MEMORIAL RESOLUTIONS ADOPTED UNANIMOUSLY

Angus M. McBryde, MD
Introduced by the Senior Physicians Section

WHEREAS, the untimely death of our Senior Physicians Section Chair-Elect profoundly shocked those of us who had come to know him; and

WHEREAS, Dr. Angus M. McBryde had exemplified uncommon personal and professional acumen in the many accomplishments that he demonstrated over the years: Collegiate track/Cross Country star with ultimate induction into the Davidson College Sports Hall of Fame; Senior Class President of his Duke Medical School; National Vice-President of the Student American Medical Association; U.S. Naval medical officer; residency in orthopedics at Duke Medical School; Alabama Sports Person of The Year; Chair of Department of Orthopedic Surgery at the University of South Carolina, and subsequently at the University of South Alabama; team doctor at various times for the South Carolina Gamecocks, the University of Alabama and Auburn University; Distinguished Southern Orthopedist; Distinguished Alumnus of Duke Medical School; team physician for the 1987 World Games in Yugoslavia, and for the U.S. National teams at the Seoul and Atlanta summer Olympics; and author of over seventy scholarly publications; and

WHEREAS, Dr. Angus McBryde had recently become Chair-Elect of our AMA Senior Physicians Section Governing Council; and

WHEREAS, Angus McBryde's many accomplishments were second only to his warm personality and friendly manner; and

WHEREAS, our Senior Physicians Section will sorely miss his contributions and leadership; now therefore be it

RESOLVED, that our American Medical Association House of Delegates recognize and commend his life of service to all who knew him; and be it further

RESOLVED, that a copy of this commendation be presented his widow, Kay.

Walter A. Reiling, Jr., MD
Introduced by Ohio

Whereas, Walter A. Reiling, Jr., MD, FACS, passed away on October 25, 2016; and

Whereas, Dr. Reiling practiced medicine for fifty plus years after attending Harvard University Medical School and completing his surgical training at the Harvard surgical service at Boston City Hospital; and during those five decades he provided exemplary care to his patients and served in every leadership position in the Montgomery County Medical Society and the Ohio State Medical Association; and

Whereas, Dr. Reiling joined the OSMA Delegation to the AMA in 1987 and was elected delegate in 1993; he was ultimately elected chair of the OSMA Delegation, chaired the six state Great Lakes Coalition of the AMA HOD and he also served as a founding member of the OSMA and the AMA Organized Medical Staff Section serving on their boards and as Chair of both entities; and

Whereas, He was appointed by the Ohio governor as a member of the Ohio Board of Regents, the controlling authority of college and graduate education resources in Ohio, there he was a critical leader in the Board's investigation of trends in the health care provider workforce in Ohio; and

Whereas, Dr. Reiling was a critical thought leader who helped the OSMA confront multiple issues of health care delivery reform, including serving as chair of the OSMA Task Force on Health System Reform. His task force

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produced a breakthrough plan to increase physician involvement and patient responsibility in the delivery of alternative health care delivery systems; and

Whereas, The OSMA presented Walter A. Reiling Jr. MD, FACS, with the OSMA Distinguished Service Citation in April 2016, with the heartfelt thanks for his decades of leadership; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize Dr. Reiling for outstanding service to the profession of medicine and his patients; and be it further

RESOLVED, That our AMA House of Delegates extend its deepest sympathy to the family members of Walter A. Reiling, Jr., MD, FACS.

Chad Anthony Rubin, MD
Introduced by the American College of Surgeons

Whereas, Dr. Chad A. Rubin, MD, FACS, a Columbia, South Carolina general surgeon, passed away on July 3, 2016; and

Whereas, Dr. Rubin graduated from Southern Illinois Medical School, Springfield, IL; completed a surgical residency at Wake Forest Baptist Medical Center in Winston-Salem, North Carolina; and practiced surgery in Columbia, South Carolina, most recently at Providence Hospital; and

Whereas, Earlier this year, Providence Hospital inducted him into the prestigious Society of Saint Luke, recognizing him for his distinguished service; and

Whereas, During his extensive surgical career, he treasured his professional relationships with his physician colleagues, serving in leadership roles with the American College of Surgeons (long-time Member and Chair, General Surgery Coding and Reimbursement Committee; Governor, ACS Board of Governors; Member, Health Policy and Advocacy Group; Member, ACS SurgeonsPAC; Chair, Committee on Young Surgeons; and Delegate to the AMA Young Physicians Section and AMA House of Delegates); as well as the South Carolina Chapter of the ACS; and

Whereas, Dr. Rubin was highly respected and beloved as a compassionate surgeon and friend who demonstrated through his actions that his responsibility is to patients first; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize Doctor Chad A. Rubin for outstanding service to the profession of surgery and his patients; and be it further

RESOLVED, That our AMA House of Delegates extend its deepest sympathy to the family members of Chad A. Rubin, MD, FACS.

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RESOLUTIONS

Note: Testimony on each item is summarized in the reference committee reports. Items considered on the reaffirmation calendar do not appear in the reference committee reports and were handled as part of the Committee on Rules and Credentials Supplementary Report on Sunday, Nov. 13. The following resolutions were handled on the reaffirmation calendar: 801, 819, 921, 922 and 923.

1. SUPPORT FOR THE DECRIMINALIZATION AND TREATMENT OF SUICIDE ATTEMPTS AMONGST MILITARY PERSONNEL
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: POLICIES H-60.937, H-65.965, H-510.988, D-345.994 AND D-510.996 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association support efforts to decriminalize suicide attempts in the military; and be it further

RESOLVED, That our AMA support efforts to provide treatment for survivors of suicide attempt in lieu of punishment in the military.

2. LIVING ORGAN DONATION AT THE TIME OF IMMINENT DEATH
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: POLICIES H-370.959, H-370.961, H-370.964 AND D-370.964 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association study the implications of the removal of barriers to living organ donation at the time of imminent death.

3. STUDY OF THE CURRENT USES AND ETHICAL IMPLICATIONS OF EXPANDED ACCESS PROGRAMS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-460.967

RESOLVED, That our American Medical Association study the implementation of expanded access programs, accelerated approval mechanisms, and payment reform models meant to increase access to investigational therapies, including programs for infants and children; and be it further

RESOLVED, That our AMA study the ethics of expanded access programs, accelerated approval mechanisms, and payment reform models meant to increase access to investigational therapies, including programs for infants and children.

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4. ADDRESSING PATIENT SPIRITUALITY IN MEDICINE
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-160.900

RESOLVED, That our American Medical Association recognize the importance of individual patient spirituality and its impact on health; and be it further

RESOLVED, That our AMA encourage patient access to spiritual care services.

5. NO COMPROMISE ON ANTI-FEMALE GENITAL MUTILATION POLICY
Introduced by M. Zuhdi Jasser, MD, Delegate

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association reaffirm its policy against female genital mutilation (FGM); and be it further

RESOLVED, That, due to the public debate in 2016 over whether the medical community sanctions a proposed 'nicking procedure,' our AMA must further clarify its current position on FGM to explicitly state that our AMA condemns any and all ritual procedures including, but not limited to, 'nicking' or 'genital alteration' procedures done to the genitals of women and girls; and be it further

RESOLVED, That our AMA, on behalf of the medical community, actively advocate against the practice of FGM in all its forms (including the recently proposed 'nicking' and 'alteration' procedures) and effectively add the voice of America's physicians to the voices of many anti-FGM human rights activists and their organizations which advocate for the survivors and victims of FGM; and be it further

RESOLVED, That our AMA partner in this public advocacy with reputable anti-FGM activists and survivors including, but not limited to, Jaha Dukureh of the Tahirih Justice Center, Waris Dirie of Desert Flower Foundation, Layla Hussein of the Maya Center and the Dahlia Project, and Nimco Ali of the Daughters of Eve or Safe Hands for Girls to name a few; and be it further

RESOLVED, That our AMA educate its membership and the American public about the harm of FGM prominently through its website and provide resources about the ethics and medical harm of any and all forms of FGM.

6. EFFECTIVE PEER REVIEW
Introduced by Washington

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-375.987

RESOLVED, That our American Medical Association study the current environment for effective peer review, on both a federal and state basis, in order to update its current policy to include strategies for promoting effective peer review by physicians and to consider a national strategy for protecting all physicians from retaliation as a result from participating in effective peer review.

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7. FAIR PROCESS FOR EMPLOYED PHYSICIANS
Introduced by Washington

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-435/942

RESOLVED, That our American Medical Association support whistleblower protections for health care professionals and parties who raise questions that include, but are not limited to, issues of quality, safety, and efficacy of health care and are adversely treated by any health care organization or entity; and be it further

RESOLVED, That our AMA advocate for protection in medical staff bylaws to minimize negative repercussions for physicians who report problems within their workplace.

8. BLOOD DONOR DEFERRAL CRITERIA REVISIONS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-50.972 and H-50.973

RESOLVED, That our American Medical Association amend Policy H-50.973 by addition and deletion to read as follows:

> Blood Donor Deferral Criteria H-50.973
> Our AMA: (1) supports the use of rational, scientifically-based blood and tissue donation deferral periods that are fairly and consistently applied to donors according to their ~~level of~~ individual risk; ~~and~~ (2) opposes all policies ~~the current lifetime~~ on deferral ~~on~~ of blood and tissue donations ~~from men who have sex with men~~ that are not based on the scientific literature; and (3) supports research into individual risk assessment criteria for blood donation.

RESOLVED, That our AMA advocate for the elimination of current deferral policy and ask the Food and Drug Administration to develop recommendations for individual risk assessment during the public commentary period.

201. REMOVING RESTRICTIONS ON FEDERAL FUNDING FOR FIREARM VIOLENCE RESEARCH
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy D-145.994

RESOLVED, That our American Medical Association provide an informational report on recent and current organizational actions taken on our existing AMA policies (e.g. H-145.997) regarding removing the restrictions on federal funding for firearms violence research, with additional recommendations on any ongoing or proposed upcoming actions.

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202. INCLUSION OF SEXUAL ORIENTATION AND GENDER IDENTITY INFORMATION IN ELECTRONIC HEALTH RECORDS
Introduced by Resident and Fellow Section

Resolution 202 was considered with Resolution 212. See Resolution 212.

RESOLVED, That our American Medical Association advocate for inclusion of sexual orientation and gender in electronic health records (EHRs).

203. UNIVERSAL PRESCRIBER ACCESS TO PRESCRIPTION DRUG MONITORING PROGRAMS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy H-95.927

RESOLVED, That our American Medical Association support legislation and regulatory action that would authorize all prescribers of controlled substances, including residents, to have access to their state prescription drug monitoring program.

204. SEAMLESS CONVERSION OF MEDICARE ADVANTAGE PROGRAMS
Introduced by New York

Resolution 204 was considered with Resolutions 210 and 216. See Resolution 216.

RESOLVED, That our American Medical Association collaborate with senior groups, including AARP, to raise awareness among physicians and seniors regarding the implications of the practice of "seamless conversion"; and be it further

RESOLVED, That our AMA immediately begin to advocate with Congress and the Centers for Medicare and Medicaid Services to implement an immediate moratorium on the practice of seamless conversion.

205. PROTECTING PATIENT ACCESS TO HEALTH INSURANCE COVERAGE, PHYSICIANS AND QUALITY HEALTH CARE

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ALTERNATIVE RESOLUTION 205 ADOPTED IN LIEU OF RESOLUTIONS 205, 209, 223, 224 AND 226
See Policy D-165.935

RESOLVED, That our American Medical Association actively engage the new Administration and Congress in discussions about the future of health care reform, in collaboration with state and specialty medical societies, emphasizing our AMA's extensive body of policy on health system reform; and be it further

RESOLVED, That our AMA craft a strong public statement for immediate and broad release, articulating the priorities and firm commitment to our current AMA policies and our dedication in the development of comprehensive health care reform that continues and improves access to care for all patients; and be it further

RESOLVED, That our AMA Board of Trustees report back to our AMA House of Delegates at the 2017 Annual Meeting.

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206. ADVOCACY AND STUDIES ON AFFORDABLE CARE ACT SECTION 1332 (STATE INNOVATION WAIVERS)
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association advocate that the "deficit-neutrality" component of the current HHS rule for Section 1332 waiver qualification be considered only on long-term, aggregate cost savings of states' innovations as opposed to having costs during any particular year, including in initial "investment" years of a program, reduce the ultimate likelihood of waiver approval; and be it further

RESOLVED, That our AMA study reforms that can be introduced under Section 1332 of the Affordable Care Act in isolation and/or in combination with other federal waivers to improve healthcare benefits, access and affordability for the benefit of patients, healthcare providers and states, and encourages state societies to do the same.

207. LIMITATION ON REPORTS BY INSURANCE CARRIERS TO THE NATIONAL PRACTITIONER DATA BANK UNRELATED TO PATIENT CARE
Introduced by New Jersey

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association formally request that the Health Resources and Services Administration (HRSA) clarify that reports of medical malpractice settlements by physicians are contingent upon treatment, the provision of or failure to provide healthcare services, of the plaintiff; and be it further

RESOLVED, That our AMA formally request that HRSA audit the National Practitioner Data Bank (NPDB) for reports on physicians who were not involved in the treatment of a plaintiff, but were reported as a result of a healthcare entity's settlement of a claim that included the name of the physician in his/her administrative role at the entity; and be it further

RESOLVED, That HRSA should be compelled to remove the name of any physician from the NPDB who was reported by a medical malpractice carrier as the result of the settlement of a claim by a healthcare entity where the physician was not involved in the treatment of the plaintiff.

208. MIPS AND MACRA EXEMPTIONS
Introduced by Indiana

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-390.838

RESOLVED, That our American Medical Association advocate for an exemption from the Merit-Based Incentive Payment System (MIPS) and Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) for small practices.

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209. AFFORDABLE CARE ACT REVISIT
Introduced by Indiana

Resolution 209 was considered with Resolutions 205, 223, 224 and 226. See Resolution 205.

RESOLVED, That our American Medical Association House of Delegates no longer support the Affordable Care Act (ACA) in its current form and to work for replacement or substantial revision of the act to include these changes:

- Allowing health insurance to be sold across state lines
- Allowing all businesses to self-insure and to purchase insurance through business health plans or association health plans
- Improving the individual mandate with a refundable tax credit that would be used to purchase health insurance
- Improving health-related savings accounts so as to help ACA insureds afford their higher deductibles and co-pays
- Reversing cuts to traditional Medicare and Medicare Advantage programs
- Encouraging states to develop alternatives to Medicaid by using federal funds granted under provisions of the ACA
- Eliminating all exemptions, loopholes, discounts, subsidies and other schemes to be fair to those who cannot access such breaks in their insurance costs; and be it further

RESOLVED, That our AMA maintain the following provisions to the ACA if it is replaced:

- Full coverage of preventive services
- Family insurance coverage of children living in a household until age 26
- Elimination of lifetime benefit caps
- Guaranteed insurability

210. AUTOMATIC ENROLLMENT INTO MEDICARE ADVANTAGE
Introduced by Indiana

Resolution 210 was considered with Resolutions 204 and 216. See Resolution 216.

RESOLVED, That our American Medical Association work to make seamless conversion enrollment into a Medicare Advantage Plan an opt-in rather than an opt-out process.

211. ELECTRONIC HEALTH RECORDS
Introduced by Indiana

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: POLICY D-478.982 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association support federal legislation that will replace current meaningful use with common sense meaningful use developed by the medical profession that is user friendly and practical.

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212. PROMOTING INCLUSIVE GENDER, SEX, AND SEXUAL ORIENTATION OPTIONS ON MEDICAL DOCUMENTATION
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 202
See Policy H-315.967

RESOLVED, That our American Medical Association support the voluntary inclusion of a patient's biological sex, current gender identity, sexual orientation, and preferred gender pronoun(s) in medical documentation and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner; and be it further

RESOLVED, That our AMA advocate for collection of patient data that is inclusive of sexual orientation/gender identity for the purposes of research into patient health.

213. SOAP NOTES AND CHIEF COMPLAINT
Introduced by Michigan

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: POLICY D-320.991 AMENDED TO READ AS FOLLOWS IN LIEU OF RESOLUTION 213

RESOLVED, That our American Medical Association amend AMA Policy D-320.991, Creating a Fair and Balanced Medicare and Medicaid RAC Program, by addition to read as follows:

1. Our AMA will continue to monitor Medicare and Medicaid Recovery Audit Contractor (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.
2. Our AMA will 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.
3. Our AMA will encourage CMS to discontinue the denial of payments or imposition of negative action during an audit due to the absence of specific words in the chief complaint when the note provides adequate documentation of the reason for the visit and services rendered.
~~3.~~ 4. Our AMA will 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.
~~4.~~ 5. Our AMA will petition CMS to amend CMS' rules governing the use of extrapolation in the RAC audit process, so that the amended CMS rules conform to Section 1893 of the Social Security Act Subsection (f) (3) - Limitation on Use of Extrapolation; and insists that the amended rules state that when an RAC initially contacts a physician, the RAC is not permitted to use extrapolation to determine overpayment amounts to be recovered from that physician by recoupment, offset, or otherwise, unless (as per Section 1893 of the Social Security Act) the Secretary of Health and Human Services has already determined, before the RAC audit, either that (a) previous, routine pre- or post-payment audits of the physician's claims by the Medicare Administrative Contractor have found a sustained or high level of previous payment errors, or that (b) documented educational intervention has failed to correct those payment errors.
~~5.~~ 6. Our AMA, in coordination with other stakeholders such as the American Hospital Association, will seek to influence Congress to eliminate the current RAC system and ask CMS to consolidate its audit systems into a more balanced, transparent, and fair system, which does not increase administrative burdens on physicians.
~~6.~~ 7. Our AMA will: (A) seek to influence CMS and Congress to require that a physician, and not a lower level provider, review and approve any RAC claim against physicians or physician-decision making, (B) seek to influence CMS and Congress to allow physicians to be paid any denied claim if appropriate services are rendered, and (C) seek the enactment of fines, penalties and the recovery of costs incurred in defending against

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RACs whenever an appeal against them is won in order to discourage inappropriate and illegitimate audit work by RACs.
~~7.~~ 8. Our AMA will advocate for penalties and interest to be imposed on the auditor and payable to the physician when a RAC audit or appeal for a claim has been found in favor of the physician.

214. FIREARM-RELATED INJURY AND DEATH: ADOPT A CALL TO ACTION
Introduced by Michigan

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy H-145.973

RESOLVED, That our American Medical Association endorse the specific recommendations made by an interdisciplinary, inter-professional group of leaders from the American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians, American Congress of Obstetricians and Gynecologists, American College of Physicians, American College of Surgeons, American Psychiatric Association, American Public Health Association, and the American Bar Association in the publication "Firearm-Related Injury and Death in the United States: A Call to Action From 8 Health Professional Organizations and the American Bar Association," which is aimed at reducing the health and public health consequences of firearms and lobby for their adoption.

215. PARENTAL LEAVE
Introduced by Missouri

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-405.954

RESOLVED, That our American Medical Association encourage the study of the health implications among patients if the United States were to modify one or more of the following aspects of the Family and Medical Leave Act (FMLA):
- a reduction in the number of employees from 50 employees;
- an increase in the number of covered weeks from 12 weeks; and
- creating a new benefit of paid parental leave; and be it further

RESOLVED, That our AMA study the effects of FMLA expansion on physicians in varied practice environments.

216. ENDING MEDICARE ADVANTAGE "AUTO-ENROLLMENT"
Introduced by Florida

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED IN LIEU OF RESOLUTIONS 204 AND 210
See Policy H-285.905

RESOLVED, The our American Medical Association work with the Centers for Medicare and Medicaid Services and/or Congress to end the procedure of "auto-enrollment" of individuals into Medicare Advantage Plans.

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217. THE RIGHTS OF PATIENTS, PROVIDERS AND FACILITIES TO CONTRACT FOR NON-COVERED SERVICES

Introduced by American Society of Ophthalmic Plastic and Reconstructive Surgery, American Academy of Ophthalmology, American Academy of Facial Plastic and Reconstructive Surgery, American Society for Aesthetic Plastic Surgery. American Society of Cataract and Refractive Surgery, American Society of Retinal Specialists

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policies H-385.909 and D-380.997

RESOLVED, That our American Medical Association reaffirm Policy D-380.997 and any other applicable policies; and be it further

RESOLVED, That our AMA engage in efforts to convince the CMS to rescind the CMS to abstain from in appropriate bundling in situations in which functional and aesthetic considerations should be considered separately; and be it further

RESOLVED, That our AMA actively oppose further regulations that would interfere with the rights of patients, providers, and facilities to privately contract for non-covered services.

218. SUPPORT FOR PRESCRIPTION DRUG MONITORING PROGRAMS

Introduced by American Academy of Orthopaedic Surgeons

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy H-95.929

RESOLVED, That our American Medical Association continue to encourage Congress to assure that the National All Schedules Prescription Electronic Reporting Act (NASPER) and/or similar programs be fully funded to allow state prescription drug monitoring programs (PDMPs) to remain viable and active; and be it further

RESOLVED, That our AMA work to assure that interstate operability of PDMPs in a manner that allows data to be easily accessed by physicians and does not place an onerous burden on their practices.

219. PROTECT INDIVIDUALIZED COMPOUNDING IN PHYSICIANS' OFFICES AS PRACTICE OF MEDICINE

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ALTERNATIVE RESOLUTION 219 ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 219
See Policy H-120.929

RESOLVED, That our American Medical Association advocate that the US Food and Drug Administration (FDA) remove physician offices and ambulatory surgery centers from its definition of a compounding facility.

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220. DISTRACTED DRIVER REDUCTION
Introduced by Georgia

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy D-15.993

RESOLVED, That our American Medical Association develop model state legislation to limit cell phone use to hands-free use only while driving.

221. ELECTRONIC MEDICAL RECORDS RECOVERY FEES
Introduced by Georgia

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: POLICY D-478.972 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association work to create legislation to be introduced to the US Congress that would eliminate the costs to physicians associated with recovering patient health care records from a previous electronic medical records (EMRs) vendor, when they upgrade to a new EMR vendor.

222. PROHIBITION OF CLINICAL DATA BLOCKING
Introduced by New Mexico

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-478.984

RESOLVED, That our American Medical Association advocate for the adoption of federal and state legislation and regulations to prohibit health care organizations and networks from blocking the electronic availability of clinical data to non-affiliated physicians who participate in the care of shared patients, thereby interfering with the provision of optimal, safe and timely care.

223. EMERGENCY POST ELECTION SUPPORT FOR PRINCIPLES OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT
Introduced by Young Physicians Section

Resolution 223 was considered with Resolutions 205, 209, 224 and 226. See Resolution 205.

RESOLVED, That our American Medical Association make a public statement that any health care reform legislation considered by Congress ensure continued improvement in patient access to care and patient health insurance coverage by maintaining:

1) Guaranteed insurability, including those with pre-existing conditions, without medical underwriting,
2) Income-dependent tax credits to subsidize private health insurance for eligible patients,
3) Federal funding for the expansion of Medicaid to 138% of the federal poverty level in states willing to accept expansion, as per current AMA policy (D-290.979),
4) Maintaining dependents on family insurance plans until the age of 26,
5) Coverage for preventive health services,
6) Medical loss ratios set at no less than 85% to protect patients from excessive insurance costs.

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224. PROTECTING PATIENT ACCESS TO HEALTH INSURANCE AND AFFORDABLE CARE
Introduced by Medical Student Section

Resolution 224 was considered with Resolutions 205, 209, 223 and 226. See Resolution 205.

RESOLVED, That our American Medical Association advocate that any health care reform legislation considered by Congress ensures continued improvement in patient access to care and patient health insurance coverage by maintaining: (1) Guaranteed insurability, including those with pre-existing conditions, without medical underwriting, (2) Income-dependent tax credits to subsidize private health insurance for eligible patients, (3) Federal funding for the expansion of Medicaid to 138% of the federal poverty level in states willing to accept expansion, as per current AMA policy (D-290.979), (4) Maintaining dependents on family insurance plans until the age of 26, (5) Coverage for preventive health services, (6) Medical loss ratios set at no less than 85% to protect patients from excessive insurance costs; and (7) Coverage for mental health and substance use disorder services at parity with medical and surgical benefits.

225. LIMITATIONS ON REPORTS BY INSURANCE CARRIERS TO THE NATIONAL PRACTITIONER DATA BANK UNRELATED TO PATIENT CARE
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy D-355.996

RESOLVED, That our American Medical Association seek legislation and/or regulation that would require the Health Resources and Services Administration (HRSA) to clarify that reports to the National Practitioner Data Bank (NPDB) of medical malpractice settlements by physicians be limited to those cases in which the named physician was directly involved in the provision of or failure to provide healthcare services; and be it further

RESOLVED, That our AMA seek legislation and/or regulation that would require HRSA to audit the NPDB for reports on physicians who were not involved in the treatment of a plaintiff, but were reported as a result of a healthcare entity's settlement of a claim that included the names of those physicians in their administrative roles at the entity; and be it further

RESOLVED, That our AMA seek legislation and/or regulation that would require HRSA to remove reports from the NPDB of any physician who was reported as the result of the settlement of a claim by a healthcare entity where the physician was not involved in the treatment of the plaintiff; and be it further

RESOLVED, That our AMA provide a report to the House of Delegates at the 2017 Interim Meeting regarding our AMA's interactions with HRSA and detailing the actions taken or planned by HRSA to eliminate inappropriate reporting of physicians to the NPDB.

226. CONTINUING AMA ADVOCACY ON THE PATIENT PROTECTION AND AFFORDABLE CARE ACT
Introduced by Organized Medical Staff Section

Resolution 226 was considered with Resolutions 205, 209, 223 and 224. See Resolution 205.

RESOLVED, That our American Medical Association actively and in a timely manner engage the new Administration in discussions about the future of the Patient Protection and Affordable Care Act, emphasizing the AMA's body of policy on health system reform.

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301. IMPROVING RESIDENCY TRAINING IN THE TREATMENT OF OPIOID DEPENDENCE
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE
See Policy H-310.906

RESOLVED, That our American Medical Association encourage the expansion of residency and fellowship training opportunities to provide clinical experience in the treatment of opioid use disorders, under the supervision of an appropriately trained physician; and be it further

RESOLVED, That our AMA support additional funding to overcome the financial barriers that exist for trainees seeking clinical experience in the treatment of opioid use disorders.

302. PROTECTING TRAINEES' BREASTFEEDING RIGHTS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE
See Policy D-310.950

RESOLVED, That our American Medical Association work with appropriate bodies, such as the Accreditation Council for Graduate Medical Education (ACGME) and the Liaison Committee on Medical Education (LCME), to include language in housestaff manuals or similar policy references of all training programs regarding protected times and locations for milk expression and secure storage of breast milk; and be it further

RESOLVED, That our AMA work with appropriate bodies, such as the Liaison Committee on Medical Education (LCME), Accreditation Council for Graduate Medical Education (ACGME), and Association of American Medical Colleges (AAMC), to include language related to the learning and work environments for breastfeeding mothers in regular program reviews.

303. PRIMARY CARE AND MENTAL HEALTH TRAINING IN RESIDENCY
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-345.984

RESOLVED, That our American Medical Association advocate for the incorporation of integrated services for general medical care, mental health care, and substance use disorder care into existing psychiatry, addiction medicine and primary care training programs' clinical settings; and be it further

RESOLVED, That our AMA encourage graduate medical education programs in primary care, psychiatry and addiction medicine to create and expand opportunities for residents and fellows to obtain clinical experience working in an integrated behavioral health and primary care model, such as the collaborative care model; and be it further

RESOLVED, That our AMA advocate for appropriate reimbursement to support the practice of integrated physical and mental health care in clinical care settings.

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304. IMPROVING CULTURAL COMPETENCY TRAINING OPPORTUNITIES
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee C.

**HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE**
See Policy H-295.897

RESOLVED, That our American Medical Association encourage training opportunities for students and residents, as members of the physician-led team, to learn cultural competency from community health workers, when this exposure can be integrated into existing rotation and service assignments.

305. PRIVACY, PERSONAL USE AND FUNDING OF MOBILE DEVICES
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-480.972

RESOLVED, That our American Medical Association encourage further research integrating mobile devices into clinical care, particularly to address challenges of reducing work burden while maintaining clinical autonomy for residents and fellows; and be it further

RESOLVED, That our AMA collaborate with the Liaison Committee on Medical Education and Accreditation Council for Graduate Medical Education to develop germane policies, especially with consideration of potential financial burden and personal privacy of trainees, to ensure more uniform regulation for use of mobile devices in medical education and clinical training; and be it further

RESOLVED, That our AMA encourage medical schools and residency programs to educate all trainees on proper hygiene and professional guidelines for using personal mobile devices in clinical environments.

306. FORMAL LEADERSHIP TRAINING DURING MEDICAL EDUCATION
Introduced by International Medical Graduates Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-295.316

RESOLVED, That our American Medical Association advocate for and support the creation of leadership programs and curricula that emphasize experiential and active learning models to include knowledge, skills and management techniques integral to leading interprofessional team care, in the spirit of the AMA's Accelerating Change in Medical Education initiative; and be it further

RESOLVED, That our AMA advocate with the Liaison Committee for Medical Education, Association of American Medical Colleges and other governing bodies responsible for the education of future physicians to implement programs early in medical training to promote the development of leadership capabilities.

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307. RESTRICTIONS ON THE USE OF MAINTENANCE OF CERTIFICATION

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ALTERNATIVE RESOLUTION 307 ADOPTED AS FOLLOWS IN LIEU OF RESOLUTIONS 307 AND 311
See Policies H-275.924 and D-275.954

RESOLVED, That our American Medical Association, through legislative, regulatory or collaborative efforts, work with interested state medical societies and other interested parties by creating model state legislation and model medical staff bylaws while advocating that Maintenance of Certification not be a requirement for: (1) medical staff membership, privileging, credentialing, or recredentialing; (2) insurance panel participation; or (3) state medical licensure; and be it further

RESOLVED, That our AMA amend Policy H-275.924, "Maintenance of Certification," Bullet 15, by addition and deletion to read as follows:

15. The MOC program should not be a mandated requirement for licensure, credentialing, recredentialing, privileging, reimbursement, network participation, ~~or~~ employment, or insurance panel participation.

308. PROMOTING AND REAFFIRMING DOMESTIC MEDICAL SCHOOL CLERKSHIP EDUCATION
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association pursue legislative and/or regulatory avenues that promote the regulation of the financial compensation which medical schools can provide for clerkship positions in order to facilitate fair competition amongst medical schools and prevent unnecessary increases in domestically-trained medical student debt; and be it further

RESOLVED, That our AMA support the expansion of partnerships of foreign medical schools with hospitals in regions which lack local medical schools in order to maximize the cumulative clerkship experience for all students; and be it further

RESOLVED, That our AMA reaffirm policies D-295.320, D-295.931, and D-295.937.

309. DEVELOPMENT OF ALTERNATIVE COMPETENCY ASSESSMENT MODELS
Introduced by Michigan

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-275.936

RESOLVED, That our American Medical Association amend AMA Policy H-275.936, Mechanisms to Measure Physician Competency, by addition and deletion to read as follows:

Our AMA (1) continues to work with the American Board of Medical Specialties and other relevant organizations to explore alternative evidence-based methods of determining ongoing clinical competency; (2) reviews and proposes improvements for assuring continued physician competence, including but not limited to performance indicators, board certification and recertification, professional experience, continuing medical education, and teaching experience; and ~~(2)~~(3) opposes the development and/or use of "Medical Competency Examination" and establishment of oversight boards for current state medical boards as proposed in the fall

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1998 Report on Professional Licensure of the Pew Health Professions Commission, as an additional measure of physician competency.

310. MAINTENANCE OF CERTIFICATION AND INSURANCE PLAN PARTICIPATION
Introduced by Michigan

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED
See Policy D-275.954

RESOLVED, That our American Medical Association increase its efforts to work with the insurance industry to ensure that maintenance of certification does not become a requirement for insurance panel participation.

311. PREVENT MAINTENANCE OF CERTIFICATION LICENSURE AND HOSPITAL PRIVILEGING REQUIREMENTS
Introduced by Michigan

Resolution 311 was considered with Resolution 307. See Resolution 307.

RESOLVED, That our American Medical Association, consistent with Policy H-275.924, vigorously advocate by legislation, regulation, or other appropriate activity to prevent the use of maintenance of certification as a licensing requirement in any state; and be it further

RESOLVED, That our AMA amend Policy H-275.924, "Maintenance of Certification," Bullet No. 15, by addition to read as follows:

15. The MOC program should not be a mandated requirement for licensure, credentialing, hospital privileging, reimbursement, network participation or employment.

312. ELIMINATING THE TAX LIABILITY FOR PAYMENT OF STUDENT LOANS
Introduced by Maryland

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-200.980

RESOLVED, That our American Medical Association support elimination of the tax liability when employers provide the funds to repay student loans for physicians who agree to work in an underserved area.

Resolution 601 was not considered.

602. EQUALITY
Introduced by Young Physicians Section

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: REFERRED

RESOLVED, That all future meetings and conferences organized and/or sponsored by our American Medical Association, not yet contracted, only be held in towns, cities, counties, and states that do not have discriminatory

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policies based on race, color, religion, ethnic origin, national origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age.

603. SUPPORT A STUDY ON THE MINIMUM COMPETENCIES AND SCOPE OF MEDICAL SCRIBE UTILIZATION
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-478.976

RESOLVED, That our American Medical Association study medical scribe utilization in various health care settings.

604. OPPOSE PHYSICIAN GUN GAG RULE POLICY BY TAKING OUR AMA BUSINESS ELSEWHERE
Introduced by American Thoracic Society

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association adopt policy that bars our AMA from holding House of Delegates meetings in states that enact physician gun gag rule laws; and be it further

RESOLVED, That our AMA contact governors and convention bureaus of states that have enacted physician gun gag rules and inform them that our AMA will no longer hold House of Delegates meetings in their state, until the restrictive physician gun gag rule is repealed or struck down by the courts.

Resolution 605 was not considered.

606. PROMOTE TEEN HEALTH WEEK
Introduced by Pennsylvania

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: ADOPTED
See Policy D-620.989

RESOLVED, That our American Medical Association actively promote Teen Health Week 2017 and encourage state medical associations and specialty medical associations across the nation to join the initial efforts as originated in Pennsylvania, and encourage schools and other appropriate organizations to adopt, promote and participate in Teen Health Week; and be it further

RESOLVED, That our AMA actively advocate, through direct communication with the appropriate agencies and organizations, for the development of an annually recognized Teen Health Week.

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607. ANALYSIS OF AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) FINANCES
Introduced by Pennsylvania

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-620.988

RESOLVED, That our American Medical Association, prior to the end of December 2016, formally, directly and openly ask the American Board of Internal Medicine (ABIM) if they would allow an independent outside organization, representing ABIM physician stakeholders, to independently conduct an open audit of the finances of both the American Board of Internal Medicine (ABIM), a 501(c)(3) tax-exempt, non-profit organization, and its Foundation; and be it further

RESOLVED, That in its request, our AMA seek a formal and rapid reply from the ABIM so that issues of concern that currently exist between the ABIM and its Foundation and many members of the AMA and the physician community at large can be addressed in a timely, effective and efficient fashion; and be it further

RESOLVED, That our AMA share the response to this request, as well as the results of any subsequent analysis with our AMA House of Delegates and our membership at large as soon as it is available; and be it further

RESOLVED, That our AMA call on the American Board of Medical Specialties and its component specialty boards to provide the physicians of America with financial transparency, independent financial audits and enhanced mechanisms for communication with and feedback from their diplomate physicians.

801. INCREASING ACCESS TO MEDICAL DEVICES FOR INSULIN-DEPENDENT DIABETICS
Introduced by Medical Student Section

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-155.960, H-185.939 AND D-330.928 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association work with relevant stakeholders to encourage the development of plans for inclusion in the Medicare Advantage Value Based Insurance Design Model that reduce copayments/coinsurance for diabetes prevention, medication, supplies, and equipment including pumps and continuous glucose monitors, while adhering to the principles established in AMA Policy H 185.939, Value-Based Insurance Design.

802. ELIMINATING FAIL FIRST POLICY IN ADDICTION TREATMENT
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-320.941

RESOLVED, That our American Medical Association advocate for the elimination of the “fail first” policy implemented at times by some insurance companies and managed care organizations for addiction treatment.

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803. REDUCING PERIOPERATIVE OPIOID CONSUMPTION
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: POLICY D-120.947 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association encourage hospitals to adopt practices for the management of perioperative pain that include services dedicated to acute pain management and the use of multimodal analgesia strategies aimed at minimizing opioid administration without compromising adequate pain control during the perioperative period.

804. PARITY IN REPRODUCTIVE HEALTH INSURANCE COVERAGE FOR SAME-SEX COUPLES
Introduced by Young Physicians Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-185.926

RESOLVED, That our American Medical Association support insurance coverage for fertility treatments regardless of marital status or sexual orientation when insurance provides coverage for fertility treatments; and be it further

RESOLVED, That our AMA support local and state efforts to promote reproductive health insurance coverage regardless of marital status or sexual orientation when insurance provides coverage for fertility treatments.

805. HEALTH INSURANCE COMPANIES SHOULD COLLECT DEDUCTIBLE FROM PATIENTS AFTER FULL PAYMENTS TO PHYSICIANS
Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association seek federal and state legislation that requires health insurers to reimburse physicians the full negotiated payment rate for services to enrollees in high deductible plans and that the health insurers collect any patient financial responsibility, including deductibles and co-insurance, directly from the patient.

806. PHARMACEUTICAL INDUSTRY DRUG PRICING IS A PUBLIC HEALTH EMERGENCY
Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association request that the Secretary of Health and Human Services declare pharmaceutical drug pricing a public health emergency under section 319 of the Public Health Service Act and that the Secretary take appropriate actions in response to the emergency, including investigations into the cause, treatment, or prevention of egregious pharmaceutical drug pricing.

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807. PHARMACY USE OF MEDICATION DISCONTINUATION MESSAGING FUNCTION
Introduced by Kentucky

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED
See Policy H-120.928

RESOLVED, That our American Medical Association strongly encourage all software providers and those pharmaceutical dispensing organizations that create their own software to include the functionality to accept discontinuation message transmittals in their electronic prescribing software products; and be it further

RESOLVED, That our AMA strongly encourage all dispensing pharmacies accepting medication prescriptions electronically to activate the discontinuation message transmittal functionality in their electronic prescribing support software.

808. A STUDY ON THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) SURVEY AND HEALTHCARE DISPARITIES
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-450.954

RESOLVED, That our American Medical Association study the impact of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) on Medicare payments to hospitals serving vulnerable populations and on potential health care disparities.

809. ADDRESSING THE EXPLOITATION OF RESTRICTED DISTRIBUTION SYSTEMS BY PHARMACEUTICAL MANUFACTURERS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-100.950

RESOLVED, That our American Medical Association advocate with interested parties for legislative or regulatory measures that require prescription drug manufacturers to seek Food and Drug Administration and Federal Trade Commission approval before establishing a restricted distribution system; and be it further

RESOLVED, That our AMA support requiring pharmaceutical companies to allow for reasonable access to and purchase of appropriate quantities of approved out-of-patent drugs upon request to generic manufacturers seeking to perform bioequivalence assays; and be it further

RESOLVED, That our AMA advocate with interested parties for legislative or regulatory measures that expedite the FDA approval process for generic drugs, including but not limited to application review deadlines and generic priority review voucher programs.

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810. MEDICAL NECESSITY AND UTILIZATION REVIEW

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ALTERNATIVE RESOLUTION 810 ADOPTED IN LIEU OF RESOLUTION 810
See Policy H-320.942

RESOLVED, That our American Medical Association support efforts to ensure medical necessity and utilization review decisions are based on established and evidence-based clinical criteria to promote the most clinically appropriate care; and be it further

RESOLVED, That our AMA support efforts to ensure that medical necessity and utilization review decisions are based on assessment of preoperative symptomatology for macromastia without requirements for weight or volume resected during breast reduction surgery.

811. OPPOSITION TO CMS MANDATING TREATMENT EXPECTATIONS AND PRACTICING MEDICINE
Introduced by Texas

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association oppose CMS creating mandatory standards of care that may potentially harm patients, disrupt the patient-physician relationship, and fail to recognize the importance of appropriate physician assessment, evidence-based medicine and goal-directed care of individual patients; and be it further

RESOLVED, That our AMA communicate to hospitals that some CMS mandatory standards of care do not recognize appropriate physician treatment and may cause unnecessary harm to patients; and be it further

RESOLVED, That our AMA communicate to members, state and specialty societies, and the public the dangers of CMS' quality indicators potentially harming the patient-physician relationship.

812. ENACT RULES AND PAYMENT MECHANISMS TO ENCOURAGE APPROPRIATE HOSPICE AND PALLIATIVE CARE USAGE
Introduced by Michigan

Resolution 812 was considered with Council on Medical Service Report 4.
See Council on Medical Service Report 4.

RESOLVED, That our American Medical Association (AMA) amend existing AMA Policy H-85.955, Hospice Care, by addition and deletion to read as follows:

> Our AMA: (1) approves of the physician-directed hospice concept to enable the terminally ill to die in a more homelike environment than the usual hospital; and urges that this position be widely publicized in order to encourage extension and third party coverage of this provision for terminal care; (2) encourages physicians to be knowledgeable of patient eligibility criteria for hospice benefits and, realizing that prognostication is inexact, to make referrals based on their best clinical judgment; (3) supports modification of hospice regulations so that it will be reasonable for organizations to qualify as hospice programs under Medicare; (4) believes that each patient admitted to a hospice program should have his or her designated attending physician who, in order to provide continuity and quality patient care, is allowed and encouraged to continue to guide the care of the patient in the hospice program; (5) supports changes in Medicaid regulation and reimbursement of palliative care and hospice services to broaden eligibility criteria concerning the length of expected survival for pediatric

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patients and others, to allow provision of concurrent life-prolonging and palliative care, and to provide respite care for family care givers; ~~and~~ (6) advocates that the Centers for Medicare and Medicaid Services enact rules and payment mechanisms to encourage appropriate hospice and palliative care utilization for eligible patients; and (7) seeks amendment of the Medicare law to eliminate the six-month prognosis under the Medicare Hospice benefit and support identification of alternative criteria, meanwhile supporting extension of the prognosis requirement from 6 to 12 months as an interim measure.

813. PHYSICIAN PAYMENT FOR INFORMATION TECHNOLOGY COSTS
Introduced by American Academy of Pediatrics

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association assist in gathering and providing data that physicians can use to convince public and private payers that payment must cover the increasing information technology costs of physicians.

814. ADDRESSING DISCRIMINATORY HEALTH PLAN EXCLUSIONS OR PROBLEMATIC BENEFIT SUBSTITUTIONS FOR ESSENTIAL HEALTH BENEFITS UNDER THE AFFORDABLE CARE ACT

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ALTERNATIVE RESOLUTION 814 ADOPTED IN LIEU OF RESOLUTION 814
See Policies H-185.925 and D-185.981

RESOLVED, That our American Medical Association work with state medical societies to ensure that no health carrier or its designee may adopt or implement a benefit design that discriminates on the basis of health status, race, color, national origin, disability, age, sex, gender identity, sexual orientation, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions; and be it further

RESOLVED, That our AMA work with state medical societies to see that appropriate action is taken by state regulators when discrimination may exist in benefit designs; and be it further

RESOLVED, That our AMA support improvements to the essential health benefits benchmark plan selection process to ensure limits and exclusions do not impede access to health care and coverage; and be it further

RESOLVED, That our AMA encourage federal regulators to develop policy to prohibit essential health benefits substitutions that do not exist in a state's benchmark plan and the selective use of exclusions or arbitrary limits that prevent high-cost claims or that encourage high-cost enrollees to drop coverage; and be it further

RESOLVED, That our AMA encourage federal regulators to review current plans for discriminatory exclusions and submit any specific incidents of discrimination through an administrative complaint to Office for Civil Rights.

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815. PRESERVATION OF PHYSICIAN-PATIENT RELATIONSHIPS AND PROMOTION OF CONTINUITY OF PATIENT CARE
Introduced by Washington

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-160.901

RESOLVED, That our American Medical Association support policies that encourage the freedom of patients to choose the health care delivery system that best suits their needs and provides them with a choice of physicians; and be it further

RESOLVED, That our AMA support the freedom of choice of physicians to refer their patients to the physician practice or hospital that they think is most able to provide the best medical care when appropriate care is not available within a limited network of providers; and be it further

RESOLVED, That our AMA support policies that encourage patients to return to their established primary care provider after emergency department visits, hospitalization or specialty consultation.

816. SUPPORT FOR SEAMLESS PHYSICIAN CONTINUITY OF PATIENT CARE
Introduced by Senior Physicians Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association clearly support the concept of seamless continuity of care between hospital inpatient and outpatient care; and be it further

RESOLVED, That our AMA study whether there are instances of health insurers or HMO's precluding physicians via contracts from providing care to their patients in the in-patient setting for which the physician has clinical privileges.

817. BRAND AND GENERIC DRUG COSTS
Introduced by Georgia

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: POLICIES H-110.987, H-110.988, H-110.989, H-120.934, H-120.945, D-100.983 AND D-120.949 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association advocate for the following:

1) Investigate the purchasing of medications from outside the country with FDA guidance, on a temporary basis until availability in the U.S. improves;
2) Advocate to permit temporary compounding with FDA's guidance until medications are available;
3) Advocate to allow increased competition in the marketing of medications;
4) Advocate for participative pricing;
5) Advocate for accountability for outcomes; and
6) Advocate for increased regulation of the generic drug market.

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818. IMPROVING COMMUNICATIONS AMONG HEALTH CARE CLINICIANS
Introduced by Georgia

Resolution 818 was considered with Council on Medical Service Report 7.
See Council on Medical Service Report 7.

RESOLVED, That our American Medical Association, in association with the American Hospital Association, assess the national impact of communication barriers and their negative impact on direct patient care in the hospital and after discharge between physician-physician in the hospital, in-hospital and after discharge care, and physician-patients and report to our AMA House of Delegates by the 2017 Interim Meeting; and be it further

RESOLVED, That our AMA research and develop guidelines that physicians can initiate in their communities to improve communication between physician-physician in the hospital, hospital and after discharge care, and physician-patients and report to our AMA House of Delegates by the 2017 Interim Meeting.

819. NONPAYMENT FOR UNSPECIFIED CODES BY THIRD PARTY PAYERS
Introduced by Georgia

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-70.914 AND H-70.958 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association advocate to the Centers for Medicare & Medicaid Services and the America's Health Insurance Plans for insurance reform that would not penalize physicians and other health care practitioners financially or otherwise from using unspecified codes when appropriate.

820. RETROSPECTIVE PAYMENT DENIAL OF MEDICALLY APPROPRIATE STUDIES, PROCEDURES AND TESTING
Introduced by Pennsylvania

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED FOR REPORT AT THE 2017 ANNUAL MEETING

RESOLVED, That our American Medical Association advocate for legislation to require insurers' medical policies to reflect current evidence-based medically appropriate studies and treatments including those for rare and uncommon diseases; and be it further

RESOLVED, That our AMA advocate for legislation to require insurers to implement a streamlined process for exceptions for rare or uncommon disease states; and be it further

RESOLVED, That our AMA advocate for legislation to prohibit insurers from using medical coding as the sole justification to deny medical services and diagnostic or therapeutic testing.

Resolution 821 was not considered.

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901. DISCLOSURE OF SCREENING TEST RISK AND BENEFITS, PERFORMED WITHOUT A DOCTOR'S ORDER
Introduced by Virginia, American College of Radiology, Alabama, Georgia, Kentucky, District of Columbia, Mississippi, West Virginia, South Carolina

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association advocate that if a screening test is being marketed as having a medical benefit and is offered and performed by a wellness program vendor without a specific order by the individual's physician or other licensed provider, they must provide the patient with the test specific evidence based guidance that supports the utility of the test; and be it further

RESOLVED, That our AMA advocate that if the procedure is not supported by specific evidence based guidance as a screening test for that patient and the patient still would like the screening test, the Wellness Program Vendor must offer the patient the opportunity to discuss the risks, benefits, and alternatives with a physician licensed to practice medicine in the state in which the test is being performed; and be it further

RESOLVED, That our AMA engage with federal regulators on whether vendors of health and wellness programs are in compliance with regulations applicable to marketing to patients in view of the impact of such programs on patients; and be it further

RESOLVED, That, where possible, our AMA continue to work with state medical societies, interested medical specialty societies and state agencies to provide public education regarding appropriate use of vendor wellness programs.

902. OPPOSE RESTRICTIONS ON PUBLIC HEALTH RESEARCH
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

**HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE**
See Policy D-440.997

RESOLVED, That our American Medical Association recognize the importance of timely research and open discourse in combatting public health crises; and be it further

RESOLVED, That our AMA oppose efforts to restrict funding or suppress the findings of biomedical and public health research for political purposes.

903. PREVENTION OF NEWBORN FALLS IN HOSPITALS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED
See Policy H-245.967

RESOLVED, That our American Medical Association support implementation of newborn fall prevention plans and post-fall procedures through clinically proven, high-quality, and cost-effective approaches.

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904. IMPROVING MENTAL HEALTH SERVICES FOR UNDERGRADUATE AND GRADUATE STUDENTS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE
See Policy H-345.970

RESOLVED, That our American Medical Association support strategies that emphasize de-stigmatization and enable timely and affordable access to mental health services for undergraduate and graduate students, in order to improve the provision of care and increase its use by those in need; and be it further

RESOLVED, That our AMA support colleges and universities in emphasizing to undergraduate and graduate students and parents the importance, availability and efficacy of mental health resources; and be it further

RESOLVED, That our AMA support collaborations of university mental health specialists and local public or private practices and/or health centers in order to provide a larger pool of resources, such that any student is able to access care in a timely and affordable manner.

905. CHRONIC TRAUMATIC ENCEPHALOPATHY (CTE) AWARENESS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-470.954

RESOLVED, That our AMA support research into the detection, causes, and prevention of injuries along the continuum from subconcussive head impacts to conditions such as chronic traumatic encephalopathy (CTE).

906. UNIVERSAL COLOR SCHEME FOR RESPIRATORY INHALERS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association work with leading respiratory inhaler manufacturing companies and health agencies such as the Federal Drug Administration and the American Pharmacists Association to develop consensus of a universal color scheme for short-acting beta-2 agonist respiratory inhalers that are used as "rescue inhalers" in the United States; and be it further

RESOLVED, That our AMA work with leading respiratory inhaler manufacturing companies to ensure the universal color scheme for respiratory inhalers would allow for the least disruption possible to current inhaler colors, taking into account distribution of each brand and impact on current users if color were to change; and be it further

RESOLVED, That our AMA work with leading respiratory inhaler manufacturing companies to ensure that universal color scheme for respiratory inhalers be designed for adherence and sustainability, including governance for future companies entering the respiratory inhaler market, and reserving colors for possible new drug classes in the future.

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907. CLINICAL IMPLICATIONS AND POLICY CONSIDERATIONS OF CANNABIS USE
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association amend Policy H-95.998 by deletion to read as follows:

> AMA Policy Statement on Cannabis
> Our AMA believes that (1) cannabis is a dangerous drug and as such is a public health concern; (2) ~~sale of cannabis should not be legalized; (3)~~ public health based strategies, rather than incarceration, should be utilized in the handling of individuals possessing cannabis for personal use; and ~~(4)~~ (3) additional research should be encouraged.; and be it further

RESOLVED, That our AMA amend Policy D-95.976 by deletion to read as follows:

> Cannabis - Expanded AMA Advocacy
> 1. Our AMA will educate the media and legislators as to the health effects of cannabis use as elucidated in CSAPH Report 2, I-13, A Contemporary View of National Drug Control Policy, and CSAPH Report 3, I-09, Use of Cannabis for Medicinal Purposes, and as additional scientific evidence becomes available.
> 2. Our AMA urges legislatures to delay initiating full legalization of any cannabis product until further research is completed on the public health, medical, economic and social consequences of use of cannabis and, instead, support the expansion of such research.
> 3. Our AMA will also increase its efforts to educate the press, legislators and the public regarding its policy position that stresses a "public health", as contrasted with a "criminal," approach to cannabis.
> 4. Our AMA shall encourage model legislation that would require placing the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. ~~It has no scientifically proven, currently accepted medical use for preventing or treating any disease process in the United States.~~"

908. FAITH AND MENTAL HEALTH

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ALTERNATIVE RESOLUTION 908 ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 908
See Policy H-345.971

RESOLVED, That our American Medical Association support mental health and faith community partnerships that foster improved education and understanding regarding culturally competent, medically accepted, and scientifically proven methods of care for psychiatric and substance use disorders; and be it further

RESOLVED, That our AMA support better understanding on the part of mental health providers of the role of faith in mental health and addiction recovery for some individuals; and be it further

RESOLVED, That our AMA support efforts of mental health providers to create respectful, collaborative relationships with local religious leaders to improve access to scientifically sound mental health services.

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909. PROMOTING RETROSPECTIVE AND COHORT STUDIES ON PREGNANT WOMEN AND THEIR CHILDREN
Introduced by American Congress of Obstetricians and Gynecologists

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association recommend to the US Department of Health and Human Services that the Federal Policy for the Protection of Human Subjects, or "Common Rule", be updated to define pregnant women as "scientifically complex" rather than a "vulnerable population" for research purpose; and be it further

RESOLVED, That our AMA urge the federal government to prioritize clinical research and generation and dissemination of data, emphasizing retrospective and cohort studies, on common medications' effects on underlying medical conditions across the entire continuum from pregnancy through lactation and development to better inform prescribing; and be it further

RESOLVED, That our AMA support federal legislation to 1) establish an interagency taskforce within the Department of Health and Human Services to improve federal interagency and key stakeholder communication, coordination and collaboration to advance research on medications in pregnancy and breastfeeding, and 2) to require the United States Food and Drug Administration to provide regular reports to Congress tracking the inclusion of pregnant and breastfeeding women in clinical trials.

910. DISPARITIES IN PUBLIC EDUCATION AS A CRISIS IN PUBLIC HEALTH AND CIVIL RIGHTS
Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-60.917

RESOLVED, That our American Medical Association consider continued educational disparities based on ethnicity, race and economic status a detriment to the health of the nation; and be it further

RESOLVED, That our AMA issue a call to action to all educational private and public stakeholders to come together to organize and examine, and using any and all available scientific evidence, to propose strategies, regulation and/or legislation to further the access of all children to a quality public education, including early childhood education, as one of the great unmet health and civil rights challenges of the 21st century; and be it further

RESOLVED, That our AMA acknowledge the role of early childhood brain development in persistent educational and health disparities and encourage public and private stakeholders to work to strengthen and expand programs to support optimal early childhood brain development and school readiness.

911. IMPORTANCE OF ORAL HEALTH IN PATIENT CARE
Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE
See Policy D-160.925

RESOLVED, That our American Medical Association recognize the importance of a) managing oral health and b) access to dental care as a part of optimal patient care; and be it further

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RESOLVED, That our AMA explore opportunities for collaboration with the American Dental Association on a comprehensive strategy for improving oral health care and education for clinicians.

912. NEUROPATHIC PAIN RECOGNIZED AS A DISEASE
Introduced by American Academy of Pain Medicine

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association recognize neuropathic pain as a disease state with multiple pathophysiological aspects requiring a range of interventions to advance neuropathic pain treatment and prevention.

913. IMPROVING GENETIC TESTING AND COUNSELING SERVICES
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE
See Policy H-480.944

RESOLVED, That our American Medical Association support appropriate utilization of genetic testing, pre- and post-test counseling for patients undergoing genetic testing, and physician preparedness in counseling patients or referring them to qualified genetics specialists; and be it further

RESOLVED, That our AMA support the development and dissemination of guidelines for best practice standards concerning pre- and post-test genetic counseling; and be it further

RESOLVED, That our AMA support research and open discourse concerning issues in medical genetics, including genetic specialist workforce levels, physician preparedness in the provision of genetic testing and counseling services, and impact of genetic testing and counseling on patient care and outcomes.

914. NEEDLE / SYRINGE DISPOSAL
Introduced by Indiana

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICY H-95.958 AMENDED TO READ AS FOLLOWS
IN LIEU OF RESOLUTION 914
AND POLICY H-95.942 REAFFIRMED

Syringe and Needle Exchange Programs
Our AMA: (1) encourages all communities to establish needle exchange programs and physicians to refer their patients to such programs; (2) will initiate and support legislation providing funding for needle exchange programs for injecting drug users; and (3) strongly encourages state medical associations to initiate state legislation modifying drug paraphernalia laws so that injection drug users can purchase and possess needles and syringes without a prescription and needle exchange program employees are protected from prosecution for disseminating syringes.

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915. WOMEN AND ALZHEIMER'S DISEASE
Introduced by Women Physicians Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
AND POLICY H-25.991 REAFFIRMED
See Policy H-25.991

RESOLVED, That our American Medical Association support increased awareness of the sex and gender differences in incidence and etiology of Alzheimer's disease and related dementias; and be it further

RESOLVED, That our AMA encourage increased enrollment in clinical trials of appropriate patients with Alzheimer's disease and related dementias, and their families, to better identify sex-differences in incidence and progression and to advance a treatment and cure of Alzheimer's disease and related dementias.

916. WOMEN AND PRE-EXPOSURE PROPHYLAXIS (PREP)
Introduced by Women Physicians Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICY H-20.895 AMENDED TO READ AS FOLLOWS
IN LIEU OF RESOLUTION 916
AND POLICIES H-20.904 AND H-20.922 REAFFIRMED

Pre-Exposure Prophylaxis for HIV
1. Our AMA will educate physicians and the public about the effective use of pre-exposure prophylaxis for HIV, including use in women and minority populations, and the US PrEP Clinical Practice Guidelines.
2. Our AMA supports the coverage of PrEP in all clinically appropriate circumstances.

917. YOUTH INCARCERATION IN ADULT FACILITIES

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ALTERNATIVE RESOLUTION 917 ADOPTED AS FOLLOWS
IN LIEU OF RESOLUTION 917
AND POLICIES H-60.919, H-60.922 AND H-60.986 REAFFIRMED
See Policy H-60.916

RESOLVED, That our American Medical Association support, with respect to juveniles (under 18 years of age) detained or incarcerated in any criminal justice facilities: 1) early intervention and rehabilitation services, 2) appropriate guidelines for parole, and 3) fairness in the expungement and sealing of records; and be it further

RESOLVED, That our AMA oppose the detention and incarceration of juveniles (under 18 years of age) in adult criminal justice facilities.

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918. ENSURING CANCER PATIENT ACCESS TO PAIN MEDICATION
Introduced by American Society of Clinical Oncology

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policies H-120.943 and D-120.947

RESOLVED, That our American Medical Association Policy D-120.947, A More Uniform Approach to Assessing and Treating Patients with Controlled Substances for Pain Relief, be amended by addition as follows:

3. Our AMA will work diligently with the Centers for Disease Control and Prevention and other regulatory agencies to provide increased leeway in the interpretation of the new guidelines for appropriate prescription of opioid medications in long-term care facilities and in the care of patients with cancer and cancer-related pain, in much the same way as is being done for hospice and palliative care.

RESOLVED, That our AMA advocate and support advocacy at the state and federal levels against arbitrary prescription limits that restrict access to medically necessary treatment by limiting the dose, amount or days of the first or subsequent prescription for patients with pain related to a cancer or terminal diagnosis.

919. COAL-TAR-BASED SEALCOAT THREAT TO HUMAN HEALTH AND THE ENVIRONMENT
Introduced by Michigan

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-135.970

RESOLVED, That our American Medical Association advocate for legislation to ban the use of pavement sealcoats that contain polycyclic aromatic hydrocarbons (PAH) or requires use of sealcoat products that contain minimal PAH.

920. HAPTENATION AND HYPERSENSITIVITY DISORDERS COMMUNICATION
Introduced by Michigan

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association re-engage its communication efforts to make physicians aware of the process of haptenation and sensitization and their multiple ramifications, as well as to help physicians teach patients methods to avoid exposure to haptens, and to help physicians include chemical sensitivity in the differential diagnosis, take a history focused on exposures to toxins and symptoms related to known toxins and testing.

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921. RAISE THE MINIMUM AGE OF LEGAL ACCESS TO TOBACCO TO 21 YEARS
Introduced by Michigan

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY H-495.986 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED: That our American Medical Association reaffirm its support for raising the minimum age of legal access to tobacco products to 21 years.

922. RESPONSIBLE PARENTING AND ACCESS TO FAMILY PLANNING
Introduced by Michigan

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY H-75.987 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association reaffirm its commitment to work with all of the national medical societies and other interested organizations involved in women’s health care to ensure the education of women on the proper use of Food and Drug Administration-approved methods of family planning and assure that reproductive counseling is accessible and appropriately funded.

923. REVERSE ONUS IN THE MANUFACTURE AND USE OF CHEMICALS
Introduced by Michigan

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-135.942, H-135.956, H-135.973, D-135.976 AND D-135.987 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association reaffirm its commitment to encourage the Environmental Protection Agency to do the following:

- Adopt and advocate policies that prevent avoidable harm to the environment and human health by placing the burden of proof, where there is scientific evidence of harm, for the safety of chemicals on those manufacturing, handling, importing, or proposing to introduce into commerce such chemicals prior to their use;
- Adopt and advocate policies based on the precautionary principle where there is scientific evidence of harm, which holds that when an activity raises threats of harm to human health or the environment, precautionary measures should be taken;
- Ensure the burden of proof should be on the user or producer of a hazardous chemical or product to convince government authorities that the product does not deserve to be restricted and that it is the least damaging alternative available; and,
- Adopt policies discouraging use of substances that are persistent and liable to bio-accumulate and advocate adoption of federal laws and policies that ban the use of such substances.

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924. AMA ADVOCACY FOR ENVIRONMENTAL SUSTAINABILITY AND CLIMATE
Introduced by American Association of Public Health Physicians

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-135.923

RESOLVED, That our American Medical Association support initiatives to promote environmental sustainability and other efforts to halt global climate change; and be it further

RESOLVED, That our AMA incorporate principles of environmental sustainability within its business operations; and be it further

RESOLVED, That our AMA support physicians in adopting programs for environmental sustainability in their practices and to help physicians to share these concepts with their patients and with their communities.

925. GRAPHIC WARNING LABEL ON ALL CIGARETTE PACKAGES
Introduced by American College of Cardiology, Heart Rhythm Society
American Society of Echocardiography

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICY H-495.989 AMENDED TO READ AS FOLLOWS IN LIEU OF RESOLUTION 925

Tobacco Product Labeling
Our AMA: (1) supports ~~working toward~~ requiring more explicit and effective health warnings, such as graphic warning labels, regarding the use of tobacco (and alcohol) products (including but not limited to, cigarettes, smokeless tobacco, chewing tobacco, and hookah/water pipe tobacco, and ingredients of tobacco products sold in the United States)~~, including the extension of labeling requirements of ingredients to tobacco products sold in the United States~~; (2) encourages the Food and Drug Administration, as required under Federal law, to revise its rules to require color graphic warning labels on all cigarette packages depicting the negative health consequences of smoking; (~~2~~ 3) supports legislation or regulations that require (a) tobacco companies to accurately label their products indicating nicotine content in easily understandable and meaningful terms that have plausible biological significance; (b) picture-based warning labels on tobacco products produced in, sold in, or exported from the United States; (c) an increase in the size of warning labels to include the statement that smoking is ADDICTIVE and may result in DEATH; and (d) all advertisements for cigarettes and each pack of cigarettes to carry a legible, boxed warning such as: "Warning: Cigarette Smoking causes CANCER OF THE MOUTH, LARYNX, AND LUNG, is a major cause of HEART DISEASE AND EMPHYSEMA, is ADDICTIVE, and may result in DEATH. Infants and children living with smokers have an increased risk of respiratory infections and cancer;" and (~~3~~ 4) urges the Congress to require that: (a) warning labels on cigarette packs should appear on the front and the back and occupy twenty-five percent of the total surface area on each side and be set out in black-and-white block; (b) in the case of cigarette advertisements, warning labels of cigarette packs should be moved to the top of the ad and should be enlarged to twenty-five percent of total ad space; and (c) warning labels following these specifications should be included on cigarette packs of U.S. companies being distributed for sale in foreign markets.

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926. ESTABLISHING AND ACHIEVING NATIONAL GOALS TO ELIMINATE LEAD POISONING AND PREVENT LEAD EXPOSURES TO CHILDREN
Introduced by American Association of Public Health Physicians, The Endocrine Society, National Medical Association

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED
See Policy H-60.924

RESOLVED, That our American Medical Association call on the United States government to establish national goals to:
a) Ensure that no child has a blood lead level >5 μg/dL (>50 ppb) by 2021, and
b) Eliminate lead exposures to pregnant women and children, so that by 2030, no child would have a blood lead level > 1 μg/dL (10 ppb); and be it further

RESOLVED, That our AMA work with the United States government in all its agencies to pursue the following strategies to achieve these goals:
a) Adopt health-based standards and action levels for lead that rely on the most up-to-date scientific knowledge to prevent and reduce human exposure to lead, and assure prompt implementation of the strongest available measures to protect pregnant women and children from lead toxicity and neurodevelopmental impairment;
b) Identify and remediate current and potential new sources of lead exposure (in dust, air, soil, water and consumer products) to protect children before they are exposed;
c) Continue targeted screening of children to identify those who already have elevated blood lead levels for case management, as well as educational and other services;
d) Eliminate new sources of lead introduced or released into the environment, which may entail banning or phasing out all remaining uses of lead in products (aviation gas, cosmetics, wheel weights, industrial paints, batteries, lubricants, and other sources), and the export of products containing lead, and setting more protective limits on emissions from battery recyclers and other sources of lead emissions;
e) Provide a dedicated funding stream to enhance the resources available to identify and eliminate sources of lead exposure, and provide educational, social and clinical services to mitigate the harms of lead toxicity, particularly to protect and improve the lives of children in communities that are disproportionately exposed to lead; and
f) Establish an independent expert advisory committee to develop a long-term national strategy, including recommendations for funding and implementation, to achieve the national goal of eliminating lead toxicity in pregnant women and children, defined as blood lead levels above 1 μg/dL (10 ppb).

927. THE DEA ORDER TO REDUCE OPIOID PRODUCTION
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: THREE RESOLVES ADOPTED AS FOLLOWS
ONE RESOLVE REFERRED FOR DECISION
See Policy D-160.981

RESOLVED, That our American Medical Association encourage relevant stakeholders to research the overall effects of opioid production cuts; and be it further

RESOLVED, That our AMA encourage the DEA to be more transparent when developing medication production guidelines; and be it further

RESOLVED, That our AMA and the physician community reaffirm their commitment to delivering compassionate and ethical pain management, promoting safe opioid prescribing, reducing opioid-related harm and the diversion of controlled substances, improving access to treatment for substance use disorders, and fostering a public health based-approach to addressing opioid-related morbidity and mortality.

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Note: The following resolve clause was referred for decision:

> RESOLVED, That our AMA encourage the DEA to postpone any opioid production cuts until the potential effects of production quotas are better elucidated.

928. CLOSING THE LOOP ON PHARMACEUTICALS
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICIES H-135.925, H-135.936 AND D-135.993 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association take a leadership role in working with large, national chains and corporate conglomerates that dispense pharmaceutical drugs to address the growing and negative environmental impact caused by the improper disposal of these pharmaceutical drugs and their metabolites; and be it further

RESOLVED, That our AMA urge federal agencies to mandate pharmaceutical companies and retailers to take on the responsibility of taking back and properly disposing of outdated, expired, or unused drugs in an environmentally responsible and proper way; and be it further

RESOLVED, That our AMA educate the public on the growing hazards and necessary methods to deal with the threat to our water systems posed by the improper disposal of pharmaceutical drugs and their metabolites.

LATE 1001. SUPPORT FOR DACA-ELIGIBLE HEALTHCARE PROFESSIONALS
Introduced by Robert B. Goldberg, MD, Delegate; Michael Hoover, MD, Delegate; Louito C. Edje, MD, Delegate; Hilary E. Fairbrother, MD, Delegate; GLMA; Massachusetts; Medical Student Section; Minority Affairs Section; New York; Resident and Fellow Section; Arizona

No reference committee hearing; considered as committee of the whole.

HOUSE ACTION: ADOPTED
See Policy D-350.986

RESOLVED, That our American Medical Association issue a statement in support of current US healthcare professionals, including those currently training as medical students or residents and fellows, who are Deferred Action for Childhood Arrivals recipients.

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