

RESOLUTIONS

MEMORIAL RESOLUTIONS

Adopted Unanimously

John J. Coury, Jr., MD

Introduced by Michigan Delegation

Whereas, John J. Coury, Jr., MD, served as President of the American Medical Association in 1986; and

Whereas, John J. Coury, Jr., MD, was elected to the AMA Board of Trustees in 1976 and served as Chair of the Board from 1983 to 1985; and

Whereas, John J. Coury, Jr., MD, served on the AMA Council on Legislation prior to being elected to the Board of Trustees, and served as a Delegate from Michigan from 1970 until he was elected to the Board; and

Whereas, John J. Coury, Jr., MD, was President of the Michigan State Medical Society in 1972, an active member, and Past President of the St. Clair County Medical Society; and

Whereas, John J. Coury, Jr., MD, was an active member of Port Huron and Mercy Hospitals, serving as Chief of Staff and Chief of Surgery at both; and

Whereas, John J. Coury, Jr., MD, graduated from Case Western Reserve Medical School in 1945, completed his internship and surgical residency at Harper Hospital, and served as a Captain in the Army Medical Corps; and

Whereas, John J. Coury, Jr., MD, came to Port Huron, Michigan in 1952 to practice with Surgical Associates until his retirement in 1991; and

Whereas, John J. Coury, Jr., MD, was also a board member of the World Medical Association and served on the Blue Cross Blue Shield Foundation for Charitable Donations; and

Whereas, John J. Coury, Jr., MD, passed away on September 13, 2005, at the age of 83; therefore be it

RESOLVED, That our American Medical Association House of Delegates extend its heartfelt sympathy to the family of John J. Coury, Jr., MD, and honor this dedicated man who gave so much to his family, his patients and his profession.

Thomas Barker Dameron, MD

Introduced by North Carolina Delegation

Whereas, Dr. Thomas "Tom" Barker Dameron received his MD degree from Duke University School of Medicine in 1947, served his internship at Baylor, his General Surgery residency at Grady Memorial Hospital and his Orthopaedic Surgery residency at Johns Hopkins University; and

Whereas, Dr. Dameron, in addition to an active practice of orthopaedic surgery in Raleigh, North Carolina, served in every leadership role in his specialty at the state and national levels during his professional career, including the Presidency of the American Academy of Orthopaedic Surgeons and the American Board of Orthopaedic Surgeons; and

Whereas, Dr. Dameron was a member of the North Carolina Delegation to the American Medical Association from 1982-1994; and

Whereas, Dr. Dameron, in partnership with his devoted and energetic wife, Nancy, was active in his church, and in many other community organizations and supported dozens of charities; and

Whereas, Dr. Dameron practiced what he preached: "Doctors should be advocates of patients at all costs, treat them with respect and compassion and keep up with advancements in science and technology"; and

Whereas, Dr. Dameron gave unselfishly of his time and expertise to the uninsured and underserved; and

Whereas, Dr. Dameron was the recipient of numerous honors and awards, including the Southern Medical Association Doctor of the Year Award and the Distinguished Service Award of the Duke Medical Alumni Association; and

Whereas, Dr. Dameron was “a quintessential man of medicine and humanity, approaching everything he did with a calm, deliberate and thoughtful manner” so that his professional life was a role model for his colleagues; and

Whereas, Dr. Dameron served with distinction as President of the North Carolina Medical Society in 1984-85, as well as President of the Southern Medical Association; and

Whereas, Dr. Thomas “Tom” Barker Dameron died on December 11, 2004; therefore be it

RESOLVED, That our American Medical Association recognize the many contributions made by Dr. Dameron to his patients, profession, community, state and nation; and be it further

RESOLVED, That our AMA express its heartfelt sympathy to his wife, Nancy, his five children and nine grandchildren, and shall present them with a copy of this resolution.

Irwin M. Freedberg, MD
Introduced by American Academy of Dermatology, American Society for
Dermatologic Surgery, and Society for Investigative Dermatology

Whereas, Irwin M. Freedberg, MD, served as a member of our American Medical Association House of Delegates from 1990 to 2004; and

Whereas, Irwin M. Freedberg, MD, served as president of several dermatologic organizations, including the New York Dermatologic Society, the Society for Investigative Dermatology, the American Board of Dermatology, the Association of Professors of Dermatology, and the American Dermatologic Association; and

Whereas, Irwin M. Freedberg, MD, served as a member of the American Academy of Dermatology’s Board of Directors from 1992 to 1996; and

Whereas, Irwin M. Freedberg, MD served as editor in chief of the Journal of Investigative Dermatology from 1972 to 1977; and

Whereas, Irwin M. Freedberg, MD, was well known for his contributions as a physician-scientist and was the recipient of several research grants from the National Institutes of Health; and

Whereas, Irwin M. Freedberg, MD, was elected in 1995 as a member of the Institute of Medicine of the National Academy of Sciences; and

Whereas, Irwin M. Freedberg, MD, graduated from Harvard Medical School in 1956, completed his medical training at Boston’s Beth Israel Hospital and dermatology residency at Massachusetts General Hospital, and served on the faculty at Harvard Medical School from 1962 until 1977 at which time he became the founding chairman of the department of dermatology at Johns Hopkins Medical Institutions, a position he retained until becoming chair of the dermatology department at the New York University School of Medicine in 1981 until his retirement in 2005; and

Whereas, Irwin M. Freedberg, MD, died of a brain tumor on July 17, 2005, at the age of 74; therefore be it

RESOLVED, That our American Medical Association House of Delegates extend its heartfelt sympathy to the family of Irwin M. Freedberg, MD, which includes his wife of 51 years, Irene, and their children, Marjorie, Kenneth, and Deborah.

**1. PHYSICIAN PARTICIPATION IN THE INTERROGATION
OF PRISONERS AND DETAINEES**
**Introduced by American Academy of Child and Adolescent Psychiatry
and American Academy of Pediatrics**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association ask the Council on Ethical and Judicial Affairs, with input from all appropriate AMA stakeholders, to delineate clearly for physicians the boundaries of ethical practice with respect to participation in the interrogation of prisoners and detainees.

**2. PILOT PROGRAM ON INDEPENDENT EXPERTS
AND TESTIMONY IN CIVIL CASES**
**Introduced by Louisiana and Tennessee Delegations
and American Academy of Ophthalmology**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association applaud the expert witness pilot program established by the Chattanooga-Hamilton County Medical Society and the Chattanooga Bar Association that addresses issues surrounding the admissibility of expert testimony in civil cases and the ability of a trial judge to call an independent expert; and be it further

RESOLVED, That our AMA monitor the progress of the expert witness pilot program established by the Chattanooga-Hamilton County Medical Society and the Chattanooga Bar Association and report to the House of Delegates; and be it further

RESOLVED, That our AMA reaffirm existing Policy H-265.994, which opposes unscientific or false testimony.

**601. EXPANSION OF SCOPE OF ACTIVITIES OF AMA PHYSICIAN
CONSORTIUM FOR PERFORMANCE IMPROVEMENT**
Introduced by Florida Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That the American Medical Association Board of Trustees expand the AMA Physician Consortium for Performance Improvement to include representatives from all national medical specialty societies and state medical societies who wish to participate; and be it further

RESOLVED, That the AMA Board of Trustees expand the scope of the AMA Physician Consortium for Performance Improvement to include development of clinical performance measures, validation of clinical performance measures, and direction on appropriate implementation of clinical performance measures; and be it further

RESOLVED, That our AMA study and prepare a report to clarify the role and authority of the National Quality Forum and identify pathways that may allow the Physician Consortium for Performance Improvement and physicians to have greater influence in the validation of clinical performance measures.

602. PUBLIC HEALTH AS A PATIENT ADVOCACY ISSUE
Introduced by Pennsylvania Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association House of Delegates accept and agree that public health issues are in fact patient advocacy issues; and be it further

RESOLVED, That public health issues (including resolutions) be addressed at both Annual and Interim Meetings of the AMA with assignment to appropriate reference committees; and be it further

RESOLVED, That urgent reports and actions of the AMA Board of Trustees and councils, as so defined by the House of Delegates during the referral process, be considered appropriate business of the House of Delegates at both the Interim and Annual Meetings of the AMA.

RESOLUTION 701 WAS WITHDRAWN

702. PROMOTING FOUR PRINCIPLES OF HAND AWARENESS
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association advocate that the Centers for Disease Control and Prevention, the Department of Health and Human Services, the National Environmental Health Association and the Society of Healthcare Epidemiology of America collaborate to use the Four Principles of Hand Awareness, as delineated in AMA Policy H-440.894, as a social marketing tool so that the public hears a consistent, scientifically valid message to help prevent the spread of infectious disease, to benefit the public's health.

703. MANDATORY HEALTH INSURANCE
Introduced by California and Guam Delegations

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association work with the federal government to ensure that all Americans be required to have, at a minimum, catastrophic and preventive health care coverage; and be it further

RESOLVED, That our AMA work with the federal government to ensure that those with incomes between 200-400 percent of the federal poverty level, who are not eligible for Medicaid or SCHIP, be eligible for a refundable tax credit to support the purchase of health care coverage.

704. OPTING OUT OF MEDICARE
Introduced by Florida and Guam Delegations

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association request that the Centers for Medicare and Medicaid Services review and revise the restrictions and provisions associated with non-participation in the Medicare program.

**705. HEALTH SAVING ACCOUNTS FOR THE MEDICAID POPULATION
Introduced by Florida Delegation**

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association endorse the concept that the Medicaid population of each state should be allowed to participate in Health Savings Accounts; and be it further

RESOLVED, That our AMA develop model legislation which could be used by the states to allow the Medicaid population to participate in Health Savings Accounts.

**706. URGING THE ESTABLISHMENT OF A FEDERAL
OFFICE OF MEN'S HEALTH
Introduced by Medical Student Section**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association promote the establishment of a federal Office of Men's Health to coordinate outreach and awareness efforts on the federal and state levels, promote preventive health behaviors for men, and provide a vehicle whereby researchers on men's health can collaborate and share information and findings.

RESOLUTION 707 WAS NOT CONSIDERED AT THE INTERIM MEETING

**708. EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT
Introduced by American Academy of Pediatrics,
American Academy of Family Physicians, and
American Academy of Child and Adolescent Psychiatry**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association reaffirm the importance of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program; and be it further

RESOLVED, That our AMA advocate for EPSDT to remain intact as critical to the health and well-being of children; and be it further

RESOLVED, That our AMA instruct the Medicaid Advisory Commission of the desirability of this action.

**709. ESTABLISHMENT OF A NETWORK OF
STATE IMMUNIZATION REGISTRIES
Introduced by Medical Student Section**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 709 ADOPTED
WITH CHANGE IN TITLE:**

RESOLVED, That our American Medical Association work with the Centers for Disease Control and Prevention, the Department of Health and Human Services, the Public Health Service and other interested organizations to develop a network of state-based immunization registries that meet a set of minimum standards and allow for access at a national level, while ensuring the protection of the patient-physician relationship.

710. ADMISSION CRITERIA FOR INPATIENT REHABILITATION SERVICES
Introduced by Florida Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association seek a legislative change to the admission criteria for Inpatient Rehabilitation Facilities to diagnosis-specific, functional-level and limitations of the individual patient as opposed to diagnosis-specific criteria alone.

711. COMMERCIAL AIRCRAFT WATER QUALITY AND SAFETY
Introduced by Michigan Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association recognize the efforts of the US Environmental Protection Agency (EPA) and participating commercial airlines to improve water sanitation on domestic passenger aircraft; and be it further

RESOLVED, That our AMA support the current efforts by the EPA to amend the regulatory authority of the US Department of Transportation to include water system sanitation and sanitation testing as part of routine commercial passenger aircraft maintenance as mandated 14 CFR Part 121, 14 CFR Part 135, and other appropriate Federal Aviation Regulations, and to submit formal comments to the Proposed Rule for this amendment to the regulations.

712. J-1 VISA WAIVER APPLICATION
Introduced by Michigan Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association lobby the relevant federal agencies to process the paperwork for J-1 Visa waivers expeditiously.

713. J-1 VISA WAIVERS FOR SPECIALISTS
Introduced by Michigan Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association seek legislation to allow states to determine the distribution of J-1 Visa waivers between primary care and specialists depending on their own need.

714. PHYSICIAN INPUT IN MAC CONTRACTING PROCESS
Introduced by Washington Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work with other interested members of the Federation to develop mechanisms with the Centers for Medicare and Medicaid Services that meaningful input from physicians and physician associations may be received and appropriately considered in the Medicare Administrative Contractor contracting processes, both those now underway and those in the future, including input on specific potential contract bidders.

RESOLUTION 715 WAS NOT CONSIDERED AT THE INTERIM MEETING**716. MEDICARE PAYMENT NEUTRALITY BETWEEN TRADITIONAL
MEDICARE AND MEDICARE ADVANTAGE
Introduced by Minnesota Delegation****HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 716:**

RESOLVED, That our American Medical Association, consistent with the position of the Medicare Payment Advisory Commission, adopt policy to support financial neutrality between payment rates for traditional Medicare (fee-for-service program) and private plans (Medicare Advantage), allowing Medicare beneficiaries to select the delivery system that provides them with the highest value, rather than selecting a system based on Medicare subsidization of one system over another.

**717. COVERAGE OF BENZODIAZEPINES AND SUBSTANCE USE DISORDER
MEDICATIONS IN THE MEDICARE PART D BENEFIT
Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations****HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:**

RESOLVED, That our American Medical Association support legislation and urge the Secretary of the Department of Health and Human Services to exercise administrative discretion to modify or eliminate the exclusion of various prescription drugs from coverage under Medicare Part D and ensure that Centers for Medicare and Medicaid Services Medicare contractors that will administer the new Medicare Part D drug benefit, known as "prescription drug plans," include on their formularies for all clinically appropriate conditions, including psychiatric and substance use disorder conditions, benzodiazepines, methadone, buprenorphine, acamprosate, disulfiram, and naltrexone, so that patients will have access to these critical medications.

**718. MEDICARE REIMBURSEMENT FOR ANESTHESIOLOGISTS
Introduced by Oklahoma Delegation****HOUSE ACTION: REFERRED FOR DECISION**

RESOLVED, That our American Medical Association request that the Centers for Medicare and Medicaid Services reevaluate its reimbursement policies for anesthesia services and that our AMA advocate for the use of conversion factors that are comparable to those used for other physician specialties so that there is parity in the Medicare reimbursement paid to anesthesiologists.

719. AIR TRAVEL FOR PATIENTS USING SUPPLEMENTAL OXYGEN

**Introduced by American Thoracic Society and
American College of Chest Physicians**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association formally submit comments encouraging the Department of Transportation's Proposed Rule that will require airlines to permit portable oxygen concentrators--that have met all applicable safety and security testing--on board airplanes for use by patients.

**720. PROTECTIVE NAAQS STANDARD FOR
FINE PARTICULATE MATTER (PM 2.5)**

Introduced by American Thoracic Society

HOUSE ACTION: REFERRED FOR DECISION

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 NAAQS for fine particulate matter (PM 2.5); and (2) specifically request an NAAQS that provides maximum protection for our patients which includes:

- 12 µg/m³ for the average annual standard;
- 25 µg/m³ for the 24-hour standard; and
- 99th percentile used for compliance determination.

721. GENERIC DRUG BIOEQUIVALENCE

**Introduced by The Endocrine Society,
American Association of Clinical Endocrinologists, and
American Society for Reproductive Medicine**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association urge the Food and Drug Administration (FDA) to reexamine its bioequivalence standards regarding levothyroxine; and be it further

RESOLVED, That our AMA contact the FDA and request that it reinstate the warning labels for thyroxine manufacturers regarding dose retitration after switching brands.

**722. AVIAN INFLUENZA PREPAREDNESS FOR GUAM AND
OTHER BORDER STATES AND TERRITORIES**

Introduced by Guam, Hawaii, and Puerto Rico Delegations

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association lobby the Administration to ensure that the Centers for Disease Control and Prevention (CDC), other federal agencies and the World Health Organization (WHO) assist Guam with the necessary testing kits and other tools necessary for Guam to detect and contain Avian Influenza; and be it further

RESOLVED, That our AMA assist other areas of the US to be considered as "border states or territories" for surveillance of this Avian Influenza from Asia, so that the CDC, other federal agencies and WHO may prioritize their resources to detect and contain this virus.

**723. J-1 VISA WAIVER PROCESS IMPROVEMENT
Introduced by International Medical Graduates Section**

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association lobby the relevant federal government agencies to accept three years of cumulative service at all of the federally qualified underserved areas combined together be sufficient to meet J-1 Visa waiver service requirements.

**724. MEDICAID FUNDING CUTS
Introduced by American Academy of Pediatrics**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association vigorously oppose components of the House version of budget reconciliation which would impose mandated premiums and copayments for acute care services and pharmaceuticals on children at 133% of the federal poverty level or below.

**801. SUPPORT FOR THE NATIONAL COUNCIL ON ALCOHOLISM
AND DRUG DEPENDENCE PUBLIC AWARENESS CAMPAIGN
Introduced by American Society of Addiction Medicine**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support the National Council on Alcoholism and Drug Dependence's public awareness campaign designed to educate the public about misperceptions concerning the origins of and treatment for substance use disorders.

**802. GUIDING PRINCIPLES, COLLECTION, AND WAREHOUSING
OF ELECTRONIC MEDICAL RECORD INFORMATION
Introduced by Connecticut Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association develop guiding principles for the collection, warehousing, and use of electronic medical record information and claims data by third parties, including clearinghouses, other vendors, and payers; and be it further

RESOLVED, That our AMA (1) expressly advocate for physician ownership of all claims data, transactional data and de-identified aggregate data created, established and maintained by a physician practice, regardless of how and where such data is stored but specifically including any such data derived from a physician's medical records, electronic health records, or practice management system, while preserving the principle that physicians act as trusted stewards of Protected Health Information, and (2) explore the development of a claims data warehouse or clearinghouse for physicians, and report back at the 2006 Annual Meeting on its progress; and be it further

RESOLVED, That our AMA explore the development of an electronic medical record repository for use by all physicians that adheres to existing AMA policies on core data standards, and confidentiality, integrity and security of patient medical record information, and that our AMA, recognizing that the cost of implementing the foregoing resolutions could be substantial, look into funding mechanisms to implement the directives as outlined.

803. EMERGENCY PREPAREDNESS
Introduced by Organized Medical Staff Section

HOUSE ACTION: FIRST, SECOND, FOURTH, FIFTH AND SIXTH RESOLVES OF FOLLOWING SUBSTITUTE RESOLUTION 803 ADOPTED IN LIEU OF RESOLUTIONS 803, 815, 823 AND 831 WITH CHANGE IN TITLE AND THIRD RESOLVE REFERRED:

RESOLVED, That our American Medical Association call for each state and local public health jurisdiction to develop and periodically update, with public and professional input, a comprehensive Public Health Disaster Plan specific to their locations. The plan should: (1) provide for special populations such as children and the disabled; (2) provide for anticipated public health needs of the affected and stranded communities including disparate, hospitalized and institutionalized populations; (3) provide for appropriate coordination and assignment of volunteer physicians; and (4) be deposited in a timely manner with the Federal Emergency Management Agency, the US Public Health Service, the Department of Health and Human Services, the Department of Homeland Security and other appropriate federal agencies; and be it further

RESOLVED, That our AMA continually refine and more actively advocate its three courses, Core, Basic and Advanced Disaster Life Support, and other equivalent courses for training hospital medical and nursing staffs and public health physicians and nurses so they are better prepared to handle mass casualty situations; and be it further

RESOLVED, That our AMA support the development of a Federal Public Health Disaster Intervention Team in order to strengthen the country's health care infrastructure for emergency deployment anywhere in the country at short notice; and be it further

RESOLVED, That our AMA work with and through the Federation of State Medical Boards, its member boards and state, district and territorial governments to implement a clearinghouse for volunteer physicians (MDs and Dos) that would validate licensure in any state, district or territory to provide medical services in another distressed jurisdiction where a federal emergency has been declared; and be it further

RESOLVED, That our AMA support national legislation that gives qualified physician volunteers (MDs and Dos) automatic medical liability immunity in the event of a declared national disaster or federal emergency; and be it further

RESOLVED, That our AMA Board of Trustees report back at the 2006 Annual Meeting with an update on AMA disaster relief activities.

804. EQUITABLE SURGICAL REIMBURSEMENT FOR MINIMALLY INVASIVE SURGERY
Introduced by California Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association affirm that reimbursement for appropriate minimally invasive surgical procedures adequately recognize the time, skill and risk involved in effectively performing the procedure; and be it further

RESOLVED, That our AMA adopt policy that improved surveys and other techniques to evaluate physician work be developed and implemented to improve the accuracy of decisions about reimbursement.

RESOLUTION 805 WAS NOT CONSIDERED AT THE INTERIM MEETING

**806. IMPROVEMENTS TO REPORTING OF CLINICAL LABORATORY RESULTS
Introduced by Florida Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 806 ADOPTED
WITH CHANGE IN TITLE:**

RESOLVED, That our AMA work with the appropriate specialty societies and laboratories in the United States for continued improvements in the reporting of clinical laboratory results with a report back to the House of Delegates at the 2006 Interim Meeting.

RESOLUTION 807 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 808 WAS NOT CONSIDERED AT THE INTERIM MEETING

**809. EQUAL FEES FOR OSTEOPATHIC AND
ALLOPATHIC MEDICAL STUDENTS
Introduced by Medical Student Section**

**HOUSE ACTION: FIRST AND SECOND RESOLVES ADOPTED AS FOLLOWS
AND THIRD AND FOURTH RESOLVES REFERRED:**

RESOLVED, That American Medical Association Policies H-405.989, "Physicians and Surgeons," and G-635.053, "AMA Membership Strategy: Osteopathic Medicine," be reaffirmed; and be it further

RESOLVED, That our AMA, in collaboration with the American Osteopathic Association, discourage discrimination against medical students by institutions and programs based on osteopathic or allopathic training; and be it further

RESOLVED, That our AMA support equal fees for clinical rotation externships by osteopathic and allopathic medical students; and be it further

RESOLVED, That our AMA encourage that Liaison Committee on Medical Education- and Accreditation Council for Graduate Medical Education-accredited institutions maintain fair practice standards for equal access to all US medical students, osteopathic and allopathic.

**810. INCENTIVE PROGRAMS TO IMPROVE ACCESS TO
HEALTH CARE SERVICES IN UNDERSERVED AREAS
Introduced by American Academy of Pediatrics**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association conduct an analysis of the creative use of tax credits, student loan deferment and loan forgiveness programs, J-1 visa waivers, and practice subsidies as financial incentives to physicians for providing care in identified underserved areas; and be it further

RESOLVED, That our AMA work with state medical societies and other appropriate entities to identify, catalogue, and evaluate the effectiveness of incentive programs, including the J-1 visa waiver program, designed to promote the location and retention of physicians in rural and urban underserved areas and, consequently, improve patient access to health care in these areas.

RESOLUTION 811 WAS NOT CONSIDERED AT THE INTERIM MEETING**812. CPT CODES FOR PHYSICIAN DATA COLLECTION ASSOCIATED WITH
CMS'S COVERAGE WITH EVIDENCE DEVELOPMENT POLICY****Introduced by Academy of Pharmaceutical Physicians and Investigators****HOUSE ACTION: REFERRED**

RESOLVED, That our American Medical Association support the creation of CPT codes to describe the physician work in physician data collection associated with the Centers for Medicare and Medicaid Services' Coverage with Evidence Development Policy.

813. EYE EXAMS FOR THE ELDERLY**Introduced by Medical Student Section****HOUSE ACTION: ADOPTED AS FOLLOWS:**

RESOLVED, That our American Medical Association encourage the development of programs and/or outreach efforts to support periodic eye examinations for elderly patients; and be it further

RESOLVED, That our AMA encourage physicians to work with their state medical associations and appropriate specialty societies to create statutes that uphold the interests of patients and communities and that safeguard physicians from liability when reporting in good faith the results of vision screenings.

**814. LIMITED LICENSURE HEALTH CARE PROVIDER TRAINING
AND CERTIFICATION STANDARDS****Introduced by Texas Delegation****HOUSE ACTION: ADOPTED AS FOLLOWS:**

RESOLVED, That our American Medical Association, along with the Scope of Practice Partnership and interested Federation partners, study the qualifications, education, academic requirements, licensure, certification, independent governance, ethical standards, disciplinary processes, and peer review of the limited licensure health care providers and limited independent practitioners, as identified by the Scope of Practice Partnership, and report back at the 2006 Annual Meeting.

815. PUBLIC HEALTH LESSONS FROM HURRICANE KATRINA**Introduced by American Association of Public Health Physicians**

Resolution 815 was considered together with Resolutions 803, 823, and 831
see page 227

**816. POLICY SUGGESTIONS TO IMPROVE THE
NATIONAL RESIDENT MATCHING PROGRAM
Introduced by Medical Student Section**

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association work with the National Resident Matching Program (NRMP) to keep transaction costs of the Match to reasonable levels, and that fees charged for each program a medical student applies to be capped at a reasonable level that takes into account medical students' budgeting constraints; and be it further

RESOLVED, That our AMA urge the NRMP to allow students to opt out of the Match without penalty when there are extenuating circumstances such as:

- Unforeseen family emergencies such as illness that would require the individual to care for a family member,
- Unforeseen physical or mental health problems that would impede the individual's ability to participate in residency training, or
- Required military or foreign service duty; and be it further

RESOLVED, That our AMA support students, residents, and all appropriate organizations who work to ensure that any suspected violation of NRMP policy is addressed, publicized, and proper redress achieved, including the active promotion of NRMP complaint forms and other existing channels; and be it further

RESOLVED, That our AMA study the use of collective bargaining with residency programs participating in the Accreditation Council for Graduate Medical Education to ensure fair and equitable terms of employment for resident physicians; and be it further

RESOLVED, That our AMA study the creation of a body that would establish and monitor criteria for fair and equitable terms of employment for resident physicians; and be it further

RESOLVED, That our AMA support the concept that programs should retain the ability to extend applicants positions outside the Match; and be it further

RESOLVED, That our AMA support improvements to the structure of the Match program for efficient placement of unmatched students, as long as such alterations do not result in postponement of the traditional "Match Day" date in mid-March.

RESOLUTION 817 WAS NOT CONSIDERED AT THE INTERIM MEETING

**818. HEALTH PLAN AND INSURER PAYMENT INFORMATION
AVAILABLE TO PATIENTS AND TREATING PHYSICIANS
Introduced by Minnesota Delegation**

**HOUSE ACTION: REFERRED FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2006 ANNUAL MEETING**

RESOLVED, That our American Medical Association advocate that health plans and insurance companies make readily available to enrollees/insureds and the enrollees'/insureds' treating physicians, the allowable payment amounts, including patient cost-sharing amounts, for all covered tests and procedures under the enrollees' insurance contract; and be it further

RESOLVED, That our AMA advocate that the above information be easily accessible to the patient through a web interface.

RESOLUTION 819 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 820 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 821 WAS NOT CONSIDERED AT THE INTERIM MEETING

822. FIXED REIMBURSEMENT TO PHYSICIANS FOR LABORATORY SERVICES
Introduced by Oklahoma Delegation

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association support a fixed reimbursement to physicians for interpretation and administration services related to laboratory testing results for patients, without regard to the number of tests performed for an individual patient.

823. DISASTERS AND VOLUNTEER PHYSICIANS
Introduced by Florida Delegation

Resolution 823 was considered together with Resolutions 803, 815, and 831
see page 227

RESOLUTION 824 WAS NOT CONSIDERED AT THE INTERIM MEETING

825. HOME ANTI-COAGULATION MONITORING
Introduced by Indiana Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association encourage all third party payers to extend coverage and reimbursement for home monitors and supplies for home self-monitoring of anti-coagulation for all medically appropriate conditions; and be it further

RESOLVED, That the issue of home self-monitoring be referred for further study of problems including, but not limited to: (1) accuracy of equipment and disposables; (2) willingness and ability of patients to perform both self-testing and quality control as recommended by equipment manufacturers; (3) correct communication of results to a monitoring physician; and (4) willingness of a physician in the absence of any funding stream for payment to assume the responsibility and potential professional liability for overseeing home self-monitoring.

826. METHAMPHETAMINE EPIDEMIC IN AMERICA
Introduced by Philip D. Hellreich, MD, Delegate, Hawaii

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 826 ADOPTED:

RESOLVED, That our AMA work with appropriate organizations to study the problem of methamphetamine use and addiction, and develop recommendations to address this emerging health problem.

**827. FAIR VALUATION OF PHYSICIAN SERVICES IN THIRD PARTY PAYER
CONTRACTING WITH HOSPITALS AND HEALTH CARE SYSTEMS
Introduced by Pennsylvania Delegation**

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association aggressively work through all possible legislative, regulatory, and/or legal means to establish a mechanism for a fair market valuation for physician services in third party payers' contracting with hospitals and hospital systems, possibly based upon the full RBRVS including all modifiers, and at a multiplier that is not less than that for current Medicare fee schedule, so as to protect both the negotiating power of employed physicians and the fair market reimbursement for private practice physicians.

**828. CPT MODIFIERS
Introduced by Pennsylvania Delegation**

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association seek legislation or take other action that would require standardization of billing processes (including the use of modifiers); and be it further

RESOLVED, That our AMA seek legislation or take other action so that all codes be reimbursed in compliance with accepted Current Procedural Terminology practices by all insurers; and be it further

RESOLVED, That our AMA establish policy that a CPT code or modifier that is reimbursed zero dollars, or otherwise not recognized by an insurer, should be considered as an uncovered service, billable to the patient.

RESOLUTION 829 WAS NOT CONSIDERED AT THE INTERIM MEETING

**830. POSTOPERATIVE CARE OF SURGICAL PATIENTS
Introduced by North Carolina Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association study the feasibility, cost, ethical issues and mechanisms for reimbursement of physicians for services rendered in the postoperative period (when not delivered by the initial surgical team) including a review of coding rules, payment policies, legal and ethical issues related to co-management and fee splitting, and implementation costs.

**831. PRECERTIFICATION OF PHYSICIANS TO RENDER MEDICAL CARE
IN THE EVENT OF A NATIONAL DISASTER
Introduced by Oregon Delegation**

Resolution 831 was considered together with Resolutions 803, 815, and 823
see page 227

**832. STRATEGIC LAWSUITS AGAINST PUBLIC PARTICIPATION (SLAPP)
Introduced by Organized Medical Staff Section**

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association develop an in-depth report on the prevalence of Strategic Lawsuits Against Public Participation (SLAPP) as it pertains to health care and report back to the House of Delegates, with recommendations, at the 2006 Annual Meeting; and be it further

RESOLVED, That our AMA develop model anti-SLAPP legislation as it pertains to health care.

**901. IN-OFFICE USE OF DIAGNOSTIC AND THERAPEUTIC MODALITIES
Introduced by California Delegation**

**HOUSE ACTION: POLICIES D-385.974, D-270.995, H-300.969,
H-285.951 AND H-140.978 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 901:**

RESOLVED, That our American Medical Association oppose any legislation that would restrict the right of physicians to appropriately utilize in-office diagnostic imaging services; and be it further

RESOLVED, That our AMA adopt policy that appropriately trained and licensed physicians shall be permitted to use diagnostic or therapeutic modalities in their own office settings for appropriate diagnosis and treatment which is an integral part of patient care; and be it further

RESOLVED, That our AMA urge specialty societies which share common testing modalities to work together to develop uniform standards for the training and utilization of those modalities.

**902. PROTECTING PATIENT RIGHTS
Introduced by Florida and Guam Delegations**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 902 ADOPTED
IN LIEU OF RESOLUTIONS 902, 908 AND 910:**

RESOLVED, That our American Medical Association oppose Medicare pay-for-performance initiatives (such as value-based purchasing programs) that do not meet our AMA's "Principles and Guidelines for Pay-for-Performance," which include the following five Principles: (1) ensure quality of care; (2) foster the patient/physician relationship; (3) offer voluntary physician participation; (4) use accurate data and fair reporting; and (5) provide fair and equitable program incentives; and be it further

RESOLVED, That our AMA continue to advocate for the repeal of the flawed sustainable growth rate (SGR) formula without compromising our AMA's principles for pay-for-performance; and be it further

RESOLVED, That our AMA develop a media campaign and public education materials to teach patients and other stakeholders about the potential risks and liabilities of pay-for-performance programs, especially those that are not consistent with AMA policies, principles, and guidelines; and be it further

RESOLVED, That our AMA provide a report back to the House of Delegates at its 2006 Annual Meeting.

903. BANNING SMOKING IN ALL WORKPLACES
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association actively support national, state, and local legislation and actively pursue regulations banning smoking in all workplaces; and be it further

RESOLVED, That our AMA work to ensure that federal legislation banning smoking in all workplaces does not prohibit or weaken existing more strict state or local regulations.

904. TOBACCO CONTROL INTERNATIONAL TREATY
Introduced by Michigan Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 904:

RESOLVED, That our American Medical Association work on the national level to place the Framework Convention on Tobacco Control international treaty before the US Senate for ratification; and be it further

RESOLVED, That our AMA work with the US Senate to encourage it to vote to ratify the Framework Convention on Tobacco Control international treaty.

**905. SECURITY OF DEA NUMBERS AND NATIONAL
 PROVIDER IDENTIFIER INFORMATION**
Introduced by Kansas Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association work with the Drug Enforcement Administration (DEA) and Congress to assure that DEA numbers are not readily available to the public for commercial or other purposes not essential for prescribing verification; and be it further

RESOLVED, That our AMA continue efforts to work with the Centers for Medicare and Medicaid Services regarding the security, dissemination and integrity of the National Provider Identifier (NPI); and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2006 Annual Meeting, and annually thereafter for five years, on the outcome of these efforts to assure that DEA numbers and the NPI are only available and used for their intended purposes; and be it further

RESOLVED, That our AMA undertake a widespread campaign to inform physicians that the use of DEA numbers for purposes of identification other than for prescription of controlled substances is inappropriate and that this campaign be positioned to inform the various entities which inappropriately request DEA numbers.

906. COBRA INSURANCE BECOMING UNAFFORDABLE
Introduced by American Association of Public Health Physicians

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association publicly call upon health insurers' associations and Congress to review and propose fixes which would make COBRA insurance available and affordable for workers without or between jobs.

907. INCLUSION OF RESIDENTS IN MEDICAL LIABILITY REFORM
Introduced by Resident and Fellow Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association officially support the inclusion of all physicians, including unlicensed residents, in state and federal medical liability caps; and be it further

RESOLVED, That our AMA advocate for the inclusion of unlicensed residents in all pending and future federal medical liability reform legislation; and be it further

RESOLVED, That our AMA work with state medical societies to advocate for the inclusion of unlicensed residents in all current, pending, and future state medical liability reform legislation.

908. PHYSICIAN PAY-FOR-PERFORMANCE PROGRAMS
Introduced by Organized Medical Staff Section

Resolution 908 was considered together with Resolutions 902 and 910
 see page 233

**909. PREVENTING ELIMINATION OF MEDICAL STAFFS AND INDEPENDENT
 PEER REVIEW THROUGH HOSPITAL ECONOMIC LOYALTY POLICIES**
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association vigorously seek enforcement of existing federal law and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards relating to medical staff responsibility for quality patient care, peer review and self-governance by taking the following actions:

1. Inform the Centers for Medicare and Medicaid Services and the Department of Health and Human Services Office of the Inspector General of hospital violations of the Medicare Conditions of Participation relating to medical staff responsibilities for professional performance and quality patient care and for medical staff participation in hospital operational and budget planning, through use of "loyalty" and "conflict" credentialing; and
2. Inquire of US Department of Justice whether hospitals' use of "loyalty" and "conflict" credentialing, in addition to potentially violating the anti-kickback law, may also violate federal antitrust laws when it involves using market power (a) to prevent physician participation in other institutions' performance improvement programs and (b) to create barriers to competitive medical services; and
3. Provide the JCAHO with sufficient documentation to compel it to enforce the JCAHO medical staff standards and to cite hospitals with conflict, loyalty and other policies that override the bylaws and usurp the legal responsibility of the organized medical staff.

910. DEFEATING THE MEDICARE VALUE BASED PURCHASING PROGRAM
Introduced by Florida Delegation

Resolution 910 was considered together with Resolutions 902 and 908
 see page 233