

RESOLUTIONS**MEMORIAL RESOLUTIONS
Adopted Unanimously****John E. Chapman, MD**

Introduced by Council on Medical Education and Section on Medical Schools

Whereas, Family, friends and colleagues were deeply saddened by the passing of John E. Chapman, MD, on October 13, 2004 at the age of 73; and

Whereas, John E. Chapman, MD, has had a distinguished and remarkable career dedicated to enhancing the quality of medical education not only in the United States but worldwide; and

Whereas, John E. Chapman, MD, was a founding member of the Section on Medical Schools in 1976, and subsequently served on its Governing Council and as its Chair, and as the Section's Delegate and Alternate Delegate to the House of Delegates; and

Whereas, Doctor Chapman served as a member and Chair of the Council on Medical Education, and in his capacity as Chair, spearheaded the Council's reports on the "ecology of medical education"; and

Whereas, Doctor Chapman also served as a member of the Steering Committee of the AMA's Health Policy Agenda for the American People project; as a member of the AMA's Task Force on Minority-Related Issues; and as an AMA representative to the Liaison Committee for Specialty Boards; and

Whereas, At the national level, Doctor Chapman served as a member of virtually every major medical education board or organization, having served as a member and Chair of the Liaison Committee on Medical Education; a member of the Accreditation Council for Graduate Medical Education; a member of the Council of Deans of the Association of American Medical Colleges; a member of the National Board of Medical Examiners, a member and Chair of the Composite Committee of the United States Medical Licensing Examination; and

Whereas, Doctor Chapman was the Dean of Vanderbilt University School of Medicine from 1975 through 2001; and the Associate Vice Chancellor for Medical Alumni Affairs and Professor Emeritus of Medical Administration and Pharmacology; and

Whereas, As the longest-serving medical school Dean in Vanderbilt's 129-year history, Doctor Chapman became affectionately known as the "Dean of Deans," having conferred degrees on over 3,300 medical students (two-thirds of the living graduates of Vanderbilt); increased Vanderbilt faculty by more than 1,000 (essentially appointing each member); and up until his retirement had been a part of the appointment process for every current department chair; and

Whereas, Upon Doctor Chapman's retirement as Dean of Vanderbilt, he was presented with a jeweler's copy of the badge and collar of the Order of the Seraphim, Sweden's highest honor, and one of only four such jeweler's copies in the world and the only one in the United States; and

Whereas, Doctor Chapman was a long-time member of the Tennessee Medical Association which recognized him in 2000 by awarding him its Distinguished Service Award; and

Whereas, Doctor Chapman, having been recognized as an outstanding advocate for all of organized medicine will be receiving posthumously, this year, the AMA Distinguished Service Award; and

Whereas Doctor Chapman received international recognition, having been awarded by the Karolinska Institute, Stockholm, Sweden, an honorary doctor of medicine degree for his "conspicuous contribution to medical education worldwide;" the Crystal Gavel Award (in conjunction with Nobel Prize Ceremonies), and the Karolinska Medal of Achievement; and

Whereas, Doctor Chapman exhibited strength, tireless devotion and compassion in fostering the education of medical students, based on his belief that each student should be treated as an individual; and

Whereas, Doctor Chapman was a champion of medical education causes and significantly contributed to the strength of not only academic but organized medicine; and

Whereas, Doctor Chapman, a great lover of history, who frequently embellished and enhanced his presentations with meaningful historical facts, has himself contributed significantly to the history of medicine and medical education; and

Whereas, For all the lives John E. Chapman, MD has touched, his legacy will continue in our hearts and in our interactions with patients, medical students, resident physicians, colleagues, friends and families; therefore be it

RESOLVED, That our American Medical Association recognize and celebrate the life and accomplishments of our dear colleague and cherished friend John E. Chapman; and be it further

RESOLVED, That our AMA express its gratitude to his charming wife Judy Jean for sharing John and his love with us for so many years; and be it further

RESOLVED, That this resolution be officially recorded in the Proceedings of the 2004 Interim Meeting of the AMA House of Delegates

James B. “Scotty” Donaldson, MD
Introduced by Pennsylvania Delegation

Whereas, On July 11, 2004, Almighty God called from this earth a respected colleague and former member of this House of Delegates, James B. “Scotty” Donaldson, MD; and

Whereas, Dr. Donaldson was born in 1916 and earned his MD degree at Temple University School of Medicine in 1944; and

Whereas, He served as an intern and completed his residency in Internal Medicine at Presbyterian Hospital in Philadelphia and was board certified in Internal Medicine; and

Whereas, Dr. Donaldson served his country as medical director in naval hospitals in Guantanamo Bay, Cuba, and in Philadelphia; and

Whereas, He served with distinction at Temple University School of Medicine for 38 years as a physician, professor, associate dean, chief of the medical staff and medical consultant; and

Whereas, Dr. Donaldson served with distinction in the American Medical Association House of Delegates for over thirty years; therefore be it

RESOLVED, That our American Medical Association’s House of Delegates express its deep sorrow at the loss of its long-standing servant, James B. “Scotty” Donaldson, MD; and be it further

RESOLVED, That copies of this resolution be recorded in the Proceedings of the 2004 Interim Meeting of this House and forwarded to his family with an expression of the AMA House of Delegates’ deepest sympathy.

William S. Hotchkiss, MD
Introduced by Virginia Delegation

Whereas, Dr. William Stuart Hotchkiss departed this life on August 12, 2004 in his eighty-ninth year; and

Whereas, Dr. Hotchkiss was born in Waco, Texas and attended Abilene High School where he excelled in sports, playing tennis and baseball, and displayed academic prowess, graduating three years early as salutatorian of his class; and

Whereas, He received a degree from McMurray College, which subsequently honored him with its distinguished alumnus award in 1987, and he attended the University of Texas Medical School at Galveston and graduated Alpha Omega Alpha in 1939; and

Whereas, At the Henry Ford Hospital in Detroit, Michigan, Dr. Hotchkiss began his surgical internship and residency, which was interrupted by World War II when he served as a Medical Officer in the US Navy; and

Whereas, After returning to complete his training in general and thoracic surgery, he began practice of these specialties in Norfolk, Portsmouth, and Chesapeake in 1951, practicing with Dr. Sam McDaniel and, in later years, with Dr. Juan Montero; and

Whereas, Dr. Hotchkiss served as president of the Norfolk County Medical Society (now The Norfolk Academy of Medicine) in 1965 and as president of the Medical Society of Virginia in 1971-1972; and

Whereas, He was elected to the American Medical Association's Council on Ethical and Judicial Affairs, was subsequently elected to the AMA Board of Trustees, and served as Secretary-Treasurer of the AMA and then as Chairman of the Board of Trustees in 1985; and

Whereas, He became President of the AMA in 1987, where he skillfully articulated the message of the physicians of America; and

Whereas, His wife, Virginia Tabet Hotchkiss, to whom he was absolutely devoted for 62 years, survives him, as do his children and their families who were a constant source of delight, and he will be sorely missed by them, his many friends, and by his colleagues; therefore be it

RESOLVED, That our American Medical Association pay special tribute to the memory of Dr. William Stuart Hotchkiss, and to the faithful service he provided to his patients, community, the state and the nation; and be it further

RESOLVED, That our AMA make this resolution a permanent part of the records of the House of Delegates at its 2004 Interim Meeting, and that a copy of it be sent to his widow and children as an expression of our gratitude for his devoted service.

601. COURT APPOINTED IMPARTIAL EXPERT WITNESSES
Introduced by Missouri Delegation

Resolution 601 was considered together with Report 8 of the Board of Trustees
and Resolution 605
see page 62

RESOLUTION 602 WAS NOT CONSIDERED AT THE INTERIM MEETING

603. ADVANCE HEALTH CARE DIRECTIVE
Introduced by California Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association encourage all physicians and their families to complete a Durable Power of Attorney for Health Care (DPAHC) and an Advance Directive (AD) as soon as reasonably possible; and be it further

RESOLVED, That our AMA encourage all medical schools to educate medical students and residents about the importance of having a DPAHC/AD before becoming severely ill and encourage them to fill out their own DPAHC/AD; and be it further

RESOLVED, That our AMA, along with other state and specialty societies, work with any state that has technical problems with their DPAHC/AD to correct those problems; and be it further

RESOLVED, That our AMA create other strategies to help physicians encourage all their patients to complete their DPAHC/AD; and be it further

RESOLVED, That our AMA work with Congress and the Department of Health and Human Services (DHHS) to make it a national public health priority to educate the public as to the importance of having a DPAHC/AD and to encourage patients to work with their physicians to complete a DPAHC/AD as soon as reasonably possible.

604. COMPENDIUM ON THE STANDARDS OF CARE
Introduced by American Society of General Surgeons

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association establish a web site where an AMA member could request a formal written opinion on a standard of care by (1) logging in, (2) submitting a question in general terms, or (3a) briefly summarizing an expert's testimony, (3b) listing the expert's name and specialty, (3c) identifying who retained the expert (e.g., plaintiff, defendant physician, defendant hospital, etc.). Submitted questions would be forwarded to the appropriate specialty societies for review and response. In addition to their primary response, specialty societies would be asked to describe any well-respected minority opinions. Specialty societies would be under no obligation to respond; however, when a question or standard applied to more than one specialty, all applicable specialty societies would be given an opportunity to comment. Selected questions and responses (including the specialty society's name, its specific response, evidence supporting its response, and date of its response) would be posted on a separate AMA web page (e.g., titled "Questions on the Standard of Care"), with access limited to AMA members. This compendium would be a cumulative resource for AMA members.

605. EXPERT WITNESS QUALIFICATIONS
Introduced by American Society of General Surgeons

Resolution 605 was considered together with Report 8 of the Board of Trustees
and Resolution 601
see page 62

RESOLUTION 606 WAS NOT CONSIDERED AT THE INTERIM MEETING

**607. ETHICS OF PHYSICIAN PARTICIPATION IN
REALITY TELEVISION FOR ENTERTAINMENT**
**Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association ask the Council on Ethical and Judicial Affairs to evaluate existing opinions on advertising and informed consent and render new opinions as appropriate to guide the participation of professionals in the emerging commercial medical practice of reality television for entertainment.

RESOLUTION 608 WAS WITHDRAWN

609. UNREALISTIC EXPECTATIONS FROM SURGERY ON TELEVISION
Introduced by Florida Delegation

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 609 ADOPTED
WITH CHANGE IN TITLE:**

RESOLVED, That our AMA oppose television programs that minimize the seriousness and risks of surgery and distort patient expectations.

610. PHYSICIANS AND CLINICAL TRIALS
**Introduced by American Academy of Child and Adolescent Psychiatry,
American Psychiatric Association**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association work with the Pharmaceutical Research and Manufacturers of America, the American Academy of Pharmaceutical Physicians, and all other appropriate organizations to develop guidelines that would eliminate the use of restrictive covenants or clauses that interfere with scientific communication in agreements between pharmaceutical companies or manufacturers of medical instruments, equipment, and devices, and physician researchers; and be it further

RESOLVED, That our AMA take all appropriate action to protect the rights of physician researchers to present, publish and disseminate data from clinical trials.

**611. MEMBERSHIP ON RVS UPDATE COMMITTEE (RUC)
AND CPT CODING COMMITTEE
Introduced by Arizona Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association request that representative societies send delegates or alternate delegates to the American Medical Association/Specialty Society Relative Value Scale Update Committee and the AMA Current Procedural Terminology Editorial Panel and Physician Advisory Committee who are currently engaged for a substantial portion of their professional activities with the practice of medicine either in active patient care or closely-related activities.

RESOLUTION 612 WAS NOT CONSIDERED AT THE INTERIM MEETING

**613. AMA BOARD OF TRUSTEES COMPENSATION FOR THE
MEDICAL STUDENT AND RESIDENT/FELLOW MEMBERS
Introduced by Young Physicians Section**

HOUSE ACTION: REFERRED

RESOLVED, That the annual stipend for the medical student on the American Medical Association Board of Trustees be equal to the annual average stipend for an MD/PhD student, to be updated annually as data is available; and be it further

RESOLVED, That the annual stipend for the resident/fellow on the AMA Board of Trustees be equal to the annual average salary of a PGY-3 resident, to be updated annually as data is available.

RESOLUTION 614 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 615 WAS NOT CONSIDERED AT THE INTERIM MEETING

**616. STRENGTHENING AMA FOUNDATION AND STATE
FOUNDATION SCHOLARSHIP PROGRAMS
Introduced by Medical Student Section**

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association ask state medical society foundations and our AMA Foundation to encourage donors to pool their funds with others to endow large scholarships for medical students; and be it further

RESOLVED, That our AMA ask our AMA Foundation to work with the state medical societies and their foundations to ensure that scholarship funds are disbursed directly to the student, not to the medical school; and be it further

RESOLVED, That our AMA ask our AMA Foundation to work with state medical societies and their foundations to make scholarship programs direct-application at the medical school level; and be it further

RESOLVED, That our AMA ask our AMA Foundation to compile and distribute to the state foundations a list of fundraising "best practices" that have been shown to be effective in raising funds for medical scholarships.

**617. EXPANDING AND PROMOTING STATE MEDICAL
SOCIETY SCHOLARSHIP PROGRAMS
Introduced by Medical Student Section**

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association work with the state medical societies and their associated foundations along with medical schools to ensure that information about all scholarships they offer is readily available online; and be it further

RESOLVED, That our AMA strongly urge each state medical society to add a voting medical student representative to its foundation Board of Directors or other appropriate governing body; and be it further

RESOLVED, That our AMA collect and propagate model bylaws changes from state foundations that have added medical students to their Boards of Directors; and be it further

RESOLVED, That our AMA, via its component state medical societies, urge all state foundations to consider converting any loan programs they may have into scholarship programs and provide information to said foundations on how other states have achieved this conversion.

**701. RISK MANAGEMENT RELATED TO THE
ADMINISTRATIVE SIDE OF CARE
Introduced by Minnesota Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work with appropriate stakeholders to promote risk management educational programs focused on the administrative procedures of medical facilities, including billing practices, to help reduce the number of medical malpractice suits filed.

**702. PHYSICAL THERAPY SERVICES
Introduced by Missouri Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 702:**

RESOLVED, That our American Medical Association recognize physician ownership of physical therapy services and referral to such services by physicians with an ownership interest as appropriate and ethical medical care if establishment of such services is necessary to provide care for otherwise underserved patients in the communities in which the physical therapy services are located, and services are otherwise provided in compliance with federal and state fraud and abuse laws.

**703. MEDICAID REFORM AND COVERAGE FOR THE UNINSURED:
BEYOND TAX CREDITS
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association continue work to create and fund programming that will educate both physicians and patients about our AMA plan for insurance reform and publicize that plan to the general public; and be it further

RESOLVED, That our AMA continue to study Health Savings Accounts in order to gain more insight into their effects on a large scale and to determine if our AMA could use them as another means of increasing health care access in our nation; and be it further

RESOLVED, That our AMA study other mechanisms beyond tax credits for covering America's uninsured, and report back at the 2005 Interim Meeting.

**704. MEDICARE SAVINGS USING FREE-STANDING
OUTPATIENT FACILITIES
Introduced by California Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 704:**

RESOLVED, That our American Medical Association work to amend the Medicare regulations to expand the list of Medicare approved procedures that can be performed in freestanding outpatient surgery centers.

**705. DEDUCTIBILITY OF MEDICAL STUDENT LOAN INTEREST
Introduced by California Delegation**

HOUSE ACTION: ADOPTED WITH CHANGE IN TITLE

RESOLVED, That our American Medical Association work towards 100% tax deductibility of medical student loan interest on federal and state income tax returns.

RESOLUTION 706 WAS WITHDRAWN

RESOLUTION 707 WAS WITHDRAWN

**708. STATE SUPPORT OF PUBLIC MEDICAL SCHOOL EDUCATION
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association oppose any legislation that would require graduates of public medical schools to agree to practice in a particular locale as a condition of matriculation; and be it further

RESOLVED, That our AMA strongly endorse and support voluntary programs involving loan repayment, discounted tuition, or a tuition waiver for medical students who voluntarily agree to practice in particular locales or underserved areas.

709. SECURE NATIONAL VACCINE POLICY
Introduced by American Association of Public Health Physicians

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association advocate for and support programs that ensure the production, quality assurance and timely distribution of sufficient quantities of those vaccines recommended by the Centers for Disease Control and Prevention to the US population at risk.

710. LIABILITY PROTECTION FOR ADULT VACCINES
Introduced by Minnesota Delegation

HOUSE ACTION: REFERRED FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2005 ANNUAL MEETING

RESOLVED, That our American Medical Association support legislation to expand the scope of the National Vaccine Injury Compensation Program (VICP) to apply to all recommended adult vaccines, including influenza.

711. STRUCTURING HEALTH INSURANCE BENEFITS
TO MODERATE COSTS AND IMPROVE ACCESS
Introduced by Kansas Delegation

Resolution 711 was considered together with Report 2 of the Council on Medical Service
 see page 238

712. FAIR PAYMENT FOR PROFESSIONAL LIABILITY INSURANCE
Introduced by American Association of Neurological Surgeons,
Congress of Neurological Surgeons

HOUSE ACTION: REFERRED FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2005 ANNUAL MEETING

RESOLVED, That our American Medical Association develop alternative methodologies that will accurately account for the actual costs of professional liability insurance (PLI); and be it further

RESOLVED, That our AMA develop the recommendations for alternative methods for Medicare PLI reimbursement in consultation with the national medical specialty societies; and be it further

RESOLVED, That recommendations for alternative methods for Medicare PLI reimbursement be reported back to the House of Delegates at the 2005 Annual Meeting.

713. CONGRESS REPEAL 38 USCS §1715, THUS ALLOWING
VETERANS HEALTH ADMINISTRATION HEALTH FACILITIES
TO DEVELOP SMOKE-FREE CAMPUSES
Introduced by Oklahoma and Arkansas Delegations,
American College of Chest Physicians

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work to have Congress repeal 38 USCS §1715, thus allowing Veterans Health Administration health facilities to develop smoke-free campuses.

**714. INFLUENZA VACCINE ORDERS FROM PHYSICIANS (MDs AND DOs)
Introduced by Florida Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our AMA immediately take action through the federal government to allow physicians (MDs and DOs) to form purchasing alliances to allow for competitive purchasing of influenza vaccine comparable to large purchasers currently supplying pharmacy and grocery chain stores with influenza vaccine.

**715. CMS IMPLEMENTATION OF REIMBURSEMENT POLICIES
AFFECTING ESRD PATIENT CARE WITHOUT APPROPRIATE INPUT
FROM THE HOUSE OF MEDICINE AND IN VIOLATION
OF THE ADMINISTRATIVE PROCEDURES ACT
Introduced by Renal Physicians Association**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 715:**

RESOLVED, That our American Medical Association work with Congress to compel the Centers for Medicare and Medicaid Services (CMS) to work through the traditional Relative Value Scale Update Committee (RUC) process for changes in reimbursement; and be it further

RESOLVED, That our AMA work with Congress to compel CMS to allow for the full comment and review process to occur before implementing changes in reimbursement; and be it further

RESOLVED, That our AMA seek cessation of implementation of the recent policy establishing a safe harbor for development of medical director reimbursement; and be it further

RESOLVED, That our AMA join in legal action to overturn the recent policy establishing a safe harbor for development of medical director reimbursement.

**716. EQUAL ACCESS TO CENTERS FOR MEDICARE AND
MEDICAID SERVICES CODE CHANGES
Introduced by Oklahoma Delegation**

**HOUSE ACTION: POLICY H-335.973 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 716:**

RESOLVED, That our American Medical Association immediately take any and all measures to ensure that all physicians who treat Medicare patients, regardless of their participation agreement with Medicare, have equal access to address code changes and mistakes that are internal to Centers for Medicare and Medicaid Services in order to be properly reimbursed for their services.

**717. NATIONAL PROVIDER IDENTIFICATION
Introduced by Texas Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work closely in consultation with the Centers for Medicare and Medicaid Services to introduce safeguards and penalties surrounding the use of National Provider Identification to protect physicians' privacy, integrity, autonomy, and ability to care for patients.

**718. CRIMINALIZATION OF PHYSICIAN DEPARTURE
FROM GUIDELINES AND STANDARDS
Introduced by Louisiana Delegation**

HOUSE ACTION: ADOPTED WITH CHANGE IN TITLE

RESOLVED, That our American Medical Association study and report back at the 2005 Annual Meeting as to: (1) the need for a national clarification of the terms guidelines (parameters, algorithms, etc.) vs. standards (mandating compliance) for medical care and resource allocation; (2) the legal, moral, and ethical impact of appropriate departure from guidelines or standards, the clarification of what constitutes appropriate departure, and the rights of physicians and other health care providers accused of non-compliance with a guideline or standard; and (3) the legal, moral and ethical impact of the criminalization of medical decisions and actions of physicians and other health care providers who appropriately depart from such guidelines and standards; and be it further

RESOLVED, That our AMA condemn the criminalization of medical decisions and actions by physicians and other health care providers who in loyalty to their patients and who in proper exercise of their clinical judgment depart from established medical care and resource allocation guidelines or standards for appropriate reasons, and that our AMA seek and/or support legislation or rules/regulations preventing such criminalization.

RESOLUTION 719 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 720 WAS NOT CONSIDERED AT THE INTERIM MEETING

**721. SUPPORT FOR COVERAGE OF THE CONSULTATION BY A
PHYSICIAN PRIOR TO SCREENING COLONOSCOPY
Introduced by American Society for Gastrointestinal Endoscopy,
American Gastroenterological Association, and
American College of Gastroenterology**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association support coverage under Medicare benefits for the consultation in advance of the procedure by a physician to evaluate the patient and discuss the need for screening, risks and benefits and preparation for colonoscopy.

722. INFLUENZA VACCINE SHORTAGE
Introduced by Alabama Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 722:

RESOLVED, That our American Medical Association urgently petition the Congress and federal regulatory agencies to enact statutory and regulatory reforms necessary to accomplish the following objectives:

1. That the purchase of influenza vaccines by federal, state and local government authorities be substantially increased to insure a viable, competitive economic market for influenza vaccines.
2. That current laws and regulations restricting the importation of influenza vaccines from other countries be modified to permit such importation when the quality of the vaccine can be assured.
3. That priorities be established governing the allocation, sale and distribution of influenza vaccines to insure that physicians, long-term care providers and state and local governmental entities have priority over other public sector purchasers and require that all influenza vaccine purchasers adhere to CDC guidelines for administration of influenza vaccines first to high risk patients.
4. That necessary legislation and regulation be adopted to permit the federal government to directly intervene in case of national shortage and pandemic to control the allocation of available influenza vaccines and anti-viral agents.

and be it further

RESOLVED, That our AMA continue to work for the implementation of recommendations contained in AMA Policies D-440.992 and D-440.993.

723. MEDICAL RESEARCH PUBLISHING PROPOSAL FROM NIH
Introduced by American College of Rheumatology,
American Society of Hematology

HOUSE ACTION: REFERRED FOR DECISION AND
REPORT BACK TO HOUSE OF DELEGATES
AT 2005 ANNUAL MEETING

RESOLVED, That our American Medical Association oppose the current "NIH Public Access Policy" proposal until answers are provided regarding the specific mechanisms of implementation, the cost to the National Institutes of Health (NIH) budget and resulting impacts on grant funding, the extent of access to the unpublished research results, copyright protection issues for authors and the impact on scientific publishing and professional organizations; and be it further

RESOLVED, That our AMA work with the government, the NIH, Congress and other relevant constituents to develop a reasonable timeline for continued discussion of the issue; and be it further

RESOLVED, That our AMA work with relevant constituencies to propose changes that meet the broad intent of a new paradigm for publishing the results of NIH-sponsored medical research without introducing mandates that have a negative impact on researchers, medical associations and other involved parties; and be it further

RESOLVED, That our AMA use its resources to educate the membership throughout the progression of these activities.

**724. PRIVATIZATION OF MEDICAID
Introduced by Georgia Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 724:**

RESOLVED, That our American Medical Association study the implication of Medicaid managed care programs in those states that have implemented such programs and issue a report to the House of Delegates as to the impact of such programs on physician participation, access to care and quality of care.

**725. REVIEW OF MEDICARE TRANSFER POLICIES: REQUEST FOR AUDIT
Introduced by Georgia Delegation**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association call upon the Centers for Medicare and Medicaid Services to conduct a full nation-wide investigation of correct application of the rule governing payment for services provided to transferred patients and insist on audits, where applicable; and be it further

RESOLVED, That our AMA inform all physicians and hospitals of the correct regulations governing Medicare reimbursement for services provided to transferred patients.

**726. SUPPORT FOR THE INCLUSION OF THE BENEFIT FOR SCREENING
FOR COLORECTAL CANCER IN ALL HEALTH PLANS
Introduced by American Society for Gastrointestinal Endoscopy,
American Gastroenterological Association, and
American College of Gastroenterology**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support health plan coverage for the full range of colorectal cancer screening tests.

RESOLUTION 727 WAS NOT CONSIDERED AT THE INTERIM MEETING

**728. PHYSICIAN TAXES
Introduced by American Society of Plastic Surgeons, American Academy of
Dermatology, American Academy of Facial Plastic and Reconstructive Surgery,
American Academy of Otolaryngology - Head and Neck Surgery,
American College of Surgeons, American Society for Aesthetic Plastic Surgery,
American Society for Dermatologic Surgery, American Society of
Maxillofacial Surgeons, American Society of Ophthalmic Plastic and
Reconstructive Surgeons, Society for Investigative Dermatology,
Young Physicians Section, and Connecticut, Florida, Maine,
Massachusetts, Missouri, New Hampshire, New Jersey, New York,
North Carolina, Rhode Island, and Vermont Delegations**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association proactively and vigorously oppose taxes on physician services, physician-owned facility taxes or "pass-through" taxes on medical services; and be it further

RESOLVED, That our AMA work closely with national specialty societies and state medical societies to assist with advocacy efforts to combat existing and proposed taxes on physician services and physician-owned facilities.

729. FEDERAL STUDENT LOAN PROGRAM INTEREST RATES
Introduced by Resident and Fellow Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association analyze models of federal student loan and student loan consolidation program interest rate regulations (including fixed and variable rates) and make recommendations to maximize their effectiveness in addressing medical education debt and patient access to health care; and be it further

RESOLVED, That our AMA utilize data from the study of federal student loan and student loan consolidation program interest rate regulations to enhance its lobbying efforts toward the reauthorization of the Higher Education Act; and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2005 Annual Meeting regarding the reauthorization of the Higher Education Act.

730. NATIONAL HEALTH INFORMATION TECHNOLOGY
Introduced by International Medical Graduates Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association support the development, adoption, and implementation of national health information technology standards through collaboration with public and private interests, and consistent with current efforts to set health information technology standards for use by the Federal Government; and be it further

RESOLVED, That our AMA closely coordinate with the newly formed Office of the National Health Information Technology Coordinator all efforts necessary to expedite the implementation of an interoperable health information technology infrastructure, while minimizing the financial burden to the physician and maintaining the art of medicine without compromising patient care.

**801. REIMBURSEMENT FOR TELEPHONE AND
ELECTRONIC COMMUNICATION**
Introduced by California Delegation

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

RESOLVED, That our American Medical Association support the development of a separate Current Procedural Terminology (CPT) code to describe physician services provided by e-mail; and be it further

RESOLVED, That our AMA support the designation of telephone, fax, and e-mail services as non-reimbursed benefits in order to facilitate patient payment for these services.

RESOLUTION 802 WAS NOT CONSIDERED AT THE INTERIM MEETING

803. CHILDREN AND SSRI ANTIDEPRESSANTS
Introduced by American Academy of Child and Adolescent Psychiatry,
American Psychiatric Association

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association ask its Council on Scientific Affairs to work in conjunction with all appropriate specialty societies to prepare an independent, comprehensive review of the scientific data currently available pertaining to the safety and efficacy of the use of Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants in the treatment of child and adolescent psychiatric disorders.

804. STOP TRIAL BY HEALTH INSURERS
Introduced by Florida Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association reject in the strongest terms any health insurer's efforts to make determinations regarding whether or not a physician has made a serious medical mistake; and be it further

RESOLVED, That our AMA educate all health insurance companies that they are not the appropriate entity for determining medical mistakes and, should they do so, it will adversely affect all physicians' ability to provide care; and be it further

RESOLVED, That our AMA oppose the practice of health plans using adverse event reporting data for purposes other than quality improvement and learning, as it could shift the focus of such reporting from improving patient safety to fostering a punitive environment; and be it further

RESOLVED, That our AMA encourage physicians to be aware of contractual provisions that would allow insurers to deny payment in the event of a medical mistake.

805. PUBLISHED REIMBURSEMENT SCHEDULES BY PRIVATE INSURERS
Introduced by Pennsylvania Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association request that all state insurance regulators require all private insurers to make available to each participating physician practice their updated payment schedules on an annual basis, and interim updates to the payment schedule should be provided to contracted physicians at least 90 days prior to the effective date.

806. PROMULGATING EQUITABLE VALUATION OF PHYSICIAN SERVICES
Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 806:

RESOLVED, That our American Medical Association support the concept that third party payers should provide more equitable reimbursement for physicians' services, and that these efforts be directed to achieve equitable compensation for all physicians; and be it further

RESOLVED, That our AMA continue to advocate that CPT rules, guidelines and corrections should be the accepted standard for applying all CPT codes to services performed and submissions of claims.

807. OPPOSITION TO PRECERTIFICATION PROGRAMS
Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 807:

RESOLVED, That our American Medical Association oppose precertification programs of third party payers that interfere with the physician-patient relationship and impose an undue administrative burden on physicians; and be it further

RESOLVED, That our AMA work with third party payers to develop meaningful hassle-free utilization review programs that are educational in design and enhance the quality of patient care.

808. HOSPITAL, AMBULATORY SURGERY FACILITY, NURSING HOME,
OR OTHER HEALTH CARE FACILITY CLOSURE:
PHYSICIAN CREDENTIALING RECORDS
Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association adopt the following policies regarding the appropriate disposition of physician credentialing records following the closure of hospitals, ambulatory surgery facilities, nursing homes and other health care facilities, where in accordance with state law and regulations:

1. **Governing Body to Make Arrangements:** The governing body of the hospital, ambulatory surgery facility, nursing home, or other health care facility shall be responsible for making arrangements for the disposition of physician credentialing records or CME information upon the closing of a facility.
2. **Transfer to New or Succeeding Custodian:** Such a facility shall attempt to make arrangements with a comparable facility for the transfer and receipt of the physician credentialing records or CME information. In the alternative, the facility shall seek to make arrangements with a reputable commercial storage firm. The new or succeeding custodian shall be obligated to treat these records as confidential.
3. **Documentation of Physician Credentials:** The governing body shall make appropriate arrangements so that each physician will have the opportunity to make a timely request to obtain a copy of the verification of his/her credentials, clinical privileges, CME information, and medical staff status.
4. **Maintenance and Retention:** Physician credentialing information and CME information transferred from a closed facility to another hospital, other entity, or commercial storage firm shall be maintained in a secure manner intended to protect the confidentiality of the records.
5. **Access and Fees:** The new custodian of the records shall provide access at a reasonable cost and in a reasonable manner that maintains the confidential status of the records.

and be it further

RESOLVED, That our AMA advocate for the implementation of these policies with the American Hospital Association.

809. PAIN MANAGEMENT
Introduced by Minnesota Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association support more effective promotion and dissemination of educational materials for physicians on prescribing for pain management; and be it further

RESOLVED, That our AMA take a leadership role in resolving conflicting state and federal agencies' expectations in regard to physician responsibility in pain management; and be it further

RESOLVED, That our AMA coordinate its initiatives with those state medical associations and national medical specialty societies that already have already established pain management guidelines.

810. JCAHO "DO NOT USE" ABBREVIATIONS
Introduced by Minnesota Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association request through the AMA representatives on the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Board that the JCAHO Board implement a moratorium on any additional "do not use" abbreviations until there is evidence of overall compliance with the currently recommended list; and be it further

RESOLVED, That our AMA work with the American Hospital Association to develop an acceptable interim mechanism to amend abbreviations that are legible but on the "do not use" list and to allow the continued exemption from the JCAHO standards of "do not use" abbreviations, acronyms, and symbols on dictated, transcribed, or computerized forms of clinical documentation.

RESOLUTION 811 WAS NOT CONSIDERED AT THE INTERIM MEETING

812. REQUIRING INSURANCE COMPANIES TO DISCLOSE
ANY VARIANCE FROM AMA CPT GUIDELINES
Introduced by Colorado Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 812:

RESOLVED, That our American Medical Association support federal legislation that would require insurance companies to disclose to their contracted physicians if the insurance companies do not fully utilize standard AMA Current Procedural Terminology rules and specify those rules that are not standard.

**813. NATIONWIDE STANDARDIZATION OF REIMBURSEMENT
POLICIES FOR THE INSURANCE INDUSTRY
Introduced by Colorado Delegation**

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

RESOLVED, That our American Medical Association support federal legislation that would require the use of Current Procedural Terminology (CPT) coding combinations that comply with CPT coding rules and guidelines and that could serve as a basis for software programs.

**814. PATIENT ASSISTANCE FOR DRUG BENEFITS
BASED ON INDIVIDUAL NEED
Introduced by Colorado Delegation**

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

RESOLVED, That our American Medical Association work with the pharmaceutical companies to make available patient assistance programs for all patients based upon individual need including those who may have a drug benefit plan.

RESOLUTION 815 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 816 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 817 WAS NOT CONSIDERED AT THE INTERIM MEETING

**818. MODERNIZATION OF MEDICAL EDUCATION ASSESSMENT
AND MEDICAL SCHOOL ACCREDITATION
Introduced by Medical Student Section**

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association vigorously work to establish medical education system reforms throughout the medical education continuum that demand evidence based teaching methods that positively impact patient safety or quality of patient care; and be it further

RESOLVED, That our AMA work with the Liaison Committee on Medical Education to perform frequent and extensive educational outcomes assessment of specialized competencies in the medical school accreditation process at minimum every four years, requiring evidence showing the degree to which educational objectives impacting patient safety or quality of patient care are or are not being attained.

**819. PILOT STUDIES OF E&M CLINICAL EXAMPLES
AND PEER REVIEW OF OUTLIERS
Introduced by Florida Delegation**

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 819 ADOPTED:

RESOLVED, That our American Medical Association continue to advocate that the Centers for Medicare and Medicaid Services (CMS) conduct pilot studies on the use of clinical examples to guide physicians in determining appropriate Evaluation and Management (E&M) code levels; and be it further

RESOLVED, That our AMA, in cooperation with state and specialty societies, should work to educate physicians and their coding staff on the use of CPT E&M codes including clinically appropriate documentation that supports quality patient care; and be it further

RESOLVED, That our AMA work with the CMS Program Integrity Group and the Department of Health and Human Services Office of Inspector General (HHS OIG) to: (1) clarify and simplify the criteria that would trigger an audit under the Medicare program; (2) establish and promulgate the rules, including the rights of physicians, by which such audits would be conducted; (3) develop guidelines for setting penalties, beginning with physician education, for specified levels of audit discrepancies and Medicare billing errors; and (4) disregard one level difference in CPT E&M codes and not consider one level differences an error for audit or error report purposes; and be it further

RESOLVED, That our AMA advocate forcefully with CMS and the HHS OIG to: (1) eliminate all random review of E&M services now; (2) identify methods to define statistical “outliers”; (3) refer to independent peer reviewers who are actively practicing and of the same specialty as the physician under review those cases statistically defined as outliers; (4) assure that post-payment review of E&M services would also rely on peer review before any adverse actions are taken; and (5) have an appeal process at all levels of review; and be it further

RESOLVED, That our AMA seek legislation and/or regulatory change that would require CMS, the OIG and third party carriers, to conduct Medicare and Medicaid audits in a fair manner with recognition that E&M code level assignment is imprecise; and that audits must consider coding patterns in the aggregate, so as to include consideration of both assessments for up-coding as well as credits for down-coding; and be it further

RESOLVED, That our AMA seek legislation and/or regulatory change that would limit CMS, the OIG and third party carriers from using spurious claims of fraud, and other excessive tactics which put physicians in seriously compromised positions wherein they cannot obtain fair and just resolution of audit results.

**820. PATIENT-DELIVERED PARTNER THERAPY
Introduced by American Association of Public Health Physicians,
American Medical Women’s Association,
and Washington Delegation**

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association recommend patient-delivered partner therapy (PDPT), where state laws permit, as an appropriate strategy for protection of the patient’s and the public’s health when treatment of all sex partners is not otherwise assured; and be it further

RESOLVED, That our AMA encourage state licensing boards, medical societies, health and malpractice insurance carriers, and others to consider the demonstrated benefits of PDPT when evaluating the appropriateness of this practice; and be it further

RESOLVED, That our AMA encourage continued research on expedited partner treatment (EPT) and other innovative strategies for sexually transmitted infection (STI) control; and be it further

RESOLVED, That our AMA encourage federal, state, and local governments to fully fund STI control programs; and be it further

RESOLVED, That our AMA support and encourage efforts by the Centers for Disease Control and Prevention to identify opportunities for increased use of PDPT; analyze existing and potential barriers to PDPT use; encourage use of PDPT in all appropriate settings; and establish model guidelines and recommendations for implementation of PDPT and other EPT strategies; and be it further

RESOLVED, That our AMA notify appropriate medical societies, federal and state agencies, and malpractice carriers of its position on PDPT.

RESOLUTION 821 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 822 WAS NOT CONSIDERED AT THE INTERIM MEETING

**823. HEALTH INSURANCE COMPANY
PRACTICE OF “BROWN BAGGING”
Introduced by Pennsylvania Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work with national oncologic/hematologic and other affected organizations to set up meetings with health insurance companies to discuss the practice of indirect, unsupervised acquisition, handling, preparation, and disposal of pharmaceuticals administered by physician practices (“brown bagging”); and be it further

RESOLVED, That our AMA join national oncologic/hematologic and other organizations in meetings with the US Department of Health and Human Services to discuss patient safety concerns associated with the practice of indirect, unsupervised acquisition, handling, preparation, and disposal of pharmaceuticals administered by physician practices (“brown bagging”).

**824. INTRUSION OF PRESCRIPTION DRUG FORMULARY
REQUIREMENTS ON THE PRACTICE OF MEDICINE
Introduced by Pennsylvania Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 824:**

RESOLVED, That our American Medical Association work actively and directly with Pharmaceutical Benefits Managers (PBMs), insurance companies and other appropriate regulatory and oversight agencies if necessary to either eliminate or determine methods to effectively streamline the currently intrusive preauthorization and drug substitution requirements by PBMs and insurance companies when specific new and/or non-formulary prescription medications are considered by the treating physician to be essential and non-substitutable for the adequate health care management of the patient.

825. ADOLESCENT SEXUAL ACTIVITY
Introduced by American Academy of Pediatrics

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association endorse the joint position “Protecting Adolescents: Ensuring Access to Care and Reporting Sexual Activity and Abuse”; and be it further

RESOLVED, That our AMA reaffirm Policies H-60.965 and H-75.998 regarding confidentiality and adolescent care; and be it further

RESOLVED, That our AMA support the following principles for consideration in development of public policy:

1. Sexual activity and sexual abuse are not synonymous and that many adolescents have consensual sexual relationships.
2. It is critical that adolescents who are sexually active receive appropriate confidential health care and screening.
3. Open and confidential communication between the health professional and adolescent patient, together with careful clinical assessment, can identify the majority of sexual abuse cases.
4. Physicians and other health care professionals must know their state laws and report cases of sexual abuse to the proper authority in accordance with those laws, after discussion with the adolescent and/or parent as appropriate.
5. Federal and state laws should support physicians and other health care professionals in their role in providing confidential health care to their adolescent patients.
6. Federal and state laws should affirm the authority of physicians and other health care professionals to exercise appropriate clinical judgment in reporting cases of sexual activity.

and be it further

RESOLVED, That our AMA develop and disseminate to national medical specialty societies and state medical associations information that includes guidance on removing barriers faced by sexually active adolescents who seek confidential health care; and be it further

RESOLVED, That our AMA develop model legislation which supports AMA policy regarding adolescent sexual activity and confidentiality.

RESOLUTION 826 WAS NOT CONSIDERED AT THE INTERIM MEETING

827. JCAHO SENTINEL EVENT ALERTS
Introduced by American Society of Anesthesiologists

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our AMA instruct its representatives to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) to express its deep concern about the scientific validity and appropriateness of JCAHO’s recent sentinel event alert addressing patient awareness during anesthesia; and be it further

RESOLVED, That our AMA advocate to JCAHO that sentinel event alerts should not be interpreted to be equivalent to practice guidelines, given that practice guidelines should be developed and vetted by physician professional organizations, which have expertise in interpreting relevant scientific evidence regarding practice, outcomes, and safety.

RESOLUTION 828 WAS WITHDRAWN

RESOLUTION 829 WAS NOT CONSIDERED AT THE INTERIM MEETING

**830. ACCME 2004 UPDATED STANDARDS FOR COMMERCIAL SUPPORT
Introduced by American Association of Clinical Endocrinologists**

Resolution 830 was considered together with Report 19 of the Board of Trustees
see page 128

**831. INITIAL STATE LICENSURE
Introduced by International Medical Graduates Section**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work with the Federation of State Medical Boards, state medical societies, state medical boards, and state legislatures, to eliminate the additional graduate medical education requirements imposed on IMGs for an unrestricted license, in the earnest hope of implementing AMA Policy H-275.985.

RESOLUTION 832 WAS NOT CONSIDERED AT THE INTERIM MEETING

**833. LEGAL INJUNCTION ON MEDICAL SCHOOL TUITION INCREASES
Introduced by Medical Student Section**

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association support the use of legal injunctions to block mid-year and retroactive medical school tuition or fee increases; and be it further

RESOLVED, That our AMA offer to prepare an amicus brief in support of the plaintiffs in *Kashmiri, et al. v. Regents of the University of California*.

**834. ABSTINENCE-ONLY EDUCATION AND FEDERALLY-FUNDED
COMMUNITY-BASED INITIATIVES
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association extend its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in AMA Policy H-170.968; and be it further

RESOLVED, That our AMA support federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and oppose federal funding of community-based programs that do not show evidence-based benefits.

**835. FOURTH TIER PHARMACEUTICAL BENEFITS
Introduced by New Mexico Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association investigate the prevalence and impact in the health insurance industry of tiered pharmaceutical benefits that significantly affect patients who have diseases requiring expensive drugs for their treatment, and report back to the House of Delegates at the 2005 Interim Meeting; and be it further

RESOLVED, That our AMA work with the insurance industry to ensure that patients with catastrophic diseases have an upper limit on copayments and deductibles sufficient to keep therapy affordable.

**836. DEA REGULATIONS AND THE ABILITY OF PHYSICIANS TO
PRESCRIBE CONTROLLED MEDICATION RATIONALLY, SAFELY,
AND WITHOUT UNDUE THREAT OF PROSECUTION
Introduced by American Society of Addiction Medicine**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association express its strongest concern to the Drug Enforcement Administration (DEA) regarding the publication in the Federal Register of November 16, 2004 of the Interim Policy Statement (IPS) regarding the prescribing of Schedule II opioid analgesics and other related topics; and be it further

RESOLVED, That our AMA support interpreting federal law and regulation to allow physicians to continue the well-established clinical practice of writing multiple prescriptions for controlled agents on the date of a face-to-face examination with the actual date the prescriptions were issued, but also written directions for dispensing supplies of medication on future specified dates; and be it further

RESOLVED, That our AMA support ongoing constructive dialogue between the DEA and clinicians, including physicians, regarding a proper balance between the needs of patients for treatment and the needs of the government to provide oversight and regulation to minimize risks to public health and safety.

**837. OPPOSITION TO CMS ELIMINATION OF ASC PAYMENTS
Introduced by Georgia Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work with national medical specialty organizations to analyze the impact of the Centers for Medicare and Medicaid Services' proposal to eliminate payment to Ambulatory Surgery Centers for 100 CPT procedures; and be it further

RESOLVED, That our AMA assume a leadership role with other organizations (e.g., AARP) to educate patients of the negative impact of these changes; and be it further

RESOLVED, That our AMA advocate against such changes using all reasonable means.

**901. PRESCRIPTION DRUG REIMPORTATION FROM CANADA
Introduced by California Delegation**

Resolution 901 was considered together with Report 3 of the Board of Trustees
and Resolution 905
see page 39

902. USA PATRIOT ACT
Introduced by American Academy of Child and Adolescent Psychiatry,
American Psychiatric Association

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association study the potential impact of the USA Patriot Act on patient confidentiality; and be it further

RESOLVED, That our AMA develop recommendations for physicians who are contacted for information about patients pursuant to provisions of the USA Patriot Act; and be it further

RESOLVED, That our AMA advocate for such modifications to the USA Patriot Act as may be necessary to protect patient confidentiality and minimize legal liability for physicians.

903. MEDICARE DRUG PRICING
Introduced by Florida Delegation

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

RESOLVED, That our American Medical Association work to assure that the Medicare Drug Prescription Plan actively competitively bids for drugs to represent each class of drugs available to prescribing physicians; and be it further

RESOLVED, That our AMA aggressively work for legislation to allow for competitive bidding to help lower the cost of Medicare prescription drugs; and be it further

RESOLVED, That our AMA also work to disseminate educational materials to physicians so that they will know the cost differences between preferred drugs on the Medicare drug list.

904. ENSURING ACCESS TO MEDICATIONS FOR MEDICARE
BENEFICIARIES WITH MENTAL ILLNESSES
Introduced by American Psychiatric Association,
American Academy of Child and Adolescent Psychiatry

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

RESOLVED, That our American Medical Association continue to advocate with the Centers for Medicare and Medicaid Services and Congress to ensure that all populations with unique medical needs, including those beneficiaries with mental illnesses, have access to their necessary prescription medications; and be it further

RESOLVED, That our AMA propose federal legislation that ensures that the dual beneficiaries with special needs, including those with mental illnesses, do not lose access to their medically necessary prescription medications.

905. SUPPORT DRUG REIMPORTATION
Introduced by Minnesota Delegation

Resolution 905 was considered together with Report 3 of the Board of Trustees
and Resolution 901
see page 39

**906. MEDICARE PHYSICIAN PAYMENT UPDATE
Introduced by New York Delegation**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association advocate that the geographic payment variations under the Medicare physician payment schedule be based on a sound methodology and the most current data so that the Centers for Medicare and Medicaid Services can calculate accurate geographic practice cost indices (GPCIs); and be it further

RESOLVED, That our AMA evaluate the need to collect physician practice expense data to determine the overall costs of maintaining a medical practice; and be it further

RESOLVED, That our AMA continue to pursue legislative and regulatory changes in the sustainable growth rate formula so that future Medicare conversion factor updates fully reflect the costs of operating physician practices.

RESOLUTION 907 WAS NOT CONSIDERED AT THE INTERIM MEETING

**908. NATIONAL PROMPT PAYMENT STATUTE
Introduced by Colorado Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 908:**

RESOLVED, That our American Medical Association develop federal legislation modeled after the Colorado Prompt Payment Statute and pursue enactment of such legislation to include ERISA plans in all states.

**909. US MEDICAL LIABILITY CRISIS AND THE IMPACT
ON CLINICAL MEDICAL EDUCATION
Introduced by Medical Student Section**

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association recognize that undergraduate and graduate medical education are impacted by the medical liability crisis; and be it further

RESOLVED, That our AMA oppose medical liability insurance premiums based solely on preceptor or volunteer faculty status; and be it further

RESOLVED, That our AMA study the scope, potential impact and possible solutions of the medical liability crisis on volunteer faculty liability premium costs and the impact on medical education, and report back at the 2005 Annual Meeting.

**910. REPLACEMENT OF SUSTAINABLE GROWTH RATE SYSTEM
Introduced by Florida Delegation**

HOUSE ACTION: ADOPTED IN LIEU OF RESOLUTIONS 913 AND 917

RESOLVED, That it is the policy of our American Medical Association to continue to assign a top priority to the prevention of further Medicare payment cuts due to the Sustainable Growth Rate system and to seek replacement of the Sustainable Growth Rate system with payment updates that reflect increases in the cost of medical practice.

RESOLUTION 911 WAS NOT CONSIDERED AT THE INTERIM MEETING**912. ACCESS TO ASTHMA MEDICATION AT SCHOOL**
Introduced by American Thoracic Society**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 912 ADOPTED:**

RESOLVED, That our American Medical Association urge the states that have not yet adopted legislation ensuring the right of children to carry and self administer asthma metered-dose inhalers to pass such legislation.

**913. REPEAL AND REPLACE THE CMS MEDICARE PAYMENT
FORMULA'S SUSTAINABLE GROWTH RATE (SGR) SYSTEM
FOR UPDATING PHYSICIAN SERVICES PAYMENTS**
Introduced by Georgia Delegation

Resolution 913 was considered together with Resolutions 910 and 917
see page 308

914. USE OF COUNTERSUITS TO DISCOURAGE FRIVOLOUS LAWSUITS
Introduced by Pennsylvania Delegation**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 914 ADOPTED:**

RESOLVED, That our American Medical Association advise members of the option for countersuits against plaintiffs and attorneys who have filed frivolous lawsuits against physicians; and be it further

RESOLVED, That our AMA reaffirm Policy H-435.991, "Professional Liability Countersuits" (Res. 44, I-84; Reaffirmed Sunset Report, I-98), that reads, "Our AMA supports the principle that the 'special injury' element required to win a malicious prosecution countersuit in some jurisdictions should be eliminated."

RESOLUTION 915 WAS NOT CONSIDERED AT THE INTERIM MEETING**916. MEDICARE PART D GUIDELINES**
Introduced by Pennsylvania Delegation**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 916 ADOPTED:**

RESOLVED, That our American Medical Association continue to advocate to CMS, and if appropriate, to the United States Pharmacopeia, our AMA's Principles of a Sound Drug Formulary System (as described in Board of Trustees Report 28-I-00) with respect to drug categories and classes to be covered under Medicare Part D.

**917. REPEAL OF MEDICARE'S SUSTAINABLE GROWTH
RATE REIMBURSEMENT FORMULA
Introduced by Vermont Delegation**

Resolution 917 was considered together with Resolutions 910 and 913
see page 308

**918. COST OF PROVIDING UNCOMPENSATED CARE
Introduced by American College of Surgeons, American Association of
Neurological Surgeons, American College of Obstetricians and
Gynecologists, American Society of Anesthesiologists, Congress of
Neurological Surgeons, and Society for Vascular Surgery**

**HOUSE ACTION: REFERRED FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2005 ANNUAL MEETING**

RESOLVED, That our American Medical Association work with the specialties affected by the costs of providing uncompensated care to develop legislative and regulatory proposals to help offset such costs for those physicians who provide care in emergency departments, trauma centers, and other settings; and be it further

RESOLVED, That such proposals include expanding to other specialties the methodology currently used by the Centers for Medicare and Medicaid Services to account for uncompensated care provided by the specialty of emergency medicine; and be it further

RESOLVED, That our AMA seek financial support from affected specialties as necessary to complete any data collection that may be required to conduct these efforts.

**919. HEALTH CARE FOR THE VICTIMS OF THE
POSTAL ANTHRAX ATTACK OF 2001
Introduced by Maryland Delegation**

**HOUSE ACTION: FIRST RESOLVE REFERRED;
SECOND RESOLVE NOT ADOPTED**

RESOLVED, That our American Medical Association policy be to ensure that the victims of the 2001 postal anthrax attack receive health care paid for by the United States government for anthrax-related medical problems; and be it further

RESOLVED, That our AMA work with legislative representatives and other key individuals and organizations to support Senate Bill 1740--a bill to amend the September 11th Victim Compensation Fund of 2001.

**920. US MEDICAL LIABILITY CRISIS AND THE IMPACT
ON CLINICAL MEDICAL EDUCATION
Introduced by Nebraska Delegation**

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association recognize that undergraduate and graduate medical education are negatively impacted by the medical liability crisis; and be it further

RESOLVED, That our AMA oppose the administration of increased medical liability insurance premiums based solely on preceptor or volunteer faculty status.

921. TORT REFORM
Introduced by South Carolina Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 921 ADOPTED:

RESOLVED, That our AMA continue to pursue MICRA-based reform as the top priority; and be it further

RESOLVED, That our AMA continue to pursue liability reform efforts by any and all legislative options that would fundamentally change our medical liability system to create fair and equitable remuneration for injured patients and to promote patients' access to health care; and be it further

RESOLVED, That our AMA Board of Trustees report on its coalition building activities on efforts to reform our civil justice system and make this report available to the general membership by the 2005 Annual Meeting.

922. CONFIDENTIALITY OF PEER REVIEW PROCESS
Introduced by Florida Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 922 ADOPTED:

RESOLVED, That our American Medical Association develop and seek federal legislation consistent with Policies H-230.957, "Access to Hospital Records," H-375.972, "Lack of Federal Peer Review Confidentiality Protection," and H-375.973, "Protecting Physicians at the Peer Review Process in the Current Managed Care Environment."

923. SCOPE OF PRACTICE PARTICIPANTS IN HEALTH PLANS
Introduced by Young Physicians Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our AMA Advocacy Resource Center work at the invitation of AMA component societies to oppose legislative mandates on health care plans that may lead to inappropriate scope of practice expansion of non-physician providers.