

# Reference Committee highlights

## Reference Committee on Amendments to the Constitution and Bylaws

- The AMA adopted ethics policy that says physicians have ethical responsibilities not only to learn from but also, when possible, to contribute to the total store of scientific knowledge. Physicians should strive to advance medical science and make their achievements known through publication or other means of disseminating such information. The use of patents, trade secrets, confidentiality agreements or other means to limit the availability of medical procedures places significant limitation on the dissemination of medical knowledge, and is therefore unethical.
- The AMA adopted new ethics policy regarding the collection and storage of fetal umbilical cord blood for therapeutic purposes. Physicians providing obstetrical care should be prepared to inform pregnant women of the various options regarding cord blood donation or storage and the potential uses of donated samples. Collection procedures must not interfere with standard delivery practices and the safety of the newborn or the mother. Informed consent for the collection of umbilical cord blood stem cells should be obtained, when feasible, before the onset of labor. Physicians' ties to public and private cord blood banks must be disclosed during the informed consent process. Physicians shall not accept financial or other inducements for providing samples to cord blood banks. The utility of umbilical cord blood stem cells is greater when the donation is to a public rather than private bank. Private banking should be considered in the unusual circumstance when there exists a family predisposition to a condition in which umbilical cord stem cells are therapeutically indicated.
- The House referred to the Council on Ethical and Judicial Affairs (CEJA) ethics guidelines regarding health facility ownership by physicians. It also referred ethics guidelines regarding the palliative sedation of terminally ill patients.

## Reference Committee F

- The AMA resolved to re-examine its role in implementing current policies related to violence prevention.
- The AMA voted to explore the barriers to primary care medicine as a career choice and the impact of these barriers on the profession of medicine as a whole and on access to health care throughout the country.

- The AMA referred a resolution to the Board of Trustees to consider hosting a forum during the 2008 Annual Meeting of the AMA House of Delegates for the leading U.S. presidential candidates from all major parties in an effort to make the candidates' views about health care more available to physicians.

## Reference Committee J

- The AMA adopted several principles to guide in the evaluation of state health system reform proposals. Health insurance coverage for state residents should be universal, continuous and portable. Coverage should be mandatory only if health insurance subsidies are available for those living below a defined poverty level. The health care system should emphasize patient choice of plans and health benefits, including mental health, which should be value-based. Existing federal guidelines regarding types of health insurance coverage (e.g. Title 26 of the U.S. Tax Code and Federal Employees Health Benefits Program regulations) should be used as references when considering if a given plan would provide meaningful coverage. The delivery system should ensure choice of health insurance and physician for patients, choice of participation and payment method for physicians and preserve the patient/physician relationship. The delivery system should focus on providing care that is safe, timely, efficient, effective, patient-centered and equitable. The administration and governance system should be simple, transparent, accountable, efficient and effective in order to reduce administrative costs and maximize funding for patient care. Health insurance coverage should be equitable, affordable and sustainable. The financing strategy should strive for simplicity, transparency and efficiency. It should emphasize personal responsibility as well as societal obligations.
- The AMA adopted policy to support the use of appropriately structured and adequately funded tax credits as the most effective mechanism for enabling uninsured individuals to obtain health insurance coverage. The AMA will continue to study the tax ramifications of eliminating the employee income tax exclusion for employment-based health insurance, including the possible impact of both payroll taxes (e.g. FICA and Medicare tax to employees and employers) and individual income taxes at the state, city and county levels, with a report back at the 2008 Annual Meeting.

*(Continued on back)*

- The AMA adopted policy to continue to study combining Part A and B of the Medicare Trust Funds into a single program, and report back, clearly delineating the advantages and disadvantages of this action, including the effect on graduate medical education funding and of adding a means test to Medicare Part A. The AMA will encourage the Centers for Medicare and Medicaid Services to explore the use of value-based, targeted benefit design to facilitate a more efficient and meaningful cost-sharing structure that will help align incentives for patients to seek appropriate and effective care.
- The AMA adopted policy to oppose payment cuts to any teaching program on the basis that the attending physician is concurrently or sequentially supervising more than one resident, fellow or student.

### Reference Committee K

- The AMA adopted a recommendation in Council on Medical Service Report 2 to reaffirm policy supporting the principle that risk-related subsidies, such as those for high-risk pools, reinsurance and risk adjustment, should be financed through general tax revenues rather than strict community rating or premium surcharges. The AMA also adopted a recommendation to support the principle that health insurance coverage of high-risk patients be funded through direct risk-based subsidies such as high-risk pools, reinsurance and risk adjustment, rather than through indirect methods that rely heavily on market regulation. The AMA also will support state-based demonstration projects to subsidize coverage of high-risk patients through mechanisms such as high-risk pools, reinsurance, risk adjustment and other risk-based subsidies.
- The AMA resolved to advocate that all Joint Commission standards, including medication reconciliation standards, be consistently interpreted by its survey team members, hospitals and health care systems to improve patient safety. The AMA also resolved to work with other interested parties, including state and medical specialty societies, the American Hospital Association, the National Patient Safety Foundation, and the Joint Commission to standardize interpretation and enforcement of Joint Commission medication reconciliation policies, based on pre-established, uniform, specific and consistently interpreted criteria.
- After hearing mixed testimony on a pair of resolutions concerning at-home call, the AMA voted to refer both for further study. One resolution asked the AMA to urge the Accreditation Council for Graduate Medical Education (ACGME) to collect additional evidence on the number of

residency programs nationwide that have changed prior in-house call rotations to at-home call since July 2003. Another asked the AMA to oppose the use of at-home call being used to circumvent the intent of current ACGME duty hour restrictions.

### Reference Committee L

- Following emphatic testimony, the AMA resolved to redouble its efforts to make physician antitrust relief a top legislative priority, providing the necessary foundation for fair contract negotiations designed to preserve clinical autonomy and patient interest, and to redirect medical decision-making to patients and physicians. The AMA also will affirm its commitment to undertake all appropriate efforts to seek legislative and regulatory reform of state and federal law, including federal antitrust law, to enable physicians to negotiate effectively with health insurers.
- The AMA resolved to devote the necessary political and financial resources to introduce national legislation at the appropriate time to bring about implementation of Medicare balance billing and to introduce legislation to end the budget neutral restrictions inherent in the current Medicare physician payment structure that interferes with patient access to care. This legislation should be designed to pre-empt state laws that prohibit balance billing and prohibit the inappropriate inclusion of balance billing bans in insurance-physician contracts. The AMA also will develop model language for physicians to incorporate into any insurance contracts that attempt to restrict a physician's right to balance bill any insured patient.
- The AMA resolved to actively work to reinstate the "20/220 pathway," an important economic hardship deferment qualification for medical residents, and support alternate mechanisms that better address the financial needs of post-graduate trainees with educational debt.
- After considerable and impassioned discussion, the AMA voted to oppose a resolution calling for reauthorization of the State Children's Health Insurance Program for children only, and only for those at or below the 200 percent Federal Poverty Level, with a transition toward insurance coverage for those children through a system of tax subsidies and vouchers by 2010, as described in the AMA's 2007 edition of "Expanding health insurance: The AMA proposal for reform." The AMA will continue to support alternative initiatives to expand coverage to the uninsured in a manner consistent with existing AMA policy.