MEMORIAL RESOLUTIONS
ADOPTED UNANIMOUSLY

John M. MacKeigan, MD
Introduced by Michigan and the American Society of Colon and Rectal Surgeons

Whereas, John M. MacKeigan, MD, a colon and rectal surgeon for 30 years in Grand Rapids, Michigan, passed away on July 28, 2014; and

Whereas, John M. MacKeigan, MD, dedicated his life to his patients, his profession, his family, and his community; and

Whereas John M. MacKeigan, MD, served for 12 years on the Michigan State Medical Society Board of Directors, including three years as Chair and one year as President in 2004; and

Whereas, John M. MacKeigan, MD, was a leader, a role model, a mentor, and a motivator to countless physicians in the Kent County Medical Society, Michigan State Medical Society, American Medical Association, and American Society of Colon and Rectal Surgeons; and

Whereas, John M. MacKeigan, MD, served as President of the American Society of Colon and Rectal Surgeons in 2001; and

Whereas, John M. MacKeigan, MD, was a kind and brilliant man with a tremendous sense of humor who used those attributes to advance his profession and focus on "professionalism" for the betterment of all patients; and

Whereas, John M. MacKeigan, MD, continually encouraged his colleagues to "profess" for their patients, to speak up for them and be their voices in the health care delivery system; and

Whereas, John M. MacKeigan, MD, inspired countless physicians to try to do more, try to do better; and

Whereas, John M. MacKeigan, MD, served with distinction and dedication as a delegate from the American Society of Colon and Rectal Surgeons to the American Medical Association House of Delegates for many years; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize Doctor John M. MacKeigan's outstanding service to the profession of medicine and to his patients; and be it further

RESOLVED, That our AMA House of Delegates extend its deepest sympathy to the family members of John M. MacKeigan, MD.

John W. McMahon, MD
Introduced by Montana

Whereas, John W. McMahon, MD, maintained an active surgical practice in thoracic, vascular and general surgery in Helena, Montana from 1962 to 1993; and

Whereas, Dr. McMahon earned his MD degree from St. Louis University School of Medicine in 1957 and completed his surgical residency and internship there from 1957-1962; and

Whereas, Dr. McMahon was highly respected by his physician colleagues as a compassionate physician who demonstrated through his actions that his responsibility is to patients first and foremost; and

Whereas, Dr. McMahon was a strategic leader, relentless in his advocacy for organized medicine, making a difference in ways that will help to keep the physician profession viable having served on many committees, chaired

the MMA's Committee on Legislation for over 15 years and effectively appearing upon the Association's behalf before numerous legislative committees to present testimony upon health care concerns; and

Whereas, Dr. McMahon was a trailblazer assisting in efforts to implement the voluntary joint medical legal panel with this Association and the State Bar of Montana in 1970 which evolved into the statutorily enacted Montana Medical Legal Panel in 1977; and

Whereas, Dr. McMahon spearheaded the work to establish a Montana utilization review and quality improvement organization in 1973 followed by over 36 years of service, including being a member on the first Board of Directors and the Medical Director beginning in 1974; and

Whereas, Dr. McMahon was a longtime member of the American Medical Association and served on the AMA's Council on Ethical and Judicial Affairs for seven years from 2004 to 2011 and was chair from 2010-2011; therefore be it

RESOLVED, That our American Medical Association recognize the life-long service of Doctor John W. McMahon to his community, his patients, and his profession and convey this resolution and its deepest sympathy to the family of Doctor John W. McMahon.

Robert E. Paxton, MD
Introduced by Michigan

Whereas, Robert E. Paxton, MD, a family physician who began his solo practice in 1955 in Fremont, Michigan, passed away on July 16, 2015; and

Whereas, Robert E. Paxton, MD, dedicated his life to his patients, his profession, his family, and his community; and

Whereas Robert E. Paxton, MD, served for 12 years on the Michigan State Medical Society Board of Directors, including two years as Chair and one year as President in 1989; and

Whereas, Robert E. Paxton, MD, was instrumental in setting the stage for eventual passage of nation leading tort reforms in Michigan, and;

Whereas, Robert E. Paxton, MD, relentlessly encouraged his colleagues to become politically active to help preserve the profession and protect patients; and

Whereas, Robert E. Paxton, MD, continually assured his colleagues during his year as president 25 years ago that "if we practice quality care, emphasize compassion and caring, we will emerge greater than ever before;" and

Whereas, Robert E. Paxton, MD, served with distinction and dedication on the Michigan Delegation to the AMA for 12 years; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize Doctor Robert E. Paxton's outstanding service to the profession of medicine and to his patients; and be it further

RESOLVED, That our AMA House of Delegates extend its deepest sympathy to the family members of Robert E. Paxton, MD.

W. Jeff Terry, MD
Introduced by Alabama

Whereas, Jeff Terry, MD, a respected member of the American Medical Association House of Delegates, passed from this life on August 7, 2015 at the age of 62; and

Whereas, Dr. Terry, a Mobile, Alabama native, graduated from the University of Alabama and earned his MD from the University of Alabama School of Medicine; and

Whereas, Dr. Terry completed a surgical internship at the University of Kentucky and his Urology residency at the University of Alabama Hospital; and

Whereas, After serving as Chief Urology Resident, Dr. Terry completed a fellowship in Pediatric Urology at Texas Children's Hospital and returned to Mobile, becoming Alabama's first pediatric urologist; and

Whereas, Dr. Terry provided much needed medical care to countless uninsured patients and established outreach clinics in rural Southwest Alabama communities; and

Whereas, Dr. Terry co-founded the Medical Association of the State of Alabama's Young Physician Section and served as MASA-YPS chair; and
Whereas, Dr. Terry served as President of the Medical Association of the State of Alabama from 2011-2012; and

Whereas, Dr. Terry served on the Alabama Board of Medical Examiners from 2010-2013; and

Whereas, Dr. Terry served in the AMA's HOD for 20 years and was the Alabama Delegation's chairman for the past 7 years; and

Whereas, Dr. Terry served on the AMA's Council on Medical Service from 2004-2008; and

Whereas, Dr. Terry was a fierce opponent of government and insurer intrusions into the patient-physician relationship; and

Whereas, Physicians across the United States recognized Dr. Terry as an exceptional leader and their most effective advocate for ICD-10 relief; and

Whereas, Dr. Terry's extensive advocacy efforts came at a significant personal sacrifice in terms of travel costs and time away from his patients, practice and family; and

Whereas, Dr. Terry's leadership and advocacy efforts set an example to be emulated by the many physician leaders he mentored; and

Whereas, Dr. Terry was a man of strong faith who volunteered his time to serve in many leadership roles within his church; and

Whereas, In addition to being a skilled and compassionate physician Dr. Terry was also a devoted husband, father, grandfather, brother, son and friend; therefore be it

RESOLVED, That our American Medical Association acknowledge Dr. Jeff Terry's contributions to his patients, his community, his fellow physicians and the profession of medicine; and be it further

RESOLVED, That our AMA House of Delegates express its heartfelt sympathy to Dr. Terry's wife, Elizabeth Morrow Terry, their sons, William Jefferson Terry, Jr., MD, Miller Stevens Terry, and Gordon Morrow Terry, and the entire Terry family.

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. 15. The following resolutions were handled on the reaffirmation calendar: 2, 201, 204, 207, 215, 802, 803, 805, 810, 908, 914 and 920.

Resolution 1 was not considered.

2. ETHICAL PARAMETERS FOR RECOMMENDING MOBILE MEDICAL APPLICATIONS
Introduced by Medical Student Section

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY E-8.063 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association examine the issues related to physicians recommending medical software and apps to patients, especially those in which the physician has a vested interest, and make recommendations as to how to conduct these interactions ethically.

3. MEDICAL STUDENTS AND RESIDENTS AS PATIENTS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-405.983

RESOLVED, That our American Medical Association study ways to address the power-dichotomy between physicians and medical students, residents and fellows as it relates to these trainees' care as patients.

Resolution 4 was not considered.

5. MEDICAL NEEDS OF UNACCOMPANIED, UNDOCUMENTED IMMIGRANT CHILDREN
Introduced by California

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-65.992

RESOLVED, That our American Medical Association take immediate action by releasing an official statement that acknowledges that the health of unaccompanied immigrant children without proper documentation is a humanitarian issue; and be it further

RESOLVED, That our AMA urge special consideration of the physical, mental, and psychological health in determination of the legal status of unaccompanied minor children without proper documentation; and be it further

RESOLVED, That our AMA immediately meet and work with other physician specialty societies to identify the main obstacles to the physical health, mental health, and psychological well-being of unaccompanied children without proper documentation; and be it further

RESOLVED, That our AMA participate in activities and consider legislation and regulations to address the unmet medical needs of unaccompanied minor children without proper documentation status, with issues to be discussed to include the identification of:

a) the health needs of this unique population, including standard pediatric care as well as mental health needs;
b) health care professionals to address these needs, to potentially include but not be limited to non-governmental organizations, federal, state, and local governments, the US military and National Guard, and local and community health professionals;
c) the resources required to address these needs, including but not limited to monetary resources, medical care facilities and equipment, and pharmaceuticals; and
d) avenues for continuity of care for these children during the potentially extended multi-year legal process to determine their final disposition.

6. IOM "DYING IN AMERICA" REPORT
Introduced by Georgia

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: REFERRED FOR REPORT AT THE 2016 ANNUAL MEETING

RESOLVED, That our American Medical Association support and advocate for the recommendations of the Institute of Medicine "Dying in America" report, which will improve the quality of end-of-life care received by all patients.

7. REMOVING DISINCENTIVES AND STUDYING THE USE OF INCENTIVES TO INCREASE THE NATIONAL ORGAN DONOR POOL
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED
See Policy H-370.958

RESOLVED, That our American Medical support the efforts of the National Living Donor Assistance Center, Health Resources Services Administration, American Society of Transplantation, American Society of Transplant Surgeons, and other relevant organizations in their efforts to eliminate disincentives serving as barriers to living and deceased organ donation; and be it further

RESOLVED, That our AMA support well-designed studies investigating the use of incentives, including valuable considerations, to increase living and deceased organ donation rates; and be it further

RESOLVED, That our AMA seek legislation necessary to remove legal barriers to research investigating the use of incentives, including valuable considerations, to increase rates of living and deceased organ donation.

201. FISCAL SCORING MEDICAL REFORM LEGISLATION
Introduced by Wisconsin

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY D-155.994 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association support and lobby for the adoption of longer term (30 year) fiscal scoring by the Congressional Budget Office for medical reform legislation.

202. MAINTAINING FREEDOM OF CHOICE WITH INSURANCE PRODUCTS
Introduced by Indiana

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED IN LIEU OF RESOLUTION 217
See Policy D-180.947

RESOLVED, That our AMA oppose consolidation in the health insurance industry that may result in anti-competitive markets.

203. QUALITY ASSURANCE AND MEANINGFUL USE REQUIREMENTS
Introduced by Indiana

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: POLICIES H-450.936, H-450.947, H-450.966, D-450.964, D-450.967 AND D-478.982 REAFFIRMED IN LIEU OF RESOLUTION 203

RESOLVED, That our American Medical Association seek revisions to quality assurance standards and meaningful use requirements to make them more streamlined, usable and less burdensome.

204. SURROGATE CONSENT STATUTE
Introduced by Indiana

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY D-140.968 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association support a model state statute that:
- Provides a more inclusive list of eligible individuals who can serve as surrogate decision makers, and
- Establishes a hierarchy or dispute resolution process for cases in which more than one legal surrogate is present and they cannot agree on patient care.

205. INCLUSION OF HEALTH INSURERS' FINANCIAL SUPPORT TO GRADUATE MEDICAL EDUCATION IN THE MEDICAL LOSS RATIO
Introduced by International Medical Graduates Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association advocate that health insurers who provide financial support for expansion and or continuation of existing graduate medical education programs be allowed to include such sums as direct medical expenditures as part of the calculation of the Medical Loss Ratio; and be it further

RESOLVED, That our AMA advocate for relevant federal and state regulatory changes to allow inclusion of the health insurers' financial support for graduate medical education in the Medical Loss Ratio of their health plans.

Resolution 206 was withdrawn.

207. PARITY IN RISK-ADJUSTMENT BETWEEN "NEWLY" AND "CONTINUOUSLY" ASSIGNED MEDICARE SHARED SAVINGS PROGRAM BENEFICIARIES
Introduced by American Medical Group Association

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-160.915, H-390.849 AND H-450.947 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association advocate for upward parity in the application of Hierarchical Condition Category risk scores for "newly" and "continuously" assigned Medicare Shared Savings Program beneficiaries and work aggressively with the Centers for Medicare & Medicaid Services and, if need be, the Congress, to obtain such parity for patients and physicians, and report progress back to this House at the 2016 Annual Meeting.

208. ADDRESSING SEXUAL VIOLENCE AND IMPROVING AMERICAN INDIAN AND ALASKA NATIVE WOMEN'S HEALTH OUTCOMES
Introduced by Minority Affairs Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-350.985

RESOLVED, That our American Medical Association 1) advocate for mitigation of the critical issues of American Indian/Alaska Native women's health that place Native women at increased risk for sexual violence; and (2) encourage allocation of sufficient resources to the clinics serving this population to facilitate health care delivery commensurate with the current epidemic of violence against Native women; and be it further

RESOLVED, That our AMA collaborate with the Indian Health Service, Centers for Disease Control and Prevention (CDC), Tribal authorities, community organizations, and other interested stakeholders to develop programs to educate physicians and other health care professionals about the legal and cultural contexts of their American Indian and Alaska Native female patients as well as the current epidemic of violence against Native women and the pursuant medical needs of this population; and be it further

RESOLVED, That our AMA collaborate with the Indian Health Service, CDC, Tribal authorities, and community organizations to obtain or develop appropriate American Indian and Alaska Native women's health materials for distribution to patients in the spirit of self-determination to improve responses to sexual violence and overall health outcomes.

209. PROTECTING SOCIAL MEDIA USERS BY UPDATING FDA GUIDELINES
Introduced by Minority Affairs Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy D-105.995

RESOLVED, That our American Medical Association lobby the Food and Drug Administration (FDA) to update regulations to ensure closer regulation of paid endorsements of drugs or medical devices by individuals on social media; and be it further

RESOLVED, That our AMA lobby the FDA to develop guidelines to ensure that compensated parties on social media websites provide information that includes the risks and benefits of specific drugs or medical devices and off-

use prescribing in every related social media communication in a manner consistent with advertisement guidelines on traditional media forms.

210. SUPPORT FOR THE VETERANS TO PARAMEDICS TRANSITION ACT OF 2015
Introduced by Michigan

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-40.990

RESOLVED, That our American Medical Association support legislation to enable veterans who desire to serve as paramedics to obtain training to satisfy emergency medical services personnel certification requirements, taking into account previous medical coursework and training received when such veterans were members of the armed forces.

211. PROTECTING CONSUMERS' PERSONAL DATA
Introduced by Michigan

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE
See Policy D-315.978

RESOLVED, That our American Medical Association support legislation that prohibits the inappropriate sharing of health and other personal information obtained from health insurance marketplaces.

212. EHR INTEROPERABILITY
Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED
IN LIEU OF RESOLUTION 219
See Policy D-478.972

RESOLVED, That our American Medical Association enhance efforts to accelerate development and adoption of universal, enforceable electronic health record (EHR) interoperability standards for all vendors before the implementation of penalties associated with the Medicare Incentive Based Payment System; and be it further

RESOLVED, That our AMA support and encourage Congress to introduce legislation to eliminate unjustified information blocking and excessive costs which prevent data exchange; and be it further

RESOLVED, That our AMA develop model state legislation to eliminate pricing barriers to EHR interfaces and connections to Health Information Exchanges; and be it further

RESOLVED, That our AMA continue efforts to promote interoperability of EHRs and clinical registries; and be it further

RESOLVED, That our AMA seek ways to facilitate physician choice in selecting or migrating between EHR systems that are independent from hospital or health system mandates; and be it further

RESOLVED, That our AMA seek exemptions from Meaningful Use penalties due to the lack of interoperability or decertified EHRs and that our AMA seek suspension of all Meaningful Use penalties by insurers, both public and private.

213. ABUSE-DETERRENT PRESCRIPTION DRUGS
Introduced by California

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE
See Policy H-95.937

RESOLVED, That our American Medical Association support the Food and Drug Administration's ongoing efforts to evaluate the efficacy, safety and labeling of abuse-deterrent technology; and be it further

RESOLVED, That our AMA oppose barriers to appropriate access to and coverage of prescription drugs with abuse-deterrent properties.

214. AMA SUPPORT FOR STATE MEDICAL SOCIETIES' EFFORTS TO IMPLEMENT MICRA-TYPE LEGISLATION
Introduced by Tennessee

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: POLICIES H-435.969, H-435.975, H-435.978 AND H-435.983 REAFFIRMED IN LIEU OF THE FIRST RESOLVE OF RESOLUTION 214 SECOND RESOLVE REFERRED

[Existing policy reaffirmed in lieu of following resolve.]

RESOLVED, That our American Medical Association continue to support state medical societies' efforts to implement MICRA-type legislation.

[Following resolve referred.]

RESOLVED, That our AMA engage its leadership and staff, those of the national medical specialty societies, and other stakeholder organizations to provide resources and technical assistance to efforts throughout the federation to defeat no fault medical liability legislation.

215. INSURANCE REGULATORS MUST REGULATE INSURERS, NOT PHYSICIANS
Introduced by Texas

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-285.908, H-285.911, D-165.989 AND D-285.972 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association call upon the Center for Consumer Information & Insurance Oversight within the Centers for Medicare & Medicaid Services to move forward to develop and adopt strong network adequacy standards for health benefit plans offered on the federally-facilitated marketplaces while permitting more stringent state standards to remain in force.

216. SIMPLIFICATION AND ALIGNMENT OF PORTAL SYSTEMS BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES
Introduced by Texas

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: POLICIES H-450.936, H-450.947, H-450.966, D-450.964, D-450.967 AND D-478.982 REAFFIRMED IN LIEU OF RESOLUTION 216

RESOLVED, That our American Medical Association advocate in the Centers for Medicare & Medicaid's (CMS) continual design and development of the Enterprise Identity Management (EIDM) system for a one-portal system with one username and one password to ensure that the identity verification, data reporting, and retrieval processes for all future quality programs are aligned; and further be it

RESOLVED, That our AMA work with CMS as a key stakeholder in the design and implementation of feedback reports that are timely, user-friendly, and relevant to physician specialties and practice settings.

217. HEALTH INSURANCE COMPANY CONSOLIDATION
Introduced by Utah

Resolution 217 was considered with Resolution 202. See Resolution 202.

RESOLVED, That our American Medical Association visibly (publicly) make substantial efforts to stop further consolidation of health insurance companies until careful examination by the antitrust divisions of the Federal Trade Commission and the Attorney General offices of the US and each of the 50 states, of the consolidation of the health insurance industry in the last 5 to 10 years; and that the results of such inquiries be reported to the AMA House of Delegates no later than 2017.

218. NATIONAL DISASTER HEALTHCARE VOLUNTEER INITIATIVE
Introduced by Washington

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: POLICIES H-130.941, H-130.942 AND D-130.972 REAFFIRMED IN LIEU OF RESOLUTION 218

RESOLVED, That our American Medical Association advocate for passage of the Emergency Management Assistance Compact, which includes professional liability relief for responders to disasters.

219. EHR INTEROPERABILITY
Introduced by Washington

Resolution 219 was considered with Resolution 212. See Resolution 212.

RESOLVED, That our American Medical Association continue efforts to support electronic health record (EHR) interoperability; and be it further

RESOLVED, That our AMA support and encourage Congress to enact legislation as quickly as possible to (1) eliminate unjustified information blocking; and (2) ensure that healthcare providers and patients should not have to bear costs of EHR interoperability issues; and be it further

RESOLVED, That our AMA continue efforts to prevent expansion of Meaningful Use and other programs like the Comprehensive Care for Joint Replacement Payment Model until EHR interoperability is accomplished.

Resolution 220 was tabled and not considered.

221. INDEMNITY FOR BREACHES IN ELECTRONIC HEALTH RECORD CYBERSECURITY
Introduced by Georgia

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-315.977

RESOLVED, That our American Medical Association advocate for indemnity or other liability protections for physicians whose electronic health record data and other electronic medical systems become the victim of security compromises.

222. MODEL STATE LEGISLATION PROMOTING THE USE OF ELECTRONIC TOOLS TO MITIGATE RISK WITH PRESCRIPTION OPIOID PRESCRIBING
Introduced by Virginia

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association develop model state legislation that improves workflow for using state based prescription monitoring programs by enhancing information available including automated alert notification of doctor shopping, real time EHR-PMP integration, and e-prescribing of schedule II and III drugs which should be essential parts of a state based risk mitigation strategy with identification and correction of any workflow or technological barriers a high priority; and be it further

RESOLVED, That stage 3 of the federal government's meaningful use program should be delayed until the following are accomplished: a) real time integration of EHR's and state based PMP's, and b) electronic prescribing of schedule II and III drugs are available for meaningful use certified EHR's in the United States.

223. INFERTILITY BENEFITS FOR WOUNDED WARRIORS
Introduced by Young Physicians Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association support lifting the Congressional ban on the Department of Veterans' Affairs from covering in vitro fertilization (IVF) costs; and be it further

RESOLVED, That our AMA work with the American Society for Reproductive Medicine and other interested organizations to encourage lifting the Congressional ban on the Department of Veterans' Affairs from covering in vitro fertilization (IVF) costs.

224. SUPPORT FOR ACCESS TO PREVENTIVE AND REPRODUCTIVE HEALTH SERVICES
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED
See Policy H-425.969

RESOLVED, That our American Medical Association support access to preventive and reproductive health services for all patients and oppose legislative and regulatory actions that utilize federal or state health care funding mechanisms to deny established and accepted medical care to any segment of the population

225. DRAFT CLINICAL QUALITY MEASURES NON-RECOMMENDED PSA-BASED SCREENING
Introduced by American Urological Association and American Association of Clinical Urologists

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-450.957

RESOLVED, That our American Medical Association continue to advocate for inclusion of relevant specialty societies and their members in guideline and performance measure development, including in technical expert panels charged with developing performance measures; and be it further

RESOLVED, That our AMA work with the federal government, specialty societies, and other relevant stakeholders to develop guidelines and clinical quality measures for the prevention or early detection of disease, such as prostate cancer, based on rigorous review of the evidence which includes expertise from any medical specialty for which the recommendation may be relevant to ultimately inform shared decision making.

Resolution 601 was not considered.

602. REDUCING DISCRIMINATION IN THE PRACTICE OF MEDICINE AND HEALTH CARE EDUCATION
Introduced by American Association of Public Health Physicians

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association collaborate with the American Public Health Association (APHA) and other partners in a National Campaign Against Racism including the identification of and education on implementation of successful anti-racism interventions in medical settings; and be it further

RESOLVED, That our AMA collaborate with APHA and other partners in a National Campaign Against Racism to develop policies and practices that will reduce the ill effects of racism, sexism, religious and class prejudice, within society as a whole, and specifically within the practice of medicine; and be it further

RESOLVED, That our AMA collaborate with APHA and other partners in a National Campaign Against Racism to support the preparation, training and education of professionals in the medical, nursing, pharmaceutical, and allied health specialties to assure no discrimination against any individual or group wishing to enter the health care field.

Resolution 603 was not considered.

Resolution 604 was not considered.

801. HEALTH CARE WHILE INCARCERATED
Introduced by Indiana

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-430.994

RESOLVED, That our American Medical Association study health care, including mental health care, for incarcerated juvenile and adult individuals and identify the best health care models, including mental health care, for local, state and federal facilities.

802. ELIMINATION OF INSURANCE COMPANY AND INSURED ABUSE OF THE AFFORDABLE CARE ACT GRACE PERIOD
Introduced by Indiana

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY H-185.938 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association support federal legislation requiring insurance companies to reimburse providers for services provided during the Affordable Care Act insured's grace period.

803. DISCOUNTS ON MEDICATION FOR MEDICARE PATIENTS
Introduced by Indiana

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY H-125.977 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association support legislation requiring that pharmaceutical company drug discount plans be offered equally to all without discrimination based on payer source.

804. CONCURRENT HOSPICE AND CURATIVE CARE
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association amend policy H-85.955 by insertion and deletion as follows:

H-85.955 Hospice Care
Our AMA: (1) approves of the physician-directed hospice concept to enable the terminally ill to die in a more homelike environment than the usual hospital; and urges that this position be widely publicized in order to encourage extension and third party coverage of this provision for terminal care; (2) encourages physicians to be knowledgeable of patient eligibility criteria for hospice benefits and, realizing that prognostication is inexact, to make referrals based on their best clinical judgment; (3) supports modification of hospice regulations so that it will be reasonable for organizations to qualify as hospice programs under Medicare; (4) believes that each

patient admitted to a hospice program should have his or her designated attending physician who, in order to provide continuity and quality patient care, is allowed and encouraged to continue to guide the care of the patient in the hospice program; (5) supports changes in Medicaid regulation and reimbursement of palliative care and hospice services to broaden eligibility criteria concerning the length of expected survival for pediatric patients and others, to allow provision of concurrent life-prolonging and palliative care, and to provide respite care for family care givers; ~~and~~ (6) seeks amendment of the Medicare law to eliminate the six-month prognosis under the Medicare Hospice benefit and support identification of alternative criteria, meanwhile supporting extension of the prognosis requirement from 6 to 12 months as an interim measure; and (7) supports changes in Medicare regulation to allow provision of concurrent curative and hospice care.

805. IMPLEMENTING THE USE OF EHR IN CORRECTIONAL SYSTEM HEALTH SERVICES
Introduced by Medical Student Section

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-480.953 AND D-478.995 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association study the prevalence of and barriers to electronic health record utilization within correctional systems.

806. ABUSE OF FREE MARKET PHARMA
Introduced by Massachusetts

Reference committee hearing: see report of Reference Committee J.

Resolution 806 was considered with Council on Medical Service Report 2.
See Council on Medical Service Report 2.

RESOLVED, That our American Medical Association advocate that the appropriate regulatory bodies of the federal government exercise its "march-in-rights" authority under the Bayh-Dole Act to assure the availability of pharmaceuticals at fair and reasonable prices to consumers; and be it further

RESOLVED, That our AMA reaffirm its policy of advocating that Medicare be granted the right to negotiate drug prices with pharmaceutical companies.

807. IMPROVING THE LOCAL COVERAGE DETERMINATION PROCESS
Introduced by College of American Pathologists, American Society for Clinical Pathology, American Society of Cytopathology, United States and Canadian Academy of Pathology, and National Association of Medical Examiners

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED WITH CHANGE IN TITLE
See Policies D-190.971 and D-330.908

RESOLVED, That our American Medical Association advocate through legislative and/or regulatory efforts as follows:

a. When Medicare Administrative Contractors (MACs) propose new or revised Local Coverage Determinations (LCDs) said Contractors must: 1. Ensure that Carrier Advisory Committee meeting minutes are recorded and posted to the Contractor's website; and 2. Disclose the rationale for the LCD, including the evidence upon which it is based when releasing an approved LCD;

b. That the Centers for Medicare and Medicaid Services adopt a new LCD reconsideration process that allows for an independent review of a MAC's payment policies by a third-party, with appropriate medical and specialty expertise, empowered to make recommendations to the Secretary of Health and Human Services that said policies should be withdrawn or revised; and
c. That MACs shall be prohibited from adopting another MAC's LCD without first undertaking a full and independent review of the underlying science and necessity of such LCD in their jurisdiction; and be it further

RESOLVED, That our AMA work with interested state medical and national specialty societies to develop model legislation or regulations requiring commercial insurance companies, state Medicaid agencies, or third party payers to:

a. Publish all edits that are to be used in their claims processing in a manner that is freely accessible and downloadable to physicians; and
b. Participate in a transparent process that allows for review, challenge, and deletion of unfair edits.

808. FIXING THE EMERGENCY TREATMENT COVERAGE GAP
Introduced by Texas

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: POLICIES H-130.978 AND H-285.908 REAFFIRMED IN LIEU OF RESOLUTION 808

RESOLVED, That our American Medical Association seek changes in federal law and regulations to require health insurers to publicly disclose their median in-network rate and the amount insurers pay for out-of-network emergency services, including active labor; and be it further

RESOLVED, That our AMA seek changes in federal law to require health insurers offering plans on the Affordable Care Act (ACA) insurance marketplace (also known as insurance exchanges) to offer for purchase additional coverage to settle out-of-network claims for labor and delivery, emergency care and any subsequent procedure or admission to the hospital at the preferred level of coverage based upon the charge submitted on the claim.

809. PUBLICLY FUNDED PROGRAMS INCENTIVIZING HEALTHY BEHAVIORS
Introduced by Utah

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE
See Policy H-170.963

RESOLVED, That our American Medical Association advocate that Medicare, Medicaid, disability and other publicly-funded health insurance programs to incentivize voluntary healthy behaviors among their participants which may decrease the cost of their medical care to the tax-paying public.

810. PROVIDER EXCLUSION, DECREASED PATIENT ACCESS AND REDUCED PROVIDER AVAILABILITY
Introduced by Women Physicians Section

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-200.984, H-406.994 AND H-450.947 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association develop strategies to address exclusion of providers who care for patients with high burden of disease; and be it further

RESOLVED, That our AMA advocate for the Centers for Medicare & Medicaid Services (CMS) to alter the quality rating system/penalty system to accommodate the patients with severe disease burden to credit the physician with improved outcomes who may not meet the traditional metric

RESOLVED, That our AMA advocate for CMS to include pilots which focus on providers with a high percentage of patients with larger burdens of disease; and be it further

RESOLVED, That our AMA advocate for increased opportunities to alleviate medical school debt through service in the National Health Service Corps and health manpower shortage areas.

811. HEALTH BENEFIT PLAN NETWORK ACCESS AND ADEQUACY FOR HOSPITAL-BASED PHYSICIANS
Introduced by College of American Pathologists, American College of Emergency Physicians, American College of Radiology, American Society of Anesthesiologists and Society of Hospital Medicine

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED
See Policy H 285.908

RESOLVED, That American Medical Association Policy H-285.908, Network Adequacy, be amended by addition to read as follows:

H-285.908 Network Adequacy

1. Our AMA supports state regulators as the primary enforcer of network adequacy requirements.
2. Our AMA supports requiring that provider terminations without cause be done prior to the enrollment period, thereby allowing enrollees to have continued access throughout the coverage year to the network they reasonably relied upon when purchasing the product. Physicians may be added to the network at any time.
3. Our AMA supports requiring health insurers to submit and make publicly available, at least quarterly, reports to state regulators that provide data on several measures of network adequacy, including the number and type of providers that have joined or left the network; the number and type of specialists and subspecialists that have left or joined the network; the number and types of providers who have filed an in network claim within the calendar year; total number of claims by provider type made on an out-of-network basis; data that indicate the provision of Essential Health Benefits; and consumer complaints received.
4. Our AMA supports requiring health insurers to indemnify patients for any covered medical expenses provided by out-of-network providers incurred over the co-payments and deductibles that would apply to in-network providers, in the case that a provider network is deemed inadequate by the health plan or appropriate regulatory authorities.
5. Our AMA advocates for regulation and legislation to require that out-of-network expenses count toward a participant's annual deductibles and out-of-pocket maximums when a patient is enrolled in a plan with out-of-network benefits, or forced to go out-of-network due to network inadequacies.

6. Our AMA supports fair and equitable compensation to out-of-network providers in the event that a provider network is deemed inadequate by the health plan or appropriate regulatory authorities.
7. Our AMA provides assistance upon request to state medical associations in support of state legislative and regulatory efforts, and disseminate relevant model state legislation, to ensure physicians and patients have access to adequate and fair appeals processes in the event that they are harmed by inadequate networks.
8. Our AMA supports the development of a mechanism by which health insurance enrollees are able to file formal complaints about network adequacy with appropriate regulatory authorities.
9. Our AMA advocates for legislation that prohibits health insurers from falsely advertising that enrollees in their plans have access to physicians of their choosing if the health insurer's network is limited.
10. Our AMA advocates that health plans should be required to document to regulators that they have met requisite standards of network adequacy, including hospital-based physician specialties (i.e., radiology, pathology, emergency medicine, anesthesiologists and hospitalists) at in-network facilities, and ensure in-network adequacy is both timely and geographically accessible.

RESOLVED, That our AMA support health insurers paying out-of-network physicians fairly and equitably for emergency and out-of-network bills in a hospital. Any legislation which addresses this issue should assure that insurer payment for such care be based upon a number of factors, including the physicians' usual charge, the usual and customary charge for such service, the circumstances of the care and the expertise of the particular physician.

812. PRESERVING PHYSICIAN/PATIENT RELATIONSHIPS DURING HOSPITALIZATIONS
Introduced by New Jersey

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED
See Policy H-225.946

RESOLVED, That our American Medical Association and the Organized Medical Staff Section (OMSS) advocate that hospital admission processes should include: 1) a determination of whether the patient has an existing relationship with an actively treating primary care or specialty physician; 2) prompt notification of such actively treating physician(s) where such a relationship exists; 3) notice to the patient that he/she may request admission and treatment by such actively treating physician(s) if the physician has the relevant clinical privileges at the hospital; 4) honoring requests by patients to be treated by their physician(s) of choice; and 5) allowing actively treating physicians to treat to the full extent of their hospital privileges; and be it further

RESOLVED, That our AMA and the OMSS advocate that a medical staff incorporate the above principles into medical staff bylaws, rules and regulations; and be it further

RESOLVED, That our AMA request that the AMA Litigation Center be alert for opportunities to challenge and the Advocacy Resource Center study and address the trend of hospitals' use of their employed hospitalists to limit the rights of their non-employed medical staff to admit and treat patients.

813. REMOVING FINANCIAL BARRIERS TO PARTICIPATION IN CLINICAL TRIALS FOR MEDICARE BENEFICIARIES
Introduced by Academy of Physicians in Clinical Research

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED FOR DECISION WITH REQUEST FOR AN INFORMATIONAL REPORT

RESOLVED, That our American Medical Association advocate for legislation providing Medicare beneficiaries with coverage for the full amount of Medicare approved expenses incurred through participation in approved clinical trials by:

a. Requiring Medicare to pay 100% of all of a beneficiary's Medicare approved costs of routine care and care for complications associated with approved clinical trials and not paid by Medicare or, if this proves unfeasible, a combination of b. and c. below;

b. Removing Medicare provisions that prohibit clinical trial sponsors from covering Medicare copays and deductibles; and/or

c. Requiring all Medigap supplement insurance policies to pay all of a beneficiary's Medicare approved costs of routine care and care for complications associated with approved clinical trials and not paid by Medicare or clinical trials sponsors.

814. ADDRESSING THE RISING PRICE OF PRESCRIPTION DRUGS
Introduced by American College of Cardiology, American Society of Echocardiography, American Academy of Ophthalmology, American College of Rheumatology, American Academy of Dermatology, Heart Rhythm Society, Society of Cardiovascular Angiography and Interventions, American College of Physicians and American Society of Clinical Oncology

Reference committee hearing: see report of Reference Committee J.

Resolution 814 was considered with Council on Medical Service Report 2.
See Council on Medical Service Report 2.

RESOLVED, That our American Medical Association convene a task force of all of the relevant stakeholders in the development, approval, and cost of prescription drugs, which should include representation from physicians, physician researchers, the pharmaceutical industry, pharmacy benefit managers, insurance payers, the Centers for Medicare & Medicaid Services (CMS), the US Food and Drug Administration (FDA), hospitals, and patient advocates, focusing on the following: 1) assessing the relationship between the costs of drug development and the actual market price of prescription drugs; 2) addressing mechanisms to reduce the costs of new drugs, including the consideration of a cap on drug pricing and allowing CMS to negotiate the price of drugs with pharmaceutical companies; 3) addressing the rising costs of generic drugs, including requiring a justification for any price increase; and 4) assessing the correlation between drug pricing and patient access to care; and be it further

RESOLVED, That our AMA generate a grassroots effort to engage physicians and patients in local and national advocacy initiatives that bring attention to the rising price of prescription drugs and helps to put forward solutions to make prescription drugs more affordable for all patients; and be it further

RESOLVED, That our AMA report back to the HOD regarding the progress of the drug pricing task force and grassroots effort at the 2016 Interim meeting.

815. TELEMEDICINE
Introduced by American Academy of Pediatrics

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: POLICY H-480.946 REAFFIRMED IN LIEU OF RESOLUTION 815

RESOLVED, That our American Medical Association telemedicine policy state that the use of telemedicine services for episodic care should be done within the context of the medical home, because such care offers continuity, efficiency, and the prudent use of health care resources, and because fragmented care delivered outside the medical home model must be avoided; and be it further

RESOLVED, That telemedicine encounters be linked to the medical records of the primary care medical home so that the medical home can coordinate the holistic care of the patient; and be it further

RESOLVED, That our AMA share its telemedicine policy with state and specialty medical societies and the Federation of State Medical Boards.

816. PROTECT MEDICARE BENEFICIARY ACCESS TO COMPLEX REHABILITATION WHEELCHAIRS
Introduced by American Academy of Physical Medicine and Rehabilitation

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED
See Policy D-330.907

RESOLVED, That our American Medical Association strongly encourage the Centers for Medicare and Medicaid Services (CMS) to refrain from implementing policies on January 1, 2016 that would curtail access to complex rehabilitation technology (CRT) wheelchairs and accessories by applying competitively bid prices to these specialized devices; and be it further

RESOLVED, That, in the event that CMS does not refrain from implementing policies limiting access to CRT wheelchairs, our AMA encourage Congress to support legislation (e.g. H.R. 3229) that would provide a technical correction to federal law to clarify that CMS cannot apply Medicare competitive bidding pricing to CRT wheelchairs.

817. HIGH AND ESCALATING PRESCRIPTION DRUG PRICES
Introduced by American College of Rheumatology, American Academy of Allergy, Asthma & Immunology, American Academy of Neurology and American College of Physicians

Reference committee hearing: see report of Reference Committee J.

Resolution 817 was considered with Council on Medical Service Report 2.
See Council on Medical Service Report 2.

RESOLVED, That our American Medical Association work diligently and actively with Congress to advance legislation that would allow the Department of Health and Human Services to negotiate with pharmaceutical manufacturers the prices that may be charged for covered Medicare Part D drugs; and be it further

RESOLVED, That our AMA seek and actively support measures that would increase transparency in how pharmaceutical companies, pharmacy benefit managers, and health insurance companies determine the costs of prescription medications, including increasing transparency related to any incentives given by drug companies to pharmacy benefit managers or health insurance companies related to the dispensing or promotion of their manufactured drugs.

818. OPPOSE LOCAL COVERAGE DETERMINATION FOR LOWER LIMB PROSTHESES
Introduced by American Academy of Physical Medicine and Rehabilitation

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED WITH CHANGE IN TITLE
See Policy H-330.882

RESOLVED, That our American Medical Association oppose local coverage determinations on lower limb prostheses that undermine physician judgment and compromise patient access; and be it further

RESOLVED, That our AMA request that the Centers for Medicare and Medicaid Services (CMS) expeditiously host a national meeting open to all interested parties to focus on appropriate standards for lower limb prostheses that optimize care for patients.

819. PHYSICIAN AND MEDICAL STAFF MEMBER BILL OF RIGHTS
Introduced by Florida

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association support and adopt the following medical staff member bill of rights in order to be able to carry out professional obligations and to clearly define the rights which we hold to be self-evident and inalienable: (1) the right to care for patients without compromise; (2) the right to freely advocate for patient safety; (3) the right to be compensated for providing care; (4) the right to be evaluated by unbiased peers who are actively practicing physicians in the community and specialty; (5) the right to care for our own well-being; (6) the right to full due process when privileges are challenged; (7) the right to privacy; (8) the right of medical staffs to be self-governed and independently advised; (9) the right of freedom from personal loss or liability for adverse outcomes relating to medical practice based on compassion and good judgment within community standards; and (10) the right to fair market and transparent economic competition in our communities between hospitals with or without employee physicians and other allied healthcare professionals and independent physicians and groups in the delivery of healthcare services and compensation based on appropriate community need; and be it further

RESOLVED, That our AMA encourage state medical associations to promote the formation of medical staff advocacy committees throughout these states; and be it further

RESOLVED, That our AMA provide support for state medical associations in their efforts to aid medical staff advocacy committee's role with medical staff issues and communications between physicians and hospitals and any other appropriate agency.

820. DE-LINKAGE OF MEDICAL STAFF PRIVILEGES FROM HOSPITAL EMPLOYMENT CONTRACTS
Introduced by Florida

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association study and take appropriate action, up to and including pursuing Federal legislation, to statutorily de-link/uncouple medical staff privileges from physician employment contracts, and report back to the House of Delegates at the 2016 Interim Meeting.

821. TRANSPARENCY OF HEALTH CARE PROVIDER PROFILES IN COMMERCIAL AND FEDERAL PHYSICIAN COMPARISON DATABASES
Introduced by American Academy of Dermatology, American Society for Dermatologic Surgery, American College of Mohs Surgery and Society for Investigative Dermatology

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-405.956

RESOLVED, That our American Medical Association encourage accurate and transparent listings of professional degree(s), post-graduate specialty education, and naming of the certifying agency with board certification data released to the public for comparison of healthcare providers or other healthcare services, in accordance with existing AMA policy; and be it further

RESOLVED, That our AMA urge commercial entities and federal programs providing healthcare provider ratings, comparisons, referrals, direct appointments, telehealth, or other services to revise the search and reporting methodology used for profiling of all healthcare providers so as to increase transparency requirements, including the description of professional degree(s), post graduate specialty education, and naming of the certifying board(s), in accordance with existing AMA policy.

822. MEDICARE COVERAGE FOR EVIDENCE-BASED LYMPHEDEMA TREATMENT
Introduced by Georgia

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED WITH CHANGE IN TITLE
See Policy H-330.881

RESOLVED, That our American Medical Association support Medicare coverage for appropriate and evidence-based treatment of lymphedema.

823. H.R. 6 21ST CENTURY CURES ACT
Introduced by Georgia

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED FOR DECISION WITH REQUEST FOR AN INFORMATIONAL REPORT

RESOLVED, That our American Medical Association advocate for the US Senate to amend H.R. 6 21st Century Cures Act to prohibit all supplemental (Medigap) insurance policies (Parts B, C, and D) from denying coverage of the entire Medicare approved expenses for a FDA approved clinical trial that Medicare Part A does not cover; that the legislation be amended to allow sponsors of clinical trials to cover what supplemental insurance does not for those beneficiaries with supplemental insurance, as well as what supplemental insurance would have covered for those Medicare beneficiaries without Part B or Part C and/or Part D supplemental insurance or that in cases of Medicare and FDA approved clinical trials, Medicare be required to pay 100 percent of all Medicare approved expenses.

824. DEFINING ANNUAL WELLNESS VISIT AS PROVIDED BY COMMUNITY-BASED PRIMARY CARE PHYSICIANS
Introduced by Pennsylvania

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association advocate for clear definition of the Centers for Medicare and Medicaid Services' Medicare Annual Wellness Visit as one that is provided only by physicians or members of a community-based, physician-led team that will provide continuity of care to those patients.

825. BURDENSOME PAPERWORK FOR BREAST PUMPS
Introduced by Pennsylvania

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED
See Policy H-185.928

RESOLVED, That our American Medical Association vigorously oppose unnecessary and burdensome paperwork which presents barriers to lactation support, such as prescriptions to support physiologic functions; and further, to ensure that The Joint Commission and Healthy People 2020 breastfeeding goals are met.

826. TEMPORARY MEDICAL STAFF PRIVILEGES
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED
See Policy H-225.945

RESOLVED, That our American Medical Association support the use of temporary privileges in the following situations: (a) to fulfill an important patient care, treatment, or service need, or (b) when an applicant for new privileges with a "clean" application is awaiting review and approval by the medical staff executive committee and the governing body; and be it further

RESOLVED, That our AMA work with other stakeholders to preserve the use of temporary privileges in the following situations: (a) to fulfill an important patient care, treatment, or service need, or (b) when an applicant for new privileges with a "clean" application is awaiting review and approval by the medical staff executive committee and the governing body.

827. MEDICATION BROWN BAGGING
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED WITH REPORT BACK AT THE 2016 ANNUAL MEETING

RESOLVED, That our American Medical Association study the potential benefits and harms of medication "brown bagging," which is the practice of patients bringing their own medications into their physicians' offices or into hospitals for administration in those settings, with report back at the 2016 Interim Meeting.

901. ACCESS TO MENTAL HEALTH CARE FOR MEDICAL TRAINEES
Introduced by Indiana

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association support the provision of on-campus mental health care in medical schools and residency programs that goes beyond supportive counseling; and be it further

RESOLVED, That our AMA encourage ongoing and future initiatives by medical schools and residency programs to provide urgent and emergent access for all medical trainees to psychiatrists that could include an in-house board-certified psychiatrist.

902. EDUCATING AMERICANS ON GRADUATE MEDICAL EDUCATION
Introduced by Indiana

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-305.967

RESOLVED, That our American Medical Association develop, along with other interested stakeholders, a national campaign to educate the public on the definition and importance of graduate medical education, student debt and the state of the medical profession today and in the future.

903. MAINTENANCE OF CERTIFICATION
Introduced by Indiana

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association oppose further requirements for physician board certification of physicians beyond the 10-year board recertification exams, placing on hold any additional maintenance of certification requirements until objective study of the validity and cost-effectiveness of such additional requirements is complete.

904. A NATIONAL CAMPAIGN TO IMPROVE VACCINATION RATES
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

Resolution 904 was considered with Council on Science and Public Health Report 1.
See Council on Science and Public Health Report 1.

RESOLVED, That our American Medical Association partner with appropriate stakeholders to sponsor a national, evidence-based public service announcement campaign aimed at increasing vaccination rates.

905. EVALUATING GREEN SPACE INITIATIVES
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED
See Policy H-470.953

RESOLVED, That our American Medical Association support appropriate stakeholders in conducting studies to evaluate different green space initiatives that could be implemented in communities to improve patients' health and eliminate health disparities.

906. IMPLEMENTING MEDICATION REMINDER SYSTEMS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICY H-373.933 AMENDED
IN LIEU OF RESOLUTION 906

Policy H-373.933 amended by addition and deletion to read as follows:

H-373.993 Medication Adherence ~~in Patients with Low Health Literacy~~
Our AMA supports third parties in researching the effectiveness of personalized medication cards and other tools, including electronic reminders, intended to promote safe medication use~~, written in a variety of languages for low literacy target audiences, to achieve increased~~ improve medication adherence, and improve~~d~~ health outcomes. Reminders should also be available in a variety of languages. Special attention should be devoted to reaching low literacy target audiences.

907. MAXIMIZING PATIENT OUTCOMES THROUGH PUBLIC ACCESS TO ALL PAST, PRESENT AND FUTURE CLINICAL TRIALS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
ONE RESOLVE REFERRED FOR DECISION
See Policies H-460.912 and D-460.970

RESOLVED, That our American Medical Association support the timely dissemination of clinical trial data for public accessibility as permitted by research design and/or regulatory protocol; and be it further

RESOLVED, That our AMA support the promotion of improved data sharing and the reaffirmation and enforcement of deadlines for submitting results from clinical research studies; and be it further

RESOLVED, That our AMA encourage the expansion of clinical trial registrants to ClinicalTrials.gov; and be it further

RESOLVED, That Policies H-460.912 and D-460.970 be reaffirmed.

[Following resolve referred for decision.]

RESOLVED, That our AMA sign the petition titled "All Trials Registered; All Results Reported" at alltrials.net that supports the registration of all past, present and future clinical trials and the release of their summary reports.

908. NOVEL MECHANISM TO REDUCE MEDICAL STUDENT DEBT
Introduced by Medical Student Section

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY H-305.928 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association study the feasibility and effectiveness / utility of loan forgiveness programs for the private sector including but not limited to the offering of tax credits and / or benefits to employers who pay the remaining balance of medical school loans when hiring physicians following completion of residency.

909. STUDY OTC AVAILABILITY OF NALOXONE
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-95.974

RESOLVED, That our American Medical Association encourage manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone with the Food and Drug Administration; and be it further

RESOLVED. That our AMA study and report back at A-16 on ways to expand the access and use of naloxone to prevent opioid-related overdose deaths.

Resolution 910 was not considered.

911. MAINTENANCE OF CERTIFICATION ADVOCACY BY OUR AMERICAN MEDICAL ASSOCIATION
Introduced by Pennsylvania

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-275.954

RESOLVED, That our American Medical Association oppose those maintenance of certification programs administered by the specialty boards of the ABMS, or of any other similar physician certifying organization, which do not appropriately adhere to the principles codified as AMA Policy on Maintenance of Certification.

Resolution 912 was not considered.

913. MENTAL HEALTH SERVICES FOR MEDICAL STAFF
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association encourage health systems, hospitals, and medical schools to offer physicians and medical students access to confidential and comprehensive mental health services not affiliated with their place of employment.

914. EDUCATION IN BUSINESS AND ECONOMICS
Introduced by Resident and Fellow Section

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-295.864, H-295.924, H-295.961 AND D-295.321 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association collaborate with appropriate organizations and committees to develop business and economics educational materials to be incorporated into graduate and undergraduate medical education. These materials could include, but are not limited to: 1) a model curriculum; 2) a competency evaluation mechanism; and 3) a strategy for elucidating the effect of such education on important outcomes including: physician readiness to practice, patient outcomes, and health care service utilization and physician satisfaction; and be it further

RESOLVED, That our AMA offer education in business and economics to residents and fellows in the form of online modules, live seminars or other already planned AMA strategies for dissemination of educational materials; and be it further

RESOLVED, That our AMA encourage medical schools and residency programs to make educational resources on personal finance and healthcare economics available to all of their trainees.

915. MENTAL HEALTH SERVICES FOR MEDICAL STUDENTS AND RESIDENT AND FELLOW PHYSICIANS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE
See Policies H-310.912 and H-345.973

RESOLVED, That our AMA promote confidential, accessible and affordable mental health services for medical students and resident and fellow physicians; and be it further

RESOLVED, That Policy H-310.912 be reaffirmed.

916. BANNING PLASTIC MICROBEADS IN PERSONAL CARE PRODUCTS
Introduced by Michigan

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE
See Policy H-135.929

RESOLVED, That our American Medical Association supports local, state and federal laws banning the sale and manufacture of personal care products containing plastic microbeads.

917. EQUITY IN GRADUATE MEDICAL EDUCATION FUNDING
Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, American Orthopaedic Foot and Ankle Society and American Academy of Orthopaedic Surgeons

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED
See Policy H-310.916

RESOLVED, That our American Medical Association strongly advocate that:
1. There be no decreases in the current funding of MD and DO graduate medical education while there is a concurrent increase in funding of graduate medical education (GME) in other professions; and
2. There be at least proportional increases in the current funding of MD and DO graduate medical education similar to increases in funding of GME in other professions.

918. PROMOTING THE SUCCESSFUL CLINICAL OUTCOME OF PRIMARY AMEBIC MENINGOENCEPHALITIS
Introduced by American Association of Public Health Physicians

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association work with the Centers for Disease Control and Prevention on training and education relating to Primary Amebic Meningoencephalitis (PAM); and be it further

RESOLVED, That our AMA support required national reporting of PAM; and be it further

RESOLVED, That our AMA support clinical guidelines and standards of care that promote rapid diagnosis and effective treatment of PAM.

919. CPR AND AED TRAINING AND EQUIPMENT FOR SCHOOLS
Introduced by California

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICY H-130.938 AMENDED
IN LIEU OF RESOLUTION 919

Policy H-130.938 amended by addition and deletion to read as follows:

H-130.938 Cardiopulmonary Resuscitation (CPR) and Defibrillators

Our AMA: (1) supports publicizing the importance of teaching CPR, including the use of automated external defibrillation; (2) strongly recommends the incorporation of CPR classes as a voluntary part of secondary school programs; (3) encourages the American public to become trained in CPR and the use of automated external defibrillators; (4) advocates the widespread placement of automated external defibrillators, including on all grade K-12 school campuses and locations at which school events are held; (5) encourages all grade K-12 schools to develop an emergency action plan for sudden cardiac events; (6) supports increasing government and industry funding for the purchase of automated external defibrillator devices; (~~6~~7) endorses ~~federal regulation and/or legislation~~ increas~~ing~~ed funding for cardiopulmonary resuscitation and defibrillation training of community organization and school personnel; (~~7~~8) supports the development and use of universal connectivity for all defibrillators; and (~~8~~9) supports legislation that would encourage high school students be trained in cardiopulmonary resuscitation and automated external defibrillator use.

920. TOBACCO-FREE MILITARY
Introduced by California

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY H-490.913 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association support policy and legislation that calls for a tobacco-free military, including ending tobacco sales and establishing smoke-free military installations.

Resolution 921 was not considered.

922. CANNABIS WARNINGS FOR PREGNANT AND BREASTFEEDING WOMEN
Introduced by American Congress of Obstetricians and Gynecologists

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE
See Policy H-95.936

RESOLVED, That our American Medical Association advocate for regulations requiring point-of-sale warnings and product labeling for cannabis and cannabis-based products regarding the potential dangers of use during pregnancy and breastfeeding wherever these products are sold or distributed.

923. MENTAL HEALTH CRISIS INTERVENTIONS
Introduced by California

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-345.972

RESOLVED, That our American Medical Association continue to support jail diversion and community based treatment options for mental illness; and be it further

RESOLVED, That our AMA support implementation of law enforcement-based crisis intervention training programs for assisting those individuals with a mental illness, such as the Crisis Intervention Team model programs; and be it further

RESOLVED, That our AMA support federal funding to encourage increased community and law enforcement participation in crisis intervention training programs.

924. ALTERNATIVE PATHWAYS TO BOARD RECERTIFICATION
Introduced by Washington

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED FOR REPORT AT THE 2016 ANNUAL MEETING

RESOLVED, That our American Medical Association review alternative pathways to board recertification that can assist physician credentialing and recredentialing by entities such as medical staffs, hospitals, employers and third party payers; and be it further

RESOLVED, That our AMA support alternative mechanisms for board recertification which are determined to be equivalent in quality to established recertification pathways.

925. NATIONAL BOARD OF PHYSICIANS AND SURGEONS' (NBPAS) RECERTIFICATION
Introduced by Georgia

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED FOR REPORT AT THE 2016 ANNUAL MEETING

RESOLVED, That our American Medical Association advocate for the National Board of Physicians and Surgeons to be recognized as an alternative to ABMS boards for recertification for physicians nationally.

Resolution 926 was not considered.

927. BAN DIRECT-TO-CONSUMER ADVERTISEMENTS OF PRESCRIPTION DRUGS AND IMPLANTABLE MEDICAL DEVICES
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED
ADDITIONAL RESOLVE REFERRED FOR DECISION
See Policy H-105.986

RESOLVED, that our American Medical Association support a ban on direct-to-consumer advertising for prescription drugs and implantable medical devices.

[Following resolve referred for decision.]

RESOLVED, that Policy H-105.988 be rescinded.