

MEMORIAL RESOLUTIONS
Adopted Unanimously

Lester Breslow, MD
Introduced by the American Association of Public Health Physicians

Whereas, On April 9, 2012, a visionary pioneer of chronic disease prevention and effective behavioral interventions, Dr. Lester Breslow, passed away at the age of 97; and

Whereas, Dr. Breslow had a distinguished and remarkable career that spanned over 70 years wherein he held numerous essential leadership roles in government and academia; and

Whereas, He established the Bureau of Chronic Diseases at the California Department of Public Health and went on to serve as State Health Officer; and

Whereas, In 1952, President Truman appointed Dr. Breslow as Director of the President's Commission on Health Needs of the Nation; and

Whereas, Dr. Breslow conducted landmark research at the Alameda County Human Population Laboratory, which gave evidence to the linkage between longevity and healthy habits; and

Whereas, Dr. Breslow initiated California's state tumor registry, which has provided critical information toward scientific studies of environmental and behavioral effects on cancer; and

Whereas, He provided evidence for the US Surgeon General's 1964 report which linked smoking to lung cancer and had served as an expert witness in tobacco related hearings across the nation; and

Whereas, Dr. Breslow served as President of the American Public Health Association, where he urged the public health field to stretch beyond statistical reports and cultivate social actions to improve health; and

Whereas, He demonstrated academic longevity by serving as a professor at the University of California, Los Angeles' Fielding School of Public Health, then Chairman of the University of California, Los Angeles' Medical School's Department of Preventive and Social Medicine, and finally as Dean of the Fielding School of Public Health; and

Whereas, Dr. Breslow was President of the International Epidemiology Association, President of the Association of Schools of Public Health, Director of the University of California's Health Plan Grading System, and Director of the National Cancer Institute's report on Cancer Control Objectives for the Nation: 1985-2000; and

Whereas, He was the founding Editor of the *Annual Review of Public Health* and Editor-in-Chief of the *Encyclopedia of Public Health*; and

Whereas, Dr. Breslow, a loving husband, devoted father, grandfather and great-grandfather, dependable friend, strong advocate for healthy living and talented gardener will be missed tremendously by family, friends, and colleagues; therefore be it

RESOLVED, That our American Medical Association recognize the significant contributions of Lester Breslow, MD; and be it further

RESOLVED, That this resolution be made a permanent part of the Proceedings of this House and forwarded to Dr. Breslow's family with an expression of the American Medical Association's deepest sympathy.

Jeffrey A. Kant, MD, PhD, FCAP, FAAAS
Introduced by the Pathology Section Council

Whereas, Jeffrey A. Kant, MD, PhD, an internationally recognized molecular pathologist, passed away after a brief illness on September 29, 2012 in Pittsburgh, PA; and

Whereas, Dr. Kant, board certified by the American Board of Pathology in Anatomic and Clinical Pathology and by the American Board of Medical Genetics in Clinical Molecular Genetics, served as Director, Division of Molecular Diagnostics, Department of Pathology, University of Pittsburgh Medical Center and Professor, Pathology and Human Genetics, University of Pittsburgh; and

Whereas, Dr. Kant also founded and directed the Molecular Diagnostic Fellowship program at the University of Pittsburgh where he inspired a generation of pathologists, passing on his considerable knowledge, guiding individual aspirations and careers, and instilling in his fellows a deep commitment to patient care; and

Whereas, Dr. Kant was a frequent lecturer nationally and internationally on emerging trends in molecular diagnostics including regulatory and economic aspects of the specialty, use of genetic tests, and companion diagnostics; and

Whereas, Dr. Kant contributed greatly to the AMA CPT Editorial Panel's efforts to revise the coding system for molecular pathology by envisioning a new coding framework and then working tirelessly for over two years as a member of the CPT Editorial Panel's Tier 1 and Tier 2 Molecular Pathology Coding Working Groups to develop over 100 new CPT codes and most recently served as a member of the AMA's first CPT Ad Hoc Molecular Pathology Advisory Group; and

Whereas, Dr. Kant was instrumental in establishing the Association for Molecular Pathology (AMP), served as AMP's first President, and was recipient of the first AMP Leadership Award; and

Whereas, Dr. Kant served on many committees for AMP, the United States/Canadian Academy of Pathology, American Medical Association and the College of American Pathologists (CAP) who conferred upon him the CAP's Lifetime Achievement Award; and

Whereas, Dr. Kant was also elected Fellow, American Association for the Advancement of Science for distinguished leadership in the development of molecular diagnostics as a clinical discipline within the field of pathology; therefore be it

RESOLVED, That our American Medical Association adopt this resolution as an indication of the respect that organized medicine held for Jeffrey A. Kant, MD, PhD as a physician, husband, father, grandfather and friend; and be it further

RESOLVED, That our AMA House of Delegates extend its heartfelt sympathy to the family of Jeffrey A. Kant, MD, PhD.

Hugh E. Stephenson, MD
Introduced by the Council on Medical Education

Whereas, Hugh E. Stephenson, MD, died on July 26, 2012, at the age of ninety; and

Whereas, Dr. Stephenson earned his bachelor's degree in medicine in 1943 from the University of Missouri and completed medical school at Washington University in Saint Louis. He completed his internship at the University of Chicago, two years in the US Army Medical Corps, and a residency in surgery at Bellevue Hospital, New York University School of Medicine. Dr. Stephenson was a distinguished cardiovascular surgeon and developed one of the first mobile cardiac resuscitation units; and

Whereas, Dr. Stephenson had a distinguished career at the University of Missouri School of Medicine where he played an important role in the establishment of a four year medical school with a strong emphasis on rural health

care. He served as chair of the department of surgery, interim dean, and Missouri University Hospital's first elected chief of staff. He served on the University of Missouri Board of Curators and as President of the Board in 2000. The Department of Surgery was named after Dr. Stephenson in 2003; and

Whereas, Dr. Stephenson received numerous honors/awards, including the John Growdon Distinguished Professor of Surgery, was a founding member of the University of Missouri Medical School Foundation and Medical Alumni Organization, which awarded Dr. Stephenson its highest honor, the Citation of Merit. In 1966, British Prime Minister Margaret Thatcher presented Dr. Stephenson with the Freedom Foundation's Quality in Medicine Award; and

Whereas, Dr. Stephenson was active in medical education activities, having served as Chair, Council on Medical Education 1994-1995; Member and Chair, Liaison Committee on Medical Education; and Delegate to the AMA House of Delegates for 36 years; therefore be it

RESOLVED, That the House of Delegates of the American Medical Association express its appreciation of the professional leadership of Hugh E. Stephenson, MD, and for his many years of exemplary service and friendship, and be it further

RESOLVED, That the House of Delegates extend its deepest sympathy to Doctor Stephenson's wife, Sarah (Sally) Dickinson Stephenson; his daughter, Ann Stephenson Cameron; his son, Hugh (Ted) Edward Stephenson III, and two grandchildren, Sarah and Scott Cameron.

RESOLUTIONS

Note: Testimony on each item is summarized in the reference committee reports. Items considered on the reaffirmation calendar do not appear in the reference committee reports and were handled as part of the Committee on Rules and Credentials Supplementary Report on Sunday, Nov. 11. The following resolutions were handled on the reaffirmation calendar: 204, 205, 206, 808, 901, 914 and 919.

1. EMPLOYMENT STATUS AND ELIGIBILITY FOR ELECTION OR APPOINTMENT TO MEDICAL STAFF LEADERSHIP POSITIONS Introduced by Organized Medical Staff Section

Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association adopt as policy the principle that determinations of eligibility for election or appointment to medical staff leadership positions, for voting on medical staff matters, or for otherwise participating in the self-governance activities of the medical staff should be made without respect to a medical staff member's financial relationships, including employment or contractual relationships, or lack thereof, with a hospital or health care delivery system; and be it further

RESOLVED, That our AMA draft model medical staff bylaws provisions and encourage medical staffs to adopt medical staff bylaws provisions supporting the principle that determinations of eligibility for election or appointment to medical staff leadership positions, for voting on medical staff matters, or for otherwise participating in the self-governance activities of the medical staff should be made without respect to a medical staff member's financial relationships, including employment or contractual relationships, or lack thereof, with a hospital or health care delivery system; and be it further

RESOLVED, That our AMA amend AMA Policy H-235.970 by addition and deletion to read as follows:

H-235.970 Conflict of Interest Issues ~~in the~~ and Medical Staff Leaders

~~Policy of the AMA states that:~~ The AMA encourages medical staffs to adopt and incorporate into their bylaws conflict of interest policies that reflect the following principles:

(1) Disclosure of conflicts. ~~Candidates~~ Nominees for election or appointment to medical staff offices, department or committee chairships, including all members of the nominating committee, or the medical executive committee should disclose in writing to the medical staff, prior to the date of election or appointment, any personal, professional, or financial affiliations or relationships of which they are reasonably aware, including employment or contractual relationships, which could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the medical staff. Elected or appointed medical staff leaders should disclose such conflicts of interest in writing to the medical staff whenever they arise.

(2) Management of conflicts. When conflicts of interest exist, elected or appointed medical staff leaders should, as appropriate, voluntarily abstain from voting on the matter to which the conflict relates or recuse themselves from the decision-making process and participation in the matter to which the conflict relates. The medical staff should establish a process for involuntary recusal of any elected or appointed medical staff leader who fails to disclose a potential conflict of interest, to abstain from voting, or to recuse himself or herself from the decision-making process and participation in the matter to which the conflict relates. The AMA encourages hospital medical staffs to incorporate a "disclosure of interest" and provision in their medical staff bylaws based on this policy statement.

2. THE CORPORATE PRACTICE OF MEDICINE
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).

HOUSE ACTION: ADOPTED

See Policy [D-215.993](#).

RESOLVED, That our American Medical Association study the evolving “corporate practice of medicine” with respect to its effect on the patient-physician relationship, financial conflicts of interest, patient-centered care, and other relevant issues, and report back to the House of Delegates at the 2013 Interim Meeting.

201. ANTITRUST EXEMPTION FOR HEALTH INSURANCE COMPANIES
Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association urge federal authorities to oppose antitrust exemption status for health insurance companies.

202. MEDICAL MARIJUANA RESEARCH
Introduced by Michigan Delegation

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: POLICIES [H-95.952](#) AND [H-95.998](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association seek federal legislation that would permit academic and clinical research on “medical marijuana.”

203. STUDENT LOANS AND MEDICARE/MEDICAID PARTICIPATION
Introduced by Michigan Delegation

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [D-405.986](#).

Our AMA will seek federal legislation or rule changes that would stop Medicare and Medicaid decertification of physicians due to unpaid student loan debt.

204. ESTABLISHING A SAFE HARBOR FOR INTEGRATED CARE OF OBSTRUCTIVE SLEEP APNEA
Introduced by American Academy of Sleep Medicine

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES [H-160.915](#) and [D-385.963](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association support the American Academy of Sleep Medicine in its effort to establish a safe harbor for an integrated health care model that allows sleep medicine physicians to diagnose and dispense treatment equipment for obstructive sleep apnea.

205. INCREASE THE ABILITY OF CMS TO CHANGE PAYMENT GUIDELINE FOR
IMMUNIZATIONS WITHOUT NEW CONGRESSIONAL LEGISLATION
Introduced by Virginia Delegation

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES [H-440.860](#) and [H-440.875](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association explore legislation with the United States Congress to change the current federal statutes to allow the Centers for Medicare & Medicaid Services (CMS) to be authorized to provide payments for new immunization recommendations from the Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) to help protect the public health and our patients without obtaining Congressional approval each time there is change in CDC and ACIP recommendations; and be it further

RESOLVED, That our AMA work with CMS and other appropriate agencies in an effort to provide reduced fragmentation of care, as well as improved patient access and affordability, to allow for Part B coverage of all ACIP recommended immunizations such as TDaP and Zostavax.

206. OPPOSITION TO CRIMINALIZATION OF REPRODUCTIVE DECISION MAKING
Introduced by Resident and Fellow Section

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES [H-5.989](#), [H-160.946](#), [H-160.954](#), [H-373.995](#) and [D-160.999](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association oppose any legislation or ballot measures that could criminalize in-vitro fertilization, contraception, or the management of ectopic and molar pregnancies; and be it further

RESOLVED, That our AMA report back on this issue at the 2013 Interim Meeting.

RESOLUTION 207 WAS NOT CONSIDERED AT THE INTERIM MEETING

**208. A MORE UNIFORM APPROACH TO ASSESSING PATIENTS FOR
CONTROLLED SUBSTANCES FOR PAIN RELIEF
Introduced by American Academy of Pain Medicine**

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association support a more uniform approach to assessing patients for controlled substances for pain relief; and be it further

RESOLVED, That our AMA work with federal and state entities to afford safe harbors to physicians who follow these steps in the event the patient has an adverse effect or outcome from opioid therapy or the patient is discovered to be diverting the substance.

**209. ELIMINATE ICD-10
Introduced by Florida Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

**HOUSE ACTION: ADOPTED AS FOLLOWS
IN LIEU OF RESOLUTION 216**

See Policy [D-70.952](#).

RESOLVED, That our American Medical Association, in order to alleviate the increasing bureaucratic and financial burden on physicians, vigorously advocate that the Centers for Medicare & Medicaid Services eliminate the implementation of ICD-10; and be it further

RESOLVED, That our AMA immediately reiterate to the Centers for Medicare & Medicaid Services that the burdens imposed by ICD-10 will force many physicians in small practices out of business. This communication needs to be sent to all in Congress and displayed prominently on our AMA website.

**210. MONITORING THE AFFORDABLE CARE ACT
Introduced by Maryland Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy [D-165.940](#).

RESOLVED, That our American Medical Association assess the progress of implementation of the Patient Protection and Affordable Care Act based on AMA policy and report back to the House of Delegates.

**211. USE OF PREVENTION AND PUBLIC HEALTH FUND DOLLARS FOR ACTIVITIES
UNRELATED TO PREVENTION AND HEALTH PROMOTION**

Introduced by American College of Preventive Medicine, Aerospace Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American Association of Public Health Physicians, American College of Cardiology, American College of Medical Quality, American College of Occupational and Environmental Medicine, American Society for Gastrointestinal Endoscopy, American Society of Bariatric Physicians, American Thoracic Society, Infectious Disease Society of America, The Endocrine Society, American Society of Addiction Medicine, American Academy of Insurance Medicine

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: ADOPTED

See Policy [H-165.831](#).

RESOLVED, That our American Medical Association support budget allocations from the Prevention and Public Health Fund at no less than the levels adopted in the Affordable Care Act of 2010; and be it further

RESOLVED, That our AMA actively oppose policies that aim to cut, divert, or use as an offset, dollars from the Prevention and Public Health Fund for purposes other than those stipulated in the Affordable Care Act of 2010.

**212. PHARMACIST ADMINISTRATION OF VACCINES
Introduced by Louisiana Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association recognize the role of the pharmacist as an essential member of the medical home model health team and the potential role that pharmacists may play in increasing immunization rates in this country; and be it further

RESOLVED, That our AMA reaffirm its commitment that such endeavors are physician-led and that pharmacists administration of immunizations is only proper when any of the following criteria are satisfied:

- 1) The pharmacist has an order from a physician licensed to practice medicine in the state where the immunization is to be administered.
- 2) The pharmacist has a collaborative agreement with a physician licensed to practice in the state where the immunization is to be administered.
- 3) The state where the immunization is to be administered has designated a state of emergency, which necessitates the rapid immunization of the population in order to respond to the public health state of emergency. Administration by pharmacists should be limited to the specific vaccine required to respond to the emergency and only for the duration of the emergency declaration; and be it further

RESOLVED, That our AMA support that a state's educational requirements of pharmacists who administer immunizations be developed from input by both the state's boards of medicine and pharmacy; and be it further

RESOLVED, That our AMA oppose any federal or state legislation allowing pharmacists to administer immunizations without a licensed physician's order or collaborative agreement, or during a designated state of emergency; and be it further

RESOLVED, That our AMA draft model legislation which supports a medical home model and requires a physician's written or standing order, or a collaborative practice agreement between a physician and a pharmacist for the administration of immunizations, and to outline educational and safety requirements which must be satisfied in order for a pharmacist to administer immunizations; and be it further

RESOLVED, That our AMA distribute this model legislation to state and specialty societies.

**213. NON-PHYSICIAN PRACTITIONERS CERTIFYING MEDICARE PATIENTS'
NEED FOR THERAPEUTIC SHOES AND INSERTS
Introduced by Idaho Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association support authorization of physician assistants and nurse practitioners under the supervision of an MD or DO to certify Medicare beneficiaries' need for therapeutic shoes and/or inserts; and be it further

RESOLVED, That our AMA advocate for the authorization of physician assistants and nurse practitioners under the supervision of an MD or DO to certify Medicare beneficiaries' need for therapeutic shoes and/or inserts to the Centers for Medicare and Medicaid Services and, if federal law must be amended, advocate to Congress.

**214. SUPPORTING THE ABILITY OF ADVANCED PRACTICE PROVIDERS TO ORDER CARE
Introduced by Idaho Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association support authorization of physician assistants and nurse practitioners under the supervision of a MD or DO to order care for Medicare beneficiaries for skilled nursing facilities, assisted living facilities, and home health agencies, including the ability to issue initial orders and other orders associated with the level of care provided, such as ancillary services, medication reconciliation, and lab services, among others, provided that such orders are within physician assistant and nurse practitioner scope of practice under state law; and be it further

RESOLVED, That our AMA advocate for the authorization of physician assistants and nurse practitioners under the supervision of a MD or DO to order care for Medicare beneficiaries for skilled nursing facilities, assisted living facilities, and home health agencies, provided that such orders are within physician assistant and nurse practitioner scope of practice under state law, to the Centers for Medicare and Medicaid Services and, if federal law must be amended, advocate to Congress.

**215. SEQUESTRATION BUDGET CUTS
Introduced by American College of Physicians, American Association of Neurological Surgeons,
American Academy of Family Physicians, American Academy of Pediatrics, American College of Cardiology,
American College of Occupational and Environmental Medicine, American College of Rheumatology,
American Congress of Obstetricians and Gynecologists, American Society for Gastrointestinal Endoscopy,
Congress of Neurological Surgeons, The Endocrine Society, Heart Rhythm Society,
Renal Physicians Association, Society of Hospital Medicine, Nebraska, Connecticut,
Maine, Massachusetts, New Hampshire, Rhode Island, Vermont and Texas Delegations**

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: ADOPTED

See Policy [D-165.941](#).

RESOLVED, That our American Medical Association urge Congress to develop a fiscally responsible alternative that would prevent the automatic budget sequestration cuts that would endanger critical programs related to medical

research, public health, workforce, food and drug safety, and health care for uniformed service members, as well as trigger cuts in Medicare payments to graduate medical education programs, hospitals, and physicians that will endanger access to care and training of physicians.

**RESOLUTION 216 WAS CONSIDERED WITH RESOLUTION 209.
SEE RESOLUTION [209](#).**

RESOLUTION 217 WAS NOT CONSIDERED AT THE INTERIM MEETING

**218. OPPOSE MEDICARE PENALTIES FOR NON ADOPTION OF EHR
Introduced by Ohio Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

**HOUSE ACTION: POLICIES [H-478.991](#) AND [D-478.994](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association take immediate action to seek support for federal legislation to repeal the penalties in the Health Information Technology for Economic and Clinical Health Act for physicians who do not adopt Electronic Health Records or do not meet criteria for meaningful use; and be it further

RESOLVED, That AMA Policy H-478.991, Federal EMR and Electronic Prescribing Incentive Program, be amended by insertion and deletion to read as follows:

Our AMA: (1) will ~~communicate to the federal government~~ seek support for legislation to insure that the Electronic Medical Record (EMR) incentive program ~~should be~~ is made compliant with AMA principles by removing penalties for non-compliance and by providing inflation-adjusted funds to cover all costs of implementation and maintenance of EMR systems; and (2) supports the concept of electronic prescribing, as well as the offering of financial and other incentives for its adoption, but ~~strongly discourages a~~ seeks support for legislation to remove the current funding structure that financially penalizes physicians that have not adopted such technology.

**219. ELECTRONIC HEALTH RECORDS
Introduced by Indiana Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

**HOUSE ACTION: POLICIES [H-478.991](#) AND [D-478.994](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association work with government and software developers asking that: (1) payments to physicians and hospitals for electronic health record implementation should be based on actual costs to the facility or practice rather than a government estimate; and (2) there should be no penalties to physician practices and hospitals that do not adopt electronic health records including no reduction in Medicare and Medicaid payments; and be it further

RESOLVED, That our AMA support further studies into what constitutes a truly utilitarian electronic health record with a goal of decreasing complexity, increasing efficiency and decreasing the amount of data required by government and insurance companies.

RESOLUTION 220 WAS NOT CONSIDERED AT THE INTERIM MEETING

221. DECOUPLING SOCIAL SECURITY FROM MEDICARE
Introduced by California Delegation

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [H-330.890](#).

RESOLVED, That our American Medical Association support abrogation of any connection between Medicare and Social Security benefits.

222. GENERIC MEDICATIONS AND PAY FOR DELAY PRACTICES
Introduced by California Delegation

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: ADOPTED

See Policy [H-110.989](#).

RESOLVED, That our American Medical Association support federal legislation that makes tactics delaying conversion of medications to generic status, also known as “pay for delay,” illegal in the United States.

223. MANDATORY PHYSICIAN ENROLLMENT IN MEDICARE
Introduced by California Delegation

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: ADOPTED

See Policy [H-390.845](#).

RESOLVED, That our American Medical Association support every physician’s ability to choose not to enroll in Medicare; and be it further

RESOLVED, That our AMA seek the right of patients to collect from Medicare for covered services provided by unenrolled or disenrolled physicians.

224. RAC AUDITS OF E&M CODES
Introduced by California Delegation

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [D-330.915](#).

RESOLVED, That our American Medical Association oppose Recovery Audit Contractor audits of E&M codes with the Centers for Medicare & Medicaid Services (CMS) and explain to CMS and Congress why these audits as currently conducted are deleterious to the provision of care to patients with complex health needs; and be it further

RESOLVED, That if our AMA is unsuccessful in reversing the audits, our AMA urge CMS and elected Washington officials to require physician reimbursement for time and expense of appeals; and be it further

RESOLVED, That our AMA urge CMS and elected Washington officials to provide statistical data regarding the audits, including the specialties most affected by these audits, and the percentage of denied claims for E&M codes which, when appealed, are reversed on appeal.

**225. INCOME ELIGIBILITY/TAX DEDUCTIBILITY OF STUDENT LOAN INTEREST
Introduced by California Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

**HOUSE ACTION: POLICY [D-305.962](#) REAFFIRMED
IN LIEU OF THE FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association cause legislation to be introduced to allow 100% tax deductibility of student loan interest for physicians who choose a career in public service, or who practice in a designated Health Professionals Shortage Area regardless of their income.

**226. PENALTIES FOR NON-ADOPTION OF HEALTH INFORMATION TECHNOLOGY
Introduced by California Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

**HOUSE ACTION: POLICIES [H-478.991](#) AND [D-478.994](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association oppose financial penalties by any payer for physicians who do not adopt health information technology, such as electronic medical records and electronic prescribing.

**227. MEDICARE PART B COVERAGE OF TDAP (TETANUS,
DIPHTHERIA, ACCELLULAR PERTUSSIS)
Introduced by Pennsylvania Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

**HOUSE ACTION: ADOPTED
See Policy [H-440.875](#).**

RESOLVED, That our American Medical Association urge Medicare to include Tdap (Tetanus, Diphtheria, Acellular Pertussis) under Medicare Part B as a national public health measure to help prevent the spread of Pertussis.

**228. MEDICARE'S PAYMENT REDUCTION FOR MEDICARE ELIGIBLE PROFESSIONALS WHO
DO NOT DEMONSTRATE MEANINGFUL USE OF ELECTRONIC MEDICAL RECORDS BY 2015
Introduced by Pennsylvania Delegation**

Reference committee hearing: see report of [Reference Committee B](#).

**HOUSE ACTION: POLICIES [H-478.991](#) AND [D-478.994](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association urge Medicare to eliminate its punitive payment adjustment planned in 2015 for physicians who do not demonstrate meaningful use of electronic medical records (EMRs).

RESOLUTION 229 WAS NOT CONSIDERED AT THE INTERIM MEETING

**230. INNOVATION TO IMPROVE USABILITY AND DECREASE COSTS OF
ELECTRONIC HEALTH RECORD SYSTEMS FOR PHYSICIANS**
Introduced by Pennsylvania Delegation

Reference committee hearing: see report of [Reference Committee B](#).

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED

See Policy [H-478.992](#).

RESOLVED, That our American Medical Association Board of Trustees submit a report at our 2013 Annual Meeting on what steps our AMA has taken to implement HOD Policy H-478.992 as well as on a strategic plan for further implementation of this policy.

601. ABUSE OF CPT DESCRIPTORS RELATED TO SURGERY
Introduced by American Academy of Ophthalmology, California Delegation,
American Academy of Physical Medicine and Rehabilitation,
American Society of Cataract and Refractive Surgery, American Society of Anesthesiologists

Reference committee hearing: see report of [Reference Committee F](#).

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association urge the CPT Editorial Panel to retile the section “Surgery” to read “Surgery and Procedures” and add the description of surgery in HOD Policy H-475.983 to the section preamble.

801. PRESCRIPTION REFILL SCHEDULES
Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: ADOPTED

See Policy [H-120.952](#).

RESOLVED, That our American Medical Association encourage relevant organizations, including but not limited to insurance companies and professional pharmacy organizations, to develop a plan to implement prescription refill schedule strategies so that patients requiring multiple prescription medications may reduce the travel barriers for prescription acquisition.

**802. USE OF INTEGRATED ELECTRONIC PATIENT CARE REPORTS
FOR PREHOSPITAL PROVIDERS**
Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association support legislation incentivizing the comprehensive use of integrated electronic patient care reports by EMTs and paramedics for better cross communication, and to standardize the flow of information from prehospital to hospital.

803. BILLING CODES FOR FILLING OUT FORMS
Introduced by Michigan Delegation

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: ADOPTED

See Policy [D-385.959](#).

RESOLVED, That our American Medical Association lobby the Centers for Medicare & Medicaid Services and other national payers to reimburse those physicians who utilize billing code 99080 for filling out various forms requested by patients.

804. SECURITY OF TELEMEDICINE COMMUNICATION
Introduced by Maryland Delegation

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: ADOPTED

See Policy [D-480.976](#).

RESOLVED, That our American Medical Association develop appropriate warnings and guidance for physicians for the use of various common telemedicine modalities; and be it further

RESOLVED, That our AMA provide physicians useable information and warnings that can be given to patients about the security of common telemedicine modalities if they choose to use such technologies.

805. TELEMEDICINE
Introduced by Florida Delegation

Reference committee hearing: see report of [Reference Committee J](#).

**HOUSE ACTION: POLICIES [H-390.859](#), [H-480.961](#), [H-480.969](#) AND [H-480.974](#) REAFFIRMED
IN LIEU OF THE FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association encourage individual state boards of medicine to regulate telemedicine and to work with individual state legislatures to seek full licensure for intrastate telemedicine practice and to seek appropriate reimbursement for physicians who provide telemedicine services.

806. PAY FOR CONSULTATION VIA TELEPHONE AND ELECTRONIC COMMUNICATIONS
Introduced by Florida Delegation

Reference committee hearing: see report of [Reference Committee J](#).

**HOUSE ACTION: POLICIES [H-390.859](#) AND [H-480.961](#) REAFFIRMED
IN LIEU OF THE FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association petition the Centers for Medicare & Medicaid Services to provide a fee for the existing codes for reimbursement to physicians for telephone and electronic communications.

**807. TRANSPARENT DEVELOPMENT OF CLINICAL COVERAGE PROTOCOLS BY
PRIVATE CARRIERS AND BENEFIT MANAGEMENT PLANS**

**Introduced by American College of Cardiology, Heart Rhythm Society,
Society for Cardiovascular Angiography and Interventions**

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED

See Policy [D-185.986](#).

RESOLVED, That our American Medical Association work with specialty and service organizations to advocate that private insurance plans and benefit management companies develop transparent clinical protocols as well as formal processes to write / revise them; that those processes should seek input from the relevant national physician organizations; and that such clinical coverage protocols should be easily and publicly accessible on their websites, just as Medicare national and local coverage determinations are publically available; and be it further

RESOLVED, That our AMA advocate that when private insurance plans and benefit management companies make changes to or revise clinical coverage protocols, said companies must inform all insured individuals and participating providers in writing no less than 90 days prior to said change(s) going into effect.

808. SURVEYING ACTUAL COSTS OF MEDICAL PRACTICE

Introduced by Iowa Delegation

Considered on reaffirmation calendar.

**HOUSE ACTION: POLICIES [H-400.966](#), [H-400.984](#), [D-390.963](#) AND [D-400.985](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association ask the Centers for Medicare & Medicaid Services to help fund a survey that would accurately measure physician practice expenses and cost share weights for use in determining the Medical Economic Index and regional differences in practice costs.

809. MEDICAID EXPANSION

**Introduced by American College of Physicians, American Academy of Family Physicians,
American Academy of Pediatrics, American Congress of Obstetricians and Gynecologists,
American Society for Gastrointestinal Endoscopy, Renal Physicians Association,
Society of Hospital Medicine, Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island and Vermont Delegations**

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [D-290.979](#).

RESOLVED, That our American Medical Association, at the invitation of state medical societies, will work with state and specialty medical societies in advocating at the state level to expand Medicaid eligibility to 133% (138% FPL including the income disregard) of the Federal Poverty Level as authorized by the ACA; and be it further

RESOLVED, That our AMA advocate for an increase in Medicaid payments to physicians and improvements and innovations in Medicaid that will reduce administrative burdens and deliver healthcare services more effectively, even as coverage is expanded.

810. MEDICARE QUALITY AND RESOURCE USE REPORTS
Introduced by American Society of Clinical Pathology, American Society of Cytopathology,
College of American Pathologists, National Association of Medical Examiners,
United States and Canadian Academy of Pathology

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [D-450.964](#).

RESOLVED, That our American Medical Association continue to work with the Centers for Medicare & Medicaid Services to improve the design, content, and performance indicators included in the Quality and Resource Use Reports (QRURs) for physicians, so that the reports reflect the quality and cost data associated with these physicians in calculating Value-Based Payment Modifiers (VBM); and be it further

RESOLVED, That our AMA continue to advocate, educate and seek to delay implementation of the VBM program.

811. ADMINISTRATIVE SIMPLIFICATION
Introduced by Colorado Delegation

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [D-190.974](#).

RESOLVED, That our American Medical Association continue its strong leadership role in automating, standardizing and simplifying all administrative actions required for transactions between payers and providers; and be it further

RESOLVED, That our AMA continue its strong leadership role in automating, standardizing, and simplifying the claims revenue cycle for physicians in all specialties and modes of practice with all their trading partners, including, but not limited to, public and private payers, vendors, and clearinghouses; and be it further

RESOLVED, That our AMA prioritize efforts to automate, standardize and simplify the process for physicians to estimate patient and payer financial responsibility before the service is provided, and determine patient and payer financial responsibility at the point of care; and be it further

RESOLVED, That our AMA continue to use its strong leadership role to support state and specialty society initiatives to simplify administrative functions; and be it further

RESOLVED, That our AMA expand its Heal the Claims process™ campaign as necessary to ensure that physicians are aware of the value of automating their claims cycle.

812. SHARED DECISION MAKING RESOURCE CENTERS
Introduced by Colorado Delegation

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [D-373.995](#).

RESOLVED, That our American Medical Association advocate for full funding for section 3506 of the Affordable Care Act.

813. HOSPITAL BASED PHYSICIANS AND THE VALUE BASED PAYMENT MODIFIER
Introduced by Society of Hospital Medicine, Society of Critical Care Medicine,
American College of Emergency Physicians

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association conduct a study to identify and evaluate appropriate metrics at the physician and physician group practice level for use by hospital based specialties within the Value Based Payment Modifier (VBPM) initiative; and be it further

RESOLVED, That during the course of this study, attention is given to a mix of both physician and facility performance metrics not only for the purpose of more accurately capturing hospital-based practice but also for the potential to achieve a greater level of physician-hospital alignment when and if appropriate to reduce costs and improve the quality of patient care; and be it further

RESOLVED, That our AMA work closely with hospital based professional societies to construct a program that complies with the Patient Protection and Affordable Care Act VBPM mandate and that will validly evaluate hospital based physicians at the individual and group practice level.

**814. DESIGNATION OF ELECTRODIAGNOSIS / OTHER SERVICES AS
SEPARATE CATEGORY IN PROVIDER NETWORKS**
Introduced by California Delegation, American Academy of Physical Medicine and Rehabilitation,
American Association of Neuromuscular & Electrodiagnostic Medicine

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [H-285.909](#).

RESOLVED, That our American Medical Association oppose the re-designation of services traditionally provided by broader medical specialties as a separate specialty category for inclusion into a payor's provider network unless compelling evidence shows it will improve patient care; and be it further

RESOLVED, That our AMA support the ability for all appropriately trained neurologists and physiatrists to perform electrodiagnosis on patients within their provider network.

815. EVIDENCE-BASED UTILIZATION OF SERVICES
Introduced by California Delegation

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: ADOPTED

See Policy [D-410.992](#).

RESOLVED, That our American Medical Association support physician-led, evidence based, efforts to improve appropriate utilization of medical services; and be it further

RESOLVED, That our AMA educate member physicians, hospitals, health care leaders and patients about the need for physician-led, evidence based, efforts to improve appropriate utilization of medical services.

816. SWIPE CARDS FOR INSURANCE ELIGIBILITY DETERMINATION AND PAYMENT
Introduced by California Delegation

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: POLICY [D-185.999](#) REAFFIRMED
IN LIEU OF THE FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association support requiring that health plans and insurers implement “swipe card” technology for the purposes of verifying insurance eligibility and enabling faster insurance payment for medical services at the point of delivery.

817. PHYSICIAN SIGNATURES ATTESTING TO CAUSE AND MANNER
OF DEATH ON DEATH CERTIFICATES
Introduced by National Association of Medical Examiners, American Society of Clinical Pathology,
American Society of Cytopathology, College of American Pathologists

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association advocate that only physicians should complete, certify and sign the cause and manner of death section on all death certificates.

818. MEDICAL STAFF BYLAWS AS BINDING CONTRACTS
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED
IN LIEU OF RESOLUTIONS 818 AND 821
See Policy [D-235.987](#).

RESOLVED, That our American Medical Association actively pursue the enactment of federal legislation and/or regulation that will recognize medical staff bylaws as a binding contract, not subject to unilateral amendment, between the organized medical staff and the governing board of a hospital or health care delivery system.

819. RESPONSIBILITY FOR TRANSPARENCY
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy [D-155.990](#).

RESOLVED, That our AMA actively oppose any legislation and/or regulation that deems the physician the responsible party to inform patients of their anticipated health care costs where the practitioner does not set reimbursement rates.

820. OPPOSING ASSIGNING DUAL-ELIGIBLE PATIENTS INTO MANDATORY MANAGED CARE
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED

See Policy [D-290.978](#).

RESOLVED, That our American Medical Association demand that the Centers for Medicare & Medicaid Services require all states to develop forms and related processes to facilitate opting out of managed care programs by Medicare-Medicaid dual-eligible individuals, and that those forms and directives be available no less than 120 days before the effective date of a state's dual eligible managed care program implementation; and be it further

RESOLVED, That our AMA advocate to continue to revise, limit the size, and limit the expansion of the dual-eligible managed care pilot process until it demonstrates improved accessibility, quality and cost efficiencies.

RESOLUTION 821 CONSIDERED WITH RESOLUTION 818.
SEE RESOLUTION [818](#).

822. AMA / SPECIALTY SOCIETY RELATIVE VALUE SCALE UPDATE
COMMITTEE RECOMMENDATIONS
Introduced by Florida Delegation

Reference committee hearing: see report of [Reference Committee J](#).

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED

See Policy [H-400.969](#).

RESOLVED, That our American Medical Association oppose changes in Relative Value Units that are in excess of those recommended by the AMA/Specialty Society Relative Value Scale Update Committee (RUC).

901. COMPREHENSIVE EVIDENCE-BASED DRUG TREATMENT IN PRISONS
Introduced by Medical Student Section

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES [H-430.994](#) and [H-430.997](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association work with appropriate specialty societies to develop and promote legislative and policy initiatives that expand comprehensive evidence-based substance abuse treatment in federal, state and local prisons and jails.

902. ELIMINATING LEGACY ADMISSIONS
Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association oppose the use of legacy status in medical school admissions and support mechanisms to eliminate its inclusion from the application process, such as by encouraging the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, and the Liaison Committee on Medical Education to encourage schools to remove any questions on secondary applications pertaining to legacy status.

**903. EXPANDING CLERKSHIP SITE ACCESS TO INCLUDE US MEDICAL
SCHOOLS UNDERGOING ACCREDITATION**
Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [D-295.320](#)

RESOLVED, That American Medical Association Policy be amended by addition as follows:

D-295.320 Factors Affecting the Availability of Clinical Training Sites for Medical Student Education

1. Our American Medical Association will work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medical Education to encourage local and state governments and the federal government, as well as private sector philanthropies, to provide additional funding to support infrastructure and faculty development for medical school expansion. 2. Our AMA will encourage medical schools and the rest of the medical community within states or geographic regions to engage in collaborative planning to create additional clinical education resources for their students. 3. Our AMA will support the expansion of medical education programs only when educational program quality, including access to appropriate clinical teaching resources, can be assured. 4. Our AMA will advocate for regulations that would ensure clinical clerkship slots be given first to students of US medical schools that are Liaison Committee on Medical Education- or Commission on Osteopathic College Accreditation-approved, or schools currently given preliminary accreditation status, provisional accreditation status, or equivalent, from either of the above bodies. 5. Our AMA will advocate for federal and state legislation or regulations to oppose any extraordinary compensation for clinical clerkship sites by medical schools or other clinical programs that would result in displacement or otherwise limit the training opportunities of United States LCME/COCA students in clinical rotations; and be it further

RESOLVED, That our AMA study the issue of limiting international medical student clerkship rotations to a maximum of 12 weeks, with a report back to the House of Delegates.

904. IMPROVED PRESCRIPTION CONTAINER LABELING
Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED
See Policy [D-115.990](#).

RESOLVED, That our AMA encourage state Boards of Pharmacy to adopt the newly revised standards contained in the United States Pharmacopeia general chapter on prescription container labeling, which offers specific guidance on how prescription labels should be organized in a patient-centered manner.

905. INCLUSION OF FOLIC ACID SUPPLEMENTS IN NUTRITIONAL ASSISTANCE PROGRAMS
Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association support the addition of folic acid supplements in the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, and other similarly aligned programs; and be it further

RESOLVED, That our AMA work with United States Department of Agriculture and other appropriate organizations to encourage and procedurally facilitate the implementation of folic acid supplements in the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, and other similarly aligned programs.

**906. INCREASED ADVOCACY FOR HEPATITIS C VIRUS EDUCATION,
PREVENTION, SCREENING, AND TREATMENT**
Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy [H-440.845](#).

RESOLVED, That our American Medical Association encourage the adoption of birth year-based screening practices for Hepatitis C, in alignment with recent Centers for Disease Control and Prevention (CDC) recommendations; and be it further

RESOLVED, That our AMA encourage the CDC and state Departments of Public Health to develop and coordinate Hepatitis C Virus infection educational and prevention efforts.

907. PSYCHIATRIC DISEASES AMONG ETHNIC-MINORITY AND IMMIGRANT POPULATIONS
Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [D-345.994](#).

RESOLVED, That our American Medical Association encourage the National Institute of Mental Health and local health departments to examine national and regional variations in psychiatric illnesses among immigrant, minority, and refugee populations in order to increase access to care and appropriate treatment.

908. INCREASING THE SCHOOL NURSE TO STUDENT RATIO
Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: POLICY [H-60.991](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association encourage state medical societies and organizations, such as the National Association of School Nurses and other stakeholders, to advocate at all levels for adequate funding of school nurse positions; and be it further

RESOLVED, That our AMA encourage public schools, private schools, and other relevant organizations to employ school nurses in a manner that complies with Centers for Disease Control and Prevention recommended nurse-to-student ratios.

909. HARM REDUCTION STRATEGIES FOR PATIENTS AT RISK OF OPIOID OVERDOSE
Introduced by Resident and Fellow Section

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [D-95.987](#).

RESOLVED, That our American Medical Association advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose; and be it further

RESOLVED, That our AMA encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for opioid overdose.

910. PUBLIC SERVICE ANNOUNCEMENTS TO EDUCATE CHILDREN AND ADULTS
NEVER TO USE MEDICATIONS PRESCRIBED TO OTHER INDIVIDUALS
Introduced by American Academy of Pain Medicine

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy [D-95.978](#).

RESOLVED, That our American Medical Association encourage interested stakeholders, federal agencies and pharmaceutical companies to develop public service announcements for television and other media to educate children and adults about the dangers of taking medications that are prescribed for others.

911. EXPANSION OF THE NATIONAL DIABETES PREVENTION PROGRAM
Introduced by The Endocrine Society, American Association of Clinical Endocrinologists,
American College of Preventive Medicine

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED

See Policy [H-440.844](#).

RESOLVED, That our American Medical Association (AMA) support evidence-based, physician-prescribed diabetes prevention programs; and be it further

RESOLVED, That our AMA support the expansion of the NDPP to more CDC-certified sites across the country; and be it further

RESOLVED, That the NDPP should become a Medicare benefit and be covered by all private insurers.

912. COLD TURKEY SMOKING CESSATION
Introduced by American Association of Public Health Physicians

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: POLICY [H-490.917](#) REAFFIRMED
IN LIEU OF THE FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association encourage physicians and the public health community to offer written materials, internet links, education and counseling to enable and encourage more successful assisted “Cold Turkey” quitting; and be it further

RESOLVED, That our AMA encourage private, state, and federally funded tobacco control programs to conduct research and evaluation, and implement educational and counseling programming that promotes “Cold Turkey” quitting, as a smoking cessation option; and be it further

RESOLVED, That our AMA petition The Joint Commission to amend their requirement relative to smokers being discharged from hospitals to recognize education and counseling to promote “Cold Turkey” quitting as an alternative to a prescription for a smoking cessation pharmaceutical product.

RESOLUTION 913 WAS NOT CONSIDERED AT THE INTERIM MEETING

914. PEDIATRIC WORKFORCE SHORTAGES
Introduced by American Academy of Pediatrics

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES [H-200.954](#), [H-200.955](#) and [D-305.967](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association assist with informing health policy makers about the need for more pediatric medical subspecialists and pediatric surgical specialists as part of their advocacy and legislative agenda pertaining to physician workforce shortages and access to care; and be it further

RESOLVED, That our AMA work with medical specialty societies, regulatory agencies and state medical societies to identify and implement solutions to the shortages of physicians in pediatric medical subspecialties and pediatric surgical specialties.

RESOLUTION 915 WAS NOT CONSIDERED AT THE INTERIM MEETING**916. MANDATORY IMMUNIZATIONS FOR LONG-TERM CARE WORKERS
Introduced by American Medical Directors Association**

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: ADOPTED

See Policy [H-440.850](#).

RESOLVED, That our American Medical Association support a mandatory annual influenza vaccination for every long term care health care worker who has direct patient contact unless a medical contraindication or religious objection exists; and be it further

RESOLVED, That our AMA recommend that medical directors and other practitioners encourage caregivers (both professional health care workers and family caregivers) to obtain these vaccinations; and be it further

RESOLVED, That our AMA recommend vaccinations be made available and offered at no cost to staff working in long-term care settings.

**917. ACCREDITATION / CERTIFICATION COST AND CONVENIENCE
Introduced by Indiana Delegation**

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association adopt the following additional principles related to certifying and accrediting entities:

- 1) There should be full transparency related to the costs of preparing, administering, scoring and reporting the results of board certifying exams.
- 2) There should be full transparency on the costs of facility documentation review, facility inspection, scoring and reporting of accreditation results.
- 3) There is the expectation that timely and multiple board exam sites will be available so as to minimize the need for physicians to travel long distances or wait long times for exam dates.
- 4) The accreditation process should be timely and efficient.
- 5) Finally, there is the expectation that certification and accreditation services should not be a source of substantial profit for these entities.

RESOLUTION 918 WAS NOT CONSIDERED AT THE INTERIM MEETING

919. ELECTRONIC CIGARETTES
Introduced by Indiana Delegation

Considered on reaffirmation calendar.

**HOUSE ACTION: POLICIES [H-490.909](#) and [H-490.917](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association ask: (1) that the Food and Drug Administration (FDA) consider electronic cigarettes to be a medical product and therefore require regulation; (2) that the FDA require the appropriate studies be performed to prove electronic cigarettes safety and efficacy; (3) that rules and regulations related to the manufacturing, distribution, sale and use of electronic cigarettes be promulgated by the FDA and based on valid scientific data; and (4) that electronic cigarettes should be banned until the these studies are completed; and be it further

RESOLVED, That our AMA continue to educate the public about the potential hazards of electronic cigarettes, their unproven efficacy and the need for further regulation.

920. ACGME RESIDENCY PROGRAM ENTRY REQUIREMENTS
Introduced by California Delegation

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: ADOPTED
See Policy [H-310.909](#).

Our AMA supports entry into Accreditation Council on Graduate Medical Education (ACGME) accredited residency and fellowship programs from either ACGME-accredited programs or American Osteopathic Association-accredited programs.

921. SHORTAGE OF RESIDENCY TRAINING POSITIONS
Introduced by California Delegation

Reference committee hearing: see report of [Reference Committee K](#).

**HOUSE ACTION: POLICIES [D-305.973](#) AND [D-305.998](#) REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association support efforts to urgently address the anticipated imbalance between the number of medical school graduates and available residency training positions.

922 SUPPORT FOR BREAST RECONSTRUCTION EDUCATION INITIATIVES
**Introduced by American Society of Plastic Surgeons, American Association for Hand Surgery,
American Society for Aesthetic Plastic Surgeons, American Society of Maxillofacial Surgeons**

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED
See Policy [H-55.997](#).

RESOLVED, That our American Medical Association support education for physicians and breast cancer patients on breast reconstruction and its availability.

923. ENSURING THE SAFE AND APPROPRIATE USE OF COMPOUNDED MEDICATIONS
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED
See Policy [D-120.949](#).

RESOLVED, That our American Medical Association: (1) monitor ongoing federal and state evaluations and investigations of the practices of compounding pharmacies; (2) encourage the development of regulations that ensure safe compounding practices that meet patient and physician needs; and (3) report back on efforts to establish the necessary and appropriate regulatory oversight of compounding pharmacy practices.

RESOLUTION 924 WAS NOT CONSIDERED AT THE INTERIM MEETING

RESOLUTION 925 WAS NOT CONSIDERED AT THE INTERIM MEETING

926. PRESERVATION OF RESIDENCY TRAINING POSITIONS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of [Reference Committee K](#).

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy [H-310.943](#).

RESOLVED, That our American Medical Association oppose the closure of residency/fellowship programs or reductions in the number of current positions in programs as a result of changes in GME funding.

LATE 1003. FEDERAL PHYSICIAN ATTENDANCE AT MEDICAL MEETINGS
Introduced by Kentucky, Arizona, Colorado, New Mexico, American Academy of Ophthalmology, American Urological Association, American College of Surgeons, American College of Emergency Physicians

No reference committee hearing; considered as Committee of the Whole in House of Delegates.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy [D-620.991](#).

RESOLVED, That our American Medical Association work with the federal government to ensure that federal physicians are able to continue to participate in professional meetings and serve in leadership positions in organized medicine.