

Status - Implementation of Resolutions and Report Recommendations AMA House of Delegates Interim Meeting - November 12-15, 2016

Report/Resolution	Title	House Action	Status
BOT Report 02-I-16	AMA Support for State Medical Societies' Efforts to Implement MICRA-Type Legislation	Recommendations in BOT Report 02-I-16 Adopted as Amended, Remainder of Report Filed.	Our AMA notified all state and national medical specialty societies of its willingness to work with them in opposition to proposals to replace a state medical liability system with a no-fault liability or Patient Compensation System, unless those proposals are consistent with AMA policy.
BOT Report 03-I-16	Model State Legislation Promoting the Use of Electronic Tools to Mitigate Risk with Prescription Opioid Prescribing (Resolution 222-I-15)	Recommendations in BOT Report 03-I-16 Adopted as Amended, Remainder of Report Filed.	<p>The AMA Policy Database has been updated.</p> <p>As part of the 21st Century Cures legislation, our AMA advocated for and secured new federal laws that improve the HER certification process. Specifically, the new law will: (1) Require developers to attest to not engage in information blocking and allow unimpeded communication among users, including publishing APIs and engage in “real world testing;” (2) Establish a reporting program for EHRs on criteria for security, usability, interoperability and conformance to certification; (3) Define information blocking and provides OIG authority to investigate and penalize information blocking for developers and exchanges; and (4) Require CEHRT to be capable of transmitting data to and receiving data from registries, including clinician-led clinical data registries that are also certified. Our AMA also sent a sign-on letter to ONC and CMS on February 27, 2017 asking that the next edition of certified technology be deferred until the current certification process is improved and focused on usability and interoperability. Our AMA has communicated with staff from CMS/CDC/SAMHSA to find out what data their agencies have on multiple prescription events (MPE) to distinguish the various reasons why an MPE might occur so that we can seek solutions to support increased continuity of care. Our AMA has had multiple conversations with NASCSA, NABP, NGA and others to encourage a more detailed discussion of alleged “doctor shopping” to address how to distinguish the individual patient experience of an MPE as an opportunity to increase care coordination rather than viewing an MPE through a punitive lens. Moreover, our AMA has advocated strongly for interoperability of state prescription drug monitoring programs (PDMPs) with electronic health records through legislative advocacy with state medical societies and leadership speeches. Our AMA supports the NABP InterConnect platform that now connects 40 state PDMPs with each other.</p>
BOT Report 05-I-16	IOM "Dying in America" Report (Resolution 006-I-15)	Recommendations in BOT Report 5 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.

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BOT Report 06-I-16	Designation of Specialty Societies for Representation in the House of Delegates	Recommendations in BOT Report 06 Adopted as Amended, Remainder of Report Filed.	Council on Constitution and Bylaws Report 2 and CLRPD Report 1 on this subject appear in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C&B).
BOT Report 07-I-16	Supporting Autonomy for Patients with Differences of Sex Development	Referred.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
BOT Report 08-I-16	Medical Reporting for Safety Sensitive Positions (Resolution 014-A-16)	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
BOT Report 09-I-16	Product-Specific Direct-to-Consumer Advertising of Prescription Drugs (Resolution 514-A-16)	Recommendations in BOT Report 09-I-16 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
BOT Report 12-I-16	Specialty Society Representation in the House of Delegates - Five-Year Review	Recommendations in BOT Report 12 Adopted, Remainder of Report Filed.	Details for the 2017 Annual Meeting shared with all societies.
CCB Report 01-I-16	Membership and Representation in the Organized Medical Staff Section-- Updated Bylaws	Recommendations in CC&B Report 1 Adopted, Remainder of Report Filed.	Council on Constitution and Bylaws Report 1 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C&B)
CCB Report 02-I-16	Bylaw Amendments pertaining to Late Resolutions and Emergency Business	Recommendation 1 in CCB Report 2, Adopted; Recommendation 2 Referred, Remainder of Report Filed.	AMA bylaws updated.
CEJA Opinion 01-I-16	Modernized Code of Medical Ethics	Filed.	The AMA Policy Database has been updated.
CEJA Opinion 02-I-16	Ethical Practice in Telemedicine	Filed.	The AMA Policy Database has been updated.
CEJA Report 01-I-16	Collaborative Care	Recommendations in CEJA Report 1 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
CEJA Report 02-I-16	Competence, Self-Assessment and Self-Awareness	Recommendations in CEJA Report 2 Referred.	Council on Ethical and Judicial Affairs Report 2 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C&B)
CEJA Report 03-I-16	CEJA and House of Delegates Collaboration	Referred.	BOT Report 19-A-17 appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C&B.)
CEJA Report 04-I-16	Ethical Physician Conduct in the Media	Filed.	Council on Ethical and Judicial Affairs Report 3 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C&B)
CLRPD Report 01-I-16	Minority Affairs Section and Integrated Physician Practice Section, Five-Year Reviews	Recommendations in CLRPD Report 01 Adopted, Remainder of Report Filed.	Section status was renewed for both the Minority Affairs Section and the Integrated Physician Practice Section and next reviews to follow by I-21.

Report/Resolution	Title	House Action	Status
CME Report 01-I-16	Access to Confidential Health Services for Medical Students and Physicians	Recommendations in CME Report 01-I-16 Adopted as Amended, Remainder of Report Filed.	The Association of American Colleges, AOA Commission on Osteopathic College Accreditation, Accreditation Council for Graduate Medical Education, Federation of State Medical Boards and the Liaison Committee on Medical Education were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via an article in the MedEd Update.
CMS Report 01-I-16	Infertility Benefits for Veterans	Recommendations in CMS Report 01 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 02-I-16	Health Care while Incarcerated	Recommendations in CMS Report 02 Adopted as Amended, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 03-I-16	Providers and the Annual Wellness Visit	Recommendations in CMS Report 03 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 04-I-16	Concurrent Hospice and Curative Care	Recommendations in CMS Report 04 Adopted as Amended, in Lieu of Resolution 812, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 05-I-16	Incorporating Value into Pharmaceutical Pricing	Recommendations in CMS Report 03 Adopted, Remainder of Report Filed.	The AMA Policy Database has been updated.
CMS Report 06-I-16	Integration of Mobile Health Applications and Devices into Practice	Recommendations in CMS Report 06 Adopted as Amended, in Lieu of Resolution 812, Remainder of Report Filed.	The 21st Century CURES Act of 2016 contains provisions that would maintain the current Food and Drug Administration (FDA) “light touch” approach to FDA regulation of software as a medical device and excludes a significant scope of software as outside the scope of FDA regulation. mHealth applications are software—some of which is subject to FDA oversight and some of which is not. Our AMA has met with the FDA concerning the Agency’s intention to reform regulatory oversight of software that is considered a medical device (SaMD) under current law and 21st Century CURES Act. This would potentially impact physician liability if the FDA does not adhere to existing standards for safety and efficacy. (Physician would no longer have the benefit of a presumption, albeit rebuttable, of safety and efficacy.) To the extent that mHealth applications (software) are not considered a medical device, our AMA announced an effort to co-found eXcertia which would establish industry principles to enhance safe, efficacious, quality mhealth app offerings. Our AMA encouraged all state and national medical specialty societies to develop guidelines for the integration of mHealth apps and associated devices into care delivery.

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CMS Report 07-I-16	Hospital Discharge Communications	Recommendations in CMS Report 07 Adopted, in Lieu of Resolution 818, Remainder of Report Filed.	Our AMA developed an issue brief, "Improving physician communication during patient hospitalization" on AMA policy regarding communication between hospital and community physicians, and between physicians and patients/caregivers, during hospital admissions, hospital discharge, and medication reconciliation processes.
CSAPH Report 01-I-16	Urine Drug Testing	Recommendations in CSAPH Report 01-I-16 Adopted as Amended, Remainder of Report Filed.	AMA staff are developing a CME Module that will incorporate guidance on implementing urine drug testing as part of clinical practice.
CSAPH Report 03-I-16	Genome Editing and its Potential Clinical Use	Recommendations in CSAPH Report 03-I-16 Adopted, Remainder of Report Filed.	AMA Policy Database Updated.
CSAPH Report 04-I-16	Hormone Therapies: Off-Label Uses and Unapproved Formulations	Recommendations in CSAPH Report 04-I-16 Adopted as Amended, Remainder of Report Filed.	Our AMA sent a letter sent to Ronald Piervincenzi, PhD, CEO of United States Pharmacopeia, voicing AMA's concern over existence of current estriol monograph.
HOD Comp Cmte Report	Report of the House of Delegates Committee on Compensation of the Officers	Recommendations in HOD Comp Committee Report I-16 Adopted, Remainder of Report Filed.	

Report/Resolution	Title	House Action	Status
LATE RES 1001-I-16	Support for DACA-eligible Healthcare Professionals	Adopted as Amended.	<p>Our AMA issued a news release on Feb. 1, 2017 announcing a letter delivered to U.S. Department of Homeland Security regarding the Administration's initial executive order on immigration. The news release and letter conveyed the AMA's strong support for medical students and physicians with Deferred Action for Childhood Arrivals (DACA) status, and urged the Administration to carefully consider any future action related to these individuals.</p> <p>Our AMA sent a letter to Department of Homeland Security, John Kelly, dated February 1, 2017, expressing our concerns about the Administration's executive order on "Protecting the Nation from Foreign Terrorist Entry into the United States." In that letter, our AMA also expressed our strong support for medical students and physicians with DACA status, and urged the Administration to retain the current DACA initiative until a permanent solution on lawful immigration status for DACA participants is implemented. Our AMA also sent letters dated February 6, 2017, to Senators Lindsey Graham and Richard Durbin and to Representatives Mike Coffman and Luis Gutiérrez, expressing our support for the "Bar Removal of Individuals who Dream and Grow our Economy Act" (BRIDGE Act) (S. 128/H.R. 496), which would provide temporary legal status and employment authorization for undocumented young immigrants who have DACA status and DACA-eligible individuals.</p> <p>Council on Medical Education Report 4 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting.</p>
RES 001-I-16	Support for the Decriminalization and Treatment of Suicide Attempts Amongst Military Personnel	Policies D-345.994, H-60.937, D-510.996, H-65.965 and H-510.988 Reaffirmed in Lieu of Resolution 001-I-16.	The AMA Policy Database has been updated.
RES 002-I-16	Living Organ Donation at the Time of Imminent Death	Policies H-370.959, D-370.985, H-370.964, and H-370.961 Reaffirmed in Lieu of Resolution 002-I-16.	The AMA Policy Database has been updated.
RES 003-I-16	Study of the Current Uses and Ethical Implications of Expanded Access Programs	Adopted as Amended.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 004-I-16	Addressing Patient Spirituality in Medicine	Adopted as Amended.	The AMA Policy Database has been updated.
RES 005-I-16	No Compromise on Anti-Female Genital Mutilation Policy	Referred.	Board of Trustees Report 15 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee C&B)
RES 006-I-16	Effective Peer Review	Adopted as Amended.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.

Report/Resolution	Title	House Action	Status
RES 007-I-16	Fair Process for Employed Physicians	Adopted as Amended.	The AMA Policy Database has been updated.
RES 008-I-16	Blood Donor Deferral Criteria Revisions	Adopted as Amended.	The AMA Policy Database has been updated.
RES 201-I-16	Removing Restrictions on Federal Funding for Firearm Violence Research	Adopted.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 202-I-16	Inclusion of Sexual Orientation and Gender Identity Information in Electronic Health Records	Resolution 212 Adopted as Amended, in Lieu of Resolution 202-I-16.	See Res. 212-I-16.
RES 203-I-16	Universal Prescriber Access to Prescription Drug Monitoring Programs	Adopted.	The AMA Policy Database has been Updated.
RES 204-I-16	Seamless Conversion of Medicare Advantage Programs	Resolution 216-I-16 Adopted in Lieu of Resolutions 204 and 210-I-16.	See Res. 216-I-16.
RES 205-I-16	Protecting Patient Access to Health Insurance Coverage, Physicians, and Quality Health Care	Substitute Resolution 205 Adopted in Lieu of Resolutions 205, 209, 223, 224 and 226-I-16.	<p>Board of Trustees Report 13 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee B)</p> <p>Our AMA has been and remains actively engaged in health care reform efforts. Immediately upon adoption of this resolution, the AMA released a statement of priorities and principles. These have guided AMA actions related to efforts to repeal portions of the Affordable Care Act.</p> <p>AMA President Andrew W. Gurman, M.D. issued a statement to the nation's press on Nov. 15, 2016 reaffirming the AMA's commitment to health care reform, and outlined a guiding policy framework on the future direction of health care.</p>
RES 206-I-16	Advocacy and Studies on Affordable Care Act Section 1332 (State Innovation Waivers)	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 207-I-16	Limitation on Reports by Insurance Carriers to the National Practitioner Data Bank Unrelated to Patient Care	Not Adopted.	

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RES 208-I-16	MIPS and MACRA Exemptions	Adopted as Amended.	As the implementation of the Quality Payment Program (QPP) moves forward our AMA has continued to work with Merit-based Incentive Payment System Federation workgroup. Informed by the workgroup, we have continued to heavily engage the Administration on QPP. In our discussions with the new Administration one of our top priorities is to provide relief for small practices. Pursuing another Transitional year, retaining a strong low volume threshold and adding virtual groups are just some of our many recommendations. We will continue to look for avenues to provide relief and support small practices.
RES 209-I-16	Affordable Care Act Revisit	Substitute Resolution 205 Adopted in Lieu of Resolutions 205, 209, 223, 224 and 226-I-16.	See Res. 205-I-16.
RES 210-I-16	Automatic Enrollment into Medicare Advantage	Resolution 216-I-16 Adopted in Lieu of Resolutions 204 and 210-I-16.	See Res. 216-I-16.
RES 211-I-16	Electronic Health Records	Policy D-478.982 Reaffirmed in Lieu of Resolution 211-I-16.	The AMA Policy Database has been updated.
RES 212-I-16	Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation	Resolution 212 Adopted as Amended, in Lieu of Resolution 202-I-16.	The AMA Policy Database has been updated.
RES 213-I-16	SOAP Notes and Chief Complaint	Policy D-320.991 Adopted as Amended in Lieu of Resolution 213-I-16.	The AMA Policy Database has been updated.
RES 214-I-16	Firearm-Related Injury and Death: Adopt a Call to Action	Adopted.	Our AMA notified all state and national medical specialty societies that AMA endorsed specific recommendations made by an interdisciplinary, inter-professional group of leaders in the publication "Firearm-Related Injury and Death in the United States: A Call to Action From Eight Health Professional Organizations and the American Bar Association." Furthermore, on March 24, 2017, AMA and the American Bar Association co-sponsored a first of its kind forum entitled, "Preventing Gun Violence: Moving from Crisis to Action."
RES 215-I-16	Parental Leave	Adopted as Amended.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 216-I-16	Ending Medicare Advantage "Auto-Enrollment"	Resolution 216-I-16 Adopted in Lieu of Resolutions 204 and 210-I-16.	In comments to the 2017 Medicare Advantage (MA) Call Letter, our AMA urged CMS to end the policy of allowing MA plans to automatically enroll patients who are in commercial, exchange, or Medicaid insurance plans operated by the organizations into the MA plans offered by these same organizations once the patients become eligible for Medicare. To date, CMS has placed a temporary moratorium on new applicants.

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RES 217-I-16	The Rights of Patients, Providers and Facilities to Contract for Non-Covered Services	Adopted as Amended.	Our AMA has included the private contracting issue in our recommendations to the new Administration.
RES 218-I-16	Support for Prescription Drug Monitoring Programs	Adopted.	Our AMA is working with state and national specialty societies through state and federal advocacy as well as via the AMA Opioid Task Force to ensure that interstate operability of PDMPs is done in a manner that allows data to be easily accessed by physicians and does not place an onerous burden on their practices.
RES 219-I-16	Protect Individualized Compounding in Physicians' Offices as Practice of Medicine	Substitute Resolution 219 Adopted as Amended in Lieu of Resolution 219-I-16.	Our AMA met with FDA officials representing the compounding and compliance groups with Center for Drug Evaluation and Research (CDER), as well as Center for Biologics Evaluation and Research (CBER) staff, in April 2017 to discuss issues related to in-office preparation of sterile drug products and continues to work with FDA to craft a solution that will protect the practice of medicine and access to sterile drug products prepared in office settings for administration to patients. Our AMA is also meeting with and working with USP to address proposed changes to USP Chapter 797 and the potential impact on in-office preparations.
RES 220-I-16	Distracted Driver Reduction	Adopted.	Our AMA developed model state legislation to limit cell phone use to hands-free use only while driving and distributed to all state and national medical specialty societies.
RES 221-I-16	Electronic Medical Records Recovery Fees	Policy D-478.972 Reaffirmed in Lieu of Resolution 221-I-16.	The AMA Policy Database has been updated.
RES 222-I-16	Prohibition of Clinical Data Blocking	Adopted as Amended.	The AMA Policy Database has been updated.
RES 223-I-16	Emergency Post Election Support for Principles of the Patient Protection and Affordable Care Act	Substitute Resolution 205 Adopted in Lieu of Resolutions 205, 209, 223, 224 and 226-I-16.	See Res. 205-I-16.
RES 224-I-16	Protecting Patient Access to Health Insurance and Affordable Care	Substitute Resolution 205 Adopted in Lieu of Resolutions 205, 209, 223, 224 and 226-I-16.	See Res. 205-I-16.
RES 225-I-16	Limitations on Reports by Insurance Carriers to the National Practitioner Data Bank Unrelated to Patient Care	Adopted.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 226-I-16	Continuing AMA Advocacy on the Patient Protection and Affordable Care Act	Substitute Resolution 205 Adopted in Lieu of Resolutions 205, 209, 223, 224 and 226-I-16.	See Res. 205-I-16.

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RES 301-I-16	Improving Residency Training in the Treatment of Opioid Dependence	Adopted as Amended, with Change in Title.	The AMA Policy Database has been updated.
RES 302-I-16	Protecting Trainees' Breast-Feeding Rights	Adopted as Amended, with Change in Title.	The Association of American Colleges, American Osteopathic Association, Accreditation Council for Graduate Medical Education, and the Liaison Committee on Medical Education were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via an article in the MedEd Update.
RES 303-I-16	Primary Care and Mental Health Training in Residency	Adopted as Amended.	The AMA Policy Database has been updated.
RES 304-I-16	Improving Cultural Competence Training Opportunities	Adopted as Amended, with Change in Title.	The AMA Policy Database has been updated.
RES 305-I-16	Privacy Personal Use and Funding of Mobile Devices	Adopted as Amended.	The Accreditation Council for Graduate Medical Education and the Liaison Committee on Medical Education were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via an article in the MedEd Update.
RES 306-I-16	Formal Leadership Training During Medical Education	Adopted as Amended.	The Association of American Colleges, Accreditation Council for Graduate Medical Education and the Liaison Committee on Medical Education were notified of the House action. The House action also was transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups via an article in the MedEd Update.
RES 307-I-16	Restrictions on the Use of Maintenance of Certification	Substitute Resolution 307 Adopted in Lieu of Resolutions 307 and 311.	<p>The AMA Physician's Guide to Medical Staff Organization Bylaws provides guidance, including sample medical staff bylaws language, on how medical staffs can establish procedures for credentialing and privileging that do not rely upon maintenance of board certification (e.g., establishing equivalent requirements, grandfathering): http://www.ama-assn.org/medical-staff-organization-bylaws</p> <p>Our AMA notified all state and national medical specialty societies of its desire to work with interested parties to advocate that maintenance of certification not be a requirement for: (1) medical staff membership, privileging, credentialing or re-credentialing; (2) insurance panel participation; and (3) state medical licensure. Our AMA also amended its model state legislation to incorporate all relevant elements of this resolution and shared it with all state and national medical specialty societies.</p>

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RES 308-I-16	Promoting and Reaffirming Domestic Medical School Clerkship Education	Referred.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 309-I-16	Development of Alternative Competency Assessment Models	Adopted as Amended.	The AMA Policy Database has been Updated.
RES 310-I-16	Maintenance of Certification and Insurance Plan Participation	Adopted.	Our AMA sent a letter to AHIP.
RES 311-I-16	Prevent Maintenance of Certification Licensure and Hospital Privileging Requirements	Substitute Resolution 307 Adopted in Lieu of Resolutions 307 and 311.	See Res. 307-I-16.
RES 312-I-16	Eliminating the Tax Liability for Payment of Student Loans	Adopted as Amended.	The AMA Policy Database has been updated.
RES 602-I-16	Equality	Referred.	Board of Trustees Report 19 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee F)
RES 603-I-16	Support a Study on the Minimum Competencies and Scope of Medical Scribe Utilization	Adopted as Amended.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 604-I-16	Oppose Physician Gun Gag Rule Policy by Taking our AMA Business Elsewhere	Referred.	Board of Trustees Report 18 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee F)
RES 606-I-16	Promote Teen Health Week	Adopted.	AMA Wire story published Jan. 9, 2017, "Lifelong health: Physician-led effort focuses on teens" (https://goo.gl/xI9g7j). Wire story and #PATeenHealthWeek2017 hashtag promoted on AMA social media accounts. Appropriate agencies and organizations are being identified and communications being prepared.
RES 607-I-16	Analysis of American Board of Internal Medicine (ABIM) Finances	Adopted as Amended.	Our AMA sent a letter to ABIM; their response was shared with the HOD on January 20. The American Board of Internal Medicine and American Board of Medical Specialties were notified of the House action.
RES 801-I-16	Increasing Access to Medical Devices for Insulin-Dependent Diabetics	Current Policy Reaffirmed	The AMA Policy Database has been updated.
RES 802-I-16	Eliminating Fail First Policy in Addiction Treatment	Adopted as Amended.	The AMA Policy Database has been updated.
RES 803-I-16	Reducing Perioperative Opioid Consumption	Policy D-120.947 Reaffirmed in Lieu of Resolution 803-I-16.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 804-I-16	Reproductive Health Insurance Coverage	Adopted as Amended, with Change in Title.	The AMA Policy Database has been updated.
RES 805-I-16	Health Insurance Companies Should Collect Deductible From Patients After Full Payments To Physicians	Referred for Decision.	<p>The Board of Trustees considered a report on Resolution 805-I-16, which asked our AMA to “seek federal and state legislation that requires health insurers to reimburse physicians the full negotiated payment rate for services to enrollees in high deductible plans and that the health insurers collect any patient financial responsibility, including deductibles and co-insurance, directly from the patient.”</p> <p>The Board VOTED that in lieu of Resolution 805-I-16, the following be adopted:</p> <ol style="list-style-type: none"> 1. Reaffirm Policies H-165.849, “Update on HSAs, HRAs, and Other Consumer-Driven Health Care Plans,” and D-190.974, “Administrative Simplification in the Physician Practice;” 2. Engage in a dialogue with health plan representatives (e.g., America’s Health Insurance Plans, Blue Cross and Blue Shield Association) about the increasing difficulty faced by physician practices in collecting co-payments and deductibles from patients enrolled in high-deductible health plans.
RES 806-I-16	Pharmaceutical Industry Drug Pricing is a Public Health Emergency	Not Adopted.	
RES 807-I-16	Pharmacy Use of Medication Discontinuation Messaging Function	Adopted.	The AMA Policy Database has been updated.
RES 808-I-16	A Study on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey and Healthcare Disparities	Adopted as Amended.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 809-I-16	Addressing the Exploitation of Restricted Distribution Systems by Pharmaceutical Manufacturers	Adopted as Amended.	The AMA Policy Database has been updated.
RES 810-I-16	Medical Necessity and Utilization Review	Substitute Resolution 810 Adopted.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 811-I-16	Opposition to CMS Mandating Treatment Expectations and Practicing Medicine	Referred for Decision.	<p>The Board of Trustees considered a report on Resolution 811-I-16 which asked the AMA to oppose mandatory standards of care that may disrupt the physician-patient relationship. While the AMA agrees there are circumstances where quality measures do not allow for appropriate exclusions for patients with specific conditions or comorbidities, we believe Resolution 811-I-16 establishes an unnecessarily broad opposition to all Centers for Medicare & Medicaid Services' (CMS) mandatory standards of care and core measures. In addition, since the time Resolution 811-I-16 was passed, several changes have been made to the severe sepsis and septic shock Hospital Inpatient Quality Reporting (IQR) program measure which addresses the issues that were referenced in the resolution.</p> <p>The Board VOTED to adopt the following general policy in lieu of Resolution 811-I-16:</p> <p>Our AMA advocate for quality measures, including those in the Hospital Inpatient Quality Reporting Program, to have appropriate exclusions to ensure patient and clinical differences are accounted for and do not interfere with clinical decision making, and for denominators of quality measures to be appropriately defined to ensure patients for whom the treatment may not be appropriate are adjusted for or excluded.</p> <p>Our AMA advocate for CMS to allow for any proposed quality measures to be reviewed by the appropriate medical specialty societies prior to adoption.</p> <p>Our AMA provide input on the Severe Sepsis and Sepsis Shock: Management Bundle measure during the National Quality Forum's (NQF) review of the measure in 2017, and ask the Centers for Medicare & Medicaid Services to redesign the measure.</p>
RES 812-I-16	Enact Rules and Payment Mechanisms to Encourage Appropriate Hospice and Palliative Care Usage	Recommendations in CMS Report 04 Adopted as Amended, in Lieu of Resolution 812, Remainder of Report Filed.	See CMS Report 4-I-16.
RES 813-I-16	Physician Payment for Information Technology Costs	Referred for Decision.	<p>The Board of Trustees considered a report on Resolution 813-I-16 which asked that our AMA provide supporting documentation physicians can use to convince public and private payers that payment must cover the increasing costs of information technology implementation.</p> <p>The Board VOTED that Resolution 813-I-16 not be adopted.</p>

Report/Resolution	Title	House Action	Status
RES 814-I-16	Addressing Discriminatory Health Plan Exclusions or Problematic Benefit Substitutions for Essential Health Benefits Under the Affordable Care Act	Substitute Resolution 814 Adopted in Lieu of Resolution 814.	Our AMA notified all state and national medical specialty societies of its desire to work with interested parties to ensure that no health carrier or its designee adopt or implement a benefit design that discriminates on the basis of health status, race, color, national origin, disability, age, sex, gender identity, sexual orientation, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions. Further, our AMA notified states and specialties of its willingness to work with them to see that appropriate action is taken by state regulators when discrimination exists in benefit design.
RES 815-I-16	Preservation of Physician-Patient Relationships and Promotion of Continuity of Patient Care	Adopted as Amended.	The AMA Policy Database has been updated.
RES 816-I-16	Support for Seamless Physician Continuity of Patient Care	Referred for Decision.	<p>The Board of Trustees considered a report on Resolution 816-I-16 which asked our AMA to: (1) clearly support the concept of seamless continuity of care between hospital inpatient and outpatient care; and (2) study whether there are instances of health insurers or HMOs precluding physicians via contracts from providing care to their patients in the inpatient setting for which the physician has clinical privileges.</p> <p>The Board VOTED to adopt the following in lieu of Resolution 816-I-16:</p> <ol style="list-style-type: none"> 1. Reaffirm Policies D-160.945, “Communication Between Hospitals and Primary Care Referring Physicians,” H-450.941, “Pay-For-Performance, Physician Economic Profiling, and Tiered and Narrow Networks,” H-225.946, “Preserving Physician/Patient Relationships During Hospitalizations,” H-285.954, “Physician Decision-Making in Health Care Systems,” and D-215.990, “AMA Assistance for Members in Matters Pertaining to Physician-Hospital/Health System Relationships”; and 2. Encourage physicians who encounter contractual difficulties with Medicare Advantage (MA) plans to contact their Centers for Medicare & Medicaid Services (CMS) Regional office.
RES 817-I-16	Brand and Generic Drug Costs	Policies D-100.983, H-120.934, H-120.945, D-120.949, H-110.987, H-110.989, H-155.962, and H-110.988 Reaffirmed in Lieu of Resolution 817-I-16.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 818-I-16	Improving Communications Among Health Care Clinicians	Recommendations in CMS Report 07 Adopted as Amended, in Lieu of Resolution 818, Remainder of Report Filed.	See CMS Report 7-I-16.
RES 819-I-16	Nonpayment for Unspecified Codes by Third Party Payers	Current Policy Reaffirmed	The AMA Policy Database has been updated.
RES 820-I-16	Retrospective Payment Denial of Medically Appropriate Studies, Procedures and Testing	Referred with Report Back at A-17.	Council on Medical Service Report 8 on this subject appears in the Delegates Handbook for the 2017 Annual Meeting. (Reference Committee J)
RES 901-I-16	Disclosure of Screening Test Risk and Benefits, Performed Without a Doctor's Order	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 902-I-16	Oppose Restrictions on Public Health Research	Adopted as Amended, with Change in Title.	Our AMA joined a broad coalition of organizations in a letter sent to President Trump that expressed unequivocal support for the safety of vaccines. The letter included a lengthy list of studies on the safety of vaccines. Our AMA will continue to monitor efforts to restrict funding or suppress the findings of biomedical and public health research for political purposes, and will weigh in as appropriate.
RES 903-I-16	Prevention of Newborn Falls in Hospitals	Adopted.	The AMA Policy Database has been updated.
RES 904-I-16	Improving Mental Health Services for Undergraduate and Graduate Students	Adopted as Amended, with Change in Title.	The AMA Policy Database has been updated.
RES 905-I-16	Chronic Traumatic Encephalopathy (CTE) Awareness	Adopted as Amended. Policy H-470.954 Reaffirmed.	The AMA Policy Database has been updated.
RES 906-I-16	Universal Color Scheme for Respiratory Inhalers	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 907-I-16	Clinical Implications and Policy Considerations of Cannabis Use	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 908-I-16	Faith and Mental Health	Substitute Resolution 908 Adopted as Amended.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 909-I-16	Promoting Retrospective and Cohort Studies on Pregnant Women and Their Children	Policy H-525.991 Reaffirmed. Referred for Decision.	<p>The Board of Trustees considered a report on Resolution 909-I-16 which asked that our AMA 1) recommend to the US Department of Health and Human Services (HHS) that the Federal Policy for the Protection of Human Subjects, or “Common Rule,” be updated to define pregnant women as “scientifically complex” rather than a “vulnerable population” for research purposes; 2) urge the federal government to prioritize clinical research and generation and dissemination of data, emphasizing retrospective and cohort studies, on common medications’ effects on underlying medical conditions across the entire continuum from pregnancy through lactation and development to better inform prescribing; and 3) support federal legislation to a) establish an interagency taskforce within HHS to improve federal interagency and key stakeholder communication, coordination and collaboration to advance research on medications in pregnancy and breastfeeding, and b) to require the FDA to provide regular reports to Congress tracking the inclusion of pregnant and breastfeeding women in clinical trials.</p> <p>The Board VOTED that Resolution 909-I-16 not be adopted.</p>
RES 910-I-16	Disparities in Public Education as a Crisis in Public Health and Civil Rights	Adoped as Amended.	An AMA Wire story on this subject will be published in May 2017.
RES 911-I-16	Importance of Oral Health in Patient Care	Adopted as Amended, with Change in Title.	The American Dental Association has embarked on a new project entitled, “Optimizing Dental Health Prior to and Concurrent with Surgical/Medical Procedures and Treatment.” AMA staff has been in contact with ADA to determine if there is a way for the AMA to assist with this project. Additionally, AMA staff will be consulting with the ADA’s Council on Scientific Affairs to explore potential opportunities to implement this resolution.
RES 912-I-16	Neuropathic Pain Recognized as a Disease	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2017 Interim Meeting.
RES 913-I-16	Improving Genetic Testing and Counseling Services	Adopted as Amended, with Change in Title. Policy H-460.902 Reaffirmed.	The AMA Policy Database has been updated.
RES 914-I-16	Needle / Syringe Disposal	Policy H-95.958 Adopted as Amended in Lieu of Resolution 914-I-16. Policy H-95.942 Reaffirmed.	The AMA Policy Database has been updated.
RES 915-I-16	Women and Alzheimer's Disease	Adopted as Amended. Policy H-25.991 Reaffirmed.	The AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 916-I-16	Women and Pre-Exposure Prophylaxis (PrEP)	Policy H-20.985 Adopted as Amended in Lieu of Resolution 916-I-16. Policies H-20.922 and H-20.904 Reaffirmed.	The AMA Policy Database has been updated.
RES 917-I-16	Youth Incarceration in Adult Facilities	Substitute Resolution 917 Adopted as Amended. Policies H-60.919, H-60.986 and H-60.922 Reaffirmed.	The AMA Policy Database has been updated.
RES 918-I-16	Ensuring Cancer Patient Access to Pain Medication	Adopted as Amended.	The AMA Policy Database has been updated.
RES 919-I-16	Coal-Tar-Based Sealcoat Threat to Human Health and the Environment	Adopted as Amended.	Our AMA has been engaged in communication with the Pavement Coatings Technology Council in order to inform of any advocacy.
RES 920-I-16	Haptenation and Hypersensitivity Disorders Communication	Not Adopted.	
RES 921-I-16	Raise the Minimum Age of Legal Access to Tobacco to 21 Years	Current Policy Reaffirmed	The AMA Policy Database has been updated.
RES 922-I-16	Responsible Parenting and Access to Family Planning	Current Policy Reaffirmed	The AMA Policy Database has been updated.
RES 923-I-16	Reverse Onus in the Manufacture and Use of Chemicals	Current Policy Reaffirmed	The AMA Policy Database has been updated.
RES 924-I-16	AMA Advocacy for Environmental Sustainability and Climate	Adopted as Amended.	Our AMA is researching the feasibility of developing new educational content on 'How to Make Your Practice Green,' which will focus on providing guidance to practices on ways they can institute environmentally friendly practices/procedures, as well as ways to promote and share their efforts as directed through this resolution. This new content is tentatively scheduled for release in early 2018.
RES 925-I-16	Graphic Warning Label on all Cigarette Packages	Policy H-495.989 Reaffirmed in Lieu of Resolution 925-I-16.	The AMA Policy Database has been updated.
RES 926-I-16	Establishing and Achieving National Goals to Eliminate Lead Poisoning and Prevent Lead Exposures to Children	Adopted	Our AMA staff met with Project TENDR and is exploring options to pursue the goals of the resolution.

Report/Resolution	Title	House Action	Status
RES 927-I-16	The DEA Order to Reduce Opioid Production	Adopted as Amended. Second Resolved Referred for Decision.	<p>The Board of Trustees considered a report on the second resolve of Resolution 927-I-16 which asked that our AMA encourage the Drug Enforcement Administration (DEA) to postpone any opioid production cuts until the potential effect of production quotas are better elucidated. While the AMA agrees that it is important for the DEA to monitor the impact that opioid production cuts might have on patient access, drug costs, and public health, it would be impractical to urge the DEA to postpone any production cuts until the potential consequences are better understood, especially since the DEA's order for the 2017 aggregate production quota (APQ) for Schedule II drugs has already gone into effect and it would be difficult to study the potential effects of a reduction in the production quotas before the 2017 APQs actually were implemented. Moreover, the DEA can make adjustments to the APQs during the year if circumstances warrant.</p> <p>The Board VOTED that in lieu of adopting the second resolve of Resolution 927-I-16, existing policy D-160.981 be modified to read as follows:</p> <ol style="list-style-type: none"> 1. Our AMA: (a) will express its strong commitment to better access and delivery of quality pain care through the promotion of enhanced research, education and clinical practice in the field of pain medicine; and (b) encourages relevant specialties to collaborate in studying the following: (i) the scope of practice and body of knowledge encompassed by the field of pain medicine; (ii) the adequacy of undergraduate, graduate and post graduate education in the principles and practice of the field of pain medicine, considering the current and anticipated medical need for the delivery of quality pain care; (iii) appropriate training and credentialing criteria for this multidisciplinary field of medical practice; and (iv) convening a meeting of interested parties to review all pertinent matters scientific and socioeconomic. 2. Our AMA encourages relevant stakeholders to research the overall effects of opioid production cuts. 3. Our AMA strongly urges the US Drug Enforcement Administration to base any future reductions in aggregate production quotas for opioids on actual data from multiple sources, including prescribing data, and to proactively monitor opioid quotas and supply to prevent any shortages that might develop and to take immediate action to correct any shortages. 4. Our AMA encourages the US Drug Enforcement Administration to be more transparent when developing medication production guidelines. 5. Our AMA and the physician community reaffirm their commitment to delivering compassionate and ethical pain management, promoting safe opioid prescribing, reducing opioid-related harm and the diversion of controlled substances, improving access to treatment for substance

Report/Resolution	Title	House Action	Status
RES 928-I-16	Closing the Loop on Pharmaceuticals	Policies H-135.925, H-135.936 and D-135.993 Reaffirmed in Lieu of Resolution 928-I-16.	use disorders, and fostering a public health based-approach to addressing opioid-related morbidity and mortality. The AMA Policy Database has been updated.