

Follow-Up on Implementation of Resolutions and Report Recommendations AMA House of Delegates Annual Meeting - June 7-11, 2014

Report/Resolution	Title	House Action	Status
BOT Report 01-A-14	Increasing Awareness of Nutrition of Information in Schools (Resolution 914-I-11)	Recommendations in BOT Report 01 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 02-A-14	American Board of Medical Specialties: Official Observer Status in the House of Delegates	Recommendations in BOT Report 02 Adopted, Remainder of Report Filed.	ABMS advised of status as official observer and invited to HOD meetings. No further action required.
BOT Report 03-A-14	New Specialty Organizations Representation in the House of Delegates	Recommendations in BOT Report 03 Adopted, Remainder of Report Filed.	Societies notified of status and provided with delegate information for I-14. No further action required.
BOT Report 04-A-14	Auditor's Report	Filed.	Filed.
BOT Report 05-A-14	Annual Update on Activities and Progress in Tobacco Control: March 2013 through February 2014	Filed.	For Information.
BOT Report 06-A-14	AMA 2015 Dues	Filed.	For Information.
BOT Report 09-A-14	Injuries in Cheerleading	Recommendations in BOT Report 09 Adopted as Amended, with Change in Title, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 10-A-14	Providing Physical Fitness Guidelines (Resolution 427-A-12)	Recommendations in BOT Report 10 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
BOT Report 11-A-14	Medication Non-Adherence and Errors (Resolution 115-A-13)	Recommendations in BOT Report 11 Adopted as Amended, Remainder of Report Filed.	Our AMA is asking senior CMS officials to undertake an analysis of the costs, benefits, and usability of blister packs by the elderly and people with disabilities, and then, depending on the findings from this analysis, to consider expanding Part D coverage for blister packs beyond residents of long term care facilities. No further action.
BOT Report 12-A-14	Mental Health Services for School-Aged Children (Resolution 708-A-13)	Recommendations in BOT Report 12 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 14-A-14	Alliance for Regenerative Medicine: Official Observer Status in the House of Delegates	Recommendations in BOT Report 14 Adopted, Remainder of Report Filed.	Alliance advised of status as official observer and invited to HOD meetings. No further action required.
BOT Report 16-A-14	Pediatric Medical Orders Between States (Resolution 707-A-13)	Recommendations in BOT Report 16 Adopted, Remainder of Report Filed.	Our AMA has notified the Federation that we are committed to working with interested state and national medical specialty societies in supporting legislation or regulation that allows physicians currently licensed and registered to practice medicine in any of the United States to duly execute conventional medical orders for their patients who are moving out of their state and into another state for use in any of the United States, for a transitional period of no more than sixty days. This would allow a child with special health care needs to attend early child care, daycare, nursery, preschool, and school safely in their new location while the family secures a new medical home, health insurance, and, when indicated, subspecialty care. Our AMA has also notified the Federation that it is committed to working with interested states and specialties on legislation or regulations to allow temporary honoring of medical orders by an out-of-state physician, as long as the physician is registered and licensed to practice medicine in the United States. No further action required.
BOT Report 17-A-14	Tubal Ligation and Vasectomy Consents	Filed.	For Information.

Report/Resolution	Title	House Action	Status
BOT Report 18-A-14	Data Transition Costs When Switching Electronic Medical Records (Resolution 728-A-13)	Recommendations in BOT Report 18 Adopted, Remainder of Report Filed.	<p>Our AMA is using a multi-pronged approach to the lack of interoperability of EHRs and data lock-in. EHRs have become a prime issue for one of our AMA's strategic focus areas. We are urging ONC to change its EHR vendor requirements because they are overly prescriptive and take away focus from achieving interoperability and higher performing products. Our AMA has been discussing data portability costs with vendors and has pursued an aggressive agenda of seeking interoperability by partnering with other stakeholders like CHIME and hospitals. Our AMA testified before the Federal Trade Commission (FTC) about data portability concerns.</p> <p>Our AMA has advocated repeatedly to the Administration to streamline the EHR vendor certification requirements to allow vendors to be more responsive to developing products that better meet physician needs. ONC has proposed in the next version of certified records that there should be greater transparency around certified products and post market product surveillance, among other changes advocated for by our AMA. Also, as a result of our advocacy they have acknowledged a number of issues associated with data portability and interoperability. Our AMA continues to engage with the vendor community and participate in industry efforts to improve products and drive interoperability.</p>
BOT Report 19-A-14	Council on Legislation Sunset Review of 2004 House Policies	Recommendations in BOT Report 19 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 20-A-14	Utilization of EHR and the Practice of "Cutting and Pasting" or Cloning	Recommendations in BOT Report 20 Adopted, Remainder of Report Filed.	<p>Our AMA continues to engage the EHR vendor community regarding overall usability of EHRs and specific issues with documentation. There have been several meetings with the Electronic Health Records Association (EHRA), which represents most of the commonly used EHRs on these topics as well as individual EHR vendors. The Physician Satisfaction and Practice Sustainability strategic focus area published a white paper, "Improving Care: Priorities to Improve EHR Usability, September 2014, developed in conjunction with a panel of physician and informatics experts that focused on the challenges faced by physicians, making eight recommendations for improving EHR usability. This publication has led to substantive discussions and management is developing a follow-up plan to further engage the vendor community on these recommendations.</p> <p>Our AMA continues to work with the EHRA on usability issues including how to better incorporate physician feedback. A survey report of current usability concerns will also be published in July. Management is also exploring methods to better measure usability.</p>
BOT Report 22-A-14	Restricting Prescriptions to Medicare Beneficiaries (Resolution 212 and 230-A-13)	Recommendations in BOT Report 22 Adopted as Amended, Remainder of Report Filed.	<p>Currently, federal legislation has not been introduced to eliminate ACA provisions that require physicians to enroll in Medicare, Medicaid, and other governmentally sponsored health insurance programs as a condition of referring, ordering, or prescribing for patients enrolled in these programs.</p> <p>No legislation has been introduced during the current session of Congress to repeal the relevant sections of the Affordable Care Act.</p>

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BOT Report 23-A-14	Non-Physician Practitioners Certifying Medicare Patients'Need for Therapeutic Shoes and Inserts (Resolution 213-I-12)	Recommendations in BOT Report 23 Adopted in Lieu of Resolution 213-I-12, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 25-A-14	CMS Definition of Resident Physician (Resolution 923-I-13)	Recommendations in BOT Report 25 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 26-A-14	Conforming Birth Certificate Policies to Current Medical Standards for Transgender Patients (Resolution 5-A-13)	Recommendations in BOT Report 26 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 27-A-14	Hospital Policies on Interaction with Industry (Resolution 6-I-13)	Recommendations in BOT Report 27 Adopted, Remainder of Report Filed.	The cited policy statements have been shared with the American Hospital Association (AHA). A letter has been sent to the President of the American Hospital Association in support of the cited policy statements. No further action required.
BOT Report 28-A-14	Qualifications, Selection, and Role of Hospital Medical Directors and others Providing Medical Management Services (Resolution 821-I-13)	Recommendations in BOT Report 28 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 29-A-14	Fair Access to Science and Technology Research Act of 2013 for Improved Access to Medical Research (Resolution 610-A-13)	Recommendations in BOT Report 29 Adopted, Remainder of Report Filed.	For Information.
BOT Report 31-A-14	Specialty Society Representation in the House of Delegates - Five-Year Review	Recommendations in BOT Report 31 Adopted, Remainder of Report Filed.	Societies notified of status and provided with delegate information for I-14. No further action required.
CCB Report 01-A-14	Bylaw Changes for the Council on Long Range Planning and Development	Recommendations in CCB Report 01 Adopted, Remainder of Report Filed.	Bylaws Updated.

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CCB Report 04-A-14	Moratorium on AMA Affiliate Members	Recommendations in CCB Report 04 Adopted as Amended, Remainder of Report Filed.	AMA Membership does not promote affiliate membership and will advise individual inquiries of the moratorium. No further action required.
CCB/CLRPD Report 01-	AMA Policy Directives which are Obsolete, Redundant or Accomplished	Recommendations in CCB/CLRPD Report 01 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CCB/CLRPD Report 02-	AMA Policy Directives which have been Accomplished in Part	Recommendations in CCB/CLRPD Report 02 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CCB/CLRPD Report 03-	AMA Policy Consolidations	Recommendations in CCB/CLRPD Report 03 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CEJA Report 01-A-14	Physician Exercise of Conscience (CEJA Report 1-I-13)	Referred.	Council on Ethical and Judicial Affairs Report 1 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Adopted
CEJA Report 02-A-14	Ethically Sound Innovation in Medical Practice (CEJA Report 4-I-13)	Recommendations in CEJA Report 2 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CEJA Report 03-A-14	Restrictive Covenants (Resolution 9-A-13)	Recommendations in CEJA Report 03 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CEJA Report 04-A-14	Health Promotion and Preventive Care	Recommendations in CEJA Report 04 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CEJA Report 08-A-14	CEJA's Sunset Review of 2004 House Policies	Recommendations in CEJA Report 08 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
CME Report 02-A-14	Council on Medical Education Sunset Review of 2004 House Policies	Recommendations in CME Report 02 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CME Report 03-A-14	Competency-based Medical Education Across the Continuum of Education and Practice	Recommendations in CME Report 03 Adopted as Amended, Remainder of Report Filed.	The Council on Medical Education is working on the issue. The House action was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. The Council on Medical Education Competency Alignment Task Force has been working on an article for publication on this topic. In addition, the June 5, 2015 Council on Medical Education Stakeholders Forum will focus on the opportunities and challenges in moving from a time-based to a competency-based system of medical education and training.
CME Report 04-A-14	Alignment of Accreditation Across the Medical Education Continuum	Recommendations in CME Report 04 Adopted, Remainder of Report Filed.	The Accreditation Council for Graduate Medical Education, American Osteopathic Association, Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Commission on Osteopathic College Accreditation and Liaison Committee on Medical Education were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.
CME Report 05-A-14	AMA Duty Hours Policy	Recommendations in CME Report 05 Adopted as Amended, Remainder of Report Filed.	The Accreditation Council for Graduate Medical Education was notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.
CME Report 06-A-14	Update on Maintenance of Certification, Osteopathic Continuous Certification, and Maintenance of Licensure	Recommendations in CME Report 06 Adopted as Amended in Lieu of Resolution 316, Remainder of Report Filed.	The American Board of Medical Specialties and Federation of State Medical Boards were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.

Report/Resolution	Title	House Action	Status
CME Report 07-A-14	Physician Workforce Shortage: Approaches to GME Financing (Resolution 914-I-13)	Recommendations in CME Report 07 Adopted as Amended in Lieu of Resolution 309-A-14, Remainder of Report Filed.	<p>The Accreditation Council for Graduate Medical Education, American Osteopathic Association, Association of American Medical Colleges, American Academy of Family Physicians and American College of Physicians were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update.</p> <p>Our AMA has notified the Federation that we are committed to working with interested state and national medical specialty societies and other appropriate stakeholders to share and support legislation to increase GME funding, enabling a state to accomplish one or more of the following: (1) train more physicians to meet state and regional workforce needs; (2) train physicians who will practice in physician shortage/underserved areas; or (3) train physicians in undersupplied specialties and subspecialties in the state/region.</p> <p>Our AMA has also notified the Federation that we are committed to supporting efforts by states to identify and address changing physician workforce needs within the GME landscape and continue to broadly advocate for innovative pilot programs that will increase the number of positions and create enhanced accountability of GME programs for quality outcomes.</p> <p>Our AMA has closely monitored and offered feedback on recent proposals to address GME financing and physician shortages. In particular, our AMA highlighted both benefits and potential concerns with a recently released Institute of Medicine Report on GME, supporting the need for more data on physician workforce needs and urging that stakeholders consider all-payer GME proposals. In September, our AMA conducted an advocacy week that promoted grassroots efforts to enhance discussion on GME and educate medical students and residents about GME funding (including physician offices), physician shortages, underserved areas and other concerns. Our AMA continues to consider the use of performance metrics for new GME funding but has cautioned against implementing this tool to reduce funding and has collaborated with other stakeholders, including the AAMC, to coordinate advocacy efforts.</p> <p>No further action required.</p>
CME Report 08-A-14	Guidelines for Students Shadowing Physicians (Resolution 310-A-13 and Resolution 913-I-13)	Referred.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Council on Medical Education Report 4 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee C)</p>
CMS Report 01-A-14	Council on Medical Service Sunset Review of 2004 House Policies	Recommendations in CMS Report 01 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
CMS Report 02-A-14	Extending Medicaid Primary Care Payment Increases to Include Obstetricians and Gynecologists (Resolution 116-A-13)	Referred. With RES 103.	Council on Medical Service Report 7 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J) HOD Action: Recommendations in CMS Report 7-I-14 Adopted as Amended, Remainder of Report Filed.
CMS Report 03-A-14	Medicare Update Formulas cross Outpatient Sites of Service (Resolution 112-A-13)	Recommendations in CMS Report 03 Adopted as Amended, Remainder of Report Filed.	Our AMA provided comments to CMS as part of our extensive response to the 2015 Hospital OPPI and ASC proposed rule, as well as the 2015 Physician Fee Schedule proposed rule. Our AMA continues to urge CMS to raise ambulatory surgical center payments and eliminate the payment gap between ASCs and hospital outpatient departments.
CMS Report 04-A-14	Analysis of Place of Service Code for Observation Services (Resolution 119-A-13)	Recommendations in CMS Report 04 Adopted as Amended in Lieu of Resolution 127, Remainder of Report Filed.	Our AMA continued to seek the repeal of the two-midnight rule and for resolution of the issues surrounding observation care. Our AMA submitted strong comments in response to the Medicare IPPS proposed rule requesting that CMS explore alternative solutions, repeal the two-midnight rule, count outpatient observation days towards skilled nursing facility coverage, and citing our AMA's 24-hour policy. In addition, our AMA submitted comments on CMS' OPPI proposed rule in regard to decreasing the documentation burden of the two-midnight policy on physicians. No further action required.
CMS Report 05-A-14	Health Insurer Code of Conduct Principles (Resolution 122-A-13)	Recommendations in CMS Report 05 Adopted, Remainder of Report Filed.	In 2014, our AMA continued to develop resources to help practices with ongoing and emerging issues associated with expanding coverage under the Affordable Care Act, such as medical practice checklist, ACA state implementation toolkit, grace period toolkit and PS2 practice modules. No further action required.
CMS Report 06-A-14	Development of Models/Guidelines for Medical Health Care Teams	Recommendations in CMS Report 06 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 07-A-14	Coverage of and Payment for Telemedicine	Recommendations in CMS Report 07 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 08-A-14	Clinical Data Registries	Recommendations in CMS Report 08 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
CMS Report 09-A-14	Improving the Affordable Care Act (Resolution 204-I-13)	Recommendations in CMS Report 09 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CSAPH Report 01-A-14	CSAPH Sunset Review of 2004 House Policies	Recommendations in CSAPH Report 01 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CSAPH Report 02-A-14	Genomic-based Approaches to the Risk Assessment, Management and Prevention of Type 2 Diabetes	Recommendations in CSAPH Report 02 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CSAPH Report 03-A-14	National Drug Shortages - Update	Recommendations in CSAPH Report 03 Adopted as Amended in Lieu of Resolution 522-A-14, Remainder of Report Filed.	AMA Policy Database Updated.
CSAPH Report 04-A-14	Biosimilar Product Approval and Marketing	Recommendations in CSAPH Report 04 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CSAPH Report 05-A-14	Guidelines for Mobile Medical Applications and Devices	Recommendations in CSAPH Report 05 Adopted as Amended in Lieu of Resolution 514, Remainder of Report Filed.	<p>Our AMA provided education to physicians about mHealth apps via an AMA Wire article that was posted 9/23/14, and promoted in AMA newsletters and social media. There have been approximately 500 page views of the article to date. In addition, our AMA has continued to monitor market activity and engage with a wide variety of stakeholders—developers, distribution channels e.g., Apple, researchers and carriers. A comprehensive proposal focusing on short and long-term actions AMA can take to promote a vibrant mHealth market, improve the evidence base and identify best practices for integrating mHealth with physician practice has been prepared and will be refined in consultation with the Board of Trustees.</p> <p>Recommendation 3 - Our AMA provided education to physicians about mHealth apps via an AMA Wire article that was posted Sept. 23, 2014, and promoted in AMA newsletters and social media. There have been approximately 500 page views of the article to date.</p> <p>Our AMA continues to engage industry stakeholders to evaluate opportunities to impact the trajectory of digital health. A formal strategy proposal is being developed.</p>

Report/Resolution	Title	House Action	Status
Report of the HOD Com	Report of the House of Delegates Committee on the Compensation of the Officers	Recommendation in Report of the House of Delegates Committee on Compensation of the Officers Adopted, Remainder of Report Filed.	For Information.
RES 001-A-14	Organ Donation	Adopted as Amended with Change in Title.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Interim Meeting.
RES 002-A-14	Modernization of HIV Specific Criminal Laws	Substitute Resolution 002 Adopted.	AMA Policy Database Updated.
RES 003-A-14	Social Media Guidance	Policy E-9.124 Reaffirmed in Lieu of Resolution 003 and 004-A-14.	AMA Policy Database Updated.
RES 004-A-14	Social Media	Policy E-9.124 Reaffirmed in Lieu of Resolution 003 and 004-A-14.	See RES 003-A-14.
RES 005-A-14	American Board of Medical Specialties Should Adhere to its Mission	Referred.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Council on Medical Education Report 6 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee C)
RES 006-A-14	American Medical Association Support for Patients' Access	Policy D-165.940 Reaffirmed in Lieu of Resolution 006.	AMA Policy Database Updated.
RES 007-A-14	Establish a Moratorium on the Medicalization of Capital Punishment	Policies H-140.950 and E-2.06 Reaffirmed in Lieu of Resolution 007.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 101-A-14	Providing Complete Maternity Care Under the Affordable Care Act	Adopted as Amended.	<p>Our AMA is continuing research to better understand the issues of expanding coverage of maternity care to dependent women under the age of 26 who are on their parents' large group plans and advocating that all health plans provide 60 days of newborn coverage for all newborns born to participants in the plan. Our AMA is also pursuing collaboration with key stakeholders and will initiate communications with national health insurers to inform them of our AMA's new policy and recommendations on these issues.</p> <p>A letter was sent to national health insurers in February 2015 informing them of our AMA's new policy and actions taken at the most recent House of Delegates meetings.</p>
RES 102-A-14	Critical Access Hospital Necessary Provider Designation	Adopted.	<p>Our AMA has been in communication with CMS and is exploring opportunities to support individual states in their development of rural health networks. Our AMA is continuing to monitor funding levels for the Medicare Rural Hospital Flexibility Program. The program expired in 2012 and has not been reauthorized although short term funding has continued.</p> <p>The Administration's FY 2016 Budget Submission proposes elimination of the Small Hospital Improvement Program, a savings of approximately \$15 million, but proposes to continue funding necessary to support 45 flex grant programs. This is the same number as currently supported. Our AMA will continue to monitor Congressional appropriations for this program.</p>
RES 103-A-14	Continuation of Federal Augmentation of Primary Care Medicaid Payments	Referred. With CMS Report 02-A-14.	<p>Council on Medical Service Report 7 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J)</p> <p>HOD Action: Recommendations in CMS Report 7-I-14 Adopted as Amended, Remainder of Report Filed.</p>
RES 104-A-14	Physician Payment by Medicare	Substitute Resolution 104 Adopted.	<p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Council on Medical Service Report 2 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Informational)</p>
RES 105-A-14	Seniors Sleep	Not Adopted.	
RES 106-A-14	Endorse Medicare Part D Educational Website	Substitute Resolution 106 Adopted.	<p>Our AMA is speaking with patient advocacy groups such as the National Council on Aging as well as with CMS officials to identify methods other than the Medicare.gov website that could be used to better educate Medicare beneficiaries about how to access assistance for choosing Part D prescription drug plans and Medicare Advantage plans and enrolling in them.</p> <p>No further action required.</p>

Report/Resolution	Title	House Action	Status
RES 107-A-14	Sleep Illness	Policies H-160.949 and D-440.943 Reaffirmed in Lieu of Resolution 107.	AMA Policy Database Updated.
RES 108-A-14	Modernizing Tricare Payment Policies	Referred. (Report Back at I-14.)	Council on Medical Service Report 8 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J) HOD Action: Recommendations in CMS Report 8-I-14 Adopted as Amended, Remainder of Report Filed.
RES 109-A-14	Standardization of Advance Beneficiary Notification of Non-Coverage Forms for Medicare Advantage Plans and Original Fee-For-Service Medicare	Adopted.	As CMS develops its next Call Letter for the Medicare Advantage program, our AMA is advocating that CMS require a standardized Advance Beneficiary Notice of Non-coverage (ABN) that will be sufficient notification to inform all Medicare Advantage Plan and Original (Fee-For-Service) Medicare beneficiaries when Medicare may deny payment for an item or service, and that Medicare Advantage Plan requirements for carrier specific advance beneficiary notice of non-coverage and similar forms be eliminated. Our AMA provided detailed comments on the need to standardize Advance Beneficiary Notification requirements in its comments on the draft Call Letter for Medicare Advantage plans.
RES 110-A-14	Support a National Poll of Physician's Opinion Regarding a Single Payer National Health Program, Improved Medicare for All	Not Adopted.	
RES 111-A-14	Including Bariatric Surgery as Part of the Essential Benefits Plan	Substitute Resolution 111 Adopted.	Our AMA is pursuing opportunities to work with national specialty and state medical societies to advocate for patient access to the full continuum of evidence-based obesity treatment modalities. There has been no opportunity to pursue mandates for additional benefits under the ACA.
RES 112-A-14	Minimum Insurance Benefits for Patients with Chronic Pain	Referred.	A Joint Council on Medical Service and Council on Science And Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Interim Meeting. A Joint Council on Medical Service-Council on Science and Public Health Report on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee E)
RES 113-A-14	Network Adequacy	Referred. With RES 125 and 130. (Report Back at I-14.)	Council on Medical Service Report 4 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J) HOD Action: Recommendations in CMS Report 04 Adopted as Amended in Lieu of Resolution 127, Remainder of Report Filed.

Report/Resolution	Title	House Action	Status
RES 114-A-14	Lung Cancer Screening to be Considered Standard Care	Substitute Resolution 114 Adopted.	Our AMA sent a letter to CMS recommending that screening low-dose computed tomography (LDCT) scans be covered by Medicaid/Medicare programs for patients at high risk of lung cancer, and urging CMS to ensure that private health insurance plans are following the current USPSTF recommendation. The Centers for Medicare & Medicaid Services (CMS) issued a national coverage determination (NCD) for Medicare coverage of screening for lung cancer with low dose computed tomography (LDCT) if certain eligibility requirements are met, effective February 5, 2015.
RES 115-A-14	Opposition to Genetic Testing Restrictions Based on Specialty	Adopted as Amended.	Our AMA is continuing research to better understand the issue of non-medical restrictions to genetic testing. This research includes soliciting feedback from interested specialty and component societies. Our AMA is also pursuing collaboration with key stakeholders and will initiate communications with relevant health insurers to inform them of our AMA's new policies and recommendations related to this issue. A letter was sent to national health insurers in February 2015 informing them of our AMA's new policy and actions taken at the most recent House of Delegates meetings. A separate letter was sent to Cigna in March 2015, with sign on by the American Society of Clinical Oncology, American Society of Breast Surgeons, and American Congress of Obstetricians and Gynecologists addressing the insurer's specific policy on this issue.
RES 116-A-14	Site of Service Differential	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 117-A-14	Methadone Should Not Be Designated as the Sole Preferred Analgesic	Adopted as Amended with Change in Title.	AMA Policy Database Updated.
RES 118-A-14	Facilitating State Licensure for Telemedicine Services	Adopted as Amended. (Report Back at I-14.)	Board of Trustees Report 3 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J) HOD Action: Recommendations in BOT Report 3-I-14 Adopted, Remainder of Report Filed.
RES 119-A-14	Counter Efforts by Insurance Companies to Drop Physicians from Plans	Current Policy Reaffirmed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 120-A-14	Using Nascent Technology in Lieu of Face-to-Face Interaction	Adopted as Amended.	Our AMA submitted comments to CMS supporting increased flexibility to increase utilization of telemedicine services in Medicare consistent with new AMA telemedicine policy. Our AMA also continues to engage stakeholders and Congress to identify legislative changes needed to expand the uses of Medicare covered services including HIPAA-compliant telemedicine services to satisfy the face-to-face home health services. No further action required.
RES 121-A-14	Multiple Mail-Order Prescription Co-Pays	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 122-A-14	Fairness in Pharmaceutical Pricing	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 123-A-14	Attestation Statement	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 124-A-14	Generic Changes in Medicare (Part D) Plans	Adopted.	Our AMA has an ongoing dialogue with CMS regarding issues that arise in the Medicare Part D prescription drug program. Our AMA is advocating for CMS to investigate switching between different generic drugs in the same class by Medicare Advantage Prescription Drug plans. Our AMA is also asking CMS to address the need for plans to make more information available about these generic transitions as part of the next Call Letter for Parts C and D. In comments on draft revisions to the Medicare Prescription Drug Benefit Manual, our AMA stressed the need for CMS to require Medicare Part D plans to provide information directly to prescribing physicians about changes in patient's Part D plan formularies that require transition fills.
RES 125-A-14	Expanding Patients' Choice in the Exercise of Health Insurance Benefits	Referred. With RES 113 and 130.	Council on Medical Service Report 4 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J) HOD Action: Recommendations in CMS Report 4-I-14 Adopted as Amended, Remainder of Report Filed.
RES 126-A-14	Medicare Coverage of Continuous Glucose Monitoring Devices for Patients with Insulin-Dependent Diabetes	Substitute Resolution 126 Adopted.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 127-A-14	Observation Status	Recommendations in CMS Report 04 Adopted as Amended in Lieu of Resolution 127, Remainder of Report Filed.	See CMS Report 04-A-14.
RES 128-A-14	Insurance Coverage for Interpreter Services for Hearing Impaired Patients	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 129-A-14	CMS “Two Midnight” Policy	Adopted as Amended.	Our AMA continues to communicate with CMS about the need to educate both patients and physicians about the financial implications of the two-midnight policy, particularly as it relates to Medicare coverage of subsequent SNF services. Our AMA raised these issues in its comments on CMS’ 2015 IPPS and OPSS proposed rules. Our AMA continues to call for changes in the “Two Midnights” rule. MACRA included a provision that further delays RAC reviews and penalties related to the rule. Our AMA is working with patient coalitions in support of legislation that would recognize time spent in observation care toward the three-day hospital stay required for SNF coverage.
RES 130-A-14	Ensuring Affordable Care	Referred. With RES 113 and 125.	Council on Medical Service Report 4 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J) HOD Action: Recommendations in CMS Report 04 Adopted as Amended in Lieu of Resolution 127, Remainder of Report Filed.
RES 131-A-14	Alternatives to Value Based Modifiers	Policies D-390.954 and D-450.961 Reaffirmed in Lieu of Resolution 131.	AMA Policy Database Updated.
RES 132-A-14	Delays in Medicaid Payment for Provider Services	Policies H-385.921, H-190.959, H-190.981 and H-390.976 Reaffirmed in Lieu of Resolution 132.	AMA Policy Database Updated.
RES 133-A-14	Economic Viability of Rural Sole Community Hospitals	Referred. (Report Back at A-15.)	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Council on Medical Service Report 3 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee A)
RES 134-A-14	Prescription of Durable Medical Equipment	Adopted.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 135-A-14	Prescription Drug Plans and Patient Access	Adopted.	<p>Our AMA is advocating for CMS to address the need for information about formulary changes to be highlighted in a more direct manner than the general listing required in the Annual Notice of Changes (ANOC), especially when the changes affect a drug that the patient is taking. Our AMA also continues to press CMS to take action to lessen the burden of prior authorizations.</p> <p>In comments on the 2016 draft Call Letter for Medicare Advantage and Part D plans, our AMA urged CMS to require that plans include specific information about all changes that will affect medications currently prescribed for the patient in their Annual Notice of Changes. In addition, in comments on draft revisions to the Medicare Prescription Drug Benefit Manual, our AMA called for CMS to finalize revisions that would prohibit prescription drug plans from imposing: requirements more restrictive than CMS-approved prior authorization criteria; limited access or step therapy restrictions inconsistent with the CMS-approved formulary; quantity limits inconsistent with maximum dosing approved by the FDA or inconsistent with the CMS-approved formulary; prior authorization criteria not submitted for CMS approval; as well as steering of physicians or patients to drug plan's own mail order or specialty pharmacy.</p> <p>Our AMA is collaborating on an administrative burden time study, which will, among other things, gather data on the amount of time physicians and their staff spend on prior authorizations. Updates on this project will be provided for other resolutions that specifically ask for this type of study. In addition to the study, our AMA is advocating for electronic standards to support automation of the prior authorization process and is actively working with standards setting bodies, including the National Council on Prescription Drug Programs (NCPDP), to ensure that adopted transactions align with physician practice workflows. Our AMA has stressed the need for accurate, patient-specific formulary data at the point of prescribing to facilitate prospective prior authorization and is working with industry stakeholders to develop a real-time pharmacy benefit check solution.</p>
RES 201-A-14	Medication Management in Assisted Living Facilities	Referred.	<p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Council on Medical Service Report 9 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee G)</p>
RES 202-A-14	Banning Smoking While Driving in Vehicles in Which Minors are Present	Adopted.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 203-A-14	E-Prescribing and Meaningful Use	Adopted as Amended.	<p>Our AMA has aggressively sought changes to the MU program since the passage of HITECH. In 2014, we have submitted numerous letters to the Administration and to the Hill and testified regularly at the Health IT Policy Committee workgroup meetings. We met with CMS and ONC leadership frequently and are in weekly communication with their staff.</p> <p>Our AMA continues to advocate that the Meaningful Use program requirements, including electronic prescribing, be made more flexible, and we have included a discussion of the barriers to e-prescribing in all pharmacies including government ones in numerous letters and meetings.</p>
RES 204-A-14	Medicare Claims Data Release	Substitute Resolution 204 Adopted in Lieu of Resolutions 204, 211 and 226.	<p>Our AMA provided a comprehensive comment letter to CMS on the Medicare claims data release. Our AMA provided a guide to CMS, reporters, and the public that outlined the limitations of the CMS data release. Our AMA continues to engage with CMS and other stakeholders to improve future data transparency efforts to ensure accurate and useful information. Our AMA has convened a Data Transparency Workgroup to draft data transparency principles. These principles will be considered by the Board of Trustees during the I-14 meeting.</p> <p>Our AMA has had ongoing discussions with top CMS officials regarding flaws in the format and content of the publicly-released Medicare Claims data on individual physicians.</p>
RES 205-A-14	Pay for Performance	Policies H-450.947, H-450.941 and D-390.953 Reaffirmed in Lieu of Resolution 205.	AMA Policy Database Updated.
RES 206-A-14	Stop the Implementation of ICD-10	Adopted as Amended. #1 from 3rd Resolved - Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Our AMA has discussed with several members of Congress the possibility of amending an ongoing study of ICD-10 to include the requirements in this resolution. Discussions are ongoing, but the request is unlikely pending the release of the current report.</p> <p>Board of Trustees Report 26 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee B)</p>

Report/Resolution	Title	House Action	Status
RES 207-A-14	ICD-10 Transparency and Conversion	Adopted as Amended.	<p>Our AMA is committed to ensuring physicians are educated and best prepared for the change from ICD-9 to ICD-10 codes, despite the acknowledged burdens on practicing physicians. To that end, AMA has numerous free resources available on our website to prepare physicians located at www.amam-assn.org/go/icd-10. Additionally, our AMA sits on the board of the Workgroup for Electronic Data Exchange (WEDI) a multi-stakeholder group of health care representatives and our AMA uses this network to ensure that payers and others are communicating to physicians about this pending transition. Last, our AMA is in constant communication with both federal officials, as well as, stakeholders in the industry such as clearinghouses, billers, payers and others to ensure we remain apprised of the best way to prepare and educate physicians for this change.</p> <p>No further action required.</p>
RES 208-A-14	Completing the Electronic Prescription Loop for Controlled Substances	Adopted.	<p>Our AMA met with ONDCP and the DEA to push for new approaches to identity proofing and two-factor authentication that would facilitate compliance with requirements for e-prescribing controlled substances (EPCS). Both agencies stated their intention to be flexible in accommodating evolving new technologies, their interest in increasing uptake of EPCS, and their willingness to participate in industry working groups with other stakeholders to accomplish this objective.</p> <p>No further action required.</p>

Report/Resolution	Title	House Action	Status
RES 209-A-14	Improvement of Electronic Prescription Software	Adopted as Amended.	<p>Our AMA met with the Acting Director of the White House Office of National Drug Control Policy and the Administrator of the Drug Enforcement Administration to push for new approaches to identity proofing and two-factor authentication that would facilitate compliance with requirements for e-prescribing controlled substances (EPCS). Both agencies stated their intention to be flexible in accommodating evolving new technologies, their interest in increasing uptake of EPCS, and their willingness to participate in industry working groups with other stakeholders to accomplish this objective. Our AMA also met with the National Community Pharmacists Association to discuss several issues related to e-prescribing, including various ways to support changes that would allow transmission of short messages to clarify prescription orders and avoid errors.</p> <p>On Sept 16, 2014, our AMA released "Improving Care: Priorities to Improve Electronic Health Record Usability", which outlines eight EHR usability priorities to be urgently addressed. These priorities were developed with the support of an external advisory committee comprised of practicing physicians, as well as noted experts, researchers and executives in the field of health information technology. The priorities address a number of issues related to the improved design of EHR systems, including data liquidity and interoperability across venues.</p> <p>Our AMA is in active conversations with the vendor community and other stakeholders regarding the implementation of these priorities.</p> <p>Our AMA and 37 national medical specialty and other societies sent a letter to the National Coordinator for Health Information Technology (ONC) outlining concerns with the Administration's current guidance and certification of security with Electronic Health Records (EHRs). The letter also cites the current complications physicians face when using two-factor authentication to participate in e-prescribing controlled substances (EPCS). In addition, the letter also recommends that ONC develop guidance for consolidated clinical document architecture (C-CDA) to support exchange, not only between EHRs, but also connectivity and exchange of information external to an EHR. Our AMA continues its strong advocacy to appropriate stakeholders to push for new approaches to identity proofing and two-factor authentication that would facilitate compliance with EPCS requirements and to look for various ways to support changes that would allow transmission of short messages to clarify prescription orders and avoid errors.</p>

Report/Resolution	Title	House Action	Status
RES 210-A-14	Medical Textbooks and Peer-Reviewed Journal Reprints per the Sunshine Act	Adopted.	Our AMA has repeatedly made the case to CMS that medical textbooks and peer-reviewed journal reprints should be covered by the Sunshine reporting exclusion for educational materials that directly benefit patients. Our position has been communicated to CMS officials in-person and through numerous advocacy letters including an August sign-on letter with a coalition of 112 state and specialty societies. On September 28, 2014, Rep. Michael Burgess introduced legislation, H.R. 5539, to exempt from manufacturer reporting requirements journal reprints, textbooks and accredited CME. Our AMA supports this bill and is working with the sponsor and other medical associations to advance the proposal as expeditiously as possible. Our AMA-supported legislation has been reintroduced by Rep. Michael Burgess, MD (R-TX). That proposal has also been included the 21st Century Cures initiative currently making its way through the House Committee on Energy and Commerce. The overall package of legislation is a high-priority for the Chairman and will likely see efforts made to adopt the bill by the full House prior to the end of the calendar year.
RES 211-A-14	Release of Provider-Specific Medicare Part B Payment Data by CMS	Substitute Resolution 204 Adopted in Lieu of Resolutions 204, 211 and 226.	See RES 204-A-14.
RES 212-A-14	Special Inspector General to Oversee Implementation of the Patient Protection and Affordable Care Act	Not Adopted.	
RES 213-A-14	Medical Information and Its Uses	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Board of Trustees Report 6 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee B)
RES 214-A-14	Regulation and Taxation of Ammunition	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 215-A-14	Reducing Gun Violence	Substitute Resolution 215 Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Board of Trustees Report 7 on this subject appears in the Delegates handbook for the 2015 Annual Meeting. (Reference Committee B)
RES 216-A-14	Increasing the Current J-1 Visa Waiver Allotment	Current Policy Reaffirmed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 217-A-14	Liability Related to Referrals from Free Clinics	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Board of Trustees Report 19 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee B)</p>
RES 218-A-14	Improvements to the Value-Based Modifier	Substitute Resolution 218 Adopted as Amended.	<p>Our AMA has engaged on an ongoing basis to express our serious concerns to CMS about the attribution and risk adjustment methodologies that the agency is using in the VBM, including detailed comments on the 2015 Physician Fee Schedule proposed rule. We have urged the agency to make participation in the VBM voluntary and that the penalties should not be increased.</p> <p>Our AMA has repeatedly called for modifications in the Value-Based-Modifier and will continue our work on this issue.</p>
RES 219-A-14	Patient Protection from Forced Switching of Patent-Protected Drugs	Referred for Decision.	<p>Resolution 219, sponsored by the Hawaii Delegation, asked our AMA to: (1) petition the FDA to change FDA policy to require pharmaceutical manufacturers which sell products in the United States and its jurisdictions to continue selling all doses and forms of products covered by patent protection, for the entire life of the patent, unless a manufacturer ceases to produce or sell all doses and forms of the involved product; (2) if the FDA does not require continued access to all doses and forms of patent-protected pharmaceutical products, the [AMA will advocate that the] FDA shall change policy to require pharmaceutical manufacturers to relinquish patent protection for the doses and forms of products no longer produced or sold by a manufacturer. The FDA shall require that pharmaceutical manufacturers who relinquish patent protection for any doses or forms of products will not bring legal action against any generic pharmaceutical manufacturer that produces and sells doses or forms of products for which patent-protection has been relinquished; and (3) [advocate] FDA policy changes to protect the public's access to safe, affordable medications, while continuing patent protections afforded to pharmaceutical manufacturers, shall apply to all FDA-approved drugs that are protected by patents.</p> <p>The Board considered a management report in response to Resolution 219-A-14, and VOTED that in lieu of Resolution 219-A-14 the AMA would: (1) raise awareness among physicians of the strategy that could be used to limit the value to manufacturers of forced switching of brand formulations of prescription drugs; and (2) advocate that the U.S. Food and Drug Administration (FDA) and Congress ascertain the pervasiveness of this practice and advance solutions that strike an appropriate balance between innovation incentives and competition in order to support patient access to the newest treatments as well as those that are cost-effective.</p> <p>Our AMA advocated that the Food and Drug Administration ascertain the pervasiveness of forced switching of patent protected drugs.</p>

Report/Resolution	Title	House Action	Status
RES 220-A-14	Transparency, Participation, and Accountability in CMS' Payment Determination Process	Adopted as Amended.	Our AMA has communicated directly and through public comments on the 2015 Physician Fee Schedule proposed rule to urge CMS to improve its rate-setting processes to afford adequate time for stakeholders to review and comment on such changes before they take effect, and that CMS be transparent in its processes and methodologies. No further action required.
RES 221-A-14	The Continued Funding of the Children's Health Insurance Program	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 222-A-14	Sunshine Act Amendment to Limit Expense Reporting to Transferred Value Greater Than \$100	Adopted.	At this time, no legislation has been introduced to increase the Open Payments exemption amount. Our AMA will continue to seek opportunities to address this in the context of future modifications to the Sunshine Act. To date, there has been no viable opportunity to advance legislation to increase reporting thresholds under the Sunshine Act. Our AMA will continue to seek opportunities, however, to make this and other necessary improvements.
RES 223-A-14	Physician Liability and Patient Protection Under the False Claims Act	Policies H-175.984 and H-330.974 Reaffirmed in Lieu of Resolution 223.	AMA Policy Database Updated.
RES 224-A-14	Firearm Violence	Substitute Resolution 215 Referred.	See RES 215-A-14.
RES 225-A-14	911 Good Samaritan Laws	Adopted.	Our AMA notified the Federation that we are committed to working with interested states and specialties in supporting and endorsing policies and legislation that provide protections for callers or witnesses seeking medical help for overdose victims. Our AMA also notified the Federation of its willingness to work on promoting 911 Good Samaritan policies through legislative and regulatory advocacy at the local, state and national level. No further action required.
RES 226-A-14	Release of Physician Medicare Claims Data	Substitute Resolution 204 Adopted in Lieu of Resolutions 204, 211 and 226.	See RES 204-A-14.
RES 227-A-14	Opposition to Laboratory Reporting Provisions of HR 4302	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Board of Trustees Report 8 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee B)

Report/Resolution	Title	House Action	Status
RES 228-A-14	Proposed Change in Medical Requirements for 3rd Class Pilots' Licenses	Adopted.	The FAA stated on July 31, 2014 that it considered exempting recreational pilots from the third class medical certificate requirement, a long-term policy change that would require rulemaking. The FAA has drafted a notice of proposed rulemaking, which is currently under review, and expects it to be issued by the end of the year. In light of this announcement, our AMA will review the proposed rule when it is released and issue formal comments according to our policy.
RES 229-A-14	Advance Appropriations for the Indian Health Service	Adopted.	Our AMA sent a letter to Senator Lisa Murkowski and Representative Don Young in support of their legislation, S.1570/H.R. 3229, which would allow the Indian Health Service and the Indian Health Facilities Accounts to receive advance appropriations. Legislation authorizing 2-year advanced appropriations for the Indian Health Service has been reintroduced by Rep. Don Young (R-AK). No action on the bill has been scheduled.
RES 230-A-14	Development and Promotion of Use of Single National Prescription Drug Monitoring Program	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Board of Trustees Report 12 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee B)
RES 231-A-14	Ensuring Access to Care for Our Veterans	Substitute Resolution 231 Adopted as Amended in Lieu of Resolution 233.	Our AMA supported passage of the Veterans Access, Choice and Accountability Act and successfully lobbied for provisions in the final legislation to provide a path for physicians in private practice to enter into agreements with the VA to provide care to veterans. Soon after the legislation became law, our AMA conveyed to VA officials our members' strong desire to work with the VA to provide access to care for veterans outside the VA health system and urged the establishment of a streamlined process to contract with the VA. These conversations resulted in the new Secretary of the VA, Robert McDonald, accepting an invitation from our AMA to speak at the 2014 Interim Meeting. Our AMA developed new web resources and instructional guidance on how community-based physicians can sign-up to provide care to veterans through the Veterans Choice Program. Moreover, AMA advocacy was instrumental in changing how the VA calculates the 40-mile distance threshold that is used to determine eligibility for the Veterans Choice Program, thereby increasing the number of veterans eligible for care. Finally, our AMA is engaged in ongoing discussions with the VA on how to better link veterans with community-based physicians using state-based registries and a new in-house mapping tool.

Report/Resolution	Title	House Action	Status
RES 232-A-14	Compliance with "Meaningful Use" Requirements as a Condition of Medical Licensure	Adopted as Amended.	<p>Our AMA notified the Federation that we are committed to working with interested states and specialties in enacting the AMA's model state legislation entitled the "Voluntary Physician Participation Act." This bill opposes conditioning physician licensure to physician participation in any public or private insurance plan, public health care system, public service initiative or emergency room coverage. It also opposes conditioning physician licensure to physician compliance with "meaningful use" of electronic health records.</p> <p>At this time, there are no efforts at the Federal level to link compliance with meaningful use requirements to medical licensure. Our AMA continues to work with interested states and specialties to ensure medical licensure not be conditioned upon compliance with Meaningful Use requirements and recommends use of its model state legislation that opposes conditioning physician licensure to physician participation in any public or private insurance plan, public health care system, public service initiative or emergency room coverage. This model bill also opposes conditioning physician licensure to physician compliance with Meaningful Use of electronic health records as set forth in CFR Part 170.</p>
RES 233-A-14	Immediate Resolution of Veterans Administration Waiting Lists for Veteran Access to Care	Substitute Resolution 231 Adopted as Amended in Lieu of Resolution 233.	See RES 231-A-14.
RES 301-A-14	Shared Decision Making in Medical Education	Adopted as Amended.	<p>The Association of American Medical Colleges, American Osteopathic Association, American Association of Colleges of Osteopathic Medicine and Accreditation Council for Graduate Medical Education were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update.</p> <p>No further action required.</p>
RES 302-A-14	Providing Residency Applicants a Timely Response to Residency Application Outcome	Adopted as Amended.	AMA Policy Database Updated.
RES 303-A-14	Protecting Residents Against Avoidable Financial Constraint Related to Reimbursed Work-Related Expenses	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 304-A-14	Graduate Medical Education Funding and Quality of Resident Education	Adopted.	See CME Report 7-A-14.
RES 305-A-14	Transparency on Maternity and Paternity Leave Policies for Trainees	Adopted as Amended.	AMA Policy Database Updated.
RES 306-A-14	Including Disability Related Competencies and Objectives in Medical School Curriculum	Adopted as Amended with Change in Title.	The American Osteopathic Association, Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Commission on Osteopathic College Accreditation and Liaison Committee on Medical Education were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.
RES 307-A-14	Practical Use of Advance Directives in Medical Education	Adopted as Amended.	The Accreditation Council for Graduate Medical Education, American Osteopathic Association, Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Commission on Osteopathic College Accreditation and Liaison Committee on Medical Education were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.
RES 308-A-14	Competency and the Aging Physician	Adopted as Amended. (Report Back to HOD.)	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Council on Medical Education Report 5 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee C)
RES 309-A-14	Expansion of Graduate Medical Education Positions Through Alternative Funding	Recommendations in CME Report 07 Adopted as Amended in Lieu of Resolution 309, Remainder of Report Filed.	See CME Report 07-A-14.
RES 310-A-14	Physician Reentry and Licensure	Adopted as Amended.	The Federation of State Medical Boards was notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.

Report/Resolution	Title	House Action	Status
RES 311-A-14	Impact of Competency-Based Medical Education Programs as Opposed to Time-Based Programs	Adopted.	The Accreditation Council for Graduate Medical Education and the National Resident Matching Program were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.
RES 312-A-14	Assessing the Impact of Limited GME Residency Positions in the Match	Adopted as Amended.	The Accreditation Council for Graduate Medical Education, American Osteopathic Association, Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine and National Resident Matching Program were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.
RES 313-A-14	Opposition to the FSMB Maintenance of Licensure Program	Policy H-275.920 Reaffirmed in Lieu of Resolution 313.	AMA Policy Database Updated.
RES 314-A-14	Compromising Lifetime Certifications Retroactively	Adopted.	AMA Policy Database Updated.
RES 315-A-14	Certification of Methadone Education	Not Adopted.	
RES 316-A-14	Moratorium on Maintenance of Certification	Recommendations in CME Report 06 Adopted as Amended in Lieu of Resolution 316, Remainder of Report Filed.	See CME Report 6-A-14.
RES 317-A-14	Abolish Discrimination Against IMGs in Medical Licensing Requirements	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Board of Trustees Report 25 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee C)
RES 318-A-14	Assisting Medical Students Applying for Away Rotations	Adopted as Amended.	American Osteopathic Association, Association of American Medical Colleges, and American Association of Colleges of Osteopathic Medicine were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.

Report/Resolution	Title	House Action	Status
RES 319-A-14	Maintenance of Licensure	Adopted as Amended.	AMA Policy Database Updated.
RES 320-A-14	Mandatory Board Recertification	Policy H-275.996 Reaffirmed in Lieu of Resolution 320.	AMA Policy Database Updated.
RES 321-A-14	Alternate Financing of Post Graduate Education for Physicians	Not Adopted.	
RES 322-A-14	Maintaining and Developing High Quality Hospice and Palliative Care Physician Workforce in the New Millennium	Substitute Resolution 322 Adopted.	The American Board of Medical Specialties and Council of Medical Specialty Societies were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.
RES 323-A-14	Preservation of the Current Federal Student Aid Loan Forgiveness for Public Service Employees Program	Adopted as Amended.	Our AMA continues to advocate against placing a monetary cap on federal loan forgiveness programs. Our AMA continues to monitor and oppose proposals to reduce spending for Public Sector Loan Forgiveness.
RES 324-A-14	Use of Unmatched Medical Students as "Assistant Physicians"	Adopted.	The House action was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.
RES 401-A-14	Public Health: "Heading in Soccer"	Referred. With RES 410 and 412	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Council on Science and Public Health Report 3 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee D)
RES 402-A-14	Limiting Access to Tobacco Products	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 403-A-14	Sunscreen and Sun Protection Counseling by Physicians	Adopted.	AMA Policy Database Updated.
RES 404-A-14	Prevention of Mosquito Transmitted Diseases	Current Policy Reaffirmed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 405-A-14	Elimination of Tobacco Products Sold by National Retailers	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 406-A-14	Air Pollution	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 407-A-14	Toxic Mercury in the Water Supply	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 408-A-14	Global Warming	Policy H-135.977 Reaffirmed in Lieu of Resolution 408.	AMA Policy Database Updated.
RES 409-A-14	Federal Resources to Protect the Public and the Medical Profession From and During a Communicable Disease Outbreak	Referred for Decision.	<p>Resolution 409, submitted by the American Association of Public Health Physicians (AAPHP), asked that our American Medical Association (1) study the nature, magnitude and frequency of the problem of citizens being unable to receive established clinical preventive services in instances of public health threats and emergencies because of a lack of an established source of emergency resources to ensure the capacity of an individual and/or community to provide such services; and (2) no later than A-2015, present a report, recommendations and an action plan (including legislative proposals), to the HOD whereby our AMA will advocate to address this serious resource deficiency.</p> <p>The Board considered a management report in response to this resolution and VOTED that Resolution 409-A-14 NOT BE ADOPTED.</p> <p>No further action required.</p>
RES 410-A-14	Evaluating and Reducing the Risk of Youth Sports Concussions	Referred. With RES 401 and 412.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Council on Science and Public Health Report 3 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee D)</p>
RES 411-A-14	Ban on Super Magnetic Toys as a Choking and Gastrointestinal Hazard to Children	Referred.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Council on Science and Public Health Report 2 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee D)</p>
RES 412-A-14	Management of Concussion Guidelines	Referred. With RES 401 and 410.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Council on Science and Public Health Report 3 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee D)</p>

Report/Resolution	Title	House Action	Status
RES 413-A-14	National Nutritional Guidelines for Food Banks and Pantries	Adopted.	AMA Policy Database Updated.
RES 414-A-14	Meningococcal Vaccination for School Children	Adopted.	AMA Policy Database Updated.
RES 415-A-14	Safer Chemical Policies	Adopted.	Reviewed the most recent comprehensive summary document-“Identifying and Reducing Environmental Health Risks of Chemical in Our Society,” for policy implications. This report was developed by the IOM Roundtable on Environmental Health Science, Research, and Medicine. No further action required.
RES 416-A-14	Gun Violence Prevention as a Continuing Medical Education Topic	Adopted as Amended.	The Accreditation Council for Continuing Medical Education was notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update. No further action required.
RES 417-A-14	Nutrition Literacy and Improving Outcomes	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 418-A-14	Condom use in Films	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 419-A-14	Raising the Purchase Age of All Tobacco Products	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 420-A-14	Support FDA Regulation of All Tobacco Products	Adopted as Amended.	Our AMA sent a letter to the FDA supporting FDA regulation of all tobacco products, including e-cigarettes. No further action required.

Report/Resolution	Title	House Action	Status
RES 421-A-14	Support EPA Regulation of Carbon Pollution	Adopted as Amended.	<p>The deadline for submitting comments on the EPA's regulation of carbon pollution from existing power plants has been extended until December 1, 2014. Our AMA will be joining a medical society letter or will submit our own letter before the expiration of the comment period.</p> <p>Our AMA submitted comments on the EPA's proposed rule to reduce carbon pollution from existing power plants. Our AMA urged the EPA to adopt final standards that are strong and protective of public health, highlighting that strong limits on carbon pollution from existing power plants could improve air quality and that reducing carbon pollution from power plants will cut direct emissions of other dangerous pollutants, including sulfur dioxide, nitrogen oxides, fine particulate matter, and mercury.</p>
RES 422-A-14	Support for Nutrition Label Revision and FDA Review of Added Sugars	Adopted.	<p>A letter of support was submitted to the FDA by the AMA DC office on July 24, 2014 in advance of the August 1st deadline. The letter recommended that the FDA further establish a recommended daily value (%DV) for the new added sugars listing on the revised nutrition labels and encouraged further research into studies of sugars.</p> <p>No further action required.</p>
RES 501-A-14	Development of a Standardized Post-Conducted Electrical Device Exposure Medical Protocol and Educational Campaign	Policy H-145.977 Adopted as Amended in Lieu of Resolution 501.	AMA Policy Database Updated.
RES 502-A-14	Breast Density Notification	Adopted as Amended.	AMA Policy Database Updated.
RES 503-A-14	Access to Clinical Trial Data	Adopted as Amended, with Change in Title.	AMA Policy Database Updated.
RES 504-A-14	Arsenic in Food	Not Adopted.	
RES 505-A-14	Community Peanut Allergy Safety	Not Adopted.	
RES 506-A-14	Salmonella Strategy	Substitute Resolution 506 Adopted.	AMA Policy Database Updated.
RES 507-A-14	OTC Insulin	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Board of Trustees Report 15 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee B)</p>

Report/Resolution	Title	House Action	Status
RES 508-A-14	US Preventive Services Task Force Reform	Adopted as Amended.	AMA Policy Database Updated.
RES 509-A-14	Impact of Pharmaceutical Advertising on Women's Health	Adopted as Amended.	HOD action was communicated by a letter that was sent to FDA Commissioner Margaret Hamburg, MD. No further action required.
RES 510-A-14	Labeling of Foods and Packaging Containing Engineered Nanoparticles	Policy H-480.949 Reaffirmed in Lieu of Resolution 510.	AMA Policy Database Updated.
RES 511-A-14	Regulation of Electronic Nicotine Delivery Systems	Policy H-495.973 Adopted as Amended in Lieu of Resolutions 511, 518, 519 and 521.	AMA Policy Database Updated.
RES 512-A-14	Risk Evaluation and Mitigation Strategies for Methadone	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Board of Trustees Report 14 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee E)
RES 513-A-14	Antibiotic Use in Food-Producing Animals	Adopted and Policy H-440.895 Recinded.	AMA Policy Database Updated.
RES 514-A-14	Improving Familiarity With and Utilization of Mobile Medical Technology	Recommendations in CSAPH Report 05 Adopted as Amended in Lieu of Resolution 514, Remainder of Report Filed.	See CSAPH Report 05-A-14.
RES 515-A-14	Education to Promote Responsible Use of Methadone for Pain Management	Substitute Resolution 515 Adopted.	Our AMA will convene a federation based expert panel funded by a grant from the Substance Abuse and Mental Health Services Administration to develop practical guidance on the clinical use of opioid analgesics, including methadone. This work is currently ongoing.
RES 516-A-14	STEM Undergraduate Education	Adopted as Amended.	AMA Policy Database Updated.
RES 517-A-14	Genetically Modified Organisms Labeling	Not Adopted.	

Report/Resolution	Title	House Action	Status
RES 518-A-14	Treating E-Cigarettes as Tobacco Products	Policy H-495.973 Adopted as Amended in Lieu of Resolutions 511, 518, 519 and 521.	See RES. 511-A-14.
RES 519-A-14	Sales and Marketing of E-Cigarettes to Minors	Policy H-495.973 Adopted as Amended in Lieu of Resolutions 511, 518, 519 and 521.	See RES 511-A-14.
RES 520-A-14	Modification to the USP Chapter 797 Guidelines as Currently Written	Adopted as Amended.	Our AMA policy communicated to USP staff overseeing the Expert Panel revision of USP General Chapter 797—Sterile Compounding. Briefing materials prepared for consultation with our AMA appointed Commissioners to approach the Joint Commission. The draft revision for Chapter 797 will be posted for public comment. Please note that the USP “reconvening” as described in Policy D-120.946 refers to the USP Convention which does not take up individual issues or General Chapter revisions that are managed by USP Expert Committees. No further action required.
RES 521-A-14	E-Cigarettes to be Treated the Same as Tobacco Products	Policy H-495.973 Adopted as Amended in Lieu of Resolutions 511, 518, 519 and 521.	See RES 511-A-14.
RES 522-A-14	Drug Shortages – Federal Agency Assessment of Reimbursement & Pricing Policy on Shortages	Recommendations in CSAPH Report 03 Adopted as Amended in Lieu of Resolution 522, Remainder of Report Filed.	See CSAPH Report 03-A-14.
RES 523-A-14	President's Council on Science and Technology Report	Adopted as Amended.	Our AMA has thoroughly analyzed the May, 2014 President’s Council on Science and Technology Report (PCAST) and has taken steps to implement the recommendations through testimony provided on July 28, 2014 to an ONC Federal Advisory Committee, public comment on ONC’s proposed 10 year health IT roadmap, and comment letters to the Administration which support the health IT framework outlined in the November, 2014 JASON report cited in PCAST. No further action required.
RES 601-A-14	A Virtual Medical Association	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Board of Trustees Report 23 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee F)
RES 602-A-14	AMA Election Activities	Substitute Resolution 602 Adopted.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 603-A-14	Medical Malpractice Rate Discounts	Adopted as Amended.	AMA Policy Database Updated.
RES 604-A-14	Examining the Composition of the AMA Governance Structure	Not Adopted.	
RES 605-A-14	Encourage Physicians as Legislative Candidates	Adopted as Amended.	Our AMPAC annually sponsors the Campaign Management School and the Candidate Workshop as well as publishes political research on public perceptions of physicians as candidates. No further action required.
RES 606-A-14	Technology and the Practice of Medicine	Adopted as Amended with Change in Title.	AMA councils are exploring joint reports and other mechanisms to coordinate the development of AMA activities dealing with technology in medical practices. AMA councils are exploring joint reports and other mechanisms to coordinate the development of AMA activities dealing with technology in medical practices. Council leadership will be discussing digital health at the A-15 Council Leadership Luncheon. The Physician Satisfaction and Practice Sustainability strategic focus area is also developing an AMA strategy for digital health.
RES 607-A-14	Member Recognition	Adopted as Amended with Change in Title.	Our AMA will send out a message to the state and specialty societies to encourage them to promote our AMA President's Citation Award nomination process for recipients in Q1 of 2015 for the 2015 Annual Meeting endorsement timing (see below). Note: Nominees are presented to the House of Delegates at the Annual Meeting for endorsement. The Award is presented to the nominee selected by the House of Delegates at the following Interim Meeting, or at a time and place designated by the Board of Trustees. Our AMA sent out a message to the state and specialty societies to encourage them to promote the AMA President's Citation Award nomination process. Additionally, our AMA's awards and recognition programming is currently under review.
RES 608-A-14	Onerous Restrictions on Travel of Government Scientists	Adopted as Amended.	Our AMA has communicated with the Administration about easing and simplifying the current restrictions related to federally-employed scientists attending academic and scientific conferences. No further action required.
RES 609-A-14	AMA Participation in Reducing Medical School Debt	Adopted as Amended with Change in Title. (Report Back at I-14.)	Board of Trustees Report 4 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Informational) HOD Action: Filed.

Report/Resolution	Title	House Action	Status
RES 610-A-14	Alternative Maintenance of Certification	Policies D-275.960 and H-275.923 Reaffirmed in Lieu of Resolution 610.	AMA Policy Database Updated
RES 611-A-14	Dues Exemption/Adjustment for Physicians Unable to Attain Residency Training Program	Adopted as Amended.	<p>The House action was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update.</p> <p>Our AMA sent out a message to the state societies. The message encouraged them to consider offering significantly discounted membership to physicians who have graduated from American medical schools or who have successfully completed ECFMG examinations.</p> <p>No further action required.</p>
RES 612-A-14	Funding of AMA Region and Section Delegates/Alternates	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Board of Trustees Report 1 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee F)</p>
RES 613-A-14	Identity Theft	Adopted as Amended.	<p>Our AMA continues to have conversations with senior officials from the IRS, CMS, and Secret Service to further investigate these identity theft cases. Our AMA has stressed that efforts must be made to find the source of the breach of physician Social Security numbers and policies put in place to ensure that there are no further cases of identity theft targeted at physicians.</p> <p>No further action required.</p>
RES 614-A-14	VA ACES Travel Policy	Adopted as Amended.	<p>Our AMA sent a letter to the Secretary of VA noting that the Attendance and Cost Estimation System (ACES) system has become a barrier to VA physician attendance at medical and scientific meetings, and encouraging the Secretary to adopt ACES system reforms that will allow VA employed physicians to attend medical and scientific conferences.</p> <p>No further action required.</p>
RES 615-A-14	AMA Advocacy Analysis	Substitute Resolution 615 Adopted as Amended. (Report Back at A-15.)	<p>Board of Trustees Report 8 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee B)</p> <p>HOD Action: Filed.</p>
RES 616-A-14	Improving Leadership Potential and Preventing Attrition Among Early- and Mid-Career Physicians	Substitute Resolution 616 Adopted. (Report Back at A-15.)	<p>A Council on Long Range Planning and Development Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Council on Long Range Planning and Development Report 3 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee F)</p>

Report/Resolution	Title	House Action	Status
RES 701-A-14	Medical Staff and Hospital Engagement of Community Physicians	Adopted.	AMA Policy Database Updated.
RES 702-A-14	Putting Price Transparency Into Practice	Adopted as Amended.	<p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>The Accreditation Council for Graduate Medical Education, American Osteopathic Association and Association of American Medical Colleges were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update.</p> <p>Council on Medical Service Report 4 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee G)</p>
RES 703-A-14	Improving Home Health Care	Referred.	<p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Council on Medical Service Report 8 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee G)</p>
RES 704-A-14	Studying Hospital Incentives for Admission, Testing, and Procedure	Adopted as Amended with Change in Title.	<p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting.</p> <p>Council on Medical Service Report 5 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Informational)</p>
RES 705-A-14	Payment for Nutrition Support Services	Substitute Resolution 705 Adopted.	AMA Policy Database Updated.
RES 706-A-14	High Rates of Cesarean Deliveries	Not Adopted.	
RES 707-A-14	Grace Period	Adopted as Amended in Lieu of Resolution 732.	<p>Our AMA advocacy efforts continue on both the federal and state levels to change the rule governing the grace period and to minimize risk to physicians for services provided during any grace period. Our AMA continues to advocate for enhanced and consistent communication of grace period information in standard electronic transactions and with standard setting bodies to ensure that physicians are promptly notified of any potential financial risk.</p> <p>No further action required.</p>

Report/Resolution	Title	House Action	Status
RES 708-A-14	Protecting Physicians Who are Participating in Physician Health Programs from Arbitrary Delisting by Insurance Carriers	Adopted as Amended.	AMA Policy Database Updated.
RES 709-A-14	Change of Coumadin Regulation by CMS	Adopted as Amended.	Our AMA is advocating to CMS for a change in regulations to allow a nurse, under physician supervision, to visit a patient who cannot travel, has no family who can reliably test, or is unable to test on his/her own to obtain and perform a protime/INR without restrictions. No further action required.
RES 710-A-14	Reimbursement for Audit Requests	Policies H-285.943, H-335.980, and H-315.992 Reaffirmed in Lieu of Resolution 710.	AMA Policy Database Updated.
RES 711-A-14	Reimbursement for Prior Approval Requirements	Policies H-385.951, H-285.943 and H-385.948 Reaffirmed in Lieu of Resolution 711.	AMA Policy Database Updated.
RES 712-A-14	Verbal Admission Order Signatures	Substitute Resolution 712 Adopted.	Our AMA has strongly urged CMS to allow authentication of verbal admission orders within 30 days, rather than prior to discharge, and included comments in its letter to CMS regarding the 2015 Hospital IPPS proposed rule. No further action required.
RES 713-A-14	Diagnosis Code for Excessive Reliance on Alternative Therapy	Not Adopted.	
RES 714-A-14	Harmonizing Quality Metric Efforts with Electronic Medical Records	Policies H-450.946 and H-450.966 Reaffirmed in Lieu of Resolution 714.	AMA Policy Database Updated.
RES 715-A-14	Overregulation of Provider-Performed Microscopy Procedures for Ambulatory Health Care	Referred. (Report Back at I-14.)	Council on Medical Service Report 9 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J) HOD Action: Recommendations in CMS Report 9-I-14 Adopted as Amended, Remainder of Report Filed.

Report/Resolution	Title	House Action	Status
RES 716-A-14	Pharmacy-Physician Communications Regarding Drug Formularies	Substitute Resolution 724 Adopted as Amended in Lieu of Resolution 716 and 724.	See RES 724-A-14.
RES 717-A-14	Increasing Physician Efficiency	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Board of Trustees Report 17 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee G)
RES 718-A-14	Improving the Handling of In-Flight Medical Emergencies	Adopted as Amended.	The Aerospace Medical Association publishes has a guidance document on managing in-flight medical emergencies http://www.asma.org/asma/media/asma/Travel-Publications/In-flight-medical-events-guidance-document.pdf . Staff were contacted to identify any existing webinar based training modules. No further action required.
RES 719-A-14	Study the Costs of Administrative and Regulatory Burdens	Substitute Resolution 719 Adopted in Lieu of Resolutions 719 and 730.	Our AMA will undertake a research project with an academic partner in 2015 that examines and categorizes physician practice time, particularly the time and costs associated with administrative and regulatory burdens. Board of Trustees Report 11 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Informational)
RES 720-A-14	Compensation for Prior Authorization Efforts	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 721-A-14	Capturing Physician Sentiments of Hospital Quality	Adopted as Amended.	Our AMA is currently working with key stakeholders, including the hospital community, to create a set of principles on how physicians and hospitals can work together with more integrated leadership than commonly exists. Such principles will be designed to set out models for appropriate physician-hospital relationships, intended to improve the current problems that give rise to this resolution. These principles, in turn, could form the basis for future detailed measurement of hospital performance in this area. Our AMA is currently working on various initiatives that when complete, will allow us to better understand what creates satisfaction or dissatisfaction for physicians working in a hospital environment. No further action required.
RES 722-A-14	EHR in Post-Acute and Long-Term Care Settings	Current Policy Reaffirmed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 723-A-14	Integrating Physical and Behavioral Healthcare	Adopted as Amended. (Report Back at A-15.)	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Council on Medical Service Report 6 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Reference Committee A)
RES 724-A-14	Private Health Insurance Formulary Transparency	Substitute Resolution 724 Adopted as Amended in Lieu of Resolution 716 and 724.	Our AMA notified the Federation that we are committed to working with interested states and specialties in supporting legislation or regulation that ensures that private health insurance carriers declare which medications are available on their formularies by October 1 of the preceding year, that formulary information be specific as to generic versus trade name and include copay responsibilities and that drugs may not be removed from the formulary nor moved to a higher cost tier within the policy term. No further action on Resolved 2. Resolved 3, our AMA staff is in the process of drafting model state legislation, with AMA Council on Legislation review planned for September 2015. Our AMA continues to advocate for improvements in the granularity, accuracy, and currency of data provided via the National Council for Prescription Drug Programs (NCPDP) Formulary & Benefit (F&B) standard, to include global utilization of the prior authorization flag in physicians' electronic health records or e-prescribing systems. Our AMA also actively participates in NCPDP's Real Time Prescription Benefit Inquiry Task Group to support creation of an electronic standard that will provide real-time data regarding patient pay, therapeutic alternatives, and coverage restrictions at the point of prescribing.
RES 725-A-14	Support for the Concepts of the "Choosing Wisely" Program	Adopted as Amended with Change in Title.	AMA Policy Database Updated.
RES 726-A-14	Internet Review of Physicians	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 727-A-14	Point of Care Availability for Blood Glucose Testing	Adopted as Amended.	Our AMA is communicating support to the FDA and CMS for the Clinical Laboratory Improvement Act exempt status of point-of-care glucose testing. No further action required.
RES 728-A-14	Development of a Transparent and Fair Payment Process for ERISA Plans	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 729-A-14	Exemption Criteria for Electronic Health Record Adoption and Cloud-Based Electronic Health Record Packages	Current Policy Reaffirmed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 730-A-14	Payment for Centers for Medicare & Medicaid Services Mandated Services	Substitute Resolution 719 Adopted in Lieu of Resolutions 719 and 730.	See RES 719-A-14.
RES 731-A-14	Requirement for Medical Insurance Companies to Provide Online Real-Time Insurance Claim Adjustment	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 732-A-14	Federal Advocacy for Protection of State Law Under the 90-Day Grace Period	Adopted as Amended in Lieu of Resolution 732.	See RES 707-A-14.
RES 734-A-14	Public Reporting of Quality and Outcomes for Physician-Led Team-Based Care	Adopted.	Our AMA continues to advocate for public reporting to be at the group level and for physicians to be able to satisfy their MU quality requirements as a group. Our AMA's 2015 Physician Fee Schedule Proposed Rule comments highlight both issues. Currently, CMS provides group practices internal feedback reports that include both individual and group level data, and we will continue to advocate for internal reports to be provided at both levels. MACRA now allows for CMS to accept group level reporting by physicians participating in Qualified Clinical Data Registries.
RES 735-A-14	The Future of Private Practice	Adopted as Amended. (Report Back at A-15.)	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Board of Trustees Report 16 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Informational)
RES 736-A-14	Studying Physician Access to ACO Participation	Adopted as Amended. (Report Back at A-15.)	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Annual Meeting. Council on Medical Service Report 7 on this subject appears in the Delegates Handbook for the 2015 Annual Meeting. (Informational)
RES 737-A-14	Amendments to the AMA Principles for Physician Employment	Adopted.	AMA Policy Database Updated.
RES 738-A-14	Physician Leadership of the Patient-Centered Medical Home	Adopted as Amended.	AMA-appointed members of The Joint Commission Board of Commissioners have discussed this matter with Joint Commission senior management. Additionally, in October, our AMA sent a letter notifying The Joint Commission of the House of Delegates' action, reiterating our AMA's support for physician leadership of the patient-centered medical home. No further action required.