' honorable service to the public and the noble profession of medicine, and that a copy of this resolution be shared with his family and the Governor of Oregon.

**1. PHARMACEUTICAL GRANTS AND GIFTS TO PHYSICIANS**  
**Introduced by California Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association support federal policy seeking mandatory disclosure of financial relationships between physicians and pharmaceutical interests, with the exception of samples intended for provision to patients and meals in conjunction with educational meetings; and be it further

RESOLVED, That our AMA support policy that would require pharmaceutical companies and makers of medical devices to report all payments (such as cash, grants, contracts), gifts, honoraria or other emoluments (travel, entertainment, sports or recreation, lodging) given to physicians and others with a value over \$100, and that all such reports be made public at least annually.

**2. PROMOTING REPRESENTATIVE EQUALITY AT THE MSS BUSINESS MEETING**  
**Introduced by Medical Student Section**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association Bylaws be amended to reflect the following Medical Student Section Business Meeting representation criteria for central and satellite campuses:

1. The AMA medical student members of each educational program as defined in Bylaw 7.331 that has more than one campus may select one representative and one alternate representative from each campus.
2. Each central campus that has a total student population (not including students at any associated satellite campuses) greater than 999 may select one additional representative and one additional alternate representative.
3. A satellite campus is redefined as a separate administrative campus from the central campus where a minimum of 20 members of the medical school student body are assigned for some portion of instruction over a period of time not less than one academic year (and that specific reference in AMA Bylaws to the Charles R. Drew University of Medicine and Science is no longer necessary because that campus qualifies for representation under the proposed definition of a satellite campus).

**3. STUDYING THE ETHICAL IMPLICATIONS OF CREATING CYTOPLASMIC**  
**HUMAN-ANIMAL HYBRIDS**

**Introduced by Connecticut, Maine, Massachusetts, New Hampshire,**  
**Rhode Island, and Vermont Delegations**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association study the ethical implications of creating "cytoplasmic" human-animal hybrids.

**4. FUTILE CARE**  
**Introduced by Florida Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association create a Task Force representative of the various stakeholders, for example, the AMA, American Osteopathic Association, American Hospital Association, AARP, and religious and ethical leaders, to evaluate the issues related to the appropriateness of end-of-life care.

**5. EMPLOYMENT RELATIONS**  
**Introduced by Georgia Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS:**

RESOLVED, That our American Medical Association Council on Ethical and Judicial Affairs submit a report on the ethical implications of permitting physicians to be employees of non-physician health care providers whom the physician is charged with supervising.

**6. END OF LIFE AND “ALLOW NATURAL DEATH”**  
**Introduced by Illinois Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association study alternatives to Do Not Resuscitate (DNR) by working with state medical societies and other major stakeholders, to conduct a comprehensive review and study of all state Advance Directives to determine whether the state DNR systems and forms should be changed to AND (Allow Natural Death), LET (Limits of Emergency Treatment), POLST (Physician Orders for Life-Sustaining Treatment) or some other alternative systems.

**7. ENHANCING THE VOICE OF THE MINORITY AFFAIRS CONSORTIUM**  
**Introduced by Minority Affairs Consortium**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association establish the Minority Affairs Consortium as a section; and be it further

RESOLVED, That our AMA modify Policy D-615.989 by deleting the second clause and inserting “establish the Minority Affairs Consortium as a section advocating in conjunction with the AMA on minority health and professional health issues of underrepresented minority physicians”; and be it further

RESOLVED, That our AMA approve a name change from the Minority Affairs Consortium to the Minority Affairs Section and be recognized as such in the AMA Bylaws; and be it further

RESOLVED, That our AMA authorize the MAC to develop a mechanism for automatically enrolling AMA members from racial and ethnic groups underrepresented in medicine as MAC members while continuing to have an opt-in enrollment process for physicians not considered a part of this underrepresented population.

**RESOLUTION 8 WAS WITHDRAWN**

**9. SECURITY BREACHES IN ELECTRONIC MEDICAL RECORDS**  
**Introduced by Maryland Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS:**

RESOLVED, That our American Medical Association study what the physician’s role is in informing a patient if he/she has reason to believe that the patient’s protected health information has been inappropriately disclosed.

**10. STUDY INCENTIVES FOR CADAVERIC ORGAN DONATION**  
**Introduced by South Carolina Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**  
**WITH CHANGE IN TITLE:**

RESOLVED, That our American Medical Association place high on its legislative agenda modification of the National Organ Transplantation Act to rescind prohibition of “valuable consideration” for cadaveric organ donation, so that pilot studies of financial incentives for donation can be carried out.

**11. AMA PRESIDENT’S MEDALLION**  
**Introduced by Tennessee Delegation**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association Council on Constitution and Bylaws prepare an amendment to the AMA Bylaws to codify the authority of the AMA president to give a President’s Medallion to a person or President’s Citation to an organization for outstanding service in promoting the art and science of medicine and the betterment of public health.

**12. MEDICAL ETHICAL GUIDELINES FOR INFORMED CONSENT**  
**IN INVESTIGATIONAL TRIALS**  
**Introduced by Washington Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association request our Council on Ethical and Judicial Affairs review the physician investigator’s obligation to inform patients of potential conflicts of interest in recommending patients for or the conduct of a proposed research study.

**13. PHYSICIAN EMPLOYMENT BY A PHYSICIAN EXTENDER**  
**Introduced by Ohio Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association define the ethical boundaries applicable to physicians supervising or collaborating with physician extenders while concurrently employed by the physician extender.

**14. ALTERNATIVE FUNDING FOR CONTINUING MEDICAL EDUCATION**  
**Introduced by Arizona Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE**

RESOLVED, That our AMA seek funding for quality, unbiased continuing medical education for all physicians.

**15. REVISION OF THE BYLAWS FOR THE SECTION ON MEDICAL SCHOOLS**  
**Introduced by Section on Medical Schools**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association amend the Bylaws related to the Section on Medical Schools to include provisions regarding membership in the Section, cessation of eligibility for Section Governing Council members, and eligibility to be a representative to the Business Meeting; and be it further

RESOLVED, That our AMA amend the Bylaws related to the Section on Medical Schools to expand the criteria for membership in the Section to include non-physician Deans at United States medical schools with an educational program as defined in Bylaw 1.11; and be it further

RESOLVED, That our AMA amend the Bylaws related to the Section on Medical Schools to allow academic physicians who are not AMA members to participate in the Section's Business Meeting as provisional members without the right to vote, for a maximum of 2 Business Meetings; and be it further

RESOLVED, That our AMA amend the Bylaws related to the Section on Medical Schools to clarify that the position of any Governing Council member who ceases to be an AMA member or to hold a faculty appointment at a United States medical school with an educational program as defined in Bylaw 1.11 shall be declared vacant; and be it further

RESOLVED, That our AMA amend the Bylaws related to the Section on Medical Schools to establish the following 3 categories of representatives to the Business Meetings of the Section: (1) the Dean of each medical school with an educational program as defined in Bylaw 1.11 or his/her designee, and up to 4 institutional representatives appointed by the Dean, to include representatives of undergraduate, graduate and continuing medical education; (2) individual AMA members who hold a faculty appointment at a medical school with an educational program as defined in Bylaw 1.11 and who elect to be members of the Section in accordance with rules established by the Governing Council; and (3) 10 at-large members of the AMA representing the interests of graduate medical education and 10 at-large members of the AMA representing the interests of continuing medical education, who are appointed by the Governing Council of the Section on Medical Schools, and who need not have faculty appointments at a medical school with an educational program as defined in Bylaw 1.11.

**16. NATIONAL MEDICAL STUDENT ORGANIZATION REPRESENTATION**  
**AT MEDICAL STUDENT SECTION BUSINESS MEETINGS**  
**Introduced by Medical Student Section**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association bylaws pertaining to National Medical Student Organizations (NMSOs) be amended to allow representation to the MSS Business Meeting for NMSOs whose memberships are composed "primarily," as opposed to "solely," of medical students. The MSS Governing Council will make a recommendation to the AMA Board of Trustees as to whether a prospective NMSO is composed "primarily" of medical students; and be it further

RESOLVED, That the AMA Bylaws be amended to establish automatic representation to the MSS Business Meeting for every student group affiliated with a parent organization seated in the AMA House of Delegates; and be it further

RESOLVED, That the AMA Bylaws be amended to establish representation to the MSS Business Meeting for the Association of American Medical Colleges – Organization of Student Representatives and for the American Association of Colleges of Osteopathic Medicine – Council of Osteopathic Student Government Presidents.

**101. THE AMA'S HEALTH BASED PLAN TO REFORM HEALTH CARE**  
**Introduced by American College of Occupational and Environmental Medicine**

**HOD ACTION: FOLLOWING SUBSTITUTE RESOLUTION 101 ADOPTED:**

RESOLVED, That our AMA reaffirm Policy H-425.997, which supports assuring the continuity, coordination and availability of cost effective preventive care services; and be it further

RESOLVED, That our AMA believes that preventive care should ideally be coordinated by a patient's physician; and be it further

RESOLVED, That our AMA reaffirm Policy H-405.982, which supports the development of computer technologies that will help improve patient care and create a more efficient work environment for physicians.

**102. HIGHER CO-PAYS FOR INFUSIONS**  
**Introduced by American College of Rheumatology**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 102**

RESOLVED That our American Medical Association work to reverse tier 4 insurance policies increasing co-pays for a sub-set of patients that need to have these critical medications; and be it further

RESOLVED That our AMA draft a paper analyzing how higher insurance co-pays not only decrease access to care but cost society in the long-run with lost days of employment, long term disability and the overall cost of the support of the chronically ill.

**103 . REMOVING PATIENT TRANSLATION AND INTERPRETATION COSTS FROM PHYSICIAN**  
**RESPONSIBILITY**  
**Introduced by Georgia Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE**

RESOLVED, That our American Medical Association provide an update to its membership on the progress it has made on eliminating the requirement that physicians pay for translation and interpretation services for patients, an analysis of the implications of current regulatory activity on this issue, and plans for addressing this problem.

**104. FAIR TREATMENT OF PHYSICIANS WHEN PRE-EXISTING CONDITIONS ARE DISCOVERED**  
**Introduced by Georgia Delegation**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association support HR2833, the "Pre-existing Condition Exclusion Patient Protection Act of 2007," and HR2842, the "Children's Health Protection Act of 2007," in respect to the elimination and/or streamlining of health plan pre-existing conditions.

**105. MALE MAMMOGRAPHY**  
**Introduced by International College of Surgeons - US Section**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association endorse the wide spread dissemination of information regarding the risk to males as well as females for the development of breast carcinoma when genetic testing has shown prevalence in the family (BRCA especially); and be it further

RESOLVED, That our AMA endorse that payment for annual or periodic mammography in the high risk male be covered by Medicare and insurance companies.

**106. HEALTH CARE PREMIUMS AND MEDICAL CARE SPENDING**  
**Introduced by Illinois Delegation**

**Resolution 106 was considered together with Council on Medical Service Report 8**

RESOLVED, That our American Medical Association promote and support legislation in the US Congress that will make health insurance premiums and medical care spending fully tax deductible; and be it further

RESOLVED, That our AMA promote and support legislation in the US Congress that will provide refundable tax credits to lower income individuals and families to enable their purchase of basic health insurance coverage.

**107. STUDY OF UNIVERSAL HEALTH CARE SYSTEMS**  
**Introduced by: Illinois Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association recognize that as our health care delivery system evolves, direct and meaningful physician input is essential and must be present at every level of debate.

**108. INCONSISTENT INSURANCE COVERAGE FOR CHILDREN,  
HABILITATIVE SERVICES FOR CHILDREN**  
**Introduced by Illinois Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 108**

RESOLVED, That our American Medical Association support, in principle, insurance companies providing habilitative services for children with developmental delays and other brain disorders; and be it further

RESOLVED, That our AMA take action to ensure that children with developmental delays and other brain disorders receive coverage for habilitative services.

**109. BILLING FOR ELECTRONIC PHYSICIAN-PATIENT MEDICAL ENCOUNTERS**  
**Introduced by Illinois Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 109**

RESOLVED, That our American Medical Association investigate current reimbursement patterns for electronic services to patients.

**110. MEDPAC'S RECOMMENDATIONS CONCERNING BUNDLED PAYMENTS**  
**Introduced by Infectious Diseases Society of America**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association oppose all public and private efforts to bundle providers' payments around a hospitalization and follow-up outpatient care; and be it further

RESOLVED, That our AMA work with appropriate public and private officials and advisory bodies to ensure that bundled payment reforms do not lead to hospital-controlled payments.

**111. COMPONENTS OF HEALTH INSURANCE**  
**Introduced by Maryland Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association study and clearly spell out to what extent a prepaid health service component and a risk-based component contribute to the costs of health insurance, and report back to the House of Delegates.

**112. AMA SUPPORT OF FREE CLINICS FOR THE UNINSURED**  
**Introduced by Michigan Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association study free clinics with the goal of facilitating improved access to care for the uninsured, consistent with the message of our AMA "Voice for the Uninsured" campaign.

**113. REEXAMINING MARKET BASED HEALTH CARE REFORM**  
**Introduced by Medical Student Section**

**HOUSE ACTION: POLICY H-165.888 REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 113**

RESOLVED, That our American Medical Association reanalyze the concept of market based health care reform, specifically addressing the financial, ethical, and moral soundness of a system that relies on private health insurance, and report back at the 2009 Annual Meeting.

**114. REMOVING BARRIERS TO CARE FOR TRANSGENDER PATIENTS**  
**Introduced by Medical Student Section**

**Resolution 114 was considered together with Resolutions 115 and 122**

RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder in adolescents and adults; and be it further

RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of gender identity disorder in adolescents and adults when prescribed by a physician.

**115. REMOVING INSURANCE BARRIERS TO CARE FOR TRANSGENDER PATIENTS**  
**Introduced by Connecticut, Maine, Massachusetts, New Hampshire,**  
**Rhode Island, and Vermont Delegations**

**Resolution 115 was considered together with Resolutions 114 and 122**

RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder (GID); and be it further

RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of GID when prescribed by a physician.

**116. RE-EVALUATE MEDICARE'S GEOGRAPHY-BASED FEE SCHEDULE**  
**Introduced by New Jersey Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 116**

RESOLVED, That our American Medical Association investigate whether or not the current geographic differential used by Medicare to set fees fairly compensates physicians and is based on accurate and current data.

**117. LEGISLATION TO REQUIRE INSURANCE COMPANIES TO COVER FULL IMMUNIZATION COSTS**  
**Introduced by New Jersey Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 117**

RESOLVED, That our American Medical Association advocate for legislation that would mandate that all insurers cover the total cost of vaccinations for their covered patients, both adult and pediatric.

**118. LEGISLATION TO PROMOTE FULL DISCLOSURE OF COVERAGE IN MEDICARE ADVANTAGE PROGRAMS**  
**Introduced by New Jersey Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 118**

RESOLVED, That our American Medical Association lobby the legislature to enact legislation to protect the life and health of patients by protecting the physician–patient relationship and promoting truth in advertising to Medicare recipients; and be it further

RESOLVED, That our AMA promote legislation that would require insurers to improve disclosure of Medicare Advantage programs' coverage, restrictions, and limitations to their prospective and current patients.

**119. HEARING AIDS**  
**Introduced by New York Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association encourage all insurers, including Medicare, to provide coverage for hearing aids for individuals determined by professionals to be hearing impaired.

**120. MEDICARE OUTPATIENT MENTAL HEALTH DISPARITY**  
**Introduced by Oregon Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 120**

RESOLVED, That our American Medical Association support specific federal legislation eliminating the disparity in co-payments for Medicare outpatient mental health treatment services; and be it further

RESOLVED, That our AMA work with the American Psychiatric Association, the American Association for Geriatric Psychiatry, and other interested parties, to lobby members of the United States Senate and House of Representatives to vote in favor of current and/or future federal legislation that eliminates the disparity in co-payments for Medicare outpatient mental health treatment services.

**121. GAIN-SHARING**  
**Introduced by New York Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association conduct a study and prepare a report on gain-sharing arrangements between physicians and hospitals.

**122. REMOVING FINANCIAL BARRIERS TO CARE FOR TRANSGENDER PATIENTS**  
**Introduced by Resident and Fellow Section, Massachusetts, California and**  
**New York Delegations**

**HOUSE ACTION: RESOLUTION 122 ADOPTED AS FOLLOWS**  
**IN LIEU OF RESOLUTIONS 114 AND 115**

RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient's physician.

**123. HEALTH SAVINGS ACCOUNT PENALTY INCREASE FOR NON-HEALTH CARE**  
**Introduced by Texas Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association urge Congress to increase minimum penalties for withdrawing health savings account monies to offset any tax benefit to withdraw individual health savings account funds for non-medical purposes.

**124. IMPROVED MEDICAID PAYMENT TO PHYSICIANS**  
**Introduced by Maryland Delegation**

**HOUSE ACTION: POLICY H-290.980 REAFFIRMED**  
**IN LIEU OF THE FOLLOWING RESOLUTION 124**

RESOLVED, That our American Medical Association advocate to improve State Medicaid payments to providers by working with CMS to maintain greater federal oversight of State Medicaid payments and their compliance with the equal access provisions of federal law.

**201. INTRAOPERATIVE NEUROPHYSIOLOGIC MONITORING****Introduced by American Academy of Neurology****American Clinical Neurophysiology Society****American Association of Neuromuscular and Electrodiagnostic Medicine****American Academy of Physical Medicine and Rehabilitation****HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That it is the policy of the American Medical Association that supervision and interpretation of intraoperative neurophysiologic monitoring constitutes the practice of medicine, which can be delegated to non-physician personnel who are under the direct or online real time supervision of the operating surgeon or another physician trained in, or who has demonstrated competence, in neurophysiologic techniques and is available to interpret the studies and advise the surgeon during the surgical procedures.

**202. FITNESS AND ATHLETICS EQUITY FOR STUDENTS WITH DISABILITIES****Introduced by American Academy of Physical Medicine and Rehabilitation****HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association work with state medical associations and specialty societies to encourage individual state legislatures to enact laws which ensure that students with disabilities have an equal opportunity to participate in mainstream physical education programs and try out for and, if selected, participate in mainstream athletic programs, except when the inclusion of the student presents an objective safety risk to the student or to others, or fundamentally alters the nature of the school's mainstream physical education or mainstream athletic program.

**203. OFFICE FOR HUMAN RESEARCH PROTECTIONS INTERPRETATION OF 45 CFR PART 46****Introduced by American College of Occupational and Environmental Medicine****HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association work with the US Office for Human Research Protections (OHRP) to secure an interpretation of 45 CFR Part 46 that allows access to the outcomes data of populations involved in studies that control variations in any processes of care that may be legally employed by licensed institutions or practitioners without independent reviews or obtaining informed consents from said populations; and be if further

RESOLVED, That our AMA seek appropriate changes in 45 CFR Part 46 if AMA efforts to reach an agreement with OHRP to adopt such an interpretation should prove unsuccessful.

**204. MIDWIFERY SCOPE OF PRACTICE AND LICENSURE**  
**Introduced by American College of Obstetricians and Gynecologists**

**HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 239**

RESOLVED, That our American Medical Association only advocate in legislative and regulatory arenas for the licensing of midwives who are certified by the American College of Nurse-Midwives; and be it further

RESOLVED, That our AMA support state legislation regarding appropriate physician and regulatory oversight of midwifery practice, under the jurisdiction of state nursing and/or medical boards; and be it further

RESOLVED, That our AMA continue to monitor state legislative activities regarding the licensure and scope of practice of midwives; and be it further

RESOLVED, That our AMA work with state medical societies and interested specialty societies to advocate in the interest of safeguarding maternal and neonatal health regarding the licensure and the scope of practice of midwives.

**205. HOME DELIVERIES**  
**Introduced by American College of Obstetricians and Gynecologists**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support the recent American College of Obstetricians and Gynecologists (ACOG) statement that *“the safest setting for labor, delivery, and the immediate post-partum period is in the hospital, or a birthing center within a hospital complex, that meets standards jointly outlined by the American Academy of Pediatrics (AAP) and ACOG, or in a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, The Joint Commission, or the American Association of Birth Centers”*; and be it further

RESOLVED, That our AMA support state legislation that helps ensure safe deliveries and healthy babies by acknowledging that the safest setting for labor, delivery and the immediate post-partum period is in the hospital, or a birthing center within a hospital complex, that meets standards jointly outlined by the AAP and ACOG, or in a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, The Joint Commission, or the American Association of Birth Centers.

**206. UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT**  
**Introduced by American College of Surgeons, American Academy of Ophthalmology,**  
**American College of Emergency Physicians, American Society of Anesthesiologists,**  
**Society for Vascular Surgery, American Society of Plastic Surgeons**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association support the enactment in state legislatures of the National Conference of Commissioners on Uniform State Laws (NCCUSL) Uniform Emergency Volunteer Health Practitioners Act with the liability language of Alternative A as formally adopted by the NCCUSL in August 2007.

**207. AMBULATORY SURGICAL CENTERS**  
**Introduced by American Society for Gastrointestinal Endoscopy,**  
**American Association of Orthopaedic Surgeons,**  
**American College of Gastroenterology, American Gastroenterological Association**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association review economic data regarding the comparative effectiveness of ambulatory surgical centers (ASCs); and be it further

RESOLVED, That our AMA advocate for federal and state legislative solutions that would remove barriers, including Certification Of Need (CON) laws, that impair the ability of physicians to build, own and practice in ASCs.

**208. FAIRNESS AND QUALITY IN MEDICAL IMAGING INTERPRETATION**  
**Introduced by American Society of Neuroimaging, American Academy of Neurology,**  
**American Association of Neurological Surgeons, Congress of Neurological Surgeons,**  
**American Medical Group Association, American College of Cardiology,**  
**American College of Gastroenterology, American Gastroenterological Association,**  
**American Society for Gastrointestinal Endoscopy**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 208 ADOPTED  
WITH CHANGE IN TITLE**

RESOLVED, That our AMA actively oppose efforts by federal and state legislators, regulatory bodies, private payers, public payers and radiology business management companies to preauthorize, precertify or otherwise restrict the application of advanced imaging services when such services are provided by qualified physicians in accordance with appropriateness guidelines, practice guidelines and technical standards for the imaging modalities utilized, as developed by specialty societies involved with the diagnosis and treatment of such patients; and be it further

RESOLVED, That our AMA actively work to ensure that all physician specialties involved in the care of patients with specific illnesses who need imaging services have equal participation and authority in the development of quality and efficiency measures for imaging services; and be it further

RESOLVED, That the Board report back to the HOD on an annual basis with details of actions AMA has taken to oppose efforts by private and public payers, radiology benefits managers and others to deny patients' access to appropriate, high quality imaging services provided by qualified physicians regardless of their medical specialty.

**209. BLOOD CENTERS AND MEDICAL LIABILITY**  
**Introduced by California Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS  
WITH CHANGE IN TITLE**

RESOLVED, That our American Medical Association advocate that blood centers be covered under any health care liability reform legislation.

**210. SURGICAL STERILIZATION AND FAMILY PACT ELIGIBILITY**  
**Introduced by California Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association support a change in the Family Planning, Access, Care and Treatment (Family PACT) legislation, and the appropriate funding necessary, such that surgical sterilization shall not be a reason for exclusion from the Family PACT program.

**211. ADVANCE DIRECTIVE**  
**Introduced by Georgia Delegation**

Resolution 211 was considered together with Resolution 233 and BOT Report 9

RESOLVED, That our American Medical Association advocate for a national government registry of Advanced Directives and for a one-time refundable tax credit for those individuals that prepare and register an Advanced Directive.

**212. ELIMINATION OF PHYSICIAN'S "APPOINTMENT FOR REPRESENTATIVE"**  
**REQUIREMENT IN MEDICARE PRESCRIPTION DRUG PROGRAM APPEALS**  
**Introduced by Georgia Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association urge the Centers for Medicare and Medicaid Services to immediately simplify the current Part D Prescription Drug Program Appeal Process by allowing physicians to submit an appeal without beneficiary approval.

**213. PAYMENT NEUTRALITY BETWEEN MEDICARE ADVANTAGE**  
**AND TRADITIONAL FEE-FOR-SERVICE MEDICARE**  
**Introduced by Georgia Delegation**

Resolution 213 was considered together with Resolution 236

RESOLVED, That our American Medical Association urge the US Congress and the Centers for Medicare and Medicaid Services to adhere to the principle of financial neutrality--paying the same amount, adjusting for risk, regardless of which Medicare option a beneficiary chooses and setting the basis of payment in Medicare Advantage at 100 percent of fee-for-service Medicare rates.

**214. DOCTOR OF NURSING PRACTICE**  
**Introduced by Georgia Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association oppose the National Board of Medical Examiners participating in any examination for Doctors of Nursing Practitioners (DrNP) and refrain from producing test questions to certify DrNP candidates; and be it further

RESOLVED, That our AMA adopt policy that Doctors of Nursing Practice must practice as part of a medical team under the supervision of a licensed physician who has final authority and responsibility for the patient.

**215. SHADEGG BILL (HEALTH CARE CHOICE ACT)  
Introduced by Illinois Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association adopt policy to support legislation to allow the purchase of health insurance across state lines in order to allow people to choose the health insurance plan that best suits them, thereby offering the best form of consumer protection for all; and be it further

RESOLVED, That our American Medical Association support the Shadegg Bill (Health Care Choice Act) or similar legislation.

**216. ANTI-TRUST LAW  
Introduced by Illinois Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED  
IN LIEU OF FOLLOWING RESOLUTION 216**

RESOLVED, That our American Medical Association support the exemption of physicians from anti-trust laws and restrictions.

**217. APPROPRIATE OVERSIGHT OF PHYSICIANS' PRACTICES  
Introduced by Illinois Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association cause or support federal legislation that prohibits prosecution of physicians for prescribing medications, including controlled substances, unless recommended by the appropriate federal physician regulatory bodies.

**218. SUPPORT THE REMOVAL OF LIMITING CHARGES FOR  
PHYSICIANS' SERVICES UNDER MEDICARE  
Introduced by Kansas, New Jersey and Oklahoma Delegations  
American Association of Public Health Physicians**

**HOUSE ACTION: RESOLUTION 218 ADOPTED IN LIEU OF RESOLUTION 234**

RESOLVED, That our American Medical Association immediately call upon Congress for the removal of limiting charges for physicians' services under Medicare and preemption of state laws limiting charges for physicians' services and report on progress to the AMA House of Delegates annually, at both the annual and the interim meetings.

**219. MICHIGAN PATIENT COMPENSATION AS TORT REFORM ALTERNATIVE  
Introduced by Michigan Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association consider the Michigan Patient Compensation Act as model alternative legislation for those states where "tort reform" has proven inadequate, failed, or not been achieved.

**220. BILL OF RIGHTS FOR J-1 VISA HOLDING PHYSICIANS**  
**Introduced by Michigan Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 220**

RESOLVED, That our American Medical Association seek legislation to establish a model employment contract to protect J1-Visa holding physicians who are employed in waiver programs.

**221. NEW STRATEGIES TO ACHIEVE ANTITRUST REFORM**  
**Introduced by Missouri Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association develop new strategies for achieving antitrust reform based upon:

- 1) Challenging Federal Trade Commission (FTC) rules that grant health plans monopsony power in collective bargaining because they are primarily responsible for physician shortages in certain medical specialties and threaten the public's access to health care, and
- 2) Challenging FTC rules on collective bargaining because they are based on the flawed theory that clinical integration and risk sharing result in economies of scale, improved efficiencies, increased competition, and lower health care costs; and be it further

RESOLVED, That our AMA implement these strategies through (1) litigating the flawed FTC rules in court according to the Administrative Procedure Act of 1946 that applies to all federal executive agencies, and (2) promoting educational programs, including Congressional hearings, that would inform our political leaders and the public about the adverse effects that FTC rules have on the public's access to health care; and be it further

RESOLVED, That our AMA invite representatives of the FTC to participate in a "give and take" educational session at the AMA 2008 Interim Meeting.

**222. LEGISLATION TO IMPROVE READABILITY OF HEARING LOSS WARNING ON COTTON**  
**SWAB PACKAGES**  
**Introduced by New Jersey Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association seek legislation that would require manufacturers of cotton swabs to print a warning label, in a minimum of 10 point type and enclosed in a box on the container, that reads: "Warning: Use of this product or any product with a rod in the ear has been known to cause ear infection, further ear wax impaction, hearing loss, and other ear damages."

**223. SUPPORT THE “SORRY WORKS” PROGRAM  
Introduced by New York Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED  
IN LIEU OF FOLLOWING RESOLUTION 223**

RESOLVED, That, as part of meaningful tort reform, our American Medical Association support the “Sorry Works” concept, which restricts the admissibility into court of a physician’s statement acknowledging and/or apologizing for an adverse event.

**224. MEDICARE PRIVATE CONTRACTING OPT-OUT RENEWAL REQUIREMENT  
Introduced by New York Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED  
IN LIEU OF FOLLOWING RESOLUTION 224**

RESOLVED, That our American Medical Association draft legislation to amend Section 1802 of the Social Security Act, as amended by Section 4507 of the Balanced Budget Act of 1997, as it relates to Private Contracting under Medicare, to rescind the two-year opt-out renewal requirement for private contracts between physicians and Medicare beneficiaries; and be it further

RESOLVED, That our AMA include language in this proposed amendment providing that private contracts will be deemed to remain in effect indefinitely unless and until the physician rescinds the private contracts and rejoins the Medicare Program.

**225. HHS AND HOSPITAL-ACQUIRED CONDITIONS  
Introduced by New York Delegation**

Resolution 225 was considered together with Resolutions 228, 229 and BOT Report 17

RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services to delay the implementation of Section 5001(c) of the Deficit Reduction Act of 2005 in order to eliminate from the list those conditions that cannot be fully prevented even with the application of the best evidence-based guidelines.

**226. MEMBER EDUCATION ON MEDICARE RECOVERY AUDIT CONTRACTORS  
Introduced by Tennessee Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 226 ADOPTED**

RESOLVED, That our American Medical Association educate its membership about the effect of the program’s safeguard contractor activity and Recovery Audit Contractor (RAC) audits on individual physician practices, expansion of the RAC program, and assistance that may be available through our AMA; and be it further

RESOLVED, That our AMA actively support the legislation currently before Congress to require an immediate moratorium on the expansion of the RAC program, and seek the introduction of subsequent legislation that would limit or exclude physician billings from the authority of RAC audits altogether.

**227. ESTABLISHING A “NATIONAL STANDARD OF CARE” IN THE US  
Introduced by Washington Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association work to get a national standard of care adopted by each of the 22 states still employing the Locality Rule concerning expert witness testimony with an approach, as recommended by the authors of the *Journal of the American Medical Association* article (June 20, 2007; pages 2633-7), that continues to recognize the need to take into account a particular setting’s “availability of diagnostic facilities or services, or access to subspecialist physicians.”

**228. PAYMENT AND COVERAGE DECISIONS AND THE STANDARD  
OF CARE FOR MEDICAL PRACTICE  
Introduced by Louisiana Delegation**

Resolution 228 was considered together with Resolutions 225, 229 and BOT Report 17

RESOLVED, That our American Medical Association oppose the use of payment and coverage decisions of governmental and commercial health insurance entities as determinative of the standard of care for medical practice and payment decisions by any third party payer not be considered in determining standards of care for medical practice.

**229. MEDICARE DENIAL OF REIMBURSEMENT FOR  
CERTAIN UNAVOIDABLE COMPLICATIONS  
Introduced by Michigan Delegation**

Resolution 229 was considered together with Resolutions 225, 228 and BOT Report 17

RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services and other insurance companies to formulate viable and just criteria to compensate for proper treatment of recognized complications.

**230. FEDERAL ROADBLOCKS TO E-PRESCRIBING  
Introduced by Texas Delegation**

**HOUSE ACTION: RESOLUTION 230 ADOPTED AS FOLLOWS  
IN LIEU OF RESOLUTIONS 237 AND 241**

RESOLVED, That our American Medical Association initiate discussions with the Centers for Medicare and Medicaid Services and state Medicaid directors to remove barriers to electronic prescribing including removal of the Medicaid requirement that physicians write, in their own hand, “brand medically necessary” on a paper prescription form; and be it further

RESOLVED, That our AMA initiate discussions with the Drug Enforcement Administration to allow electronic prescribing of Schedule II prescription drugs; and be it further

RESOLVED, That physician Medicare or Medicaid payments not be reduced for non-adoption of E-prescribing; and be it further

RESOLVED, That our AMA work with federal and private entities to ensure universal acceptance by pharmacies of electronically transmitted prescriptions; and be it further

RESOLVED, That our AMA advocate for appropriate financial and other incentives to physicians to facilitate electronic prescribing adoption.

**RESOLUTION 231 WAS WITHDRAWN**

**232. PROTECTION OF THE TITLES “DOCTOR,” “RESIDENT” AND “RESIDENCY”  
Introduced by Illinois Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 232 ADOPTED**

RESOLVED, That our AMA advocate that professionals in a clinical health care setting clearly and accurately identify to patients their qualifications and degree(s) attained and develop model state legislation for implementation; and be it further

RESOLVED, That our AMA support state legislation that would make it a felony to misrepresent oneself as a physician (MD/DO).

**233. REPLACING “SURROGATE REQUIREMENT FOR NURSING HOME RESIDENTS”  
Introduced by Illinois Delegation**

Resolution 233 was considered together with Resolution 211 and BOT Report 9

RESOLVED, That our American Medical Association request changes in federal law to require upon entering a nursing home, residents without a durable power of attorney for health care to provide names and contact information of the person or persons who could be deemed healthcare surrogate decision makers.

**234. PRIVATE CONTRACTING AND BALANCE BILLING  
Introduced by Arizona Delegation**

Resolution 234 was considered together with Resolution 218

RESOLVED, That our American Medical Association: (1) work to remove current legal and regulatory barriers to private contracting with patients, including those that ban balance billing of patients covered by government or private insurance; and (2) educate physicians concerning their right to become nonparticipating physicians, to opt out of Medicare and to decline to sign or to terminate contracts with insurance companies; the mechanisms for doing so; the advantages in doing so; and the ethical pitfalls and conflicts of interest inherent in third-party contracts.

**235. PHYSICIAN SEEKING REGULATION OF PHYSICIANS  
Introduced by Arizona Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association, with the intent of improving patient care and promoting interspecialty collaboration, develop a process for national specialty groups to urge their state affiliates to work through the state medical association prior to the introduction of any state legislation that seeks to regulate or restrict the practice of other physician groups or specialties.

**236. MEDICARE ADVANTAGE PROGRAM BUDGET REDUCTION**  
**Introduced by Arizona Delegation**

**HOUSE ACTION: RESOLUTION 236 ADOPTED IN LIEU OF RESOLUTION 213**

RESOLVED, That our American Medical Association express our grave concerns to President Bush, the Executive Branch and Congress that a veto of legislation concerning a budget reduction in the Medicare Advantage Program with a corresponding increase in the Medicare Physician Fee Schedule would be an egregious error.

**237. E-PRESCRIBING**  
**Introduced by Arizona Delegation**

Resolution 237 was considered together with Resolutions 230 and 241

RESOLVED, That our American Medical Association seek to develop a workable regulation that will allow the electronic prescribing of all prescribable controlled substances.

**238. PRINCIPLES OF DUE PROCESS FOR MEDICAL LICENSE COMPLAINTS**  
**Introduced by Arizona Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE**

RESOLVED, That our American Medical Association explore ways to establish principles of due process that must be used by a state licensing board prior to the restriction or revocation of a physician's medical license including strong protections for physicians' rights.

**239. MIDWIFERY SCOPE OF PRACTICE AND LICENSURE**  
**Introduced by Resident and Fellow Section**

Resolution 239 was considered together with Resolution 204

RESOLVED, That our American Medical Association develop model legislation regarding appropriate physician and regulatory oversight of midwifery practice, under the jurisdiction of either state nursing or medical boards; and be it further

RESOLVED, That our AMA continue to monitor state legislation activities regarding the licensure and scope of practice of midwives; and be it further

RESOLVED, That our AMA work with state medical societies and interested specialty societies to advocate in the interest of safeguarding maternal and neonatal health regarding the licensure and the scope of practice of midwives.

**240. HERPES ZOSTER VACCINE AND MEDICARE PAYMENT FOR  
THE VACCINE AND FOR PHYSICIAN ADMINISTRATION OF THE VACCINE**  
**Introduced by Resident and Fellow Section**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association lobby for Medicare to pay for both the cost of the Herpes Zoster vaccine and the cost of administration by physicians of all vaccines covered by Medicare.

**241. E-PRESCRIBING OF CONTROLLED SUBSTANCES**  
**Introduced by Michigan Delegation**

Resolution 241 was considered together with Resolutions 230 and 237

RESOLVED, That our American Medical Association urge the US Drug Enforcement Administration and the US Congress to adopt e-prescribing for controlled substances.

**301. SUPPORT FOR THE EPIDEMIC INTELLIGENCE SERVICE (EIS)  
PROGRAM AND PREVENTIVE MEDICINE RESIDENCY EXPANSION**  
**Introduced by American College of Preventive Medicine**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association work to support increased federal funding for training of public health physicians through the Epidemic Intelligence Service program and work to support increased federal funding for preventive medicine residency training programs.

**302. RECOGNITION OF OSTEOPATHIC EDUCATION AND TRAINING**  
**Introduced by American Orthopaedic Foot and Ankle Society**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association recognize the current similarities in the accreditation and certification systems for allopathic and osteopathic physicians and encourage greater collaboration between and mutual recognition of education, training, and board certification systems.

**RESOLUTION 303 WAS CHANGED TO RESOLUTION 232**

**304. MEDICAL STUDENT DEBT CRISIS**  
**Introduced by Michigan Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association pursue long-term solutions to the student debt crisis by hiring an economic consulting firm to analyze the feasibility of novel solutions including 1) competency-based curriculums that shorten the length of undergraduate education and medical school, 2) work-study opportunities, 3) paid rotating internships for fourth-year students who have passed initial licensing exams and have the training equivalents of mid-level providers, 4) financial investment funds that match parental savings, 5) relief for dual degrees not covered by the National Institute of Health, 6) pursuit of government Medicare funding for undergraduate medical education funding, and 7) implementing international medical student tuition models, among other viable options.

**305. OPPOSE DISCRIMINATION IN RESIDENCY SELECTION BASED  
ON INTERNATIONAL MEDICAL GRADUATE STATUS  
Introduced by Michigan Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 305 ADOPTED  
WITH CHANGE IN TITLE**

RESOLVED, That our American Medical Association request that the Accreditation Council for Graduate Medical Education include in the Institutional Requirements a requirement that will prohibit a program or an institution from having a blanket policy to not interview, rank or accept international medical graduate applicants; and be it further

RESOLVED, That our AMA recognize that the assessment of the individual international medical graduate residency and fellowship applicant should be based on his/her education and experience; and be it further

RESOLVED, That our AMA disseminate this new policy on opposition to discrimination in residency selection based on international medical graduate status to the graduate medical education community through AMA mechanisms.

**306. WAIVER OF US MEDICAL LICENSING EXAMINATION  
STEP 2-CS REQUIREMENTS  
Introduced by Michigan Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association lobby the United States Medical Licensing Examination to allow the Educational Commission for Foreign Medical Graduates certificate holders who started their residency training before January 1, 2005, to be eligible to sit for Step 3 without having to take Step 2-CS.

**307. STUDENT LOAN EMPOWERMENT  
Introduced by Medical Student Section**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support a requirement that medical schools inform students of all government loan opportunities along with private loans, and requires disclosure of reasons that preferred lenders were chosen.

**308. ENCOURAGEMENT OF INTERPROFESSIONAL  
EDUCATION AMONG HEALTH CARE PROFESSIONS STUDENTS  
Introduced by Medical Student Section**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association recognize that interprofessional education and partnerships are a priority of the American medical education system; and be it further

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.

**309. INCREASING MEDICAL SCHOOL CLASS SIZES**  
**Introduced by Medical Student Section**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association support increasing the number of medical students, provided that such expansion would not jeopardize the quality of medical education.

**310. TRANSPARENCY IN MEDICAL SCHOOLS' UTILIZATION OF FUNDS FROM TUITION AND FEE INCREASES**  
**Introduced by Medical Student Section**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 310 ADOPTED WITH CHANGE IN TITLE**

RESOLVED, That our American Medical Association encourage the development of policies by Liaison Committee on Medical Education- and American Osteopathic Association-accredited medical schools that ensure information on the use of funds from tuition and fee increases is disclosed in a standardized format and in a timely manner to prospective and current medical students.

**311. CREDENTIALING MATERIALS: TIMELY SUBMISSION BY RESIDENCY AND FELLOWSHIP PROGRAMS**  
**Introduced by New York Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association encourage residency programs and fellowship programs to properly complete and promptly submit verification of resident education/training on credentialing and re-credentialing forms to the requesting agency within thirty days of the request; and be it further

RESOLVED, That our American Medical Association encourage the Accreditation Council for Graduate Medical Education to add to the accreditation standards for residency and fellowship programs and to the Institutional Program Requirements the requirement of the proper completion and prompt submission of verification of resident education/training on credentialing and re-credentialing forms to the requesting agency within thirty days of the request.

**312. STUDY OF THE IMPACT OF MEDICAL EDUCATION ON PATIENT SAFETY**  
**Introduced by Pennsylvania Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association work with the federal government to update the 1986 study by the US Congressional Office of Technology Assessment on the impact of physician education versus nurse practitioner or physician assistant education on patient welfare and safety.

**313. ALTERNATIVE APPROACHES TO DEALING WITH MEDICAL  
SCHOOL TUITION COSTS AND STUDENT INDEBTEDNESS  
Introduced by Pennsylvania Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association, through the Council on Medical Education and the Initiative to Transform Medical Education, study the applicability of novel models such as using endowment funds to lessen the impact of educational costs on medical students, develop policy recommendations, and suggest a work plan for how these models can be implemented by medical schools, with a report back at 2009 Annual Meeting; and be it further

RESOLVED, That our AMA work with stakeholders such as the Liaison Committee on Medical Education, Association of American Medical Colleges, and all US medical schools, to implement solutions based on novel models such as using endowment funds to minimize student indebtedness, and provide an update on the status of these efforts at the 2010 Annual Meeting and periodically thereafter.

**314. PHYSICIAN SCIENTIST BENEFIT EQUITY  
Introduced by Resident and Fellow Section**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association support the concept that all resident and fellow physicians who function in a role as physician scientists are provided with benefits packages comparable to those provided to their peers in clinical residencies or fellowships, to include disability insurance, life insurance, HIV indemnity, malpractice insurance including tail coverage, retirement benefits, health, sick leave and wages commensurate with their education and experience, and if a given benefit or salary is provided to some residents within a given program at the same postgraduate level, then that benefit must be provided to all residents.

**315. EVALUATION OF INCREASING RESIDENT REVIEW  
COMMITTEE REQUIREMENTS  
Introduced by Resident and Fellow Section**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association work with and monitor the Accreditation Council for Graduate Medical Education and American Osteopathic Association in studying residency/fellowship documentation requirements for program accreditation and the impact of these documentation requirements on program directors and residents with recommendations for improvement.

**316. LOSS OF STATUS FOLLOWING FAMILY MEDICAL LEAVE ACT  
QUALIFIED LEAVE DURING RESIDENCY TRAINING  
Introduced by Resident and Fellow Section**

Resolution 316 was considered together with CME Report 11.

RESOLVED, That our American Medical Association oppose requiring residents to repeat a year of training when returning to work following a leave that qualifies under the federal Family Medical Leave Act (FMLA); and be it further

RESOLVED, That our AMA urge the American Board of Medical Specialties and its member boards to be in compliance with the FMLA and to retract any policies that do not comply.

**317. TELEMEDICINE AND MEDICAL LICENSURE**  
**Introduced by Resident and Fellow Section**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association work with the Federation of State Medical Boards to study how guidelines regulating medical licenses are affected by telemedicine and medical technological innovations that allow for physicians to practice outside their states of licensure.

**318. PROTECTING PATIENTS AND RESIDENTS BY REDUCING  
EXTENDED WORK SHIFTS**  
**Introduced by Resident and Fellow Section**

Resolution 318 was considered together with Council on Medical Education Report 5

RESOLVED, That our American Medical Association reaffirm support of the current Accreditation Council for Graduate Medical Education (ACGME) duty hour restrictions; and be it further

RESOLVED, That our AMA encourage the voluntary reduction or elimination of extended work shifts (greater than 16 hours) for residents and fellows by academic medical centers and teaching hospitals while opposing a new ACGME mandate at this time; and be it further

RESOLVED, That our AMA continue to evaluate outcomes-based research on the impact of reductions in extended work shifts on (1) Patient Safety, (2) Resident Education, (3) Resident Safety, (4) Resident Quality of Life and (5) Professionalism in Transfer of Care; and be it further

RESOLVED, That our AMA develop specific prioritized research questions/objectives to further evaluate issues related to resident duty-hour reforms, such as best practices for signing out patients and organizing patient care teams.

**319. MEDICAL EDUCATION IN DISASTER RESPONSE**  
**Introduced by South Carolina Delegation**  
**American College of Surgeons**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association study the current status of disaster preparedness education and training in medical schools, with report back to the House of Delegates at the 2009 Annual Meeting, and in graduate and continuing medical education programs with a report back to the House of Delegates at the 2010 Annual Meeting.

**320. TAX DEDUCTIBILITY OF MEDICAL EDUCATION**  
**Introduced by South Carolina Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association advocate that payments for medical education tuition or medical education loans be deductible for US federal income tax purposes; and be it further

RESOLVED, That our AMA continue to work to make medical education affordable for and accessible to all qualified and interested individuals.

**321. PROMOTION OF BETTER PAIN CARE**  
**Introduced by California Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association express its strong commitment to better access and delivery of quality pain care through the promotion of enhanced research, education and clinical practice in the field of pain medicine; and be it further

RESOLVED, That our AMA encourage relevant specialties to collaborate in studying the following: (1) the scope of practice and body of knowledge encompassed by the field of pain medicine; (2) the adequacy of undergraduate, graduate and post graduate education in the principles and practice of the field of pain medicine, considering the current and anticipated medical need for the delivery of quality pain care; (3) appropriate training and credentialing criteria for this multidisciplinary field of medical practice; and (4) convening a meeting of interested parties to review all pertinent matters scientific and socioeconomic.

**RESOLUTION 322 WAS WITHDRAWN**

**323. IMPROVEMENTS TO THE MAINTENANCE OF CERTIFICATION PROCESS**  
**Introduced by Young Physicians Section**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That, by September 15, 2008, our American Medical Association Board of Trustees write a letter to the American Board of Medical Specialties (ABMS) asking that it work with its 24 member boards to:

- A. Coordinate with each other, the ABMS, specialty societies and the AMA to ensure that the demands of Maintenance of Certification (MOC) are reasonable;
- B. Educate physicians and increase their understanding of the MOC process and its requirements;
- C. Solicit physician input and feedback regarding MOC implementation;
- D. Make transparent all recertification-related costs;
- E. Work to minimize the disruption of physician practice due to MOC requirements; and
- F. Ensure that the number of MOC-related testing dates and the locations of testing sites are ample enough to minimize the burden on physician practices and their time away from clinical care.

**324. COMPETITION FOR CLINICAL TRAINING SITES**  
**Introduced by Section on Medical Schools**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association, through the Council of Medical Education, conduct an analysis of the adequacy of clinical training sites to accommodate the increasing number of medical students in the U.S. accredited medical schools and study the impact of growing pressure, including political and financial, to accommodate clinical training in U.S. hospitals for U.S. citizen international medical students.

**325. LICENSING FOR QUALIFIED PHYSICIANS ON CASE BY CASE BASIS**  
**Introduced by International Medical Graduates Section**

**HOUSE ACTION: POLICY H-255.982 REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 325**

RESOLVED, That our American Medical Association lobby all state medical boards to assure that licensing decisions on applications of physicians already licensed in another state are based on the physician's medical qualifications and not on the location of the physician's medical school.

**326. IMGs ON STATE MEDICAL LICENSING BOARDS**  
**Introduced by International Medical Graduates Section**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association encourage all state medical boards and Governors to appoint more IMGs and other minorities to serve on its licensing boards; and be it further

RESOLVED, That our AMA and its IMG Section draft a letter to all state medical licensing boards and Governors recommending proportional representation of IMGs and other minorities on their state medical licensing boards.

**327. ELIMINATING DISPARITIES IN LICENSURE FOR IMG PHYSICIANS**  
**Introduced by International Medical Graduates Section**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association advocate and assist the state medical societies to seek legislative action eliminating any disparity in the years of graduate medical education training required for full and unrestricted licensure between IMG and LCME graduates.

**401. TASERS**  
**Introduced by American Academy of Child and Adolescent Psychiatry,**  
**American Psychiatric Association, American Academy of Psychiatry and the Law,**  
**American Academy of Pediatrics**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association Council on Science and Public Health prepare a report summarizing the scientific data on morbidity and mortality associated with the use of Tasers; and be it further

RESOLVED, That our AMA advocate for the development of appropriate guidelines to ensure that Tasers are only used in a manner which minimizes the risk of injury or death; and be it further

RESOLVED, That our AMA encourage The Joint Commission and other appropriate accreditation and regulatory agencies to develop standards and guidelines regarding the use of Tasers in hospitals and other health care facilities.

**402. ACTIVE SUPPORT FOR “SCREEN OUT”**  
**Introduced by American Academy of Pediatrics**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association inform all state and specialty societies about “Screen Out!” and encourage them to endorse this program, promote the AMA Alliance’s “Screen Out!” Web site link, and encourage petition and letter-writing campaigns to ask the Motion Picture Association of America to rate all new movies with smoking “R.”

**403. PUBLIC HEALTH HAZARDS ASSOCIATED WITH LANDSCAPING SERVICES**  
**Introduced by American Association of Public Health Physicians**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association encourage the Occupational Safety and Health Administration to collaborate with the AMA, other appropriate medical societies, and other pertinent federal agencies to identify and recommend strategies to prevent and reduce the potential public health hazards created by various landscaping services (including lawn-mowing, fertilization, weed, insect & grub control, tree & bush care, debris removal, fence, driveway, rock garden & stone path construction requiring use of saws, and a full spectrum of motorized equipment).

**404. MODERN CHEMICALS POLICIES**  
**Introduced by American College of Preventive Medicine**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 404 ADOPTED  
IN LIEU OF RESOLUTIONS 404, 413, 418 AND 427**

RESOLVED, That our American Medical Association call upon the United States government to implement a national modern, comprehensive chemicals policy that is in line with current scientific knowledge on human and environmental health, and that requires a full evaluation of the health impacts of both newly developed and industrial chemicals now in use; and be it further

RESOLVED, That our American Medical Association support the restructuring of the Toxic Substances Control Act to serve as a vehicle to help federal and state agencies to assess efficiently the human and environmental health hazards of industrial chemicals and reduce the use of those of greatest concern; and be it further

RESOLVED, That our AMA support the Strategic Approach to International Chemicals (SAICM) process leading to the sound management of chemicals throughout their life-cycle so that, by 2020, chemicals are used and produced in ways that minimize adverse effects on human health and the environment; and be it further

RESOLVED, That our American Medical Association encourage the training of medical students, physicians, and other health professionals about the human health effects of toxic chemical exposures.

**405. SUSTAINABLE FOOD**  
**Introduced by American College of Preventive Medicine**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association Council on Science and Public Health (CSAPH) provide a report at the 2008 Interim or 2009 Annual Meeting to determine whether and how our AMA should encourage medical schools, hospitals, offices, and other health care facilities to adopt policies and implement practices that increase the purchasing and serving of food that promotes health and prevents disease, while minimizing the use of

nontherapeutic antibiotics, greenhouse gas emissions, Concentrated Animal Feeding Operation (CAFO) and other industrial agricultural food sources; and be it further

RESOLVED, That the same CSAPH report address whether and how our AMA should call on physicians and other health care professionals to serve as role models and educators by participating in and promoting a healthier and more sustainable food system that improves eating habits, increases patient and public health, and supports the long-term social, economic, and environmental well-being of communities in the US and throughout the world.

**406. MANDATORY DRUG SCREENING REPORTING**  
**Introduced by American Society of Addiction Medicine**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association work with appropriate state and specialty medical societies and with state legislative bodies to ensure that physicians not be required to report patients with positive drug screen results to the police; and be it further

RESOLVED, That our AMA continue to promote education of physicians regarding the importance of referring patients found to have positive urine drug screens for appropriate medical treatment.

**407. RATING SYSTEM FOR PROCESSED FOODS**  
**Introduced by California Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support the concept of a simplified, uniform nutrition rating system to be used in addition to the current food label.

**408. AIR POLLUTION AND PUBLIC HEALTH**  
**Introduced by California Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support increased physician participation in regional and state decision-making regarding air pollution across the United States; and be it further

RESOLVED, That our AMA promote education among its members and the general public and support efforts that lead to significant reduction in fuel emissions in all states; and be it further

RESOLVED, That our AMA declare the need for authorities in all states to expeditiously adopt, and implement effective air pollution control strategies to reduce emissions, and that this position be disseminated to state and specialty societies.

**409. ABSTINENCE-ONLY EDUCATION**  
**Introduced by California Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 409 REFERRED**

RESOLVED, That our American Medical Association urge cessation of all federal and state mandated abstinence-only approaches, which are tied to funding of health and sex education programs (including HIV prevention both domestically and internationally); and urge redirection of those funds to comprehensive sex education programs.

**410. INTERNET MARKETING TO CHILDREN ON HEALTH**  
**Introduced by California Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support the use of the Internet for educating children about healthy habits and lifestyles; and be it further

RESOLVED, That our AMA seek opportunities to partner with other organizations to study and promote Internet marketing strategies to educate children across the United States about healthy habits and lifestyles.

**411. RECLASSIFICATION OF ALCOPOPS**  
**Introduced by California Delegation**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association support state and federal regulations that would reclassify Alcopops as a distilled spirit so that it can be taxed at a higher rate and cannot be advertised or sold in certain locations.

**412. MINORS AND SEXUALLY TRANSMITTED INFECTIONS**  
**Introduced by California Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 412**

RESOLVED, That our American Medical Association support physicians in their effort to consult with parents whenever possible when providing treatments to minors; and be it further

RESOLVED, That our AMA support legislation to allow patients 12 through 17 years of age to obtain vaccines to prevent sexually transmitted infections without parental consent.

**413. MODERN CHEMICALS POLICY**  
**Introduced by California Delegation**

**Resolution 413 was considered together with Resolutions 404, 418 and 427**

RESOLVED, That our American Medical Association call upon the United States government to implement a national modern, comprehensive chemicals policy in line with current scientific knowledge on human health, and which requires a full evaluation of the health impacts of both newly developed and existing industrial chemicals now in use.

**414. SUNSCREEN LABELING**  
**Introduced by International College of Surgeons - US Section**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association recommend labeling sunscreen products with a standardized ultraviolet (UV) logo, inclusive of ratings for UVA and UVB, so that consumers will know whether these products protect against both types of UV radiation; and be it further

RESOLVED, That our AMA recommend that terms such as low, medium, high and very high protection are defined depending on standardized sun protection factor level.

**415. TOY SAFETY**  
**Introduced by Illinois Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support educational campaigns to raise awareness among the public regarding the safety of toys and other child-related products that are recalled; and be it further

RESOLVED, That our American Medical Association support national legislation aimed at improving toy safety.

**416. TOXIC DISPOSABLE CONSUMER PRODUCTS**  
**Introduced by Illinois Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support federal legislation to create standardized and easily recognizable sites for safe disposal and/or recycling of toxic substances and electronic waste materials in easily accessible locations.

**417. NOISE POLLUTION**  
**Introduced by Illinois Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 417 ADOPTED**

RESOLVED, That our American Medical Association recognize noise pollution as a public health hazard, with respect to hearing loss, and support initiatives to increase awareness of the health risks of loud noise exposure.

**418. A MODERN CHEMICALS POLICY**  
**Introduced by Illinois Delegation**

**Resolution 418 was considered together with Resolutions 404, 413 and 427**

RESOLVED, That our American Medical Association gather all stakeholders to craft and develop a modern, comprehensive national chemicals policy.

**419. RESTRICTIONS ON PROMOTION AND ADVERTISING OF ALCOHOL PRODUCTS**  
**Introduced by Indiana Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 419**

RESOLVED, That our American Medical Association seek legislation based on current policy that would (1) limit the promotion and advertising of alcohol products to youth and young adults, similar to restrictions placed on tobacco products, and (2) require alcoholic beverages to contain strong warnings of effects pertinent for our youth.

**420. DRUG ABUSE RELAPSE REDUCTION THROUGH PATIENT IDENTIFIERS**  
**Introduced by Michigan Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association strongly urge health care providers to take an active role in acknowledging the diagnosis of addiction; and be it further

RESOLVED, That our AMA partner with organizations such as the American Society of Addiction Medicine, to explore the use of medication contracts to monitor the use of prescribed medications in patients with a known history of addiction.

**421. IMPLEMENTATION OF AUTOMATED EXTERNAL DEFIBRILLATORS**  
**IN HIGH SCHOOL AND COLLEGE SPORTS PROGRAMS**  
**Introduced by Medical Student Section**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association support state legislation and/or state educational policies encouraging each high school and college that participates in interscholastic and/or intercollegiate athletic programs to have an automated external defibrillator and trained personnel on its premises; and be it further

RESOLVED, That our AMA support state legislation and/or state educational policies encouraging athletic coaches, sports medicine personnel, and student athletes to be trained and certified in cardiovascular-pulmonary resuscitation (CPR), automated external defibrillators (AED), basic life support, and recognizing the signs of sudden cardiac arrest.

**422. BANNING THE SALE OF TOBACCO PRODUCTS AND/OR TOBACCO**  
**BY-PRODUCTS IN RETAIL OUTLETS HOUSING**  
**STORE-BASED HEALTH CLINICS**  
**Introduced by Oklahoma Delegation**

**HOUSE ACTION: ADOPTED WITH CHANGE IN TITLE**

RESOLVED, That our American Medical Association support efforts to ban the sale of tobacco products and/or tobacco by-products in retail outlets housing store-based health clinics.

**423. BAN THE GIVING OF SAMPLES OF TOBACCO PRODUCTS**  
**Introduced by Oklahoma Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 423**

RESOLVED, That our American Medical Association support efforts which would ban the giving of samples of tobacco products.

**424. REDUCTION OF UNDERAGE DRINKING**  
**Introduced by Oklahoma Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support the goals and strategies included in “The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking” and work toward the goal of reducing underage drinking.

**425. APPROPRIATE SUPPLEMENTATION OF VITAMIN D**  
**Introduced by Pennsylvania Delegation**

**HOUSE ACTION: FIRST RESOLVE OF RESOLUTION 425 ADOPTED  
AND SECOND RESOLVE REFERRED**

RESOLVED, That our American Medical Association urge the Food and Nutrition Board of the Institute of Medicine to re-examine the Daily Reference Intake Values for Vitamin D in light of new scientific findings; and be it further

RESOLVED, That our AMA study the advisability of recommending that physicians consider adding to their health maintenance activities the measurement of serum 25-hydroxyvitamin D levels and where appropriate, recommending dietary supplementation of vitamin D at a dosage of 1000-2000 units per day, with a report back at the 2009 Annual Meeting.

**426. PEDIATRIC SUSPECTED INTENTIONAL TRAUMA**  
**Introduced by Resident and Fellow Section**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association support comprehensive reporting and investigation of all cases of reasonably suspected child abuse and neglect using an inclusive and interdisciplinary method in accordance with state and federal laws; and be it further

RESOLVED, That our AMA support the creation of a national standardized pediatric intentional trauma curriculum for medical students and residents.

**427. ENCOURAGING SAFER CHEMICALS POLICIES AND REGULATORY  
REFORM OF INDUSTRIAL CHEMICALS TO PROTECT AND  
IMPROVE HUMAN HEALTH**

**Introduced by Washington Delegation**

**Resolution 427 was considered together with Resolutions 404, 413 and 418**

RESOLVED, That our American Medical Association support restructuring of the Toxic Substances Control Act to: 1) require chemical producers to provide comprehensive chemical hazard information in forms that are appropriate for use by the public, workers, industry, and government; 2) serve as a vehicle to help federal and state agencies to efficiently assess the human and environmental hazards of chemicals in commercial use and reduce the use of those of greatest concern; and 3) introduce complementary federal mechanisms to motivate investment, education, and research in safer (‘green’) chemical technology.

**428. REINTRODUCING DDT IN THE US AND WORLDWIDE****Introduced by Washington Delegation****HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association support the World Health Organization and the US Agency for International Development in their efforts to get the world to reconsider using DDT responsibly; and be it further

RESOLVED, That our AMA encourage federal officials to implement a nationwide effort to better educate our citizens about the value of DDT in coping with the problems of malaria and West Nile Virus.

**429. BUILDING THE HEALTH CARE WORKFORCE FOR AN AGING AMERICA****Introduced by American Geriatrics Society, American Academy of Hospice and Palliative Medicine,  
American College of Physicians, American Medical Directors Association,  
American Psychiatric Association, American Academy of Physical Medicine and Rehabilitation****HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association work with appropriate specialty societies to review the recommendations of the April 2008 Institute of Medicine Report, "Retooling for an Aging America: Building the Health Care Workforce," and make recommendations (action required prior to the 2008 Interim Meeting) regarding steps to support and implement specific IOM recommendations.

**430. GLOBAL CLIMATE CHANGE AND HUMAN HEALTH****Introduced by American Thoracic Society****HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association: 1) endorse the findings of the 4th Intergovernmental Panel on Climate Change; 2) support research to explore the human health effects of climate change; 3) support state, federal and international policy coordination to develop adaptive strategies to respond to the predicted human health effects of climate change; and 4) encourage Congress and the President to adopt national and international policies to reduce the emissions of greenhouse gasses.

**431. HEALTH CARE COSTS OF VIOLENCE AND ABUSE ACROSS THE LIFESPAN****Introduced by California, Connecticut, Maine, Massachusetts, New Hampshire,  
Rhode Island, and Vermont Delegations,  
American Academy of Pediatrics, American Geriatrics Society,  
American Academy of Child and Adolescent Psychiatry****HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association urge Congress to commission the Institute of Medicine to study and issue a report on the impact and health care costs of violence and abuse across the lifespan; and be it further

RESOLVED, That our AMA (1) encourage the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Centers for Disease Control and Prevention to conduct research on the cost savings resulting from health interventions on violence and abuse and (2) develop and implement a strategy to advocate for increased funding for such research; and be it further

RESOLVED, That our AMA encourage the appropriate federal agencies to increase funding for research on the impact and health care costs of elder mistreatment.

**432. PROTECTIVE NAAQS STANDARD FOR AIRBORNE LEAD**  
**Introduced by American Thoracic Society, American Academy of Pediatrics**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association (1) submit comments during the public comment period on the National Ambient Air Quality Standards (NAAQS) supporting a tightening of the primary NAAQS for lead; and (2) specifically request a lead NAAQS no higher than 0.20 µg/m monthly average.

**433. PREVENTION OF FIREARM VIOLENCE: A PUBLIC HEALTH CRISIS**  
**Introduced by American Association of Public Health Physicians**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association adopt a public health leadership role in the prevention of firearm violence by calling for establishment by the US Congress of a multidisciplinary Federal Firearm Safety Board, funded by user fees, which will be charged with promptly developing uniform requirements for purchasing and safekeeping of all types of firearms by civilians other than those in law enforcement across the country.

**434. RESTORING THE INDEPENDENCE OF THE OFFICE OF THE US SURGEON GENERAL**  
**Introduced by Arizona Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 434 ADOPTED**

RESOLVED, That our American Medical Association recognize the Office of the United States Surgeon General as the esteemed position of the "nation's doctor"; and be it further

RESOLVED, That our American Medical Association call for the Office of the United States Surgeon General to be free from the undue influence of politics, and be guided by science and the integrity of his/her role as a physician in fulfilling the highest calling to promote the health and welfare of all people.

**435. OPPOSITION TO ADDITION OF FLAVORS TO CIGARETTES**  
**Introduced by American College of Chest Physicians**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association support state and local legislation to prohibit the sale or distribution of flavored tobacco products; and be it further

RESOLVED, That our AMA urge local and state medical societies and federation members to support state and local legislation to prohibit the sale or distribution of flavored tobacco products.

**436. OPPOSITION TO EXEMPTING THE ADDITION OF MENTHOL TO CIGARETTES**  
**Introduced by American College of Chest Physicians**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association oppose the exemption of menthol from the restrictions of other flavored tobacco additives, such as mint, in the proposed US Food and Drug Administration Tobacco Control bill and encourage its component societies to do likewise.

**437. RISK OF VIOLENCE IN THE EMERGENCY DEPARTMENT**  
**Introduced by Section on Medical Schools**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association, in conjunction with hospital, emergency medicine, mental health and law enforcement organizations, document the actual incidence of violence in the Emergency Department, estimate trends in violence that may place healthcare providers at risk and develop a report on the risk of violence in the Emergency Department; and be it further

RESOLVED, That the report be distributed to the appropriate stakeholders and government agencies in order to guide our AMA in its effort to assure optimal care for patients with behavioral conditions in overcrowded acute emergency settings and to catalyze the development of procedures to protect students, trainees, physicians, nurses, and other healthcare staff in the Emergency Department environment.

**RESOLUTION 438 WAS WITHDRAWN**

**439. GLOBAL HIV / AIDS PREVENTION**  
**Introduced by Resident and Fellow Section**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support continued funding efforts to address the global AIDS epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives or grantee pledges of opposition to prostitution; and be it further

RESOLVED, That our AMA extend its support of comprehensive family-life education to foreign aid programs to prevent the spread of HIV/AIDS and other sexually transmitted diseases.

**501. ANTI-AGING MEDICATIONS**

**Introduced by American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Cosmetic Surgery, American Society of Plastic Surgeons, American Academy of Otolaryngology-Head and Neck Surgery and American Society of Ophthalmic Plastic and Reconstructive Surgery**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association Council on Science and Public Health undertake a review of "anti-aging" medications, their efficacy, benefits, and risks, and report back to the House of Delegates.

**502. NATIONAL COMMISSION ON DIGESTIVE DISEASES**  
**Introduced by American Society for Gastrointestinal Endoscopy,**  
**American College of Gastroenterology, American Gastroenterological Association**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association support the findings of the National Commission Digestive Diseases (NCDD) and seek Congressional support for NCDD's research proposals.

**503. ELIMINATION OF THE 48-HOUR SIGNATURE RULE**  
**Introduced by California Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association request, from the appropriate agencies of the federal government, data that supports the mandate that verbal orders from a physician be signed within 48 hours of their issue; and be it further

RESOLVED, That in the absence of adequate supporting data, our AMA shall request that this requirement be rescinded and publicize in the professional and lay press, our request and its rationale.

**504. HIV AND PUBLIC HEALTH PREVENTION SERVICES**  
**Introduced by California Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 504 ADOPTED**

RESOLVED, That our American Medical Association work with the Centers for Disease Control and Prevention to develop Comprehensive Risk Counseling and Services to be offered to persons reported with HIV infections that are modeled after those provided for persons reported with sexually transmitted diseases.

**505. FDA DRUG SAFETY POLICIES**  
**Introduced by California Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 505 ADOPTED**

RESOLVED, That our American Medical Association monitor and respond, as appropriate, to the implementation of the drug safety provisions of the Food and Drug Administration Amendments Act of 2007 (FDAAA; P.L. 110-85) so that the Food and Drug Administration can more effectively ensure the safety of drug products for our patients.

**506. INTERNET PRESCRIPTIONS**  
**Introduced by California Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 506 ADOPTED**

RESOLVED, That our American Medical Association continue to advocate for its model federal legislation on Internet prescribing as the best means to effectively regulate the sale of prescription drugs, including controlled substances, over the Internet.

**507. PHARMACEUTICAL ADVERTISING**  
**Introduced by Illinois Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association cause legislation to be introduced to ban pharmaceutical advertising direct to consumers.

**508. PHARMACEUTICAL QUALITY CONTROL FOR FOREIGN MEDICATIONS**  
**Introduced by Kansas Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association reaffirm Policy H-100.969; and be it further

RESOLVED, That our AMA call upon Congress to provide the US Food and Drug Administration with the necessary authority and resources to ensure that imported drugs are safe for American consumers and patients.

**509. CANCER AND HEALTH CARE DISPARITIES AMONG MINORITY WOMEN**  
**Introduced by Minority Affairs Consortium**  
**American College of Obstetricians and Gynecologists**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association encourage research and funding directed at addressing racial and ethnic disparities in minority women pertaining to cancer screening, diagnosis, and treatment; and be it further

RESOLVED, That our AMA work with the National Cancer Institute's Center to Reduce Cancer Health Disparities, the American Cancer Society, and other organizations to promote the use among minority women of educational materials that are culturally sensitive and at the appropriate literacy level.

**510. SYSTEMIC LUPUS ERYTHEMATOSUS AND ITS IMPACT ON MINORITY HEALTH**  
**Introduced by Minority Affairs Consortium**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support increased funding for biomedical research and educational programs that work toward finding the cause and a cure for lupus; and be it further

RESOLVED, That our AMA collaborate with medical specialty societies and federal organizations, including the Office of Research on Women's Health at the National Institutes of Health, involved with research and educational initiatives pertaining to lupus.

**511. RACIAL AND ETHNIC DISPARITIES IN MATERNAL MORTALITY**  
**Introduced by Minority Affairs Consortium**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association work with other interested organizations, such as the Centers for Disease Control and Prevention, to seek increased public and private funding to support educational efforts to expand awareness of providers, hospitals, and patient organizations about the increasing risk of maternal mortality in the United States, and the importance of preconception care to reduce these risks; and be it further

RESOLVED, That our AMA work with other interested organizations to seek increased public and private funding to study racial disparities in maternal mortality in the United States; and be it further

RESOLVED, That our AMA report back on these efforts at the 2009 Annual Meeting.

**RESOLUTION 512 WAS CHANGED TO RESOLUTION 241****513. OPPOSE “BEHIND THE COUNTER” DRUG PROPOSAL  
BY THE US FOOD AND DRUG ADMINISTRATION  
Introduced by Michigan Delegation****HOUSE ACTION: EXISTING POLICY REAFFIRMED  
IN LIEU OF FOLLOWING RESOLUTION 513**

RESOLVED, That our American Medical Association strongly oppose the US Food and Drug Administration’s plan to seek establishment of a new category of “Behind the Counter” drugs.

**514. ADOPTING A DEFINITION FOR METABOLIC SYNDROME  
Introduced by Medical Student Section****HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association support the development of a consensus statement defining metabolic syndrome.

**515. ESSENTIAL MEDICINES FOR THE DEVELOPING WORLD  
Introduced by Medical Student Section****HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association support universities engaging nontraditional partners, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions, in order to create new opportunities for neglected disease drug development; and be it further

RESOLVED, That our AMA support the protection of fair access to essential medicines in developing countries.

**516. DOCTOR-PATIENT RIGHT TO PROCURE PHARMACEUTICALS IN LIFE THREATENING  
SITUATIONS  
Introduced by New Jersey Delegation****HOUSE ACTION: NOT ADOPTED**

Resolved, That our American Medical Association explore legislation allowing subsets of patients needing urgent intervention, in conjunction with their physicians, to have the right and mechanism to procure and apply innovative pharmaceutical technology that has been proven effective, yet remains delayed, deferred, or rejected by the Food and Drug Administration.

**517. EXPIRATION DATES  
Introduced by New York Delegation****HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 517 ADOPTED**

RESOLVED, That our American Medical Association encourage the Food and Drug Administration to require appropriate standardization of expiration dates across medical supplies so that such expiration dates will be better understood.

**518. IMMUNIZATION ACCESS TO PARENTS OF HIGH-RISK  
INFANTS YOUNGER THAN SIX MONTHS OF AGE  
Introduced by New York Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association endorse the use of the neonatal intensive care unit (NICU) and hospital newborn nursery as practical and legitimate venues for parents and first-person contacts of vulnerable infants (those less than six months of age and/or premature) to obtain vaccines against communicable respiratory pathogens such as influenza and pertussis; and be it further

RESOLVED, That our AMA recommend that hospitals with NICUs and newborn nurseries consider making vaccines against communicable respiratory pathogens available, and support local and state governments in efforts to make these vaccinations available, to parents and first-person contacts of those infants under the hospital's care.

**519. EXTEND PHASE-OUT PERIOD FOR PROVEN CFC INHALERS  
Introduced by New York Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association encourage the US Food and Drug Administration to allow the distribution and sale of the chlorofluorocarbon (CFC) delivery system until the present stock runs out.

**520. "PAY FOR DELAY" ARRANGEMENTS BY PHARMACEUTICAL COMPANIES  
Introduced by New York Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association support the Federal Trade Commission in its efforts to stop "pay for delay" arrangements by pharmaceutical companies.

**521. EARLY RECOGNITION AND INTERVENTION IN CHRONIC KIDNEY DISEASE  
Introduced by Renal Physicians Association**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 521 ADOPTED**

RESOLVED, That our AMA recommend to the United States Preventive Services Task Force that it considers developing guidelines on the screening, diagnosis and staging of chronic kidney disease.

**522. HEALTH CARE DISPARITIES IN SAME-SEX PARTNER HOUSEHOLDS  
Introduced by Wisconsin Delegation, American Academy of Pediatrics**

**HOUSE ACTION: ADOPTED WITH CHANGE IN TITLE**

RESOLVED, That our American Medical Association evaluate existing data concerning same-sex couples and their dependent children and report back to the House of Delegates to determine whether there is evidence of health care disparities for these couples and children because of their exclusion from civil marriage.

**523. IMAGING SAFETY AND STANDARDIZATION**  
**Introduced by Congress of Neurological Surgeons**

**HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE**

RESOLVED, That our American Medical Association continue to promote and fund its successful work on the promotion of interoperability and use of imaging data and presentation to improve patient safety for the next 18 months, convening key industry and specialty providers to adopt this groundbreaking accomplishment; and be it further

RESOLVED, That the results of the initiative to promote the interoperability and use of imaging data and presentation to improve patient safety be reported back to the House of Delegates by the 2009 Interim Meeting, or sooner if goals are met prior to the 2009 Annual Meeting.

**524. PHASE I PEDIATRIC VACCINE TRIALS**  
**Introduced by Ohio Delegation**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association study the structure of pediatric Phase 1 vaccine trials and offer clinical and ethical guidance to physicians who are asked to enroll patients in such trials.

**525. NEUROBIOLOGY OF NEUROPATHIC PAIN**  
**Introduced by American Academy of Pain Medicine**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association prepare a report based on current medical scientific literature which addresses the pathophysiology of maldynia as a neurobiological disease; and be it further

RESOLVED, That such report address the therapeutic scope of practice for non-pharmacological therapies for maldynia including interventional and non-interventional modalities; and be it further

RESOLVED, That this matter be referred to the Council on Science and Public Health for a report back at the 2009 Annual Meeting.

**526. APPROPRIATE ASPIRIN USE FOR PREVENTION OF**  
**HEART DISEASE AND STROKE**

**Introduced by American College of Preventive Medicine**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support: 1) increasing physician awareness and education on the importance of appropriate aspirin counseling for the prevention of heart disease and stroke; 2) improving the hospital and physician office environment, including use of staff, for the promotion of appropriate aspirin use; and 3) coverage benefits in public and private insurance plans for counseling about appropriate aspirin use.

**527. GENERIC MEDICATIONS**

**Introduced by American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Academy of Psychiatry and the Law**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 527 ADOPTED**

RESOLVED, That our American Medical Association encourage the Food and Drug Administration to reexamine the standards and criteria used for approving generic medications to ensure bioequivalence under various conditions and in relevant patient populations.

**528. QUALITY CONTROL OF GENERIC MEDICATIONS AND ACTIVE PHARMACEUTICAL INGREDIENTS**

**Introduced by American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Academy of Psychiatry and the Law**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED  
IN LIEU OF FOLLOWING RESOLUTION 528**

RESOLVED, That our American Medical Association draft, and seek to have introduced, legislation requiring studies of bioavailability for generic medications including those manufactured in foreign plants; and be it further

RESOLVED, That our AMA draft, and seek to have introduced, legislation requiring foreign plants to pass an US Food and Drug Administration (FDA) inspection before medications and active pharmaceutical ingredients could be sold in the US; and be it further

RESOLVED, That our AMA draft, and seek to have introduced, legislation requiring country-of-origin labeling of medications sold to patients.

**529. ELIMINATING THE BARRIERS TO SURVIVING ACUTE MYOCARDIAL INFARCTION**

**Introduced by American College of Cardiology**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association work with relevant societies to conduct a thorough analysis of the geographic, economic and political barriers to optimal care for the ST-elevation myocardial infarction (STEMI) patient, e.g., the current environment, existing literature, the costs of ambulance ECG hardware, training and transmission; political issues of reimbursing one county for care provided to patients from another county or state, and the financial issues of shifting patients to centers that can perform preferred treatment algorithms; and be it further

RESOLVED, That our AMA develop model legislation that would draw upon the successes of existing programs and the data garnered from a comprehensive environmental analysis, to identify workable solutions to breaking down the geographic, economic and political barriers to optimal care for the STEMI patient that currently exist.

**530. RESTRICTION OF NON-VETERINARY ANTIMICROBIALS IN  
COMMERCIAL LIVESTOCK TO REDUCE ANTIBIOTIC RESISTANCE  
Introduced by Medical Student Section**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association work with interested partners to develop new, or improve existing, FDA guidelines concerning the prudent use of antibiotics in livestock to protect patients from the dangers of antimicrobial-resistant pathogens.

**601. COMPILATION OF THE AMA PRESIDENT'S AND BOARD CHAIR'S WRITTEN AND  
RECORDED MATERIALS  
Introduced by American Association of Public Health Physicians**

**HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE**

RESOLVED, That our American Medical Association compile in electronic and/or recorded format, pertinent materials authored by our AMA President and Board Chair during their respective terms of office, starting with the 2007-2008 terms.

**602. GLOBAL WARMING / GREEN INITIATIVES  
Introduced by Illinois Delegation**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association adopt the concept of "green" initiatives and antipollution programs; and be it further

RESOLVED, That our American Medical Association adopt planning protocols for its meetings to reduce atmospheric emissions from transportation, eliminate disposal of non-biodegradable products, and increase recycling and reuse.

**RESOLUTION 603 WAS CHANGED TO RESOLUTION 124**

**604. DISCLOSURE OF SOURCES OF INCOME OF CANDIDATES FOR AMA OFFICES  
Introduced by Maryland Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association adopt policy that all candidates for office in the AMA provide for the printed election manual a list of sources of income that account for more than 5% of their professional income, (e.g., private practice, consultation, employment by a clinic, HMO, hospital, medical school, etc.), and the names of the organizations from which that income is derived.

**605 ENCOURAGING “GREEN” INITIATIVES  
Introduced by Illinois Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association encourage green initiatives and further encourage comprehensive efforts to teach children how to live on a planet with finite resources; and be it further

RESOLVED, That our AMA encourage companies, manufacturers, and public school systems to curtail greenhouse gas emissions and to recycle materials and resources.

**606. SPECIALTY SOCIETIES AND THE AMERICAN MEDICAL ASSOCIATION  
Introduced by Minnesota Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association request that all national specialty societies include a succinct list of our AMA’s advocacy goals and the benefits of being an AMA member with the societies’ annual dues statements, and that the societies’ annual dues statements include the AMA dues amount and a chance to join the AMA.

**607. TOWARD ENVIRONMENTAL RESPONSIBILITY  
Introduced by Medical Student Section**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association recognize the negative impact of climate change on global human health, particularly in the areas of infectious disease, the direct effects of heat, severe storms, food and water availability, and biodiversity; and be it further

RESOLVED, That our AMA conduct an internal assessment of its environmental footprint and research creative solutions to minimize it, and report back at 2008 Interim Meeting.

**608. AMA DUES WAIVED FOR ALL PHYSICIANS  
Introduced by Nebraska Delegation, American Academy of Asthma,  
Allergy and Immunology, Delaware Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association explore the feasibility of providing membership to all physicians by eliminating dues for all US licensed physicians and accelerate the development of products to replace the dues income, as identified in the 2008 strategic plan and refer for report back at the 2008 Interim Meeting; and be it further

RESOLVED, That our AMA reinforce that “Together we are Stronger” to all physicians in the United States.

**609. PHYSICIAN HEALTH AND WELLNESS**  
**Introduced by Connecticut, Maine, Massachusetts, New Hampshire,**  
**Rhode Island, and Vermont Delegations**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association support programs related to physician health and wellness, including those offered in conjunction with the Federation of State Physician Health Programs; and be it further

RESOLVED, That our AMA convene those interested in medical education in an effort to bring the dialogue about healthy lifestyle and balance early in the careers of medical students and residents; and be it further

RESOLVED, That our AMA consider the concept of physician wellness as an element of the AMA Strategic Plan.

**610. LIMITING EXCESSIVE REIMBURSEMENT TO HEALTH CARE EXECUTIVES**  
**Introduced by New York Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association urge the enactment of federal legislation or regulation that will establish guidelines for executive compensation in health insurance companies that assures appropriate and responsible allocation of resources for health care delivery.

**611. ASSESSING THE ROLE OF THE AMA AND THE IMPLEMENTATION OF THE PATIENT  
SAFETY AND QUALITY IMPROVEMENT ACT OF 2005**  
**Introduced by Pennsylvania Delegation**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association study and assess the wisdom and feasibility of creating and/or partnering to create a Patient Safety Organization (PSO) under the auspices of the AMA and/or the Physician Consortium for Performance Improvement; and be it further

RESOLVED, That given the timeliness of creating a PSO, our AMA should report back at the 2008 Interim Meeting with a preliminary assessment of the wisdom and feasibility of creating a PSO, and at the 2009 Annual Meeting with a final report and recommendation.

**612. ACCURACY OF INTERNET PHYSICIAN PROFILES**  
**Introduced by Resident and Fellow Section**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association investigate the publication of physician information on Internet Web sites; and be it further

RESOLVED, That our AMA investigate potential solutions to erroneous physician information contained on Internet Web sites with report back at the 2008 Interim Meeting.

**613. COUNCIL NOMINATIONS**  
**Introduced by South Dakota Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That the date for submission of nominations to the Council on Legislation, Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, Council on Science and Public Health, Council on Long Range Planning and Development, and Council on Ethical and Judicial Affairs be made uniform to March 15th of each year.

**614. FIVE YEAR REVIEW MEMBERSHIP REQUIREMENT FOR NATIONAL MEDICAL SPECIALTY SOCIETIES**

**Introduced by Albert L. Blumberg, MD, American College of Radiology**  
**Leon Reinstein, MD, American Academy of Physical Medicine and Rehabilitation**  
**Cyndi Yag-Howard, MD, American Academy of Dermatology**  
**Philip W. Tally, MD, Congress of Neurological Surgeons**  
**Samuel P. Solish, MD, American Academy of Ophthalmology**  
**Joseph W. Sokolowski, Jr., MD, American Thoracic Society**  
**Barbara McAneny, MD, American Society of Clinical Oncology**  
**John A. Seibel, MD, American Association of Clinical Endocrinologists**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association change the five year review membership requirement to reflect current AMA market share; and be it further

RESOLVED, That the membership requirement be adjusted every five years to reflect the average AMA membership market share as the requirement; and be it further

RESOLVED, That these requirements apply to national medical specialty societies and professional interest medical associations applying for representation in the AMA House of Delegates.

**615. AMA COUNCIL MEMBERS FLOOR PRIVILEGES AT OUR AMA HOUSE OF DELEGATES**  
**Introduced by Tennessee Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That members of American Medical Association councils who are not delegates/alternates be afforded the privilege of speaking on the floor of our AMA House of Delegates without vote, subject to all the usual rules of parliamentary procedure.

**616. SMOKE-FREE MEETING FACILITIES**  
**Introduced by Texas Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 616**

RESOLVED, That our American Medical Association, as current contracts expire, work within all reasonable means to secure smoke-free meeting facilities, including, but not limited to, banquet and meeting halls, common areas, and hallways; and be it further

RESOLVED, That our AMA work within all reasonable means to negotiate contract provisions that ensure that AMA meeting attendees are able to secure non-smoking sleeping rooms; and be it further

RESOLVED, That our AMA leadership consider meeting locations and cities not previously utilized in order to comply with this resolution.

**617. WEBCAST COMMUNICATION TO THE PUBLIC ABOUT MEDICAL ISSUES**  
**Introduced by Ohio Delegation**

**HOUSE ACTION: REFERRED WITH REPORT BACK TO THE HOUSE OF DELEGATES**  
**AT 2009 ANNUAL MEETING**

RESOLVED, That our American Medical Association and other members of the federation of medicine develop, test and implement, through pilot projects with physicians, an electronic, web-based broadcast media system with affordable, easily transmissible audiovisual content for playback in physician offices reception rooms and hospital lounges that would educate our patients about the current crisis and controversies facing our health care delivery system; and be it further

RESOLVED, That our AMA and other members of the federation of medicine seek patient-centered health promotion content for an electronic, web-based broadcast media system; and be it further

RESOLVED, That our AMA investigate possible funding sources for an electronic, web-based broadcast media system for physician offices.

**RESOLUTION 618 WAS WITHDRAWN**

**RESOLUTION 619 WAS WITHDRAWN**

**620. SUPPORT FOR TAIWAN'S ENTRY INTO THE WORLD HEALTH ORGANIZATION**  
**Introduced by Guam Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association support Taiwan's entry into the World Health Organization.

**621. HOD DELEGATE STATUS**  
**Introduced by American College of Medical Genetics**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association exempt the American College of Medical Genetics from the 250 minimum membership rule.

**622. 250 MINIMUM MEMBERSHIP RULE**  
**Introduced by American College of Medical Genetics**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association adopt a minimum membership rule that is proportionate to the size of the society.

**623. GREENING OUR AMA**  
**Introduced by American Association of Public Health Physicians**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association conduct an audit of its operations to identify opportunities to conserve energy, reduce waste, save money, and protect the environment and human health and present those audit findings and potential strategies to achieve a “greener” AMA to the House of Delegates at the 2008 Interim Meeting.

**624. GUAM BOARD OF MEDICAL EXAMINERS**  
**Introduced by Guam Delegation**

**HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association assist in any way possible the Guam Medical Society in its investigation of allegations the Guam Board of Medical Examiners has failed to properly verify the credentials of practitioners in Guam or to act on violations of the Physicians Practice Act or to afford due process protections to physicians who report dangerous health care conditions and unqualified practitioners.

**625. COMMUNITY-BASED PRIVATE PRACTICE PHYSICIANS**  
**Introduced by Arizona Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association create a mechanism within our AMA to represent the unique interests and concerns of community based, private practice physicians.

**626. PAPERLESS MEETINGS**  
**Introduced by Young Physicians Section**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association implement the necessary technology changes by the 2009 Annual Meeting that will allow participating members to receive all handbook and supplemental and daily meeting materials in a paperless format; and be it further

RESOLVED, That our AMA take the necessary measures to increase the ability of members attending AMA Annual and Interim meetings to participate without using paper; and be it further

RESOLVED, That our AMA commit to actively decreasing the organization’s overall paper use.

**627. GREENING OUR AMA**  
**Introduced by Section on Medical Schools**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our AMA conduct an audit of AMA operations to identify opportunities to conserve energy, reduce waste, save money, and protect the environment and human health, and present the results of that audit and plan to the House of Delegates at its 2008 Interim or 2009 Annual Meeting; and be it further

RESOLVED, That our AMA encourage and help other health organizations, including medical schools, to create similar plans.

**628. IMG REPRESENTATION IN THE AMA HOUSE OF DELEGATES**  
**Introduced by International Medical Graduates Section**

**Resolution 628 was considered together with Council on Long Range Planning and Development Report 2**

RESOLVED, That our American Medical Association increase the number of delegates for the IMG Section by three additional delegates, for a total of 4 delegates; and be it further

RESOLVED, That our AMA provide adequate funding to support all IMG Section Governing Council members attending the House of Delegates meetings, unless they are otherwise funded.

**701. EMERGENCY DEPARTMENT BOARDING**  
**Introduced by American College of Emergency Physicians, American College of Radiology,**  
**American Society of Anesthesiologists, College of American Pathologists**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF THE FOLLOWING RESOLUTION 701**

RESOLVED, That our American Medical Association work with the American Hospital Association, The Joint Commission, and appropriate specialty societies including the American College of Emergency Physicians to (1) achieve efficient flow of patients through the emergency department (ED); (2) move admitted emergency patients out of the emergency department to hospital inpatient areas; (3) implement programs that will facilitate the timely discharge of patients from hospital inpatient areas; and (4) implement processes and procedures that mitigate crowding and boarding of patients in the emergency department; and be it further

RESOLVED, That our AMA report annually on the effectiveness of measures implemented that mitigate boarding and crowding in the ED.

**702. RECOGNIZING TRANSITIONS OF CARE FOR**  
**PERFORMANCE IMPROVEMENT**  
**Introduced by American Medical Directors Association**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association work to improve and standardize the flow of critical information across the spectrum of care through collaboration with long-term care stakeholders, including the American Medical Directors Association (AMDA); and be it further

RESOLVED, That our AMA work with other stakeholder organizations including the AMDA in an effort to develop standardized transfer forms and to promote educational initiatives that optimize transfer of information across the spectrum of care; and be it further

RESOLVED, That our AMA work with the Physician Consortium for Performance Improvement to develop specific measures appropriate for recognizing the work effort that assure transitions of care across the continuum of care to be safe, patient centered and outcome driven; and be if further

RESOLVED, That our AMA work with other stakeholder organizations including the AMDA to develop educational initiatives and long-range projects to optimize the transfer of information across the spectrum of acute and long-term care.

**703. INCLUSION OF OBSERVATION BED STATUS AND EMERGENCY ROOM OBSERVATION TIME AS A PART OF THE MANDATORY THREE-DAY INPATIENT HOSPITAL STAY REQUIREMENT TO RECEIVE THE MEDICARE SKILLED NURSING FACILITY BENEFIT**  
**Introduced by American Medical Directors Association**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association, as stated in policy since 1993, continue to oppose the Medicare three-day mandatory hospitalization requirement for skilled nursing facility admission; and be it further

RESOLVED, That should the three-day mandatory stay requirement remain in place, our AMA urge the Centers for Medicare and Medicaid Services to allow observation bed status and emergency room observation time to count toward meeting the mandatory three-day inpatient stay requirement for the Medicare skilled nursing facility benefit.

**704. HEALTH CARE QUALITY IMPROVEMENT ACT AMENDMENT**  
**Introduced by California Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF THE FOLLOWING RESOLUTION 704**

RESOLVED, That our American Medical Association review the Health Care Quality Improvement Act (HCQIA) of 1986 to determine whether the Act can be improved upon in order to accomplish the following goals: (1) reduce the opportunity for a hospital governing body or its medical staff to subvert the peer review process into a retaliatory weapon against a physician who advocates for quality patient care, or for a primary economic purpose; and (2) increase the likelihood a peer review hearing process will be structured to assure fairness and justice.

**705. EVALUATING THE PHYSICIAN QUALITY REPORTING INITIATIVE**  
**Introduced by Florida Delegation**

**HOUSE ACTION: ADOPTED**

RESOLVED, That, through its committee structure, our American Medical Association examine and evaluate the implementation and data relating to the Physicians Quality Reporting Initiative and report back to the House of Delegates at the 2008 Interim Meeting on compliance of the program with AMA Principles and Guidelines on Pay-for-Performance as well as any benefits, unintended consequences and negative effects for patients and physicians.

**706. APPROPRIATE HOSPITAL CHARGES**  
**Introduced by Illinois Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association study the consequences of hospital cost-shifting upon individuals who are not covered by large purchasers of health care and report the suggested remedy; and be it further

RESOLVED, That our AMA work with the American Hospital Association to develop a transparent pricing system, develop patient education information explaining individual hospital billing processes and discounts available, and educate patients on their bill-paying rights and responsibilities.

**707. OPPOSITION TO PRE-AUTHORIZATION FOR PRESCRIPTIONS**  
**Introduced by Illinois Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF THE FOLLOWING RESOLUTION 707**

RESOLVED, That our American Medical Association urge pharmacy benefit managers and Medicare Part D contractors to use evidence-based criteria for more uniformity in their coverage policies and to streamline any prior approval or exception processes.

**708. UNREASONABLE PAYER REQUIREMENTS FOR PHYSICIAN**  
**ORDERS FOR IMAGING AND OTHER DIAGNOSTIC STUDIES**  
**Introduced by Illinois Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF THE FOLLOWING RESOLUTION 708**

RESOLVED, That our American Medical Association investigate current practices and, if needed, introduce legislation or take other actions that will result in elimination or extreme simplification of current administrative insurance requirements for patient diagnostic tests, procedures, or services.

**RESOLUTION 709 WAS CHANGED TO RESOLUTION 233**

**710. SAFEGUARD NATIONAL PROVIDER IDENTIFIER AND PHYSICIAN PRIVACY**  
**Introduced by Michigan Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS**

RESOLVED, That our American Medical Association develop and mandate adequate safeguards for the protection of physician privacy, such as those used by the banking industry, showing only the last four digits of the National Provider Identifier number on publicly accessible web sites and in published lists.

**711. SEEK GUIDELINES FOR HANDLING PREJUDICED PATIENTS**  
**Introduced by Michigan Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association work with the appropriate authorities and health care facilities to encourage hospitals and health care facilities to adopt uniform guidelines for physicians to follow in non-life threatening emergencies when encountering abusive patients.

**712. HISTORY AND PHYSICAL EXAMINATION 24 HOURS BEFORE SURGERY**  
**Introduced by Missouri Delegation**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association enter into discussions with The Joint Commission to review and clarify the 2008 Hospital Accreditation Standards: Elements of Performance for PC.2.120 #6 by replacing "patient's condition" with more specific language.

**713. REAL-TIME CLAIMS PROCESSING**  
**Introduced by Missouri Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 713 ADOPTED**

RESOLVED, That American Medical Association Policy D-185.999, Information Included on Health Insurance Identification Cards, be amended by insertion and deletion to read as follows:

Our AMA will continue to work with payers, the federal and state governments, and standards organizations to ~~encourage~~ adopt and implement appropriate policies, technologies (e.g., smart cards, telephone hot lines, electronic data interchange, and website access), and national technology standards to provide physicians with accurate and real time verification of patient eligibility, co-payment due, deductible payable information, and claims processing.

**714. SKILLED NURSING FACILITY ADMISSIONS**  
**Introduced by Nebraska Delegation**

**HOUSE ACTION: REFERRED**

RESOLVED, That a study be authorized by our American Medical Association to investigate and update the consequences of Medicare's Skilled Nursing Facility (SNF) regulations, develop a plan to support regulatory changes and/or legislation deleting the three day hospital requirement for admission to an SNF as called for in AMA policy (H-280.977), and provide a report to the HOD at the 2009 Annual Meeting.

**715. OPTIONAL USE OF SOCIAL SECURITY NUMBERS DURING THE**  
**COUNCIL FOR AFFORDABLE HEALTHCARE CREDENTIALING PROCESS**  
**Introduced by Connecticut, Maine, Massachusetts, New Hampshire,**  
**Rhode Island, and Vermont Delegations**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association advocate for the Council for Affordable Quality Healthcare to make Social Security Numbers an optional field in their on-line provider credentialing application.

**716. AMA MODEL AGREEMENT WITH ADVANCED PRACTICE NURSE CLINICIANS,**  
**NURSE PRACTITIONERS AND / OR CLINICAL NURSE SPECIALISTS**  
**Introduced by Connecticut, Maine, Massachusetts, New Hampshire,**  
**Rhode Island and Vermont Delegations**

**HOUSE ACTION: REFERRED WITH REPORT BACK TO THE HOUSE OF DELEGATES**  
**AT 2008 INTERIM MEETING**

RESOLVED, That our American Medical Association develop criteria or elements that should be contained in agreements with Advanced Practice Nurse Clinicians, APRN(s), Nurse Practitioners, NP(s), Clinical Nurse Specialists CNS(s); and be it further

RESOLVED, That such model agreement(s) with APRN(s), NP(s), CNS(s), at a minimum, address quality of care, continuity of care, the scope of practice of the APRN(s)/NP(s)/CNS(s) within a specific collaborative agreement, the verification and ongoing maintenance of the skills, education and training of the APRN(s)/NP(s)/CNS(s) and the responsibilities of the collaborative physicians and report back to the House of Delegates at the 2008 Interim Meeting.

**717. CONTRACT AND FEE SCHEDULE DISCLOSURE**  
**Introduced by New York Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF THE FOLLOWING RESOLUTION 717**

RESOLVED, That our American Medical Association seek legislation, regulation or other appropriate means, to compel health plans to provide physicians with full written contracts with all changes highlighted, a full fee schedule applicable to the physician's specialty, and a written summary of such changes, each time they renew the contract.

**718. HOME INFUSION THERAPIES**  
**Introduced by New York Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE**

RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services to develop a coordinated system among the various Medicare plans to ensure an expedited, seamless process for provision of home infusion therapies to reduce the need of the patient to remain in the hospital unnecessarily; and be it further

RESOLVED, That our AMA work with home infusion stakeholders to seek a legislative remedy to Medicare's lack of coverage for the services, supplies and equipment necessary to provide infusions in the home setting.

**719. UNIVERSAL BILL**  
**Introduced by New York Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF THE FOLLOWING RESOLUTION 719**

RESOLVED, That the our American Medical Association seek legislation or other appropriate means to assure that all durable medical equipment vendors have a universal bill that is consumer-friendly and clearly states what was paid by the health plan, secondary insurer and what is owed by the patient and that these bills are received in a timely fashion.

**720. CONSUMER RIGHTS FOR DURABLE MEDICAL EQUIPMENT**  
**Introduced by New York Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF THE FOLLOWING RESOLUTION 720**

RESOLVED, That our American Medical Association conduct a study regarding greater transparency and increased choices to patients in meeting their durable medical equipment needs.

**721. DENIAL OF USE OF EVALUATION AND MANAGEMENT CODES**  
**Introduced by Society of Interventional Radiology,**  
**American College of Radiation Oncology, American College of Radiology**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF THE FOLLOWING RESOLUTION 721**

RESOLVED, That our American Medical Association take appropriate actions to oppose payers that have discriminatory policies with respect to reimbursement for evaluation and management (E&M) services.

**722. STUDYING AND SUPPORTING HEALTH INFORMATION EXCHANGE****Introduced by Organized Medical Staff Section****HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association study existing health information exchange pilots, create a report for the 2008 Interim Meeting that specifically outlines the ways in which a health information exchange might be used to maximally benefit physicians and their patients and includes ways in which the AMA might apply its resources to assist in the further study and eventual realization of those benefits; and be it further

RESOLVED, That our AMA explore ways to help our members have access to and/or share aggregated practice performance data including claims-based and clinical information.

**723. INCREASING TRANSPARENCY OF HOSPITAL CONTRACTS FOR ANCILLARY SERVICES****Introduced by Organized Medical Staff Section****HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association believe that hospitals should publicly disclose the following parameters of their contracts for the delivery of ancillary services:

- the entity with which the hospital has contracted;
- the ownership of the entity with which the hospital has contracted; and
- what services are being provided per the contract; and be it further

RESOLVED, That our AMA adopt the policy that ancillary services providers in hospitals must be selected with medical staff participation.

**724. PRIVILEGING PHYSICIANS WITH LOW HOSPITAL ACTIVITY****Introduced by Organized Medical Staff Section****HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association adopt the following guidelines to assist medical staffs with credentialing:

1. Individual medical staffs best understand the environment in which they work. Therefore, a hospital's medical staff should be the entity that develops and implements the appropriate, hospital-level methodologies for credentialing, re-credentialing and recommending privileges for physicians and allied health professionals who have low or no hospital activity. As all hospitals and health systems are different, there cannot be a one-size-fits-all approach to this issue. Rather, individual medical staffs should use local, regional and national best practices--along with their unique hospital experience--to determine how to best construct their methods to credential, re-credential and recommend privileges for these physicians and allied health professionals.
2. Hospitals and medical staffs should consider creating a separate staff category for physicians and allied health professionals who have low or no hospital activity. Such a category should confer more limited privileges without rights of other medical staff categories, such as "refer and follow" privileges, to ensure continuity of care and patient safety.
3. Physicians giving recommendations should be very familiar with the competency and work of the physician/allied health professional seeking hospital and medical staff privileges. Therefore, references should come from such individuals as the applicant's department chair and chief of staff.

4. Hospitals and medical staffs should use data and references, if available, from another hospital at which the applicant physician may be active as an additional vehicle to verify his/her competency within that hospital's environment.
5. Ongoing proctoring and evaluation are tools that should be used when recommending privileges for physicians who are classified as low-volume for certain procedures only. Hospitalists and other specialists also should serve in a consultative role in this regard.
6. Medical staffs should credential only when there is adequate clinical data to permit an objective assessment of an applicant's, or medical staff member's, clinical skill and ability.
7. When an organized medical staff determines that there is not adequate data on an applicant physician, or if a physician seeking privileges has limited experience, consideration should be given to require mandatory consultation for admissions and other appropriate indications.

**725. ANTHEM CODING AUDIT**  
**Introduced by Ohio Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED**  
**IN LIEU OF THE FOLLOWING RESOLUTION 725**

RESOLVED, That our American Medical Association adopt policy that:

- third-party payers be required to reimburse involved physicians for their reasonable audit-related expenses, including their lost time, if the physicians' coding is found to be reasonably consistent with currently accepted standards;
- third-party payers be required to reimburse involved physicians if the audit demonstrates under-coding;
- third-party payers' staff be required to provide adequate clerical assistance to accomplish the audit process;
- third-party payers be limited to record review within the previous twelve (12) months; and
- third-party payers be required to provide sixty days for involved physicians to respond to the audit process without penalty.

**726. ELECTRONIC MEDICAL RECORDS**  
**Introduced by Arizona Delegation**

**HOUSE ACTION: POLICIES H-480.971, D-478.994, H-478.995, D-478.996**  
**AND D-478.995 REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 726**

RESOLVED, That our American Medical Association exert leadership in the development of a national program of electronic medical records; and be it further

RESOLVED, That our AMA work with insurers, the health care industry, government agencies and others to ensure that electronic medical records programs are secure, HIPAA-compliant, uniform, readily available, user friendly, compatible and affordable for physicians and other providers of health care.

**727. LEGISLATION TO REDUCE ADMINISTRATIVE WASTE IN HEALTH INSURANCE BY  
ACCURATE REPORTING OF MEDICAL EXPENSE RATIOS  
Introduced by Organized Medical Staff Section**

**HOUSE ACTION: ADOPTED**

RESOLVED, That our American Medical Association Policy H-155.963, Health System Expenditures, be amended by insertion as follows:

1. Our AMA supports the development and adoption of a consistent format for estimating and publicly reporting health care administrative costs, in order to facilitate unbiased comparisons across insurers, and from different sources. The format would:
  - (a) Report all government expenditures for the administration of Medicare, Medicaid, and other public programs, including those incurred but not currently reported by the Centers for Medicare and Medicaid Services (CMS) and state Medicaid agencies (e.g., staff salaries, building costs, promotion of benefits to beneficiaries);
  - (b) Report all government expenditures for administration of Medicare, Medicaid, and other public programs that are incurred by all government entities, including agencies other than the CMS and state Medicaid agencies (e.g., Inspector General audits, Social Security Administration revenue collection);
  - (c) Identify and report those overhead expenditures that can be defined as either administrative or non-administrative (e.g., profits and retained earnings);
  - (d) Identify and report those overhead expenditures that arise from legislative or regulatory requirements (e.g., compliance expenses, premium taxes);
  - (e) Express administrative expenditures in the following metrics: dollars per-member-per-month, dollars per claim, percentage of total expenditures, and percentage of total claims payments;
  - (f) Serve as a model and template for private health plan reporting of administrative costs at the state level and to national databases.
2. Our AMA supports efforts to educate the medical profession and the public about health care costs, including administrative costs and the costs of defensive medicine. (CMS Rep. 1, A-06; Reaffirmation A-07); and be it further

RESOLVED, That our AMA develop model state legislation and regulations that would require that all private health plans make publicly available annually, and publish separately, their medical care costs and their administrative costs, using the format called for in AMA Policy H-155.963; and be it further

RESOLVED, That our AMA support state legislation to require that all private health plans make publicly available annually, and publish separately, their medical care costs and their administrative costs; and be it further

RESOLVED, That our AMA support the development and implementation of a uniform, national accounting and reporting system to report administrative expenses and medical expense ratios as part of greater, national uniformity of market regulation; and be it further

RESOLVED, That our AMA policy is that private health plans should be required to report data related to administrative costs, expenses and rate setting to appropriate state regulatory bodies to allow for the calculation of medical expense ratios to be consistent on the state level.

**728. JOINT COMMISSION STANDARD MS.1.20  
Introduced by Organized Medical Staff Section**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association adopt policy to support The Joint Commission accreditation Standard MS.1.20, as approved in June 2007, at a minimum; and be it further

RESOLVED, That our AMA Commissioners to The Joint Commission encourage The Joint Commission to review Standard MS.1.20 as approved in June 2007, after it has been implemented for three years.

**729. TIERING OF PHYSICIANS BY HEALTH PLANS**  
**Introduced by Organized Medical Staff Section**

**HOUSE ACTION: POLICIES H-450.941 AND D-285.972 REAFFIRMED**  
**IN LIEU OF FOLLOWING RESOLUTION 729**

RESOLVED, That our American Medical Association publicly challenge all physician tiering networks, mechanisms and initiatives of private and public health plans that do not meet all of the stated objectives of existing AMA policy; and be it further;

RESOLVED, That our AMA actively express its opposition by means including but not limited to sending a letter to the private or public health plan administering such a tiering mechanism, and issuing press releases; and be it further

RESOLVED, That our AMA reaffirm AMA Policy H-450.941; and be it further

RESOLVED, That our AMA, upon request, provide advice and moral support to other organizations which choose to challenge the tiering of physicians.

**730. SUSPEND PARTICIPATION IN THE JOINT COMMISSION**  
**Introduced by Florida Delegation**

**HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association implement through The Joint Commission procedures by which the medical staff can intervene in hospital affairs and policy development when the medical staff disagrees with the medical executive committee; and that our AMA negotiate these changes using all available negotiation tools up to and including non-participation if necessary.