

Follow-Up on Implementation of Resolutions and Report Recommendations AMA House of Delegates Annual Meeting - June 8-11, 2016

Report/Resolution	Title	House Action	Status
BOT Report 01-A-16	Annual Report	Filed.	Bylaws updated.
BOT Report 02-A-16	New Specialty Organizations Representation in the House of Delegates	Recommendations in BOT Report 02-A-16 Adopted, Remainder of Report Filed.	New societies added to routine correspondence. No further action required; all societies in the HOD are provided the same information on HOD matters.
BOT Report 04-A-16	AMA 2017 Dues	Recommendations in BOT Report 04-A-16 Adopted, Remainder of Report Filed.	Approved dues are being implemented in the 2017 membership year.
BOT Report 06-A-16	Council on Legislation Sunset Review of 2006 House Policies	Recommendations in BOT Report 06-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 10-A-16	Electronic Health Records and Meaningful Use (Res. 224-A-15, Res. 227-A-15, and Res. 228-A-15)	Recommendations in BOT Report 10-A-16 Adopted, Remainder of Report Filed.	Our AMA has previously developed Steps Forward™ modules on EHRs and is updating this content to include more guidance as directed through this resolution. Updated content will be available in Spring 2017. Our AMA has advocated extensively to allow more flexibility in how physicians achieve the meaningful use reporting requirements. As we transition from meaningful use to MIPS, our AMA has urged Medicare to allow more flexibility in how Advancing Care Information (ACI) and Clinical Practice Improvement Activities (CPIA) are scored. This includes allowing partial credit for each ACI measure reported under the base score and making clear that a physician will not fail the entire ACI category if they fail to report all base measures. In our discussions with the Administration on the Quality Payment Program we continue to pursue flexibility on requirements and scoring for Advancing Care Information (ACI) and Clinical Practice Improvement Activity (CPIA).

Report/Resolution	Title	House Action	Status
BOT Report 11-A-16	Principles for Hospital Sponsored Electronic Health Records (BOT Report 1-I-15)	Recommendations in BOT Report 11-A-16 Adopted, Remainder of Report Filed.	AMA Policy Database Updated. 1) 2015 Edition Certification has a section called Principles of Proper Conduct which requires more transparency from the vendor community—both on the CHPL and in vendor marketing materials. 2) ONC proposed a rule that would extend their ability to review health IT in-the-field and, if issues were identified, empower them to create corrective action plans. The vendors would need to follow the plans or risk being decertified. We generally supported this but pushed ONC to ensure all data (not IP) was made public. Their final rule is currently at OMB.
BOT Report 12-A-16	Firearm Availability	Recommendations in BOT Report 12-A-16 Adopted as Amended with Change in Title, Remainder of Report Filed.	Our AMA is working with several members of Congress and outside organizations to advance proposals to expand requirements for background checks for the purchase of firearms. Though these efforts have been the subject of contentious debate during the 114th Congress, prospects for advancement in the short term remain low. Our AMA is currently planning to implement a concerted advocacy strategy to advance this objective in the 115th Congress. While the results of the 2016 elections have greatly diminished the likelihood that efforts to expand background checks will be successful in the short term, our AMA continues to seek opportunities to advance HOD policies in this area. Furthermore, on March 24, 2017, AMA and the American Bar Association co-sponsored a first of its kind forum entitled, “Preventing Gun Violence: Moving from Crisis to Action.”
BOT Report 13-A-16	Restrictive Covenants in Physician Contracts (Res. 203-A-15)	Recommendations in BOT Report 13-A-16 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 15-A-16	Designation of Specialty Societies for Representation in the House of Delegates	Referred.	Board of Trustees Report 6 on this subject appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Recommendations in BOT Report 6 Adopted as Amended, Remainder of Report Filed.
BOT Report 16-A-16	Creation of the AMA Super PAC (Res. 606-I-14)	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Board of Trustees Report 11 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee F)
BOT Report 17-A-16	Physician Entrepreneur Academy	Recommendations in BOT Report 17-A-16 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.

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BOT Report 18-A-16	Increasing Collaboration Between Physicians and the Public to Address Problems in Health Care Delivery	Recommendations in BOT Report 18-A-16 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 19-A-16	Pain as the Fifth Vital Sign (Res. 707-A-15)	Recommendations in BOT Report 19-A-16 Adopted as Amended in Lieu of Resolution 217-A-16, Remainder of Report Filed.	<p>Our AMA-appointed members of The Joint Commission Board of Commissioners have consistently relayed to The Joint Commission our AMA's position, concerns, and offers of assistance on this matter.</p> <p>AMA comments on the 2017 Outpatient Prospective Payment System (OPPS) proposed rule asked CMS to ensure that the language "pain as the 5th vital sign" is removed from professional standards and usage to the extent that it is being used, and asked CMS to provide further education on why this language is inappropriate for use in any professional standards. Specifically, we noted that the notion of "pain as the fifth vital sign" and the evolution of patient satisfaction surveys that include a focus on relieving a patient's pain create an environment that contributes to overprescribing opioid analgesics. In response to sustained advocacy by our AMA, the OPPS proposed rule also proposed to remove pain management satisfaction scores on the Hospital Consumer Assessment of Healthcare Providers and Systems surveys from the Hospital Value-Based Purchasing Program beginning in 2018, a policy change that AMA comments strongly supported.</p>
BOT Report 20-A-16	Principles for Measuring and Rewarding Physician Performance (Res. 716-A-15)	Recommendations in BOT Report 20-A-16 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 21-A-16	De-Linkage of Medical Staff Privileges from Hospital Employment Contracts (Res. 820-A-15)	Recommendations in BOT Report 21-A-16 Adopted, Remainder of Report Filed.	<p>AMA Policy Database Updated.</p> <p>In response to Recommendation 2, our AMA is developing specific guidance for physicians seeking to end an employment relationship and transition to independent practice, with an anticipated completion date of June 2017.</p>

Report/Resolution	Title	House Action	Status
BOT Report 22-A-16	Increasing Availability of Naloxone	Recommendations in BOT Report 22-A-16 Adopted as Amended with Change in Title, Remainder of Report Filed.	<p>AMA Policy Database Updated.</p> <p>Our AMA's Task Force to Reduce Opioid Abuse and AMA staff are working with the Federation to increase access to naloxone; support efforts that enable law enforcement agencies to carry and administer naloxone; encourage physicians to co-prescribe naloxone to patients at risk of overdose and where permitted by law, to friends and family members of such patients; encourage private and public payers to include all forms of naloxone on their preferred drug lists and formularies; support liability protections for physicians and other health care professionals and others who are authorized to prescribe, dispense and/or administer naloxone pursuant to state law; and support efforts to encourage individuals who are authorized to administer naloxone to receive appropriate education to enable them to do so effectively.</p> <p>Due to physicians' nationwide advocacy for improving access to naloxone, nearly all 50 states now have naloxone access laws. In the first 2 months of 2017, 32,659 Naloxone prescriptions were filled, noting a record 340% increase from 2016. In that same timeframe, 6,935 physicians and health care providers were registered to prescribe, marking a 475% increase in prescribers from the year prior.</p>
BOT Report 23-A-16	Removing Financial Barriers to Participation in Clinical Trials for Medicare Beneficiaries and H.R. 6, 21st Century Cures Act	Filed.	AMA Policy Database Updated.
BOT Report 27-A-16	Nomination for and Improvement of the Position of the United States Surgeon General (Res. 204-A-15)	Recommendations in BOT Report 27-A-16 Adopted, Remainder of Report Filed.	<p>Our AMA has met with presidential transition teams of both major party candidates to discuss their positions on a wide range of health policy issues, including public health issues that could be affected by the Surgeon General. After the election, our AMA will resume discussions with the victor's transition team. As part of these discussions, we will advocate for an enhanced role for the Surgeon General that includes more resources to address matters of public health.</p> <p>Our AMA raised issues discussed in this report in our discussion with the Transition Team and the senior officials in the Trump Administration. Our AMA will continue the dialogue with senior officials regarding strengthening the office of the Surgeon General as the new Administration moves forward.</p>
BOT Report 28-A-16	Specialty Society Representation in the House of Delegates - Five-Year Review	Recommendations in BOT Report 28-A-16 Adopted, Remainder of Report Filed.	<p>All societies contacted re I-16.</p> <p>Details for the 2017 Annual Meeting shared with all societies.</p>
CCB Report 01-A-16	Cessation of New AMA Affiliate Membership Category	Adopted as Amended.	Bylaws updated.

Report/Resolution	Title	House Action	Status
CCB Report 02-A-16	Options for Informational Reports Submitted to the House of Delegates (Resolution 606-A-15)	Recommendations in CCB Report 02-A-16 Adopted as Amended, Remainder of Report Filed.	AMA policy database updated.
CCB Report 03-A-16	A Definition of Resident and Fellow for Inclusion in the AMA Bylaws	Recommendation in CCB Report 03-A-16 Adopted, Remainder of Report Filed.	Bylaws updated.
CEJA Report 01-A-16	Ethical Practice in Telemedicine	Recommendations in CEJA Report 01-A-16 Adopted, Remainder of Report Filed.	AMA policy database updated.
CEJA Report 02-A-16	Modernized Code of Medical Ethics	Recommendations in CEJA Report 02-A-16 Adopted, Remainder of Report Filed.	Opinion 01-I-16 of the Council on Ethical and Judicial Affairs on this topic appears in the Delegates Handbook for the 2016 Interim Meeting. HOD Action: Filed.
CEJA Report 03-A-16	CEJA Sunset Review of 2006 AMA House Policies	Recommendations in CEJA Report 03-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CME Report 01-A-16	Council on Medical Education Sunset Review of 2006 House Policies	Recommendations in CME Report 01-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CME Report 02-A-16	Update on Maintenance of Certification and Osteopathic Continuous Certification (Resolutions 309-A-15, 3 18-A-15, 903-I-15, 924-I-15 and 925-I-15)	Recommendations in CME Report 02-A-16 Adopted, Remainder of Report Filed.	The American Board of Medical Specialties 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. A Council on Medical Education Report on this topic will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Council on Medical Education Report 2 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Informational)
CME Report 03-A-16	Addressing the Increasing Number of Unmatched Medical Students	Recommendations in CME Report 03-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated. The Association of American Medical Colleges 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.

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CME Report 04-A-16	Resident and Fellow Compensation and Health Care System Value (Resolutions 328-A-15 and 321-A-15)	Recommendations in CME Report 04-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated. 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 Updates.
CME Report 05-A-16	Accountability and Transparency in Graduate Medical Education Funding (Resolutions 327-A-15 and 329-A-15)	Recommendations in CME Report 05-A-16 Adopted as Amended, Remainder of Report Filed.	A Council on Medical Education Report will be prepared as needed.
CME Report 06-A-16	Telemedicine in Medical Education	Recommendations in CME Report 06-A-16 Adopted as Amended with Change in Title, Remainder of Report Filed.	The Association of American Medical Colleges, American Osteopathic Association, American Association of Colleges of Osteopathic Medicine, Liaison Committee on Medical Education 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.
CMS Report 01-A-16	Council on Medical Service Sunset Review of 2006 AMA House Policies	Recommendations in CMS Report 01-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 02-A-16	Affordable Care Act Medicaid Expansion	Recommendations in CMS Report 02-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 03-A-16	Paid Sick Leave (Resolution 202-A-15)	Recommendations in CMS Report 03-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 04-A-16	Access to Self-Administered Medications	Recommendations in CMS Report 04-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.

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CMS Report 05-A-16	"Incident to" Billing for Telehealth	Recommendations in CMS Report 05-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 06-A-16	Physician Communication and Care Coordination During Patient Hospitalizations (Resolution 714-A-15)	Recommendations in CMS Report 06-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 07-A-16	Prior Authorization Simplification and Standardization (Resolutions 705-A-15 and 712-A-15)	Recommendations in CMS Report 07-A-16 Adopted as Amended, Remainder of Report Filed.	An "Appropriate use of step therapy protocols" section has been added to our AMA's model bill titled, "Ensuring Transparency in Prior Authorization Act." In collaboration with the Federation, and relevant patient groups, our AMA has drafted a set of prior authorization principles to be used in advocacy with health plans and accreditation organizations. Principles will be finalized and released by Q1 2017. The Council on Medical Service is drafting a report for A-17 that will explore and report on potential mechanisms and feasibility of obtaining payment for practice time expended on completion of prior authorizations. Council on Medical Service Report 8 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Informational)
CMS Report 08-A-16	Billing of "Incident to" Services	Recommendations in CMS Report 08-A-16 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 09-A-16	Physician-Focused Alternative Payment Models	Recommendations in CMS Report 09-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 10-A-16	Medication "Brown Bagging" (Resolution 827-I-15)	Recommendations in CMS Report 10-A-16 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CSAPH Report 01-A-16	CSAPH Sunset Review of 2006 House Policies	Recommendation in CSAPH Report 01-A-16 Adopted as Amended and the Remainder of the Report Filed.	AMA Policy Database Updated.

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CSAPH Report 02-A-16	Human and Environmental Effects of Light Emitting Diode (LED) Community Lighting	Recommendation in CSAPH Report 02-A-16 Adopted and the Remainder of the Report Filed.	AMA Policy Database Updated.
CSAPH Report 03-A-16	Precision Medicine Initiative	Recommendation in CSAPH Report 03-A-16 Adopted and the Remainder of the Report Filed.	<p>Our AMA staff have begun a series of meetings with the NIH and PMI Awardees to plan collaborative projects aimed at increasing awareness of the PMI among physicians and providing resources to assist physicians in enrolling patients.</p> <p>Our AMA continues to advocate for improvements to EHR systems that will enable interoperability and access while not creating additional burdens and usability challenges for physicians. In our AMA's comments on the MACRA proposed rule, we asked CMS to reduce the complexity of the Advancing Care Information (ACI) category and allow practices to use 2014 certified electronic health record technology (CEHRT) or 2015 CEHRT if available. Our AMA has also met multiple times with Office of the National Coordinator for Health Information Technology (ONC) over the summer and early fall to discuss our priorities around EHRs including increasing interoperability and reducing burdens and usability challenges for physicians. Furthermore, our AMA has urged ONC and EHR vendors to refocus certification and design efforts to increase the data liquidity necessary for emerging data-heavy fields of medicine—including the precision medicine initiative (PMI).</p> <p>Our AMA continues to engage the Administration on all of these issues.</p>
CSAPH Report 04-A-16	Powdered Alcohol	Recommendation in CSAPH Report 04-A-16 Adopted and the Remainder of the Report Filed.	AMA Policy Database Updated.
CSAPH Report 05-A-16	An Expanded Definition of Women's Health (Resolution 604-A-15)	Recommendation in CSAPH Report 05-A-16 Adopted as Amended, and the Remainder of the Report Filed.	AMA Policy Database Updated.
CSAPH Report 06-A-16	Delaying School Start Time to Alleviate Adolescent Sleep Deprivation (Resolution 404-A-15)	Recommendation in CSAPH Report 06-A-16 Adopted as Amended and the Remainder of the Report Filed.	AMA Policy Database Updated.
CSAPH Report 07-A-16	Preventing Violent Acts Against Health Care Providers	Recommendation in CSAPH Report 07-A-16 Adopted as Amended and the Remainder of the Report Filed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
CSAPH Report 08-A-16	Juvenile Justice System Reform (Resolution 205-I-14)	Recommendation in CSAPH Report 08-A-16 Adopted and the Remainder of the Report Filed.	AMA Policy Database Updated.
CSAPH Report 09-A-16	Increasing Awareness of Nootropic Use	Recommendation in CSAPH Report 09-A-16 Adopted as Amended, and the Remainder of the Report Filed.	Our AMA sent a letter urging the Federal Trade Commission to examine advertisements for dietary supplements and herbal remedies that claim cognitive enhancement to ensure that they are truthful and not misleading, and are substantiated.
HOD Comp Cmte A-16	Report of the House of Delegates Committee on Compensation of the Officers	Recommendations in HOD Compensation Committee Report-A-16 Adopted, Remainder of Report Filed.	A Report of the House of Delegates Committee on Compensation of the Officers appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee F) HOD Action: Recommendations in HOD Comp Committee Report I-16 Adopted, Remainder of Report Filed.
LATE RES 1010-A-16	Fixing the VA Physician Shortage with Physicians	Adopted as Amended.	Our AMA invited the VA's Under Secretary for Health, Dr. David Shulkin, to speak about the VA's effort to recruit more physicians by increasing GME slots and through incentives, such as loan forgiveness. Dr. Shulkin spoke to residents and fellows about these issues at the A-16. Our AMA continues to dialogue with the VA at regularly scheduled meetings, and one of the issues that we discuss regularly is the need to hire more physicians. Our AMA continues to monitor and seek additional training opportunities for physicians at VA facilities.

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LATE RES 1011-A-16	Gun Violence as a Public Health Crisis	Adopted	<p>Both CDC and the White House have clearly stated that under the Dickey amendment activities that support the collection of firearm injury-related data and engagement in scientific, public health research directed to preventing injuries from violence and firearms are permissible. Furthermore, under the President’s plan, “Now is the Time,” the Administration has explicitly noted that while “the Dickey amendment limited the use of funds to ‘advocate or promote gun control,’ it does not bar CDC from conducting research on the causes of gun violence, asserting that “research on gun violence is not advocacy.” Requested funding was not included in the CDC appropriations that have been reported by both House and Senate subcommittees, and final approval of a bill funding L-HHS for FY17 is still pending. Our AMA will continue to support such funding and promote it as a central component of our agenda addressing gun violence.</p> <p>A news release was issued to national media outlets on June 14, 2016 articulating our AMA’s position on gun violence as a public health crisis.</p> <p>Information was included in an AMA Wire article June 15, 2016, highlighting the call for background checks and wait periods to prevent gun violence. A link to the policy was provided. Also, an AMA Viewpoints from Dr. Stack, “Preventing gun violence is all about saving lives,” was published June 16, 2016. The article discusses the agreement across the medical community to prevent gun violence and details how our AMA is taking action.</p>
RES 001-A-16	Support for Persons with Intellectual Disabilities	Adopted, with Change in Title.	AMA Policy Database Updated.
RES 002-A-16	Clarification of Medical Necessity for Treatment of Gender Dysphoria	Resolution 005-A-16 Adopted as Amended, in lieu of Resolution 002-A-16.	See Resolution 005-A-16.
RES 003-A-16	Supporting Autonomy for Patients with Differences of Sex Development	Referred.	<p>Board of Trustees Report 7 on this subject appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws)</p> <p>HOD Action: Referred.</p>
RES 004-A-16	Targeted Education to Increase Organ Donation	Adopted.	<p>A joint Council on Ethical and Judicial Affairs and Council on Science and Public Health report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting.</p> <p>A joint Council on Ethical and Judicial Affairs and Council on Science and Public Health report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.</p>

Report/Resolution	Title	House Action	Status
RES 005-A-16	Clarification of Medical Necessity for Treatment of Gender Dysphoria	Adopted as Amended, in lieu of Resolution 002-A-16.	AMA Policy Database Updated.
RES 006-A-16	Definition of Resident and Fellow	Adopted as Amended.	Accomplished by the adoption of Council on Constitution and Bylaws Report 3-A-16.
RES 007-A-16	Membership and Representation in the Organized Medical Staff Section	Adopted.	Council on Constitution and Bylaws Report 1 on this subject appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Recommendations in CC&B Report 1 Adopted, Remainder of Report Filed.
RES 008-A-16	Updating Sexual Orientation and Gender Identity Policies	Adopted.	AMA Policy Database Updated.
RES 009-A-16	Physician Decision Making	Adopted as Amended.	AMA Policy Database Updated.
RES 010-A-16	Religiously Affiliated Medical Facilities and the Impact on a Physician's Ability to Provide Patient Centered, Safe Care Services	Adopted.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Council on Ethical and Judicial Affairs Report 6 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C&B)
RES 011-A-16	CEJA and House of Delegates Collaboration	Adopted as Amended.	Council on Ethical and Judicial Affairs Report 3 on this subject appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Referred.
RES 012-A-16	Opposition to Physician Assisted Suicide and Euthanasia	Not Adopted.	
RES 013-A-16	Modernization of the AMA Code of Medical Ethics	Not Adopted.	
RES 014-A-16	Medical Reporting for Safety Sensitive Positions	Referred.	Board of Trustees Report 8 on this subject appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Referred.

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RES 015-A-16	Study Aid-in-Dying	Referred.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Council on Ethical and Judicial Affairs Report 5 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C&B)
RES 016-A-16	Social Media Trends and the Medical Profession	Adopted.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Council on Ethical and Judicial Affairs Report 1 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C&B)
RES 101-A-16	Increasing Availability and Coverage for Immediate Postpartum Long-Acting Reversible Contraceptive Placement	Adopted as Amended.	AMA Policy Database Updated.
RES 102-A-16	Developing Measures for Good Access to Care	Adopted as Amended.	Our AMA will continue to advocate for CMS to incorporate specialty society led measures into CMS programs, specifically measures related to MACRA to ensure all physician specialties can satisfactorily participate and succeed in the Merit Based Incentive Payment System (MIPS) and alternative payment models. Our AMA commented extensively in our MACRA comments on the need for specialty designed APMs and quality measures and clinical practice improvement activities dealing with access to care in order to improve patients' access to specialty care for conditions and episodes they treat. Our AMA continues to engage the Administration on this issue.
RES 103-A-16	Direct Primary Care	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 104-A-16	Support for the Quadruple Aim	Adopted as Amended, with Change in Title.	<p>Our AMA has consistently and repeatedly advocated on the need to measure and improve physician satisfaction since it was incorporated in our AMA’s new strategic direction. Our AMA has subsequently used the passage of MACRA to better align physician satisfaction with quality measurement and clinical improvement activities. This has included urging CMS to adopt EHR functionality and other Clinical Practice Improvement Activity that address physician satisfaction.</p> <p>Since the implementation of this resolution, our AMA has been adding the fourth aim of improving the work-life balance of physicians and other health care professionals in its communications and activities where appropriate. This includes mention of the quadruple aim in updated web content, AMA communications such as AMA Wire stories, and in various presentations to physicians and other stakeholders. In addition, our AMA has held several successful meetings focusing on decreasing physician burnout and increasing well-being. One such meeting included this year’s International Conference on Physician Health™ (ICPH). With its theme, “Increasing Joy in Medicine,” the 2016 ICPH brought together researchers from around the world to focus on identifying personal and professional ways physicians – from medical school through retirement – can and are increasing joy in medicine.</p> <p>Our AMA is also adding content, tools and resources to its Steps Forward™ platform, which focuses on attainable solutions to help make the physician practice more manageable and meaningful to create a better work-life balance.</p> <p>Our AMA will continue to work on these and other related efforts and activities to decrease physician burnout and increase well-being as part of our Professional Satisfaction and Practice Sustainability strategic focus area.</p> <p>Our AMA continues to engage the Administration on this issue.</p>
RES 105-A-16	Restore Medicare Dual Eligible Payments	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 106-A-16	Pre-Exposure Prophylaxis for HIV	Adopted as Amended, with Change in Title.	Information was included in an AMA Wire article, “11 new policies patients should know,” June 15, 2016, highlighting the need to educate both physicians and the public on the use of pre-exposure prophylaxis for HIV.
RES 107-A-16	Arbitrary Relative Value Decisions by CMS	Adopted as Amended.	Our AMA has strongly opposed repeated CMS efforts to discount intensity as part of the calculation of work RVUs, including CMS’ recent efforts to dismantle global surgical codes and accompanying statements to the effect that all visit codes are solely time-based. Our AMA and the RUC also developed and circulated a letter signed by 89 physician groups urging CMS to restore the refinement panels.

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RES 108-A-16	Continued Surgical Care	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Council on Medical Service Report 3 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee A)
RES 109-A-16	Development of a CPT Code for PMP Look-Up	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 110-A-16	Opposing Coverage Decisions Based Solely on ICD-10 Code Specificity	Adopted as Amended, with Change in Title.	AMA Policy Database Updated.
RES 111-A-16	Updated Study on Health Care Payment Models`	Adopted as Amended, with Change in Title.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Council on Medical Service Report 2 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee A)
RES 112-A-16	Hierarchical Condition Category Coding	Adopted as Amended.	Our AMA consistently advocates that Medicare refine its risk adjustment methodologies for alternative payment models and Medicare Advantage plans to ensure that physicians are not penalized for treating more complex patients. Our AMA has addressed this issue in multiple forums with CMS recently, including a meeting with the CMMI and public comments to the Physician-Focused Payment Models Technical Advisory Committee, in which AMA staff noted that current risk adjustment systems fail to account for stage of disease, functional status, at-home support, and socioeconomic factors. Our AMA is also calling for modifications to be included in the 2017 Medicare Advantage Call Letter to allow hierarchical condition category (HCC) codes to automatically follow patients from year-to-year to reflect chronic conditions that will never change. Our AMA continues to raise these issues surrounding risk adjustments in multiple forums.
RES 113-A-16	Support for Equal Health Care Access for Eating Disorders	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 114-A-16	Risk-Adjustment Refinement in ACO Settings and Medicare Shared Savings Program	Adopted as Amended, with Change in Title.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting.</p> <p>Our AMA continues to urge Medicare on the need to more equitably adjust for risk in measures of resources use and quality. In our MACRA comments, our AMA has urged Medicare to develop new risk adjustment measures that take into account demographic variables and health status so as not to penalize physicians or other providers that care for more vulnerable populations.</p> <p>Board of Trustees Report 21 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee A)</p>
RES 115-A-16	Survey of Addiction Treatment Centers Availability	Referred.	<p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting.</p> <p>Council on Medical Service Report 4 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee A)</p>
RES 116-A-16	CPT for Referral to an Addiction Treatment Center	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 117-A-16	Multidisciplinary Pain Management Center Reimbursement	Policies H-185.931, D-160.981 and H-70.919 Reaffirmed in Lieu of Resolution 117-A-16.	AMA Policy Database Updated.
RES 118-A-16	Addressing the Health and Health Care Access Issues of Incarcerated Individuals	Referred.	<p>Council on Medical Service Report 2 on this subject appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee A)</p> <p>HOD Action: Recommendations in CMS Report 2 Adopted as Amended, Remainder of Report Filed.</p>
RES 119-A-16	Ensuring Appropriate Risk Adjustment Prior to Implementation of Value Based Purchasing Programs	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 120-A-16	Requiring Secondary and Supplemental Insurers to Medicare to Follow Medicare Payments	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 121-A-16	Assessment of the Impact of High Deductible Health Plans	Policies H-165.828, D-155.987, H-155.960 and H-185.939 Reaffirmed in Lieu of Resolution 121-A-16.	AMA Policy Database Updated.
RES 122-A-16	Health Coverage for Nutritional Products for Inborn Errors of Metabolism	Adopted.	Legislation requiring health coverage for nutritional products for inborn errors of metabolism has not been reintroduced in the current Congress. Our AMA will support future legislation that is in line with AMA policy concerning coverage for nutritional products for inborn errors of metabolism; however, no new legislation has been introduced on this matter. Our AMA will communicate to the appropriate federal agencies support for coverage of these products. Our AMA also notified all state and national medical specialty societies of its desire to work with any interested parties to support state legislation mandating insurance coverage with minimal deductible or copays for specialized medical food products used to treat inborn errors of metabolism.
RES 201-A-16	Repeal of Anti-Kickback Safe Harbor for Group Purchasing Organizations	Referred for Decision.	<p>The Board considered a report from management regarding Resolution 201-A-16, sponsored by the Medical Student Section, which was referred for decision by the House of Delegates. Resolution 201-A-16 asked our AMA to support the repeal of the Anti-Kickback safe harbor for Group Purchasing Organizations (GPOs). The House of Delegates supported referral for decision due to concern that eliminating the Anti-Kickback safe harbor for GPOs would not directly address the drug shortage issue and could create other potential complications in the pharmaceutical market. Specifically, concern was raised during the reference committee hearing that the proposed solution of repealing the GPO safe harbor could be both ineffective and counterproductive in addressing the identified problem of drug shortages. The report provided background on how GPOs operate and a historical perspective a 1986 Congressional action and risks to our AMA.</p> <p>While drug shortages remain an important and pressing problem, the solution proposed by Resolution 201-A-16 contradicts AMA policy to pursue a collaborative and evidence-based approach, and it may not effectively address the underlying issue, while simultaneously producing unintended consequences. The Board voted that Resolution 201-A-16 not be adopted.</p>
RES 202-A-16	Supporting Legislation to Create Student Loan Savings Accounts	Adopted.	Several bills have been introduced in the 114th Congress that enable the use of pretax dollars to meet student loan obligations. Action on these bills is highly unlikely given the significant budgetary impact. No legislation, however, has been introduced to create savings accounts allowing for pre-tax dollars to be used to pay for student loans.

Report/Resolution	Title	House Action	Status
RES 203-A-16	Opposition to Disclosure of Drug Use and Addiction Treatment History in Public Assistance Programs	Adopted.	AMA Policy Database Updated.
RES 204-A-16	USP Compounding Rules	Adopted as Amended.	<p>Our AMA continues to work closely with USP, physician organizations, and state medical societies to ensure any changes to USP Chapter 797 on Sterile Compounding do not adversely impact physician in-office compounding. Our AMA, along with several other physician specialty organizations, submitted comments to USP following their proposed revisions to Chapter 797. USP is currently reviewing comments and has delayed further revision to the chapter until 2017 at the earliest. Our AMA attended a listening session with FDA officials on drug compounding in June 2016 and submitted follow up comments to the agency outlining the importance of maintaining access to compounded/repackaged drug products and urging FDA to not take any action that would impact physician in-office compounding. Our AMA continues to discuss issues related to compounded/repackaged drug products and physician in-office compounding with a coalition of interested physician specialty organizations on regular basis.</p> <p>Our AMA continues to lead a coalition of specialty societies working on this issue. Our AMA continues to pursue our goals with FDA as well as USP.</p>
RES 205-A-16	AMA Support for Justice Reinvestment Initiatives	Adopted as Amended.	AMA Policy Database Updated.
RES 206-A-16	Minimize Provider Burden for Meaningful Use Audit	Adopted as Amended.	<p>In CY 2014, CMS was unable to determine the accuracy of PQRS data submitted through EHRs and qualified clinical data registries (QCDR) due to data integrity issues. Our AMA advocated that vendors, not physicians, should be held accountable for these data issues. In the recently released 2017 Medicare Physician Fee Schedule (MPFS) proposed rule, CMS responded to our advocacy efforts, and agreed that physicians should not be harmed for vendor issues. They proposed that if a physician experiences widespread data issues that render them unable to receive a quality score, and also score “high-cost,” CMS will change their cost score to “average-cost” so that the physician will not be penalized for the fact that their vendor experienced data issues and was not able to adequately report their quality score. In addition, we advocated in our MACRA efforts for CMS to reduce the overall complexity of the Advancing Care Information (ACI) category and quality categories, which should result in more certified vendor-based EHRs being able to provide reports in a format suitable to satisfy physician reporting requirements. We also asked CMS to allow physicians to continue using 2014 certified electronic health record technology (CEHRT) until vendors have met the 2015 criteria, which should provide additional time to resolve some of these format issues.</p>

Report/Resolution	Title	House Action	Status
RES 207-A-16	National Practitioner Data Bank	Adopted as Amended.	<p>Updates to our AMA Physician's Guide to Medical Staff Organization Bylaws are in process, with an anticipated completion date of January 2017.</p> <p>Our AMA sent a letter to HRSA advocating for changes to the NPDB regulations so that a physician's surrender of clinical privileges or failure to renew clinical privileges while under investigation should not be a reportable event unless the physician has been notified that an investigation is underway.</p> <p>The AMA Physician's Guide to Medical Staff Organization Bylaws has been updated with additional guidance on NPDB reporting, including processes and related template documents to help medical staffs avoid unfair reports: http://www.ama-assn.org/medical-staff-organization-bylaws</p>
RES 208-A-16	Attorney Ads on Drug Side Effects	Adopted as Amended.	<p>Our AMA notified all state and national medical specialty societies of its interest in working with any interested parties in advocating for a requirement that attorney advertising which may cause patients to discontinue medically necessary medications have appropriate and conspicuous warnings that patients should not discontinue medications without seeking the advice of their physicians. Our AMA is currently drafting model state legislation that is consistent with Resolution 208.</p>
RES 209-A-16	Medicare Part B Double Dipping	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting.</p> <p>Board of Trustees Report 16 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee B)</p>
RES 210-A-16	Statutes of Limitations for Medicare and RAC "Lookbacks"	Adopted.	<p>Our AMA has advocated extensively for changes to the RAC program in order to minimize the burden on physician practices. Our advocacy previously resulted in a decision by CMS to limit the look-back period to 6 months from the date of service for patient status reviews, in cases where the hospital submits the claim within 3 months of the date of service. We will continue to advocate for changes to the RAC program that further reduce the look-back period to be no longer than the length of time allowed to submit a claim for consideration.</p> <p>Recovery Audit Contractors (RAC) remain a source of concern for physicians. Our AMA continues to pursue changes to RACs. We have included a series of recommendations surrounding RACs in our regulatory relief agenda with the new Administration.</p>
RES 211-A-16	CMS Revalidation of Medicare Billing Privileges	Adopted.	<p>Our AMA uses every opportunity to lobby CMS to simplify the enrollment and revalidation processes. We continue to urge CMS to adopt the practice of sending revalidation notices to physicians using certified mail with return receipt.</p>
RES 212-A-16	Interstate Medical Licensure Compact	Not Adopted.	

Report/Resolution	Title	House Action	Status
RES 213-A-16	Merit-Based Incentive Payments	Adopted as Amended.	<p data-bbox="1106 167 1944 412">Our AMA has advocated that certified EHR technology (CEHRT) develop a common reporting format for the purposes of satisfying the reporting requirements under MIPS and other pay-for-performance programs. Our advocacy has called for more oversight of EHR vendors, including requiring vendors to undergo data integrity and submission criteria to ensure information is valid and accurate. In its MACRA comments, our AMA urged CMS to develop administrative processes to ensure that vendors incorporate the new MIPS measures to ensure physicians can report through these tools while providing flexibility to allow physicians and medical specialties to use CEHRT in a way that best serves their patients.</p> <p data-bbox="1106 444 1944 496">Below are a few examples of recent advocacy efforts to hold vendors accountable for the provision of reports in a format suitable to satisfy physician reporting requirements:</p> <ul data-bbox="1106 529 1944 1421" style="list-style-type: none"> <li data-bbox="1106 529 1944 997">•In Feb, 2015 we were contacted by a small physician’s practice related to a Stage 2 MU measure calculation issue they encountered. In this instance, the physician’s EHR vendor had interpreted CMS requirements for the view, download, or transmit measure registration to include a patient’s email address. The EHR vendor had constructed their EHR’s patient portal to only count patients who had provided an email address prior to registering for VDT access. The physician contacted our AMA and asked if we could help her out as many of her patients were not providing their email address, but the physician’s own staff registered the patients while they were onsite at the clinic. The physician stated that the EHR vendor would not count patients registered w/o email as they believed it was a CMS requirement for MU measurement. Our AMA coordinated a discussion with CMS, the EHR vendor, and the physician’s office to clarify the issue. Our AMA successfully resolved the issue by getting CMS to send an email clarifying that patient registration w/o an email address was sufficient to provide the ability to access VDT. In this instance our AMA identified it was the EHR vendor who had misinterpreted CMS requirements. The physician was able to successfully attest to Stage 2 of MU after the HER vendor fixed their measure calculation issue. <li data-bbox="1106 1029 1944 1276">•In CY 2014, CMS was unable to determine the accuracy of PQRS data submitted through EHRs and QCDRs due to data integrity issues. Our AMA advocated that vendors, not physicians should be held accountable for these data issues. In the recently released 2017 MPFS proposed rule, CMS responded to our advocacy efforts, and agreed that physicians should not be harmed for vendor issues. They proposed that if a physician experiences widespread data issues that render them unable to receive a quality score, and also score “high-cost,” CMS will change their cost score to “average-cost” so that the physician will not be penalized for the fact that their vendor experienced data issues and was not able to adequately report their quality score. <li data-bbox="1106 1308 1944 1421">•We advocated in MACRA, for CMS to reduce the overall complexity of the ACI category and quality categories, which should result in more certified vendor-based EHRs being able to provide reports in a format suitable to satisfy physician reporting requirements. We also asked CMS to allow physicians to continue using 2014

Report/Resolution	Title	House Action	Status
			CEHRT until vendors have met the 2015 criteria, which should provide additional time to resolve some of these format issues. Our AMA has included these recommendations in our Quality Payment Program (QPP) improvements list as well as regulatory relief efforts.
RES 214-A-16	Medications Return Program	Adopted as Amended.	AMA Policy Database Updated.
RES 215-A-16	Tax Exemptions for Feminine Hygiene Products	Adopted.	AMA Policy Database Updated.
RES 216-A-16	Hospital Consolidation	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Council on Medical Service Report 5 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee B)
RES 217-A-16	Pain as the Fifth Vital Sign	Recommendations in BOT Report 19-A-16 Adopted as Amended, in Lieu of Resolution 217-A16.	See BOT Report 19-A-16.
RES 218-A-16	Measurement of Drug Costs to Assess Resource Use Under MACRA	Adopted as Amended.	Resolution 218 directs our AMA to press CMS to exempt Part B and Part D drug costs in the calculation of resource costs in Medicare's Merit-based Incentive Payment System (MIPS) and alternative payment models, unless physicians in a stakeholder-developed APM voluntarily agree to be held accountable for drug costs. Our AMA has repeatedly made this case to high level CMS officials and included language to this effect in comments on proposed rules to increment MACRA. Because final regulations detailing the role of drug costs in determining resource use have not yet been issued, no legislation has been introduced. Our AMA has, however, made members of Congress aware of this concern and will revisit the issue with Congress, if necessary, after regulations are finalized. Our AMA provided comments in our letters to the agency on Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 (MACRA) and the implementation of Merit-based Incentive Payment System (MIPS), asking that the agency exclude both Parts D and B drug costs from the resource use measures. These comments noted that adding prescription drug costs creates erroneous comparisons and could impact patient care quality. For 2017, CMS agreed with AMA advocacy and omitted the resource use category for MIPS performance. Our AMA is actively working to secure an additional transitional period in which the resource use category will not be counted until measurement is improved.

Report/Resolution	Title	House Action	Status
RES 219-A-16	Dry Needling by Physical Therapists and Other Non-Physician Providers	Resolution 223-A-16 Adopted in Lieu of Resolution 219-A-16.	See Resolution 223-A-16.
RES 220-A-16	Managing Controlled Substance High Utilizer Patients	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 221-A-16	Assurance and Accountability for EPA's State Level Agencies	Adopted as Amended.	AMA Policy Database Updated.
RES 222-A-16	Expedited Review for Clerical Errors on Medicare Enrollment Applications	Adopted.	Our AMA has lobbied CMS persistently over the years to streamline the Medicare enrollment process. Our efforts have urged CMS to make a distinction between minor or inadvertent errors and legitimate fraud and abuse inquiries. Our AMA included enrollment issues in our regulatory relief recommendations for the new Administration.
RES 223-A-16	Dry Needling is an Invasive Procedure	Adopted in Lieu of Resolution 219-A-16.	AMA Policy Database Updated.
RES 224-A-16	Ocular Injuries from Air Guns	Adopted as Amended.	AMA Policy Database Updated.
RES 225-A-16	Fraudulent Use of Prescriptions	Adopted as Amended.	Our AMA has engaged in multiple forums and discussions with groups ranging from the National Association of Boards of Pharmacy (whose state members operate the majority of state PDMPs), the National Association of State Controlled Substance Authorities, the Pew Charitable Trusts and many others to discuss the need for physicians to be able to review and correct errors in the PDMP. Our AMA has provided extensive technical analysis and support to its Federation partners during PDMP state legislative discussions on the need to allow physicians to view their own prescribing history, which has become a common element of PDMP design.

Report/Resolution	Title	House Action	Status
RES 226-A-16	Opposition to Trans Pacific Partnership	Referred for Decision.	<p>The Board considered a report from management regarding Resolution 226-A-16, sponsored by the American Association of Public Health Physicians, which asked our AMA to: 1) oppose U.S. ratification of the Trans-Pacific Partnership (TPP) as currently worded; and 2) notify Congressional leaders, the President, and national media outlets of this policy. The House of Delegates supported the reference committee's recommendation to refer Resolution 226-A-16 to the Board of Trustees for decision, due to conflicting testimony received.</p> <p>The TPP is a proposed free trade agreement (FTA) among 12 countries around the Pacific Rim. In addition to the U.S., TPP negotiating parties include: Australia, Brunei, Canada, Chile, Japan, Malaysia, Mexico, New Zealand, Peru, Singapore, and Vietnam. The 12 countries signed the proposed TPP on February 4, 2016 but it has not yet been ratified by the U.S. Our AMA's limited advocacy involvement with international trade agreements or treaties has generally involved communicating our concerns to the Office of the U.S. Trade Representative (USTR) on tobacco control issues in trade agreements before they were finalized. Our AMA has also advocated for the ratification of the Framework Convention on Tobacco Control. These activities have been pursuant to AMA policy on international trade agreements, Policy D-505.998, "International Trade Agreements." It was noted that the adoption of Resolution 226-A-16 to advocate against ratification of the TPP would use limited AMA resources on a complex and controversial issue that is outside our AMA's strategic priority areas and expertise, and could have negative consequences for our AMA's relationships with the current and future Administration and Congress.</p> <p>The Board voted that AMA Policy D-505.998, "International Trade Agreements," be reaffirmed in lieu of Resolution 226-A-16.</p>
RES 227-A-16	Physician-Patient Text Messaging and Non-HIPAA Compliant Electronic Messaging	Adopted as Amended, with Change in Title.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting.</p> <p>AMA Wire is working with our AMA's General Counsel to prepare information for an AMA Wire article to be published by Q1 2017.</p> <p>Board of Trustees Report 14 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee B)</p>

Report/Resolution	Title	House Action	Status
RES 228-A-16	Legislative Pain Care Restrictions	Adopted as Amended, with Change in Title.	<p>At this time, no Federal legislation has been introduced to restrict a prescription for a controlled substance to a specific number of bills or time period of less than 30 days. Our AMA has also notified all states and national medical specialty societies of its willingness to work with any interested parties in opposing legislative or other policies that arbitrarily restrict a patient's ability to receive effective, patient-specific, evidence-based, comprehensive pain care.</p> <p>Federal legislation has been introduced, consistent with the actions of a number of states, to limit an initial prescription of an opioid for the treatment of acute pain to seven days. AMA staff are in the process of engaging the legislation's sponsors and other interested members to discuss the evidence base and the appropriateness of the specific requirements of the proposed bill.</p>
RES 229-A-16	Expansion of US Veterans' Health Care Choices	Referred.	<p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting.</p> <p>Council on Medical Service Report 6 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee B)</p>
RES 230-A-16	Veterans Health Administration Transparency and Accountability	Not Adopted.	
RES 231-A-16	CMS Audits and Clawbacks	Adopted.	<p>Our AMA is communicating with CMS Medicaid staff to resolve the issues raised in Resolution 231. Our AMA Litigation Center is considering filing a class action suit against CMS.</p> <p>Our AMA Litigation Center supported the 21 plaintiffs in the case and helped to pay legal fees.</p>
RES 232-A-16	Closing Gaps in Prescription Drug Monitoring Programs	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting.</p> <p>Board of Trustees Report 15 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee B)</p>
RES 233-A-16	Insurance Coverage Parity for Telemedicine Service	Adopted.	<p>Our AMA notified all state and national medical specialty societies of its desire to work with any interested parties in advocating for telemedicine parity laws that require private insurers to cover telemedicine-provided services comparable to that of in-person services, and not limit coverage only to services provided by select corporate telemedicine providers. Our AMA already has model legislation, consistent with FSMB Model Guidelines on the Appropriate Use of Technology in Medical Practice, that supports states' efforts to achieve parity in telemedicine coverage policies, and ensures that telemedicine is appropriately defined in each state's medical practice statutes and that its regulation falls under the jurisdiction of the state medical board, and is working with states to enact said legislation.</p>

Report/Resolution	Title	House Action	Status
RES 234-A-16	Telemedicine Encounters by Third Party Vendors	Adopted as Amended.	<p>Updates to our AMA’s model state legislation entitled, “Telemedicine Act,” consistent with the first, second, and fourth Resolve of Resolution 234 are in development. Our AMA Telemedicine Act already incorporates the third Resolve. Our AMA has been working (and will continue to work) with state medical associations in support of legislation based on the AMA Telemedicine Act since the model legislation was approved by our AMA Board of Trustees in November 2014.</p> <p>Our AMA’s model state legislation, entitled, “Telemedicine Act,” was updated consistent with Resolution 234 and distributed to all state and national medical specialty societies.</p>
RES 235-A-16	Unfunded Mandates on Physicians	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 236-A-16	Remove Pain Scores from Quality Metrics	Adopted.	<p>As part of its partnership with HHS to reform opioid prescribing, our AMA has advocated for removing patients self-reported pain scores from payment determinations. Specifically, in our AMA’s comments to the 2017 Outpatient Prospective Payment System Proposed Rule, our AMA recommended delinking pain management questions from payment and quality programs in all health care settings.</p> <p>CMS recently released the proposed 2018 Outpatient Prospective Payment System Proposed Rule (OPSS). The OPSS rule contains new pain questions for the HCAHPS survey. Upon release of the rule our AMA immediately reached out to senior Administration officials to raise concerns. We will include our concerns in our comments on the proposed rule.</p>
RES 237-A-16	Collective Bargaining for Physicians	Not Adopted.	
RES 238-A-16	Part B Drug Payment Demonstration	Resolution 241 Adopted in Lieu of Resolution 238-A-16.	See Resolution 241-A-16.

Report/Resolution	Title	House Action	Status
RES 239-A-16	Opposition to the Department of Veterans Affairs Proposed Rulemaking on APRN Practices	Adopted.	<p>Our AMA met with the VA's Under Secretary for Health to express our strong opposition to the VHA's efforts to allow APRNs to practice independent of physician supervision. After the proposed rule was published, our AMA submitted a sign-on letter on behalf of 98 specialty and state medical societies that urged the VHA not to move forward with its proposal to allow all VHA-employed APRNs' to practice independently and without regard to state law.</p> <p>Our AMA continued our efforts to oppose the proposed rule. The final rule allows independent practice of APRNs within the scope of their VA employment, but exempted nurse anesthetists, who must still practice within physician-led health care teams. In January 2017, our AMA sent a letter to the VA, expressing our disappointment with the final rule, and strongly encouraging the VA to maintain that portion of the rule preserving physician leadership of the anesthesia care team. Our AMA continues to oppose APRN independent practice, regardless of care facility.</p>
RES 240-A-16	Patient Safety Incidents Related to Use of Electronic Health Records	Adopted as Amended.	AMA Policy Database Updated.
RES 241-A-16	Opposition to the CMS Medicare Part B Drug Payment Model	Adopted in Lieu of Resolution 238-A-16.	<p>Resolution 241 directs our AMA to work toward withdrawal of CMS's proposed Part B Drug demo and to work for various related policies intended to ensure that this and other demos do not undermine beneficiary access to needed therapy. Our AMA has continually called for withdrawal of this demo in comments on the proposal, in discussions with high level Medicare officials, and in support of Congressional interventions, including three letters opposing this and/or related demos.</p> <p>As a result of our AMA's and the Federation's efforts, the Administration decided not to move forward with this payment model.</p>
RES 242-A-16	Preserving a Period of Stability in Implementation of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA (P.L. 114-10)	Adopted as Amended.	<p>Our AMA has advocated extensively with CMS on MACRA implementation to ensure that the transition to alternative payment models is as smooth as possible. Our advocacy has taken the form of comment letters and discussions with Agency staff to ensure that appropriate testing is done in advance and measures and scoring mechanisms have been validated.</p> <p>Our AMA is pursuing another transitional year in 2018 to ensure physicians are able to succeed in the Quality Payment Program (QPP). Specifically, we have worked with the Merit-based Incentive Payment System (MIPS) Federation workgroup to develop recommendations for each performance category in 2018, similar to the 'pick your pace' approach in 2017. We will continue to provide feedback to CMS on physicians' need for a MIPS transition period in 2018 and beyond.</p>

Report/Resolution	Title	House Action	Status
RES 243-A-16	Preserving Patient Access to Small Practices Under MACRA	Adopted.	In comments on the proposed MACRA implementation rules and in numerous meetings with top CMS officials, our AMA has urged an increase in the threshold for the low volume MACRA exemption along with other exemptions and a variety of steps to reduce administrative burden. As a result of those efforts, CMS has announced that it will phase in the MACRA requirements by providing physicians with three options for meeting MACRA requirements in 2017, including one that is very minimal. As the implementation of the Quality Payment Program (QPP) moves forward our AMA has continued to work with Merit-based Incentive Payment System Federation workgroup. Informed by the workgroup, we have continued to heavily engage the Administration on QPP. In our discussions with the new Administration one of our top priorities is to provide relief for small practices. Pursuing another Transitional year, retaining a strong low volume threshold, and adding virtual groups are just some of our many recommendations. We will continue to look for avenues to provide relief and support small practices.
RES 301-A-16	Recognizing the Actual Costs of Student Loans	Adopted as Amended.	The Association of American Medical Colleges 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.
RES 302-A-16	Reform and Expand Graduate Medical Education Funding	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 303-A-16	Research and Monitoring to Ensure Ethics of Global Health Programs	Adopted.	AMA Policy Database Updated.
RES 304-A-16	Evaluation of Factors During Residency and Fellowship that Impact Routine Health Maintenance	Referred.	Council on Medical Education Report 1 on this subject appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee C) HOD Action: Recommendations in CME Report 1-I-16 Adopted as Amended, Remainder of Report Filed.
RES 305-A-16	Expanding GME Concurrently with UME	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 306-A-16	Maintenance of Certification /Licensure (MOC/MOL)	Current Policy Reaffirmed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 307-A-16	Diversity of the Health Care Workforce to Reduce Disparities	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 308-A-16	State Programs to Increase Residency Programs	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 309-A-16	Continuing Medical Education Pathway to Recertification	Adopted as Amended.	The American Board of Medical Specialties 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. The Council on Medical Education continues to proactively engage in dialogue with the ABMS regarding ways in which the MOC process can be made more meaningful, relevant, and reflective of the manner in which physicians actually practice.
RES 310-A-16	Standardizing the Allopathic Residency Match System and Timeline	Referred.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Council on Medical Education Report 6 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C)
RES 311-A-16	Transfer of Jurisdiction Over Required Clinical Skills Examination to LCME-Accredited Medical Schools	Substitute Resolution 311 Adopted as Amended, in Lieu of Resolutions 311, 316, 317 and 321-A-16.	The Federation of State Medical Boards, National Board of Medical Examiners, Liaison Committee on Medical Education and AOA Commission on Osteopathic College Accreditation 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. The Council on Medical Education has met with representatives from the NBME and FSMB to discuss this resolution, and next plans to reach out to medical schools. The Academic Physicians Section (AMA-APS) is discussing this issue with the Council of Deans Administrative Board of the Association of American Medical Colleges, at the groups' November 2016 meeting in Seattle. Report 9 of the Council on Medical Education on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. The Council on Medical Education has discussed this resolution with representatives from the Federation of State Medical Boards, National Board of Medical Examiners, Liaison Committee on Medical Education, and AOA Commission on Osteopathic College Accreditation. Additionally, the Academic Physicians Section (AMA-APS) discussed this issue with the Council of Deans Administrative Board of the Association of American Medical Colleges, at the groups' November 2016 meeting in Seattle.
RES 312-A-16	Specialty Board Report Cards	Not Adopted.	

Report/Resolution	Title	House Action	Status
RES 313-A-16	ACCME Proposed Changes in "Accreditation with Commendation" Continuing Medical Education (CME) Criteria Assessment Methodology	Adopted as Amended.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting or the 2017 Interim Meeting depending on the release of the information by the Accreditation Council for Continuing Medical Education.</p> <p>Council on Medical Education Report 8 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Informational)</p>
RES 314-A-16	Addiction Medicine as a Multi-Specialty Subspecialty	Adopted as Amended.	<p>AMA Policy Database Updated.</p> <p>The American Board of Preventive Medicine 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.</p>
RES 315-A-16	Maintenance of Certification (MOC) and Licensure (MOL) vs Board Certification, CME and Life-Long Commitment to Learning	Referred.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting.</p> <p>Council on Medical Education Report 2 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C)</p>
RES 316-A-16	Transfer of Jurisdiction Over Required Clinical Skills Examinations to LCME-Accredited and COCA-Accredited Medical Schools	Substitute Resolution 311 Adopted as Amended, in Lieu of Resolutions 311, 316, 317 and 321-A-16.	See Resolution 311-A-16.
RES 317-A-16	Transfer of Jurisdiction Over Required Clinical Skills Examinations to U.S. Medical Schools	Substitute Resolution 311 Adopted as Amended, in Lieu of Resolutions 311, 316, 317 and 321-A-16.	See Resolution 311-A-16.
RES 318-A-16	Expansion of Public Service Loan Forgiveness	Adopted.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting.</p> <p>Council on Medical Education Report 7 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C)</p>
RES 319-A-16	Specialty-Specific Allocation of GME Funding	Adopted.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 320-A-16	Expanding GME Concurrently with UME	Adopted.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.
RES 321-A-16	Transfer of Jurisdiction Over Required Clinical Skills Examinations to LCME-Accredited and COCA-Accredited Medical Schools	Substitute Resolution 311 Adopted as Amended, in Lieu of Resolutions 311, 316, 317 and 321-A-16.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates as needed.
RES 401-A-16	Evidence-Based Sexual Education in Schools	Adopted as Amended, with Change in Title.	AMA Policy Database Updated.
RES 402-A-16	Addressing Sexual Assault on College Campuses	Adopted.	AMA Policy Database Updated.
RES 403-A-16	Policies on Intimacy and Sexual Behavior in Residential Aged Care Facilities	Adopted.	AMA Policy Database Updated.
RES 404-A-16	Vaccine Availability in Small Quantities	Adopted, with Change in Title.	AMA Policy Database Updated.
RES 405-A-16	Sexual Violence Education and Prevention in Schools	Adopted as Amended, with Change in Title.	AMA Policy Database Updated.
RES 406-A-16	Research the Effects of Physical or Verbal Violence Between Law Enforcement Officers and Public Citizens on Public Health Outcomes	Adopted as Amended.	AMA Policy Database Updated.
RES 407-A-16	Tobacco Products in Pharmacies and Healthcare Facilities	Amended Policy H-495.977 Adopted in Lieu of Resolution 407-A-16.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 409-A-16	Safe Drinking Water	Substitute Resolution 409 Adopted as Amended, in lieu of Resolutions 413, 414, 415 and 416-A-16.	AMA Policy Database Updated.
RES 410-A-16	Primary Care Interventions to Support Breastfeeding	Adopted as Amended, with Change in Title.	AMA Policy Database Updated.
RES 411-A-16	Protecting Children from Excess Sound Exposure and Hearing Loss	Adopted.	Our AMA is working with the AAP and other interested stakeholders to bring the issues of adherence by toy manufacturers to noise standards and labeling and warnings on noise levels to the Consumer Product Safety Commission and to interested members of Congress. Our AMA also notified all states and national medical specialty societies of its desire to work with any interested parties to ensure toy manufacturers' adherence to pediatric noise exposure standards.
RES 412-A-16	Ban Electronic Cigarette Advertisement	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 413-A-16	Ban Lead in Plumbing	Substitute Resolution 409 Adopted as Amended, in lieu of Resolutions 413, 414, 415 and 416-A-16.	See Resolution 409-A-16.
RES 414-A-16	Replace Municipal Lead Plumbing	Substitute Resolution 409 Adopted as Amended, in lieu of Resolutions 413, 414, 415 and 416-A-16.	See Resolution 409-A-16.
RES 415-A-16	Regular Monitoring of Water at School and Daycare Sites	Substitute Resolution 409 Adopted as Amended, in lieu of Resolutions 413, 414, 415 and 416-A-16.	See Resolution 409-A-16.
RES 416-A-16	Timely and Transparent Data Sharing for Drinking Water Testing	Substitute Resolution 409 Adopted as Amended, in lieu of Resolutions 413, 414, 415 and 416-A-16.	See Resolution 409-A-16.
RES 417-A-16	Changing Public Policy to Assist Obesity Goals	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Council on Science and Public Health Report 3 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee D)

Report/Resolution	Title	House Action	Status
RES 418-A-16	Challenging the Pro-Tobacco Actions of the US Chamber of Commerce	Adopted as Amended.	AMA Policy Database Updated.
RES 419-A-16	Opposition to Quarantine for Zika Patients	Adopted as Amended.	AMA Policy Database Updated.
RES 420-A-16	Fund for Public Health Emergency Response	Adopted as Amended, with Change in Title.	AMA Policy Database Updated.
RES 421-A-16	Rational Regulation of Electronic Nicotine Delivery Systems (ENDS)	Not Adopted.	
RES 422-A-16	Sunscreen Use at Schools and Summer Camps	Adopted.	<p>Our AMA has notified all state and national medical specialty societies of its interest in working with interested parties on a state advocacy campaign seeking the removal of sunscreen-related bans at schools and summer camp programs. Our AMA also has promoted model state legislation entitled, “Reducing the Risk of Skin Cancer and Excessive UV Exposure in Children Act,” which was drafted by American Society for Dermatologic Surgery Association. Our AMA has also reached out to a number of state medical societies where ASDSA has lined up sponsors for the legislation and has held a Federation-wide conference call to discuss in more detail.</p> <p>Our AMA has sent letters in support of legislation in two states – GA and RI. Our AMA has been participating in a coalition led by the American Society of Dermatologic Surgery Association (ASDSA) on this topic, and we promoted to the Federation the issue and ASDSA’s model bill.</p>
RES 423-A-16	Core Measure for Flu Vaccination	Not Adopted.	

Report/Resolution	Title	House Action	Status
RES 424-A-16	Enhanced Zika Virus Public Health Action - NOW	Adopted as Amended in Lieu of Resolution 431-A-16.	<p>Our AMA will convene a workgroup of key Federation members, when appropriate, to develop strategies to limit the spread and impact of the Zika virus.</p> <p>Our AMA has reached out to our AMA Alliance regarding their willingness to promote messages around the prevention of Zika virus transmission through their various communication vehicles.</p> <p>The “Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act” became law on September 29, 2016. The bill provides \$933 million for the support of vector control, technical assistance for states, and international response activities, vaccine and diagnostic development, public health emergency preparedness and other Zika response activities.</p> <p>Our AMA has joined the Zika Coalition organized by the March of Dimes to promote policies at the national level to prevent, mitigate, and address the spread of Zika virus and its health consequences, with a particular focus on preventing microcephaly and other birth defects. Our AMA has signed on to the Zika Coalition letter to House and Senate Appropriations Committees urging them to include ample funding to combat the Zika virus in the Fiscal Year (FY) 2018 appropriations bills, and will be participating in coalition meetings with key members of Congress to emphasize the need for continued funding in the fight against Zika.</p> <p>A Zika Educational Session was held in Orlando, FL at I-16. Additionally, a Federation Zika workgroup was formed and an initial call was held in January, 2017, to better understand the nature and extent of current activities and to explore the need for specific focused and/or collaborative activities.</p>
RES 425-A-16	Oppose Efforts to Stop, Weaken or Delay FDAs Authority to Regulate All Tobacco Products	Adopted as Amended.	<p>Our AMA has joined with numerous other organizations in the public health community in urging Congress not to undermine the recently implemented deeming regulations through the appropriations process or otherwise.</p> <p>Our AMA has also sent a letter to the FDA expressing our strong opposition to the decision to strike from the Food and Drug Administration’s deeming rule on tobacco products, the restriction of flavored electronic nicotine delivery systems.</p>
RES 426-A-16	Weapons, Hospital Workplace and Patient Safety Issues	Adopted as Amended. Policies H-345.974, H-145.975 and H-215.977 Reaffirmed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 427-A-16	Community Benefit Dollars for Diabetes Prevention	Adopted as Amended.	<p>As part of our AMA’s diabetes prevention efforts, our AMA educates health care systems and practices about allocating community benefit dollars to cover the cost of enrolling patients in an in-person or virtual diabetes prevention programs. Our AMA also encourages state medical societies to work with their respective hospitals and local diabetes prevention program providers to offer the programs to patients. Our AMA’s efforts include piloting in the state of Michigan for scaling to other states beginning in 2017. Our AMA is also beginning to encourage private and public payers to offer diabetes prevention programs as part of their suite of benefits.</p> <p>Our AMA is in the development of a position paper with guidance for covering the costs of diabetes prevention programs with community benefit dollars and is scheduled to complete the paper by I-17.</p>
RES 428-A-16	Lead Contamination in Municipal Water Systems as Exemplified by Flint, Michigan	Adopted as Amended, with Change in Title.	<p>Our AMA has sent a letter that urged HHS to evaluate children at-risk of elevated blood lead levels (EBLL) and to provide automatic entry into early-intervention screening programs to assist in the neurodevelopmental monitoring of exposed children. In partnership with state medical societies, our AMA will communicate with the appropriate state policymakers, including indicating our willingness to work with states and specialties to advocate for appropriate nutritional support for all people exposed to lead contaminated water resulting in elevated blood lead levels, consistent with this resolution.</p> <p>A news release was issued to national media outlets on June 14, 2016 promoting public protections from adverse health consequences associated with exposure to lead contaminated water.</p> <p>Policy featured in AMA Wire article, “Flint lead crisis gives rise to policy promoting water purity,” June 14, 2016, detailing safety measures and testing for prevention of future and similar crises.</p>
RES 429-A-16	Appropriate Labeling of Sleep Products for Infants	Alternate Resolution 429-A-16 Adopted in Lieu of Resolution 429-A-16.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 430-A-16	Support for Detergent Poisoning and Child Safety Act	Adopted.	Our AMA notified all state and national medical specialty societies of its desire to work with any interested parties in advocating to state authorities for laws that would protect children from poisoning by detergent packet products by requiring that these products meet child resistant packaging requirements; are manufactured to be less attractive to children in color and in design; include conspicuous warning labels; and that the product package labeling be constructed in a clear and obvious method so children know that the product is dangerous to ingest. Our AMA has also sent letters expressing support for the Detergent Poisoning and Child Safety (PACS) Act of 2015, S. 588/H.R. 1139, to the bills' sponsors, Senator Richard Durbin and Representative Speier. The Detergent PACS Act would achieve the goals of Resolution 430. The Detergent Poisoning and Child Safety Act was not considered by the 114th Congress. At this time, the legislation has not been reintroduced.
RES 431-A-16	Funding for Zika Control and Research	Resolution 424-A-16 Adopted in Lieu of Resolution 431-A-16.	See Resolution 424-A-16.
RES 501-A-16	Disclosure of Screening Test Risks and Benefits Performed Without a Doctor's Order	Not Adopted.	
RES 502-A-16	In-Flight Medical Emergencies	Policies H-45.978, H-45.979, and H-45.981 Reaffirmed in Lieu of Resolution 502-A-16.	AMA Policy Database Updated.
RES 503-A-16	Cost-Effective Technologies as a Solution to Wandering Patients with Alzheimers Disease and Other Related Dementias	Adopted.	AMA Policy Database Updated.
RES 504-A-16	Conservation, Recycling and Environmental Stewardship	Policy H-135.939 Reaffirmed in Lieu of Resolution 504-A-16.	AMA Policy Database Updated.
RES 505-A-16	Radon Testing in Rentals	Amended Policy H-455.986 Adopted in Lieu of Resolution 505-A-16.	AMA Policy Database Updated.
RES 506-A-16	Heart Disease and Women	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 507-A-16	Intervention for Opioid Dependent Pregnant Women	Policy H-420.969 Reaffirmed, Policy H-420.962 Amended, in Lieu of Resolution 507-A-16.	AMA Policy Database Updated.
RES 508-A-16	Banning the Use of Gasoline Powered Leaf Blowers	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 509-A-16	Kratom and its Growing Use Within the United States	Adopted.	AMA Policy Database Updated.
RES 510-A-16	Reuniting Military Service Dogs with Service Personnel Handlers after Retirement to Reduce PTSD	Not Adopted.	
RES 511-A-16	Transparency in Television Advertising of Unregulated Medications and Medical Devices	Policy H-150.954 Adopted as Amended, in Lieu of Resolution 511-A-16.	AMA Policy Database Updated.
RES 512-A-16	Opposition to USP 800	Adopted.	Our AMA notified all state and national medical specialty societies of its desire to work with any interested parties in advocating against policies mandating adherence to those elements of chapter 800 that have unproven and uncertain value.
RES 513-A-16	Action to Address Illegal Methamphetamine Production	Adopted as Amended.	AMA Policy Database Updated.
RES 514-A-16	Opposing Tax Deductions for Direct-to-Consumer Advertising	Referred.	Board of Trustees Report 9 on this subject appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee K) HOD Action: Recommendations in BOT Report 9-I-16 Adopted, Remainder of Report Filed.
RES 515-A-16	NPS Report Distribution to Practicing Physicians	Adopted.	The National Pain Strategy report was added to opioid abuse prevention and the resources are available on our AMA website. The report was promoted in various speeches presented by the chair of our AMA task force to reduce prescription opioid abuse.

Report/Resolution	Title	House Action	Status
RES 516-A-16	Educating Clinicians and the Public about Amebic Meningoencephalitis	Adopted as Amended.	AMA Policy Database Updated.
RES 517-A-16	Cardiopulmonary Resuscitation (CPR) in Post-Acute and Long-Term Care	Policy H-140.845 Reaffirmed in Lieu of Resolutioni 517-A-16.	AMA Policy Database Updated.
RES 518-A-16	Promotion of Milliliter-Only for Liquid Medication Dosing	Adopted as Amended.	Our AMA communicated to the FDA stating its support for moving towards metric system/milliliter-only dosing of liquid medications. Our AMA also notified all state and national medical specialty societies of its desire to work with any interested parties in advocating to relevant state entities for the exclusive use of metric-based dosing with milliliters and milligrams for orally administered liquid medications and that dispensing pharmacies be required to provide a device calibrated in milliliters for medication administration.
RES 519-A-16	Support for Hemorrhage Control Training	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 520-A-16	Medical Marijuana Use in Women of Reproductive Age	Referred for Decision.	<p>The Board considered a report from management which provided background on this resolution which asked our AMA to: 1) adopt the American College of Obstetrics and Gynecology (ACOG) Committee on Obstetric Practice’s policies on marijuana use during pregnancy and lactation; 2) encourage continuing medical education for licensed physicians who certify patients to use medicinal marijuana, include training about the risks of marijuana on reproduction, pregnancy, and breastfeeding; 3) encourage physicians who certify patients to use medicinal marijuana counsel women and men of reproductive age on the risks that marijuana use has on reproduction, pregnancy, and breastfeeding; 4) encourage physicians who certify female patients to receive marijuana for medical use to assess their patients’ pregnancy status and contraceptive method at each visit; and 5) request and recommend that appropriate scientific agencies proceed with necessary research on the health effects of medicinal marijuana.</p> <p>As a general rule, the AMA does not endorse specific policies established by medical specialty societies, but rather adopts policies based on its own review of the scientific evidence.</p> <p>Furthermore, the AMA has existing policies, as outlined above, addressing substance use in women of childbearing age, identifying cannabis as a dangerous drug and discouraging its use, and calling for point-of-sale warnings and product labeling for cannabis and cannabis-based products regarding the potential dangers of use during pregnancy and breastfeeding. It is worth noting that existing AMA policies use the scientific term “cannabis” as opposed to the term “marijuana,” which is utilized throughout the proposed resolution.</p> <p>The Board voted that Resolution 520-A-16 not be adopted.</p>
RES 521-A-16	Transgenerational Effects of Environmental Toxins on Reproductive Health	Adopted as Amended.	AMA Policy Database Updated.
RES 522-A-16	Guidelines for Prescribing Opioid Medications	Adopted as Amended.	Staff are consulting with the American Medical Director’s Association and the American Consultant Pharmacists’ Association to gather data to help inform the appropriate response to this resolution.
RES 601-A-16	Childcare at the AMA Meetings	Adopted as Amended.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Annual Meeting.

Report/Resolution	Title	House Action	Status
RES 602-A-16	Protection of Physicians' Personal Information	Adopted.	<p>Our AMA sent a letter to the Federation of State Medical Boards. In part the letter addressed the disclosure of multiple data elements about physicians on state medical board websites. The letter asked that state medical boards be encouraged to limit the personal information displayed on their websites to the minimum necessary in order to reduce the possibility of identity theft among physicians.</p> <p>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.</p>
RES 604-A-16	Laymen's Medical Advice Policy	Not Adopted.	
RES 605-A-16	Ethnic Medical Association Involvement in the AMA	Adopted.	<p>The International Medical Graduate Section (AMA-IMGS) is communicating regularly with the ethnic medical associations and our AMA has attended/exhibited at some of the ethnic medical society meetings.</p> <p>Our AMA-IMGS has selected five ethnic societies as their top priorities for member outreach and engagement. These societies include the American Association of Physicians of Indian Origin, National Arab American Medical Association, Association of Physicians of Pakistani Descent of North America, American Association of Indian Physicians and the Association of Philippine Physicians in America. Staff plan to exhibit at these meetings, provide resources, and conduct field visits wherever possible. Regular communications is sent via mail and email to over 70 societies about IMGS meetings, desserts reception, elections, committees, and teleconferences.</p>
RES 606-A-16	Amending American Medical Association Meeting Policy	Adopted.	AMA Policy Database Updated.
RES 607-A-16	A Guide to Selecting a Physician-Led Integrated System	Adopted.	<p>A proposed Table of Contents has been created by AMA staff and shared with AMA Governing Councils of IPPS, YPS, RFS, IMG, MAC, WPC as well as external organizations in the HOD including AMGA and MGMA. Based on the feedback, the content of the guide to join or align with a physician led integrated system will be revised, a final copy to be completed by end of 2016 to go through AMA approval process for A-17.</p> <p>The PDF document “A guide to joining or aligning with a physician-led integrated health system” has been produced and is on track for online publication at the end of April 2017. The Guide will be distributed to the Integrated Physician Practice Section in its May Newsletter. Other communications and promotions will be decided upon prior to publication.</p>

Report/Resolution	Title	House Action	Status
RES 608-A-16	Including Medical Students in STEPS Forward to Prevent Burn Out and Promote STEPS Forward in Medical Schools Nationwide	Adopted as Amended.	Our AMA released three modules that address the topic of physician wellness on STEPS Forward™ in June 2015. The modules launched were Preventing Physician Burnout, Improving Physician Resiliency, and Physician Wellness: Preventing Resident and Fellow Burnout. Our AMA is currently working to update these modules to include medical students. These updates will be available in the spring of 2017.
RES 701-A-16	Online Access to Prescription Drug Formularies	Adopted as Amended.	AMA Policy Database Updated.
RES 702-A-16	Study of Current Trends in Clinical Documentation	Adopted as Amended.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.
RES 703-A-16	Voluntary Reporting of Complications from Medical Tourism	Adopted as Amended.	AMA Policy Database Updated.
RES 704-A-16	Stem Cell Tourism	Adopted as Amended.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 705-A-16	Retail Health Clinics	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Council on Medical Service Report 7 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee G)
RES 706-A-16	Pre-Authorization Simplification and Standardization	Current Policy Reaffirmed.	AMA Policy Database Updated.
RES 707-A-16	Medicare and Insurance Takeback Procedures	Adopted as Amended.	AMA Policy Database Updated.
RES 708-A-16	Clinical Pathways	Adopted as Amended.	AMA Policy Database Updated.
RES 709-A-16	Reimbursement for Distinct Services	Current Policy Reaffirmed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 710-A-16	Eliminate the Requirement of H&P Update"	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Board of Trustees Report 20 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee G)
RES 711-A-16	Accurate Mental Status Reporting	Adopted as Amended.	AMA Policy Database Updated.
RES 712-A-16	Remove Pricing Barriers to Treatment for Hepatitis C (HCV)	Referred.	Council on Medical Service Report 5 on this subject appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee) HOD Action: Recommendations in CMS Report 3 Adopted, Remainder of Report Filed.
RES 713-A-16	Medical Staff Engagement at Critical Access Hospitals	Adopted.	AMA Policy Database Updated.
RES 714-A-16	Mixed Medical Staffs	Adopted.	Our AMA Organized Medical Staff Section (AMA-OMSS) is developing guidance for medical staffs on how to facilitate representation of and participation by both employed and independent members in medical staff activities. Additionally, our AMA-OMSS will host an education program on this topic at the 2016 Interim Meeting (“Engaging independent and employed physicians”).
RES 715-A-16	CMS Emergency Department Patient Experience of Care Survey (EDPEC)	Adopted.	In our AMA’s comments on the 2017 Outpatient Prospective Payment System Proposed rule, our AMA urged CMS to ensure the data they collect from the surveys accurately reflects the quality of care provided by physicians and facilities and accounts for the nuances and differences required when providing care in the emergency department.
RES 716-A-16	Mitigating Abusive Pre-Certification/Pre-Authorization Practices	Adopted as Amended.	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 Updates.
RES 717-A-16	Unforeseen Consequences of Core Measures	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Annual Meeting. Board of Trustees Report 12 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee G)

Report/Resolution	Title	House Action	Status
Speakers Report 02-A-1	Procedures of the House of Delegates	Recommendations in Speakers Report 02-A-16 Adopted as Amended, Remainder of Report Filed.	Council on Constitution and Bylaws Report 2 on this subject appears in the Delegates Handbook for the 2016 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Recommendation 1 in CCB Report 2, Adopted; Recommendation 2 Referred, Remainder of Report Filed.