

## Follow-Up on Implementation of Resolutions and Report Recommendations AMA House of Delegates Annual Meeting - June 7-10, 2017

Report/Resolution	Title	House Action	Status
BOT Report 01-A-17	Annual Report	Filed.	
BOT Report 02-A-17	New Specialty Organizations Representation in the House of Delegates	Recommendations in BOT Report 02-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
BOT Report 04-A-17	AMA 2018 Membership Dues	Recommendations in BOT Report 04-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
BOT Report 09-A-17	Physician and Medical Staff Member Bill of Rights (Res. 819-I-15)	Recommendations in BOT Report 9-A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
BOT Report 10-A-17	Creation of the AMA Super PAC (Res. 606-I-14 and BOT 16-A-16)	Recommendations in BOT Report 10-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
BOT Report 11-A-17	Physician-Patient Text Messaging and Non-HIPAA Compliant Electronic Messaging (Res. 227-A-16)	Recommendations in BOT Report 11-A-17 Adopted as Amended in Lieu of Resolution 239-A-17, Remainder of Report Filed.	Our AMA has met with the U.S. Department of Health and Human Services Office of Civil Rights (OCR) on several occasions to urge the agency to issue guidance on text messaging in accordance with AMA policy. OCR has now developed such guidance, and as of October 5, 2017 the guidance is advancing through the agency's clearance process. Our AMA will inform the Federation when the final guidance is released.
BOT Report 12-A-17	Unforeseen Consequences of Core Measures (Res. 717-A-16)	Recommendations in BOT Report 12-A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
BOT Report 13-A-17	Closing Gaps in Prescription Drug Monitoring Programs (Res. 232-A-16)	Recommendations in BOT Report 13-A-17 Adopted, Remainder of Report Filed.	BOT 13 recommended that our AMA seek clarification from the Substance Abuse and Mental Health Services Administration (SAMHSA) on whether opioid treatment programs and other substance use disorder treatment programs may share dispensing information with state-based PDMPs. SAMHSA stated its policy most recently in a 2017 "In Brief," which says that federal confidentiality rules (42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records) exempt medications dispensed at opioid treatment programs from being submitted to PDMPs. Officials with the SAMHSA Center for Substance Abuse Treatment confirmed that this policy is accurate and current.
BOT Report 14-A-17	Medicare Part B Double Dipping (Res. 209-A-16)	Recommendations in BOT Report 14-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
BOT Report 15-A-17	No Compromise on Anti-Female Genital Mutilation Policy (Res. 005-I-16)	Recommendations in BOT Report 15-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
BOT Report 16-A-17	Oppose Physician Gun Gag Rule Policy by Taking our AMA Business Elsewhere (Res. 604-I-16)	Recommendation in BOT Report 16-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
BOT Report 17-A-17	Equality (Res. 602-I-16)	Recommendations in BOT Report 17-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
BOT Report 18-A-17	Eliminate the Requirement of H&P Update (Res. 710-A-16)	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 37 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee G).</b>
BOT Report 19-A-17	CEJA and House of Delegates Collaboration (CEJA Report 003-I-16)	Recommendations in BOT Report 19-A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
BOT Report 20-A-17	Support a Study on the Minimum Competencies and Scope of Medical Scribe Utilization (Res. 603-I-16)	Recommendations in BOT Report 20-A-17 Adopted, Remainder of Report Filed.	<p>Recent research has shown working with a medical scribe significantly improves physician satisfaction and face-to-face time with the patient. The medical scribe industry continues to grow and gain visibility, especially as more evidence shows physician burnout and excessive time spent in the EHR adversely affects the physician’s time with patients and satisfaction with their practice. Innovations like virtual medical scribes and online communities for medical scribes have also emerged, demonstrating the progress the industry is making. The AMA will continue to monitor these trends in order to best support the medical scribe’s role in physician-led team-based care models.</p> <p>Our AMA continues to promote strategies that help improve physician workflow through STEPS Forward modules, and coaching calls and live events in which we engage with physicians and industry experts to present and discuss practice workflow issues and solutions such as team-based care strategies. In addition, our ongoing research will help identify workflow barriers and evidence-based solutions for improving practice workflow.</p> <p><b>AMA continues to monitor trends in the use of medical scribes and the industry outlook. Many physicians and organizations, including our AMA, still support and promote the benefits of physician-led team-based care solutions that incorporate documentation assistants in practice. Our AMA STEPS Forward module “Team Documentation” promotes the use of scribes and team documentation to help physicians spend more face-to-face time with their patients.</b></p> <p><b>Some organizations are reducing or eliminating their medical scribe and other documentation assistant staff as their EHR systems and other HIT solutions integrate functionality that may replace this need. For example, in 2013 and 2014, Mayo Clinic laid off or outsourced almost 300 scribes. In April 2018 Mayo announced the elimination of about 400 medical transcriptionist jobs as they launch an EHR system that includes an integrated voice-transcribing module. New HIT tools, many with artificial intelligence and voice to text programming, are reducing the need for medical scribes and transcriptionists. This trend may be reflected in the Bureau of Labor Statistics’ projected 3 percent decline in the job outlook for medical transcriptionists. The BLS does not have separate industry outlook data for medical scribes. A review of recent articles demonstrates there is still concern over the lack of national standards for scribe training, and mixed opinions on whether EHR technology will eventually evolve to universally include AI functions that will significantly reduce the need for medical scribes.</b></p> <p><b>Our AMA will continue to support and promote strategies for physician-led team-based care models, through STEPS Forward, coaching calls and live events in which we engage with physicians and industry experts to present and discuss practice workflow issues and solutions. Our AMA will also continue to support and contribute to the further development of EHR technology that will enable</b></p>

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
			<b>better, more efficient documentation of patient visits.</b>
BOT Report 22-A-17	Council on Legislation Sunset Review of 2007 House Policies	Recommendations in BOT Reoprt 22-A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
BOT Report 23-A-17	Anti-Harassment Policy	Recommendations in BOT Report 23-A-17 Adopted, Remainder of Report Filed.	BOT Report 11 on this subject appears in the Delegates Handbook for the 2017 Interim Meeting. (Informational)  <b>HOD Action: Filed.</b>
BOT Report 25-A-17	Specialty Societies Representation in the House of Delegates -- Five-Year Review	Recommendations in BOT Report 25-A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
CCB Report 01-A-17	Updated Bylaws—Emergency Business	Recommendations in CCB Reoprt 1-A-17 Adopted as Amended, Remainder of Report Filed.	AMA Bylaws updated.
CCB Report 02-A-17	Specialty Society Allocation for House of Delegate Representation	Recommendations in CCB Report 2-A-17 Adopted, Remainder of Report Filed.	AMA Bylaws updated.  <b>New allocation process began in 2018.</b>
CEJA Opinion 01-A-17	Collaborative Care	Filed.	The AMA Policy Database has been updated.
CEJA Report 01-A-17	Amendment to E-2.3.2, "Professionalism in Social Media"	Recommendations in CEJA Report 1-A-17 Adopted, Remainder of Report Filed.	Opinion 1 of the Council on Ethical and Judicial Affairs appears in the Delegates Handbook for the 2017 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws)
CEJA Report 02-A-17	Competence, Self-Assessment and Self-Awareness (CEJA Report 02-I-16)	Referred.	Council on Ethical and Judicial Affairs Report 1 on this subject appears in the Delegates Handbook for the 2017 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws)  <b>HOD Action: Referred.</b>
CEJA Report 03-A-17	Ethical Physician Conduct in the Media	Referred.	Council on Ethical and Judicial Affairs Report 2 on this subject appears in the Delegates Handbook for the 2017 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws)  <b>HOD Action: Recommendations In CEJA Report 2-I-17 Adopted, Remainder of Report Filed.</b>

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CEJA Report 04-A-17	CEJA's Sunset Review of 2007 House Policies	Recommendations in CEJA Report 4-A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
CLRPD Report 01-A-17	Delegate Allocation for Specialty Societies	Recommendations in CLRPD Report 1-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
CME Report 01-A-17	Council on Medical Education Sunset Review of 2007 House of Delegates' Policies	Recommendations in CME Report 1--A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
CME Report 02-A-17	Update on Maintenance of Certification and Osteopathic Continuous Certification (Resolution 315-A-16)	Recommendations in CME Report 2-A-17 Adopted as Amended, Remainder of Report Filed.	<p>The American Board of Medical Specialties (ABMS) was notified of the House action. The House action was also transmitted to the House of Delegates (HOD), AMA members, and interested organizations via an AMA Wire article.</p> <p><b>In March 2018, the Council co-hosted a meeting with the ABMS regarding continuous certification. The meeting included ABMS member boards, state medical societies, specialty societies, and members of the Council. The Council continues to work with the ABMS to guide changes to the continuous certification process that are meaningful for physicians. As a result of the Council's efforts during the last year, the ABMS member boards have taken steps to replace the MOC Part III examination with a more relevant, less onerous, and cost-efficient process for physicians. In addition, the boards have broadened the range of acceptable activities that meet the Improvement in Medical Practice (MOC Part IV) component. New activities are being implemented by the boards related to registries, systems-based practice, and practice audits. Senior ABMS leadership will attend the Council on Medical Education meeting this June to discuss these issues in person, and the Council will continue to proactively meet with the ABMS regarding additional changes.</b></p>
CME Report 03-A-17	Obesity Education	Recommendations in CME Report 03-A-17 Adopted Remainder of Report Filed.	<p>The House action was transmitted to the HOD, AMA members, and interested organizations via a press release and an AMA Wire article. The report has also been posted to the AMA website.</p> <p>CME Report 03-A-17, "Obesity Education" will be posted on the AMA website and AMA Sections will link to the report as soon as the link is live.</p> <p><b>CME Report 03-A-17, "Obesity Education" is available on our AMA web site at <a href="https://www.ama-assn.org/about/ume-reports-council-medical-education">https://www.ama-assn.org/about/ume-reports-council-medical-education</a></b></p>

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CME Report 06-A-17	Standardizing the Allopathic Residency Match System and Timeline (Resolution 310-A-16)	Recommendations in CME Report 6-A-17 - Rec 1 Adopted; Rec 2 and 3 Referred, Remainder of Report Filed.	A Council on Medical Education Report on this subject that addresses Recommendations 2 and 3 will be prepared for consideration by the House of Delegates at the 2019 Annual Meeting.
CME Report 07-A-17	Expansion of Public Service Loan Forgiveness	Recommendations in CME Report 7-A-17, Remainder of Report Filed.	<p>Our AMA sent a letter to the Accreditation Council for Graduate Medical Education advocating for change to the Public Service Loan Forgiveness Program that eliminates the profit status of a physician's training institution as an eligibility factor.</p> <p>The Accreditation Council for Graduate Medical Education (ACGME) and Association of American Medical Colleges (AAMC) were notified of the House action. The House action was also transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals, and other interested groups via articles in the MedEd Update and the AMA Wire and a press release.</p> <p><b>The 2018 Omnibus Appropriations bill added \$350 million in funding to expand eligibility for the PSLF Program. Specifically, the bill makes existing student borrowers eligible for PSLF even if they were enrolled in an ineligible repayment plan but they otherwise would have been eligible for PSLF.</b></p>
CME Report 09-A-17	Feasibility and Appropriateness of Transferring Jurisdiction over Required Clinical Skills Examinations to LCME-Accredited and COCA-Accredited Medical Schools	Recommendations in CME Report 9-A-17 Adopted as Amended, Remainder of Report Filed.	<p>The National Board of Medical Examiners (NBME) was notified of the House action. Additionally, the Council on Medical Education met with NBME leadership in September to discuss recommendation 2 from this report.</p> <p><b>The Council continues to communicate regularly with the NBME and FSMB regarding ways to ensure the exam is used for appropriate purposes and that feedback is meaningful to students. The Council met with representatives from NBME and FSMB during their September 2017 meeting, and will meet with them again in September 2018. Additionally, the AMA is an official co-sponsor of a work group that will look at changes to the Step exams.</b></p>
CMS Report 01-A-17	Council on Medical Service Sunset Review of 2007 AMA House Policies	Recommendations in CMS Report 1-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 03-A-17	Ensuring Continuity of Care Protections During Active Courses of Treatment (Resolution 108-A-16)	Recommendations in CMS Report 3 Adopted as Amended, Remainder of Report Filed.	Our AMA notified all state and national medical specialty societies of its willingness to provide assistance in support of state legislative and regulatory efforts and offered to disseminate any existing relevant model state legislation to ensure continuity of care protections for patients in an active course of treatment.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
CMS Report 04-A-17	Survey of Addiction Treatment Centers' Availability (Resolution 115-A-16)	Recommendations in CMS Report 4-A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 05-A-17	Hospital Consolidation (RES 216-A-16)	Recommendations in CMS Report 5-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 06-A-17	Expansion of US Veterans' Health Care Choices (Resolution 229-A-16)	Recommendations in CMS Report 6-A-17 Adopted as Amended in Lieu of Original Recommendations in CMS Report 6, in Lieu of Resolution 117-A-17, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 07-A-17	Retail Health Clinics (Resolution 705-A-16)	Recommendations in CMS Report 7-A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 08-A-17	Prior Authorization and Utilization Management Reform (Resolution 820-I-16)	Recommendations in CMS Report 8-A-17 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 09-A-17	Capping Federal Medicaid Funding	CMS Report 9-A-17 New Recommendation Adopted; Recommendation 1 Referred; Recommendation 2 Adopted as Amended, Remainder of Report Referred.	<p>Council on Medical Service Report 5 on this subject appears in the Delegates Handbook for the 2017 Interim Meeting. (Reference Committee J)</p> <p>Our AMA opposed Congressional efforts to cap Medicaid funding as part of legislation designed to repeal portions of the Affordable Care Act. While the House of Representatives passed, by a narrow margin, the American Health Care Act, several efforts by the Senate to adopt similar legislation were unsuccessful. Medicaid per-capita-cap and block grant provisions were cited as significant reasons for AMA opposition.</p> <p><b>HOD Action: Recommendations in CMS Report 5-I-17 Adopted, Remainder of Report Filed.</b></p>

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CMS Report 10-A-17	Physician-Focused Alternative Payment Models: Reducing Barriers	Recommendations in CMS Report 10-A-17 Adopted, Remainder of Report Filed.	Our AMA has met regularly with CMS and ONC officials to advocate for improved policies on availability and use of health information technology, risk adjustment, patient attribution, and performance target setting in physician-focused alternative payment models (APMs). Our AMA also raised these issues in its written comment letter on the 2018 proposed rule for the Quality Payment Program and in written and oral comments to the Physician-focused Payment Model Technical Advisory Committee. Our AMA also convened a day-long workshop in Chicago with representatives of specialty and state medical societies and other organizations to focus on these APM design issues. <b>Our AMA continues to advocate to Congress and to CMS on the importance of physician-focused alternative payment models. In addition to our ongoing activities, we have formed strategic partnerships with the American Society of Addiction Medicine and other medical societies to advance alternative payments for specialists.</b>
CMS/CSAPH Joint Rep	The Value of Preventive Services	Recommendations in CMS/CSAPH Joint Report A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
CSAPH Report 01-A-17	CSAPH Sunset Review of 2007 House Policies	Recommendations in CSAPH Report 1-A-17 Adopted, Remainder of Report Filed.	The Value of Preventive Services
CSAPH Report 02-A-17	Emerging Drugs of Abuse are a Public Health Threat	Recommendations in CSAPH Report 2-A-17 Adopted in Lieu of Resolution 507-A-17, Remainder of Report Filed.	Our AMA continues to participate in a collaborative federal effort working to establish a framework for real-time syndromic surveillance, develop standards for enhanced analytical capacity, establish a platform to improve communication and coordinate/share data resources, reduce the time-lag on toxicology reports and data communication to enhance timeliness of scheduling novel substances, and enhance coordination among stakeholders including tiered expert laboratories. <b>A white paper is under development and near completion with a goal of publication in a peer reviewed journal.</b>
CSAPH Report 03-A-17	Strategies to Reduce the Consumption of Beverages with Added Sweeteners (Res 417-A-16)	Recommendations in CSAPH Report 3-A-17 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
HOD Comp Cmte A-17	Report of the House of Delegates Committee on Compensation of the Officers	Recommendations in HOD Compensation Committee Report A-17, Remainder of Report Filed.	Filed.



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RES 001-A-17	Participation of Physicians on Healthcare Organization Boards	Adopted as Amended.	The subject of Resolution 1-A-17 was addressed in AMA Wire on June 12, 2017 ( <a href="https://wire.ama-assn.org/ama-news/physicians-encouraged-take-seat-table-health-care-boards">https://wire.ama-assn.org/ama-news/physicians-encouraged-take-seat-table-health-care-boards</a> ).
RES 002-A-17	Care of Women and Children in Family Immigration Detention	Adopted as Amended.	The AMA Policy Database has been updated.
RES 003-A-17	Medical Spectrum of Gender	Adopted as Amended.	Our AMA convened a work group (staff and members) to establish process, identify best practices, consider educational opportunities, and identify prospective partners. <b>Our AMA work group charged with advancing the discussion surrounding the medical spectrum of gender continues to address this complex issue in collaboration with our AMA Advisory Committee on Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Issues.</b>
RES 005-A-17	Perioperative Do Not Resuscitate Orders	Current Policy Reaffirmed.	The AMA Policy Database has been updated.
RES 006-A-17	Increasing Access to Healthcare Insurance for Refugee Populations	Adopted.	The AMA Policy Database has been updated.
RES 007-A-17	Healthcare as a Human Right	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 23 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee on Amendments to Constitution and Bylaws).</b>
RES 008-A-17	Promoting the Use of Appropriate LGBTQIA Language in Medical Documentation	Policy H-315.967 Reaffirmed in Lieu of Resolution 8-A-17.	The AMA Policy Database has been updated.
RES 009-A-17	Commercial Exploitation and Human Trafficking of Minors	Adopted.	The AMA Policy Database has been updated.

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RES 010-A-17	Access to Basic Human Services for Transgender Individuals	Adopted.	<p>Our AMA notified all state and national medical specialty societies of its willingness to work with them to advocate for the creation of policies that promote social equality and safe access to basic human services and public facilities for transgender individuals according to one's gender identity.</p> <p><b>Our AMA continues to advocate for the creation of policies that promote social equality and safe access to basic human services and public facilities for transgender individuals according to one's gender identity.</b></p>
RES 011-A-17	Revision of Researcher Certification and Institutional Review Board Protocols	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.</p> <p><b>Board of Trustees Report 26 on this subject appears in the House of Delegates handbook for the 2018 Annual Meeting (Reference Committee on Amendments to Constitution and Bylaws).</b></p>
RES 012-A-17	Promoting the AMA Model Medical Staff Code of Conduct and its Application to Employed Physicians	Adopted as Amended.	<p>Our AMA is developing an online education module to train medical staff and other physician leaders on how to address behavior that undermines patient safety. The module, which will use the AMA Model Medical Staff Code of Conduct as a starting point, will specifically address the potential for abuse of the process and the importance of due process protections for accused physicians.</p> <p><b>Our AMA has created a new resource to help medical staffs address disruptive physician behavior. Now available in the AMA Education Center, this free 30-minute learning module (<a href="https://cme.ama-assn.org/Activity/5976608/Detail.aspx">https://cme.ama-assn.org/Activity/5976608/Detail.aspx</a>) shows physicians how to define appropriate, inappropriate, and disruptive behavior; presents guidelines for dealing with these behaviors in a fair manner; and provides users with their own downloadable copy of the AMA Model Medical Staff Code of Conduct that they can integrate into their medical staff bylaws.</b></p>
RES 013-A-17	Gender Identity Inclusion and Accountability in REMS	Adopted.	<p>Our AMA is discussing with appropriate officials at the Food and Drug Administration the need to modify gender identification policies in risk evaluation and mitigation strategies (REMS) to allow transgender individuals with childbearing potential to access medically necessary medications that are governed by REMS.</p>
RES 014-A-17	The Need to Distinguish Between 'Physician Assisted Suicide' and 'Aid in Dying'	Referred.	<p>A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.</p> <p><b>Council on Ethical and Judicial Affairs Report 5 on this subject appears in the House of Delegates Handbook for the 2018 Annual Meeting (Reference Committee on Amendments to Constitution and Bylaws).</b></p>
RES 015-A-17	Appropriate Placement of Transgender Prisoners	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.</p> <p><b>Board of Trustees report 24 on this subject appears in the House of Delegates Handbook for the 2018 Annual Meeting (Reference Committee on Amendments to Constitution and Bylaws).</b></p>

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RES 016-A-17	Consideration of the Health and Welfare of US Minor Children in Deportation Proceedings Against Their Undocumented Parents	Adopted.	Our AMA provided information to state medical societies on the adoption of Resolution 016-A-17, and our AMA will work with relevant stakeholders to advocate that the mental health, physical well-being, and welfare of U.S. citizen minors be taken into consideration in determining whether their undocumented parents may be detained or deported.
RES 017-A-17	Improving Medical Care in Immigrant Detention Centers	Adopted as Amended.	AMA Internal and External Communications issued a press release, “AMA Adopts New Policies to Improve Health of Immigrants and Refugees” to national media outlets during A-17. Detailed information can be found at the following web address: <a href="https://www.ama-assn.org/ama-adopts-new-policies-improve-health-immigrants-and-refugees">https://www.ama-assn.org/ama-adopts-new-policies-improve-health-immigrants-and-refugees</a>
RES 018-A-17	Patient and Physician Rights Regarding Immigration Status	Adopted.	The AMA Policy Database has been updated.
RES 019-A-17	Ownership of Patient Data	Adopted with Change in Title.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 21 on this subject appears in the House of Delegates Handbook for the 2018 Annual Meeting (Informational).</b>
RES 020-A-17	Recognition of Physician Orders for Life Sustaining Treatment Forms	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 25 on this subject appears in the House of Delegates Handbook for the 2018 Annual Meeting (Reference Committee on Amendments to Constitution and Bylaws).</b>
RES 101-A-17	Eliminating Barriers for Evidence-Based HIV Pre-Exposure Prophylaxis	Adopted as Amended, with Change in Title.	The AMA Policy Database has been updated.
RES 102-A-17	Establishing a Market System of Health System Financing and Delivery	Current Policy Reaffirmed.	The AMA Policy Database has been updated.
RES 103-A-17	Benefit Payment Schedule	Policy H-385-987 Reaffirmed in Lieu of Resolution 103-A-17.	The AMA Policy Database has been updated.
RES 104-A-17	Consultation Code Reinstatement	Current policy reaffirmed.	The AMA Policy Database has been updated.

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RES 105-A-17	Opposition to Price Controls	Current policy reaffirmed.	The AMA Policy Database has been updated.
RES 106-A-17	Medical Loss Ratio	Policies H-155.959, D-155.993 and H-320.968 Reaffirmed in Lieu of Resolution 106-A-17.	The AMA Policy Database has been updated.
RES 107-A-17	Improving Health Insurance Marketplace Affordability, Competition and Stabilization	Substitute Resolution Adopted as Amended.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.  <b>Council on Medical Service Report 3 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee A).</b>
RES 108-A-17	Out-of-Network Insurance Benefit Availability in Individual Insurance Market and Self-Funded Plans	Substitute Resolution 108 Adopted as Amended in Lieu of Resolutions 115, 118 and 127-A-17.	Our AMA is in the process of developing model state legislation addressing the coverage of and payment for unanticipated out-of-network care. Our AMA will also continue to support state efforts and work with national policymaking organizations to promote fair coverage of out-of-network care. <b>Our AMA Council on Legislation developed and our AMA Board of Trustees approved model state legislation addressing the coverage of and payment for unanticipated out-of-network care. Many states are using the framework in their legislative efforts. Our AMA continues to support states as they pursue fair solutions to the important issue of unanticipated out-of-network billing, and work to oppose approaches that undercut physicians' ability to negotiate fair contracts.</b>
RES 109-A-17	Simplify Medicare Face to Face Requirement	Policy D-330.914 Reaffirmed in Lieu of Resolution 109-A-17.	The AMA Policy Database has been updated.
RES 110-A-17	Over-the-Counter Contraceptive Drug Access	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 10 on this topic appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee E).</b>
RES 111-A-17	VA Technology-Based Eye Care Services	Adopted as Amended.	The U.S. House of Representatives Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies included report language in the subcommittee report on its Fiscal Year 2018 bill which urged the VA to "examine the program and ensure that all veterans receive a standard of care in conformity with existing VA policy." No similar language was included in the Senate subcommittee's report.
RES 112-A-17	CMS Must Publish All Values for Non-Covered and Bundled Services	Adopted.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 113-A-17	The AMA Will Support Payment Parity at Medicare Levels for All Medicaid Services	Current policy reaffirmed.	
RES 114-A-17	Coverage for Preventive Care and Immunizations	Adopted as Amended.	The AMA Policy Database has been updated.
RES 115-A-17	Out-of-Network Care	Substitute Resolution 108 Adopted as Amended in Lieu of Resolutions 115, 118 and 127-A-17.	See Resolution 108-A-17.
RES 116-A-17	Medicare Advantage Policies	Adopted as Amended, with Change in Title.	The AMA Policy Database has been updated.
RES 117-A-17	Expansion of U.S. Veterans' Healthcare Choices	Recommendations in CMS Report 6-A-17 Adopted as Amended in Lieu of Original Recommendations in CMS Report 6, in Lieu of Resolution 117-A-17, Remainder of Report Filed.	See CMS Report 6-A-17.
RES 118-A-17	Third Party Patient Reimbursement for Out-of-Network Physicians	Substitute Resolution 108 Adopted as Amended in Lieu of Resolutions 115, 118 and 127-A-17.	See Resolution 108-A-17.
RES 119-A-17	Support Legislative and Regulatory Efforts to Improve Access to Diabetes Self-Management Training and Education Services	Adopted.	No legislative activities to date have been identified that are consistent with the resolution.  <b>Our AMA continues to advocate for improved access to Diabetes Self-Management Training using all available opportunities.</b>
RES 120-A-17	National Pressure Ulcer Advisory Panel Recommendation for Pressure Ulcer Nomenclature Change	Adopted.	A letter advocating against changing the term “pressure ulcer” to “pressure injury” was sent on 9/22/17 to Donna Pickett, the Co-chair of the ICD-10 Coordination and Maintenance Committee at the National Center for Health Statistics, which is responsible for maintenance of ICD-10 CM. Updates will continue until resolution is achieved.

Report/Resolution	Title	House Action	Status
RES 121-A-17	Advanced Care Planning Codes A	Policies H-70.919, H-84.956 and H-140.845 Reaffirmed in Lieu of Resolution 121-A-17.	The AMA Policy Database has been updated.
RES 122-A-17	Reimbursement for Pre-Colonoscopy Visit	Current Policy Reaffirmed.	
RES 123-A-17	Improving the Prevention of Colon Cancer by Insuring the Waiver of the Co-Payment in all Cases	Adopted as Amended.	<p>In AMA comments on the 2018 Medicare Physician Fee Schedule Proposed Rule, we urged the Centers for Medicare &amp; Medicaid Services to waive the coinsurance for colorectal screening tests, including therapeutic interventions required during the procedure. We noted that our AMA has continuously supported clinical preventive services and the benefits and cost-effectiveness of preventive procedures.</p> <p><b>The House bill, H.R. 1017 - Removing Barriers to Colorectal Cancer Screening Act of 2017 currently has 272 cosponsors. The Senate bill, S.479, has 43 cosponsors. At this writing, neither bill has been scheduled for action.</b></p>
RES 124-A-17	Emergency Medical Services Payment for On-Site Treatment and Transport to Non-Traditional Destinations	Adopted as Amended, with Change in Title.	In our comments to the 2018 Physician Fee Schedule Proposed Rule, our AMA urges CMS to pay emergency medical service providers for the evaluation and transport of patients to the most appropriate site of care, rather than limit payment to the current CMS defined transport locations.
RES 125-A-17	Medicaid Substance Use Disorder Coverage	Adopted as Amended.	<p>Our AMA advocated to the President's Commission on Combating Drug Addiction and the Opioid Crisis for expanded payment and coverage for the medical management and treatment of substance use disorders. Our AMA has been working with the American Society of Addiction Medicine to develop new payment models for substance use disorder treatment, has met with CMS to discuss the need for better approaches to paying for these services, and participated in a CMS Behavioral Health Summit focused on this topic.</p> <p><b>AMA advocated to the President's Commission on Combating Drug Addiction and the Opioid Crisis for expanded payment and coverage for the medical management and treatment of substance use disorders. AMA has been working with the American Society of Addiction Medicine to develop new payment models for substance use disorder treatment and jointly issued a press release with a concept paper and request for physicians and payers interested in pilot tests. The groups have met with CMS to discuss the need for better approaches to paying for these services, and participated in a CMS Behavioral Health Summit focused on this topic.</b></p>
RES 126-A-17	Insurance Coverage for Compression Stockings	Adopted as Amended.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 127-A-17	Balance Billing State Regulation A	Substitute Resolution 108 Adopted as Amended in Lieu of Resolutions 115, 118 and 127-A-17.	See Resolution 108-A-17.
RES 128-A-17	Protecting Patients' Access to Emergency Services	Adopted.	<p>Our AMA is advocating to Anthem Blue Cross Blue Shield (Anthem) to rescind its policy invoking retroactive denials of emergency services based on diagnosis. Our AMA is working with directly affected state medical societies (GA, MO and IN), as well as the American College of Emergency Physicians, to address this new policy, to create resources and support their efforts and to educate other medical societies about the policy should it come to their state. Finally, our AMA will be supporting state legislative efforts in 2018 to further codify prudent layperson standards when it comes to emergency care.</p> <p><b>Our AMA continues to work with states impacted by these harmful policies as they engage with their legislatures, departments of insurance and other policymakers. States with Anthem or BCBS plans that are implementing this policy include GA, MO, IN, KY, NH, OH and TX. Our AMA is also working closely with the national medical specialties to coordinate efforts on this and other egregious Anthem/BCBS policies.</b></p>
RES 201-A-17	Improving Drug Affordability	Adopted as Amended.	The AMA Policy Database has been updated.
RES 202-A-17	Protect Individualized Compounding in Physicians' Offices	Current policy reaffirmed.	
RES 203-A-17	AMA to Support Pharmaceutical Pricing Negotiation in US	Adopted.	The AMA Policy Database has been updated.
RES 205-A-17	Limiting Medicare Part D Enrollee Costs	Policy H-110.990 be reaffirmed in lieu of Resolution 205.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 206-A-17	MACRA and the Independent Practice of Medicine	Substitute Resolution 206 Adopted in Lieu of Resolutions 206, 209, and 222.	Our AMA continues to advocate to CMS that the MIPS program needs to be further simplified. Due to AMA advocacy, in the 2018 Quality Payment Program proposed rule, CMS proposes to provide extra points to physicians who treat patients with a disproportionate share of patients with social risk factors starting with the 2018 program year. Our AMA is supportive of this proposal, but continues to advocate to CMS that they further improve its current risk-adjustment methodologies.  <b>In the 2018 Physician Fee Schedule Final Rule, CMS included a number of policies in the MIPS program to ease the burden on small practices. Due to AMA advocacy, CMS finalized in the 2018 Quality Payment Program final rule that physicians who treat patients with a disproportionate share of patients with social risk factors will receive extra points in the program starting with the 2018 program year. Our AMA is supportive of this policy change, but continues to advocate to CMS that they further improve its current risk-adjustment methodologies.</b>
RES 207-A-17	Sky Rocketing Drug Prices	Policy H-110.986, H-110.987, H-110.988, H-110.990, H-110.991, and H-110.997 be reaffirmed in lieu of Resolution 207.	The AMA Policy Database has been updated.
RES 208-A-17	Housing Provision and Social Support to Immediately Alleviate Chronic Homelessness in the United States	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.  <b>Board of Trustees Report 11 on this topic appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee D).</b>
RES 209-A-17	Reduce Physician Practice Administrative Burden	Substitute Resolution 206 Adopted in Lieu of Resolutions 206, 209, and 222.	See Resolution 206-A-17.
RES 210-A-17	Violation of HIPAA Electronic Transaction Standards by Insurer	Adopted.	Our AMA has discussed the issue with senior CMS staff, and they are looking into the matter.
RES 211-A-17	Sale of Health Insurance Across State Lines	Substitute Resolution 211 Adopted as Amended in Lieu of Resolutions 211 and 240.	The AMA Policy Database has been updated.



<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 212-A-17	Advocacy for Seamless Interface between Physician Electronic Health Records (EHRs), Pharmacies and Prescription Drug Monitoring Programs (PDMPs) to be Created and Financed by the Commercial EHR and Dispensing Program Providers	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.  <b>Board of Trustees Report 12 on this subject appears in the Delegates handbook for the 2018 Annual Meeting (Reference Committee B).</b>
RES 213-A-17	Copying and/or Scanning Costs	Not adopted.	
RES 214-A-17	Medical Liability Coverage Through the Federal Tort Claims Act	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.  <b>Board of Trustees Report 18 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee B).</b>
RES 215-A-17	Revisiting Exemptions for Reporting Peer-Reviewed Journal Articles and Medical Textbooks per the Sunshine Act	Policy D-140.958 be reaffirmed in Lieu of Resolution 215.	The AMA Policy Database has been updated.
RES 216-A-17	Electronically Prescribed Controlled Substances Without Added Processes	Referred.	Board of Trustees Report 6 on this subject appears in the Delegates Handbook for the 2017 Interim Meeting. (Reference Committee B)  <b>HOD Action: Recommendations in BOT Reort 6-I-17 Adopted, Remainder of Report Filed.</b>
RES 217-A-17	Inappropriate Requests for DEA Numbers	Policies H-100.972 and H-100.982 be Reaffirmed in Lieu of Resolution 217.	The AMA Policy Database has been updated.
RES 218-A-17	Licensing of Electronic Health Records	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 45 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee B).</b>

Report/Resolution	Title	House Action	Status
RES 219-A-17	Integration of Drug Price Information into Electronic Medical Records	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.</p> <p><b>Board of Trustees Report 14 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee B). BOT Report 14 includes resolutions 219-A-17, “Integration of Drug Price Information into Electronic Medical Records,” 203-I-17, “Bidirectional Communication for EHR Software and Pharmacies,” 205-I-17, “Health Plan, Pharmacy, Electronic Health Records Integration,” and 213-I-17, “Barriers to Price Transparency.”</b></p>
RES 220-A-17	Accountability of 911 Emergency Services Funding	Adopted.	The notified all state and national medical specialty societies of our willingness to work with them in opposition to proposals to reallocate 911 funding to unrelated services.
RES 221-A-17	AMA Policy on American Health Care Act	Current policy reaffirmed.	
RES 222-A-17	Response to Burdensome Governmental Mandate	Substitute Resolution 206 Adopted in Lieu of Resolutions 206, 209, and 222.	See Resolution 206-A-17.
RES 223-A-17	Tax Deductions for Direct-to-Consumer Advertising	Policy H-105.988 be Reaffirmed in Lieu of Resolution 223.	The AMA Policy Database has been updated.
RES 224-A-17	Medicare Prepayment and RAC Audit Reform	Policy H-330.921 Adopted as Amended in Lieu of Resolution 224.	<p>Consistent with AMA advocacy, CMS has begun to use data analytics to target providers who are more likely to have billing errors. CMS is also more actively educating providers with billing errors by engaging in a 1-on-1 conversation followed by a 30-day waiting period to allow providers time to implement corrective actions.</p> <p><b>Our AMA continues to urge CMS to make changes to the Recovery Audit Contractors program that will make it less administratively burdensome. In November, CMS started posting proposed RAC review topics on its website so that specialty societies can weigh-in before the topics are finalized. Also in November, the MACS begin to follow a new auditing process, Targeted Probe and Educate, that uses data analytics to identify clinicians with high denial rates or unusual billing practices and counsels them in 1-on-1 educational interventions. Clinicians can go through 3 rounds of Targeted Probe and Educate before the MACs refer them to the RACs for payment recoupment. Earlier this year, CMS directed the RACs to reimburse physicians for the copying and mailing costs associated with medical record requests.</b></p>

Report/Resolution	Title	House Action	Status
RES 225-A-17	Truth in Advertising	Policy H-405.969 be Reaffirmed in Lieu of Resolution 225.	The AMA Policy Database has been updated.
RES 226-A-17	Direct American Medical Association to Ask CMS and HHS to Remove Practice Expense and Malpractice Expense from Publicly Reported Payments	Adopted.	<p data-bbox="1104 280 1944 418">Our AMA has repeatedly urged CMS to remove practice expense and malpractice expense from reported payments. These conversations have been renewed with the new administration. In addition, our talking points for reporters and patients have highlighted and will continue to highlight the fact that a large portion of physician payments is related to practice expense and the costs of professional liability insurance.</p> <p data-bbox="1104 456 1944 534"><b>Our AMA continues to urge CMS to remove practice expense and malpractice expense from reported payments. These conversations have been renewed with the new administration.</b></p>

Report/Resolution	Title	House Action	Status
RES 227-A-17	Improving Clinical Utility of Medical Documentation	Adopted as Amended.	<p>Our AMA and several specialties urged CMS to streamline its documentation requirements in an August 2017 meeting. Additionally, our AMA submitted feedback from the federation to CMS on burdensome documentation requirements.</p> <p>Our AMA is working with EHR vendors on multiple fronts, and in these collaborations encourages improvement in the documentation requirements and the processes through which documentation is recorded. Recent research, conducted by Christine Sinsky, MD, vice president of professional satisfaction, aimed to assess time allocated by primary care physicians within the EHR. The study results—specifically the finding that primary care physicians spend more than one-half of their work day interacting with the EHR—highlight the continued need for attention on this matter. Our AMA intends to continue our work with EHR vendors on the matter.</p> <p><b>Our AMA has actively engaged the Administration to minimize the burden and increase the clinical utility of medical documentation as the move to electronic health information continues.</b></p> <p><b>Our AMA is currently collaborating with external partners on research focused on the use of EHRs for tasks including documentation. One observational study aims to track physician actions during EHR use in an effort to identify significantly burdensome tasks and processes. Our AMA plans to pursue additional research to help stakeholders, including physicians, payers, regulators, health system leadership, and EHR vendors, make informed improvements to the EHR user experience.</b></p> <p><b>Our AMA is developing fact sheets for online publication to help clarify common myths associated with the practice of medicine. One topic covered in these fact sheets is medical documentation. These guides will provide clarifying information about who can document what in EHRs according to various regulatory requirements. These fact sheets aim to reduce misunderstanding about documentation requirements that may lead to physicians being overburdened with documentation tasks.</b></p> <p><b>The practice transformation and digital health work of our AMA’s professional satisfaction and practice sustainability business unit will continue to support Advocacy’s efforts to reduce the EHR documentation burden on physicians.</b></p>
RES 228-A-17	Free Speech Applies to Scientific Knowledge	Adopted as Amended.	The AMA Policy Database has been updated.
RES 229-A-17	Medicare’s Appropriate Use Criteria Program	Adopted as Amended.	Our AMA advocated for a delay in the implementation of Medicare’s AUC Program until technical and workflow challenges are addressed, to add an additional year for education, and to simplify and phase-in the requirements.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 230-A-17	CMS Reimbursement Guidelines for Teaching Physician Supervision	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 44 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee B).</b>
RES 231-A-17	Naloxone Price Increase	Policy H-95.932 Adopted as Amended in Lieu of Resolution 231.	The AMA Policy Database has been updated.
RES 232-A-17	Create MACRA Opt-Out Option	Current policy reaffirmed.	

Report/Resolution	Title	House Action	Status
RES 233-A-17	Regulation of Physician Assistants	Adopted. Amendment B-3 Referred for Decision.	<p>The Board considered a report and recommendations on Amendment B-3 of Resolution 233-A-17 which was referred for decision by the House of Delegates. Amendment B-3, which was sponsored by the Georgia Delegation, added a third resolve to Resolution 233 that asked that our AMA adopt policy that APRNs are subject to the jurisdiction of state medical licensing and regulatory boards for the regulation and discipline of APRNs in their performance of medical acts and develop model state legislation in support of states to accomplish this policy. Specifically, the HOD expressed concern that adoption of Amendment B-3 would confuse the goals of Resolution 233-A-17 to advocate on PA issues. Testimony suggested that different regulatory structures of PAs and APRNs—whereby PAs predominantly are under the regulation of medical boards while APRNs are largely under the regulation of nursing boards—necessitated a separate study of the regulation of the respective health care professionals.</p> <p>The management report recommended that our AMA (1) adopt policy that advanced practice registered nurses (APRNs) should be subject to the jurisdiction of state medical licensing and regulatory boards for regulation of their performance of medical acts and (2) develop model legislation to create a joint regulatory board composed of members of boards of medicine and nursing, with authority over APRNs. It is also recommended that the title of the new policy be change to “Regulation of Advanced Practice Registered Nurses.” Our AMA Council on Legislation is in the process of developing model legislation to create a joint regulatory board composed of members of boards of medicine and nursing, with authority over APRNs, pursuant to the second recommendation above.</p> <p>The Board VOTED that In lieu of Resolution 233-A-17, Amendment B-3, our AMA (1) adopt policy that advanced practice registered nurses (APRNs) should be subject to the jurisdiction of state medical licensing and regulatory boards for regulation of their performance of medical acts and (2) develop model legislation to create a joint regulatory board composed of members of boards of medicine and nursing, with authority over APRNs. In addition, the title of the new policy be “Regulation of Advanced Practice Registered Nurses.”</p> <p><b>Our AMA Council on Legislation developed and AMA Board of Trustees approved model state legislation to create a joint regulatory board composed of members of boards of medicine and nursing, with authority over APRNs.</b></p>
RES 234-A-17	Protections for Patients with Genetic Conditions	Current policy reaffirmed.	
RES 235-A-17	Towards Eliminating ERISA State Preemption of Health Plan Liability	Policies H-285.915, H-285.945, D-385.984, and D-385.973 be Reaffirmed in Lieu of Resolution 235.	The AMA Policy Database has been updated.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 236-A-17	Retail Price of Drugs Displayed in Direct-to-Consumer Pharmaceutical Advertising	Adopted.	Our AMA sent a letter to the appropriate federal agencies which advocated that direct-to-consumer advertising of prescription drugs should state the manufacturer's suggested retail price of those drugs.
RES 237-A-17	Protection of Clinician-Patient Privilege	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 16 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee B).</b>
RES 238-A-17	Limitation on Reports to the National Practitioner Data Bank Unrelated to Patient Care	Adopted as Amended.	Our AMA sent a letter to HRSA requesting further clarification as to what constitutes a professional review action and what constitutes an administrative or eligibility-based action.
RES 239-A-17	AMA Support for Texting as Approved HIPAA Communication	BOT Report 11 Adopted as Amended in Lieu of Resolution 239, and the Remainder of the Report Filed.	See BOT Report 11-A-17.
RES 240-A-17	Minimum Federal Standards for Interstate Sale of Health Insurance	Substitute Resolution 211 Adopted as Amended in Lieu of Resolutions 211 and 240.	See Resolution 211-A-17.
RES 241-A-17	Timeliness in Obtaining Medical Records from Other Providers	Policy D-190.992 be reaffirmed in lieu of Resolution 241.	The AMA Policy Database has been updated.
RES 242-A-17	Legislation to Require Timely Action on Prior Authorization Requirements	Policies H-320.948, H-320.952, H-320.958, and H-320.968 be Reaffirmed in Lieu of Resolution 242.	The AMA Policy Database has been updated.
RES 243-A-17	Seamless Digital Interface for Best Care	Policies D-478.995 and D-478.972 be Reaffirmed in Lieu of Resolution 243.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 301-A-17	Mental Health Disclosures on Physician Licensing Applications	Adopted as Amended. Resolve 3 Referred.	<p>The Council of Medical Specialty Societies (CMSS) and Federation of State Medical Boards (FSMB) were notified of the House action. In addition, a Council on Medical Education Report on this subject that addresses Resolve 3 will be prepared for consideration by the HOD at the 2018 Annual Meeting. The House action was also transmitted to the HOD, AMA members, and interested organizations via a press release and an AMA Wire article.</p> <p><b>Council on Medical Education Report 6 on this subject appears in the House of Delegates Handbook for the 2018 Annual Meeting. (Reference Committee C)</b></p>
RES 302-A-17	Comprehensive Review of CME Process	Adopted as Amended.	The Council on Medical Education will conduct a comprehensive review of the CME process and report back to the HOD if needed. During its September 2017 meeting, the Council met with leadership for the Accreditation Council for Continuing Medical Education (ACCME) to discuss the resolution.
RES 303-A-17	Addressing Medical Student Mental Health Through Data Collection and Screening	Adopted as Amended.	The AAMC and Liaison Committee on Medical Education (LCME) were notified of the House action. The House action was also transmitted to the HOD, AMA members, and interested organizations via a press release and an AMA Wire article.
RES 304-A-17	Support of Equal Standards for Foreign Medical Schools Seeking Title IV Funding	Adopted.	The AMA Policy Database has been updated.
RES 305-A-17	Reduction of Caregiver Burnout	Adopted as Amended.	<p>The House action was transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article.</p> <p>Our American Medical Association recognizes and supports the key role that lay caregivers play in performing medical/nursing tasks for loved ones. Part of this support includes developing and disseminating resources to better prepare and assist lay caregivers in their roles of providing care. The AMA is currently in the process of curating existing resources for this topic through such organizations, as Gilda's Club and AARP. The intention is to review and identify those resources that provide robust, actionable information, as well as, to encourage partner organizations to continue developing targeted resources to help physicians facilitate conversations and patient care plans with patients and their caregivers.</p> <p><b>Our AMA developed an online guide, "Caring for the caregiver: A guide for physicians," that provides an overview of the caregiver role, the factors that contribute to caregiver burnout and helpful resources for physicians, their patients and their caregivers, as well as the physicians' patients who care for others. The PDF guide is available on the "Physician Resources: Health Education Materials for Your Patients" page of our AMA website.</b></p>



Report/Resolution	Title	House Action	Status
RES 306-A-17	US International Medical Graduates in Physician Workforce	Adopted as Amended.	The Educational Commission for Foreign Medical Graduates (ECFMG) was notified of the House action.
RES 307-A-17	Formal Business and Practice Management Training During Medical Education	Policies D-295.316, H-405.990 (Part 3), H-295.664 and H-295.924 Reaffirmed in Lieu of Resolution 307-A.17.	The AMA Policy Database has been updated.
RES 308-A-17	Impact of Immigration Barriers on the Nation's Health	Substitute Resolution 308 Adopted in Lieu of Resolutions 308, 311, 312, 317, 321, 325, and 326-A-17.	<p>Report 3 of the Council on Medical Education Report on this subject appears in the Delegates Handbook for the 2017 Interim Meeting. (Reference Committee C)</p> <p>Our AMA communicated with concerned members of Congress to build support for reinstatement of premium processing. Our AMA communicated to the Trump Administration our concerns about the impact of Executive Orders that restrict physicians and international medical graduates (IMGs) who have been granted visas to train, practice, or attend medical conferences in the United States. The good news is that, beginning on October 3, 2017, the U.S. Citizenship and Immigration Services resumed premium processing for all H-1B visa extension of stay petitions, and has indicated that premium processing is now available for all types of H-1B petitions (<a href="https://www.uscis.gov/working-united-states/temporary-workers/h-1b-specialty-occupations-and-fashion-models/h-1b-fiscal-year-fy-2018-cap-season">https://www.uscis.gov/working-united-states/temporary-workers/h-1b-specialty-occupations-and-fashion-models/h-1b-fiscal-year-fy-2018-cap-season</a>.) Our AMA will continue to monitor developments that could affect IMGs and advocate with the Administration and Congress as appropriate.</p> <p>The House action was also transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals, and other interested groups via articles in the MedEd Update and the AMA Wire and a press release.</p> <p><b>HOD Action: Filed.</b></p>
RES 309-A-17	Future of the USMLE: Examining Multi-Step Structure and Score Usage	Adopted as Amended.	<p>The Medical Education Group, through the Council on Medical Education, is working with appropriate stakeholders (i.e., the National Board of Medical Examiners and the Federation of State Medical Boards) to study the advantages, disadvantages, and practicality of combining the USMLE Step 1 and Step 2 CK exams into a single licensure exam measuring both foundational science and clinical knowledge competencies, as well as alternative means of scoring USMLE exams in order to avoid the inappropriate use of USMLE scores for screening residency applicants. The Council met with leadership from the NBME and FSMB to discuss this and related issues during its September 2017 meeting.</p> <p><b>The Council met with leadership from the NBME and FSMB to discuss this and related issues during its September 2017 meeting, and will meet with them again during September 2018.</b></p>

Report/Resolution	Title	House Action	Status
RES 310-A-17	Breast Pump Accommodations During Medical Licensing Exams	Policy H-295.861 Adopted as Amended in Lieu of Resolution 310-A-17.	The ABMS, ECGMG, FSMB, and NBME were notified of the House action.
RES 311-A-17	Support of International Medical Students and Graduates	Substitute Resolution 308 Adopted in Lieu of Resolutions 308, 311, 312, 317, 321, 325, and 326-A-17.	See Resolution 308-A-17.
RES 312-A-17	Supporting International Medical Graduates and Students	Substitute Resolution 308 Adopted in Lieu of Resolutions 308, 311, 312, 317, 321, 325, and 326-A-17.	See Resolution 308-A-17.
RES 313-A-17	Study of Declining Native American Medical Student Enrollment	Adopted.	A Council on Medical Education Report on this subject will be prepared for consideration by the HOD at the 2018 Annual Meeting. The House action was also transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article. <b>Report 5 of the Council on Medical Education on this subject appears in the Delegates Handbook for the 2018 Annual Meeting. (Informational)</b>
RES 314-A-17	Educating a Diverse Physician Workforce	Adopted as Amended.	The AAMC and National Resident Matching Program were notified of the House action. The House action was also transmitted to the HOD, AMA members, and interested organizations via a press release and an AMA Wire article.
RES 315-A-17	Inclusion of Developmental Disabilities Curriculum in Undergraduate, Graduate and Continuing Medical Education of Physicians	Adopted as Amended.	The Accreditation Council for Continuing Medical Education, ACGME, American Association of Colleges of Osteopathic Medicine, ABMS, AAMC, Commission on Osteopathic College Accreditation, CMSS, and LCME were notified of the House action. Additionally, Council staff conducted information-gathering conference calls with staff for the American Academy of Pediatrics and the American Academy of Physical Medicine and Rehabilitation to determine the extent to which resources and curricula currently exist.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 316-A-17	Action Steps Regarding Maintenance of Certification	Adopted as Amended. Resolve 5 Referred.	Resolves 4 and 5 will be addressed in the Council on Medical Education Report being prepared on this topic for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Report 2 of the Council on Medical Education on this subject appears in the Delegates Handbook for the 2018 Annual Meeting. (Reference Committee C)</b>  <b>Additionally, in March 2018, the Council co-hosted a meeting with the ABMS regarding continuous certification. The meeting included ABMS member boards, state medical societies, specialty societies, and members of the Council. The Council continues to work with the ABMS to guide changes to the continuous certification process that are meaningful for physicians.</b>
RES 317-A-17	Immigration	Substitute Resolution 308 Adopted in Lieu of Resolutions 308, 311, 312, 317, 321, 325, and 326-A-17.	See Resolution 308-A-17.
RES 318-A-17	Oppose Direct to Consumer Advertising of the ABMS MOC Product	Referred.	This will be addressed in the Council on Medical Education Report being prepared on this topic for consideration by the HOD at the 2018 Annual Meeting.  <b>Report 2 of the Council on Medical Education appears in the Delegates Handbook for the 2018 Annual Meeting. (Reference Committee C)</b>
RES 319-A-17	Public Access to Initial Board Certification Status of Time-Limited ABMS Diplomates	Adopted.	The ABMS was notified of the House action. The House action was also transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article.
RES 320-A-17	Cultural Competence in Standardized Patient Programs within Medical Education	Adopted.	The House action was transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article.
RES 321-A-17	Continued Support of H-1B Visa Programs for International Medical Graduates	Substitute Resolution 308 Adopted in Lieu of Resolutions 308, 311, 312, 317, 321, 325, and 326-A-17.	See Resolution 308-A-17.
RES 322-A-17	Ending Maintenance of Certification Examinations	Policies H-275.924 and D-275.954 Reaffirmed in Lieu of Resolution 322-A-17.	The AMA Policy Database has been updated.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 323-A-17	Exceptions to Medicare GME Cap-Setting Deadlines for Residency Programs in Medically Underserved/Economically Depressed Areas	Adopted.	<p>Our AMA sent a letter to the Centers for Medicare &amp; Medicaid Services that advocated for flexibility beyond the current maximum of 5 years for the Medicare graduate medical education cap-setting deadline for new residency programs in underserved areas and/or economically depressed areas.</p> <p>The House action was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals, and other interested groups via articles in the MedEd Update and the AMA Wire and a press release.</p>
RES 324-A-17	Improve HRSA Projections of the Physician Workforce	Adopted as Amended.	<p>Our AMA had discussions with Agency staff regarding its workforce projections and advocated for changes that would produce more detailed projections down to the subspecialty level.</p> <p>The U.S. Health Resources and Services Administration was notified of the House action.</p>
RES 325-A-17	Ensure an Effective H-1B Visa Program to Protect Patient Access to Care	Substitute Resolution 308 Adopted in Lieu of Resolutions 308, 311, 312, 317, 321, 325, and 326-A-17.	See Resolution 328-A-17.
RES 326-A-17	Supporting International Medical Graduates and Students	Substitute Resolution 308 Adopted in Lieu of Resolutions 308, 311, 312, 317, 321, 325, and 326-A-17.	See Resolution 308-A-17.
RES 401-A-17	Use of Phrase "Gun Violence Mitigation" in Lieu of "Gun Control"	Policies H-135.991 and H-145.999 Adopted in Lieu of Resolution 401-A-17.	The AMA Policy Database has been updated.
RES 402-A-17	Person-First Language for Obesity	Adopted as Amended with Change in Title. Policy H-440.902 Adopted as Amended.	The AMA Policy Database has been updated.
RES 403-A-17	Tobacco Harm Reduction: A Comprehensive Nicotine Policy to Reduce Death and Disease Caused by Smoking	Referred.	<p>A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.</p> <p><b>Council on Science and Public Health Report 5 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee D).</b></p>

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 404-A-17	Support for Standardized Diagnosis and Treatment of Hepatitis C Virus in the Population of Incarcerated Persons	Adopted as Amended.	The AMA Policy Database has been updated.
RES 405-A-17	Increasing Outdoor Activity to Prevent Myopia Onset and Progression in School Children	Substitute Resolution 405-A-17 Adopted in Lieu of Resoution 405-A-17.	The AMA Policy Database has been updated.
RES 406-A-17	Healthful Hospital Foods	Adopted as Amended.	Letter sent to Richard Pollack, President and CEO at the AHA, asking the AHA to encourage their hospitals to make available healthy foods, including plant-based foods as well as foods low in sodium, fat, and added sugars, cutting out processed foods. In addition, we request they offer non-sugar sweetened beverage choices.
RES 407-A-17	SNAP Reform to Improve Access to Healthful Foods	Adopted with Change in Title.	Our AMA sent a letter advocating that the Trump Administration incentivize healthful foods and harmonize the Supplemental Nutrition Assistance Programs (SNAP) with those of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
RES 408-A-17	Increased Oversight of Suicide Prevention Training for Correctional Facility Staff	Adopted as Amended.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 409-A-17	Pediatric/Adolescent Informed Consent Concussion Discussion	Referred for Decision.	<p>At the 2017 Annual Meeting, the House of Delegates referred Resolution 409 to the Board of Trustees for decision. Resolution 409, submitted by the New York Delegation, asked that our American Medical Association support federal legislation that includes informed consent prior to participation in intramural and interscholastic athletics and that this consent discuss the risk of short and long term impact of mild traumatic brain injuries.</p> <p>While Resolution 409 was supported in concept, concerns were raised in Reference Committee on several fronts. First, the resolution focuses solely on federal legislation despite the fact that this issue has been mostly legislated at the state level. Second, informed consent laws vary by state and children and adolescents may not be able to provide consent by law. Third, the resolution requires the consent to specifically provide information on “mild” traumatic brain injuries rather than the full spectrum of traumatic brain injuries.</p> <p>Since May 2009, all 50 states and the District of Columbia have enacted youth sports concussion safety laws. Most of these laws include three key elements: (1) Inform and educate coaches, athletes and their parents and guardians about concussions through training and/or a concussion information sheet. (2) Remove an athlete who is believed to have a concussion from play right away. (3) An athlete can only return to play after at least 24 hours and with permission from a health care professional.</p> <p>While all 50 states and DC have enacted laws to address this public health issue, 46 jurisdictions specifically require the distribution of a concussion information sheet. Thirty-seven jurisdictions require a parent or guardian to sign a concussion information sheet in order for their child to participate in athletics. Thirty-one jurisdictions also require a student’s signature as a condition of initial participation in athletics. Laws in 39 jurisdictions require that a concussion information sheet be distributed at least annually to parents of athletes or student athletes. However, the substance of such education and the language to include on the information sheet are not clearly specified in most of the laws. The Centers for Disease Control and Prevention has developed training courses and customizable materials that have been explicitly mentioned in some laws as a model for creating educational materials. It is also worth noting that few laws require forms to be updated as new techniques to identify and treat concussions become available.</p> <p>Informed consent is defined as an agreement to do something or to allow something to happen, made with complete knowledge of all relevant facts, such as the risks involved or any available alternatives. While some jurisdictions explicitly refer to the process of having the parent review and sign the concussion information sheet as informed consent, others do not.</p> <p>The Board considered a report on this subject and VOTED that Policy H-470.959 be ADOPTED as AMENDED in lieu of Resolution 409, to read as follows:</p>

Report/Resolution	Title	House Action	Status
			<p>H-470.959 Reducing the Risk of Concussion and Other Injuries in Youth Sports ...3. Our AMA will work with interested agencies and organizations to: (a) identify harmful practices in the sports training of children and adolescents; (b) support the establishment of appropriate health standards for sports training of children and adolescents; (c) promote evidenced-based educational efforts to improve knowledge and understanding of concussion and other sport injuries among youth athletes, their parents, coaches, sports officials, school personnel, health professionals, and athletic trainers; (d) encourage further research to determine the most effective educational tools for the prevention and management of pediatric/adolescent concussions.</p> <p>4. Our AMA supports (a) requiring states to develop and revise as necessary, evidenced-based concussion information sheets that include the following information: (1) current best practices in the prevention of concussions, (2) the signs and symptoms of concussions, (3) the short-and long-term impact of mild, moderate, and severe head injuries, and (4) the procedures for allowing a student athlete to return to athletic activity; and (b) requiring parents/guardians and students to sign concussion information sheets on an annual basis as a condition of their participation in sports. (New HOD Policy)</p>
RES 410-A-17	Improving Access to Direct Acting Antivirals for Hepatitis C-Infected Individuals	Adopted as Amended.	The AMA Policy Database has been updated.
RES 411-A-17	Preserving Vaccine Policy in the United States	Substitute Resolution 411 Adopted in Lieu of Resolutions 411 and 420-A-17. Policies H-440.830 and H-440.875 Reaffirmed.	The AMA Policy Database has been updated.
RES 412-A-17	Domestic Water Testing for Lead Toxic Kids	Substitute Resolution 412 Adopted in Lieu of Resolution 412-A-17.	The AMA Policy Database has been updated.
RES 413-A-17	Ocular Burns from Liquid Laundry Packets	Adopted as Amended.	Letters have been sent over Dr. Madara's signature to Robert Adler, Commissioner, US Consumer Product Safety Commission AND Stephen T. Kaminski, JD, CEO and Exec Dir of AAPCC requesting them to consider impact of ASTM standard.
RES 414-A-17	Supporting Taxes on Sugar-Sweetened Beverages	Adopted as Amended with Change in Title.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 415-A-17	Food Bank and Pantry Distribution of Nutrient-Dense Foods	Policy H-150.930 Adopted as Amended in Lieu of Resolution 415-A-17.	The AMA Policy Database has been updated.
RES 416-A-17	Policy and Economic Support for Early Child Care	Referred.	A Board of Trustees report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 27 on this topic appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee D).</b>
RES 417-A-17	Mandatory Public Health Reporting of Law-Enforcement-Related Injuries and Deaths	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.  <b>Board of Trustees Report 28 on this topic appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee D).</b>
RES 418-A-17	Policy on Quarantine	Substitute Resolution 418 Adopted in Lieu of Resolution 418-A-17.	The AMA Policy database has been updated.
RES 419-A-17	Improving Physicians' Ability to Discuss Firearm Safety	Adopted as Amended.	The AMA's Advocacy Resource Center, in coordination with the AMA's Office of Science, Medicine and Public Health, is in the process of developing state-specific guidance for physicians on how to counsel patients to reduce their risk for firearm-related injury or death. <b>Our AMA continues to work with appropriate stakeholders to develop state-specific guidance for physicians on how to counsel patients to reduce their risk for firearm-related injury or death, including guidance on when and how to ask sensitive questions about firearm ownership, access, and use, and clarification on the circumstances under which physicians are permitted or may be required to disclose the content of such conversations to family members, law enforcement, or other third parties.</b>
RES 420-A-17	Evidence-Based Vaccination Recommendations	Substitute Resolution 411 Adopted in Lieu of Resolutions 411 and 420-A-17. Policies H-440.830 and H-440.875 Reaffirmed.	The AMA Policy database has been updated.
RES 501-A-17	Airplane Emissions	Not Adopted.	
RES 502-A-17	Access to Cosmetic Product Ingredients	Policy H-440.855 Reaffirmed in Lieu of Resolution 502-A-17.	The AMA Policy Database has been updated.



<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 503-A-17	Women and Mental Health	Adopted as Amended.	The AMA Policy Database has been updated.
RES 504-A-17	Research into Preterm Birth and Related Cardiovascular and Cerebrovascular Risks in Women	Adopted as Amended.	Letter has been sent over Dr. Madara's signature to Dr. Janine Austin Clayton, Director, Office of Research on Women's Health, NIH, stating research is needed to identify the physiological bases of the link between preterm birth and cerebrovascular/cardiovascular disease and effective methods of prevention.
RES 505-A-17	Improved Treatment of Sepsis	Resolution 522 Adopted as Amended in Lieu of Resolution 505-A-17, with Change in Title.	See RES 522-A-17
RES 506-A-17	Expanding Access to Buprenorphine for the Treatment of Opioid Use Disorder	Resolve 1 Adopted; New Resolve 2 Referred for Decision.	<p>At the 2017 Annual Meeting of the House of Delegates, Resolution 506-A-17, sponsored by the Medical Student Section and the American Society of Addiction Medicine, asked our AMA to study solutions to overcome the barriers preventing appropriately trained physicians from prescribing buprenorphine for treatment of opioid use disorder. A second resolve was added to Resolution 506 and was referred for decision by the House. The additional resolve asked our AMA to support eliminating the requirement for obtaining a waiver to prescribe buprenorphine for the treatment of opioid use disorder. Originally, Resolution 506-A-17 called for our AMA to study solutions to overcome the barriers preventing appropriately trained physicians from prescribing buprenorphine. This resolve was amended to call for the AMA Opioid Task Force to publicize existing resources on overcoming such barriers and implementing solutions, and was adopted as amended.</p> <p>Noting that one obvious barrier is the federal requirement for special training, record keeping, and federal oversight to prescribe buprenorphine for opioid use disorder, the reference committee added a second resolve that our AMA support elimination of this requirement, which was referred for decision.</p> <p>The Board considered a report on this subject and VOTED to ADOPT the new resolve added to Resolution 506-A-17 "Expanding Access to Buprenorphine for the Treatment of Opioid Use Disorder." to read as follows: Our AMA supports eliminating the requirement for obtaining a waiver to prescribe buprenorphine for the treatment of opioid use disorder.</p>
RES 507-A-17	Educating Physicians and Young Adults on Synthetic Drugs	Recommendations in CSAPH Report 3-A-17 Adopted in Lieu of Resolution 507-A-17, Remainder of Report Filed.	See CSAPH Report 3-A-17.

Report/Resolution	Title	House Action	Status
RES 508-A-17	Support for Service Animals, Emotional Support Animals, Animals in Healthcare and Medical Benefits of Pet Ownership	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.  <b>Board of Trustees Report 29 on this topic appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee D).</b>
RES 509-A-17	Exploring Applications of Wearable Technology in Clinical Medicine and Medical Research	Current policy reaffirmed.	
RES 510-A-17	Ban on the Use of Paraquat	Not Adopted.	
RES 511-A-17	Future of Pain Care	Adopted.	Budget request submitted for 2018 to create Task Force. Initial discussions held. <b>Board Chair identified; invitations extended to Federation members to comprise the Task Force.</b>
RES 512-A-17	Advertising Restrictions and Limited Use of Dietary Supplements	Current policy reaffirmed.	
RES 513-A-17	Pilot Implementation of Supervised Injection Facilities	Substitute Resolution 513 Adopted in Lieu of Resolutions 513 and 524-A-17.	The AMA Policy Database has been updated.
RES 514-A-17	Retinoblastoma Due to Pre-Natal Residential Pesticide Exposure	Policy H-135.926 Reaffirmed in Lieu of Resolution 514-A-17.	The AMA Policy Database has been updated.
RES 515-A-17	Safe Use, Storage and Disposal of Leftover Opioids and Other Controlled Substances	Adopted as Amended.	Earlier this year the AMA Opioid Task Force released a new recommendation focused on encouraging physicians to take action to talk with their patients about safe storage and disposal. Our AMA has engaged in discussions with pharmaceutical and pharmacy representatives to urge their increased support for increased disposal opportunities for patients. AMA leadership and staff have presented the Task Force recommendation at multiple medical society and national stakeholder meetings. <b>Our AMA Opioid Task Force continues to promote its recommendation focused on encouraging physicians to take action to talk with their patients about safe storage and disposal. Our AMA has engaged in discussions with pharmaceutical and pharmacy representatives to urge their increased support for increased disposal opportunities for patients. AMA has presented the Task Force recommendation at multiple medical society and national stakeholder meetings.</b>

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 516-A-17	In-Flight Emergencies	Policies H-45.978, H-45.982 and H-45.979 Reaffirmed in Lieu of Resolves 1, 2, and 4 of Resolution 516-A-17. Resolves 3 and 5 of Resolution 516-A-17 Referred with Report Back at I-17.	The AMA Policy Database has been updated. A Board of Trustees report on Resolve 3 will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. A Board of Trustees report on Resolve 5 will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.  <b>Board of Trustees Report 22 and 30 on this topic appear in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee E).</b>
RES 517-A-17	Choline Supplementation in Prenatal Vitamins	Adopted as Amended.	The AMA Policy Database has been updated.
RES 518-A-17	Recognition of Infertility as a Disease	Adopted as Amended. Policy H-165.856 Reaffirmed.	The AMA Policy Database has been updated.
RES 519-A-17	Liquid Medication Dosing	Current policy reaffirmed.	
RES 520-A-17	Combination Clotrimazole/Betamethasone Dipropionate Cream Warning	Not Adopted.	
RES 521-A-17	Retail Prescription Bottle Label Privacy	Not Adopted.	
RES 522-A-17	Improved Treatment of Sepsis	Adopted as Amended in Lieu of Resolution 505-A-17, with Change in Title.	The AMA Policy Database has been updated.
RES 523-A-17	AMA Support for Evidence-Based Environmental Statutes and Regulations	Adopted.	The AMA Policy Database has been updated.
RES 524-A-17	Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis	Substitute Resolution 513 Adopted in Lieu of Resolutions 513 and 524-A-17.	See Resolution 513-A-17.

Report/Resolution	Title	House Action	Status
RES 525-A-17	Providing for Prescription Drug Donation	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Council on Science and Public Health Report 3 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee E).</b>
RES 526-A-17	Funding for Basic and Translational Pain Research	Adopted as Amended, with Change in Title	The AMA Policy Database has been updated.
RES 601-A-17	Reinstate the AMA Commission to End Health Care Disparities	Referred.	The Board has chartered a Task Force on Health Equity to study this matter and make recommendations. A Board Report is anticipated for A-18. <b>The Board chartered a Task Force on Health Equity to study the matter and make recommendations. The report of the Task Force was approved by the Board at its April meeting. Board of Trustees Report 33 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee F).</b>
RES 602-A-17	Studying Healthcare Institutions that Provide Child Care Services	Adopted as Amended.	A Board of Trustees report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>An informational Board of Trustees Report 32 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting.</b>
RES 603-A-17	Sexual Orientation and Gender Identity Demographic Collection by the AMA	Adopted as Amended.	On September 11, 2017, a group of AMAs' HSG Staff and members of the LGBTQ HOD Advisory Committee met to discuss Resolution 603. AMA staff will begin outlining the requirements for developing an implementation plan including data security, collection, storage and costs associated with implementing Resolution 603.  The LGBTQ Advisory Committee is seeking representatives from external sources who can share best practices with AMA Staff around SOGI data collection and analysis in their organizations and will convene a follow up meeting with external sources and HSG in November 2017.  Additional discussion is warranted to define collection points, storage, use and access to data.  Updates will continue to be submitted as progress is achieved.
RES 604-A-17	High Cost to Authors for Open Source Peer Reviewed Publications	Referred.	BOT Report 10 on this subject appears in the Delegates Handbook for the 2017 Interim Meeting. (Reference Committee F). <b>HOD Action: Recommendations in BOT Report 10 Adopted as Amended, Remainder of Report Filed.</b>
RES 605-A-17	Pronunciation of Pharmaceutical Names	Not Adopted.	

Report/Resolution	Title	House Action	Status
RES 606-A-17	Add Patients to the AMA Mission Statement	Not Adopted.	
RES 607-A-17	AMA to Protect Human Health from the Effects of Climate Change by Ending Its Investments in Fossil Fuel Companies (Divestment)	Referred.	A Board of Trustees report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.  <b>Board of Trustees Report 34 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee F).</b>
RES 608-A-17	Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine and Legislative Advocacy	Adopted as Amended with Change in Title.	Our AMA Advocacy and Medical Education departments, as well as the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine are exploring potential survey opportunities.  <b>Our AMA has initiated data collection on the behavioral trends of members in our AMA and with specialty societies. The Academic Physicians Section is currently working on a survey of HOD members regarding engagement.</b>
RES 609-A-17	Model Hospital Medical Staff Bylaws	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 35 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee F).</b>
RES 701-A-17	Third Party Payers Mandating Doctor and Patient Transfers of Prescriptions	Adopted as Amended.	The AMA Policy Database has been updated.
RES 702-A-17	Credentials/Specialty Added to Clinical Note Signatures	Not Adopted.	

Report/Resolution	Title	House Action	Status
RES 703-A-17	Certified Translation Services	Adopted as Amended, with Change in Title.	<p>Our AMA met with the HHS Office of Civil Rights to urge them to take steps that reduce the cost to physician practices providing translation services. In addition, our AMA notified all state and national medical specialty societies of its willingness to work with them to advocate for legislative and/or regulatory changes to require that payers including Medicaid programs and Medicaid managed care plans cover interpreter services and directly pay interpreters for such services. Further, AMA jointly convened a call with interested medical societies to discuss the scope of the problem, the opportunities at both the federal and state levels, and potential resources and collaborations. It was determined that states would collaborate with our AMA and specialty societies when an opportunity to advance the issue at the state level arose, and model contract language from successful Medicaid Managed Care coverage efforts was circulated along with additional AMA resources. Informational Board of Trustees Report 13-I-17 has been prepared and is available in the Delegate Handbook for the Interim meeting.</p> <p><b>Our AMA continues to discuss mechanisms to reduce the burden of providing translation services with the Administration and members of Congress. It is part of our regulatory relief agenda.</b></p>
RES 704-A-17	Prior Authorization Abuse	Current policy reaffirmed.	
RES 705-A-17	Regulating Health Plans Medical Advice	Referred.	<p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting.</p> <p><b>Council on Medical Service Report 4 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee G).</b></p>
RES 706-A-17	Concurrent and Overlapping Surgery	Substitute Resolution 706 Adopted in Lieu of Resolution 706-A-17.	The AMA Policy database has been updated.

Report/Resolution	Title	House Action	Status
RES 707-A-17	Inclusion of Continuing Care Retirement Centers and Long-Term Care Facilities in Accountable Care Organizations Investment Model	Referred for Decision.	<p>At the 2017 Annual Meeting of the House of Delegates, Resolution 707 was referred for decision. Resolution 707, sponsored by AMDA-The Society for Post-Acute and Long-Term Care Medicine, asked our AMA to advocate to CMS to enable Continuing Care Retirement Centers and long-term care facilities and physicians working in those settings to initiate ACO Investment Models.</p> <p>The House of Delegates supported referral for decision of Resolution 707-A-17 due to mixed testimony at the reference committee hearing. Some speakers expressed a need for more information on this issue and raised concerns about potential for abuse, while a member of the Council on Medical Service offered an amendment to include not only those physicians wanting to participate in ACOs but also those looking to participate in Comprehensive Primary Care Plus (CPC+) and other medical home models. The reference committee saw potential for Resolution 707 to increase the availability of APMs but agreed with concerns that a more thoughtful analysis was required.</p> <p>The Board considered a report on this subject and VOTED that in lieu of Resolution 707-A-17, “Inclusion of Continuing Care Retirement Centers and Long-Term Care Facilities in Accountable Care Organizations Investment Model,” that our AMA ADOPT a policy to support participation of physicians practicing in Continuing Care Retirement Centers (CCRC) and other long-term care facilities in accountable care organizations (ACOs), medical homes, and other alternative payment models (APMs) to read as follows:</p> <p>Our AMA supports participation of physicians practicing in Continuing Care Retirement Centers and other community-based long-term care settings in ACOs, medical homes, and other APMs.</p>

Report/Resolution	Title	House Action	Status
RES 708-A-17	Removing 'Three Star Minimum' Requirement for Skilled Nursing Facilities to Participate in Next Gen Accountable Care Organizations & Bundled Payments for Care Improvement Programs and Care for Patients with Wavier of Three Night Hospital Stay Requirement	Referred for Decision.	<p>At the 2017 Annual Meeting of the House of Delegates, Resolution 708-A-17 was referred for decision. Resolution 708-A-17, sponsored by AMDA-The Society for Post-Acute and Long-Term Care Medicine, asked our AMA to advocate for CMS to remove the three-star quality ratings for skilled nursing facilities to participate in NextGen ACOs and BCPI programs with wavier of three-day hospital stay for patients.</p> <p>Currently under Medicare, beneficiaries are eligible for Medicare covered skilled nursing facility services when a beneficiary has an inpatient hospital stay of three consecutive days or more, starting with the day the hospital admits the beneficiary as an inpatient, but not including the day the beneficiary leaves the hospital. However, waivers can allow beneficiaries to be eligible for Medicare covered skilled nursing facility services when they do not meet the 3-day hospital stay requirement. Specifically, section 1115A(d)(1) of the Social Security Act authorizes the Secretary of the U.S. Department of Health and Human Services to waive certain program requirements, including the three-day qualifying inpatient hospital stay, for the purposes of testing payment and service delivery models developed by the Center for Medicare &amp; Medicaid Innovation (CMMI).</p> <p>CMMI has used their waiver authority to remove the three-day hospital stay requirement for skilled nursing facilities to participate in the NextGen ACO and BPCI programs, as well as other APMs such as Medicare Shared Savings Program ACOs. However, the requirement is only waived for those skilled nursing facilities that achieve at least three stars in the Medicare skilled nursing facility five-star quality rating system.</p> <p>The Medicare skilled nursing facility five-star quality rating system was launched by CMS in 2008 on its Nursing Home Compare website to provide information to consumers to help them differentiate between nursing homes. Skilled nursing facilities with five stars are considered by CMS to have above average quality and nursing homes with one star are considered to have below average quality. Quality ratings are based on health inspections, staffing and quality measures.</p> <p>While our AMA agrees with the intent of Resolution 708-A-17, a substitute resolution that supports removal of the three star requirement for any alternative payment models (APMs) would be more effective. AMA policy supports extending the protections offered to NextGen ACOs and BPCI programs by Resolution 708-A-17 to any existing APMs or new APMs that may be developed in the future.</p> <p>The Board considered a report on this subject and VOTED to ADOPT the following general policy in lieu of Resolution 708-A-17:</p> <p>Our AMA advocate for the Center for Medicare &amp; Medicaid Services to remove the three-star quality requirement for all skilled nursing facilities to participate in alternative payment models with waiver of the three-day hospital stay requirement. (New Policy)</p>



Report/Resolution	Title	House Action	Status
RES 709-A-17	Management of Physician and Medical Student Stress	Substitute Resolution 709 Adopted in Lieu of Resolution 709-A-17.	A Board of Trustees report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>An informational Board of Trustees Report 36 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting.</b>
RES 710-A-17	Payment for Medicaid Interpreter Services	Current policy reaffirmed.	
RES 711-A-17	Expanding Access to Screening Tools for Social Determinants of Health	Referred.	A Board of Trustees report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 39 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee G).</b>
RES 712-A-17	Pay-for-Performance Incentives	Policies H-450.947, H-155.960, H-390.849 and H-165.838 Reaffirmed in Lieu of Resolution 712-A-17.	The AMA Policy Database has been updated.
RES 713-A-17	Urge AMA to Release a White Paper on ACOs	Adopted.	In the September 7, 2017 issue of AMA Advocacy Update, our AMA disseminated an August 29 report from the HHS Office of Inspector General (OIG) on cost savings and quality of care in Medicare accountable care organizations (ACOs). The report described findings from an OIG study of all Medicare Shared Savings Program ACOs that participated during the first three years of the program, from 2013 through 2015. The OIG analyzed complex sets of data to provide new information on key areas of spending, utilization of services, quality, composition of ACO participating physicians, and physician-to-patient ratios. The study found that during the three-year period, a total of 428 Medicare ACOs provided services to 9.7 million patients, with ACO penetration exceeding 40 percent of Medicare fee-for-service beneficiaries in some states. Although most ACOs were able to reduce Medicare spending, only one-third of ACOs reduced spending enough to receive a share of the savings. Savings from the program were calculated by the OIG to total \$1 billion, yet because \$1.3 billion was paid to ACOs as shared savings payments, the Medicare program did not actually realize savings. Performance was very uneven, as half of the total savings achieved, \$1.7 billion, was generated by 36 ACOs, and half of the spending that exceeded ACO benchmarks, \$1.2 billion, was generated by 38 ACOs. The OIG found that ACO performance on most quality measures improved over time and that ACOs achieved more savings in year three than in year one. At the same time, it is notable that the OIG analyses showed that average per-beneficiary spending for Medicare ACOs is significantly higher than the national average in fee-for-service Medicare. In conclusion, the OIG states that high-performing ACOs are worth a close look to understand the strategies they are employing.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 714-A-17	Timely Referral to Pain Management Specialist	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2018 Annual Meeting. <b>Board of Trustees Report 38 on this subject appears in the Delegates Handbook for the 2018 Annual Meeting (Reference Committee E).</b>
RES 715-A-17	Prescription Availability for Weekend Discharges	Adopted as Amended.	As part of the broader advocacy campaign connected to the Prior Authorization Reform Principles, our AMA is engaged in active discussions with health plans and benefit managers regarding policy changes needed to prevent coverage restrictions and formulary issues from adversely impacting patient care. Our AMA is urging payers to adopt reforms needed to improve patient safety and prevent treatment gaps during care transitions and plan changes.

Report/Resolution	Title	House Action	Status
RES 716-A-17	Understanding and Correcting Imbalances in Physician Work Attributable to Electronic Health Records	Substitute Resolution 716 Adopted in Lieu of Resolution 716-A-17.	<p data-bbox="1104 167 1890 245">Our AMA is having conversations with multiple EHR vendors and human factors design experts to discuss improving usability and identifying optimization opportunities that can improve physician satisfaction and patient safety.</p> <p data-bbox="1104 285 1940 841"><b>Our AMA has multiple ongoing efforts related to physician work attributable to electronic health records (EHRs). Our research includes multiple time-motion studies to determine how much and in what ways physicians spend time completing tasks in their EHRs. This research demonstrates evidence that highlights the need for system-level changes in the demands placed on the EHR as a tool for reporting and patient care. Our AMA has also published multiple journal articles on the topic of EHRs and their contributions to physician dissatisfaction, burnout and undue administrative burden. In addition, our AMA is collaborating with multiple partners to execute research planned for publication in 2018. These efforts include an observational study tracking physician actions during EHR use; an evaluation of barriers and facilitators to adoption of digital health solutions; and research aimed at identifying opportunities to improve the usability and safety of EHRs. New AMA research also includes a follow up study to our 2011 and 2014 national physician burnout survey, which will provide insights to the perceived burdens associated with EHR use and the associated contributions to burnout and dissatisfaction. Our AMA has also published eight EHR usability priorities, which outline and support the need for better usability, interoperability, and access to data for both physicians and patients. If followed, these priorities will enable the development of higher-functioning, more efficient use of EHRs in practice.</b></p> <p data-bbox="1104 878 1940 1065">To provide actionable steps and tactics for improving the use of EHRs in practice, our AMA offers a STEPS Forward module to help physicians implement team documentation, which eases the EHR documentation burden on the physician. Another module guides physicians in managing their EHR inbox more effectively to reduce the inbox workload. A new module, planned for 2018 launch, will provide strategies that health care delivery organizations can deploy to maximize the benefits and minimize the burdens of EHRs.</p> <p data-bbox="1104 1073 1940 1432">Multiple collaborations are in place to help foster better EHR design and innovative HIT solutions to help make the EHR user experience better and more efficient. Our AMA has established partnerships with the SMART Initiative, AmericanEHR Partners and Medstar Health’s National Center for Human Factors in Healthcare to help foster innovative HIT design and transparent testing solutions which will ensure EHRs are designed and implemented with physicians and patients in mind. In addition, our AMA actively participates in The Sequoia Project, Carequality, and the CARIN Alliance, all aimed at enhancing interoperability in health care. Our AMA is also working to address specific cost drivers, such as connecting to clinical data registries and prohibitive fees that amount to data blocking. Our AMA’s Physician Innovation Network is also connecting physicians and health tech entrepreneurs to ensure that the physician voice is integrated into health care technology solutions coming to</p>

Report/Resolution	Title	House Action	Status
RES 717-A-17	Allowing Exceptions to the Centers for Medicare & Medicaid Services' Locum Tenens 60-Day Limit	Adopted.	<p>market. Finally, our AMA is working with other high-profile stakeholders including 5 EHR vendors to develop a Voluntary EHR Certification framework which will help catalyze an industry wide shift to higher-quality EHR systems that enable better, more efficient use.</p> <p>Staff analysis of this resolution determined that the Centers for Medicare and Medicaid Services does not have the statutory authority to extend or grant additional exceptions to the 60-day locum tenens limit. This item has been added to the AMA's regulatory relief agenda for issues that require legislative changes.</p>

Report/Resolution	Title	House Action	Status
RES 718-A-17	Developing Physician Leadership in the Implementation of Diagnostic Error Surveillance	Referred for Decision.	<p data-bbox="1104 167 1944 443">At the 2017 Annual Meeting of the House of Delegates, Resolution 718-A-17, sponsored by the American Association of Public Health Physicians, asked that our AMA: (1) endorse the recommendations of the Improving Diagnosis in Health Care report published by the National Academy of Medicine in 2015; (2) support having physician satisfaction with administrative and support systems as a standard measure in assessments of diagnostic error; (3) analyze from a policy perspective how best to position physicians in what may be increasing review of a physician’s diagnostic skills; and (4) report the findings of this analysis, and any recommendations based on these findings, at the 2018 Annual Meeting of the House of Delegates. Resolution 718-A-17 was referred to the Board for decision.</p> <p data-bbox="1104 475 1944 724">The first resolve of Resolution 718 requests that the AMA endorse the NAM report Improving Diagnosis in Health Care, published in 2015. The report is comprehensive and thoroughly supported by a significant amount of peer-reviewed research. Since the report was issued, the National Quality Forum (NQF) has convened a committee tasked with developing a framework for measuring diagnostic accuracy, and is utilizing the NAM report as the foundation for this work. The NQF committee issued a draft framework on which our AMA offered feedback in July 2017. Also in July 2017, our AMA participated in a workshop hosted by the NAM to review progress made since the report was published, as well as continuing challenges.</p> <p data-bbox="1104 756 1944 1005">Notwithstanding the thoroughness of the report and the reputable nature of its publishing organization, our AMA did not have an opportunity to participate in the development of the report, nor did the AMA have an opportunity to review it prior to publication. A high-level review by AMA staff in the Professional Satisfaction and Practice Sustainability, Improving Health Outcomes and Science Policy units resulted in several observations: 1) our AMA does not historically endorse reports to which it did not contribute; the report concedes that there is a lack of substantiating data on diagnostic error, putting in question the foundation for the recommendations made within the report.</p> <p data-bbox="1104 1037 1944 1367">The second resolve of Resolution 718 asked our AMA to support “physician satisfaction with administrative and support systems” as a standard measure in the assessment of diagnostic error. Administrative and support systems are numerous and widely varied. Ratings of physician satisfaction with specific individual systems like EHRs or medication tracking systems may be more easily standardized, but creating a holistic, standard measurement for satisfaction with all systems would be challenging due to several factors: (1) the variety of systems and tools utilized in the daily practice of medicine; (2) not all physicians have access to the same systems, technology, and processes within their organizations and practices; (3) what one physician may find a burdensome and dissatisfying process may be simple and inconsequential to another; and (4) practice geography, size, specialty and other factors pose important variables that would be difficult to account for in an attempt to standardize.</p> <p data-bbox="1104 1399 1944 1425">Our AMA supports inclusion in the peer review of diagnostic errors an assessment of</p>

Report/Resolution	Title	House Action	Status
RES 719-A-17	System Approach to Medical Staff Governance	Adopted.	<p>physician satisfaction with administrative and support systems (AMA policy H-450.966). However, diagnostic errors often occur due to shortcomings in the system or organization, and there are unforeseen challenges in standardizing this specific measure across systems. Amending the resolution as recommended will reflect our AMA’s understanding of these challenges and our commitment to supporting organizations that work to rectify them.</p> <p>The third resolve of Resolution 718 requested that our AMA analyze from a policy perspective how to position physicians in anticipation of increased review of diagnostic skills, and the fourth resolve asks for a report on that analysis. Our AMA, through its ongoing advocacy, strategic goals, and existing policies, remains committed to representing physicians as the health care environment evolves. Separate analysis of “how to position physicians” on this particular issue would be redundant with existing AMA advocacy efforts.</p> <p>The Board considered a report on this subject and VOTED that the following be adopted in lieu of Resolution 718-A-17:</p> <ol style="list-style-type: none"> <li>1.Reaffirm Policies H-335.965, “Patient Safety,” H-450.988, “Guidelines for Quality Assurance,” H-450.995, “Quality of Care - Essentials and Guidelines for Quality Assessment,” H-450.994, “Quality Assurance in Health Care,” D-405.985, “Physician Satisfaction,” D-215.988, “Capturing Physician Sentiments of Hospital Quality,” and H-160.912, “The Structure and Function of Interprofessional Health Care Teams;”</li> <li>2.Not endorse the National Academy of Medicine (NAM) report and amend the first resolve to read as follows: “RESOLVED, That our AMA support further study of diagnostic error, its causes and consequences, and mechanisms to improve diagnostic accuracy. (New HOD Policy);”</li> <li>3.Amend the second resolve to read as follows: “RESOLVED, that our AMA support the systematic collection and utilization of physician feedback on administrative and support systems by health care organizations in efforts to reduce error and improve diagnostic accuracy. (New HOD Policy);” and</li> <li>4.Not adopt the third and fourth resolves</li> </ol> <p>Our AMA is creating new content on this subject for incorporation into the AMA Physician’s Guide to Medical Staff Organization Bylaws, with an expected completion date of December 2017.</p> <p><b>Our AMA has created content on this subject, which will be incorporated shortly into the AMA Physician’s Guide to Medical Staff Organization Bylaws. AMA members may contact the Organized Medical Staff Section (omss@ama-assn.org) for immediate access to the new content.</b></p>

Report/Resolution	Title	House Action	Status
RES 720-A-17	Medical Staff Non-Punitive Reporting Processes	Adopted.	<p>Our AMA is creating new content on this subject for incorporation into the AMA Physician's Guide to Medical Staff Organization Bylaws, with an expected completion date of December 2017.</p> <p><b>Our AMA has created content on this subject, which will be incorporated shortly into the AMA Physician's Guide to Medical Staff Organization Bylaws. AMA members may contact the Organized Medical Staff Section (omss@ama-assn.org) for immediate access to the new content.</b></p>
RES 721-A-17	Secret Ballots in Medical Staff Voting Processes	Adopted as Amended.	<p>Our AMA is creating new content on this subject for incorporation into the AMA Physician's Guide to Medical Staff Organization Bylaws, with an expected completion date of December 2017.</p> <p><b>Our AMA has created content on this subject, which will be incorporated shortly into the AMA Physician's Guide to Medical Staff Organization Bylaws. AMA members may contact the Organized Medical Staff Section (omss@ama-assn.org) for immediate access to the new content.</b></p>