

RESOLUTIONS

MEMORIAL RESOLUTIONS

Adopted Unanimously

F.J.L. (Bing) Blasingame, MD

Introduced by Texas Delegation

Whereas, Family, friends and colleagues were deeply saddened by the loss of Francis James Levi (Bing) Blasingame, MD, on November 3, 2001, at the age of 95; and

Whereas, His active involvement in medicine included service as a delegate from Texas to the American Medical Association House of Delegates, a member of the AMA Board of Trustees, and the presidency of the Texas Medical Association; and

Whereas, Doctor Blasingame was selected as the Executive Vice President of the American Medical Association in 1958, a position he held until 1969, placing special emphasis on the scientific and education aspects of AMA national meetings and increasing the scope and prestige of the *Journal of the American Medical Association*; and

Whereas, Prior to moving to Chicago he devoted 20 years to private medical practice in Wharton, Texas, where he organized a multispecialty group that served a large area of the Texas Gulf Coast; and

Whereas, After leaving the AMA, Doctor Blasingame served as a medical consultant on projects that included the establishment of a medical school at Texas Tech University and the writing of a syndicated health column and newsletter; and

Whereas, His numerous honors included honorary membership in both the American Dental Association and the American Hospital Association, and selection as an Ashbel Smith Professor of Medicine at The University of Texas Medical Branch at Galveston; and

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

Whereas, He cherished above all his family and friends, and he is survived by four children, daughters Mary Morgan, Betty Alby and Rebecca Rosenfeld, and son James Blasingame, 10 grandchildren, several great-grandchildren and a number of nieces and nephews; therefore be it

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

A. Robert Davies, MD

Introduced by Ohio Delegation

Whereas, A. Robert Davies, MD, and his wife Shirley were killed in an airplane accident in the fall of 2001; and

Whereas, A. Robert Davies, MD, had served in the American Medical Association House of Delegates as an alternate delegate and as a delegate from Ohio; and

Whereas, Shirley Davies was active in The Ohio State Medical Association, American Medical Association Alliance, serving as President of the Ohio State Medical Association Alliance and many appointed positions; and

Whereas, Dr. Davies had provided internal medicine for the people of Troy, Ohio; and

Whereas, Dr. Davies had served as a clinical professor at the Ohio State University and the Wright State University; and

Whereas, Dr. Davies served his profession as president of the Miami County Medical Society and president of the Ohio Society of Internal Medicine; and

Whereas, He had completed his career as Medical Director of the Nationwide Insurance Company and in that role constantly stressed the importance of the physician's decisions; and

Whereas, He served with distinction as an appointee of the Governor to the Ohio Public Health Council where he pushed to improve the quality of health care in Ohio; therefore be it

RESOLVED, That our American Medical Association House of Delegates express its sorrow and sense of loss for the untimely death of A. Robert Davies, MD, and his wife Shirley to their children Ann Davies Moyer and Robert L. Davies, and present them with a copy of this resolution; and be it further

RESOLVED, That our American Medical Association House of Delegates recognize the contributions made by A. Robert Davies, MD, to the medical profession, the community, and to his fellow physicians by his service and advocacy for patients and physicians.

Gary F. Krieger, MD

Introduced by California Delegation and Organized Medical Staff Section

Whereas, Gary F. Krieger, MD, President-Elect of the California Medical Association and Chair of the American Medical Association Organized Medical Staff Section, passed away on July 1, 2001, and

Whereas, He was a servant to humanity in using his knowledge and skills to heal the sick and brought comfort especially to children; and

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

Whereas, He also shared his talents and gifts by serving as president of the Los Angeles County Medical Association, speaker of the California Medical Association, delegate to the American Medical Association House of Delegates, vice chair of the American Medical Accreditation Program, AMA representative to the National Committee for Quality Assurance Practicing Physician Advisory Council and its Committee on Performance Measurement, and AMA representative to the Performance Measures Coordinating Council; and

Whereas, His dedication to medicine and the medical profession, concern for his patients and love and devotion for his wife "Bunny" and children, Jeff and Lori, were the benchmark of his life; and

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

RESOLVED, That the American Medical Association House of Delegates express its sorrow and sense of loss for the untimely death of Gary F. Krieger, MD, to his family, his widow Mrs. Rochelle Krieger, and children Jeffrey Krieger, MD, and Lori Krieger, MD, and present them with a copy of this resolution; and be it further

RESOLVED, That the American Medical Association House of Delegates recognize the contributions made by Gary F. Krieger, MD, to the medical profession, the Organized Medical Staff Section, the community, and to his fellow physicians by his service and advocacy for patients and physicians.

Nigel K. Roberts, MD

Introduced by American Association of Public Health Physicians,
American College of Occupational and Environmental Medicine,
American College of Preventive Medicine, Aerospace Medical Association,
American Academy of Insurance Medicine, American College of Medical Quality,
American Society of Addiction Medicine, and Ohio Delegation

Whereas, A very dear friend, esteemed colleague, and member of the American Medical Association House of Delegates, Nigel K. Roberts, MD, FACC, passed away on November 20, 2001; and

Whereas, Dr. Roberts was born in 1941 in London and earned his MD and MA degrees from the University of Cambridge; and

Whereas, After a distinguished academic career at UCLA and in the private practice of cardiology, he founded the first hospital-based preferred provider organization (PPO) in the country and pioneered new initiatives in the emerging specialty of insurance medicine; and

Whereas, He received the following awards and honors: Kitchener Scholar; Harmsworth Scholar; Wellcome Fellowship; California Policy Seminar; White House Fellow, National Finalist; W. John Elder Award; Distinguished Fellow of the American College of Medical Quality; and United States Air Force Surgeon General's Medal; and

Whereas, He shared his talents and expertise as a Fellow of the American College of Cardiology and of the American College of Medical Quality (ACMQ); and as a member of the American Heart Association, British Cardiac Society, European Society of Cardiology, American College of Physician Executives, American Academy of Insurance Medicine, American Society of Internal Medicine, and Association for the Advancement of Automotive Medicine; and

Whereas, He has served the AMA with distinction since 1990 as a representative on the CPT Advisory Council and since 1991 as the ACMQ's Delegate to the House of Delegates; and

Whereas, He contributed selflessly to health initiatives in California and in Ohio and to the AMA Section Council on Preventive Medicine, through his experiences in the teaching, practice and research of cardiology; academic medicine; health system finance, regulation and policy; insurance medicine; and population-based approaches to improving health; and

Whereas, The breadth and depth of his intellect and his accomplishments, the wit and wisdom of his character, and the humanness of his interaction with others all distinguished him as a "gentleman" in the truest sense of the word; therefore be it

RESOLVED, That the American Medical Association House of Delegates express its sorrow and sense of loss for the untimely death of Nigel K. Roberts, MD, to his family, his widow Carolyn, and children Christopher, Bridget, and Anne, and present them with a copy of this resolution; and be it further

RESOLVED, That the American Medical Association House of Delegates recognize the contributions made by Nigel K. Roberts, MD, to the medical profession, the AMA, the Section Council on Preventive Medicine, the community, and to his fellow physicians by his service and advocacy for patients, physicians, and the public health.

James H. Sammons, MD
Introduced by Texas Delegation

Whereas, Family, friends and colleagues were deeply saddened by the loss of James H. Sammons, MD, on June 17, 2001, at the age of 74; and

Whereas, Doctor Sammons had served his profession with dedication, boundless energy, and strength of purpose as a family physician and medical leader at the county, state and national level; and

Whereas, His active involvement in medicine included service as a member and chair of the Board of Trustees of the American Medical Association, and as president of the Texas Medical Association and the Houston Academy of Medicine; and

Whereas, Doctor Sammons' leadership and management skills were recognized by his selection, at the age of 47, as the Executive Vice President of the American Medical Association in 1974, a position he held for 16 years; and

Whereas, Under his guidance and direction, the American Medical Association was returned to financial health and grew to new heights of strength and influence in representing the nation's physicians and the patients that they served; and

Whereas, Doctor Sammons began his medical career as a family physician in Baytown, Texas, and soon became active in medical organizations and politics, serving as a delegate to the AMA from Texas, as a member and chair of the American Medical Political Action Committee, and as a founder of the Texas Medical Political Action Committee; and

Whereas, His life was devoted to serving his profession and his patients, which was further recognized in 1989 when he received the Distinguished Service Award of the Texas Medical Association; and

Whereas, The American Medical Association, the Texas Medical Association, the medical profession, and the nation have lost a leader, a dedicated physician, and a friend; and

Whereas, He is survived by his wife, Jo Anne; two children, James H. Sammons Jr., MD, and Patricia Sammons Sheats; two stepchildren, Joseph Bond and Nancy Bond, and five grandchildren; therefore be it

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

1. NON-DISCRIMINATION IN RESPONDING TO TERRORISM
Introduced by American College of Physicians - American Society of Internal Medicine

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association reaffirm its commitment to work with appropriate agencies and associations in responding to terrorist attacks; and be it further

RESOLVED, That our AMA declare its opposition to discrimination against patients, physicians or other health care workers on the basis of religion, culture, nationality, or country of medical education or health care training; and be it further

RESOLVED, That our AMA publicize this position, widely indicating that the nation's response to terrorism must not involve discrimination or acts of violence against any person on the basis of religion, culture, nationality, or country of medical education or health care training.

2. PUBLICATION OF SCIENTIFICALLY VALID RESEARCH
Introduced by California Delegation

**HOUSE ACTION: POLICIES E-8.0315 AND E-9.08 REAFFIRMED
 IN LIEU OF FOLLOWING RESOLUTION 2**

RESOLVED, That our American Medical Association find it unethical to suppress publication or public presentation of scientifically valid research for economic or contractual reasons.

3. NATIONAL REGISTRY OF MEDICAL EXPERTS
Introduced by Florida Delegation

**HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
 FOR REPORT BACK TO HOUSE OF DELEGATES
 AT 2002 ANNUAL MEETING**

RESOLVED, That our American Medical Association go on record condemning any physician who would harm a colleague with false testimony; and be it further

RESOLVED, That our AMA explore the feasibility of all specialty societies establishing a registry for all depositions and testimony given by any one of its members and, if determined to be feasible, encourage all specialty societies to develop such a registry; and be it further

RESOLVED, That sanctions or expulsion be enforced against medical society members who harm a colleague by making a sham of the standard of care in that discipline by providing false testimony; and be it further

RESOLVED, That our AMA's legal counsel assist those medical societies when asked for assistance in dealing with methods of accountability for medical experts.

4. MARKETING AND RESEARCH BY PHARMACEUTICAL COMPANIES
Introduced by Florida Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 4 ADOPTED:

RESOLVED, That our American Medical Association reaffirm Policy E-8.0315; and be it further

RESOLVED, That our AMA work with appropriate federal and private organizations to establish uniform methods for reporting cost-benefit outcomes, so that cost-benefit statements made in marketing activities by pharmaceutical companies are consistent and easily understood.

**5. “EXPERT” WITNESS TESTIMONY BY PHYSICIANS
ON BEHALF OF TOBACCO COMPANIES
Introduced by American College of Preventive Medicine**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association develop a mechanism to investigate claims of false statements by physicians in tobacco-related testimony and identify the means to involve concerned state and specialty medical societies in the investigation, and to inform appropriate state medical licensing boards of any actions taken.

**6. SPECIAL PHYSICIAN-PATIENT CONTRACTS
Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association examine special physician-patient contracts for “non-medical services” and report its findings to the 2002 Annual Meeting.

**101. EQUITY IN HEALTH CARE FOR DOMESTIC PARTNERSHIPS
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association encourage the development of domestic partner health care benefits in the public and private sector; and be it further

RESOLVED, That our AMA support equity of pre-tax health care benefits for domestic partnerships; and be it further

RESOLVED, That our AMA support legal recognition of domestic partners for hospital visitation rights and as the primary medical care decision-maker in the absence of an alternative health care proxy designee.

**102. COST-EFFECTIVENESS OF MEDICAID ELIGIBILITY CRITERIA
FOR THE CHRONICALLY ILL
Introduced by Resident and Fellow Section**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association examine the appropriateness and cost-effectiveness of “the spend down option” to meet Medicaid eligibility criteria in the broader context of Medicaid reform, with a report back at the 2002 Interim Meeting.

**103. ENHANCED SCHIP ENROLLMENT, OUTREACH AND REIMBURSEMENT
Introduced by American Academy of Pediatrics**

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 111:

RESOLVED, That prior to or concomitant with states’ expansion of State Children’s Health Insurance Programs to adult coverage, our American Medical Association urge all states to maximize their efforts at outreach and enrollment of SCHIP eligible pregnant women and children, using all available state and federal funds; and be it further

RESOLVED, That our AMA affirm its commitment to advocating for reasonable SCHIP and Medicaid reimbursement for its medical providers, defined as at minimum 100% of RBRVS Medicare allowable.

104. AUTOMATIC CLAIMS PROCESSING BY MEDICARE CONTRACTORS**Introduced by Kentucky Delegation****HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:**

RESOLVED, That our American Medical Association seek a change in federal law that would require any insurer that provides supplemental Medicare coverage, to contract with Medicare contractors to accept electronic or manually transmitted claims that indicate the Medicare allowable payment and the physician's charge with the remainder due; and be it further

RESOLVED, That our AMA seek to have Medicare supplement insurers be required to accept transmissions from Medicare contractors as a claim for benefits without the need for patients or physicians to submit additional claims.

105. CMS SUPPORT OF PRIVATE INSURERS**Introduced by Louisiana Delegation****HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association seek or support rule changes or legislation to cause the Centers for Medicare and Medicaid Services to cease and desist from spending public funds to market private Medicare HMOs; and be it further

RESOLVED, That our AMA request CMS to develop and publicize a scorecard, utilizing quality criteria developed in conjunction with provider organizations, comparing HMOs participating in the CMS managed care option for Medicare recipients.

106. MEDICARE CONVERSION FACTOR**Introduced by American Society of General Surgeons****HOUSE ACTION: ADOPTED AS FOLLOWS:**

RESOLVED, That our American Medical Association take as an immediate priority the pending decrease of the Medicare Conversion Factor to be implemented January 1, 2002; and be it further

RESOLVED, That our AMA, in conjunction with other organizations who share the same concerns, particularly those that represent beneficiary interests, begin to work with the United States Congress and the Centers for Medicare and Medicaid Services to redesign the methodology used to calculate the conversion factor.

107. REIMBURSEMENT FOR CLINICAL LAB WORK**Introduced by California Delegation****HOUSE ACTION: ADOPTED AS FOLLOWS:**

RESOLVED, That our American Medical Association support the concept that a professional fee should be paid directly to the appropriate physician for clinical laboratory work, regardless of payor source; and be it further

RESOLVED, That our AMA study the issues and problems in implementing the above policy, with a report back at the 2002 Interim Meeting.

108. MSAs AND OTHER TAX REFORMS
Introduced by California Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association dedicate resources to promote advocacy for medical savings accounts, full tax deductibility for all medical expenses, and refundable tax credits and vouchers for medical insurance for low-income individuals; and be it further

RESOLVED, That our AMA study the impact of eliminating the threshold for deductibility of medical expenses on federal income taxes, and recommend appropriate legislative action.

109. MEDICAL SAVINGS ACCOUNTS AND HEALTH CARE COVERAGE
OF DEPENDENTS AND CHILDREN
Introduced by American Academy of Pediatrics

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association study the issue of medical savings accounts and appropriate health care access and coverage for dependents and/or children; and be it further

RESOLVED, That our AMA study the issue of incentives within medical savings accounts to encourage parents to obtain appropriate preventive medical care for their children or dependents, including how this is accomplished in other countries.

110. PHYSICIANS' ABILITY TO PROVIDE ACCESS TO MEDICAL CARE
FOR ECONOMICALLY DISADVANTAGED AMERICANS
Introduced by Young Physicians Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association work with the National Medical Association and other organizations to collect and analyze data regarding the hiring and firing patterns of minority physicians by managed care organizations, and use this data to guide future policy development; and be it further

RESOLVED, That our AMA support ongoing, adequate funding for federal and state programs that provide scholarship or loan repayment funds in return for practice in underserved areas; and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2002 Interim Meeting.

111. MEDICAID REIMBURSEMENT AND PAYMENT POLICIES
Introduced by Washington Delegation

Resolution 111 was considered together with Resolution 103
see page 375

112. CRITICAL CARE REIMBURSEMENT
Introduced by Minnesota Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services to determine whether current reimbursement rates for inpatient critical care services are at a level that encourages physicians to provide critical care services.

**113. OUTPATIENT PROSPECTIVE PAYMENT SYSTEM
Introduced by American Academy of Neurology**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association actively seek to reverse the recent Medicare pro-rata reduction in Outpatient Prospective Payment System pass-through payments in order to ensure that our patients have full access to best health care available in the outpatient setting; and be it further

RESOLVED, That our AMA work with the Centers for Medicare and Medicaid Services to find methods to collect current, accurate, appropriate therapy cost data to provide adequate reimbursement for the cost of technology under the APC categories with technology components, that are improving patient care in the outpatient setting; and be it further

RESOLVED, That our AMA urge CMS to establish a process by which physician specialty societies may have an opportunity to work with CMS to review and refine costs in the hospital outpatient setting.

**114. REQUIREMENT FOR PHYSICIANS TO SIGN
WRITTEN REQUESTS FOR DIAGNOSTIC TESTS
Introduced by American Academy of Neurology**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 114 ADOPTED
WITH CHANGE IN TITLE:**

RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services to publish instructions to Medicare contractors that clarify that the signature of the ordering physician is not required on a clinical diagnostic test order, if the order is documented in the medical record.

**115. PHYSICIAN PAYMENT FOR SERVICES PROVIDED
Introduced by Montana Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 115:**

RESOLVED, That our American Medical Association investigate and report on the states that currently are subjected to insurance carrier tactics which mandate that insurance payments are sent to the patient rather than the physician provider of the service; and be it further

RESOLVED, That if the prevalence of such tactics warrants, that our AMA advise the Secretary of Health and Human Services and consider class action litigation to require that payment for physician services be made to the physician providing those services.

**116. HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY (HIFA)
DEMONSTRATION WAIVERS
Introduced by American Academy of Pediatrics**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association request that the Centers for Medicare and Medicaid Services undertake a comprehensive evaluation of the impact of the Health Insurance Flexibility and Accountability (HIFA) demonstration project on children and pregnant women; and be it further

RESOLVED, That our AMA work closely with the AAP in ensuring that the Department of Health and Human Services implements the findings of the 2001 General Accounting Office (GAO) report titled "Medicaid and SCHIP: States' Enrollment and Payment Policies can Affect Children's Access to Care" specifically (1) simplifying the application and enrollment process, (2) utilizing presumptive eligibility, (3) encouraging states to refrain from increases in their cost-sharing requirements, and (4) setting Medicaid and SCHIP payment rates at a level that encourages wide health care physician participation in both programs.

**117. CMS PROPOSAL FOR CHANGING THE NUMBER AND
RESPONSIBILITIES OF MEDICARE CONTRACTORS**

Introduced by Nebraska Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association request that the Centers for Medicare and Medicaid Services do an impact analysis prior to changing the number and responsibilities of Medicare contractors through the segregation of claims processing services.

118. COMPENSATION FOR COUMADIN MANAGEMENT

Introduced by Pennsylvania Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association request insurers, including Medicare, to allow physician reimbursement for Coumadin management; and be it further

RESOLVED, That our AMA advocate that insurers, including Medicare carriers, reimburse physicians for telephone contacts involved in the evaluation and management of patients taking therapeutic anticoagulants.

RESOLUTION 119 WAS WITHDRAWN

120. LACK OF MEDICARE COVERAGE FOR LIPID AND DIABETES SCREENING

Introduced by North Carolina Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support dialogue with the Centers for Medicare and Medicaid Services and Congress to cover screening lipid profiles and blood sugars to prevent complications of lipid disorders and diabetes, where such screening is consistent with evidence-based medicine.

**121. SUPPORT FOR MAINTAINING THE MEDICARE CARRIER ADVISORY COMMITTEE
AND CARRIER MEDICAL DIRECTOR**

Introduced by Georgia Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association continue its efforts in urging the Centers for Medicare and Medicaid Services management to retain and support local Medicare Carrier Advisory Committees and Medical Directors in their role as policy advisers; and be it further

RESOLVED, That our AMA urge the Centers for Medicare and Medicaid Services to seek input from the AMA and all interested medical societies before proposing any further changes to the Medicare Carrier Advisory Committee (CAC) framework or to the roles and responsibilities of carrier medical directors.

RESOLUTION 201 WAS WITHDRAWN

**202. INCREASING ACCESS TO HEALTH CARE
Introduced by American Society of General Surgeons**

**HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2002 INTERIM MEETING**

RESOLVED, That our American Medical Association immediately draft and seek introduction of legislation in the current congressional session that would allow physicians to deduct uncompensated services to indigent patients, using the Medicare fee schedule, for tax purposes.

**203. REMOVAL OF THE INCOME THRESHOLD FOR THE
INTEREST DEDUCTIBILITY OF EDUCATIONAL LOANS
Introduced by Medical Student Section**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 203:**

RESOLVED, That our American Medical Association adjust its legislative advocacy efforts to be fully consistent with established policy regarding the elimination of income threshold limitations for the deductibility of interest on educational loans.

**204. REIMBURSEMENT FOR SIGN LANGUAGE INTERPRETERS
Introduced by Florida Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association make it a priority for the 2002 Congressional session that legislation be enacted to provide that Medicaid and private insurance be required to adequately reimburse interpreters for the cost of their services.

**205. MEDICARE INVESTIGATION SEARCH AND SEIZURE PROCESS
Introduced by Kentucky Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association establish policy that no duly authorized law enforcement or legal agency conduct any unannounced search of physicians' offices or seizure of records without observance of appropriate legal procedures; and be it further

RESOLVED, That our AMA establish policy that should unannounced search and seizure procedures be warranted in emergency situations based on clear and immediate threats to the lives or physical well-being of patients or the general public, such searches/seizures be conducted within the following parameters:

- the search and/or seizure shall be conducted in a non-threatening and thoroughly professional manner,
- the search and/or seizure shall not disrupt patient care, and
- the search and/or seizure shall be conducted in a manner to avoid publicity injurious to a physician's practice and professional reputation until all facts are known and culpability, if any, can be proven; and be it further

RESOLVED, That when an episode occurs whereby a governmental agency disrupts the daily activities of a physician's office in the process of investigating alleged fraud and abuse activities, such episodes be reported to the AMA Division of Private Sector Advocacy for tracking purposes and to assist the involved/affected physician(s); and be it further

RESOLVED, That if abusive practices of the investigative agency are noted, our AMA inform the Department of Justice of those tactics.

206. DIRECT PRESCRIPTION ADVERTISING TO NON-PROFESSIONALS
Introduced by Michigan Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association advocate with Congress for a change in the Internal Revenue Service Code so that non-professional direct prescription drug advertising be disallowed as a business expense.

207. REPEAL OF FEDERALLY MANDATED UNIQUE MEDICAL IDENTIFIERS
Introduced by Kansas Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association actively support legislation that would repeal the unique patient medical health identifier mandated by the Health Insurance Portability and Accountability Act of 1996; and be it further

RESOLVED, That our AMA urge all state medical societies to ask each of their congressional delegations to declare themselves publicly on this matter.

**208. RELIEF FOR PHYSICIANS SERVING UNINSURED
AND UNDERINSURED PATIENTS**
Introduced by Texas Delegation

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 208
REFERRED TO BOARD OF TRUSTEES**

RESOLVED, That our American Medical Association rescind Policy H-180.965 ("The AMA will not pursue efforts to have federal laws changed to provide tax deductions or credits for the provision of care to the medically uninsured and underinsured").

209. ACCESS TO PHYSICIAN PRESCRIBING HABITS
Introduced by California Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association take necessary regulatory and legislative actions to prohibit profiling of physician prescribing habits.

210. REDUCED MALPRACTICE PREMIUMS FOR PART-TIME PRACTICE
Introduced by Young Physicians Section

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

RESOLVED, That our American Medical Association establish policy supporting reduced malpractice premiums for part-time physicians; and be it further

RESOLVED, That our AMA develop model state legislation that would support requiring state insurance regulators to include reduced premiums for part-time practice in current and future malpractice insurance policies; and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2003 Annual Meeting.

211. HEALTH CARE FOR THE ECONOMICALLY DISADVANTAGED
Introduced by Young Physicians Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That in 2002 our American Medical Association actively advocate for federal legislation to improve medical care for the economically disadvantaged, including those concrete legislative initiatives that expand, modify or refine programs to impact health care for the economically disadvantaged; and be it further

RESOLVED, That our AMA develop model state legislation to address improved health care for the economically disadvantaged; and be it further

RESOLVED, That our AMA encourage states to use a portion of their tobacco restitution funds to provide health care for the economically disadvantaged; and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2002 Interim Meeting.

212. TORT REFORM
Introduced by Washington Delegation

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 212 ADOPTED
 IN LIEU OF RESOLUTIONS 212 AND 221:**

RESOLVED, That our American Medical Association immediately reestablish tort reform, particularly a cap on non-economic damages, as a top legislative priority, with special emphasis on support for states attempting to enact or preserve legislation addressing this issue, in addition to a renewed push for comprehensive professional liability reforms at the federal level; and be it further

RESOLVED, That our AMA convene, as soon as possible, a new coalition comprised of our AMA, state and national medical specialty associations to develop and implement a comprehensive strategic plan that will address all aspects of the growing professional liability crisis, including but not limited to: (1) seeking Federal and state professional liability reform legislation, including a cap on non-economic damages; (2) evaluating and developing methods for improving the adequacy of reimbursement for professional liability expenses under Federal, state and private health insurance programs; and (3) developing mechanisms aimed at reducing the incidence of professional liability lawsuits and their associated costs; and be it further

RESOLVED, That as a complement to new coalition activities on tort reform, our AMA convene an initial planning/strategy meeting on state tort reform, through our AMA Advocacy Resource Center at the January 2002 AMA State Health Legislation meeting; and be it further

RESOLVED, That in advancing any federal legislative solution to the professional liability crisis, that our AMA closely follow existing Policy H-435.964, relating to federal non-preemption of state constitutional, statutory, regulatory and common laws on professional liability; and be it further

RESOLVED, That the Board of Trustees report back to the House of Delegates at the 2002 Annual Meeting.

213. RETROACTIVE DENIAL OF PAYMENT
Introduced by Colorado Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 213:

RESOLVED, That our American Medical Association amend Policy H-385.937 to include the following:

“Our AMA supports legislation in Congress to establish time limits on retroactive denials of claims; an appeal process; language prohibiting retroactive denials for eligibility if eligibility was confirmed prior to a procedure or encounter; and language prohibiting retroactive denials if prior authorization is required and given by the health plan under ERISA and FEHB laws.”

214. EMTALA REFORM
Introduced by Minnesota Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 214:

RESOLVED, That our American Medical Association seek and encourage efforts to identify solutions to patient care problems created by the Emergency Medical Treatment and Active Labor Act, including consideration of alternatives to emergency department care for a patient judged not to have emergency problems by an on-call physician who could provide immediate care to that patient in the outpatient setting.

215. STROKE PREVENTION AND CARE LEGISLATION
Introduced by American Academy of Neurology, American Association of Neurological Surgeons,
Congress of Neurological Surgeons, American Society of Neuroradiology,
American Academy of Physical Medicine and Rehabilitation, and
American College of Preventive Medicine

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association support comprehensive stroke legislation such as S. 1274, the Stroke Treatment and Ongoing Prevention Act (STOP Stroke Act) as introduced, and work with Congress to enact legislation that will help improve our nation’s system of stroke prevention and care.

216. HIPAA PRIVACY REGULATIONS IMPLEMENTATION
Introduced by Utah Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 216 ADOPTED
IN LIEU OF RESOLUTIONS 216 AND 218:

RESOLVED, That our American Medical Association continue to make it an urgent priority to undertake a comprehensive review, including unfunded costs of physician implementation, of Health Insurance Portability and Accountability Act transaction, privacy and security rules to identify provisions that should be clarified, improved or repealed and communicate these urgently needed changes to the Department of Health and Human Services and Congress for prompt action, including any necessary delays in implementation, as appropriate.

217. DISCLOSURE OF FEE SCHEDULES
Introduced by California Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association sponsor legislation to require all health plans in the United States to disclose their payment schedules in US dollars to affected physicians with promptness and in adequate detail.

218. HIPAA
Introduced by Oklahoma Delegation

Resolution 218 was considered together with Resolution 216
see page 383

219. PATIENT INTERPRETERS
Introduced by North Carolina Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support sufficient federal appropriations for patient interpreter services and take other necessary steps to assure physicians are not directly or indirectly required to pay for interpreter services mandated by the federal government.

**220. LIMITATION OF SCOPE OF PRACTICE OF
CERTIFIED REGISTERED NURSE ANESTHETISTS**
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association, in conjunction with the state medical societies, vigorously inform all state Governors and appropriate state regulatory agencies of the AMA's policy position which requires physician supervision for certified registered nurse anesthetists for anesthesia services in Medicare participating hospitals, ambulatory surgery centers, and critical access hospitals.

221. TORT LAW REFORM
Introduced by International Medical Graduates Section

Resolution 221 was considered together with Resolution 212
see page 382

222. SEXUAL ASSAULT LEGISLATION
Introduced by New York Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association urge the AMA Alliance to encourage all state and county medical society Alliances to work towards the passage of legislation, similar to the Sexual Assault Reform Act passed in New York State in the year 2000, that would set in statute Sexual Abuse Nurse Examiner (SANE) programs in appropriate medical facilities throughout the United States.

**301. PREVENTION OF HARASSMENT AND DISCRIMINATION OF WOMEN IN MEDICINE
Introduced by Michigan Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association collect grievance policies and procedures from US medical schools and residency programs and allow members access to this databank; and be it further

RESOLVED, That our AMA provide state medical societies with a list of the medical schools and residency programs in each state that do not have grievance policies and procedures, so the state medical societies can work with the schools and programs to establish grievance policies and procedures; and be it further

RESOLVED, That our AMA work with the American Hospital Association to establish model grievance policies and procedures for their members to implement in their hospitals and to develop a method for collecting data on the numbers and types of grievances reported; and be it further

RESOLVED, That our AMA develop a task force to study the experiences of women in medicine who have been harassed or discriminated against and have followed their institution's grievance policies and procedures and have received unfair treatment due to reporting the offense and offender, and to develop a course of action to resolve such unfair treatment.

**302. REDUCED CONTINUING MEDICAL EDUCATION (CME)
FEES FOR RETIRED PHYSICIANS
Introduced by Michigan Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 302:**

RESOLVED, That our American Medical Association support reduced registration fees for retired physicians at all continuing medical education programs.

**303. SPECIALTY BOARD RECERTIFICATION REQUIREMENTS FOR EMPLOYMENT
Introduced by Michigan Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association oppose specialty board recertification as a sole condition of employment.

**304. REDUCING BURDENS OF CME ACCREDITATION AND DOCUMENTATION
Introduced by California Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work with the Accreditation Council for Continuing Medical Education to simplify the requirements for documentation and administration of accredited CME programs.

**305. ENDURING MATERIALS FOR CONTINUING MEDICAL EDUCATION
Introduced by Washington Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association ask the Accreditation Council for Continuing Medical Education to review its policy on enduring materials for continuing medical education.

306. EDUCATION IN THE PREVENTION OF PROFESSIONAL LIABILITY LAWSUITS
Introduced by Society of Thoracic Surgeons

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association work with members of the Federation and other relevant groups to identify and disseminate information about effective programs for the education of medical students, interns, residents, fellows and young physicians on the prevention of professional liability lawsuits.

307. LICENSE RECIPROCITY BETWEEN STATES
Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association work jointly with the Federation of State Medical Boards, through its Committee on Portability, to examine license reciprocity between states in order to improve the ability of physicians to practice in other states.

308. UNIFIED MEDICAL LICENSE APPLICATION
Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association request the Federation of State Medical Boards to examine the issue of a standardized medical licensure application form for those data elements that are common to all medical licensure applications.

309. THE EFFECT OF THE NURSING SHORTAGE ON MEDICAL EDUCATION
Introduced by Resident and Fellow Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association study and report back on the effects of the nursing shortage on the working environment of physicians-in-training.

310. RESIDENT/FELLOW WORK AND LEARNING ENVIRONMENT
Introduced by Resident and Fellow Section and Medical Student Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association may draft original, modify existing, or oppose legislation and pursue any regulatory or administrative strategies when dealing with resident work hours and conditions; and be it further

RESOLVED, That our AMA work with organizations such as the Accreditation Council for Graduate Medical Education, the Joint Commission on Accreditation of Healthcare Organizations, and other appropriate organizations, toward finding solutions to the problem of work hours and conditions which would strengthen current work hours enforcement mechanisms; and be it further

RESOLVED, That our AMA encourage the Agency for Healthcare Research and Quality to examine the link between resident work hours and patient safety and to explore possible solutions to the problem of work hours and conditions.

**311. IMPLEMENTATION OF NBME CLINICAL SKILLS ASSESSMENT EXAM
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association request an itemized rationalization from the National Board of Medical Examiners for the proposed cost of \$1000 for the Clinical Skills Assessment Exam (CSAE) and the number and location of the testing sites; and be it further

RESOLVED, That our AMA take all steps necessary to delay implementation of the CSAE, as the NBME has not developed an implementation plan that involves reasonable geographic and financial structures; and be it further

RESOLVED, That our AMA express deep concern to the NBME and the proposed CSAE imposes unacceptable costs and travel burdens on examinees; and be it further

RESOLVED, That our AMA representatives to the Liaison Committee on Medical Education indicate that the teaching and assessment of clinical skills should be a high priority in the accreditation process.

**312. MID-YEAR AND RETROACTIVE MEDICAL SCHOOL TUITION INCREASES
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association work with the Association of American Medical Colleges to discourage assessment of mid-year and retroactive increases in medical school tuition and fees; and be it further

RESOLVED, That our AMA encourage state and county medical societies to develop policy and lobby state legislatures to help minimize medical school tuition increases in public or officially-designated state medical schools; and be it further

RESOLVED, That medical schools provide entering students with an estimate of their future tuition costs and fees, possibly based on past history of the school's tuition; and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2002 Interim Meeting on its progress in limiting mid-year and retroactive tuition increases.

**313. WEB-BASED AMCAS APPLICATION
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association strongly encourage the Association of American Medical Colleges to create a back-up application system that can be used in the event that the web-based American Medical College Application Service (AMCAS) proves inadequate and by applicants who have limited access to computer resources; and be it further

RESOLVED, That our AMA strongly encourage the AAMC to work with medical school admissions offices to improve and simplify the web-based medical school application; and be it further

RESOLVED, That our AMA work in conjunction with the AAMC to encourage medical schools around the country to remain part of the centralized AMCAS in order to avoid placing an undue burden on future applicants through multiple primary applications.

**401. PROTECTION OF CHILDREN AND YOUNG ADULTS
THROUGH HANDGUN CONTROL**
Introduced by American Association of Public Health Physicians

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association urge Congress and state legislatures to:

1. require all gun show purchasers to undergo a Brady Bill screen;
2. require all gun owners to be licensed and all guns, registered; and
3. require licensed owners to be re-licensed triennially asserting that their firearms are locked away from children, have trigger locks, and that all potential users are trained in gun use; and be it further

RESOLVED, That our AMA provide informational brochures to the Federation to assist local physicians and medical associations in their efforts to pass state law to achieve the objectives of this resolution.

402. SEATBELT USE IN YOUNG DRIVERS AND PASSENGERS
Introduced by Medical Student Section

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 402:**

RESOLVED, That our American Medical Association urge physicians to take an active stance with their young patients on the importance of safety in motor vehicles through routine questioning regarding passenger seat belt use during every history and physical exam.

403. ALCOHOL AND YOUTH
Introduced by Resident and Fellow Section

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 403:**

RESOLVED, That our American Medical Association reaffirm Policy H-30.984, which supports the termination of alcohol advertising directed toward youth and media content that depicts the irresponsible use of alcohol without showing its adverse consequences; and be it further

RESOLVED, That our AMA reaffirm Policy H-170.992, which encourages increased educational programs relating to the use and abuse of alcohol, and the implementation of alcohol education in comprehensive health education curricula; and be it further

RESOLVED, That our AMA promote awareness among physicians of existing resources to combat underage use of alcohol; and be it further

RESOLVED, That our AMA increase involvement of physicians in community based efforts to combat underage use of alcohol; and be it further

RESOLVED, That our AMA support legislation minimizing marketing strategies by the alcohol industry aimed at young people.

404. SUPPORT OF FOUR PRINCIPLES OF HAND AWARENESS
Introduced by Ohio Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association endorse the Four Principles of Hand Awareness: (1) Wash your hands when they are dirty and before eating, (2) Do not cough into your hands, (3) Do not sneeze into your hands, and (4) Above all, do not put your fingers into your eyes, nose or mouth; and be it further

RESOLVED, That our AMA encourage physicians to “adopt a school” in their communities and promote the Four Principles of Hand Awareness.

405. HIV AND INFORMED CONSENT
Introduced by Michigan Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association change its policy to eliminate informed consent requirements; and be it further

RESOLVED, That our AMA continue to protect the confidentiality of HIV test results.

406. INFORMED CONSENT IN PRESCRIBING ORAL CONTRACEPTIVES
Introduced by R. Bob Mullins, MD, Delegate, Alabama

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association urge health care providers to inform patients of any potential post-fertilization effects of birth control agents; and be it further

RESOLVED, That our AMA oppose legislative measures that would perpetuate patient ignorance concerning the potential post-fertilization effects of birth control agents; and be it further

RESOLVED, That our AMA support educational measures to empower patients considering birth control regimens, in particular those that have potential post-fertilization effects, to make fully informed choices.

407. BOLSTERING PUBLIC HEALTH PREPAREDNESS
Introduced by American College of Preventive Medicine
American Association of Public Health Physicians

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 407 ADOPTED
IN LIEU OF RESOLUTIONS 407 AND 417:

RESOLVED, That our American Medical Association support the concept that enhancement of surveillance, response, and leadership capabilities of state and local public health agencies be specifically targeted as among our nation’s highest priorities; and be it further

RESOLVED, That our AMA communicate to Congress, the National Association of Local Boards of Health, and chief elected officials at state and local levels, the importance of effective public health agencies and the role that Boards of Health can play in assuring public health protections and effective response to public health emergencies; and be it further

RESOLVED, That our AMA support, in principle, the funding of research into the determinants of quality performance by public health agencies, including but not limited to the roles of Boards of Health and how they can most effectively help meet community needs for public health leadership, public health programming, and response to public health emergencies.

**408. OFFICE OF HOMELAND SECURITY
Introduced by Texas Delegation**

Resolution 408 was considered together with Report 26 of the Board of Trustees
and Resolutions 412, 413 and 418
see page 122

RESOLUTION 409 WAS CHANGED TO RESOLUTION 517

**410. URGENT NATIONAL VACCINATION FOR SMALLPOX
Introduced by Florida Delegation**

**HOUSE ACTION: FIRST THREE RESOLVES ADOPTED AS FOLLOWS AND
FOURTH RESOLVE REFERRED TO
BOARD OF TRUSTEES FOR DECISION**

RESOLVED, That our American Medical Association encourage federal health authorities to evaluate the risks and benefits of pre-exposure vaccination of the US population for smallpox and to continue planning for mass vaccination of the population if determined to be necessary; and be it further

RESOLVED, That our AMA endorse and recognize the actions taken so far by President George W. Bush and Secretary of the Department of Health and Human Services, Tommy Thompson, the Centers for Disease Control and Prevention, and the National Institutes of Health to procure smallpox vaccines for the population of the United States; and be it further

RESOLVED, That the AMA Board of Trustees ensure that physicians are routinely updated on smallpox-related issues through the AMA's communication tools, that a report be prepared for the 2002 Annual Meeting on the status of federal planning efforts, and that a report on scientific matters be prepared for the 2002 Interim Meeting; and be it further

RESOLVED, That physicians and paramedical personnel be encouraged to receive smallpox vaccination and that the smallpox vaccination be made available to the civilian population on a voluntary basis as soon as the vaccine is available.

**411. CONDEMNING THE USE OF CHILDREN AS INSTRUMENTS OF WAR
Introduced by Colorado Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association condemn the use of children as instruments of war; and be it further

RESOLVED, That our AMA encourage evaluation, treatment, and follow-up for children who have been used as instruments of war.

**412. CONDEMNATION OF TERRORISM AGAINST CIVILIANS
Introduced by Colorado Delegation**

Resolution 412 was considered together with Report 26 of the Board of Trustees
and Resolutions 408, 413 and 418
see page 122

413. TRAUMA AND HEALING
Introduced by District of Columbia Delegation

Resolution 413 was considered together with Report 26 of the Board of Trustees
and Resolutions 408, 412 and 418
see page 122

414. INFLUENZA VACCINE
Introduced by Oklahoma Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association work with third party payors, including the Centers for Medicare and Medicaid Services, to establish a fair reimbursement price for the flu vaccine; and be it further

RESOLVED, That our AMA encourage the manufacturers of influenza vaccine to publish the purchase price by June 1st each year.

415. ALCOHOL AND YOUTH
**Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association encourage state medical societies to work with the appropriate agencies to develop a state-funded educational campaign to counteract pressures on young people to use alcohol; and be it further

RESOLVED, That our AMA work with the appropriate medical societies and agencies to draft legislation minimizing alcohol promotions, advertising, and other marketing strategies by the alcohol industry aimed at adolescents.

RESOLUTION 416 WAS WITHDRAWN

417. BOARDS OF HEALTH
Introduced by American Association of Public Health Physicians

Resolution 417 was considered together with Resolution 407
see page 389

**418. ESTABLISHMENT OF AMA-SPONSORED PUBLIC-PRIVATE FOUNDATION TO
IMPROVE PHYSICIAN PREPAREDNESS FOR DISASTERS (MANMADE AND NATURAL)**
**Introduced by Association of Military Surgeons of the United States, Army, Navy, Air Force,
Public Health Service, and Society of Medical Consultants to the Armed Forces**

Resolution 418 was considered together with Report 26 of the Board of Trustees
and Resolutions 408, 412 and 413
see page 122

419. TIME FOR ACTION ON YOUTH VIOLENCE
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association advocate for a national task force of diverse organizations to address youth violence prevention (and not solely limited to school violence but family and community violence).

501. MILITARY TREATMENT FACILITY PHARMACIES
Introduced by South Carolina Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association urge the Secretary of Defense to encourage pharmacies at Military Treatment Facilities (MTF) to accept and honor prescriptions by facsimile from civilian practitioners treating US military personnel, family members, and retirees, in any manner consistent with the law of the state in which the MTF is located, and federal laws governing the prescription, administration and dispensing of controlled substances.

502. IRRADIATION OF FOODS IN THE UNITED STATES
Introduced by Florida Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association urge that the US Department of Agriculture implement irradiation of appropriate foods in the United States prior to its distribution to the public.

503. THERAPEUTIC DRUG AND VACCINE SHORTAGES IN THE UNITED STATES
Introduced by Florida Delegation

Resolution 503 was considered together with Report 7 of the Board of Trustees
and Resolutions 507, 509, 511, 513 and 517
see page 64

**504. SUPPORT FOR UNIFORM MACHINE-READABLE
CODING OF PHARMACEUTICALS**
Introduced by Minnesota Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association vigorously work to support and encourage efforts to create and expeditiously implement a national machine-readable coding system for prescription medicine packaging in an effort to improve patient safety.

RESOLUTION 505 WAS WITHDRAWN

506. DEHP USE IN NEONATAL INTENSIVE CARE UNITS
Introduced by California Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 506 ADOPTED:

RESOLVED, That our American Medical Association assist the Food and Drug Administration in communicating its safety assessment on the use of DEHP-containing devices to health care providers and hospitals across the country; and be it further

RESOLVED, That our AMA urge the FDA to expedite its evaluation of ways to address the potential risks that may be associated with use of DEHP-containing devices in certain procedures, including the availability of medical devices made from alternatives to DEHP-containing PVC plastics, particularly for procedures performed on neonatal patients; and be it further

RESOLVED, That our AMA monitor developments in this area, and respond as appropriate.

507. VACCINE SHORTAGES AND UNINTENDED CONSEQUENCES
Introduced by California Delegation

Resolution 507 was considered together with Report 7 of the Board of Trustees
 and Resolutions 503, 509, 511, 513 and 517
 see page 64

508. INAPPROPRIATE MEDICAL SCREENING TESTS
Introduced by Young Physicians Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association study the marketing and use of commercial medical screening tests for the general public when not recommended by the patient's physician and when performed without physician directives; and be it further

RESOLVED, That our AMA consider developing standards based upon the results of its study; and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2002 Interim Meeting.

509. AVERTING A PUBLIC HEALTH CRISIS CAUSED BY DRUG SHORTAGES
Introduced by Washington Delegation

Resolution 509 was considered together with Report 7 of the Board of Trustees
 and Resolutions 503, 507, 511, 513 and 517
 see page 64

510. NUCLEAR WASTE
Introduced by Washington Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association help facilitate a national dialogue on the issue of current and future nuclear waste requirements; and be it further

RESOLVED, That our AMA issue a report on the issue of nuclear waste requirements for our nation.

511. TETANUS VACCINES
Introduced by Oklahoma Delegation

Resolution 511 was considered together with Report 7 of the Board of Trustees
 and Resolutions 503, 507, 509, 513 and 517
 see page 64

512. LEUKOREDUCTION OF RED BLOOD CELLS AND PLATELETS
Introduced by Oklahoma Delegation

HOUSE ACTION: POLICY H-50.978 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 512:

RESOLVED, That our American Medical Association support universal leukoreduction which will assure that every patient receive the highest quality and safest blood products; and be it further

RESOLVED, That our AMA demonstrate to the American public its support for the highest quality and safest blood products, which will help to maintain and restore the public's trust and confidence in the American medical profession.

513. PREVNAR VACCINES
Introduced by Oklahoma Delegation

Resolution 513 was considered together with Report 7 of the Board of Trustees
 and Resolutions 503, 507, 509, 511 and 517
 see page 64

514. USE OF MISOPROSTOL FOR CERVICAL RIPENING
Introduced by American College of Obstetricians and Gynecologists

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association ask the Council on Scientific Affairs to report on the safety, efficacy and value of misoprostol use in the third trimester of pregnancy, postpartum period, and for fetal death in utero.

515. MANDATORY OFFERING OF PNEUMOCOCCAL VACCINATION
TO RESIDENTS OF LONG TERM CARE FACILITIES
Introduced by Pennsylvania Delegation

HOUSE ACTION: POLICIES H-440.921 AND H-440.988 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 515:

RESOLVED, That our American Medical Association request through federal legislation and/or regulation the offering of pneumococcal vaccination to all residents of long-term care facilities in the United States, linking this to reimbursement.

516. SUPPORT OF A NATIONAL LABORATORY NETWORK
Introduced by American Society of Clinical Pathologists

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association support the efforts of the Centers for Disease Control and Prevention in establishing a national laboratory network for communicating, coordinating, and collaborating with physicians and laboratory professionals on public health concerns.

517. VACCINE AVAILABILITY AND REIMBURSEMENT
Introduced by Minnesota Delegation

Resolution 517 was considered together with Report 7 of the Board of Trustees
 and Resolutions 503, 507, 509, 511 and 513
 see page 64

601. IDENTIFICATION OF PHYSICIANS BY THE MEDIA
Introduced by American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, and American Academy of Pain Medicine

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association communicate to the media that when a physician is interviewed or provides commentary, he or she be specifically identified with the appropriate initials "MD" or "DO" after his or her name, and that others be identified with the appropriate degrees after their names.

602. AMA RESOLUTIONS HONORING DECEASED NONPHYSICIANS
Introduced by American Society of Addiction Medicine

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association permit the introduction of resolutions honoring deceased individuals who have given significant amounts of time and energy in service to the AMA or Federation societies, whether or not such individuals are physicians.

603. PAPERWORK REDUCTION
Introduced by Michigan Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association allow members who download House of Delegates information from the web site the ability to opt out of receiving paper copies.

604. FISCAL NOTES
Introduced by California Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That the fiscal note attached to every House of Delegates resolution be extended to include an explanation of how the cost of implementing the resolution was derived, and that Policy H-545.933 be reaffirmed.

605. LEGISLATIVE REFERENCES
Introduced by California Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That authors of articles, alerts, notices and other statements published by our American Medical Association and its subsidiaries and components shall be encouraged to provide complete and accurate references to laws, regulations, and legislation in process which are the subject of, or are referred to or alluded to in, the discussion; and be it further

RESOLVED, That AMA-related publications will include such references in the body of, or as footnotes to such discussions.

RESOLUTION 606 WAS WITHDRAWN

607. VOTES OF THE BOARD OF TRUSTEES OF THE AMA
Introduced by Louisiana Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That any recorded votes of the American Medical Association Board of Trustees during Board meetings be made available upon request to all constituent organizations of our AMA.

608. VIDEO DOCUMENTARY OF THE FUNCTION
OF THE AMA HOUSE OF DELEGATES
Introduced by Louisiana Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association consider developing a documentary videotape, which would illustrate the function and ultimate outcome of our AMA's House of Delegates' meetings, perhaps through cooperation with a media documentary firm or major television network, with the following considered as part of the development of such a tape:

- The documentary could follow the process of an individual delegate's idea, transformed into a resolution endorsed by his\her organization;
- The video could then illustrate the delegation caucus process, meetings, Reference Committees, Council and Board reports, election deliberations, and HOD functions;
- The video could employ interviews with other delegates, Board members, and staff;
- The video should emphasize the democratic process involved in the passage of a resolution, the governance of the AMA, and how priorities are established.

609. THE PURPOSE OF OUR AMA
Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association focus its energies on practical matters of value to patients and physicians, for example, advocacy, the practice of medicine, medical education and professionalism, membership benefits, public health (including bioterrorism), and ethical principles.

**701. PROMPT INITIAL CREDENTIALING OF PHYSICIANS
BY MANAGED CARE PLANS
Introduced by American College of Surgeons**

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 701 ADOPTED:

RESOLVED, That our American Medical Association modify Policy H-180.956[3] by addition and deletion to read:

“Medicare, Medicaid, and managed care organizations should (a) make final physician credentialing determinations within 45 calendar days of receipt of a completed application; (b) grant provisional credentialing pending a final credentialing decision if the credentialing process exceeds 45 calendar days; and (c) retroactively compensate physicians for services rendered from the date of their credentialing application, as soon as the physician becomes credentialed” ~~appropriately and expeditiously (within 60 days) credential established physicians whose practices relocate, merge, or otherwise change their status;~~ and be it further

RESOLVED, That our AMA continue to work with relevant entities, such as the National Committee for Quality Assurance, the American Accreditation HealthCare Commission/URAC, and the Centers for Medicare and Medicaid Services, to adopt AMA policies related to the timely credentialing of physicians; and be it further

RESOLVED, That our AMA develop model state legislation to reflect AMA policy on the timely credentialing of physicians; and be it further

RESOLVED, That our AMA urge state medical associations to advocate the introduction and enactment of AMA model state legislation on timely credentialing by their state legislatures.

**702. MANAGED BEHAVIORAL HEALTH ORGANIZATIONS (MBHOs)
Introduced by American College of Physicians - American Society of Internal Medicine**

**HOUSE ACTION: ADOPTED AS FOLLOWS AND
POLICY H-285.956[4] REAFFIRMED:**

RESOLVED, That our American Medical Association establish policy that, when requested, Managed Behavioral Health Organizations (MBHOs) should share their written disease management protocols with primary care and other treating physicians. When a patient is receiving treatment for mental illness and/or chemical dependency through an MBHO, with the patient’s permission and in accordance with relevant legal requirements, the primary care physician should be notified immediately, and, if requested, be kept apprised of the patient’s treatment (including all medications prescribed) and progress, so that the primary care and other treating physicians can coordinate the patient’s health care needs in optimal fashion; and be it further

RESOLVED, That our AMA inform Managed Behavioral Health Organizations (MBHOs) of this policy and work with MBHOs to implement means for improving coordination of care with primary care physicians.

**703. PHYSICIAN DISCRETION REGARDING INCLUSION OF
ELECTRONIC COMMUNICATIONS IN MEDICAL RECORDS
Introduced by American Society of Addiction Medicine**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That American Medical Association Policy H-478.997[1d] be amended to read, “At the physician's discretion ~~Whenever possible,~~ electronic and/or paper copies of patient e-mails and corresponding responses will be retained or summarized as part of the ~~patient's~~ medical record.”

704. CONTINUITY OF CARE
Introduced by California Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association adopt policy that health plans must maintain the willing and available physicians and physician groups, pharmaceuticals and hospitals which it advertised when a patient enrolled to the patient for the duration of the patient's contract, unless such physician, physician group or hospital is terminated for cause.

705. FAIR PAYMENT FOR SEPARATE SERVICES
Introduced by Kentucky Delegation, American Academy of Dermatology,
American Society for Dermatologic Surgery, and Society for Investigative Dermatology

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association continue to oppose the inappropriate bundling practices of insurance carriers through the incorrect use of CPT codes; and be it further

RESOLVED, That our AMA take appropriate action to encourage that all third party payors accept, utilize and reimburse physicians based on the most current version of CPT codes and modifiers and that inappropriate bundling of such codes be prohibited; and be it further

RESOLVED, That our AMA support legislative measures that will enforce the correct coding concept, that if two or more medically necessary services are payable when provided on different dates, they must not be less payable when provided on the same date; and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2002 Interim Meeting.

706. INADEQUATE SPECIFICITY OF CLAIMS REJECTION
Introduced by Pennsylvania Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association make it clear that existing error messages are generally inadequate, and work with third party payors, particularly those with electronic payment systems, to establish claims rejection codes which specify the particular data element in question, identify the specific deficiency in maximum detail, and refer to legends which explain themselves unambiguously.

707. E-MAILS AS PART OF THE MEDICAL RECORD
Introduced by Pennsylvania Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association amend Policy H-478.997[1d] to read, "At the physician's discretion ~~Whenever possible~~, electronic and/or paper copies of patient e-mails and corresponding responses will be retained or summarized as part of the ~~patient's~~ medical record."

708. CONFIDENTIALITY OF THE PHYSICIAN PEER REVIEW PROCESS
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association study the threat to the physician peer review process created by the US District Court for the District of Columbia, July 9, 2001, ruling (*Public Citizen, Inc. v. Department of Health and Human Services*); and be it further

RESOLVED, That our AMA take urgent action, including, if necessary, introduction of federal legislation, to establish physician peer review protections of confidentiality in all federal programs and mandates, including the Emergency Medical Treatment and Active Labor Act and related regulations; and be it further

RESOLVED, That our AMA consider appropriate legal or legislative action to assure that the peer review information developed by the Medicare program not be subject to disclosure or discovery.

709. UNIVERSAL CREDENTIALS APPLICATION
Introduced by International Medical Graduates Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association develop and strongly advocate the use of a standardized credentials application form that would be available to all hospitals and insurance plans.

801. MEDICAL STAFF TESTING
Introduced by Organized Medical Staff Section

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 801 ADOPTED:

RESOLVED, That our American Medical Association establish policy that, in the absence of statutory and/or regulatory requirements, hospital medical staffs should determine those tests and/or immunization that are required for medical staff members, and delineate under what circumstances such tests or immunizations should be administered; and be it further

RESOLVED, That our AMA encourage medical staffs to regularly review and update their bylaws and workplace policies to ensure that they reflect current laws, regulations, health care policy, and evidence-based medicine.

802. VETERANS ADMINISTRATION HEALTH CARE SYSTEM
Introduced by Organized Medical Staff Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association study the policies and practices of the Veterans Administration health care delivery system, particularly as to how such policies impact the care and relationships between private physicians and their patients who are veterans; and be it further

RESOLVED, That our AMA work with the Veterans Administration to develop a mechanism to facilitate the provision of timely communication and exchange of information, between Veterans Administration physicians and all other treating physicians.

**803. CPT EDITORIAL PANEL REPRESENTATION
Introduced by American Academy of Pediatrics**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 803 ADOPTED
WITH CHANGE IN TITLE:**

RESOLVED, That the American Medical Association Board of Trustees study, document and report on the mechanisms for choosing CPT Editorial Panel participants and delineate the process for including physicians who care for special populations on the Panel.

**804. PRESERVATION OF FIVE LEVELS OF EVALUATION
AND MANAGEMENT SERVICES**

**Introduced by American Academy of Neurology, American Association of Electrodiagnostic
Medicine, American College of Physicians - American Society of Internal Medicine,
American College of Rheumatology, American Academy of Physical Medicine
and Rehabilitation, and American Society of Clinical Oncology**

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 804 ADOPTED:

RESOLVED, That our American Medical Association communicate to the Centers for Medicare and Medicaid Services and to private payors that the current levels of Evaluation and Management services should be maintained and not compressed, with appropriate payment for each level; and be it further

RESOLVED, That our AMA study the issue of five levels of E&M Coding for the purpose of maintaining a plurality of levels in order to preserve coding flexibility and appropriate payment.

**805. JCAHO PROPOSED STANDARD IMPLEMENTATION COST AND IMPACT
Introduced by American Psychiatric Association and
American Academy of Child and Adolescent Psychiatry**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 805 ADOPTED
WITH CHANGE IN TITLE:**

RESOLVED, That American Medical Association Policy H-220.995 be amended by addition to read as follows:

The AMA recommends that when guidelines, rules and specific recommendations to hospitals and other medical facilities are originated by accreditation, certification or regulatory agencies, they include a proof of impact statement to include (1) actual or estimated costs of implementation (as a total cost or cost per bed). Included in the costs should be estimates of volunteer medical staff time required to implement the policy; (2) a brief statement of the expected benefit, goal or improvement in health care or reduction in health care costs; (3) a brief outline of the data tending to prove that the guidelines and rules will actually and significantly improve patient care, not have an adverse impact, and will accomplish the intended goal stated in the benefit statement; and (4) cost estimates of implementation and ongoing compliance, for small, medium, and large hospitals, and/or other health care facilities; and be it further

RESOLVED, That our AMA request the Joint Commission on Accreditation of Healthcare Organizations to promulgate information from Item 5 of its standards development model, which states:

“5. External evaluation activities assess, when possible, benefit/cost/impact of the proposed new or revised standards. Survey process development and testing starts to determine reliability of proposed survey procedures. Formal mailing of standards documents coupled with qualitative focus group work provides information about use and usefulness of proposed standards.”

**806. CONSCIOUS SEDATION REIMBURSEMENT
Introduced by Michigan Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association recommend that the CPT Editorial Panel consider codes for certain procedures which involve conscious sedation for potential recoding or the utilization or development of appropriate modifiers.

**807. PHYSICIAN INVOLVEMENT IN DISASTER PREPAREDNESS
Introduced by California Delegation**

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 807 ADOPTED:

RESOLVED, That our American Medical Association urge the Joint Commission on Accreditation of Healthcare Organizations to promulgate its revised Standard EC.1.4 on disaster preparedness which incorporates medical staff involvement.

**808. CPT MODIFIERS
Introduced by Young Physicians Section**

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 808 ADOPTED:

RESOLVED, That our American Medical Association continue to actively collect information, through existing processes, including the semi-annual study of non-Medicare use of the Medicare RBRVS conducted by the AMA Department of Physician Payment Policy and Systems and the recently unveiled AMA Private Sector Advocacy (PSA) Health Plan Complaint Form, and solicit input and assistance in this data collection from other interested members of the Federation on the acceptance of CPT modifiers by third party payors; and be it further

RESOLVED, That pertinent information collected by our AMA through existing methods and through the AMA PSA Health Plan Complaint Form about acceptance of CPT modifiers by third party payors be shared with applicable state, county and national medical specialty societies in order to promote a greater understanding of third party payor payment policies related to CPT modifiers; and be it further

RESOLVED, That our AMA use the available information to engage in discussions with payors; and be it further

RESOLVED, That aggregate information collected by our AMA through existing methods and through the AMA PSA Health Plan Complaint Form on acceptance for payment of CPT modifiers by third party payors be disseminated to state and federal regulators and legislators; and be it further

RESOLVED, That our AMA provide the House of Delegates with an update on the acceptance for payment of CPT modifiers, as well as pertinent CPT coding abuses by third party payors, at the 2003 Annual Meeting.

**809. HISTORY AND PHYSICALS BY NONPHYSICIANS IN
AN INPATIENT/OUTPATIENT SETTING
Introduced by American Orthopaedic Foot and Ankle Society**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association seek a meeting with representatives of the Joint Commission on Accreditation of Healthcare Organizations to discuss this change in their standards and express concern that the change may needlessly put patients at risk; and be it further

RESOLVED, That in the interest of patient safety, our AMA urge JCAHO to reconsider this change in policy and again require that physicians and surgeons perform or be responsible for all admission and preoperative histories and physicals in order for that health care facility to be accredited.

**810. HOSPITAL AND PHYSICIAN REIMBURSEMENT FOR
UNCOMPENSATED CARE, TEACHING AND RESEARCH
Introduced by Pennsylvania Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association study current methods by which hospitals and physicians are paid for uncompensated care, teaching and research, and then consider whether, and if so, how to promote an appropriate funding mechanism.

**811. AD HOC TASK FORCE ON E&M DOCUMENTATION GUIDELINES AND
AMERICAN MEDICAL ASSOCIATION/CENTERS FOR MEDICARE AND
MEDICAID SERVICES MEETINGS/DISCUSSIONS
Introduced by Pennsylvania and Florida Delegations**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association include representation from the Ad Hoc Task Force on E&M Documentation Guidelines in all future meetings and internal discussions regarding E&M related issues, to help assure that current AMA policy and the interests of the House of Delegates are achieved; and be it further

RESOLVED, That our AMA urge the CPT Editorial Panel and specialty societies to proceed immediately with institution of Substitute Resolution 803 (A-01) which requires the development of simplified examples for the E&M codes that are consistent with appropriate medical documentation.

**812. APPLYING PRESSURE ON DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL TO RULE ON HOSPITAL-IMPOSED
EXCLUSIVITY RESTRICTIONS, AS A FORM OF ECONOMIC
CREDENTIALING, FOR MEDICAL STAFF MEMBERSHIP
Introduced by Pennsylvania Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association continue to aggressively seek resolution with the Department of Health and Human Services Office of Inspector General of the issues of alleged fraud and abuse associated with hospital-imposed exclusivity policies as a form of economic credentialing, and that the Board of Trustees report back at the 2002 Annual Meeting.

**813. FEDERALLY MANDATED SECLUSION AND RESTRAINT RULES
Introduced by Pennsylvania Delegation**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association pursue other means, such as legislation, to achieve relief, in appropriate circumstances, from the Centers for Medicare and Medicaid Services' seclusion and restraint rule requiring face-to-face examination by a physician of a patient in a hospital or nursing home for whom a physician has ordered institution of restraints, to include drugs being used as restraints; and be it further

RESOLVED, That our AMA work to develop a more appropriate definition of drugs to be used as restraints to be used in the CMS' seclusion and restraint rules.

814. CPT TRACKING CODE FOR EMTALA-RELATED SERVICES

Introduced by American Association of Neurological Surgeons, Congress of Neurological Surgeons, American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Orthopaedic Surgeons, American Academy of Pain Medicine, American Association for Thoracic Surgery, American Association of Clinical Urologists, American Society of Anesthesiologists, American Society of General Surgeons, American Urological Association, and Society of Thoracic Surgeons

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association urge the CPT Editorial Panel to create a CPT tracking code(s) to be used by physicians to identify EMTALA-related services; and be it further

RESOLVED, That our AMA, in conjunction with state and specialty societies, educate physicians about this code(s) and encourage physicians to utilize the appropriate code(s) to aid in the collection of EMTALA uncompensated care data.

815. MAINTAINING THE MEDICAL STAFF CONDITION IN THE MEDICARE CONDITIONS OF PARTICIPATION FOR HOSPITALS

Introduced by Organized Medical Staff Section

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 815 ADOPTED:

RESOLVED, That our American Medical Association study the impact of the revisions of the Medicare Conditions of Participation that pertain to the medical staff and report back to the House of Delegates at the 2002 Annual Meeting.

816. LEAPFROGGING THE MEDICAL STAFF

Introduced by Organized Medical Staff Section

**HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2002 ANNUAL MEETING**

RESOLVED, That our American Medical Association actively oppose efforts by third party and medical advisory groups, such as the "The Leap Frog Group," to unilaterally influence hospitals and medical groups to modify clinical practice without specific advice and input by the medical staff organization of the hospital or medical group; and be it further

RESOLVED, That our AMA also advocate to all third party interests, such as The Leap Frog Group, that our AMA should be a part of the discussion of proposed policy initiatives when they are being developed.

817. HOSPITAL MEDICAL STAFF SELF-GOVERNANCE

Introduced by Organized Medical Staff Section

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 817 ADOPTED:

RESOLVED, That our American Medical Association reaffirm Policy H-235.980, which states that the AMA supports essentials of self-governance for hospital medical staffs which, at a minimum include the right to: (1) initiation, development and adoption of medical staff bylaws, rules and regulations; (2) approval or disapproval of amendments to the medical staff bylaws, rules and regulations; (3) selection and removal of medical staff officers; (4) establishment and enforcement of criteria and standards for medical staff membership; (5) establishment and maintenance of patient care standards; (6) accessibility to and use of independent legal counsel; and (7) credentialing and delineation of clinical privileges; and be it further

RESOLVED, That our AMA amend AMA Policy H-235.980 by adding two essentials of medical staff self-governance that include: (8) medical staff control of its funds; and (9) successor-in-interest rights; and be it further

RESOLVED, That our AMA oppose any attempts to reengineer or otherwise amend medical staff bylaws or split the bylaws into a variety of separate and unincorporated manuals or policies, thereby eliminating the control and approval rights of the medical staff as required by the principles of medical staff self-governance; and be it further

RESOLVED, That the Board of Trustees study the feasibility and costs of implementing items (a) and (b) which follow, and determine if there are other tools currently in existence that would alleviate the need for such action and report back at the 2002 Annual Meeting: (a) That our AMA, in coordination with state medical societies, take steps to educate medical staffs on AMA policy regarding medical staff self-governance and advise medical staffs to proceed cautiously when engaging the services of organizations or consultants that propose to amend medical staff bylaws in ways that are contrary to medical staff self-governance, and (b) That our AMA develop, with input from its Organized Medical Staff Section Governing Council, in conjunction with state medical societies, a comprehensive guide for medical staff bylaws and other tools to assist physicians in performing the duties and responsibilities associated with medical staff self-governance. All medical staff resources will be consistent with AMA policies on medical staff self-governance.

818. NOTIFICATION OF STAFFED HOSPITAL BED SHORTAGES
Introduced by Organized Medical Staff Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association work to have standards established that require regional hospitals to be in communication and report to other regional hospitals when any "care" unit occupancy reaches a near critical level in order that the other hospitals may prepare before diversions occur; and be it further

RESOLVED, That our AMA work with the Centers for Medicare and Medicaid Services, and other federal agencies to review the availability of staffed hospital beds in the event of a mass casualty emergency and to develop mass casualty emergency plans based on the limited reserve of staffed hospital beds in the country.

819. JCAHO'S NEW STANDARDS FOR PAIN MANAGEMENT
Introduced by Arkansas Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association emphatically deny the implied ability to practice medicine by any entity other than physicians; and that the Joint Commission on Accreditation of Healthcare Organizations be implored to evaluate the manner in which its Pain Standards for 2001 are being implemented; and that our AMA continue its work to preserve the sanctity of the physician-patient relationship.