

RESOLUTIONS**MEMORIAL RESOLUTIONS****Adopted Unanimously****James H. Andersen, MD**

Introduced by Illinois Delegation

Whereas, Dr. James H. Andersen passed away on December 3, 2002; and

Whereas, Dr. Andersen has been a member of the Chicago Medical Society, Illinois State Medical Society and our American Medical Association since 1959; and

Whereas, During that time he understood the importance of active participation on behalf of his fellow physicians and his patients, serving in numerous positions within the Chicago Medical Society including as its president in 1988-1989; and

Whereas, In addition to a number of various committee appointments, Dr. Andersen served as a trustee on the Board of Trustees of the Illinois State Medical Society from 1983-1989, at which time he was elected ISMS president-elect and then served as its president in 1990-1991; and

Whereas, Dr. Andersen has been a member of this House of Delegates since 1985, serving as chair of the Illinois Delegation in 1995 and 1996, on various AMA reference committees and appointed positions, as well as within the Organized Medical Staff Section; and

Whereas, Dr. James H. Andersen had dedicated a significant part of his life, in spite of a very busy surgical practice, to the objectives of organized medicine; therefore be it

RESOLVED, That our American Medical Association convey its condolences and recognition of loss to the family of Dr. James H. Andersen; and be it further

RESOLVED, That this resolution be officially recorded as part of the proceedings of this meeting of the House of Delegates of our AMA.

George Valter Brindley, Jr., MD

Introduced by Texas Delegation

Whereas, Family, friends and colleagues were deeply saddened by the loss of George Valter Brindley, Jr., MD, on June 17, 2002, at the age of 87; and

Whereas, His active involvement in medicine included 10 years as a delegate from Texas to the American Medical Association House of Delegates; the presidency of the Texas Medical Association, the Southern Surgical Association, the Southern Society of Clinical Surgeons, and the Texas Surgical Society; and served on the Board of Governors of the American College of Surgeons and the Board of Trustees of the American Hospital Association; and

Whereas, Doctor Brindley's contributions to his profession were recognized through many awards and honors, including the Distinguished Service Award from the American Medical Association and the Texas Medical Association; the James F. Mitchell Foundation Award for Outstanding Surgeon; and the Ashbel Smith Distinguished Alumnus Award from The University of Texas Medical Branch at Galveston; and

Whereas, Doctor Brindley greatly admired his father, an early associate of the founders of Scott and White Hospital and Clinic, and followed in his father's footsteps to become a member of the Scott and White staff as a general and thoracic surgeon from 1946 to 1984. During that time, he served as chair of the Department of Surgery and vice president and president of Scott and White Clinic, and in 1979 he became the founding president of the Scott and White Health Plan, a nonprofit health maintenance organization with a current membership of 182,000; and

Whereas, He was executive director of the Texas State Board of Medical Examiners from 1984 to 1990 and also served for 14 years on the Governor's Coordinating Board for the Texas College and University System; and

Whereas, Doctor Brindley lived a life that enriched the lives of others, was generous with his time and talents, lived with honor and with a high ethical standard, and with unending curiosity and interest in life; and

Whereas, He is survived by his devoted wife and the love of his life, Cleo Love Brindley, three daughters, Beverly Brindley Griffith, Martha Brindley Beckworth, and Joan Brindley, four granddaughters and four great-grandchildren; therefore be it

RESOLVED, That the condolences and deep felt sympathy of his colleagues and friends at our American Medical Association be extended to his family.

James F. McDonough, MD

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

Whereas, Dr. James F. McDonough of Winchester, Massachusetts, was president of the Massachusetts Medical Society (MMS) from 1972-1973; and

Whereas, Dr. McDonough was a member of the Massachusetts Medical Society for 57 years, and is best remembered for creating the society's long-term endowment fund that now bears his name and for spearheading the construction of the society's first headquarters in Waltham; and

Whereas, Dr. McDonough was a graduate of Boston College and Tufts Medical School and was a board-certified obstetrician/gynecologist and delivered over 15,000 babies in the town of Winchester, MA; and

Whereas, Dr. McDonough was a World War II veteran having served in the Army Medical Corps; and

Whereas, Dr. McDonough served organized medicine in many capacities over the past 57 years; most notably he chaired the MMS Committee on Publications, served lengthy terms on the Committee on Finance, the Committee on Administration & Management, the Committee on Long Range Planning and many other committees and task forces; and

Whereas, Dr. McDonough served the American Medical Association as an AMA Delegate for nearly 25 years, as Chair of the Council on Constitution & Bylaws, and as Chair of the Massachusetts AMA Delegation for many years; therefore, be it

RESOLVED, That the delegates and staff of our American Medical Association express our profound sympathy to Dr. McDonough's children, as well as our admiration, acknowledgement, and gratitude for James F. McDonough's major contributions to the profession of medicine.

Walter J. O'Donohue, MD
Introduced by Nebraska Delegation

Whereas, Family, friends and the entire medical community were deeply saddened by the untimely death of Walter J. O'Donohue, MD, on July 22, 2002, at the age of 67; and

Whereas, He had a lifelong commitment to serving the medical, professional and academic community with a drive for excellence in medical education; and

Whereas, His active involvement included service on the Metro Omaha Medical Society Executive Board, serving as President in 1998; and

Whereas, He was the Chairman of the American College of Chest Physicians' Council of Governors; and

Whereas, He served as the chair of the Nebraska Medical Association, Commission on Association Affairs, and as a Councilor on the Nebraska Medical Association Board of Councilors; and

Whereas, His service record also included the board of directors and presidency of the National Association for Medial Directors of Respiratory Care (NAMDRC), chairs of committees for the American Medical Association and the American College of Chest Physicians (ACCP), the board of directors of the American Lung Association and the House of Delegates of our AMA; and

Whereas, His knowledge of procedure coding was unsurpassed and he was the editor of the ACCP's *Appropriate Coding for Critical Care Medicine and Pulmonary Services*; and

Whereas, He received numerous honors including the ACCP's Distinguished Service Award and the United States Inspector General's Integrity Award; and

Whereas, He was an accomplished educator and mentor to thousands of students and residents, and served as the Associate Dean of Graduate Medical Education at the Creighton University Medical Center; and

Whereas, Doctor O'Donohue was a kind and generous, physician, friend, husband and father with a legacy of teaching not only the science of medicine, but also the art of caring and healing; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize the contributions made by Walter J. O'Donohue, MD, to the medical profession, our community, and to his fellow physicians by his service and advocacy for students, residents, patients, and physicians.

William J. Reals, MD
Introduced by Kansas Delegation

Whereas, William J. Reals, MD, of Wichita, Kansas, who had a long and distinguished career in medicine as an educator, a clinical and forensic pathologist, and a member of the armed services, passed away at the age of 82, on November 12, 2002; and

Whereas, Dr. Reals was a leader in his profession, serving as President of the College of American Pathologists in 1983-84, President of the Kansas Medical Society in 1971-72, and President of the Medical Society of Sedgwick County (Wichita) in 1961; and

Whereas, Dr. Reals was a lifelong member of our American Medical Association and served as an AMA alternate delegate from Kansas from 1962-70, an AMA delegate from the College of American Pathologists from 1978-92, and was a member of the AMA Council on Medical Education from 1981-91, serving as Chairman of the Council from 1989-91; and

Whereas, Dr. Reals served as Dean of the University of Kansas School of Medicine-Wichita from 1980-90, was appointed Vice Chancellor in 1988, and received the honor of Professor Emeritus from the University of Kansas in 1994; and

Whereas, Dr. Reals was a veteran of World War II, was commissioned as a medical officer in the US Air Force during the Korean Conflict and remained in the US Air Force Reserve, rising to the position of Senior Medical Reservist in 1979, and retired as a Brigadier General in 1980; and

Whereas, Dr. Reals was an internationally renowned expert in aviation accidents and was often called to crash sites around the world to investigate air disasters; and

Whereas, Dr. Reals was a prolific author, publishing five books and more than 135 papers in his field; and

Whereas, Dr. Reals is survived by his wife Norma; sons William, Jr. of Mission Viejo, California, Thomas, a Wichita, Kansas physician; and John, of Wichita; daughters Ann Coffey and Mary Knorp, both of Wichita, as well as 18 grandchildren; therefore be it

RESOLVED, That the condolences and heartfelt sympathy of Dr. William Reals' colleagues and friends at our American Medical Association be extended to Mrs. Norma Reals and her family.

Carol M. Sholtis, MD

Introduced by Ohio Delegation

Whereas, A very dear and long-time friend, esteemed colleague, and member of the American Medical Association House of Delegates, Carol M. Sholtis, MD, passed away on January 2, 2002; and

Whereas, Dr. Sholtis served in the American Medical Association House of Delegates, both as a delegate and as an alternate delegate, for the past six years; and

Whereas, Dr. Sholtis served as vice-president and president of the medical staff of Holzer Medical Center in Gallipolis, Ohio and on the board of directors and executive committee board of trustees of the University of Rio Grande in Ohio; and

Whereas, She served the Gallia County Medical Society, the Ohio State Medical Association and our American Medical Association with distinction, serving as president of her county medical society, as ninth district councilor to the OSMA executive board and also on many other state and national committees and councils; and

Whereas, She contributed selflessly to the profession of hematology/oncology through her experiences in teaching, practice and research; and

Whereas, She is remembered as a caring, devoted physician, and friend through her many accomplishments, good humor, enthusiasm for life, love of family, and her extraordinary kindness to everyone; therefore be it

RESOLVED, That our American Medical Association recognize the immeasurable contributions made by Carol M. Sholtis, MD, to the medical profession, our AMA, and to her fellow physicians by her service and advocacy for patients, physicians and the public health; and be it further

RESOLVED, That our American Medical Association House of Delegates express its sorrow and sense of loss for the untimely death of Carol M. Sholtis, MD, to her family and husband, Larry J. Yodlowski, MD, and present him with a copy of this resolution.

**RESOLUTION 1 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

2. ADVOCACY FOR ETHICS

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

HOUSE ACTION: ADOPTED

RESOLVED, That the House of Delegates view resolutions pertaining to ethics, and reports and opinions from the Council on Ethical and Judicial Affairs, to be an integral part of the advocacy and legislative program of our American Medical Association and should be included in the agenda of the Interim Meetings.

**RESOLUTION 3 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 4 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

5. EXTENDING PROFESSIONAL COURTESY

Introduced by Florida Delegation

**HOUSE ACTION: POLICIES H-140.938 AND E-6.13 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 5:**

RESOLVED, That our American Medical Association encourage physicians and all clinical organizations that work with physicians such as hospitals and clinical laboratories to offer professional courtesy to physicians and their immediate family; and be it further

RESOLVED, That our AMA work to introduce legislation in Congress to remove any legal impediment to physicians extending professional courtesy to other physicians and their immediate families.

**RESOLUTION 6 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 601 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 602 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 603 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 604 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

605. THE FUTURE OF THE YOUNG PHYSICIANS SECTION, RESIDENT AND FELLOW SECTION, AND MEDICAL STUDENT SECTION OF THE AMERICAN MEDICAL ASSOCIATION WITHIN THE ORGANIZATION OF ORGANIZATIONS

Introduced by American Society of Plastic Surgeons, American Association of Plastic Surgeons, American Society of Aesthetic Plastic Surgery and American Society of Maxillofacial Surgeons

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association ensure that the Young Physician Section, the Resident and Fellow Section, and the Medical Student Section remain core subsections of the American Medical Association in the future, no matter what structure is eventually given to the Organization of Organizations.

**606. HIPAA IMPLEMENTATION ASSISTANCE
Introduced by South Carolina Delegation**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association provide HIPAALink to the membership at a reasonable price, under one hundred dollars or at cost; and be it further

RESOLVED, That a surcharge of five hundred dollars or more be charged to physicians who are not members of the AMA and that this surcharge include a one year membership in the AMA.

**701. PHYSICIAN GRANTS FOR NURSE-MANAGED CLINICS
Introduced by Indiana Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association seek a change in federal rules that would allow physicians to apply for and receive grants or other awards to provide medical services now reserved for only nurse-managed clinics or other limited license providers.

**RESOLUTION 702 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 703 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**704. STATE-BASED DEMONSTRATION PROJECTS OF TAX CREDITS FOR UNIVERSAL HEALTH CARE ACCESS
Introduced by Medical Student Section**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association target one or two appropriate states, then work in collaboration with their state medical societies and other appropriate entities to establish state-based pilot programs of means-tested refundable tax credits to deliver universal health insurance.

705. FDA FAST TRACK FOR INCURABLE DISEASE TREATMENTS
Introduced by Alabama Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 705:

RESOLVED, That our American Medical Association reaffirm Policies H-100.980 and H-100.993; and be it further

RESOLVED, That our AMA intensify its advocacy efforts in working with the Food and Drug Administration to develop and implement streamlined mechanisms to evaluate and approve drugs which would benefit patients suffering from incurable diseases or terminal illnesses.

706. UPDATE TO AMBULATORY SURGERY PROCEDURE LIST
Introduced by International College of Surgeons - US Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association urge the Centers for Medicare and Medicaid Services to immediately update the ambulatory surgery center list of covered procedures.

707. PRESCRIPTION DRUG COSTS FOR SENIOR CITIZENS
Introduced by International College of Surgeons - US Section

HOUSE ACTION: POLICY H-110.997 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 707:

RESOLVED, That our American Medical Association support prescription drug cost containment for senior citizens; and be it further

RESOLVED, That our AMA endorse the responsible promotion of generic drugs, which may provide a cost savings to senior citizens.

708. OFFICE-BASED SURGERY REGULATION
Introduced by American College of Surgeons

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 708 ADOPTED:

RESOLVED, That due to existing urgency, our American Medical Association convene together with the American College of Surgeons, by February 1, 2003, a work group of interested specialty societies and state medical associations, with the input of recognized accrediting bodies, to identify specific requirements for optimal office-based surgery/procedures in those situations where moderate sedation/analgesia, deep sedation/analgesia or general anesthesia (as defined by the American Society of Anesthesiologists) may be administered; and utilize those requirements to develop guidelines and model state legislation for use by state regulatory authorities to assure quality of office-based surgery/procedures, with a report back to the House of Delegates at the 2003 Interim Meeting.

709. VA PRESCRIPTION DRUG BENEFITS
Introduced by Kansas Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association petition the Veterans Administration to change its policies to allow beneficiaries to receive VA formulary-approved medications pursuant to an order from their personal physician, without the necessity of seeing a VA practitioner; and be it further

RESOLVED, That our AMA petition the Veterans Administration to change its policies to require no more than annual written refill prescriptions for maintenance medication.

710. MEDICAL LIABILITY SURCHARGE
Introduced by Florida Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association take the necessary steps to give physicians the right to add a malpractice surcharge to medical bills.

711. REIMBURSEMENT FOR MEDICAL LIABILITY COSTS
UNDER THE MEDICARE FEE SCHEDULE
Introduced by American College of Surgeons

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 711:

RESOLVED, That our American Medical Association, as part of its medical liability reform efforts, advocate with the Centers for Medicare and Medicaid Services to use more current data in assessing the impact of professional liability premiums on the resource costs involved in providing physician services; and be it further

RESOLVED, That our AMA encourage CMS to adjust the Medicare fee schedule methodology to best assure that actual liability insurance costs, and increases in those costs, are reflected in Medicare physician payments; and be it further

RESOLVED, That our AMA urge CMS to improve its methodology so that needed payment increases are directed appropriately toward those services, specialties, and geographic areas that are actually experiencing the premium rate increases.

712. MAKING "FAIR HEARINGS" COUNT
Introduced by Florida Delegation

Resolution 712 was considered together with Report 6 of the Council on Medical Service
see page 197

713. MEDICARE BALANCE BILLING
Introduced by Florida Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association advocate that physicians be allowed to balance bill Medicare recipients to the full amount of their normal charge with the patient responsible for the difference between Medicare payment and physician charges; and

RESOLVED, That our AMA seek introduction of national legislation to bring about implementation of balance billing of Medicare recipients; and be it further

RESOLVED, That our AMA further advocate that such federal laws and regulations preempt state laws that prohibit balance billing.

**714. INSPECTOR GENERAL TO RULE ON EXCLUSIVITY PROVISIONS
FOR MEDICAL STAFF MEMBERSHIP
Introduced by Pennsylvania Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association continue its discussions with the Office of Inspector General of Health and Human Services and urge the OIG to issue a fraud alert on the practice of exclusive credentialing; and be it further

RESOLVED, That our AMA take other appropriate action, which may include administrative action, litigation, and/or legislation, to protect our patients from being denied quality medical care through exclusive (including economic) credentialing by hospitals.

**715. STUDY OF ADMINISTRATIVE COSTS OF GOVERNMENT
AND PRIVATE HEALTH INSURANCE PROGRAMS
Introduced by Utah Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support accurate calculations of the administrative costs of government programs (Medicare, Medicaid, TRICARE, etc.) and private health insurance plans; and be it further

RESOLVED, That our AMA cause that a follow-up study to the 1994 Council on Affordable Health Insurance study covering Medicare and Medicaid be completed expeditiously, and that the completed study be disseminated to state and specialty medical societies and other interested parties.

**716. MEDICARE'S THREE-DAY QUALIFYING STAY -
DISCHARGE TO SKILLED NURSING FACILITY
Introduced by Ohio Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 716:**

RESOLVED, That our American Medical Association place on legislative priority to solicit the Secretary of the US Department of Health and Human Services to change the Medicare three-day qualifying stay – discharge to skilled nursing facility rule to allow physicians the ability to directly admit a patient to a participating skilled nursing facility under certain medical conditions determined by the physician.

**717. MEDICARE CARRIER MEDICAL DIRECTORS
Introduced by New Mexico Delegation**

HOUSE ACTION: ADOPTED WITH CHANGE IN TITLE

RESOLVED, That our American Medical Association lobby the US Congress to pass legislation to require Medicare carriers to provide an adequate number of medical directors with adequate financial support to achieve the goals of maintaining good communications between physicians and the Medicare carriers at the local level, furthering physician education about appropriate documentation and coding and best medical practices, working to ensure timely claims adjustment, and providing accurate and timely answers to provider and beneficiary questions; and that the appropriate number of Medicare carrier medical directors in each state or region be established via joint agreements of the local carriers and the state medical societies, with a minimum number of one medical director per state unless the medical society from any given state determines that a regional multi-state medical director is adequate, and with final authority resting with the Centers for Medicare and Medicaid Services in cases where a joint agreement involving a state medical society and the local carrier cannot be reached.

718. STRATEGIES FOR ELIMINATING MINORITY HEALTH CARE DISPARITIES
Introduced by National Medical Association

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association make the elimination of racial and ethnic disparities in health care an issue of highest priority; and be it further

RESOLVED, That our AMA commend the Institute of Medicine (IOM) on its report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," and that all applicable AMA councils be requested to formally review the IOM report and its recommendations and submit reports back to the AMA House of Delegates at the 2003 Interim Meeting from their areas of expertise with specific strategies to move towards the elimination of racial and ethnic health care disparities; and be it further

RESOLVED, That our AMA renew its commitment to supporting the importance of culturally effective health care in eliminating disparities and explore ways to provide physicians with tools for improving the cultural effectiveness of their practices; and be it further

RESOLVED, That our AMA identify and incorporate strategies specific to the elimination of minority health care disparities in its ongoing advocacy and public health efforts, as appropriate.

719. ELIMINATION OF 48-HOUR SIGNATURE RULE FOR VERBAL ORDERS
Introduced by Ohio Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2003 ANNUAL MEETING

RESOLVED, That our American Medical Association work to rescind the Centers for Medicare and Medicaid Services 48-hour time frame for authentication of verbal orders; and be it further

RESOLVED, That our AMA work to establish the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 30-day medical record authentication requirement as the standard for medical record authentication.

RESOLUTION 720 WAS WITHDRAWN

721. HOMELAND AND GLOBAL PUBLIC HEALTH SECURITY
Introduced by District of Columbia Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association encourage our federal government to involve physicians and organized medicine not only in the preparedness planning to deal with the consequences of weapons of mass destruction but also in the strategic planning of preventing the use of medical knowledge for the development of such weapons; and be it further

RESOLVED, That our AMA, cognizant of the homeland and global public health security interdependence, encourage the World Medical Association, the World Health Organization and other appropriate medical associations to initiate similar actions through the national medical associations of member nations.

**722. NATIONALIZED MEDICAID STUDY
Introduced by Washington Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association study the benefits and risks of a nationalized Medicaid program, and report back to the AMA House of Delegates by the 2003 Interim Meeting.

**723. PHARMACEUTICAL SHORTAGES
Introduced by The Endocrine Society**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association request that the Food and Drug Administration require any manufacturer or supplier of pharmaceutical products or medical devices to notify the FDA, physicians, and their appropriate professional medical societies about the existence of a drug or device shortage as soon as they are recognized, provide information about the anticipated duration of such shortages, and outline measures being taken to resolve the shortage; and be it further

RESOLVED, That our AMA request that the FDA require any manufacturer or supplier of pharmaceutical products or medical devices to inform physicians and the appropriate professional societies about the planned cessation of manufacture and/or supply of a drug or medical devices.

**724. STATUTORY AUTHORIZATION OF THE PEDIATRIC RULE
Introduced by American Academy of Pharmaceutical Physicians**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association advocate that Congress authorize the Food and Drug Administration to require evaluation by pharmaceutical companies of safety and efficacy of appropriate new and marketed drugs in children.

**725. NATIONAL REGULATION OF HEALTH INSURANCE MARKETS
Introduced by Washington Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association study the benefits and risks of national health insurance regulation, and report back to the House of Delegates by the 2003 Interim Meeting; and be it further

RESOLVED, That our AMA thoroughly review the McCarran-Ferguson Act and seek a legal opinion whether the scope of the McCarran-Ferguson Act is limited to "risk rating and risk spreading" involving insurance companies and does not protect anti-competitive market dominant behavior by insurance companies and, based on such opinion, consider asking Congress to clarify the limited scope of the McCarran-Ferguson Act.

**726. ELIMINATION OF FEDERAL GOVERNMENT DISCRIMINATION
AGAINST INDIVIDUALS WHO PURCHASE HEALTH INSURANCE
Introduced by Washington Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association seek to eliminate federal government discrimination against individuals who purchase health insurance, by pursuing equitable tax-exemption for health insurance premiums.

727. SILICONE BREAST IMPLANTS

Introduced by American Society of Plastic Surgeons, American Association of Plastic Surgeons, American Society of Aesthetic Plastic Surgeons, and American Society of Maxillofacial Surgeons

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association reaffirm Policy H-525.984 on breast implants, including support for a woman's right to choose silicone or saline breast implants for breast reconstruction or breast augmentation after being fully informed about the risks and benefits and support for a registry for all patients with breast implants; and be it further

RESOLVED, That our AMA monitor federal legislation and regulatory activities related to breast implants and advocate for a woman's right to choose silicone or saline breast implants for breast reconstruction or breast augmentation after being fully informed about the risks and benefits and for a registry for all patients with breast implants.

728. SMALLPOX VACCINATION

Introduced by American Association of Public Health Physicians

Resolution 728 was considered together with Report 2 of the Council on Scientific Affairs
and Resolution 730
see page 216

**RESOLUTION 729 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

730. SMALLPOX VACCINATION OF HEALTH CARE AND PUBLIC HEALTH SMALLPOX RESPONSE TEAMS

Introduced by Organized Medical Staff Section

Resolution 730 was considered together with Report 2 of the Council on Scientific Affairs
and Resolution 728
see page 216

731. INCREASED ADMINISTRATIVE FEES FOR MULTIVALENT VACCINES

Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association advocate with the Centers for Medicare and Medicaid Services and ALL other payors to effect an increase in the administration fee for multivalent vaccines to reflect the true costs to the physician for the administration of such vaccines; and be it further

RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services and appropriate specialty societies to develop pediatric specific immunization codes to accurately reflect the physician work in administering vaccines to the pediatric population.

**732. PRESERVATION OF HIV AND STD PREVENTION PROGRAMS
INVOLVING SAFER SEX STRATEGIES AND CONDOM USE
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association reaffirm its policy to reiterate that HIV and STD prevention education must be comprehensive to incorporate safer sex strategies including condom use, not just abstinence, and that these programs be culturally sensitive to sexual orientation minorities; and be it further

RESOLVED, That our AMA urge the Centers for Disease Control and Prevention to maintain the online fact sheet and curriculum on HIV and STD prevention education involving condom use, and continue to augment the fact sheet as new information is developed; and be it further

RESOLVED, That our AMA issue a letter to Secretary of the US Department of Health and Human Services to express grave concern that funding, promotion, and institutional support for safer sex programs, including those that involve condom use, not be compromised.

**733. ACHIEVING HEALTH CARE COVERAGE FOR ALL
Introduced by American Academy of Family Physicians, American Academy of Pediatrics,
American College of Cardiology, American College of Emergency Physicians,
American College of Obstetricians and Gynecologists, American College of Physicians-
American Society of Internal Medicine, and American College of Surgeons**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association join with interested medical specialty societies and state medical societies to advocate for enactment of a bipartisan resolution in the US Congress establishing the goal of achieving health care coverage through a pluralistic system for all persons in the United States on or before January 1, 2009 that is consistent with relevant AMA policy.

**801. UNIFORM HEALTH PLAN APPLICATION
Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island and Vermont Delegations**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 801:**

RESOLVED, That our American Medical Association work with key payors, national credential verification organizations and the National Committee for Quality Assurance to create and promote a national uniform health plan application.

**802. CLINICAL SKILLS ASSESSMENT EXAM
Introduced by Nebraska Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 802:**

RESOLVED, That our American Medical Association request that the National Board of Medical Examiners delay implementation of the Clinical Skills Assessment Exam until such time as it can be confirmed that the CSAE as it is presently proposed to be implemented does not unnecessarily burden US medical students and that identified problems can be resolved by a more focused process.

**RESOLUTION 803 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 804 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 805 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 806 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**807. HEALTH REIMBURSEMENT ARRANGEMENTS
Introduced by Kansas Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association study the possibilities afforded by Health Reimbursement Arrangements to accomplish the objectives of Medical Savings Accounts and report its findings to the House of Delegates at the 2003 Annual Meeting; and be it further

RESOLVED, That if our AMA finds that Health Reimbursement Arrangements are a desirable way to promote more individual patient choice and control, it will recommend a strategy to promote the concept among employers.

**808. APPROPRIATE CARE
Introduced by Michigan Delegation**

**HOUSE ACTION: POLICIES H-165.940 AND H-155.998 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 808:**

RESOLVED, That our American Medical Association develop and promote an awareness program that: (1) focuses on the fact that health care resources are limited and (2) emphasizes the need for care that is not only appropriate and cost effective, but also keeps the best interest of the patient in the forefront.

**809. PHYSICIANS TO BE REIMBURSED PRIOR TO
COMPLETING THE CREDENTIALING PROCESS
Introduced by Pennsylvania Delegation**

**HOUSE ACTION: POLICIES H-180.956[3] AND H-285.979[1,3] REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 809:**

RESOLVED, That our American Medical Association request that health care plans assure that physicians who begin work prior to being credentialed within a plan may be able to submit claims for work provided while the application is in process.

**RESOLUTION 810 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**811. QUALITY PATIENT CARE MEASURES
Introduced by American College of Surgeons**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association seek adequate expert physician representation, meaningful dialogue and input to all bodies developing measures for quality patient care, safe practice and performance; and be it further

RESOLVED, That our AMA advocate for wider support and funding for adequate collection of clinical data needed for the development of quality standards; and be it further

RESOLVED, That our AMA encourage all physicians to be open to the development and broader utilization of evidence-based quality improvement guidelines (pathways, parameters) and indicators for measurement of quality practice; and be it further

RESOLVED, That our AMA encourage the Physician Consortium for Performance Improvement to move ahead in a proactive and highly visible manner to address these quality and safety concerns; and be it further

RESOLVED, That our AMA move to gain active involvement by all national specialty societies in the activities of the Physician Consortium for Performance Improvement; and be it further

RESOLVED, That our AMA advocate that the measures developed by the Physicians Consortium on Performance Improvement be tested in practice via demonstration projects prior to broad implementation.

**812. MANDATORY LIABILITY COVERAGE FOR HOSPITAL STAFF APPOINTMENT
Introduced by Florida Delegation**

**HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2003 ANNUAL MEETING**

RESOLVED, That our American Medical Association modify AMA Policy H-230.995 by insertion and deletion to read as follows:

~~(1) Each hospital medical staff physician should be free to determine for itself whether it will require to carry professional liability insurance coverage at the commonly prevailing level of policy limits as a condition for membership on the hospital medical staff. The AMA believes that, if the organized medical staff makes this determination, the members of the medical staff should comply with the requirement. (2) Our AMA also believes that, if equity demands that voluntary staff members should have insurance coverage so that the burden of financial loss would not fall entirely upon the hospital, then salaried hospital physicians should likewise be covered by adequate insurance or protected financially through self-insurance mechanisms established by the hospital, so that the burden would not fall unfairly upon the members of the voluntary medical staff.~~

813. MEDICAL LIABILITY INSURANCE REQUIREMENTS
Introduced by Florida Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association modify AMA Policy H-225.995 by deletion to read:

“Our AMA reaffirms existing policy that (1) Each physician should be free to determine whether to carry liability coverage as well as the amount of such coverage, ~~although physicians should carry adequate insurance coverage to protect themselves and their patients.~~ Likewise, it is the responsibility of the hospital governing board to determine the extent to which the hospital should protect its assets by purchasing liability insurance; and (2) Regardless of the type of insurance coverage or protection plan hospitals and physicians on the organized staff have, the AMA encourages medical staffs and hospitals to work toward the establishment of effective risk management programs.”

814. PHYSICIAN SCORECARDS
Introduced by Florida Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 814:

RESOLVED, That our American Medical Association oppose the development of claims-based physician scorecards that do not account for demographic and resource variations throughout the subject population.

815. ADDITIONAL PROMPT PAYMENT ADVOCACY
Introduced by Young Physicians Section

HOUSE ACTION: ADOPTED AS FOLLOWS AND
POLICY H-190.981 REAFFIRMED:

RESOLVED, That our American Medical Association continue to support state medical association and national medical specialty society efforts and work independently with federal and state legislators and agencies to provide for a percentage of the financial penalty and/or accrued interest to be paid directly to the physician in the cases where payors do not make payment within the specified time frame.

RESOLUTION 816 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING

817. NONPHYSICIAN SCOPE OF PRACTICE
Introduced by Colorado Delegation, American Academy of Child and
Adolescent Psychiatry and American Psychiatric Association

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association prepare a compendium of AMA policies on nonphysician health professional scope of practice legislative and regulatory initiatives for distribution to the Federation of State Medical Boards no later than the 2003 FSMB meeting, and also to state medical societies who are urged to distribute the compendium to state legislative committees with jurisdiction over scope of practice issues, state governors, state attorneys general and state medical boards.

**RESOLUTION 818 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 819 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 820 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**821. CLINICAL SKILLS ASSESSMENT AS PART OF MEDICAL SCHOOL STANDARDS
Introduced by Medical Student Section and Resident and Fellow Section**

HOUSE ACTION #1: FOLLOWING SUBSTITUTE RESOLUTION 821 ADOPTED:

RESOLVED, That given the importance of assessing clinical competency, our American Medical Association strongly urge the Liaison Committee on Medical Education and the American Osteopathic Association to modify and enforce uniform accreditation standards as soon as possible to require that all medical schools rigorously and consistently assess clinical skills of all students as a requirement for advancement and graduation; and be it further

RESOLVED, That our AMA amend Policy H-275.956 by insertion and deletion to read:

H-275.956 ~~Single Examination for Licensure—Requirement for Demonstration of Clinical Competence~~

It is the policy of the AMA to (1) support continued efforts to develop and validate methods for ~~the~~ assessment of clinical skills; (2) continue its participation in the development and testing of methods for clinical skills assessment ~~at the national level~~; and (3) recognize that clinical skills assessment is best performed using a rigorous and consistent examination administered by the medical school, and should not be used in evaluation for licensure of graduates of LCME- and AOA-accredited medical schools ~~support the use of these methods in evaluation for licensure, when the methods have been demonstrated to be valid, reliable and practical.~~

HOUSE ACTION #2: FOLLOWING AMENDMENT REFERRED TO BOARD OF TRUSTEES:

RESOLVED, That our AMA amend Policy H-275.956 by insertion and deletion to read:

H-275.956 Demonstration of Clinical Competence

It is the policy of the AMA to (1) support continued efforts to develop and validate methods for assessment of clinical skills; (2) continue its participation in the development and testing of methods for clinical skills assessment; and (3) recognize that clinical skills assessment is best performed using a rigorous and consistent examination administered by the medical school, and should not be used in evaluation for licensure of medical school graduates of LCME- and AOA-accredited medical schools.

**822. DEVELOPMENT OF CLINICAL EXAMPLES FOR E&M SERVICES
Introduced by Florida, Pennsylvania and Texas Delegations**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association ask the CPT Editorial Panel to proceed with all due haste to complete the process of clinical example development so that revised Evaluation and Management (E&M) codes can be implemented; and be it further

RESOLVED, That our AMA Board of Trustees report back to the House of Delegates on progress made by the 2003 Annual Meeting.

823. CIGNA SETTLEMENT
Introduced by California, Connecticut, Florida, Georgia,
Louisiana, South Carolina and Texas Delegations

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association state unequivocally and publicize that it has taken no official position in regard to the case entitled Kaiser v. CIGNA et al or in regard to the Settlement Agreement in that case.

901. HIPAA
Introduced by Nebraska Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our AMA continue to identify and work toward the repeal of the onerous provisions in the Health Insurance Portability and Accountability Act legislation and regulations, including its criminal liability provisions, and that our AMA work to redress the breaches of patient confidentiality that the HIPAA regulations have allowed.

902. POSTEXPOSURE HIV TESTING IN FEDERAL FACILITIES
Introduced by Kentucky Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 902:

RESOLVED, That our American Medical Association pursue reasonable means to effect immediate changes in federal law, to allow for presumed consent for HIV testing in federal facilities as part of postexposure protocols.

RESOLUTION 903 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING

904. HIPAA IMPOSSIBILITIES
Introduced by Michigan Delegation

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

RESOLVED, That our American Medical Association list a collection of “impossible” provisions of the Health Insurance Portability and Accountability Act with the intention of presenting the list to all appropriate governing officials and with the intent that the HIPAA regulations be modified, but not with the intent to cause any loss of patient privacy.

RESOLUTION 905 WAS CHANGED TO RESOLUTION 733

906. STRENGTHENING NATIONAL LEADERSHIP IN MEDICINE AND PUBLIC HEALTH
Introduced by Michigan Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association advocate the establishment of a cabinet level department of health headed by the Surgeon General.

**RESOLUTION 907 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 908 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**909. PAY DISPARITY FOR ACTIVE DUTY PHYSICIANS
IN THE UNITED STATES MILITARY**
**Introduced by American Association of Neurological Surgeons and
Congress of Neurological Surgeons**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association actively lobby Congress to increase the financial compensation of uniformed physicians to make it financially feasible for the long-term retention of qualified physicians; and be it further

RESOLVED, That our AMA communicate its support for such increases in uniformed physician compensation directly to the Surgeons General of the three branches of the armed services.

**910. FINANCIAL SECURITY FOR RESERVE MEDICAL OFFICERS
IN THE US MILITARY**
**Introduced by American Association of Neurological Surgeons and
Congress of Neurological Surgeons**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association actively lobby Congress and pursue all appropriate means to decrease the disincentive to participate in reserve duty in the US Military, particularly the financial impact on reserve medical officers.

**911. IMMUNITY FROM PROFESSIONAL LIABILITY TORT FOR VOLUNTEER
SERVICES DURING STATE OR NATIONAL EMERGENCIES**
Introduced by Pennsylvania Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our AMA formulate and support federal legislation granting legal immunity, including medical liability immunity, for volunteer medical services arising from declared state or national emergencies.

912. DEVELOPMENT OF A COMPREHENSIVE TORT REFORM STRATEGY
Introduced by Utah Delegation

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 912:**

RESOLVED, That our American Medical Association continue to use whatever means are necessary to enact Medical Injury Compensation Reform Act-based liability reforms at the federal level; and be it further

RESOLVED, That our AMA apply whatever resources are necessary to develop new strategies, whether legislative in nature or otherwise, to address the malpractice crisis, even if it is only possible to implement those strategies on a pilot or state-by-state basis; and be it further

RESOLVED, That as part of its efforts to develop new strategies, our AMA consider the feasibility of alternative dispute resolution systems such as arbitration and administratively-based compensation systems akin to workers compensation; and be it further

RESOLVED, That our AMA regularly report to member physicians and the House of Delegates on its efforts and progress in addressing the malpractice crisis.

913. AMBULANCE SERVICES
Introduced by New Mexico Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association support the Medicare Ambulance Payment Reform Act (S. 1350/H.R. 3109) and the Medicare Rural Ambulance Services Improvement Act (H.R. 3545) and otherwise work to ensure the financial stability of our prehospital system.

914. OVERSIGHT OF DIRECT-TO-CONSUMER ADVERTISING
OF PRESCRIPTION DRUGS
Introduced by Colorado Delegation

HOUSE ACTION: POLICY H-105.988 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 914:

RESOLVED, That our American Medical Association initiate action that will improve review and enforcement of direct-to-consumer (DTC) ads by recommending new legislation to provide for review and approval of all DTC ads before they are distributed or aired to the lay public; and be it further

RESOLVED, That new legislation be added that will legislatively require pharmaceutical companies who are requesting specific DTC advertising for a given advertised drug adhere to AMA Policy H-105.988.

915. BAN ON RISK ARRANGEMENT INCENTIVES
FOR PROVIDERS TO LIMIT APPROPRIATE CARE
Introduced by Organized Medical Staff Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association develop model legislation on risk arrangements and financial incentives similar to the provision in Section 10 of Chapter 141 on managed care practices in the insurance industry of the Massachusetts Acts of 2000 that reads as follows:

Section 10. (a) No contract between a carrier and a licensed health care provider group shall contain any incentive plan that includes a specific payment made to a health care professional as an inducement to reduce, delay or limit specific, medically necessary services covered by the health care contract. Health care professionals shall not profit from provision of covered services that are not medically necessary and appropriate. Carriers shall not profit from denial or withholding of covered services that are medically necessary and appropriate. Nothing in this section shall be construed to prohibit contracts that contain incentive plans that involve general payments such as capitation payments of shared risk agreements that are made with respect to physicians or physician groups or which are made with respect to groups of insured if such contracts, which impose risk on such physicians or physician groups for the costs of medical care, services and equipment provided or authorized by another physician or health care provider, comply with subsection (b).

(b) In order that patient care decisions are based on medical need and not on financial incentives, no carrier shall enter into a new contract, revise the risk arrangements in an existing contract, or after July 1, 2001, revise the fee schedule in an existing contract with a physician or physician group which imposes financial risk on such physician or physician group for the costs of medical care, services or equipment provided or authorized by another physician or health care provider unless such contract includes specific provisions with respect to the following: (1) stop loss protection, (2) minimum patient population size for the physician or physician group, and (3) identification of the health care services for which the physician or physician group is at risk; and be it further

RESOLVED, That our AMA fund or seek sponsors for a study of the impact of financial incentives offered by insurance program risk arrangements on patient outcomes; and be it further

RESOLVED, That our AMA discourage any risk contract that includes financial responsibility for health care that is not directly delivered by the provider and/or his/her physician group; and be it further

RESOLVED, That our AMA identify managed care contract provisions that are inherently unfair and should be prohibited by legislation.

916. OPPOSITION TO THIRD PARTY REFERRAL SYSTEMS Introduced by Ohio Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association support legislation which opposes third party referral systems; and be it further

RESOLVED, That our AMA seek legislation that prohibits all health insurers of any type, including governmental agencies, from requiring referrals/pre-certification for medications, procedures, or chronic disease supply materials (e.g., diabetic glucose sticks).

917. FORMULARIES Introduced by Colorado Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION 917:

RESOLVED, That our American Medical Association seek legislation or other remedies to require health plans that use drug formularies to fully disclose the basis for the decision to put a medication in the preferred position on the formulary.

918. BUNDLING POLICIES Introduced by Colorado Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION 918:

RESOLVED, That the following remedies be attempted to mandate health plans to disclose information on fees and payment methodology to physicians currently participating in their plans and those physicians contemplating participation:

- That our American Medical Association seek legislation to require health plans to explain how they evaluate a physician's claim for payment, e.g., bundling policies, reimbursement policies, etc. This shall be applicable to a physician currently participating in their plan and to a physician contemplating participation.

- That our AMA seek legislation to require health plans to disclose to a physician currently participating in their plan and to a physician contemplating participation, the total fee schedule or methodology used to reimburse the physician. This includes the specific information regarding which edition or version of various components that will be used in the calculation of the plan's allowable fees, e.g., Resource-Based Relative Value Scale, Relative Value for Physicians.

**RESOLUTION 919 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**RESOLUTION 920 WAS DEFERRED FOR CONSIDERATION
AT THE 2003 ANNUAL MEETING**

**921. PHARMACEUTICAL FEDERAL REGULATIONS -
PROTECTING RESIDENT INTERESTS
Introduced by Resident and Fellow Section**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our AMA shall continue to evaluate and oppose, as appropriate, federal regulations on the pharmaceutical industry that would curtail educational and/or research opportunities open to residents and fellows that are in compliance with current AMA ethical guidelines.

**922. MEDICARE PHYSICIAN PAYMENT CUTS THREATEN
ACCESS FOR AMERICA'S SENIORS
Introduced by Organized Medical Staff Section**

Resolution 922 was considered together with Report 24 of the Board of Trustees
and Resolutions 925, 926 and 927
see page 138

**923. LAUNCHING A MULTI-STATE SMOKEFREE WORKPLACES CAMPAIGN IN 2003
Introduced by Medical Student Section**

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 923 ADOPTED:

RESOLVED, That our AMA encourage state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation in 2003 that prohibits smoking in public places and businesses; and be it further

RESOLVED, That our AMA update draft model state legislation to prohibit smoking in public places and businesses, which would include language that would prohibit preemption of stronger local laws; and be it further

RESOLVED, That our AMA encourage individual medical students, residents, and physicians--as well as medical schools, hospitals, clinics, and physician practices--to endorse, support, and lobby for local and state legislation where needed to prohibit smoking in public places and businesses.

924. VACCINE SAFETY
Introduced by New York Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association advocate for the formation of a National Immunization Safety Board, analogous to the National Transportation Safety Board; and be it further

RESOLVED, That our AMA seek legislation prohibiting the release and use of pre-publication drafts of scientific studies in civil lawsuits alleging damages from immunizations.

925. PROTECTING ACCESS TO CARE FOR AMERICA'S SENIORS
Introduced by California Delegation

Resolution 925 was considered together with Report 24 of the Board of Trustees
 and Resolutions 922, 926 and 927
 see page 138

926. PROTECTING ACCESS TO CARE FOR AMERICA'S SENIORS II
Introduced by California Delegation

Resolution 926 was considered together with Report 24 of the Board of Trustees
 and Resolutions 922, 925 and 927
 see page 138

927. LITIGATING THE MEDICARE PHYSICIAN PAYMENT FORMULA ERROR
Introduced by Michael S. Ellis, MD, Delegate, Louisiana

Resolution 927 was considered together with Report 24 of the Board of Trustees
 and Resolutions 922, 925 and 926
 see page 138

LATE RESOLUTION
MEDICARE PRESCRIPTION DRUG BENEFIT
Introduced by Arizona, Colorado, Idaho, Montana, Nevada,
New Mexico, Utah and Wyoming Delegations

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association oppose a Medicare prescription drug program that is limited to those participants in a Medicare managed care plan; and be it further

RESOLVED, That our AMA urge that the funding of any prescription drug plan be adequate; and be it further

RESOLVED, That our AMA urge that funding for Medicare prescription drug benefit not come from Medicare Part B; and be it further

RESOLVED, That our AMA work with the Administration and other interested parties to develop a Medicare prescription program that will be available to all Medicare beneficiaries; and be it further

RESOLVED, That our AMA immediately release this resolution to the media.