Whereas, The State of Massachusetts requires that on or after January 1, 2015, a renewing full licensee must demonstrate proficiency in the use of electronic health records, as required by M.G.L. c. 112, § 2 and 243 CMR 2.06(2)(d); and

Whereas, The Louisiana State Medical Society has policy supporting an exception for the requirements that physicians use secure electronic communication with patients; and

Whereas, The Louisiana State Medical Society has policy stating that no physician should be denied a medical license solely on the grounds of failure to use an electronic health record, or failure to demonstrate proficiency in use of an electronic health record; therefore be it

RESOLVED, That our American Medical Association adopt a policy that provides that no physician should be denied a medical license on the grounds of failure to use an electronic health record or failure to demonstrate proficiency in use of an electronic health record. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 04/11/18

RELEVANT AMA POLICY

**Licensure for Physicians Not Engaged in Direct Patient Care H-275.921** - Our AMA: (1) opposes laws, regulations, and policies that would limit the ability of a physician to obtain or renew an unrestricted state or territorial medical license based solely on the fact that the physician is engaged exclusively in medical practice which does not include direct patient care; (2) advocates that the Federation of State Medical Boards support provision of unrestricted state or territorial medical licenses to physicians engaged in medical practice that does not include direct patient care; (3) urges constituent state and territorial medical societies to advocate with their respective medical boards to establish policy that will facilitate provision of unrestricted state or territorial medical licenses to physicians in medical practice that does not include direct patient care; and (4) opposes activities by medical licensure boards to create separate categories of medical licensure solely on the basis of the predominant professional activity of the practicing physician. Citation: Res. 923, I-10

**Discrimination Against Physicians Under Supervision of Their Medical Examining Board H-275.949** - 1. Our AMA opposes the exclusion of otherwise capable physicians from employment, business opportunity, insurance coverage, specialty board certification or recertification, and other benefits, solely because the physician is either presently, or has been in the past, under the supervision of a medical licensing board in a program of rehabilitation or enrolled in a state-wide physician health program. 2. Our AMA will communicate Policy H-275.949 to all specialty boards and request that they reconsider their policy of exclusion where such a policy exists. Citation: Sub. Res. 3, A-92 Reaffirmed: BOT Rep. 18, I-93 Reaffirmed: CME Rep. 2, A-05 appended: Res. 925, I-11 Reaffirmed in lieu of Res. 412, A-12 Reaffirmed: BOT action in response to referred for decision Res. 403, A-12

**Physician Licensure Legislation H-275.955** - Our AMA reaffirms earlier policy urging licensing jurisdictions to adopt laws and rules facilitating the movement of physicians between states, to move toward uniformity in requirements for

**Medical Licensure H-275.978** - The AMA: (1) urges directors of accredited residency training programs to certify the clinical competence of graduates of foreign medical schools after completion of the first year of residency training; however, program directors must not provide certification until they are satisfied that the resident is clinically competent; (2) encourages licensing boards to require a certificate of competence for full and unrestricted licensure; (3) urges licensing boards to review the details of application for initial licensure to assure that procedures are not unnecessarily cumbersome and that inappropriate information is not required. Accurate identification of documents and applicants is critical. It is recommended that boards continue to work cooperatively with the Federation of State Medical Boards to these ends; (4) will continue to provide information to licensing boards and other health organizations in an effort to prevent the use of fraudulent credentials for entry to medical practice; (5) urges those licensing boards that have not done so to develop regulations permitting the issuance of special purpose licenses. It is recommended that these regulations permit special purpose licensure with the minimum of educational requirements consistent with protecting the health, safety and welfare of the public; (6) urges licensing boards, specialty boards, hospitals and their medical staffs, and other organizations that evaluate physician competence to inquire only into conditions which impair a physician's current ability to practice medicine. (BOT Rep. I-93-13; CME Rep. 10 - I-94); (7) urges licensing boards to maintain strict confidentiality of reported information; (8) urges that the evaluation of information collected by licensing boards be undertaken only by persons experienced in medical licensure and competent to make judgments about physician competence. It is recommended that decisions concerning medical competence and discipline be made with the participation of physician members of the board; (9) recommends that if confidential information is improperly released by a licensing board about a physician, the board take appropriate and immediate steps to correct any adverse consequences to the physician; (10) urges all physicians to participate in continuing medical education as a professional obligation; (11) urges licensing boards not to require mandatory reporting of continuing medical education as part of the process of reregistering the license to practice medicine; (12) opposes the use of written cognitive examinations of medical knowledge at the time of reregistration except when there is reason to believe that a physician's knowledge of medicine is deficient; (13) supports working with the Federation of State Medical Boards to develop mechanisms to evaluate the competence of physicians who do not have hospital privileges and who are not subject to peer review; (14) believes that licensing laws should relate only to requirements for admission to the practice of medicine and to assuring the continuing competence of physicians, and opposes efforts to achieve a variety of socioeconomic objectives through medical licensure regulation; (15) urges licensing jurisdictions to pass laws and adopt regulations facilitating the movement of licensed physicians between licensing jurisdictions; licensing jurisdictions should limit physician movement only for reasons related to protecting the health, safety and welfare of the public; (16) encourages the Federation of State Medical Boards and the individual medical licensing boards to continue to pursue the development of uniformity in the acceptance of examination scores on the Federation Licensing Examination and in other requirements for endorsement of medical licenses; (17) urges licensing boards not to place time limits on the acceptability of National Board certification or on scores on the United State Medical Licensing Examination for endorsement of licenses; (18) urges licensing boards to base endorsement on an assessment of physician competence and not on passing a written examination of cognitive ability, except in those instances when information collected by a licensing board indicates need for such an examination; (19) urges licensing boards to accept an initial license provided by another board to a graduate of a US medical school as proof of completion of acceptable medical education; (20) urges that documentation of graduation from a foreign medical school be maintained by boards providing an initial license, and that the documentation be provided on request to other licensing boards for review in connection with an application for licensure by endorsement; (21) urges licensing boards to consider the completion of specialty training and evidence of competent and honorable practice of medicine in reviewing applications for licensure by endorsement; and (22) encourages national specialty boards to reconsider their practice of decertifying physicians who are capable of competently practicing medicine with a limited license. Citation: CME Rep. A, A-87Modified: Sunset Report, I-97Reaffirmation A-04Reaffirmed: CME Rep. 3, A-10 Reaffirmed: CME Rep. 6, A-12Reaffirmed: Res. 305, A-13Reaffirmed: BOT Rep. 3, I-14

**Implementing Electronic Medical Records H-478.993** - It is the policy of our AMA that public and private insurers should not require the use of electronic medical records. Citation: Sub. Res. 707, A-06Reaffirmed A-07Reaffirmed in lieu of Res. 237, A-12Reaffirmation A-14

**Allocation of Privileges to Use Health Care Technologies H-480.988** - The AMA (1) affirms the need for the Association and specialty societies to enhance their leadership role in providing guidance on the training, experience and knowledge necessary for the application of specific health care technologies; (2) urges physicians to continue to ensure that, for every patient, technologies will be utilized in the safest and most effective manner by health care professionals; and (3) asserts that licensure of physicians by states must be based on scientific and clinical criteria. Citation: BOT Rep. F, I-88Reaffirmed: CME Rep. 8, I-93Reaffirmed: CME Rep. 2, A-05Reaffirmed: CME Rep. 1, A-15