

Follow-Up on Implementation of Resolutions and Report Recommendations AMA House of Delegates Interim Meeting - November 16-19, 2013

Report/Resolution	Title	House Action	Status
BOT Report 01-I-13	Pharmacist Administration of Immunizations (Resolution 212-I-12)	Referred. (Report Back at A-14)	Board of Trustees Report 13 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Informational) HOD Action: Filed.
BOT Report 02-I-13	Definitions of Physician-Led Supervision and Collaboration	Referred with Change in Title. (Report Back at A-14)	Board of Trustees Report 23 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee B) HOD Action: Recommendations in BOT Report 23 Adopted, Remainder of Report Filed.
BOT Report 03-I-13	A More Uniform Approach to Assessing Patients for Controlled Substances for Pain Relief (Resolution 208-I-12)	Recommendations in BOT Report 03 Adopted as Amended, Remainder of Report Filed.	The Centers for Disease Control and Prevention (CDC) assisted an expert panel convened by the American College of Medical Toxicology and the National Association of Medical Examiners to develop evidence-based recommendations for the practice of death investigation and autopsy, Toxicological analysis and interpretation, and death certification to improve the precision of death certificate data available involving opioidanalgesic drugs and for use in public health surveillance. Our AMA is seeking ways to get broader use and implementation of these recommendations. Our AMA also is seeking funding to form an expert panel and develop “Practical Guidance on the Clinical use of Opioids” for practicing physicians. Funding was secured from the Substance Abuse and Mental Health Services Administration as part of the “Prescriber Clinical Support System for Opioid Therapies.”
BOT Report 04-I-13	Designation of Specialty Societies for Representation in the House of Delegates (Board of Trustees Report 11-A-13)	Recommendations in BOT Report 4 Adopted as Amended, Remainder of Report Filed. (Report Back at A-16)	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2016 Annual Meeting.
BOT Report 05-I-13	Conflict of Interest Disclosure for Candidates (Resolution 606-A-13)	Recommendations in BOT Report 05 Adopted as Amended, Remainder of Report Filed.	COI disclosures collected from all candidates and posted in members-only section of AMA website. Online version of Election Manual includes links to disclosures. A-14 election included posting of COI disclosures; disclosures will be collected and posted for A-15 elections.
BOT Report 06-I-13	Redefining the AMA's Position on ACA and Healthcare Reform	Filed.	Board of Trustees Report 24 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Informational) HOD Action: Filed.

Report/Resolution	Title	House Action	Status
BOT Report 07-I-13	National Indian Health Board: Official Observer Status in the House of Delegates	Recommendations in BOT Report 07 Adopted, Remainder of Report Filed.	National Indian Health Board advised of status as official observer and invited to HOD meetings. No further action required.
BOT Report 08-I-13	Abuse of CRT Descriptors Related to Surgery (Resolution 601-I-12)	Recommendations in BOT Report 08 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
BOT Report 09-I-13	Public Health and Primary Prevention in AMA's Strategic Plan	Filed.	For Information.
BOT Report 11-I-13	Specialty Society Representation in the House of Delegates - Five-Year Review	Recommendations in BOT Report 11 Adopted, Remainder of Report Filed.	Societies notified of status and provided with delegate information for A-14. Board of Trustees Report 9 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws)
CCB Report 01-I-13	Online Member Forums and Compatibility with AMA Bylaws	Recommendation in CCB Report 1 Adopted, Remainder of the Report Filed.	AMA Policy Database Updated.
CCB Report 02-I-13	AMA Women Physicians Section - Additional Bylaws	Recommendations in CCB Report 02 Adopted, Remainder of Report Filed.	AMA Bylaws Updated.
CEJA Opinion 01-I-13	Amendment to E-5.055, "Confidential Care for Minors"	Filed.	No further action required.
CEJA Report 01-I-13	Physician Exercise of Conscience	Referred.	Council on Ethical and Judicial Affairs Report 1 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Referred.
CEJA Report 02-I-13	Amendment to E-8.061, "Gifts to Physicians from Industry"	Recommendations in CEJA Report 02 Adopted, Remainder of Report Filed.	Council on Ethical and Judicial Affairs Opinion 1 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Informational) HOD Action: Filed.

Report/Resolution	Title	House Action	Status
CEJA Report 04-I-13	Ethically Sound Innovation in Medical Practice	Referred.	Council on Ethical and Judicial Affairs Report 2 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Recommendations in CEJA Report 2 Adopted, Remainder of Report Filed.
CEJA Report 05-I-13	Professionalism in Health Care Systems	Recommendations in CEJA Report 05 Adopted, Remainder of Report Filed.	Council on Ethical and Judicial Affairs Opinion 2 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Informational) HOD Action: Filed.
CLRPD Report 01-I-13	Establishment of New Sections: Modification of Existing Policy and Bylaws	Recommendation in CLRPD Report 1 Adopted, Remainder of the Report Filed.	Council on Constitution and Bylaws Report 1-A-14 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Recommendations in CCB Report 1 Adopted, Remainder of Report Filed.
CME Report 01-I-13	Update on Expanding Access to Clinical Training Sites for Medical Students	Recommendations in CME Report 01 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 01-I-13	Payment Mechanisms for Physician-Led Team-Based Health Care	Adopted as Amended with Change in Title. (Report Back by I-15)	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2015 Interim Meeting. Our AMA has engaged Rand Research in 2014 to study the effects of new value-based payment models on physician practices varying in size, specialty, region and market dynamics, including any activity on payment mechanisms for team-based health care. The study, once completed at the end of 2014 will inform AMA activities going forward.
CMS Report 03-I-13	Hospital-Based Physicians and the Value Based Payment Modifier (Resolution 813-I-12)	Recommendations in CMS Report 03 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 04-I-13	Use of Integrated Electronic Patient Care Reports for Prehospital Providers (Resolution 802-I-12)	Recommendations in CMS Report 04 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
CMS Report 06-I-13	The Corporate Practice of Medicine	Recommendations in CMS Report 06 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 07-I-13	Strengthening Medicare Through Competitive Bidding	Recommendations in CMS Report 07 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CMS Report 08-I-13	Long-Term Care Residents with Criminal Backgrounds	Recommendations in CMS Report 08 Adopted as Amended with Change in Title, Remainder of Report Filed.	AMA Policy Database Updated.
Committee on Rules and	Committee on Rules and Credentials Report 1 - Policy on Campaign Announcements	Committee on Rules and Credentials Report 1 Adopted as Substituted and the Remainder of the Report Filed.	AMA Policy Database Updated. Medical societies and members of the HOD notified of the new rules regarding campaign announcements. Candidates will be apprised of rules for A-15 elections at I-14 and after I-14 in written communications.
CSAPH Report 01-I-13	Inclusion of Supplement Purchases in Nutritional Assistance Programs (Resolution 905-I-12)	Recommendations in CSAPH Report 01 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database Updated.
CSAPH Report 02-I-13	A Contemporary View of National Drug Control Policy (Resolutions 520-A-11, 511-A-12 , and 512-A-13)	Recommendations in CSAPH Report 02 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
RES 001-I-13	Tubal Ligation and Vasectomy Consents	Adopted as Amended. (Report Back at A-14)	Board of Trustees Report 17 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Informational) HOD Action: Filed.
RES 002-I-13	Right of Conscience	Policy H-225.950 Adopted as Amended in Lieu of Resolution 002.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 003-I-13	Hospital Mergers and Reproductive Health Care	Substitute Resolution 003 Adopted.	Communicated with all state and national medical specialty societies that our AMA Advocacy Resource Center is prepared to work with them and/or other interested stakeholders at the state level to ensure – through appropriate state oversight agencies, that where hospital mergers and acquisitions may lead to restrictions on reproductive health care services – the merging entity shall be responsible for ensuring continuing community access to these services. No further action required.
RES 004-I-13	Reproductive Parity	Adopted as Amended.	AMA Policy Database Updated.
RES 005-I-13	Opposition to Restrictions on Physician/Patient Free Speech	Policies H-373.995 and H-5.989 Reaffirmed in Lieu of Resolution 005.	AMA Policy Database Updated.
RES 006-I-13	Restrictions on Marketing in Hospitals and Medical Centers	Referred.	Board of Trustees Report 27 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Recommendations in BOT Report 27 Adopted, Remainder of Report Filed.
RES 202-I-13	Decreasing Medicare Payment Recovery Period	Policy H-70.926 Reaffirmed in Lieu of Resolution 202.	AMA Policy Database Updated.
RES 204-I-13	Improving the Affordable Care Act	Referred. (Report Back at A-14)	Council on Medical Service Report 9 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee A) HOD Action: Recommendations in CMS Report 9 Adopted, Remainder of Report Filed.

Report/Resolution	Title	House Action	Status
RES 205-I-13	Alleviating the Financial Burdens Associated with ICD-10 Implementation	Adopted.	<p>Our AMA has continuously pressed for more assistance for physicians in meeting ICD-10 and has made a point of highlighting the extensive costs of complying with this unfunded mandate. Our AMA, in fact, funded a report written by Nachimson and Advisors focused on the costs of meeting ICD-10. As a result of our advocacy, ICD-10 was delayed another year. Our AMA has repeatedly petitioned CMS via formal letter and in direct communications that ICD-10 represents a financial burden to physicians and that funding and other mitigating factors should be available to help offset these costs. Congress enacted a one-year delay to the implementation deadline, providing physicians with additional time before adopting the new code set.</p> <p>Our AMA continues to convey to federal policymakers how burdensome and costly the ICD-10 mandate will be - especially in light of all the other reporting programs and associated penalties physicians face. ICD-10 implementation was delayed another year to October 1, 2015, a delay prompted by Congress to try to address our concerns. Despite the delay our AMA remains committed to reducing the impact of the new code set on physicians by bringing our concerns to CMS and testifying before the advisory committee which makes recommendations to CMS on code sets. Our efforts have resulted in CMS' decision to undertake a limited amount of end-to-end testing. Initially CMS had no plans to do this type of testing and changed its mind in response to AMA advocacy. Our AMA is pushing CMS to expand this testing effort.</p>
RES 206-I-13	FDA to Extend Regulatory Jurisdiction Over All Non-Pharmaceutical Nicotine and Tobacco Products	Adopted with Change in Title.	<p>Using their deeming authority, the FDA released a draft proposal rule that would extend regulatory jurisdiction over products that meet the statutory definition of a tobacco product, including currently unregulated marketed products, such as electronic cigarettes (e-cigarettes), cigars, pipe tobacco, nicotine gels, waterpipe (or hookah) tobacco, and other dissolvables not already under the FDA's authority. The FDA currently regulates cigarettes, cigarette tobacco, roll-your-own tobacco, and smokeless tobacco. Our AMA will submit formal comment on the proposed rule.</p> <p>Council on Science and Public Health Report 2 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee K)</p>
RES 211-I-13	Patient's Choice of Management of End of Life Care	Policy H-140.966 Reaffirmed in Lieu of Resolution 211.	AMA Policy Database Updated.
RES 212-I-13	Physician-Led Single and Multi-Specialty, Organized Group Practice Models	Substitute Resolution 212 Adopted.	AMA Policy Database Updated.
RES 214-I-13	Meaningful Use No Longer Meaningful	Policy H-478.991 Reaffirmed in Lieu of Resolutions 214, 221 and 222.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 216-I-13	Payment of Penalties and Interest to Physicians for RAC Audits	Adopted.	<p>Our AMA has repeatedly petitioned CMS via formal letter and in direct communications to apply penalties and interest on RACs for erroneous overpayment determinations, and is continuing this strong advocacy. While several legislative proposals have been introduced that increase the scrutiny of RACS, none at this time has required penalties to be paid by the contractor.</p> <p>Our AMA continues its strong advocacy to CMS to persuade the agency to impose penalties with interest on RAC auditors, payable to physicians, when a RAC audit or appeal for a claim has been found in favor of the physician. Our AMA has repeated this request in numerous letters to the CMS, as well as in monthly meetings with CMS RAC staff.</p>
RES 217-I-13	Primary Care Physician Supply	Substitute Resolution 217 Adopted.	<p>Communicated with all state and national medical specialty societies that the AMA Advocacy Resource Center is prepared to work with them and/or other interested stakeholders at the state level to gather and disseminate data regarding the primary care physician supply.</p> <p>No further action required.</p>
RES 218-I-13	FDA Regulation of Off-Label Drug Promotion	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2014 Interim Meeting.</p> <p>Board of Trustees Report 5 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee B)</p>
RES 219-I-13	Drug Enforcement Agency Licensure Fees	Adopted as Amended.	<p>Our AMA sent a letter to the Drug Enforcement Administration urging that physician fees to register and reregister to prescribe controlled substances be frozen at their 2012 levels (the last time they were increased) and that there be no subsequent increases in these fees. The letter noted that Medicare payment rates have fallen far behind inflation and physicians cannot recoup the costs of regulatory compliance, including the high costs estimated by the DEA to be associated with adoption of e-prescribing for controlled substances.</p> <p>No further action required.</p>
RES 220-I-13	Delay or Canceling of ICD-10	Adopted.	AMA Policy Database Updated.
RES 221-I-13	Eliminating Proposed Penalties for Not Achieving Meaningful Use	Policy H-478.991 Reaffirmed in Lieu of Resolutions 214, 221 and 222.	AMA Policy Database Updated.
RES 222-I-13	Safety of EHR	Policy H-478.991 Reaffirmed in Lieu of Resolutions 214, 221 and 222.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 223-I-13	Medicare's Two Midnight Rule	Adopted as Amended.	<p>Our AMA has repeatedly petitioned CMS via formal letter and direct communications to repeal the two midnight rule for inpatient admissions, and will continue this strong advocacy in its comments to CMS on the 2014 Inpatient Prospective Payment proposed rule. Implementation of the two midnight rule has been postponed until at least March 2015 due to Congressional action.</p> <p>Our AMA continues its strong advocacy to seek the repeal of the two-midnight rule and for meaningful resolution of the issues surrounding observation care. Our AMA submitted strong comments in response to the Medicare IPPS proposed rule requesting that CMS explore alternative solutions, repeal the two-midnight rule, count outpatient observation days towards skilled nursing facility coverage, and citing our AMA's 24-hour policy. In addition, our AMA submitted comments on CMS' OPSS proposed rule in regard to decreasing the documentation burden of the two-midnight policy on physicians.</p>
RES 225-I-13	Maintenance Payments for Electronic Health Records	Adopted.	<p>Our AMA has been working hard to highlight the burdensome nature of the Medicare/Medicaid EHR Meaningful Use program that requires physicians to purchase EHRs and costly additional features in order to meet the program requirements and for Medicare physicians to avert financial penalties. Our AMA will continue to highlight the point that adding further mandates without considering the cost impacts on physicians could prove to be financially disastrous for physicians.</p> <p>Our AMA released a blueprint for addressing the current stages of the Meaningful Use program, as well as the upcoming Stage 3. Among the many issues raised were the costs to meet the program's requirements.</p>
RES 226-I-13	Sustainable Growth Rate Repeal	Substitute Resolution 226 Adopted as Amended.	<p>Comprehensive SGR repeal legislation was reported unanimously by all three committees of jurisdiction. The bill failed to advance over disagreements on budgetary offsets. Several improvements to pay-for-performance programs were included consistent with our AMA principles. Considerable latitude for the development of alternative payment models was also included, as was a period of positive updates. Efforts to advance the legislation will continue.</p> <p>Aggressive efforts to advance the legislation, with the aim of getting it passed during the lame-duck session of Congress, have continued.</p>

Report/Resolution	Title	House Action	Status
RES 227-I-13	Hospital Inpatient Admission Order and Certification	Resolved #2 - Referred for Decision. Resolved #1 & 3 - Adopted.	<p>At the 2013 Interim Meeting of the House of Delegates, our AMA adopted the first and third resolved of Resolution 227 to support rescission of the requirement that a physician certify the estimated time the patient will need to remain in the hospital as a condition of payment for inpatient services, and to inform CMS as soon as possible of the AMA's policy calling for the rescission of the requirement that a physician certify the estimated time the patient will need to remain in the hospital, and take appropriate action to enact this policy (H-160.907). Our AMA also adopted policy to continue its strong advocacy to repeal the two-midnight benchmark policy for Medicare inpatient admissions (D-160.932). The AMA has aggressively implemented the directives of D-160.932 and H-160.907 through a multi-pronged advocacy strategy. Our AMA is continuing its strong advocacy that the two-midnight policy should be repealed and the requirement that a physician certify the estimated time the patient will need to remain in the hospital should be rescinded.</p> <p>The Board considered a management report on the second resolved of Resolution 227 which was referred for decision by the House of Delegates at the 2013 Interim Meeting. Resolution 227 was sponsored by the Organized Medical Staff Section. The second resolved of Resolution 227, as referred, would create AMA policy that upon admission of any patient to a hospital for inpatient services, the admitting/attending physician should be furnished by the hospital with appropriate information – for example the Geometric Mean Length of Stay (GMLOS) – to help the physician plan appropriately for the services that will be required to care for that particular patient. While the intent of this resolution is generally consistent with existing AMA policy and advocacy, the requirement that the hospital furnish such information may have unintended consequences. Such a requirement for hospitals may lead to greater emphasis on information such as GMLOS by hospital administrators and utilization review committees, to the detriment of physician decision-making and individual patients who differ from the norm. In addition, by advocating for an additional requirement for hospitals, the AMA may undermine a key advocacy ally on these issues. A requirement that hospitals furnish information to guide physician decision-making may also lead to unwanted paperwork burdens for admitting physicians. Finally, in regard to GMLOS, it is of note that this information is currently available to physicians on the CMS webpage. In order to address the issues outlined above, it may be more useful for this information to be accessible for physicians.</p> <p>The Board VOTED to adopt the second resolved of Resolution 227 as amended to read as follows:</p> <p>RESOLVED, That our AMA adopt as policy that upon admission of any patient to a hospital for inpatient services, the admitting/attending physician should have access to appropriate information – for example the Geometric Mean Length of Stay (GMLOS) – to help the physician plan appropriately for the services that will be required to care for that particular patient. (New HOD Policy)</p>

Report/Resolution	Title	House Action	Status
RES 228-I-13	EHR Stark Exemption	Policy 478.994 Reaffirmed in Lieu of Resolution 228.	AMA Policy Database Updated.
RES 601-I-13	Regulations in Times of Armed Conflict	Policy H-520.998 Reaffirmed in Lieu of Resolution 601.	AMA Policy Database Updated.
RES 605-I-13	Criminalization of Errors in Medical Documentation	Policy H-160.954 Reaffirmed in Lieu of Resolution 605.	AMA Policy Database Updated.
RES 801-I-13	Privacy Issues for Minors Regarding Insurance Company Explanation of Benefits	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2014 Interim Meeting. Council on Medical Service Report 2 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J)
RES 802-I-13	Updating AMA HOD Policy on Requirements for and Prescription of Durable Medical Equipment	Policies H-330.945 and H-330.995 Adopted in Lieu of Resolution 802.	AMA Policy Database Updated.
RES 804-I-13	Reimbursement for Eating Disorders	Policies H-185.974, H-345.981 and D-345.997 Reaffirmed in Lieu of Resolution 804.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 805-I-13	Physician Satisfaction	Adopted as Amended.	<p>Our AMA Physician Satisfaction and Practice Sustainability group is establishing tools to enhance physician satisfaction to address areas identified in the 2013 AMA-Rand Report on physician professional satisfaction, in the areas of clinical practice improvements, electronic health record physician usability and adoption of new payment and delivery models. As part of this work,our AMA is developing metrics to continue to measure physician’s satisfaction in these priority areas. Our AMA Physician Satisfaction and Practice Sustainability group has engaged Rand Research in 2014 to study the effects of new value-based payment models on physician practices varying in size, specialty, region and market dynamics, including any activity on payment mechanisms for team-based health care. The study, once completed at the end of 2014 will inform AMA activities going forward. AMA is developing practice-level solutions that, when applied collectively, will help enhance the practice of medicine for physicians and enable informed decision-making about their practice environments. These solutions include the development of clinical operation modules for practices to implement improvements in their practices.</p> <p>Our AMA continues working on various initiatives that when complete, will allow us to better understand what creates satisfaction or dissatisfaction for physicians. These initiatives, created for physicians at both individual and practice-levels, could in turn form the basis for future detailed measurement of physician satisfaction. Our AMA is launching a pilot in Q4 of one practice-level initiative, which includes clinical operation modules for practices to implement improvements in their practices.</p> <p>Our AMA is also working with key stakeholders, including the hospital community, to create a set of guidelines on how physicians and hospitals can work together with more integrated leadership than commonly exists. Such guidelines will be designed to set out models for appropriate physician-hospital relationships, intended to improve the current problems that give rise to this resolution. This model will lay the foundation for identifying solutions to aid physicians in working with hospitals in adapting to an every changing healthcare environment, including financial, cultural and operational changes.</p>

Report/Resolution	Title	House Action	Status
RES 806-I-13	Improving the HCAHPS Rating System	Substitute Resolution 806 Adopted.	<p>Our AMA is addressing needed modifications to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scoring system so that it reflects the full range of rating options available to patients in comments on the Inpatient Prospective Payment System (IPPS) proposed rule for 2015.</p> <p>In response to AMA concerns with the HCAHPS pain composite, CMS stated that “HCAHPS sampling protocol does not support reliable measurement of performance at the physician level. Any use of the HCAHPS Survey to evaluate individual physicians is inconsistent with their guidance. CMS understands and shares the commenter’s concerns about the rising level of abuse of opioid pain relievers in the United States. The HCAHPS Survey includes three questions about pain control to measure and publicly report patient experience with this common, yet critical, aspect of hospitalization; and neither the patient nor the physician(s) is identified in survey data submitted to CMS. Pain control is an important part of patient care in a hospital and should be evaluated at the hospital level. We share the commenter’s commitment to reducing abuse of opioids and will reach out to hospitals and physicians to help them more fully understand the capacities and limits of the HCAHPS Survey in this regard and will pursue further research on the wording of the pain management items in the HCAHPS Survey.”</p>
RES 807-I-13	Role of Critical Access Hospitals	Policy H-465.990 Reaffirmed in Lieu of Resolution 807.	AMA Policy Database Updated.
RES 808-I-13	Reference Pricing	Referred.	<p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2014 Interim Meeting.</p> <p>Council on Medical Service Report 3 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J)</p>
RES 811-I-13	Review of Self-Administered Drug List Alterations Under Medicare Part B	Adopted.	<p>In comments on the 2015 Medicare physician payment schedule proposed rule, our AMA is urging CMS to require that any alterations to Self-Administered Drug lists made by Medicare Administrative Contractors be subject to Carrier Advisory Committee review and advice.</p> <p>No further action required.</p>
RES 812-I-13	Health Exchange Benefit Designs and Tax Deductibility of Out-of-Pocket Expenses	Policies H-165.846 and H-165.839 Reaffirmed in Lieu of Resolution 812.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 813-I-13	Health Insurance Exchange and 90-Day Grace Period	Substitute Resolution 813 Adopted.	Our AMA has developed model legislation pertaining to the patient grace period for medical society advocacy on state exchange implementation. This model legislation has been used successfully in Washington State and several other states have legislation pending. Our AMA also developed an Affordable Care Act grace period toolkit available at: www.ama-assn.org/go/graceperiod . Among the resources included in the toolkit is a Medical practice checklist for 2014 ACA exchange implementation that was developed jointly by our AMA and the Medical Group Management Association. No further action required.
RES 814-I-13	Retro-Authorization for Tests / Procedures	Adopted as Amended.	AMA Policy Database Updated.
RES 815-I-13	Vulnerable Patient Access and Protection	Policies H-373.999, H-285.911, D-165.989, D-285.972 and H-160.952 Reaffirmed in Lieu of Resolution 815.	AMA Policy Database Updated.
RES 816-I-13	Inappropriate Interference with Hospital Admissions by Patient Management Contractors	Adopted.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2014 Interim Meeting. Council on Medical Service Report 1 on this subject appears in the Delegates Handbook for the 2014 Interim Meeting. (Reference Committee J)
RES 817-I-13	Random Drug Screening	Adopted.	The AMA Office of General Counsel and staff from the Organized Medical Staff Section are working with external counsel to develop the requested model bylaws language. The requested model bylaws language will appear in a forthcoming new edition of the Physician's Guide to Medical Staff Organization Bylaws.
RES 818-I-13	Claims Based Data as a Flawed Quality of Care Measure	Adopted as Amended.	Our AMA Physician Satisfaction and Practice Sustainability group has continued to stress in its ongoing discussions with insurers, health systems, and other stakeholders that claims or administrative data cannot be the sole determinant of quality of care rendered for physician payment. AMA Policy Database Updated. No further action required.

Report/Resolution	Title	House Action	Status
RES 819-I-13	Health Insurance Cancellations	<p>Amendment J-9 Referred for Decision by 12/15/13.</p> <p>Substitute Resolution 819 Adopted as Amended.</p>	<p>Amendment J-9 was originally intended to amend Resolution 813, Health Insurance Exchange and 90 Day Grace Period. However, the amendment was not offered during consideration of Resolution 813. After a motion to reconsider the vote on Resolution 813 failed, the sponsor offered Amendment J-9 during consideration of the next item of business, Resolution 819, which also happened to be related to Affordable Care Act (ACA) implementation. Introduced by the Texas delegation, Amendment J-9 asked that: 1) Our AMA develop a whitepaper/guide for AMA members that clearly delineates the responsibilities and options for our members for those patients who are in the vulnerable 31 to 90 day grace period for policies covered under marketplace options under the ACA. The whitepaper would address: a) possible mechanism for physicians to verify whether a patient is in fact in the grace period as well as confirm the number of days at the time of the request; b) contract compliance implications and remedial strategies as to issues that include, but are not limited to, timely access, deferral of care until the patient has binding coverage under their ACA contract, and abandonment; and c) other remedial strategies such as reinsurance for delinquent premium payments provided by the state exchange. And, 2) Our AMA make available the whitepaper/guide for AMA members no later than December 15, 2013.</p> <p>The Executive Committee considered a management report in response to the House of Delegates referral for decision with a report back, by December 15, of Amendment J-9. The Executive Committee also considered an informational Board report on this subject to be posted on the AMA HOD website which conveys the action of the Board on this item of business.</p> <p>The Executive Committee, on behalf of the Board, voted that in lieu of Amendment J-9 to Resolution 819-I-13, a toolkit be developed to serve as a resource for physicians caring for patients who have entered the grace period for nonpayment of premiums for coverage purchased through health insurance exchanges (with the assistance of premium tax credits). The toolkit would include, but not be limited to: (a) model state legislation; (b) model contract language and/or a document outlining the rights of physicians caring for patients during the grace period; and (c) a document outlining best practices for electronic notifications to alert physicians and other providers concerning patient grace period status. The Executive Committee also voted to approve the informational Board report that was subsequently posted to the AMA HOD website on this subject.</p> <p>No further action required.</p>
RES 821-I-13	<p>Qualifications, Selection, and Role of Hospital Medical Directors and Others Providing Medical Management Services</p>	<p>Referred. (Report Back at A-14)</p>	<p>Board of Trustees Report 28 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee G)</p> <p>HOD Action: Recommendations in BOT Report 28 Adopted, Remainder of Report Filed.</p>

Report/Resolution	Title	House Action	Status
RES 822-I-13	Prepayment Review by Third Party Payers	Adopted.	<p>This issue was addressed by existing model state legislation on prompt payment and prior authorization, as well as a new model state bill under development and review by the Council on Legislation on audits that will include provisions that address prepayment review.</p> <p>Our AMA has notified the Federation that we are committed to working with states to enact various pieces of AMA model state legislation addressing prepayment review.</p>
RES 902-I-13	Medical Ethics Guidelines for Undergraduate Medical Education	Policy H-295.961 Reaffirmed in Lieu of Resolution 902.	AMA Policy Database Updated.
RES 903-I-13	Firearm Safety Counseling in Physician-Led Health Care Teams	Adopted as Amended with Change in Title.	AMA Policy Database Updated.
RES 904-I-13	Evaluation of Standardized Clinical Skills Exams	Adopted as Amended.	<p>Our AMA Council on Medical Education met with representatives of the National Board of Medical Examiners (NBME) and Federation of State Medical Boards (FSMB) on March 23, 2014 to discuss the 2013 changes to the United States Medical Licensure Examine (USMLE) Step II Clinical Skills (CS) examination. The NBME, FSMB and Educational Commission for Foreign Medical Graduates (ECFMG) indicated that they will continue to enhance the value of the Step 2 CS examination. Changes to the exam and to the standards for passing reflect changes in medical education, the practice of medicine, assessment science and public expectations. The NBME and FSMB also indicated commitments to making information available to every medical school about student performance spring 2014 and making feedback available to individual students by year end. The Council will monitor to verify that these actions are carried out. The House action was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update.</p> <p>No further action required.</p>
RES 905-I-13	Athlete Concussion Management and Chronic Traumatic Encephalopathy Prevention	Adopted as Amended.	AMA Policy Database Updated.
RES 906-I-13	Exploring the Feasibility of Clinic-Based Residency Programs.	Substitute Resolution 906 Adopted.	<p>The Accreditation Council for Graduate Medical Education was notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via the MedEd Update.</p> <p>No further action required.</p>

Report/Resolution	Title	House Action	Status
RES 907-I-13	Modern Chemical Controls Policy	Policy D-135.976 Adopted as Amended in Lieu of Resolution 907.	AMA Policy Database Updated.
RES 911-I-13	Promoting Health Awareness and Preventative Screenings in Individuals with Disabilities	Adopted as Amended.	AMA Policy Database Updated.
RES 912-I-13	Crisis in Medication Shortages	Policy H-100.956 Adopted as Amended in Lieu of Resolution 912.	Council on Science and Public Health Report 3 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee E) HOD Action: Recommendations in CSAPH Report 3 Adopted as Amended in Lieu of Resolution 522-A-14, Remainder of Report Filed.
RES 913-I-13	Pre Medical School Shadowing	Referred.	Council on Medical Education Report 8 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee C) HOD Action: Referred.
RES 914-I-13	Change Rural and Off Site Rural Training Track Requirements in Order to Preserve and Encourage Interest in Rural Residency Programs	Referred.	Council on Medical Education Report 7 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee C) HOD Action: Recommendations in CME Report 7 Adopted as Amended in Lieu of Resolution 309-A-14, Remainder of Report Filed.
RES 915-I-13	Joint Commission Accreditation Standard for Pain Assessment	Substitute Resolution 915 Adopted.	In February, our AMA sent a letter notifying The Joint Commission of the House of Delegates' action and thanking the organization for having undertaken the task of reviewing and updating its pain-related accreditation standards using the best available evidence to address the growing crisis of opioid misuse. No further action required.
RES 916-I-13	Support Stricter OSHA Silica Permissible Exposure Limit Standard	Adopted.	Our AMA sent a letter to the Department of Labor's Occupational Safety and Health Administration supporting the proposed rule to establish a stricter standard for exposure for respirable crystalline silica as well as encourage assessment and medical surveillance to identify adverse health consequences for exposed populations. The final rule on this regulation has yet to be promulgated.
RES 917-I-13	Culturally, Linguistically, Competent Mental Health Care and Outreach for At-Risk Communities	Adopted as Amended.	AMA Policy Database Updated.

Report/Resolution	Title	House Action	Status
RES 919-I-13	High Cost of Recertification	Policies D-275.971, D-275.969, H-275.923 and H-275.924 Reaffirmed in Lieu of Resolution 919.	AMA Policy Database Updated.
RES 920-I-13	Telemedicine Licensure	Policies H-480.969 and D-480.999 Reaffirmed in Lieu of Resolution 920.	AMA Policy Database Updated.
RES 921-I-13	Gun Violence	Adopted as Amended.	Our AMA staff has been in discussions with Rep. Carolyn Maloney's office in support of legislation which would provide funding for research by the Centers for Disease Control and Prevention (CDC) on firearm safety and gun violence prevention. Introduction of the bill is pending. Our AMA sent a letter to Rep. Carolyn Maloney in support of her legislation, H.R. 4707, that would provide funding for research by the CDC on firearm safety and gun violence prevention. There has been no activity on this legislation.
RES 922-I-13	Examining the Changing Nature of US Medical Residencies	Adopted. (Report Back at A-14)	Council on Medical Education Report 7 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee C) HOD Action: Recommendations in CME Report 7 Adopted as Amended in Lieu of Resolution 309-A-14, Remainder of Report Filed.
RES 923-I-13	CMS Definition of "Resident Physician"	Referred. (Report Back at A-14)	Board of Trustees Report 25 on this subject appears in the Delegates Handbook for the 2014 Annual Meeting. (Reference Committee C) HOD Action: Recommendations in BOT Report 25 Adopted, Remainder of Report Filed.