RESOLUTIONS

MEMORIAL RESOLUTIONS
Adopted Unanimously

George G. Alexander, MD
Introduced by Texas Delegation

Whereas, Family, friends and colleagues were deeply saddened by the loss of George G. Alexander, MD, on November 2, 2003, at the age of 77; and

Whereas, His active involvement in medicine included service on the Texas Delegation to the American Medical Association House of Delegates for over 15 years, serving as delegation chair for five years; presidency of both the Harris County Medical Society and the Texas Medical Association; and serving on the Board of Managers of the Harris County Hospital District for almost 20 years; and

Whereas, Doctor Alexander devoted a lifetime to community service, including being a founding member and chair of the Gulf Coast Regional Blood Center; chair of a group of doctors who built Pasadena Bayshore Hospital; and being instrumental in establishing the John P. McGovern Museum of Health and Medical Science, serving on its board for many years and it's chair in 2002; and

Whereas, His many honors and recognitions included the Distinguished Alumnus Award from Baylor College of Medicine; Distinguished Service Award from the Texas Medical Association; Humanitarian of the Year Award from Hermann Hospital; and Honored Life-Giver by the Gulf Coast Regional Blood Center; and

Whereas, His education was temporarily interrupted by World War II, serving in the Pacific Theater's Command Headquarters of General Douglas MacArthur in Manila; and

Whereas, Doctor Alexander was a lifelong Presbyterian, active for many years in fostering their youth groups and serving as an elder in the church; and

Whereas, A close associate of Doctor Alexander noted his ability to see what was needed and sift out the rhetoric and stay with heart of the mission, as well as excelling in bringing to the table people with many different interests and helping them understand what was best for everybody; and

Whereas, A newspaper account about him stated, "Colleagues described him as a powerful figure in the medical world, an extremely personable man with a knack for lightening tense negotiations with a well-timed quip. He was known as a good storyteller and had a talent for playing the piano and the guitar and singing"; and

Whereas, He was cherished and will be missed by his family and many friends, and is survived by his wife of 58 years, Helen Cunningham Alexander, and four children, daughter Diane Alexander, and sons Raymond Alexander, MD, George Alexander, Jr., and Jeffrey Alexander; and eight grandchildren; therefore be it

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

Marvin R. Dunn, MD
Introduced by Council on Medical Education

Whereas, Marvin R. Dunn, MD, died on July 30, 2003, at the age of 71; and

Whereas, Since September 1, 1998, Doctor Dunn served as Director of Residency Review Committee Activities for the Accreditation Council for Graduate Medical Education; prior to that position, he served simultaneously as Director of the Division of Graduate Medical Education; Secretary of the Council on Medical Education, and Secretary of Reference Committee C at the American Medical Association; and

Whereas, Before his move to Chicago, he held distinguished positions at the University of South Florida College of Medicine, including Dean (1991-1995), Interim Vice Dean (1989-1991), Associate Dean for Veterans Administration Affairs (1998-1991), and Professor of Pathology (1991-1995); and

Whereas, Doctor Dunn also served as Dean, the University of Texas Medical School at San Antonio (1980-1984), and as Clinical Professor, Community and Family Medicine (1987-1992); Acting Dean (1979-1980); Associate Dean for Academic Affairs (1974-1980); and Associate Professor of Pathology and Community Medicine (1974-1980) at the University of California, San Diego, School of Medicine; and

Whereas, At the Medical College of Pennsylvania, Doctor Dunn served as Associate Dean (1964-1969), Associate Professor of Pathology (1961-1964), and Assistant Professor of Pathology (1961-1964); and

Whereas, He also served as Deputy Director (1973-1974); Associate Director, Division of Physician and Health Professions Education (1971-1973), and Chief, Physician Education Branch, Division of Physician and Health Professions Education (1969-1971), all at the National Institutes of Health, Bureau of Health Manpower, and

Whereas, The entire medical profession has benefited from his tireless efforts, unswerving devotion and wise counsel during meetings of the Board of Trustees, Council on Medial Education, Accreditation Council for Graduate Medical Education, several Residency Review Committees, the Educational Commission for Foreign Medical Graduates, and Council on Graduate Medical Education; and

Whereas, Doctor Dunn brought levity and keen wit to all situations; sharing his wisdom freely and inspiring us all, having the uncanny ability to lead without arrogance and advise without condescension; therefore be it

RESOLVED, That our American Medical Association record in its minutes its heartfelt appreciation to Doctor Dunn for his friendship and for all that he has done and extend its deepest sympathy to Doctor Dunn's family.

F. Maxton "Mac" Mauney, Jr., MD
Introduced by California Delegation

Whereas, F. Maxton "Mac" Mauney, Jr., was taken from us on November 26, 2003; and

Whereas, Dr. Mauney was a friend to all and a highly talented leader for the medical profession and within the House of Medicine; and

Whereas, Dr. Mauney was a life-long North Carolinian, a graduate of his beloved Duke University School of Medicine, where he served on the General Alumni Association Board of Directors, was President of the Duke Medical Alumni Association in 1986 and was named Distinguished Alumnus from the School of Medicine in 1995; and

Whereas, Dr. Mauney served as President of the North Carolina Medical Society in 1992-1993 and was an active leader in the American Medical Association, having been elected to two four-year terms on the AMA Council on Medical Service, serving as its Chair in 2001-2002; and

Whereas, Dr. Mauney strongly believed in service to his profession, and was an active member of the American College of Surgeons, the Society of Thoracic Surgeons and the Southern Thoracic Surgical Association, as well as the Medical Mutual Insurance Company, the North Carolina Health Care Reform Committee and was founding member and chairman of the Mountain Area Health Education Center; and

Whereas, Dr. Mauney's dedication to patient care and to the medical profession led him to leadership roles at the national and state levels which included gubernatorial appointments to the North Carolina Medical Care Commission where he served for eight years and to the Chairmanship of the State Health Planning Commission, a position he held at the time of his death; and

Whereas, Dr. Mauney's skills and leadership in medicine were admired by colleagues and brought him many honors and awards; and

Whereas, Most of all, Mac Mauney was admired and loved by all who knew him as a man of great honesty with a quick wit, and a ready smile and an understanding ear; and

Whereas, Dr. Mauney will be greatly missed in the House of Medicine by everyone who knew him; therefore be it

RESOLVED, That our American Medical Association House of Delegates express its deep sense of sorrow and loss for the untimely death of Mac Mauney to his wife Fran and his children, Laura of Cary, NC, Michael of St. Louis, MO, and David of Atherton, CA, and their families; and be it further

RESOLVED, That our American Medical Association House of Delegates recognize the contributions made by Dr. Mac Mauney to his medical profession, his community, and his fellow physicians by his service and advocacy on behalf of all of them.

F. Maxton "Mac" Mauney, Jr., MD
Introduced by Council on Medical Service

Whereas, F. Maxton "Mac" Mauney, Jr., MD, passed away on November 26, 2003, in Durham, North Carolina; and

Whereas, Dr. Mauney served with distinction as a member of our American Medical Association Council on Medical Service from 1996 through 2003; and

Whereas, From June 2001 to June 2002, he served as Chair of our AMA Council on Medical Service; and

Whereas, Dr. Mauney was instrumental in facilitating the establishment of key AMA policy on health insurance reform and Medicare reform; and

Whereas, Dr. Mauney was a longtime member of our AMA House of Delegates from the state of North Carolina; and

Whereas, Dr. Mauney's intense dedication and commitment to his patients, our profession, and organized medicine was exemplary; and

Whereas, He is remembered as a caring, devoted physician, colleague, and friend through his many accomplishments, good humor, enthusiasm for life, and love of family; and

Whereas, The members, past and present, of our AMA Council on Medical Service wish to memorialize our respect and love for "Mac"; therefore be it

RESOLVED, That our American Medical Association recognize the significant contributions that F. Maxton "Mac" Mauney, Jr., MD, made to our House of Delegates and to our Council on Medical Service; 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 the AMA.

F. Maxton "Mac" Mauney, Jr., MD
Introduced by North Carolina Delegation

Whereas, F. M. "Mac" Mauney, Jr., MD, Past-President of the North Carolina Medical Society, who revitalized its mission, effectiveness and membership, died on November 26, 2003; and

Whereas, Dr. Mauney served as a delegate from the North Carolina Medical Society to the American Medical Association since 1990, served on the AMA Council on Medical Service since 1996, including a term as Chairman, participating in the development of AMA policy regarding complex economic and health care access issues; and

Whereas, Dr. Mauney held numerous leadership positions in North Carolina State Government, serving on the Medical Care Commission, the Governor's Task Force on Women and the Economy, the Health Care Reform Commission, as well as chairing the State Health Coordinating Council; and

Whereas, Dr. Mauney was a founding Board Member and Chairman of the Mountain Area Health Education Center, a community-based education program for physicians, nurses and allied health professionals; and

Whereas, Dr. Mauney served the American College of Surgeons in various capacities, including membership on the Board of Directors of the Thoracic Surgery Foundation for Research and Education; and

Whereas, Dr. Mauney was a founding and active Board Member of Carolina Doctor's Care, a PPO serving the Carolinas; and

Whereas, Dr. Mauney served as Board Member of the Medical Mutual Insurance Company since 1993 and chaired its Health Care Advisory Services Committee; and

Whereas, Beginning in 1996, Dr. Mauney began a second career as an independent consultant, clinical trainer and proctor in the medical device industry, visiting approximately sixty heart center sites in twenty-six states, seven European countries and the far east; and

Whereas, Dr. Mauney was the recipient of many prestigious awards, including the Dermolay-Legion of Honor, the Duke University Medical School Distinguished Alumnus Award and the T. Reginald Harris, MD Award; and

Whereas, Dr. Mauney maintained strong ties to his alma mater, Duke University, serving as President of its medical school Alumni Association and served on the staffs of the Durham and Asheville VA Hospitals, the Watts Hospital, St. Joseph's Hospital and Memorial Mission Hospital; and

Whereas, Dr. Mauney was the author of numerous scientific articles, served on the editorial board of the American Academy of Physician Assistants and was Associate Editor of the North Carolina Medical Journal; and

Whereas, Dr. Mauney had the wonderful capacity to provide leadership by grasping the essence of an issue, building consensus and solving problems; therefore be it

RESOLVED, That our American Medical Association House of Delegates acknowledge Dr. Mauney's many contributions to his profession, community, the state of North Carolina and the American Medical Association; and be it further

RESOLVED, That our American Medical Association express its heartfelt sympathy to his wife, Fran, his daughter, Laura, his sons, David and Michael, his nine grandchildren, and his many friends and colleagues.

Sam A. Nixon, MD
Introduced by Council on Medical Education

Whereas, Sam A. Nixon, MD, a beloved colleague, died on August 17, 2003; and

Whereas, Doctor Nixon served as a member (1985-1994) and as Chair (1991-1993) of the Council on Medical Education of the American Medical Association; and

Whereas, Doctor Nixon made significant contributions to not only the work of the Council on Medical Education but the American Medical Association as well, having served as an Alternate Delegate (1969-1976) and Delegate (1977-1994), as a member (1978-1981) of the Council on Continuing Physician Education, Advisory Committee on Continuing Medical Education (1982-1984), Council on Environmental, Occupational and Public Health (1974-1975), Health Policy Agenda for the American People, as a representative to the Accreditation Council for Continuing Medical Education, and as a member and Co-Chair of the Liaison Committee on Medical Education; and

Whereas, At the University of Texas Health Science Center at Houston, Doctor Nixon served as Director, Division of Continuing Medical Education, Professor, Department of Surgery, Special Assistant to the President for Professional Relations, Special Assistant to the President for Governmental and Professional Relations, Faculty Associate, Center for Health Promotion, Research and Development, Chair, Teaching Nursing Home Planning Group, and as a member of the Executive Council; and

Whereas, Doctor Nixon also extended his expertise to promote the efforts of the Texas Medical Association, having served as a member and as a Vice Speaker of the House of Delegates, member of the Board of Trustees, Chair of the Committee on Public Health, Chair and member of the Council on Communication, consultant to the Committee on Continuing Education, member of the Council on Public Relations and Public Service, consultant to the Committee on Sexually Transmitted Diseases, member of the Committee on Membership, and Chair of the Texas Medical Policy Action Committee; and

Whereas, Doctor Nixon's dedication to the entire profession extended far beyond the positions listed above, including his service as President of the American Academy of Family Physicians, President of the Texas Academy of Family Physicians, and Chair of the Texas State Rural Medical Education Board; and

Whereas, Doctor Nixon brought to his work the insights of a devoted and understanding physician, the skills of an enthusiastic grammarian, and the experience of an extremely knowledgeable medical educator; and

Whereas, Doctor Nixon became known not only as an especially outstanding and respected colleague but as a caring and thoughtful friend whose levity and cheerfulness was a gift that each member of the Council on Medical Education and staff treasured on every encounter; therefore be it

RESOLVED, That our American Medical Association record in its minutes its heartfelt appreciation and praise to Doctor Nixon for his devotion to the advancement of medicine and extend its deepest sympathy to Doctor Nixon's family.

Sam A. Nixon, MD
Introduced by Texas Delegation

Whereas, Family, friends and colleagues were deeply saddened by the loss of Sam A. Nixon, MD, on August 17, 2003, at the age of 76; and

Whereas, His active involvement and leadership in medicine included 18 years as a delegate from Texas to the American Medical Association House of Delegates; the presidency of the Texas Medical Association, the American Academy of Family Physicians, the Texas Academy of Family Physicians, the Houston Academy of Medicine, and the Harris County (Texas) Medical Society; serving as Speaker of the Texas Medical Association House of Delegates; serving as a member and chair of the AMA Council on Medical Education; and serving as chair of the Texas State Rural Medical Education Board; and

Whereas, Doctor Nixon's contributions to his profession were recognized through many awards and honors, including the Distinguished Service Award from the Texas Medical Association; the AMA Foundation Award for Health Education; the Ashbel Smith Distinguished Alumni Award from The University of Texas Medical Branch at Galveston; the Distinguished Alumnus Award from Texas A&M University and its Association of Former Students; the first Lifetime Achievement Award from the Texas Academy of Family Physicians; and an honorary Doctor of Military Medicine from the Uniformed Services University of the Health Sciences, where he served on its Board of Regents, including four years as board chair; and

Whereas, Doctor Nixon served in the US Army Medical Corps in Korea and Japan as an artillery surgeon, followed by 23 years as a family physician in rural South Texas before moving to Houston to join The University of Texas Medical School at Houston as Professor of Family Practice and Community Medicine; and

Whereas, He was Director of the Division of Continuing Education and Special Assistant to the President for Community and Professional Relations at The University of Texas Health Science Center at Houston and Assistant Dean for Continuing Medical Education at UT Medical School at Houston; and

Whereas, Doctor Nixon lived a life dedicated to the well-being of others, and was truly committed to advocating for physicians, patients and public health education; and

Whereas, He is survived by his wife, Elizabeth Hughes Nixon, and four daughters, Alice Nixon, Betsy Carrell, Jano Nixon, and Dorothy Robinson, two sisters and six grandchildren; 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.

1. REQUIRE 2/3 VOTE TO ADOPT CEJA REPORTS
Introduced by Georgia Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That a two-thirds majority vote of the House of Delegates be required to adopt the recommendations of CEJA reports.

2. DISCIPLINE OF IMPAIRED PHYSICIANS BY CEJA
Introduced by Oklahoma Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association request that the Council on Ethical and Judicial Affairs give substantial weight to an impaired physician's status with the applicable state medical association and participation in a recovery program; and be it further

RESOLVED, That our AMA House of Delegates recommend that CEJA incorporate the following procedures into its rules:

1. Before proceeding with a full hearing on a matter involving an impaired physician, contact the applicable state medical association to determine if the physician is in good standing and is actively participating in a physicians health program.
2. If the answer is "yes," CEJA will either (a) hold the case in abeyance as long as the recovering physician is in good standing with the state medical association and is successfully participating in a state-sponsored physicians health program, or (b) absent other circumstances, provide a conclusion to the case that will not result in a sanction reportable to the National Practitioner Data Bank.

3. EXPERT WITNESS QUALIFICATIONS AND GUIDELINES FOR BEHAVIOR
Introduced by American College of Surgeons, American Academy of Facial Plastic and Reconstructive Surgeons, American Academy of Otolaryngology - Head and Neck Surgery, American Association of Neurological Surgeons, American Society of Cataract and Refractive Surgery, American Society of General Surgeons, American Society of Plastic Surgeons, American Urological Association, Congress of Neurological Surgeons, Society for Vascular Surgery, Society of American Gastrointestinal Endoscopic Surgeons, and Society of Thoracic Surgeons

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR REPORT BACK TO HOUSE OF DELEGATES AT 2004 ANNUAL MEETING

RESOLVED, That our American Medical Association support the policy that an expert witness must be board certified by a board recognized by the American Board of Medical Specialties, American Osteopathic Association, or a board with equivalent standards approved by the state medical board in a specialty relevant to the alleged injury or error (New HOD Policy); and be it further

RESOLVED, That our AMA adopt the following Guidelines for Behavior of the Physician Expert Witness:

1. Physicians may testify in court as expert witnesses when appropriate.
2. The physician expert witness should review the medical information in the case and testify to its content fairly and honestly. In addition, if the physician expert witness is called upon to draw an inference or an opinion based on the facts of the case, the physician expert witness should apply the same standards of fairness and honesty.
3. The physician expert witness should be prepared, if appropriate to distinguish between actual negligence (substandard medical care that results in harm) and an unfortunate medical outcome (recognized complications occurring as a result of medical uncertainty or resulting from factors beyond physician negligence).

4. The physician expert witness should review the standards of practice prevailing at the time of the alleged occurrence.
5. The physician expert witness should be prepared to state the basis of his or her testimony or opinion, and whether it is based on personal experience, specific clinical references, evidence-based guidelines, or a generally accepted opinion in the specialty field.
6. Compensation of the physician expert witness should be reasonable and commensurate with the time and effort given to preparing for deposition and court appearance. It is unethical for a physician expert witness to link compensation to the outcome of a case.
7. The physician expert witness is ethically and legally obligated to tell the truth. Transcripts of depositions and courtroom testimony may be public records, and subject to independent peer reviews. Failure to provide truthful testimony may expose the physician expert witness to sanctions and/or liability.

RESOLUTION 4 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 5 WAS NOT CONSIDERED AT THE INTERIM MEETING

6. CONSISTENCY IN BYLAWS FOR AMA-YPS ASSEMBLY MEMBERS AND GOVERNING COUNCIL MEMBERS

Introduced by Young Physicians Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association amend its Bylaws to permit the AMA Young Physicians Section Chair, Delegate, Alternate Delegate and Governing Council At-Large Members who would become ineligible prior to the Annual Meeting to continue service until the conclusion of the Annual Meeting in the calendar year in which YPS membership ineligibility occurs, as long as active membership in the AMA is maintained.

RESOLUTION 7 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 601 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 602 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 603 WAS NOT CONSIDERED AT THE INTERIM MEETING

604. THE COLLECTION OF PHYSICIAN- AND PATIENT-SPECIFIC DATA BY PHARMACEUTICAL COMPANIES

Introduced by American Academy of Child and Adolescent Psychiatry, American Academy of Pain Medicine, American Academy of Psychiatry and the Law, and American Psychiatric Association

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association explore the current scope of physician- and/or patient-specific data collected by the pharmaceutical industry, the current use of such data, and the impact of such practices on the cost and quality of health care; and be it further

RESOLVED, That our AMA explore the recent incidents where identifiable patient data were apparently purchased, procured and/or otherwise obtained and used for marketing purposes.

605. PROMOTION OF INDIVIDUAL AMA MEMBERSHIP
Introduced by Virginia Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 605 ADOPTED:

RESOLVED, That our American Medical Association seek cooperative marketing partnerships with each membership organization seated in our AMA House of Delegates, and that the Board report back to the House of Delegates at the 2004 Interim Meeting regarding these efforts.

606. RESTRICTING RELEASE OF PHYSICIAN PRESCRIBING INFORMATION
Introduced by American College of Physicians

**HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2004 ANNUAL MEETING**

RESOLVED, That our American Medical Association advocate for passage of federal law and/or regulation to prohibit pharmacists, pharmacy benefit management organizations, or others from releasing or selling physician-specific prescribing information for any purpose other than quality assurance, cost control, research (other than marketing research), or in response to government reporting requirements; and be it further

RESOLVED, That our AMA advocate that this legislation impose penalties for violations of the above prohibitions for persons or organizations that knowingly release or sell physician prescribing data to be used for the purpose of profiling physicians to be targeted for drug marketing.

701. MISUSE OF DEA REGISTRATION NUMBERS
Introduced by California Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support legislation or regulations to prevent insurance companies and other entities from using DEA registration numbers for identification of physicians.

702. THE DEPARTMENT OF VETERANS AFFAIRS TIME AND ATTENDANCE POLICIES FOR PART-TIME PHYSICIANS
Introduced by Wisconsin Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 726:

RESOLVED, That our American Medical Association work with the Department of Veterans Affairs to encourage the VA to eliminate the fixed “tour of duty” and to allow part-time physicians to receive full credit for meeting all of the missions of the VA, regardless of time of day when these missions are met.

703. EXAMINING THE IMPLICATIONS OF THE HEALTH CARE PERSONNEL DELIVERY SYSTEM
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association study the Health Care Personnel Delivery System and its implications for physicians and other health care professionals as well as the civilian health care system and report its findings with any recommendations for change.

704. STATE-BASED DEMONSTRATION PROJECTS OF OUR AMA PLAN FOR REFORM TO EXPAND HEALTH CARE COVERAGE TO THE UNINSURED
Introduced by Medical Student Section

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 704 ADOPTED:

RESOLVED, That our American Medical Association support federal legislation and/or regulation that would authorize the establishment of state-based demonstration projects to implement refundable tax credits as a means of expanding health insurance coverage to the uninsured; and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2004 Interim Meeting on the status of federal legislative and/or regulatory efforts to authorize the establishment of state-based tax credit demonstration projects.

705. PHARMACEUTICAL ASSISTANCE PROGRAMS
Introduced by Florida Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 705 ADOPTED IN LIEU OF RESOLUTIONS 705 AND 715:

RESOLVED, That our American Medical Association reaffirm Policy H-120.975; and be it further

RESOLVED, That our AMA oppose the practice of charging patients to apply for or gain access to pharmaceutical assistance programs; and be it further

RESOLVED: That our AMA study the feasibility of recommending a uniform application process and form which could be used by all pharmaceutical manufacturers offering pharmaceutical assistance programs; and be it further

RESOLVED: That the Board of Trustees report back to the House of Delegates at the 2004 Annual Meeting with the results of this study.

706. UNFAIR COPAYMENTS FOR SENIORS IN MEDICARE HMOS
Introduced by Florida Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association work to establish a fair copayment for seniors in Medicare HMOs according to established traditional Medicare regulation, which is currently at 20%.

707. PLI-RVU COMPONENT OF RBRVS MEDICARE FEE SCHEDULE
Introduced by Florida Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association continue its current activities to seek correction of the inadequate professional liability insurance component in the Resource-Based Relative Value Scale formula; and be it further

RESOLVED, That our AMA continue its current activities to seek action from the Centers for Medicare and Medicaid Services to update the Professional Liability Insurance Relative Value Units (PLI-RVU) component of the RBRVS to correctly account for the current relative cost of professional liability insurance and its funding; and be it further

RESOLVED, That our AMA support federal legislation to provide additional funds for this correction and update of the PLI-RVU component of the RBRVS, rather than simply making adjustments in a budget-neutral fashion; and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2004 Annual Meeting on the progress of the activities pertaining to PLI-RVU portion of the RBRVS

708. STUDY OF ABUSE OF MEDICATIONS CONTAINING DEXTROMETHORPHAN

Introduced by Florida Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 708 ADOPTED WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association study, in consultation with the Food and Drug Administration (FDA), the Drug Enforcement Administration (DEA), the over-the-counter pharmaceutical industry, and other appropriate organizations, the status of abuse of medications containing dextromethorphan among adolescents in the United States, with a report back at the 2004 Interim Meeting including recommendations regarding dissemination of the findings to physicians and the general public; and be it further

RESOLVED, That our AMA strongly request that the FDA, the DEA, and other appropriate government authorities use every means possible to halt bulk sales of dextromethorphan over the Internet.

709. CONDITIONS FOR IMPLEMENTING REVISED EVALUATION AND MANAGEMENT CODE DESCRIPTORS AND CLINICAL EXAMPLES IN CPT

Introduced by American Academy of Family Physicians, American Academy of Neurology, American Academy of Ophthalmology, American Academy of Pediatrics, American College of Emergency Physicians, American College of Obstetricians and Gynecologists, California Delegation, North Carolina Delegation, and South Carolina Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association refrain from implementing new or significantly revised Evaluation and Management code descriptors and clinical examples as may be proposed by the AMA CPT Editorial Panel until input is sought from the state medical associations, specialty societies, and practicing physicians on whether physicians will find such changes easier and affordable to use and whether physicians will be able to effectively implement such changes into their practices; and be it further

RESOLVED, That our AMA refrain from implementing new or significantly revised E&M code descriptors and clinical examples until the Centers for Medicare and Medicaid Services has stated, in writing, that it will accept such new E&M code descriptors for Medicare and Medicaid payment and not create their own, nor adopt another, coding system for E&M services; and be it further

RESOLVED, That our AMA refrain from implementing new or significantly revised E&M code descriptors and clinical examples until the Centers for Medicare and Medicaid Services has indicated, in writing, what, if any, set of standards or means, including documentation guidelines, they will use to audit medical necessity, monitor program integrity, and determine payment based on such new E&M code descriptors.

710. PROVISION OF UPDATED BILLING SOFTWARE BY CMS
Introduced by California Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association work with other professional physician organizations to advocate that the Centers for Medicare and Medicaid Services provide, free of charge to all licensed physicians who treat Medicare-eligible patients, current updated computer software programs for posting, coding, and electronic claims submission which physicians may, at their option, use; and be it further

RESOLVED, That our AMA encourage CMS to update its billing software semiannually, and to ensure its compatibility with all payors, including crossover with Medi-Cal and other secondary plans; and be it further

RESOLVED, That our AMA encourage local Medicare carriers to provide toll-free phone access for electronic claims submission.

711. ELIGIBILITY AGE FOR MEDICARE PATIENTS
Introduced by California Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 711 ADOPTED:

RESOLVED, That our American Medical Association evaluate implications of any incremental changes to the Medicare eligibility age for the purpose of cost savings, and this evaluation should consider the impact that these changes may have on vulnerable populations with severe health disparities and lower-than average life expectancy.

712. SOCIAL SECURITY DISABILITY MEDICAL BENEFITS
Introduced by Pennsylvania Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association take an active role in supporting reduction of the waiting period to receive Social Security Disability medical benefits.

713. ENSURING ADEQUATE REIMBURSEMENT IN THE AMBULATORY ENDOSCOPY CENTER BY CMS
Introduced by American Society for Gastrointestinal Endoscopy

HOUSE ACTION: EXISTING POLICY REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION 713:

RESOLVED, That our American Medical Association support adequate reimbursement so that endoscopic procedures are performed in the safest, most efficient sites.

714. DIRECT-TO-CONSUMER ADVERTISING
Introduced by Pennsylvania Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association request the appropriate federal agency to enforce the direct-to-consumer advertising guidelines and regulations according to AMA Policy H 105.998.

715. STANDARDIZED INDIGENT DRUG ASSISTANCE
Introduced by Georgia Delegation

Resolution 715 was considered together with Resolution 705
see page 248

716. ELIMINATION OF CHARGES BY CMS FOR DUPLICATE CLAIMS
Introduced by Louisiana Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association seek and/or support legislation or regulation to prohibit the Centers for Medicare and Medicaid Services from charging physicians for duplicate claims.

717. MEDICARE HMO PAYMENTS TO PHYSICIANS FOR SERVICES PROVIDED TO MEDICARE RECIPIENTS
Introduced by Louisiana Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association notify The Health Plans and Providers branch of the Centers for Medicare and Medicaid Services that all Medicare HMOs are not providing the same coverage and/or same payments for the same services as are those covered by traditional Medicare; and be it further

RESOLVED, That our AMA request that CMS study Medicare HMOs throughout the country to determine their compliance with the CMS/CCI guidelines with regard to covered services and payment for such services as required by Medicare; and be it further

RESOLVED, That our AMA request that if in the course of a compliance study it is discovered that payments are due to physicians as a result of Medicare HMO plans not covering/paying providers for certain tests/procedures that are covered by traditional Medicare, that CMS instruct the Medicare HMOs to make payments to physicians within 30 days after the discovery including any interest payments required by the state in which they operate.

718. AMA OPPOSITION TO INAPPROPRIATE LOCAL MEDICAL REVIEW POLICIES AFFECTING INPATIENT HOSPITAL STAYS FOR REHABILITATION CARE
Introduced by American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology, and American College of Rheumatology

Resolution 718 was considered together with Resolution 719
see below

719. AMA SUPPORT FOR REVISION OF THE CMS 75% RULE - REHABILITATION CLASSIFICATION CRITERIA
Introduced by American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology, and American College of Rheumatology

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 718:

RESOLVED, That our American Medical Association, in its lobbying efforts, work to ensure continued access to medically necessary and appropriate inpatient rehabilitation services for all Medicare beneficiaries; and be it further

RESOLVED, That our AMA promptly convey strong opposition to proposed rule 42 CFR Part 412 to officials from the Centers for Medicare and Medicaid Services, the Secretary of Health and Human Services, and the US Congress and support the establishment of a panel of expert rehabilitation professionals to establish new criteria such as the IRF-PPS categories; and be it further

RESOLVED, That our AMA actively oppose the Centers for Medicare and Medicaid Services proposed rule 42 CFR Part 412 or any similar rule that would seriously decrease the availability of medically necessary rehabilitation services causing irreparable harm to many Medicare beneficiaries; and be it further

RESOLVED, That our AMA advocate for immediate withdrawal by Medicare fiscal intermediaries of their current and proposed inpatient rehabilitation local medical review policies and discontinue further action in this regard until an independent panel of national clinical experts on inpatient rehabilitative care is convened and fully examines the issues associated with medical necessity criteria.

720. ELIMINATING PAYMENT DISCRIMINATION IN INFUSION THERAPY
Introduced by American College of Rheumatology

Resolution 720 was considered together with Resolution 729
see page 253

RESOLUTION 721 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 722 WAS NOT CONSIDERED AT THE INTERIM MEETING

723. PRESERVATION AND COORDINATION OF DRUG BENEFITS UNDER MEDICARE
Introduced by American Academy of Pharmaceutical Physicians

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association modify existing Policy H-165.868 to add as a principle for evaluating a Medicare pharmaceutical benefit that employers are highly encouraged to preserve existing coverage, and for Medicare beneficiaries with existing drug coverage, any Medicare benefit be supplemental to and coordinated with that existing coverage; and be it further

RESOLVED, That our AMA add new policy that in the implementation of any Medicare drug benefit, employers are highly encouraged to preserve existing coverage, and for Medicare beneficiaries with existing drug coverage, any Medicare benefit be supplemental to and coordinated with that existing coverage.

724. POLITICAL INTERFERENCE WITH NIH GRANTS AFFECTING PUBLIC HEALTH
Introduced by American Association of Public Health Physicians

Resolution 724 was considered together with Resolution 725
see page 253

725. SUPPORT OF THE NATIONAL INSTITUTES OF HEALTH PEER REVIEW SYSTEM
Introduced by Section on Medical Schools

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 724:

RESOLVED, That our American Medical Association inform Congress of its strong support for the National Institutes of Health peer review system and its deep concern regarding apparent efforts to breach the integrity of the system; and be it further

RESOLVED, That our AMA reaffirm Policies H-60.975, H-20.905 and H-20.922 that objective science, not subjective ideology or politics, should be the basis for research and the consequent practice of clinical medicine and public health; and be it further

RESOLVED, That our AMA communicate directly with the Department of Health and Human Services, Secretary Tommy Thompson, the leaders of Congress in the Senate and House of Representatives its strong support for the National Institutes of Health peer review.

726. DEPARTMENT OF VETERANS AFFAIRS TIME AND ATTENDANCE POLICIES FOR PART-TIME PHYSICIANS
Introduced by Section on Medical Schools, International Medical Graduates Section

Resolution 726 was considered together with Resolution 702
see page 247

RESOLUTION 727 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 728 WAS NOT CONSIDERED AT THE INTERIM MEETING

729. PATIENT AND PHYSICIAN ADVOCACY IN INFUSION THERAPY
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 720:

RESOLVED, That our American Medical Association work with interested medical organizations, as well as lay support groups as needed, to ensure that infusion supervision codes appropriately reflect the complexity of the infusion service rendered, and there be sufficient relative value units to such service provided, as well as attendant practice expense, such that patient access to infusion therapies remain uninterrupted.

730. POTENTIAL LIMITATION TO ACCESS OF CARE FOR ESRD PATIENTS
Introduced by Renal Physicians Association

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association immediately petition the Secretary of the Department of Health and Human Services to rescind the current proposed changes in reimbursement for nephrology; and be it further

RESOLVED, That our AMA encourage Congress, if necessary, to enact legislation to address the proposed reimbursement changes for nephrology; and be it further

RESOLVED, That our AMA suggest to Congress and the Centers for Medicare and Medicaid Services that reimbursement for nephrology services to patients with End State Renal Disease (ESRD) undergo study via a demonstration project; and be it further

RESOLVED, That our AMA strongly exert its influence to CMS that reimbursement issues for all of the organized medicine should not circumvent the Current Procedural Terminology (CPT) and the AMA/Specialty Society Relative Value Update Committee (RUC) processes.

801. PART-TIME EMPLOYMENT OPPORTUNITIES
Introduced by American Academy of Pediatrics

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

RESOLVED, That our American Medical Association advocate to relevant organizations and individuals, including but not limited to, policymakers, the academic community, and physician employers, on behalf of physicians in all specialties for increased opportunities and equitable reimbursement for part-time employment; and be it further

RESOLVED, That our AMA identify both potential barriers to part-time employment and strategies to overcome these barriers; and be it further

RESOLVED, That our AMA collect information, tools, success stories, and strategies from specialty and state medical societies, academic institutions, and other bodies on part-time employment, and serve as a clearinghouse for these resources via the Internet or other appropriate venues; and be it further

RESOLVED, That our AMA ensure that all AMA workforce policies and products that pertain to employment include information and guidance on promoting and securing part-time employment opportunities in all practice settings.

RESOLUTION 802 WAS NOT CONSIDERED AT THE INTERIM MEETING

803. STATE TOBACCO INCREASES AND RESPONSIBLE USE OF RESULTING FUNDS
Introduced by Medical Student Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association support increases in the taxation of tobacco products with revenue from any such tax increases appropriated exclusively for the following uses:

1. Educational, counter-advertising, and cessation programs designed to decrease the prevalence or the adverse effects of tobacco use.
2. Health related costs associated with tobacco use.

804. USE OF STATE TOBACCO TAX REVENUE AND TOBACCO SETTLEMENT FUND TRACKING AND PUBLISHING
Introduced by Medical Student Section

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 804:**

RESOLVED, That our American Medical Association work with other interested organizations to seek and publish state-by-state accounting information regarding the specific uses of all state tobacco taxes and tobacco settlement funds.

805. SAFETY OF HEALTH CARE PROFESSIONALS IN THE WORKPLACE
Introduced by Resident and Fellow Section

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 805:**

RESOLVED, That our American Medical Association work with the Joint Commission on Accreditation of Healthcare Organizations, Occupational Safety and Health Administration, Committee of Interns and Residents, or other appropriate agencies to ensure the protection of health care professionals in the workplace.

806. PHYSICIAN CREDENTIALS AND THE TORT SYSTEM
Introduced by Washington Delegation

**HOUSE ACTION: POLICY H-435.963 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 806:**

RESOLVED, That our American Medical Association urge all medical staffs, hospitals, health plans, health insurers and all other organizations that credential physicians to modify clauses in their credentials applications to place a time limit of not greater than three years on the reporting by physicians of unsuccessful claims of professional negligence against them.

807. US PHYSICIAN SHORTAGE
**Introduced by American Thoracic Society, American College of Cardiology,
American College of Chest Physicians, and Society of Critical Care Medicine**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association explicitly recognize the existing shortage of physicians in many specialties and areas of the US; and be it further

RESOLVED, That our AMA support efforts to quantify the geographic maldistribution and physician shortage in many specialties; and be it further

RESOLVED, That our AMA support current programs to alleviate the shortages in many specialties and the maldistribution of physicians in the US; and be it further

RESOLVED, That our AMA draft a report outlining policy options to address the US physician supply.

808. INVESTIGATION OF HEALTH INSURANCE INDUSTRY
Introduced by Florida Delegation

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 808:**

RESOLVED, That our American Medical Association ask Congress to investigate the health insurance industry for unfair or illegal business practices and restraint of trade.

809. PAYMENT DENIAL BASED SOLELY ON SPECIALTY
Introduced by Florida Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 809 ADOPTED:

RESOLVED, That our American Medical Association actively support appropriate actions at both the state and federal levels to ban insurers from denying or reducing payment for services performed by physicians (MD and DO) based solely on their specialty; and be it further

RESOLVED, That our AMA actively discourage insurance companies from restricting professional fee payment to MDs and DOs based on type of specialty.

810. DEVELOP A MODEL OF A MARKET-DRIVEN, CONSUMER-ORIENTED HEALTH CARE SYSTEM
Introduced by Georgia Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION 810:

RESOLVED, That our American Medical Association develop a model of a market-driven, consumer-oriented health care system based on the Federal Employees Health Benefits Program.

811. REDUCING MEDICAL STUDENT DEBT
Introduced by Florida Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION 811:

RESOLVED, That our American Medical Association advocate for both increased financing and measures to improve the effectiveness of primary care service obligation components for scholarships, loan-forgiveness programs, and low-interest loan programs that require primary care service in return for financial aid; and be it further

RESOLVED, That our AMA call for expanded funding and eligibility for federal loan programs targeted to support primary care, such as the Title VII Primary Care Loan Program, allowing the deferment of interest and principal payments on medical student loans until after completion of residency training, and the tax-deductibility of interest and principal payments for such loans if repayment occurs during residency training; and be it further

RESOLVED, That our AMA advocate that financial aid and debt counseling be available for all medical students, beginning prior to admission and available throughout attendance at medical school and residency; and be it further

RESOLVED, That our AMA work to better publicize opportunities for military and other scholarships and information about loan forgiveness programs.

812. TRANSLATING BIOMEDICAL RESEARCH TO THE BEDSIDE
Introduced by Arizona Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association give high priority to bringing promising biomedical research to the bedside; and be it further

RESOLVED, That our AMA advocate for the elimination of unreasonable barriers to bedside care using new research; and be it further

RESOLVED, That our AMA work with specialty societies, the American Association for the Advancement of Science, the Institute of Medicine's Clinical Research Roundtable, appropriate federal agencies, and other organizations to develop practical measures to expedite the incorporation of scientific advances into medical practice; and be it further

RESOLVED, That our AMA alert the President and Congress regarding health problems not adequately addressed due to lack of support for fast-tracking clinical research to bedside applications; and be it further

RESOLVED, That a report on actions taken to implement this resolution be provided at the 2004 Annual Meeting.

813. EXPANSION OF MEDICAL SAVINGS ACCOUNTS
Introduced by Florida Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION 813:

RESOLVED, That our American Medical Association seek legislation to eliminate the requirement that Medical Savings Accounts be attached to high deductible PPO insurance policies and that MSAs be allowed for individuals regardless of health insurance or employment status; and be it further

RESOLVED, That our AMA support and promote the positive impact the MSAs have on increasing individual choice for health care access; and be it further

RESOLVED, That our AMA inform and educate the public on how MSAs decrease individual and business dependency upon the present controlling and intrusive health insurance models.

814. APPROPRIATIONS FOR INCREASING NUMBER OF PRIMARY CARE PHYSICIANS
Introduced by California Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support continued funding of Public Health Service Act, Title VII, Section 747; and be it further

RESOLVED, That our AMA encourage members to communicate with their US Senators and Representatives to support Public Health Service Act, Title VII, Section 747.

815. HEALTH INSURANCE MARKETS CONCENTRATION STUDY
Introduced by Washington Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION 815:

RESOLVED, That our American Medical Association study the detrimental effects of a concentrated health insurance market, and report back to the AMA House of Delegates by the 2004 Annual Meeting; and be it further

RESOLVED, That our AMA develop a proposal to encourage the development of effective nationwide health insurance market competition, and report back to the AMA House of Delegates by the 2004 Annual Meeting.

RESOLUTION 816 WAS NOT CONSIDERED AT THE INTERIM MEETING

817. AUDIT EQUITY
Introduced by Pennsylvania Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association seek relief from insurance inequity through legislation which instructs insurers to balance or refund for under-coding against any discovered over-coding during the course of an audit and not through extrapolation.

818. MEDICAL AND DENTAL CARE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES
Introduced by Colorado Delegation

HOUSE ACTION: ADOPTED WITH CHANGE IN TITLE

RESOLVED, That our American Medical Association entreat health care professionals, parents and others participating in decision-making to be guided by the following principles:

1. All people with developmental disabilities, regardless of the degree of their disability, should have access to appropriate and affordable medical and dental care throughout their lives.
2. An individual's medical condition and welfare must be the basis of any medical decision.

RESOLUTION 819 WAS NOT CONSIDERED AT THE INTERIM MEETING

820. IMPROVING REGIONAL TERRORISM AND DISASTER PREPAREDNESS AND RESPONSE
Introduced by American College of Preventive Medicine

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association call on the Department of Homeland Security and the Department of Health and Human Services to assure a multi-state coordinating capacity that would provide for more effective local, state, and interstate response to terrorist incidents, including planning, mass casualty care, and risk communication efforts; and be it further

RESOLVED, That our AMA call on the Department of Health and Human Services and the United States Public Health Service to expand the Medical Reserve Corps, a branch of the Citizen Corps, to include regional and nationwide organization of volunteer health care professionals to provide additional personnel surge capacity in a national level medical response, including organizational requirements, educational and training needs, and credentialing and liability issues; and be it further

RESOLVED, That our AMA call on federal and state agencies to develop a common credentialing standard with liability protection mechanisms to rapidly credential health care providers from other states to facilitate a regional or national level response; and be it further

RESOLVED, That our AMA send letters to the President, Secretary of Homeland Security, Secretary of Health and Human Services, Surgeon General, and appropriate members of Congress urging such action.

RESOLUTION 821 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 822 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 823 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 824 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 825 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 826 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 827 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 828 WAS NOT CONSIDERED AT THE INTERIM MEETING

829. GUIDELINES TO AVOID INAPPROPRIATE INSURER KICKBACKS

Introduced by International College of Surgeons - US Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association develop guidelines as to the timeliness and permissible interval, if any, between payment by and request for repayment to insurers; and be it further

RESOLVED, That our AMA develop guidance to define when, if ever, it is appropriate to enter into arrangements with insurers for repayment to the insurers of payments made to practitioners.

RESOLUTION 830 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 831 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 832 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 833 WAS NOT CONSIDERED AT THE INTERIM MEETING

834. CUTTING PRESCRIPTION DRUG PRICES

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

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association support legislation to create a negotiated price reduction program with pharmaceutical companies that lowers prescription drug prices in order to make drugs affordable.

835. PRINCIPLES OF INCIDENT-BASED PEER REVIEW
Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont Delegations

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association Board of Trustees study and report back at the 2004 Annual Meeting the advisability of adopting the Massachusetts Medical Society Model Principles for Incident-Based Physician Peer Review and Disciplining at Health Care Facilities; and be it further

RESOLVED, That our AMA send the Model Principles to all state medical societies and all medical staffs in the US and be prominently posted on the AMA's web site should they be adopted by our AMA.

RESOLUTION 836 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 837 WAS NOT CONSIDERED AT THE INTERIM MEETING

838. PRESERVATION OF THE NATIONAL RESIDENT MATCHING PROGRAM (NRMP)
Introduced by Section on Medical Schools

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association recognize that the National Resident Matching Program is important to the conduct of residency training programs and should take as a highest priority the preservation and protection of the NRMP; and be it further

RESOLVED, That our AMA support the NRMP; and be it further

RESOLVED, That our AMA work with the Association of American Medical Colleges, and state and specialty societies to encourage Congress to enact legislation that protects the match to eliminate costly and protracted litigation and the risk of a verdict that would destroy the integrity of the fair and effective match program and the graduate medical education system.

RESOLUTION 839 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 840 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 841 WAS NOT CONSIDERED AT THE INTERIM MEETING

842. PROVISION FOR CONFLICT RESOLUTION IN JOINT COMMISSION STANDARDS
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work vigorously to immediately restore and expand the requirement in the Joint Commission on Accreditation of Healthcare Organizations' *Hospital Accreditation Standards* that the governing body or authority, and the medical staff, provide for an impartial mechanism for conflict resolution that is satisfactory to both parties.

843. AMA SUPPORT FOR PHYSICIAN SURVEYORS CONSISTENT WITH AMA POLICY
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association be required to follow through on AMA Directive D-220.984, which states "Our AMA Commissioners on the Joint Commission on Accreditation of Healthcare Organizations will work to (1) commit JCAHO to require that surveyors in its accreditation surveys include practicing physicians wherever possible; and (2) assure that JCAHO enters into agreements with those state medical association independent subsidiaries that are qualified to participate in the surveys of medical staff related standards in those states which have the will and resources to do so"; and be it further

RESOLVED, That our AMA instruct its AMA Commissioners that it is their duty to advocate for positions with the JCAHO that are consistent with AMA policy.

844. VISA COMPLICATIONS FOR IMGS IN GME
Introduced by International Medical Graduates Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work with the ECFMG to minimize delays in the visa process for International Medical Graduates applying for visas to enter the US for postgraduate medical training and/or medical practice; and be it further

RESOLVED, That our AMA promote regular communication between the Department of Homeland Security and AMA IMG representatives to address and discuss existing and evolving issues related to the immigration and registration process required for International Medical Graduates; and be it further

RESOLVED, That our AMA work through the appropriate channels to assist residency program directors, as a group or individually, to establish effective contacts with the State Department and the Department of Homeland Security, in order to prioritize and expedite the necessary procedures for qualified residency applicants to reduce the uncertainty associated with considering a non-citizen or permanent resident IMG for a residency position.

RESOLUTION 845 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 846 WAS NOT CONSIDERED AT THE INTERIM MEETING

847. STATE AND LOCAL ADVOCACY ON MEDICAL STUDENT DEBT
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association support and encourage our state medical societies to support further expansion of state loan repayment programs, and in particular expansion of those programs to cover physicians in non-primary care specialties; and be it further

RESOLVED, That our AMA urge state medical societies to actively solicit funds (either directly or through their Foundations) for the establishment and expansion of medical student scholarships, and that our AMA develop a set of guidelines and suggestions to assist states in carrying out such initiatives; and be it further

RESOLVED, That our AMA oppose the charging of broad and ill-defined student fees by medical schools, such as but not limited to professional fees, encouraging in their place fees that are earmarked for specific and well-defined purposes; and be it further

RESOLVED, That our AMA encourage medical schools to use their collective purchasing power to obtain discounts for their students on necessary medical equipment, textbooks, and other educational supplies; and be it further

RESOLVED, That our AMA encourage medical schools to cooperate with undergraduate institutions to establish collaborative debt counseling for entering first-year medical students; and be it further

RESOLVED, That our AMA study the merits of an annual tuition cap (adjusted for inflation) at public and private medical schools within their states.

848. LONG TERM SOLUTIONS TO MEDICAL STUDENT DEBT
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association explore membership in the American Council on Education and/or the Committee for Education Financing, in order to build our ties to the higher education community and report back by the 2004 Annual Meeting; and be it further

RESOLVED, That our AMA more aggressively publicize existing work done through the Coalition for Student Loan Fairness; and be it further

RESOLVED, That our AMA study and report back at the 2004 Interim Meeting on potential new sources of Graduate Medical Education funding and ways to increase resident salaries; and be it further

RESOLVED, That our AMA study and report back at the 2004 Interim Meeting on feasible strategies for creating new and/or expanded loan programs specifically for the health professions; and be it further

RESOLVED, That our AMA study and report back at the 2005 Annual Meeting on the feasibility of earmarking federal funds to undergraduate medical education for the purpose of reducing medical school tuition at public and private universities; and be it further

RESOLVED, That our AMA study and report back at the 2004 Interim Meeting on the need for non-primary-care physicians in underserved areas, with a focus on showing how the National Health Service Corps and similar loan repayment programs could feasibly be expanded to cover specialties beyond primary care; and be it further

RESOLVED, That our AMA study and report back at the 2005 Annual Meeting on appropriate methods for calculating the value of the clinical work performed by medical students and taking such calculations into account when determining the cost of educating a medical student.

849. REFINANCING FEDERAL CONSOLIDATION LOANS
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support the refinancing of Federal Consolidation Loans; and be it further

RESOLVED, That our AMA actively advocate for modification of pending and future legislation which that provides the opportunity to refinance Federal Consolidation Loans.

850. IMMEDIATE LEGISLATIVE SOLUTIONS TO MEDICAL STUDENT DEBT
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association endorse and actively lobby for the Reauthorization of the Higher Education Act, including:

- Elimination of the “single-holder” rule
- Continuation of the consolidation loan program and a consolidator’s ability to lock in a fixed interest rate
- Expansion of the deferment period for loan repayment to cover the entire duration of residency and fellowship
- Broadening of the definition of economic hardship as used to determine eligibility for student loan deferment
- Retention of the option of loan forbearance for residents who are ineligible for student loan deferment
- Inclusion of dependent care expenses in the definition of “cost of attendance”; and be it further

RESOLVED, That our AMA lobby for passage of legislation that would:

- Eliminate the cap on the student loan interest deduction
- Increase the income limits for taking the interest deduction
- Include room and board expenses in the definition of tax-exempt scholarship income
- Make permanent the education tax incentives that our AMA successfully lobbied for as part of Economic Growth and Tax Relief Reconciliation Act of 2001.

851. BLUE CROSS OF CALIFORNIA QUALITY OF CARE ALLEGATIONS
Introduced by California Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association reiterate its position stating that medical staffs shall not be impugned and quality of care issues not be imposed between insurance plans and hospitals as a means of addressing economic or contractual issues; and be it further

RESOLVED, That our AMA insist that all insurance plan inquiries regarding quality of care and peer review issues be evaluated through objective due process and peer review; and be it further

RESOLVED, That our AMA support a position stating that all future peer review and quality of care issues between insurance companies and medical staffs be brought to an objective and neutral peer review body.

901. INEQUITY IN MILITARY PAY FOR PHYSICIANS
Introduced by Nebraska Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association study the inequity in H.R. 207 between Title 5 physicians and Title 37 physicians or physicians who are uniformed personnel of the Defense Department and the Public Health Service; and be it further

RESOLVED, That our AMA work with Congress to correct the inequity in H.R. 207 between Title 5 and Title 37 physicians or physicians who are uniformed personnel of the Defense Department and the Public Health Service.

902. A NO-FAULT PROFESSIONAL LIABILITY SYSTEM
Introduced by Medical Student Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association encourage state-based demonstration projects of a no-fault medical professional liability system as the preferred mechanism for improving patient safety, efficiently compensating injured patients, and reducing the substantial costs of defensive medicine and litigation to our health care system.

903. MEDICAL ERRORS AND PHYSICIAN STANDARDS
Introduced by Resident and Fellow Section

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 903:**

RESOLVED, That our American Medical Association reaffirm existing policy (H-335.965) to educate our patients and the general public on efforts to improve quality and reduce errors in the delivery of medical care; and be it further

RESOLVED, That our AMA reaffirm existing policy (H-275.952, H-275.998) regarding the ethical obligation of physicians to report impaired, incompetent, and unethical colleagues; and be it further

RESOLVED, That our AMA reaffirm existing policy (H-460.972) stating its commitment to uphold the highest ethical standards in the clinical, research, and administrative practices of physicians; and be it further

RESOLVED, That our AMA, through its medical liability reform campaigns, continue to enforce both professionalism in medicine and the importance of reducing medical errors.

904. LIMITING ATTORNEY CONTINGENCY FEES IN MEDICAL MALPRACTICE CASES
Introduced by Florida Delegation

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

RESOLVED, That our American Medical Association immediately advocate for a limit on attorney contingency fees in medical malpractice cases in any and all tort reform initiatives, including but not limited to all proposed national tort reform legislation; and be it further

RESOLVED, That our AMA immediately advocate in all available venues at the national and state levels for laws which would reduce attorney contingency fees in medical malpractice cases according to the following scale: 30% of awards up to $250,000 and 10% of any amount exceeding $250,000, so that the patient in such cases is entitled to receive no less than 70% of the first $250,000 and 90% of all damages in excess of $250,000, exclusive of reasonable and customary costs and regardless of the number of defendants.

905. REPEAL OF INTERPRETER REQUIREMENT
Introduced by Florida Delegation

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 905:**

RESOLVED, That our American Medical Association seek legislation to remove the requirement that physicians provide interpreters.

906. NATIONAL HOTLINE FOR TRANSLATION SERVICES
Introduced by American Academy of Pediatrics

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 906:**

RESOLVED, That our American Medical Association advocate for federal funding for a national hotline or other mechanism to provide translation services for individuals with limited English proficiency seeking medical care at no cost to the individual nor to the physician or other health care provider.

907. LANGUAGE INTERPRETERS
Introduced by Utah Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association continue to work to obtain federal funding for medical interpretive services; and be it further

RESOLVED, That our AMA reaffirm Policy H-385.929; and be it further

RESOLVED, That our AMA redouble its efforts to remove the financial burden of medical interpretive services from physicians; and be it further

RESOLVED, That our AMA urge the Administration to reconsider its interpretation of Title VI of the Civil Rights Act of 1964 as requiring medical interpretive services without reimbursement; and be it further

RESOLVED, That our AMA consider the feasibility of a legal solution to the problem of funding medical interpretive services; and be it further

RESOLVED, That our AMA work with governmental officials and other organizations to make language interpretive services a covered benefit for all health plans inasmuch as health plans are in a superior position to pass on the cost of these federally mandated services as a business expense.

908. AMA'S AGGRESSIVE PURSUIT OF ANTITRUST REFORM
Introduced by Georgia Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association place a high priority on the level of support provided to AMA's Public and Private Sector Advocacy Units, which are key to successfully addressing the problems physicians face as a result of the current application of federal antitrust laws; and be it further

RESOLVED, That our AMA, through its private and public sector advocacy efforts, continue to aggressively advocate for a level playing field for negotiations between physicians and health insurers by aggressively pursuing legislative relief at the federal level and providing support to state medical society efforts to pass legislation based on the "state action doctrine"; and be it further

RESOLVED, That our AMA continue to advocate to the Federal Trade Commission and Department of Justice for more flexible and fair treatment of physicians under the antitrust laws and for greater scrutiny of insurers; and be it further

RESOLVED, That our AMA continue to develop and publish objective evidence of the dominance of health insurers through its comprehensive study, *Competition in Health Insurance: Comprehensive Study of US Markets*, and other appropriate means; and be it further

RESOLVED, That our AMA identify consequences of the concentration of market power by health plans to enlist a Senate sponsor for a bill allowing collective negotiation by physicians, and be it further

RESOLVED, That our AMA develop practical educational resources to help its member physicians better understand and use the currently available, effective modalities by which physician groups may legally negotiate contracts with insurers and health plans.

909. ENHANCED USE OF SEAT BELTS AND CHILD RESTRAINTS
Introduced by Georgia Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association establish policy that children ages 4 to 8 or children weighing 40 to 80 pounds be required to use a booster seat and proper seat belts; and be it further

RESOLVED, That our AMA establish policy that individuals riding in the back seat of a vehicle and all individuals in a pickup truck be required to use proper seat belts; and be it further

RESOLVED, That our AMA work towards passing stronger federal legislation requiring that children ages 4 to 8 or children weighing 40 to 80 pounds use a booster seat and proper seat belts and that individuals riding in the back seat of a vehicle and all individuals in a pickup truck be required to use proper seat belts.

910. UNIFORM AND CONSISTENT TORT REFORM
Introduced by Texas Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 910 ADOPTED:

RESOLVED, That our American Medical Association reaffirm Policy H-435.959 that passage of medical liability reform is our highest legislative priority; and be it further

RESOLVED, That our AMA reaffirm Policies H-435.978, H-435.967, and H-435.964; and be it further

RESOLVED, That our AMA work with state and national medical specialty societies to develop and implement a comprehensive strategic plan that will address all aspects of the growing medical liability crisis to ensure that Federal medical liability reform legislation continues to move forward through the legislative process; and be it further

RESOLVED, That our AMA not pursue federal medical liability reform legislation that would divide or diminish the voice of the House of Medicine.

911. REAUTHORIZATION AND STRENGTHENING
OF THE 1994 ASSAULT WEAPONS BAN
Introduced by American College of Preventive Medicine, American Academy of Pediatrics, American Association of Public Health Physicians, American College of Physicians, and American College of Surgeons

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association advocate for the renewal of the 1994 federal Assault Weapons Ban; and be it further

RESOLVED, That our AMA advocate for a strengthening of the ban on assault weapons to better regulate civilian transfer and possession by:

1. Clarifying the definition of an assault weapon to help prevent gun makers and sellers from evading the ban;
2. Banning conversion parts kits;
3. Regulating "grandfathered" assault weapons;
4. Enhanced tracing of such weapons;
5. Banning all high-capacity magazines, including imports; and
6. Prohibiting juvenile possession; and be it further

RESOLVED, That our AMA send a letter to the President, Attorney General, Surgeon General, and appropriate members of Congress indicating this strong support.

912. ADVOCACY FOR REPEAL OF THE UNIFORM INDIVIDUAL ACCIDENT AND SICKNESS POLICY PROVISION LAW (UPPL)

Introduced by American Society of Addiction Medicine, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont Delegations

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support state and specialty medical societies and the public health associations in their efforts to secure repeal of laws and state insurance codes which allow for the denial of insurance payments for the treatment of injuries sustained as a consequence of the insured person being intoxicated due to alcohol or under the influence of narcotics.

913. SUPPORT FOR THE SCREEN FOR LIFE BILL (H.R. 1422, S. 740) TO INCREASE SCREENING FOR COLORECTAL CANCER

Introduced by American Society for Gastrointestinal Endoscopy

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association support the substance of the Screen for Life bill (H.R. 1422, S. 740).

914. SUPPORT FOR THE INFLAMMATORY BOWEL DISEASE BILL (H.R. 290, S. 491)

Introduced by American Society for Gastrointestinal Endoscopy

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association support the substance of the Inflammatory Bowel Disease bill (H.R. 290, S. 491).

915. SUPPORT FOR THE MEDICARE INNOVATION AND RESPONSIVENESS ACT OF 2003 BILL

Introduced by American Society for Gastrointestinal Endoscopy

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association support the substance of the Medicare Innovation and Responsiveness Act of 2003 bill.

916. MEDICAL COURTS
Introduced by Georgia Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association draft an alternative judicial model for addressing medical liability claims based on special medical courts that are composed of judges trained in medical standards that could render more accurate decisions regarding whether medical malpractice has actually occurred and, if so, render a judgment as to the amount of monetary damages to be awarded.

917. PARITY WITHIN MEDICARE
Introduced by American Society of Addiction Medicine

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

RESOLVED, That our American Medical Association reaffirm Policy H-345.992 that parity in insurance benefit levels, copays, and deductibles, should be established in public and private insurance plans, to end discrimination against patients with psychiatric and addictive disorders and their health care providers; and be it further

RESOLVED, That our AMA devote appropriate energies to secure enactment of S. 853 or comparable appropriate legislation.

918. ADDICTION TREATMENT PARITY IN PRIVATE AND PUBLIC HEALTH INSURANCE
Introduced by American Society of Addiction Medicine

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

RESOLVED, That our American Medical Association reaffirm Policy H-345.992 that parity in insurance benefit levels, copays, and deductibles, be established in public and private insurance plans, to end discrimination against patients with addictive disorders and their health care providers; and be it further

RESOLVED, That our AMA devote appropriate energies to secure enactment of S. 1138 and H.R. 2256, the "Help Expand Access to Recovery and Treatment Act of 2003" or the "HEART Act," or comparable appropriate legislation.

919. PARITY FOR MENTAL HEALTH COVERAGE
Introduced by Florida Delegation

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 919:**

RESOLVED, That our American Medical Association seek legislation that would require that major psychiatric illnesses such as schizophrenia, dementia, bipolar disorder, recurrent major depression, and obsessive compulsive disorder receive equitable reimbursement by the same rates and limits as general illnesses in insurance policies.

RESOLUTION 920 WAS NOT CONSIDERED AT THE INTERIM MEETING

921. ILLEGAL ONLINE PRESCRIBING OPERATIONS
Introduced by American Society of Bariatric Physicians

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association support further legislative and regulatory efforts that require establishing a physician/patient relationship, as defined by the individual state boards of medicine and US governmental agencies, before prescribing medications online; and be it further

RESOLVED, That our AMA reaffirm Policy H-140.891 and CEJA Ethical Opinion E-5.027; and be it further

RESOLVED, That our AMA, in conjunction with state and specialty societies, lobby representatives of the state and federal governments to enforce existing laws and regulations that make certain online pharmaceutical practices illegal and to prosecute these companies to the full extent of the law in order to ensure these operations are effectively shut down.

922. SAFEGUARDING USE OF IMPORTED MEDICAL DRUGS
Introduced by International College of Surgeons - US Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association endorse the concept that medical drugs imported by individuals for personal use should be appropriately tested and labeled for both safety and efficacy; and be it further

RESOLVED, That our AMA accept the use and procurement of medical drugs by residents of the United States when the drugs are imported and determined to be safe and effective.

923. SCOPE OF PRACTICE MODEL LEGISLATION
Introduced by American Orthopaedic Foot and Ankle Society

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association Advocacy Resource Center continue to work with state and specialty societies to draft model legislation that deals with non-physician independent practitioners' scope of practice, reflecting the goal of ensuring that non-physician scope of practice is determined by training, experience, and demonstrated competence; and be it further

RESOLVED, That our AMA distribute to state and specialty societies the model legislation as a framework to deal with questions regarding non-physician independent practitioners' scope of practice.

924. TRACKING AND PUNISHING DISTRIBUTORS OF COUNTERFEIT PHARMACEUTICALS
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association support the Food and Drug Administration's efforts to evaluate and facilitate implementation of effective tracking systems for pharmaceuticals; and be it further

RESOLVED, That our AMA support legislation making the production and distribution of counterfeit pharmaceuticals a felony.

925. FEDERAL PEER REVIEW PROTECTION
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association immediately work with the Administration and Congress to enact legislation that is consistent with Policy H-375.972 and report back to the House of Delegates at the 2004 Annual Meeting.

926. CUTS IN MEDICARE OUTPATIENT INFUSION SERVICES
Introduced by American Society of Clinical Oncology

HOUSE ACTION: ADOPTED WITH CHANGE IN TITLE

RESOLVED, That our American Medical Association actively support efforts to seek legislation to ensure that Medicare payments for drugs fully cover the physician's acquisition, inventory and carrying cost and that Medicare payments for drug administration and related services are adequate to ensure continued patient access to outpatient infusion services.