

DISCLAIMER

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AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-07)

Report of Reference Committee F

Alan M. Harvey, MD, MBA, Chair

1 In keeping with Resolution 601 (A-96), the Reference Committee recommends the
2 following consent calendar for acceptance:

3
4 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 5
6 1. Council on Science and Public Health Report 2 – Update on Youth and School
7 Violence
8
9 2. Resolution 601 – Impact of Primary Care Reimbursement on Medical Career
10 Choice
11
12 3. Resolution 611 – Appreciation by Nevada Physicians of the American Medical
13 Association Support in Opposition to UnitedHealth Group Merger Proposal
14

15 **RECOMMENDED FOR REFERRAL**

- 16
17 4. Resolution 609 – Maintaining the Physician Consortium for Performance
18 Improvement as Physician-Led
19

20 **RECOMMENDED FOR REFERRAL FOR DECISION**

- 21
22 5. Resolution 603 – Presidential Candidates' Views on Health System Reform
23
24 6. Resolution 604 – National Diabetes Education Program
25

26 **RECOMMENDED FOR FILING**

- 27
28 7. Board of Trustees Report 5 – 2008 AMA Strategic Plan
29
30 8. Board of Trustees Report 7 – American Medical Association 2008 Budget
31
32 9. Report of the House Committee on Compensation of the Officers
33

1
2 (1) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 2

3
4 RECOMMENDATION A:

5
6 Mr. Speaker, your Reference Committee recommends that
7 the recommendation in Council on Science and Public
8 Health Report 2 be amended by insertion and deletion on
9 page 7, lines 46-48 to read as follows:

10
11 RESOLVED, That our American Medical Association re-
12 examine its role in implementing its current AMA policies
13 related to violence prevention, and ~~consider including~~
14 such issues in a strategic issue paper. (Directive to Take
15 Action)

16
17 RECOMMENDATION B:

18
19 Mr. Speaker, your Reference Committee recommends that
20 the recommendation in Council on Science and Public
21 Health Report 2 be adopted as amended and the
22 remainder of the report be filed.

23
24 **HOD ACTION: Recommendation in Council on Science and**
25 **Public Health Report 2 adopted as amended and the**
26 **remainder of the report filed.**
27

28 Council on Science and Public Health Report 2 responded to amended Resolution 608
29 (I-06), which called upon our American Medical Association (AMA) to study violence in
30 our schools, and Resolution 610 (A-07), which called upon our AMA to renew its
31 commitment to combat family and intimate partner violence and to include this issue in
32 the AMA strategic planning process. The specific recommendation contained in the
33 Report would have our AMA re-examine its role in implementing current policies relating
34 to violence, and consider including such issues in a strategic issue paper.

35
36 Your Reference Committee heard supportive testimony in favor of this report specifically
37 and this issue generally during the course of its hearing. Minor editing of the
38 recommendation contained in this report was suggested in an effort to clarify that our
39 AMA is focused on the prevention of violence and that a strategic issue paper is
40 absolutely necessary to consolidate and clarify our AMA's overarching position, ongoing
41 activities, and potential new initiatives, which have emerged as the result of this House
42 having adopted 49 independent policies and seven reports on this important public
43 health issue.
44

1 (2) RESOLUTION 601 - IMPACT OF PRIMARY CARE
2 REIMBURSEMENT ON MEDICAL CAREER CHOICE
3

4 RECOMMENDATION A:
5

6 Mr. Speaker, your Reference Committee recommends that
7 the following Substitute Resolution 601 be adopted:
8

9 RESOLVED, That our American Medical Association
10 explore the barriers to primary care medicine as a career
11 choice and the impact of these barriers on the profession
12 of medicine as a whole and on access to health care in the
13 United States. (Directive to Take Action)
14

15 RESOLVED, That our AMA report back at the 2008 Interim
16 meeting its findings and plan of action. (Directive to Take
17 Action)
18

19 RECOMMENDATION B:
20

21 Mr. Speaker, your Reference Committee recommends that
22 the title of Resolution 601 be changed to read as follows:
23

24 BARRIERS TO PRIMARY CARE AS A MEDICAL
25 CAREER CHOICE
26

27 **HOD ACTION: Substitute Resolution 601 adopted with**
28 **change in title.**
29

30 Resolution 601 calls upon our American Medical Association (AMA) to report, within the
31 next year, its findings and plan of action on the growing inadequacy of primary care
32 reimbursement and its impact on medical student career choice, the profession of
33 medicine as a whole, and access to care.
34

35 Your Reference Committee heard a significant amount of testimony to indicate that the
36 focus of this resolution is medical career choice, as opposed to physician reimbursement
37 issues. While your Reference Committee recognizes that reimbursement is a
38 contributing factor to the decline in primary care as a medical career choice, it is just one
39 factor and does not merit specific emphasis at this juncture over other contributing
40 factors. Furthermore, your Reference Committee noted there exists considerable
41 current AMA policy on the issue of reimbursement, as well as extensive research by
42 external organizations on this complex socioeconomic issue.
43

44 Your Reference Committee also heard a significant amount of testimony opposed to
45 referral of this resolution given that the request is for a study and not the adoption of new
46 House policy. While your Reference Committee heard testimony suggesting that the
47 scope of the study should be expanded to include all specialties, your Reference
48 Committee believes that a broad physician workforce study is not in keeping with the
49 original intent of specifically studying the shortage of physicians who provide primary
50 medical care. In conclusion, your Reference Committee believes the substitute

1 language reconciles the disparate testimony and strongly advocates for adoption of the
2 substitute resolution.

3
4 (3) RESOLUTION 611 - APPRECIATION BY NEVADA
5 PHYSICIANS OF THE AMERICAN MEDICAL
6 ASSOCIATION SUPPORT IN OPPOSITION TO
7 UNITEDHEALTH GROUP MERGER PROPOSAL

8
9 RECOMMENDATION A:

10
11 Mr. Speaker, your Reference Committee recommends that
12 Resolution 611 be amended by addition of a third
13 Resolved to read as follows:

14
15 RESOLVED, That our AMA immediately sunset the
16 Resolved clauses contained in Resolution 611. (Directive
17 to Take Action)

18
19 RECOMMENDATION B:

20
21 Mr. Speaker, your Reference Committee recommends that
22 Resolution 611 be adopted as amended.

23
24 **HOD ACTION: Resolution 611 adopted as amended.**

25
26 Resolution 611 expresses the appreciation of the Nevada Delegation to our American
27 Medical Association (AMA) for its recent actions in Nevada in opposing anti-competitive
28 consolidations in the health insurance industry.

29
30 Your Reference Committee heard testimony commending the efforts of our AMA in
31 response to a request for assistance from Nevada, as well as testimony from our AMA
32 leaders expressing gratitude for Nevada's appreciation.

33
34 Your Reference Committee discussed the fact that procedurally such expressions of
35 appreciation are normally introduced within the House via a point of personal privilege,
36 as opposed to a resolution, which is reserved for directives and policies. To avoid
37 having this resolution become part of our AMA Policy Compendium with a ten year life
38 span, your Reference Committee proposes the addition of a third Resolved, which
39 serves to allow the author an opportunity to express the intended sentiment while
40 allowing our AMA to immediately dispense with this item.

41
42 (4) RESOLUTION 609 - MAINTAINING THE PHYSICIAN
43 CONSORTIUM FOR PERFORMANCE IMPROVEMENT
44 AS PHYSICIAN-LED

45
46 RECOMMENDATION:

47
48 Mr. Speaker, your Reference Committee recommends that
49 Resolution 609 be referred.

50

1 **HOD ACTION: Resolution 609 referred for decision.**

2
3
4 Resolution 609 calls upon our American Medical Association (AMA) to ensure that the
5 Physician Consortium for Performance Improvement be a physician-led organization and
6 that voting rights within this body be reserved for those participants who meet the criteria
7 of a “physician” as defined by AMA Policy H-405.969 with continued participation by
8 non-physicians in the development of appropriate performance measures at the
9 workgroup level. The resolution further calls for our AMA to work to make the definition
10 of “physician” under Medicare law consistent with H-405.969 by defining chiropractors,
11 optometrists, and podiatrists eligible for payment under their own titles.

12
13 Your Reference Committee received conflicting testimony as to whether non-physicians
14 should be incorporated into the Consortium’s membership, with concomitant voting
15 rights. Points made in favor of non-physician voting rights included: the need to remain
16 flexible so that our AMA and other membership associations continue to interactively
17 participate; wider acceptance and use of physician measures if non-physicians are
18 involved in their development; this is merely a change in the minority composition of the
19 Consortium; and recognition that non-physicians are stakeholders as well. Points made
20 against non-physician voting rights included: fear that the power of the Consortium as a
21 physician-led group would be diluted; the Consortium as now constituted is physician-led
22 and should remain so; recognition that while non-physicians have an important role they
23 already have an opportunity to participate in workgroups; and concern that non-
24 physicians could use their Consortium involvement to expand their scope of practice in
25 their individual states. There was fairly extensive discussion about the structure of the
26 Consortium (which includes over 100 participating organizations).

27
28 All who testified voiced strong support of AMA policy H-405.969, which defines a
29 physician as an individual who has received a Doctor of Medicine or Doctor of
30 Osteopathic Medicine degree or an equivalent degree following successful completion of
31 a prescribed course of study from a school of medicine or osteopathic medicine.
32 Additionally, the action requested by the last resolved is a separate issue from that of the
33 Consortium membership.

34
35 The Consortium is not an AMA entity. Several noted that any change to Consortium
36 structure would require full debate at the Consortium level and entail input from our AMA
37 and other participating organizations as well as subsequent Consortium bylaw changes.
38 Your Reference Committee supports referral to allow the Board to resolve the complex
39 issues raised by Resolution 609. Referral with a report back will facilitate future House
40 action.

41
42 (5) **RESOLUTION 603 - PRESIDENTIAL CANDIDATES’**
43 **VIEWS ON HEALTH SYSTEM REFORM**

44
45 **RECOMMENDATION:**

46
47 Mr. Speaker, your Reference Committee recommends that
48 Resolution 603 be referred for decision.

49
50 **HOD ACTION: Resolution 603 referred for decision.**

1
2 Resolution 603 calls upon our American Medical Association (AMA) to host a US
3 presidential candidate forum of all the candidates at the 2008 Annual Meeting.

4
5 Your Reference Committee received testimony that was uniformly positive of the
6 resolution's goal—making the views of presidential candidates on health reform
7 available to physicians. There was some concern, however, about the method proposed
8 by the resolution—using the next House meeting as the specific vehicle. Additional
9 points raised included a potentially low fiscal note associated with this resolution, the
10 questionable value of such a forum to presidential candidates because of a fairly small
11 audience, the practicalities (audience questions, logistics, security concerns, etc.), and
12 alternatives such as using our AMA web site as a way to share information with all
13 member physicians, not just those in the House.

14
15 Your Reference Committee supports referral for decision to allow the Board to
16 investigate the legal issues associated with an organization such as our AMA hosting a
17 presidential candidate forum. There also would be major logistical concerns associated
18 with using the House as a venue for a town hall meeting in June 2008. Referral will give
19 the Board opportunity to study the feasibility of organizing the event as proposed, as well
20 as to identify other ways to make physicians more informed voters and supporters of
21 presidential candidates who espouse their preferred health care system. Referral for
22 decision also will allow the Board to start planning the event, if feasible.

23
24 (6) RESOLUTION 604 - NATIONAL DIABETES EDUCATION
25 PROGRAM

26
27 RECOMMENDATION:

28
29 Mr. Speaker, your Reference Committee recommends that
30 Resolution 604 be referred for decision.

31
32 **HOD ACTION: Resolution 604 referred for decision.**

33
34 Resolution 604 calls upon our American Medical Association (AMA) to endorse the work
35 of the National Diabetes Education Program (NDEP) and to seek inclusion in the NDEP
36 Steering Committee to influence development of educational materials that are reflective
37 of AMA policy.

38
39 Your Reference Committee received limited but positive testimony on Resolution 604.
40 Testimony clarified that the NDEP is a joint project of the National Institutes of Health
41 and the Centers for Disease Control and Prevention. It is federally-funded and has over
42 200 partner organizations involved in its work.

43
44 Your Reference Committee has learned that our AMA was recently invited to become a
45 member of the NDEP's steering committee, and our AMA's response to that invitation is
46 now being formulated. Your Reference Committee supports referral for decision to allow
47 a timely AMA response to be sent to the NDEP.
48

1 (7) BOARD OF TRUSTEES REPORT 5 - 2008 AMA
2 STRATEGIC PLAN

3
4 RECOMMENDATION:

5
6 Mr. Speaker, your Reference Committee recommends that
7 Board of Trustees Report 5 be filed.

8
9 **HOD ACTION: Board of Trustees Report 5 filed.**

10
11 Board of Trustees Report 5 presents the American Medical Association's 2008 Strategic
12 Plan, which includes principal commitments in six major areas that are considered
13 especially relevant to the membership, and which establish the basis for the 2008
14 budget. The principal commitments include: health care environment, clinical
15 excellence, health of the public, physician practice viability, physician education and
16 professionalism, and a sustainable AMA.

17 Your Reference Committee received testimony that was positive and appreciative of the
18 Board's work in developing the Plan. The input of various stakeholders, including AMA
19 Councils, Sections, and the House, was recognized. Some concerns were expressed,
20 however, related primarily to the specificity of elements contained within the Plan. For
21 example, there were requests to include the following under the broad headings—
22 physician health and wellness, family violence (including child abuse, domestic abuse
23 and elderly violence), Medicare reform, physician reimbursement, and the growing
24 numbers of employed physicians. Your Reference Committee asks that the Board
25 consider these important issues in its continued implementation and planning processes.

26
27 (8) BOARD OF TRUSTEES REPORT 7 - AMERICAN
28 MEDICAL ASSOCIATION 2008 BUDGET

29
30 RECOMMENDATION:

31
32 Mr. Speaker, your Reference Committee recommends that
33 Board of Trustees Report 7 be filed.

34
35 **HOD ACTION: Board of Trustees Report 7 filed.**

36
37 Board of Trustees Report 7 provides details on our American Medical Association (AMA)
38 2007 financial performance through mid-year and outlines the 2008 budget.

39
40 The AMA budget drew considerable testimony. Many delegates, including former AMA
41 leaders, vocalized great appreciation of the Board's presentation in terms of its
42 comprehensiveness, value, and easy-to-understand format. The Board presentation
43 emphasized several points, namely that our AMA is in sound financial shape, that it
44 allocates its resources consistent with the Strategic Plan, and that a disciplined use of
45 some dollars from AMA reserves in excess of target levels is planned for 2008, mainly in
46 support of the Campaign for the Uninsured. Additional testimony noted that the Board
47 has implemented a new mechanism that allows excess reserve dollars to be used to
48 fund critical AMA programs.

49

1 Your Reference Committee heard some concern about the expenses associated with
2 the Campaign for the Uninsured beyond 2008, specifically our AMA's reserves in excess
3 of target amounts may continue to be used to fund additional components of that
4 Campaign. Testimony urged development of metrics to identify the benefits to be
5 derived from this capital spending.

6
7 Your Reference Committee also heard testimony expressing concern about physician
8 membership in our AMA. Additional points raised during testimony stressed that our
9 AMA now has in-house expertise related to membership recruitment and retention. A
10 major membership recruitment plan is proposed for June 2008 that will focus on giving
11 physicians a suite of tools that can improve everyday practice. The Board expressed a
12 commitment to pursuing increased membership.

13
14 (9) REPORT OF THE HOUSE COMMITTEE ON
15 COMPENSATION OF THE OFFICERS

16
17 RECOMMENDATION:

18
19 Mr. Speaker, your Reference Committee recommends that
20 the Report of the House Committee on Compensation of
21 the Officers be filed.

22
23 **HOD ACTION: Report of the House Committee on**
24 **Compensation of the Officers filed.**

25
26 The Report of the House Committee on Compensation of the Officers is provided for the
27 information of the House and serves to highlight officer compensation during the period
28 July 1, 2006 to June 30, 2007. In light of the compensation adjustments that were
29 adopted at the 2007 Annual Meeting, no further changes are recommended by this
30 report.

31
32 During the introduction of this report, the Compensation Committee welcomed
33 suggestions and comments, but your Reference Committee received no testimony.

34

- 1 Mr. Speaker, this concludes the report of Reference Committee F. I would like to thank
- 2 Steven C. Arendt, MD, Nancy J. Auer, MD, Lisa Egbert, MD, David C. Fleeger, MD,
- 3 Frank J. Indihar, MD, Gary D. Thal, MD, MBA, and all those who testified before the
- 4 Committee.

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