

Handbook Review: HOD Reference Committee B (legislation)

Full text at <http://www.ama-assn.org/assets/meeting/2011i/i11-handbook-tab-b.pdf>. Recommended positions should be considered preliminary until ratified.

Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD action
<p>BOT Report 9 Support for Physician-Led, Team-Based Care (Resolution 225-I-10)</p>	<p>The Board recommends that the following recommendation be adopted in lieu of Resolution 225-I-10 and the remainder of the report filed.</p> <ol style="list-style-type: none"> 1. That our AMA Policies H-35.989 “Physician Assistants”; H-160.949 “Practicing Medicine by Non-Physicians”; H-160.950 “Guidelines for Integrated Practice of Physicians and Nurse Practitioners” and H-35.974 “Prescribing by Allied Health Practitioners. (Reaffirm House Policy) 2. That our AMA identify and review available data to analyze the effects on patients’ access to care in the opt-out states to determine whether there has been any increased access to care in those states. (Directive to Take Action) 3. That our AMA identify and review available data to analyze the type and complexity of care provided by CRNAs in the opt-out states compared to the type and complexity of care provided by physicians in the opt-out states. (Directive to Take Action) 4. That our AMA advocate to policymakers, insurers and other groups, as appropriate, that they should consider the available data to best determine how non-physicians can serve as a complement to address the nation’s primary care workforce needs. (Directive to Take Action) <p>Fiscal Note: \$29,535</p>	<p>Support reference committee recommendation to adopt as amended:</p> <ol style="list-style-type: none"> 1. That our AMA <u>reaffirm</u> Policies H-35.989 “Physician Assistants”; H-160.949 “Practicing Medicine 6 by Non-Physicians”; H-160.950 “Guidelines for Integrated Practice of Physicians and Nurse Practitioners” and H-35.974 “Prescribing by Allied Health Practitioners. (Reaffirm House Policy) 2. That our AMA identify and review available data to analyze the effects on patients’ access to care in the opt-out states (<u>states that have opted out of the federal Medicare physician supervision requirements for anesthesia services</u>) to determine whether there has been any increased access to care in those states. (Directive to Take Action) 	<p>Adopted as amended, with Recommendation 7 referred for decision. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-b-annotated.pdf for exact language</p>

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Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD action
		3. That our AMA identify and review available data to analyze the type and complexity of care provided by CRNAs in the opt-out states (<u>states that have opted out of the federal Medicare physician supervision requirements for anesthesia services</u>) compared to the type and complexity of care provided by physicians in the opt-out states. (Directive to Take Action)	
BOT Report 10 Physician Supervision of Invasive Procedures and the Provision of Fluoroscopy (BOT Report 7-I-10 and Resolutions 216-A-16, 217-A-10)	The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolutions 216-A-10 and 217-A-10, and the remainder of the report be filed. 1. That our AMA Council on Legislation develop model state legislation regarding the appropriate level of supervision, education, training and provision of fluoroscopic procedures by non-physicians. (Directive to Take Action) 2. That our AMA advocate to prohibit the independent, unsupervised performance of invasive pain management procedures and treatments by non-physician health care providers. (New HOD Policy) Fiscal Note: \$1,929	Support Recommendation 1 Monitor Recommendation 2	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i111-ref-comm-b-annotated.pdf for exact language
Resolution 201 Negotiation for Best Prices Introduced by: American College of Cardiology	RESOLVED, That our American Medical Association support legislation to allow the federal government to coordinate its purchases of pharmaceuticals, medical devices and disposable medical supplies in order to obtain optimal prices and value. (New HOD Policy) Fiscal Note: Modest - between \$1,000 - \$5,000.	Recommended for reaffirmation Monitor	Reaffirmed
Resolution 202 A "Level Playing Field" in Negotiations Between Health Insurance Companies and Physicians	RESOLVED, That our American Medical Association make passage of legislation in the US Congress to exempt physicians from antitrust actions in their negotiations with insurance companies a top legislative priority of the AMA, stay on top of this issue, report back to the House of Delegates regularly, request sponsors nationally, and allocate appropriate funding and resources necessary to successfully advocate its passage into law. (Directive to Take Action)	Originally recommended for reaffirmation. Active support of reference committee	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i111-ref-comm-b-annotated.pdf

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<p>Introduced by: Florida Delegation</p>	<p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	<p>recommendation to adopt as amended to read:</p> <p>RESOLVED, That our American Medical Association make passage of legislation in the US Congress to exempt physicians from antitrust actions in their negotiations with insurance companies a top legislative priority of the AMA, stay on top of this issue, report back to the House of Delegates regularly, <u>continue to regularly provide updates on our AMA Web site,</u> request sponsors nationally, and allocate appropriate funding and resources necessary to successfully advocate its passage into law. (Directive to Take Action)</p>	<p>annotated.pdf for exact language</p>
<p>Resolution 203 AMA to Make Private Contracting its Highest Priority Introduced by: Florida Delegation</p>	<p>RESOLVED, That our American Medical Association make private contracting between physicians and their patients one of its highest priorities (Directive to Take Action); and be it further RESOLVED, That our AMA work to allow participating and non-participating physicians to privately contract with Medicare patients and make available allowable Medicare payments to be paid toward services provided. (Directive to Take Action)</p>	<p>Recommended for reaffirmation Monitor</p>	<p>Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-b-</p>

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	Fiscal Note: Modest - between \$1,000 - \$5,000.		annotated.pdf for exact language
Resolution 204 Limiting Malpractice Hedge Funds Introduced by: Florida Delegation	<p>RESOLVED, That our American Medical Association help establish and support legislation that would make medical malpractice hedge funds illegal (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA notify the President, Members of Congress, and the Centers for Medicare and Medicaid Services that the legislation to be proposed by our AMA to make medical malpractice hedge funds illegal is being introduced in order to help curb the rising costs of health care in the United States. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	Support reference committee recommendation to adopt	Reaffirmed
Resolution 205 Patient Protection and Affordable Care Act and H.R. 5, HEALTH Act of 2011 Introduced by: Florida Delegation	<p>RESOLVED, That our American Medical Association continue to strongly petition the office of the President of the United States, the United States Senate, and the House of Representatives to address medical malpractice tort reform and support H.R. 5, HEALTH Act of 2011 by Representative Gingrey, actively seek Congressional sponsors nationally, report back to the House of Delegates on progress made, and allocate appropriate funding and resources necessary to enact H.R. 5, HEALTH Act of 2011, into law. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>	Recommended for reaffirmation Support	Reaffirmed
Resolution 206 CMS Audits of Electronic Health Records Introduced by: Idaho Delegation	<p>RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services to establish specific guidance to be utilized by entities that audit documentation generated by an electronic health record (Directive to Take Action); and be it further</p> <p>RESOLVED, That such guidance provide specific protocols used by Medicare auditors to allege a service is not reasonable and necessary based on the generation of an electronic health record (Directive to Take Action); and be it further</p> <p>RESOLVED, That such guidance provide specific protocols used by Medicare auditors to determine an electronic health record has evidence of cloning, or the use of templates and macros and is therefore determined to not be reasonable and necessary for the treatment of the medical condition (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA inform state and specialty societies about available AMA resources to assist physicians with audits of electronic health records and prominently feature on their website information about methods, resources, and technologies related to appeals of electronic health record audits and Medicare overpayment recoveries as a</p>	Recommended for reaffirmation Monitor/Support	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-b-annotated.pdf for exact language

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	members-only benefit. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.		
Resolution 207 Signatures for Diagnostic Laboratory Test Requisitions Creates Inefficiency, Increased Costs and Patient Safety Risks Introduced by: Michigan Delegation	RESOLVED, That our American Medical Association work with other medical societies, including the College of American Pathologists, American College of Physicians, American Academy of Family Physicians, American Society for Clinical Pathology, and American Clinical Laboratory Association, to maintain awareness of the proposed requirement for signatures for diagnostic laboratory test requisitions and its implications, as it may arise again in the future (Directive to Take Action); and be it further RESOLVED, That our AMA send a letter to the Centers for Medicare and Medicaid Services thanking them for retracting regulations requiring signatures for diagnostic laboratory test requisitions as being beneficial for patients and physicians. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.	Monitor	Not adopted
Resolution 208 Requiring Placement of Automated External Defibrillators in All Nursing Homes Introduced by: Medical Student Section	RESOLVED, That our American Medical Association support state legislation that mandates Automated External Defibrillator placement in all nursing homes as a condition of licensure. (New HOD Policy) Fiscal note: Modest - between \$1,000 - \$5,000.	Recommended for reaffirmation Monitor/Oppose (concern about "mandates")	Reaffirmed
Resolution 209 Addressing Safety and Regulation in Medical Spas Introduced by: Medical Student Section	RESOLVED, That our American Medical Association advocate for state regulation over medical spas to include a classification system of traditional salon treatments and medical procedures, with recommendations as to who may perform procedures based on the level of risk to the patient and requirements for practitioners to be licensed by an appropriate board of registration (Directive to Take Action); and be it further RESOLVED, That our AMA advocate that botulinum toxin injections be considered the practice of medicine (Directive to Take Action); and be it further RESOLVED, That our AMA take steps to increase the public awareness about the dangers of medical spas by encouraging the creation of formal complaint procedures and accountability measures within the Department of Health and Human Services in order to increase transparency. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.	Active Support of reference committee recommendation to refer	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i111-ref-comm-b-annotated.pdf for exact language
Resolution 210 Averting Antiretroviral Treatment Rationing in the United States –	RESOLVED, That our American Medical Association lobby the United States Congress to expand funding to ensure coverage for all current and future qualified individuals for the AIDS Drug Assistance Program. (Directive to Take Action)	Recommended for reaffirmation Monitor	Reaffirmed

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Strengthening the AIDS Drug Assistance Program Introduced by: Medical Student Section	Fiscal note: Minimal - less than \$1,000.		
Resolution 211 State Funding of Tobacco Prevention and Cessation Programs Introduced by: American College of Preventive Medicine	RESOLVED, That our American Medical Association work with state and local medical societies to formally request that state lawmakers allocate at least the Centers for Disease Control and Prevention-recommended minimum amount (14%) of the state's Tobacco Settlement Fund award annually to tobacco cessation and health care-related programs, and encourages society members and the public to demand this of their elected officials. (Directive to Take Action) Fiscal note: Minimal - less than \$1,000.	Recommended for reaffirmation Monitor	Reaffirmed
Resolution 212 Maintain CMS Inpatient Rehabilitation Classification Criteria at 60% Introduced by: American Academy of Physical Medicine and Rehabilitation American Association of Neuromuscular & Electrodiagnostic Medicine	RESOLVED, That our American Medical Association reaffirm existing AMA policy and support continuation of the compliance threshold for inpatient rehabilitation hospitals at its current level of 60 percent, and that the AMA strongly oppose any increase in the compliance threshold for inpatient rehabilitation hospitals. (New HOD Policy) Fiscal Note: Modest - between \$1,000 - \$5,000.	Recommended for reaffirmation Monitor	Adopted
Resolution 213 Opposition to Equalization of Payment Rates for Inpatient Rehabilitation Facilities and Skilled-Nursing Facilities Introduced by: American Academy of Physical Medicine and Rehabilitation American Association of Neuromuscular &	RESOLVED, That our American Medical Association oppose legislative or regulatory efforts to equalize payments for more medically complex rehabilitation patients with greater functional deficits, who require more intensive rehabilitation in an Inpatient Rehabilitation Facility, compared to less medically complex rehabilitation patients with fewer functional deficits, who require less intensive rehabilitation at a Skilled-Nursing Facility, regardless of their specific medical diagnosis. (New HOD Policy) Fiscal Note: Modest - between \$1,000 - \$5,000.	Monitor	Adopted

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Electrodiagnostic Medicine			
Resolution 214 Support Progress of Science by Addressing Travel Visa Problems Introduced by: American Thoracic Society	RESOLVED, That our American Medical Association send a letter to the US Department of State explaining the negative impact current visa practices is having on medical and scientific progress and urging policy changes that remove barriers in the business and travel visa process that prevent international physicians and scientists seeking to attend US-based medical and scientific conferences. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.	Monitor/Support	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-b-annotated.pdf for exact language
Resolution 215 Creating a Fair and Balanced Medicare and Medicaid RAC Program Introduced by: Mississippi	RESOLVED, That our American Medical Association continue to monitor Medicare and Medicaid RAC practices and recovery statistics and continue to encourage the Centers for Medicare and Medicaid Services (CMS) to adopt new regulations which will impose penalties against RACs for abusive practices (New HOD Policy); and be it further RESOLVED, That our AMA continue to encourage CMS to adopt new regulations which require physician review of all medical necessity cases in post-payment audits, as medical necessity is quintessentially a physician determination and judgment (Reaffirm HOD Policy); and be it further RESOLVED, That our AMA assist states by providing recommendations regarding state implementation of Medicaid RAC rules and regulations in order to lessen confusion among physicians and to ensure that states properly balance the interest in overpayment and underpayment audit corrections for Recovery Contractors. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.	Monitor/Support	Adopted
Resolution 216 Stop the Implementation of ICD-10 Introduced by: Alabama and Mississippi Delegations American Association of Clinical Urologists American Urological Association	RESOLVED, That our American Medical Association vigorously work to stop the implementation of ICD-10 and to reduce its unnecessary and significant burdens on the practice of medicine (Directive to Take Action); and be it further RESOLVED, That our AMA do everything possible to let the physicians of America know that the AMA is fighting to repeal the onerous ICD-10 requirements on their behalf. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.	Monitor	Substitute Resolution 216 adopted in lieu of Resolutions 216 and 224. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-b-annotated.pdf for exact language