

## DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2017 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

### AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-17)

Report of Reference Committee B

Ralph J. Nobo, Jr., MD, Chair

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1 Your Reference Committee recommends the following consent calendar for acceptance:

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#### RECOMMENDED FOR ADOPTION

4

- 5 1. Board Report 6 - Electronically Prescribed Controlled Substances without Added
- 6 Processes
- 7 2. Resolution 215 - Relieve Burden for Living Organ Donors
- 8 3. Resolution 216 - Relationship with US Department of Health and Human
- 9 Services
- 10 4. Resolution 217 - Regulations Regarding Medical Tool and Instrument Repair
- 11 5. Resolution 222 - Appropriate Use of Objective Tests for Obstructive Sleep Apnea
- 12 6. Resolution 225 - Oppose Inclusion of Medicare Part B Drugs in QPP/MIPS
- 13 Payment Adjustment
- 14 7. Resolution 230 - Oppose Physician Assistant Independent Practice
- 15 8. Resolution 231 - Electronic Prescription Cancellation
- 16

#### RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

17

18

- 19 9. Resolution 220 - Preserving Protections of the Americans with Disabilities Act of
- 20 1990
- 21 10. Resolution 202 - Sexual Assault Survivors' Rights
- 22 11. Resolution 204 - EHR Vendors Responsible for Health Information Technology
- 23 12. Resolution 206 - Defending Federal Child Nutrition Programs
- 24 13. Resolution 209 - Government Mandated Sequester
- 25 14. Resolution 214 - Advanced Practice Registered Nurse Compact
- 26 15. Resolution 223 - Treating Opioid Use Disorder in Correctional Facilities
- 27 16. Resolution 224 - Modernizing Privacy Regulations for Addiction Treatment
- 28 Records
- 29 17. Resolution 227 - Communication and Resolution Program
- 30 18. Resolution 229 - Opposition to Licensing for Individuals Holding Degree of Doctor
- 31 of Medical Science
- 32 19. Resolution 232 - Presence and Enforcement Actions on Immigration and
- 33 Customs Enforcement (ICE) in Healthcare Facilities
- 34 20. Resolution 233 - Pharmacists Cannot and Should Not Be Making Medical
- 35 Decisions

- 1 21. Resolution 235 - AMA Advocacy Efforts for Emergency Medicaid Funding and  
2 Assistance - Puerto Rico  
3 22. Resolution 236 - Preserving Tax Deductibility of Student Loan Interest Payments  
4 and High Medical Expenses  
5

6 **RECOMMENDED FOR REFERRAL**  
7

- 8 23. Resolution 201 - Improving FDA Expedited Approval Pathways  
9 24. Resolution 203 - Bidirectional Communication for EHR Software and Pharmacies  
10 Resolution 205 - Health Plan, Pharmacy, Electronic Health Records Integration  
11 25. Resolution 207 - Redistribution of Unused Prescription Drugs to Pharmaceutical  
12 Donation and Reuse Programs  
13 26. Resolution 208 - Increased Use of Body-Worn Cameras by Law Enforcement  
14 Officers  
15 27. Resolution 211 - Exclusive State Control of Methadone Clinics  
16 28. Resolution 213 - Barriers to Price Transparency  
17 29. Resolution 218 - Health Information Technology Principles  
18 30. Resolution 226 - Prescription Drug Importation for Personal Use  
19

20 **RECOMMENDED FOR REFERRAL FOR DECISION**  
21

- 22 31. Resolution 234 - Health Insurance Company Purchase by Pharmacy Chains  
23 32. Resolution 237 - Implementation of Score Assessment for Cost Under MACRA  
24 MIPS

The following resolutions were included on the Reaffirmation Consent Calendar and were not addressed by the Reference Committee:

- Resolution 210 - Merit-Based Incentive Payment System and Small Practices
- Resolution 219 - Certified EMR Companies' Practice of Charging Fees for Regulatory Compliance
- Resolution 221 - House of Representative Bill HR 2077, Restoring the Patient's Voice Act of 2017
- Resolution 228 - Drug Discount Cards

1  
2 (1) BOARD OF TRUSTEES REPORT 6 - ELECTRONICALLY  
3 PRESCRIBED CONTROLLED SUBSTANCES WITHOUT  
4 ADDED PROCESSES

5  
6 RECOMMENDATION:

7  
8 Madam Speaker, your Reference Committee recommends  
9 that the recommendations of Board of Trustees Report 6  
10 be adopted and that the remainder of the report be filed.

11  
12 **HOD ACTION: Board of Trustees Report 6 adopted and the**  
13 **remainder of the report filed.**

14  
15 The Board of Trustees recommends that the following policies be amended and the  
16 remainder of the report be filed. That current AMA Policy D-120-956, "Electronic  
17 Prescribing and Conflicting Federal Guidelines" Our American Medical Association  
18 will continue to advocate before relevant federal and state agencies and legislative  
19 bodies for the elimination of address with the Centers for Medicare & Medicaid Services  
20 and the Drug Enforcement Administration the contradictory-cumbersome, confusing, and  
21 burdensome requirements-guidance, issued respectively by those two federal agencies,  
22 relating to electronic transmission of physicians' controlled substance prescriptions to  
23 pharmacies—commonly referred to as "~~e-prescribing~~" Electronic Prescribing for  
24 Controlled Substances (EPCS). This includes ~~for~~ Schedules II, III, IV, and V drugs, as  
25 those current guidelines add rather than reduce administrative paperwork and defeat the  
26 purpose of electronic handling of prescriptions (Modify Current HOD Policy). That  
27 current AMA Policy D-120.958, "Federal Roadblocks to E-Prescribing," Our AMA  
28 will ~~initiate discussions~~ work with the Centers for Medicare and Medicaid Services and  
29 states to remove or reduce barriers to electronic prescribing of both controlled  
30 substances and non-scheduled prescription drugs, including removal of the Medicaid  
31 requirement in all states that continue to mandate that physicians write, in their own  
32 hand, "brand medically necessary" or the equivalent on a paper prescription form. ~~2-~~ Our  
33 ~~AMA will initiate discussions with the Drug Enforcement Administration to allow~~  
34 ~~electronic prescribing of Schedule II prescription drugs.~~ It is AMA policy that physician  
35 Medicare or Medicaid payments not be reduced for non-adoption of ~~eE~~-prescribing. ~~34-~~  
36 Our AMA will work with the largest and nearly exclusive national electronic pharmacy  
37 network, all related state pharmacy regulators, and with federal and private entities to  
38 ensure universal acceptance by pharmacies of electronically transmitted prescriptions.  
39 ~~45-~~ Our AMA will advocate for appropriate financial and other incentives to physicians to  
40 facilitate electronic prescribing adoption. ~~56-~~ Our AMA will: (A) investigate work to  
41 substantially reduce regulatory burdens so that physicians may successfully submit  
42 electronic prescriptions for controlled substances; and ~~(B) work with the Centers for~~  
43 ~~Medicare & Medicaid Services to eliminate from any program (e.g., the Physician Quality~~  
44 ~~Reporting System, meaningful use, and e-prescribing) the requirement to electronically~~  
45 ~~prescribe controlled substances, until such time that the necessary protocols are in place~~  
46 ~~for electronic prescribing software vendors and pharmacy systems to comply.~~ ~~67-~~ Our  
47 AMA will work with representatives of pharmacies, pharmacy benefits managers, and  
48 software vendors to expand the ability to electronically prescribe all medications. ~~78-~~  
49 Our AMA will ~~petition~~ work with the Centers for Medicare & Medicaid Services and the  
50 federal government to have all pharmacies, including government pharmacies, accept e-

1 ~~prescriptions for prescription drugs or to temporarily halt the e-prescribing requirements~~  
2 ~~of meaningful use until this is accomplished (Modify Current HOD Policy) That current~~  
3 ~~AMA Policy H-120.957, "Prescription of Schedule II Medications by Fax and Electronic~~  
4 ~~Data Transmission," Our AMA: (1) encourages the Drug Enforcement Administration to~~  
5 ~~rewrite Section 1306 of Title 21 of the Code of Federal Regulations to support two factor~~  
6 ~~authentication that is easier to implement than the current DEA and EPCS security~~  
7 ~~requirements accommodate encrypted electronic prescriptions for Schedule II controlled~~  
8 ~~substances, as long as sufficient security measures are in place to ensure the~~  
9 ~~confidentiality and integrity of the information. (2) Our AMA supports the concept that~~  
10 ~~public key infrastructure (PKI) systems or other signature technologies designed to~~  
11 ~~accommodate electronic using prescriptions should be readily adaptable to current~~  
12 ~~computer systems, and should satisfy the criteria of privacy and confidentiality,~~  
13 ~~authentication, incorruptibility, and. (23) Because sufficient concerns exist about privacy~~  
14 ~~and confidentiality, authenticity, and other security measures, the AMA does not support~~  
15 ~~the use of "hard copy" facsimile transmissions as the original written prescription for~~  
16 ~~Schedule II controlled substances, except as currently allowed in Section 1306 of Title~~  
17 ~~21 of the Code of Federal Regulations (Modify Current HOD Policy).~~

18  
19 Your Reference Committee heard supportive testimony on Board Report 6. Your  
20 Reference Committee strongly agrees that the current Administration should take  
21 immediate steps to facilitate e-prescribing of controlled substances as detailed in the  
22 Board Report in order to curb diversion of opioids and other controlled substances as  
23 well as to streamline administrative paperwork burdens and to improve patient  
24 compliance and outcomes. Therefore, your Reference Committee recommends  
25 adoption of the Recommendations in Board Report 6 and that the remainder of the  
26 report be filed.

27  
28 (2) RESOLUTION 215 - RELIEVE BURDEN FOR LIVING  
29 ORGAN DONORS

30  
31 RECOMMENDATION:

32  
33 Madam Speaker, your Reference Committee recommends  
34 that Resolution 215 be adopted.

35  
36 **HOD ACTION: Resolution 215 adopted.**

37  
38 Resolution 215 asks that our American Medical Association amend Policy, H-370.965,  
39 "Removing Financial Barriers to Living Organ Donation," by addition and deletion as  
40 follows: Our AMA supports federal and state laws that remove financial barriers to living  
41 organ donation, such as: (1) provisions for expenses involved in the donation incurred by  
42 the organ donor, (2) providing access to health care coverage for any medical expense  
43 related to the donation, (3) prohibiting employment discrimination on the basis of living  
44 donor status, ~~and~~ (4) prohibiting the use of living donor status as the sole basis for  
45 denying health and life insurance coverage, and (5) provisions to encourage paid leave  
46 for organ donation (Modify Current HOD Policy); and be it further that our AMA support  
47 legislation expanding paid leave for organ donation. (New HOD Policy)

48  
49 Your Reference Committee heard overwhelmingly supportive testimony for Resolution  
50 215. Your Reference Committee heard testimony that direct costs to living organ donors

1 can be significant and it is critical to relieve the financial burden on donors. Your  
2 Reference Committee believes that adoption of the resolution would be consistent with  
3 current AMA policy to encourage removing financial barriers to living organ donation and  
4 on paid sick leave. Accordingly, your Reference Committee recommends adoption of  
5 Resolution 215.

6  
7 (3) RESOLUTION 216 - RELATIONSHIP WITH THE U.S.  
8 DEPARTMENT OF HEALTH AND HUMAN SERVICES

9  
10 RECOMMENDATION:

11  
12 Madam Speaker, your Reference Committee recommends  
13 that Resolution 216 be adopted.

14  
15 **HOD ACTION: Resolution 216 adopted.**

16  
17 Resolution 216 asks that our American Medical Association continue to consider and  
18 implement the most strategic and sustainable approaches to collaborate and engage  
19 with the US Department of Health and Human Services to: (1) advance and advocate for  
20 policies of importance to physicians and patients; (2) promote physician leadership in  
21 emerging health care organizational and reimbursement structures; and (3) enhance the  
22 opportunity for physician input. (Directive to Take Action)

23  
24 Your Reference Committee heard supportive testimony on Resolution 216. Your  
25 Reference Committee heard that our AMA is already doing significant work to advocate  
26 and advance policies of importance to physicians. Your Reference Committee also  
27 heard testimony that the AMA should continue to publicize the advocacy efforts it is  
28 taking on behalf of its members and the public. Your Reference Committee believes that  
29 our AMA should and will continue to engage with the U.S. Department of Health and  
30 Human Services to advance key policies for physicians, promote physician leadership in  
31 emerging health care structures, and enhance the opportunity for physician input.  
32 Therefore, your Reference Committee recommends adoption of Resolution 216.

33  
34 (4) RESOLUTION 217 - REGULATIONS REGARDING  
35 MEDICAL TOOL AND INSTRUMENT REPAIR

36  
37 RECOMMENDATION:

38  
39 Madam Speaker, your Reference Committee recommends  
40 that Resolution 217 be adopted.

41  
42 **HOD ACTION: Resolution 217 adopted.**

43  
44 Resolution 217 asks that our American Medical Association strongly oppose any rules  
45 or regulations regarding the repair or refurbishment of medical tools, equipment, and  
46 instruments that are not based on objective scientific data. (New HOD Policy)

47  
48 Your Reference Committee heard overwhelmingly supportive testimony on Resolution  
49 217 that oversight and regulation of medical devices, medical tools, and instrument  
50 repairs should be based on objective scientific data. Your Reference Committee agrees

1 that additional oversight or oversight modernization should be based on sound evidence  
2 of associated benefit and risk. Therefore, your Reference Committee recommends  
3 adoption of Resolution 217.

4  
5 (5) RESOLUTION 222 - APPROPRIATE USE OF  
6 OBJECTIVE TESTS FOR OBSTRUCTIVE SLEEP APNEA

7  
8 RECOMMENDATION:

9  
10 Madam Speaker, your Reference Committee recommends  
11 that Resolution 222 be adopted.

12  
13 **HOD ACTION: Resolution 222 adopted.**

14  
15 Resolution 222 asks that it be the policy of our American Medical Association that: (1)  
16 ordering and interpreting objective tests aiming to establish the diagnosis of obstructive  
17 sleep apnea (OSA) or primary snoring constitutes the practice of medicine; (2) the need  
18 for, and appropriateness of, objective tests for purposes of diagnosing OSA or primary  
19 snoring or evaluating treatment efficacy must be based on the patient's medical history  
20 and examination by a licensed physician; and (3) objective tests for diagnosing OSA and  
21 primary snoring are medical assessments that must be ordered and interpreted by a  
22 licensed physician. (New HOD Policy)

23  
24 Your Reference Committee heard limited but uniformly supportive testimony on  
25 Resolution 222. Your Reference Committee strongly agrees that a home sleep apnea  
26 test is a medical assessment that is inappropriate and dangerous for patient care to be  
27 ordered by a non-physician and used without physician oversight. Your Reference  
28 Committee also heard that the Council on Legislation as well as the Council on Medical  
29 Service would welcome advocacy in this area. Therefore, your Reference Committee  
30 recommends that Resolution 222 be adopted.

31  
32 (6) RESOLUTION 225 - OPPOSE INCLUSION OF  
33 MEDICARE PART B DRUGS IN QPP/MIPS PAYMENT  
34 ADJUSTMENT

35  
36 RECOMMENDATION:

37  
38 Madam Speaker, your Reference Committee recommends  
39 that Resolution 225 be adopted.

40  
41 **HOD ACTION: Resolution 225 adopted.**

42  
43 Resolution 225 asks that our American Medical Association continue work with impacted  
44 specialties to actively lobby the federal government to exclude Medicare Part B drug  
45 reimbursement from the Merit-Based Incentive Payment System (MIPS) payment  
46 adjustment as part of the Quality Payment Program (QPP). (Directive to Take Action)

47  
48 Your Reference Committee heard mixed testimony on Resolution 225. Your Reference  
49 Committee heard testimony that our AMA has existing policy, H-385.911, which asks our  
50 AMA to work with Congress and Centers for Medicare and Medicaid Services (CMS) to

1 exempt all Medicare Part B and Part D drug costs from any current and future resource  
2 use measurement mechanisms. In addition, your Reference Committee heard testimony  
3 that based on existing policy, our AMA has advocated Congress and CMS to remove  
4 Medicare Part B drugs from the Merit-Based Incentive Payment System (MIPS) payment  
5 adjustments. However, your Reference Committee also heard testimony that current  
6 AMA policy focuses on the removal of Medicare Part B drugs from the MIPS payment  
7 adjustment, and should be expanded to include the removal of Medicare Part B drugs  
8 from the calculation of physicians' cost performance category score. Therefore, your  
9 Reference Committee recommends adoption of Resolution 225.

10  
11 (7) RESOLUTION 230 - OPPOSE PHYSICIAN ASSISTANT  
12 INDEPENDENT PRACTICE

13  
14 RECOMMENDATION:

15  
16 Madam Speaker, your Reference Committee recommends  
17 that Resolution 230 be adopted.

18  
19 **HOD ACTION: Resolution 230 adopted.**

20  
21 Resolution 230 asks that our American Medical Association adopt policy to oppose  
22 legislation or regulation that allows physician assistant independent practice. (New HOD  
23 Policy)

24  
25 Your Reference Committee heard overwhelming testimony in support of Resolution 230.  
26 Your Reference Committee heard great concern that recent changes to physician  
27 assistant policy threaten to transform and further fragment the physician-led team model  
28 of care. Your Reference Committee also heard testimony clearly stating that it is  
29 inappropriate for physician assistants to practice without physician supervision,  
30 collaboration, or oversight. Your Reference Committee also heard testimony for the need  
31 to add this and other physician assistant scope of practice issues to the in-person  
32 meeting addressed subsequently in Item 14 of this report (Resolution 214). Instead of  
33 duplicating language here, your Reference Committee feels that the language proffered  
34 in Resolution 214 is sufficient to ensure inclusion of the issues at the in-person meeting.  
35 Your Reference Committee agrees that this Resolution provides a timely and necessary  
36 addition to AMA policy, and accordingly, recommends that Resolution 230 be adopted.

37  
38 (8) RESOLUTION 231 - ELECTRONIC PRESCRIPTION  
39 CANCELLATION

40  
41 RECOMMENDATION:

42  
43 Madam Speaker, your Reference Committee recommends  
44 that Resolution 231 be adopted.

45  
46 **HOD ACTION: Resolution 231 adopted.**

1 Resolution 231 asks that our American Medical Association support the creation,  
2 standardization, and implementation of electronic prescription cancellation from all  
3 electronic medical records vendors and that these orders be accepted by pharmacies  
4 and pharmacy benefit managers. (New HOD Policy)

5  
6 Your Reference Committee heard supportive testimony on Resolution 231. Your  
7 Reference Committee heard testimony promoting the use of electronic prescription  
8 cancellations to facilitate a more efficient system with fewer medication errors. Your  
9 Reference Committee also heard testimony that this Resolution builds on existing AMA  
10 policy on electronic prescribing and electronic medical records. Therefore, your  
11 Reference Committee recommends adoption of Resolution 231.

12  
13 (9) RESOLUTION 220 - PRESERVING PROTECTIONS OF  
14 THE AMERICANS WITH DISABILITIES ACT OF 1990

15  
16 RECOMMENDATION A:

17  
18 Madam Speaker, your Reference Committee recommends  
19 that the first Resolve in Resolution 220 be adopted.

20  
21 RECOMMENDATION B:

22  
23 Madam Speaker, your Reference Committee recommends  
24 that Policy H-90.971 be reaffirmed in lieu of the second  
25 Resolve in Resolution 220.

26  
27 **HOD ACTION: Resolution 220 adopted with addition of a**  
28 **third Resolve.**

29  
30 **RESOLVED, That our AMA develop educational tools and**  
31 **strategies to help physicians make their offices more**  
32 **accessible to persons with disabilities, consistent with the**  
33 **Americans With Disabilities Act (ADA) as well as any**  
34 **applicable state laws.**

35  
36 Resolution 220 asks that That our American Medical Association support legislative  
37 changes to the Americans with Disabilities Act of 1990, to educate state and local  
38 government officials and property owners on strategies for promoting access to persons  
39 with a disability (New HOD Policy); and be it further that our AMA oppose legislation  
40 amending the Americans with Disabilities Act of 1990, that would increase barriers for  
41 disabled persons attempting to file suit to challenge a violation of their civil rights. (New  
42 HOD Policy)

43  
44 Your Reference Committee heard mixed testimony on Resolution 220. Strong testimony  
45 was presented in favor of adopting the first Resolve that would, in part, amend the  
46 American with Disabilities Act (ADA) to require the Department of Justice to develop a  
47 program to educate state and local governments and property owners on strategies for  
48 promoting access for persons with a disability. Conflicting testimony was presented on  
49 the second Resolve. While your Reference Committee agrees “notice and cure”  
50 requirements could delay access to the courts for individuals with a disability to

1 challenge violations of the ADA, your Reference Committee is also concerned with  
2 adopting policy that could potentially result in meritless lawsuits against physicians.  
3 Your Reference Committee also believes that existing policy already covers the goal of  
4 the second Resolve. Accordingly, your Reference Committee recommends adoption of  
5 the first Resolve and reaffirmation of H-90.971, Enhancing Accommodations for People  
6 with Disabilities, in lieu of adoption of the second Resolve.

7  
8 H-90.971 Enhancing Accommodations for People with Disabilities

9 Our AMA encourages physicians to make their offices accessible to patients with  
10 disabilities, consistent with the Americans with Disabilities Act (ADA) guidelines.

11  
12 (10) RESOLUTION 202 - SEXUAL ASSAULT SURVIVORS'  
13 RIGHTS

14  
15 RECOMMENDATION A:

16  
17 Madam Speaker, your Reference Committee recommends  
18 that the first Resolve of Resolution 202 be amended by  
19 addition to read as follows:

20  
21 RESOLVED, That our American Medical Association  
22 advocate for the legal protection of sexual assault  
23 survivors' rights and work with state medical societies to  
24 ensure that each state implements these rights, which  
25 include but are not limited to, the right to: (1) receive a  
26 medical forensic examination free of charge, which  
27 includes but is not limited to HIV/STD testing and  
28 treatment, pregnancy testing, treatment of injuries, and  
29 collection of forensic evidence; (2) preservation of a sexual  
30 assault evidence collection kit for at least the maximum  
31 applicable statute of limitation; (3) notification of any  
32 intended disposal of a sexual assault evidence kit with the  
33 opportunity to be granted further preservation; (4) be  
34 informed of these rights and the policies governing the  
35 sexual assault evidence kit; and (5) access to emergency  
36 contraception information and treatment for pregnancy  
37 prevention. (New HOD Policy);

38  
39 RECOMMENDATION B:

40  
41 Madam Speaker, your Reference Committee recommends  
42 that Resolution 202 be adopted as amended.

43  
44 **HOD ACTION: Resolution 202 adopted as amended.**

1 RECOMMENDATION C:  
2

3 Madam Speaker, your Reference Committee recommends  
4 that Policy H-80.998 be amended by addition and deletion  
5 to read as follows:  
6

7 **HOD ACTION: Policy H-80.998 amended by addition and**  
8 **deletion to read as follows:**  
9

10 ~~Rape Victim~~ H-80.998 Sexual Assault Survivor Services  
11 The AMA supports the function and efficacy of ~~rape victim~~  
12 sexual assault survivor services, supports state adoption of  
13 the sexual assault survivor rights established in the  
14 Survivors' Bill of Rights Act of 2016, encourages ~~rape~~  
15 sexual assault crisis centers to continue working with local  
16 police to help ~~rape victims~~ sexual assault survivors, and  
17 encourages physicians to support the option of having a  
18 ~~rape victim~~ counselor present while the ~~victim~~ sexual  
19 assault survivor is receiving medical care.  
20

21 RECOMMENDATION D:  
22

23 Madam Speaker, your Reference Committee recommends  
24 that Policy H-80.999 be amended by addition and deletion  
25 to read as follows:  
26

27 **HOD ACTION: Policy H-80.999 amended by addition and**  
28 **deletion to read as follows:**  
29

30 ~~Rape Victims~~ H-80.999 Sexual Assault Survivors  
31 Our AMA supports the preparation and dissemination of  
32 information, and best practices intended to maintain and  
33 improve the skills needed by all practicing physicians  
34 involved in providing care to ~~rape victims~~ sexual assault  
35 survivors.  
36

37 Resolution 202 asks that our American Medical Association advocate for the legal  
38 protection of sexual assault survivors' rights and work with state medical societies to  
39 ensure that each state implements these rights, which include but are not limited to, the  
40 right to: (1) receive a medical forensic examination free of charge, which includes but is  
41 not limited to HIV/STD testing and treatment, pregnancy testing, treatment of injuries,  
42 and collection of forensic evidence; (2) preservation of a sexual assault evidence  
43 collection kit for at least the maximum applicable statute of limitation; (3) notification of  
44 any intended disposal of a sexual assault evidence kit with the opportunity to be granted  
45 further preservation; (4) be informed of these rights and the policies governing the  
46 sexual assault evidence kit (New HOD Policy); and be it further that our AMA collaborate  
47 with relevant stakeholders to develop recommendations for implementing best practices  
48 in the treatment of sexual assault survivors, including through engagement with the joint  
49 working group established for this purpose under the Survivor's Bill of Rights Act of  
50 2016. (Directive to Take Action)

1 Your Reference Committee heard broad support for the intent and goals of Resolution  
2 202. Testimony was strongly in favor of the sexual assault survivor protections  
3 established by the Survivors' Bill of Rights Act of 2016. Your Reference Committee  
4 agrees with testimony that the list of sexual assault survivors' rights ought to include the  
5 access to emergency contraception information and treatment for pregnancy prevention.  
6 This inclusion is consistent with existing AMA policy. Your Reference Committee also  
7 agrees with the testimony urging the amendment of existing policy allowing for changing  
8 circumstances as technology, public policy, and treatment for sexual assault survivors  
9 evolves. As a result, your Reference Committee recommends that Resolution 202 be  
10 adopted as amended and that AMA Policies H-80.998 and H-80.999 be adopted as  
11 amended.

12  
13 (11) RESOLUTION 204 - EHR VENDORS RESPONSIBLE  
14 FOR HEALTH INFORMATION TECHNOLOGY

15  
16 RECOMMENDATION A:

17  
18 Madam Speaker, your Reference Committee recommends  
19 that the first Resolve of Resolution 204 be amended by  
20 addition and deletion to read as follows:

21  
22 RESOLVED, That our AMA advocate that physicians are  
23 offered flexibility related to the adoption and use of new  
24 certified Electronic Health Records (EHRs) versions or  
25 editions when there is not a sufficient choice of EHR  
26 products that meet the specified certification standards.  
27 (Directive to Take Action); and be it further

28  
29 ~~RESOLVED, That our American Medical Association~~  
30 ~~petition the Centers for Medicare and Medicaid Services~~  
31 ~~(CMS) to require Electronic Health Record (EHR) vendors,~~  
32 ~~offering technology for physician use, meet all current~~  
33 ~~certification requirements as approved by the ONC's~~  
34 ~~Health IT Certification Program (Directive to Take Action);~~  
35 ~~and be it further~~

36  
37 RECOMMENDATION B:

38  
39 Madam Speaker, your Reference Committee recommends  
40 that the second Resolve of Resolution 204 be amended by  
41 addition and deletion to read as follows:

42  
43 ~~RESOLVED, That our AMA advocate that EHR vendors,~~  
44 ~~not physicians, not be financially penalized for certified~~  
45 ~~EHR technology not meeting current standards. (New HOD~~  
46 ~~Policy)~~

1 RECOMMENDATION C:  
2

3 Madam Speaker, your Reference Committee recommends  
4 that Resolution 204 be adopted as amended.  
5

6 **HOD ACTION: Resolution 204 adopted as amended.**  
7

8 Resolution 204 asks that our American Medical Association petition the Centers for  
9 Medicare and Medicaid Services (CMS) to require Electronic Health Record (EHR)  
10 vendors, offering technology for physician use, meet all current certification requirements  
11 as approved by the ONC's Health IT Certification Program (Directive to Take Action);  
12 and be it further that our AMA advocate that EHR vendors, not physicians, be financially  
13 penalized for EHR technology not meeting current standards. (New HOD Policy)  
14

15 Your Reference Committee heard generally supportive testimony for Resolution 204.  
16 Your Reference Committee heard testimony that physicians should not be penalized for  
17 EHR software defects and failure to maintain certification because physicians have no  
18 control over this process. Testimony was also given that the first Resolve is  
19 unnecessary because CMS already requires this certification. Your Reference  
20 Committee also heard testimony that Resolution 204 should provide flexibility to our  
21 AMA because this issue is ongoing with different programs and certifications. Therefore,  
22 your Reference Committee recommends that Resolution 204 should be amended to  
23 support the approach that our AMA has historically taken and found to be successful.  
24

25 (12) RESOLUTION 206 - DEFENDING FEDERAL CHILD  
26 NUTRITION PROGRAMS  
27

28 RECOMMENDATION A:  
29

30 Madam Speaker, your Reference Committee recommends  
31 that the first Resolve of Resolution 206 be amended by  
32 addition and deletion to read as follows:  
33

34 RESOLVED, That our American Medical Association  
35 oppose legislation and regulatory initiatives that reduces or  
36 eliminates access to federal child nutrition programs.  
37

38 RECOMMENDATION B:  
39

40 Madam Speaker, your Reference Committee recommends  
41 that Resolution 206 be adopted as amended.  
42

43 **HOD ACTION: Resolution 206 adopted as amended.**  
44

45 Resolution 206 asks that our American Medical Association oppose legislation that  
46 reduces or eliminates access to federal child nutrition programs (New HOD Policy); and  
47 be it further that our AMA reaffirm Policy H-150.962, "Quality of School Lunch Program."  
48 (Reaffirm HOD Policy)

1 Your Reference Committee heard overwhelmingly supportive testimony on Resolution  
2 206. Your Reference Committee agrees with testimony presented that, while our AMA  
3 has numerous policies related to nutrition for children in general and related specifically  
4 to standards for school meals and snacks, our AMA does not have policy covering  
5 efforts to reduce or eliminate federal child nutrition programs. Your Reference  
6 Committee believes that adoption of this resolution would be a positive addition to our  
7 AMA policy base. Your Reference Committee heard testimony recommending that the  
8 first Resolve could be strengthened by adding a reference to “regulatory initiatives.”  
9 Your Reference Committee agrees and therefore recommends that Resolution 206 be  
10 adopted as amended.

11  
12 (13) RESOLUTION 209 - GOVERNMENT MANDATED  
13 SEQUESTER

14  
15 RECOMMENDATION A:

16  
17 Madam Speaker, your Reference Committee recommends  
18 that Resolution 209 be amended by deletion to read as  
19 follows:

20  
21 RESOLVED, That our American Medical Association  
22 advocate to remove the sequester provision for ~~Part B~~  
23 Medicare reimbursement.

24  
25 RECOMMENDATION B:

26  
27 Madam Speaker, your Reference Committee recommends  
28 that Resolution 209 be adopted as amended.

29  
30 **HOD ACTION: Resolution 209 adopted as amended.**

31  
32 Resolution 209 asks that our American Medical Association advocate to remove the  
33 sequester provision for Part B Medicare reimbursement. (Directive to Take Action)

34  
35 Your Reference Committee heard mixed testimony on Resolution 209. Many  
36 commenters agreed with the intent of this Resolution. Your Reference Committee heard  
37 supportive testimony that our AMA has previously engaged in advocacy on this issue  
38 and should continue to oppose the sequester. However, your Reference Committee  
39 also heard testimony that the Resolution should be amended to include all Medicare  
40 reimbursement affected by sequestration cuts, not just Medicare Part B reimbursement.  
41 Your Reference Committee agrees that Resolution 209 should be amended to include all  
42 Medicare reimbursement. Therefore, your Reference Committee recommends that  
43 Resolution 209 be adopted as amended.

1 (14) RESOLUTION 214 - ADVANCED PRACTICE  
2 REGISTERED NURSE COMPACT  
3

4 RECOMMENDATION A:  
5

6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 214 be amended by addition and deletion  
8 to read as follows:  
9

10 RESOLVED,—That our American Medical Association  
11 convene an in-person meeting of relevant physician  
12 stakeholders to initiate a national strategy to address the  
13 APRN (Advanced Practice Registered Nurses) Compact.  
14 creation of a consistent national strategy (consensus  
15 principles of agreement/solutions, model legislation,  
16 national and state public relations campaigns) purposed to:  
17 (1) Effectively oppose the continual, nationwide efforts to  
18 grant independent practice (e.g., APRN Consensus Model,  
19 APRN Compact) to non-physician practitioners (~~APRN,~~  
20 ~~physician assistant, Doctor of Medical Science, Advance~~  
21 ~~Practice Respiratory Therapists, etc.); (2) Effectively~~  
22 educate the public, legislators, regulators, and healthcare  
23 administrators; and (3) Effectively oppose state and  
24 national level legislative efforts aimed at inappropriate  
25 scope of practice expansion of non-physician healthcare  
26 practitioners; with report back at the 2018 Annual Meeting.  
27 (Directive to Take Action)  
28

29 RECOMMENDATION B:  
30

31 Madam Speaker, your Reference Committee recommends  
32 that Resolution 214 be adopted as amended.  
33

34 **HOD ACTION: Resolution 214 adopted as amended.**  
35

36 RECOMMENDATION C:  
37

38 Madam Speaker, your Reference Committee recommends  
39 that AMA Policy H-35.988 be amended by addition and  
40 deletion to read as follows:  
41

42 **HOD ACTION: AMA Policy H-35.988 amended by addition**  
43 **and deletion to read as follows:**  
44

45 H-35.988 Independent Practice of Medicine by "Nurse  
46 Practitioners" Advanced Practice Registered Nurses  
47 The Our AMA, in the public interest, opposes enactment of  
48 legislation to authorize the independent practice of  
49 medicine by any individual who has not completed the  
50 state's requirements for licensure to engage in the practice

1 of medicine and surgery in all of its branches. Our AMA  
2 opposes enactment of the Advanced Practice Registered  
3 Nurse (APRN) Multistate Compact, due to the potential of  
4 the APRN Compact to supersede state laws that require  
5 APRNs to practice under physician supervision,  
6 collaboration or oversight.  
7

8 Resolution 214 asks that our American Medical Association convene an in-person  
9 meeting of relevant stakeholders to initiate a national strategy to address the APRN  
10 (Advanced Practice Registered Nurses) Compact. (Directive to Take Action)  
11

12 Your Reference Committee heard strong and nearly unanimous testimony in support of  
13 the intent of Resolution 214. Your Reference Committee heard strong testimony in  
14 opposition to the independent practice of advanced practice nurses (APRNs) and the  
15 APRN Multistate Compact (APRN Compact), which would allow APRNs with a multistate  
16 license to practice without supervision, collaboration, or oversight in any APRN Compact  
17 state. Since 2016, the APRN Compact has been enacted in three states and has yet to  
18 reach the threshold of 10 states necessary for the Compact to activate.  
19

20 Your Reference Committee agrees that the original language of Resolution 214 needs to  
21 be strengthened. Your Reference Committee believes that the recommendation offered  
22 by the Council on Legislation, to amend existing AMA Policy H-35.988 to include AMA  
23 opposition to the APRN Compact, accomplishes that goal.  
24

25 Your Reference Committee also heard overwhelming testimony in support of an AMA  
26 convened in-person meeting of relevant physician stakeholders to initiate creation of a  
27 consistent national strategy purposed to (1) effectively oppose the continual, nationwide  
28 efforts to grant independent practice (e.g., APRN Consensus Model, APRN Compact) to  
29 non-physician practitioners (APRN, physician assistant, Doctor of Medical Science,  
30 Advance Practice Respiratory Therapists, etc.); (2) effectively educate the public,  
31 legislators, regulators and healthcare administrators; and (3) effectively oppose state  
32 and national level legislative efforts aimed at inappropriate scope of practice expansion  
33 of non-physician healthcare practitioners. Your Reference Committee will note that this  
34 meeting should include the issues raised in Resolutions 229 and 230 related to  
35 physician assistant scope of practice and indicated as such in our discussions related to  
36 these resolutions as well. Your Reference Committee, therefore, recommends that  
37 Resolution 214 be adopted as amended and that AMA Policy H-35.988 be amended.  
38  
39

40 (15) RESOLUTION 223 - TREATING OPIOID USE DISORDER  
41 IN CORRECTIONAL FACILITIES  
42

43 RECOMMENDATION A:  
44

45 Madam Speaker, your Reference Committee recommends  
46 that the first Resolve of Resolution 223 be amended by  
47 addition to read as follows:  
48

49 RESOLVED, That our American Medical Association  
50 advocate for legislation, standards, policies and funding

1 that encourage correctional facilities to increase access to  
2 evidence-based treatment of opioid use disorder, including  
3 initiation and continuation of opioid replacement therapy in  
4 conjunction with counseling, in correctional facilities within  
5 the United States and that this apply to all incarcerated  
6 individuals including pregnant women. (New HOD Policy)  
7

8 RECOMMENDATION B:  
9

10 Madam Speaker, your Reference Committee recommends  
11 that the second Resolve of Resolution 223 be amended by  
12 addition and deletion to read as follows:  
13

14 RESOLVED, That our AMA support legislation, standards,  
15 policies, and funding that encourage correctional facilities  
16 within the United States to work in ongoing collaboration  
17 with addiction treatment ~~providers~~ physician-led teams,  
18 case managers, social workers, and pharmacies in the  
19 communities where patients, including pregnant women,  
20 are released to offer post-incarceration treatment plans for  
21 opioid use disorder, including education, medication for  
22 addiction treatment and counseling, and medication for  
23 preventing overdose deaths and help ensure post-  
24 incarceration medical coverage and accessibility to  
25 medication assisted therapy. (New HOD Policy)  
26

27 RECOMMENDATION C:  
28

29 Madam Speaker, your Reference Committee recommends  
30 that a Resolution 223 be adopted as amended.  
31

32 **HOD ACTION: Resolution 223 adopted as amended.**  
33

34 Resolution 223 asks that our American Medical Association advocate for legislation,  
35 standards, policies and funding that encourage correctional facilities to increase access  
36 to evidence-based treatment of opioid use disorder, including initiation and continuation  
37 of opioid replacement therapy, in correctional facilities within the United States (New  
38 HOD Policy); and be it further that our AMA support legislation, standards, policies and  
39 funding that encourage correctional facilities within the United States to work in ongoing  
40 collaboration with addiction treatment providers, case managers, social workers, and  
41 pharmacies in the communities where patients are released to offer post-incarceration  
42 treatment plans for opioid use disorder, including education, medication for addiction  
43 treatment, and medication for preventing overdose deaths. (New HOD Policy)  
44

45 Your Reference Committee heard strong support for ensuring patients have access to  
46 evidence-based treatment for opioid use disorder whether in prison, upon release from  
47 prison, and continuing beyond the initial entry or release. Your Reference Committee  
48 heard testimony that called for substituting the term “provider” with “physician-led  
49 teams,” as well as testimony that noted the need for initiation and continuation of opioid  
50 replacement therapy to be in conjunction with counseling. Finally, we also heard that

1 pregnant women are often overlooked in this debate and therefore, need to be explicitly  
2 identified in Resolution 223. For these reasons, your Reference Committee recommends  
3 that Resolution 223 be adopted as amended.

4  
5 (16) RESOLUTION 224 - MODERNIZING PRIVACY  
6 REGULATIONS FOR ADDICTION TREATMENT  
7 RECORDS

8  
9 RECOMMENDATION A:

10  
11 Madam Speaker, your Reference Committee recommends  
12 that the first Resolve of Resolution 224 be amended by  
13 addition and deletion to read as follows:

14  
15 RESOLVED, That our American Medical  
16 Association ~~seek~~support regulatory and legislative  
17 changes that better balance patients' privacy protections  
18 against the need for health professionals to be able to offer  
19 appropriate medical services to patients with substance  
20 use disorders (Directive to Take Action); and be it further

21  
22 RECOMMENDATION B:

23  
24 Madam Speaker, your Reference Committee recommends  
25 that the second Resolve of Resolution 224 be amended by  
26 addition and deletion to read as follows:

27  
28 RESOLVED, That our AMA ~~seek~~support regulatory and  
29 legislative changes that enable physicians to fully  
30 collaborate with all clinicians involved in providing health  
31 care services to patients with substance use disorders  
32 (Directive to Take Action); and be it further

33  
34 RECOMMENDATION C:

35  
36 Madam Speaker, your Reference Committee recommends  
37 that Resolution 224 be adopted as amended.

38  
39 **HOD ACTION: Resolution 224 adopted as amended.**

40  
41 Resolution 224 asks that our American Medical Association seek regulatory and  
42 legislative changes that better balance patients' privacy protections against the need for  
43 health professionals to be able to offer appropriate medical services to patients with  
44 substance use disorders (Directive to Take Action); and be it further that our AMA seek  
45 regulatory and legislative changes that enable physicians to fully collaborate with all  
46 clinicians involved in providing health care services to patients with substance use  
47 disorders (Directive to Take Action); and be it further that our AMA support continued  
48 protections against the unauthorized disclosure of substance use disorder treatment  
49 records outside the healthcare system. (New HOD Policy)

1 Your Reference Committee heard supportive testimony on Resolution 224. Your  
2 Reference Committee heard there is a need to establish a better balance between the  
3 privacy rights of patients with substance use disorders and the need for health  
4 professionals treating such patients to be fully informed about their patients' medical  
5 background, including whether they have a history of, or are currently being treated for,  
6 substance use disorders. Your Reference Committee also heard support for an  
7 amendment to change the directive in resolves one and two from "seek" to "support."  
8 Your Reference Committee believes that a slight modification to the language in  
9 resolves one and two would clarify the directives to our AMA. Therefore, your Reference  
10 Committee recommends adoption of Resolution 224 as amended.

11  
12 (17) RESOLUTION 227 - COMMUNICATION AND  
13 RESOLUTION PROGRAM

14  
15 RECOMMENDATION A:

16  
17 Madam Speaker, your Reference Committee recommends  
18 that Resolution 227 be amended by addition and deletion  
19 to read as follows.

20  
21 RESOLVED, That our American Medical  
22 Association ~~urgently research~~ support  
23 early the Communication and Resolution Programs as a  
24 viable option to settle disputes, prior to litigation. (Directive  
25 to Take Action)

26  
27 RECOMMENDATION B:

28  
29 Madam Speaker, your Reference Committee recommends  
30 that Resolution 227 be adopted as amended.

31  
32 **HOD ACTION: Resolution 227 adopted as amended.**

33  
34 Resolution 227 asks that our American Medical Association urgently research the  
35 Communication and Resolution Program as a viable option to settle disputes, prior to  
36 litigation. (Directive to Take Action)

37  
38 Your Reference Committee heard supportive testimony on Resolution 227. Your  
39 Reference Committee agrees with testimony presented that early communication and  
40 resolution programs are an effective way to learn from medical errors and near misses,  
41 enhance patient safety, and improve the liability system. Your Reference Committee  
42 also heard that multiple studies have already shown the benefits of this early  
43 communication and that our AMA does not need to conduct a study to demonstrate  
44 effectiveness. Therefore, your Reference Committee recommends that Resolution 227  
45 be amended and adopted to demonstrate our AMA's support of early communication  
46 and resolution programs.

1 (18) RESOLUTION 229 - OPPOSITION TO LICENSING FOR  
2 INDIVIDUALS HOLDING DEGREE OF DOCTOR OF  
3 MEDICAL SCIENCE  
4

5 RECOMMENDATION A:  
6

7 Madam Speaker, your Reference Committee recommends  
8 that Resolution 229 be amended by addition and deletion  
9 to read as follows:  
10

11 RESOLVED, That our American Medical Association  
12 ~~develop model legislation for states that would~~ oppose the  
13 holders of the degree of Doctor of Medical Science from  
14 being recognized as a new category of health care  
15 practitioners licensed for the independent practice of  
16 medicine, and work with interested state medical  
17 associations and national medical specialty societies to  
18 oppose legislation to create a Doctor of Medical Science  
19 license. (Directive to Take Action)  
20

21 RECOMMENDATION B:  
22

23 Madam Speaker, your Reference Committee recommends  
24 that Resolution 229 be adopted as amended.  
25

26 **HOD ACTION: Resolution 229 adopted as amended.**  
27

28 Resolution 229 asks that our American Medical Association develop model legislation for  
29 states that would oppose the holders of the degree of Doctor of Medical Science from  
30 being recognized as a new category of health care practitioners licensed for the  
31 independent practice of medicine. (Directive to Take Action)  
32

33 Your Reference Committee heard testimony overwhelmingly in support of the spirit of  
34 this resolution and in opposition to legislation that would create a Doctor of Medical  
35 Science (DMS), an advanced physician assistant degree that would allow these  
36 practitioners to practice independently. Your Reference Committee heard that our AMA,  
37 through its Advocacy Resource Center, has been working to educate our Federation  
38 partners, including state and specialty societies, about this new proposal, and has been  
39 working hand-in-hand with the medical associations in those states that have considered  
40 DMS legislation. This work has led to the defeat of every piece of DMS legislation  
41 proposed so far. Testimony strongly suggested that continuing this work is a more  
42 appropriate and effective course of action than developing model legislation to prohibit  
43 the DMS, and that introduction of preventive model legislation may in fact bring more  
44 attention to the DMS than is warranted. Your Reference Committee agrees with the  
45 proposed amendment proffered by the Council on Legislation to that effect. Your  
46 Reference Committee also heard testimony for the need to add this and other physician  
47 assistant scope of practice issues to the in-person meeting addressed earlier in our  
48 discussion of Item 14 (Resolution 214). Instead of duplicating language here, your  
49 Reference Committee feels that the language proffered in Resolution 214 is sufficient to

1 ensure inclusion of the issues at the in-person meeting. As such, your Reference  
2 Committee recommends that Resolution 229 be adopted as amended.

3  
4 (19) RESOLUTION 232 - PRESENCE AND ENFORCEMENT  
5 ACTIONS ON IMMIGRATION AND CUSTOMS  
6 ENFORCEMENT IN HEALTHCARE FACILITIES

7  
8 RECOMMENDATION A:

9  
10 Madam Speaker, your Reference Committee recommends  
11 that the fourth Resolve be amended by addition as follows:

12  
13 RESOLVED, That our AMA oppose the presence of ICE  
14 enforcement at healthcare facilities in non-exigent  
15 circumstances. (New HOD Policy)

16  
17 RECOMMENDATION B:

18  
19 Madam Speaker, your Reference Committee recommends  
20 that Resolution 232 be adopted as amended.

21  
22 **HOD ACTION: Resolution 232 adopted.**

23  
24 Resolution 232 asks that our American Medical Association advocate for and support  
25 legislative efforts to designate healthcare facilities as sensitive locations by law (New  
26 HOD Policy); and be it further, that our AMA work with appropriate stakeholders to  
27 educate medical providers on the rights of undocumented patients while receiving  
28 medical care, and the designation of healthcare facilities as sensitive locations where  
29 U.S. Immigration and Customs Enforcement (ICE) enforcement actions should not occur  
30 (Directive to Take Action); and be it further, that our AMA encourage healthcare facilities  
31 to clearly demonstrate and promote their status as sensitive locations (New HOD  
32 Policy); and be it further, that our AMA oppose the presence of ICE enforcement at  
33 healthcare facilities. (New HOD Policy)

34  
35 Your Reference Committee heard mixed testimony on Resolution 232. Your Reference  
36 Committee heard testimony that ICE enforcement actions in medical facilities disrupt the  
37 physician-patient relationship and threaten public safety. Testimony further stated that it  
38 is important for both health care providers and their patients to know their legal rights  
39 when encountering law enforcement and ICE agents. Your Reference Committee also  
40 heard that the fourth Resolve is too broad and does not account for circumstances  
41 where ICE might have a legitimate reason to be present at health care facilities, such as  
42 in the interest of national security or if other law enforcement actions have led officers to  
43 a medical facility. Therefore, your Reference Committee recommends amending  
44 Resolution 232 to reflect these concerns.

1 (20) RESOLUTION 233 - PHARMACISTS CANNOT AND  
2 SHOULD NOT BE MAKING MEDICAL DECISIONS  
3

4 RECOMMENDATION A:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Policies H-120.947 and D-35.981 be reaffirmed in lieu  
8 of the first Resolve.  
9

10 RECOMMENDATION B:

11  
12 Madam Speaker, your Reference Committee recommends  
13 that the second Resolve be amended by addition and  
14 deletion to read as follows:  
15

16 RESOLVED, That our AMA work with pharmacy benefit  
17 managers, payers, relevant pharmacy associations, and  
18 stakeholders to: (a) identify the impact on patients of  
19 policies that restrict prescriptions to ensure access to care  
20 and urge that these policies receive the same notice and  
21 public comment as any other significant policy affecting the  
22 practice of pharmacy and medicine, and (b) prohibit  
23 pharmacy actions that are unilateral medical  
24 decisions seek out those bodies overseeing the nation's  
25 pharmacies and advocate that actions be taken to prohibit  
26 pharmacists from making medical decisions outside the  
27 scope of their practice; (Directive to Take Action) and be it  
28 further  
29

30 RECOMMENDATION C:

31  
32 Madam Speaker, your Reference Committee recommends  
33 that Resolution 233 be adopted as amended.  
34

35 RECOMMENDATION D:

36  
37 Madam Speaker, your Reference Committee recommends  
38 that the title of Resolution 233 be changed to read as  
39 follows:  
40

41 EVALUATING ACTIONS BY PHARMACY BENEFIT  
42 MANAGER AND PAYER POLICIES ON PATIENT CARE  
43

44 **HOD ACTION: Resolution 233 adopted as amended with a**  
45 **change in title.**  
46

47 Resolution 233 asks that our American Medical Association (AMA) take steps to  
48 implement AMA Policies H-120.947 and D-35.981 that prescriptions must be filled as  
49 ordered by physicians or other duly authorized/licensed persons, including the quantity  
50 ordered. (Directive to Take Action); and be it further, that our AMA seek out those bodies

1 overseeing the nation's pharmacies and advocate that actions be taken to prohibit  
2 pharmacists from making medical decisions outside the scope of their practice;  
3 (Directive to Take Action) and be it further, that our AMA report back at the 2018 Annual  
4 Meeting on actions taken to preserve the purview of physicians in prescription origination  
5 at A-18. (Directive to Take Action)  
6

7 Your Reference Committee heard mixed testimony on Resolution 233. Your Reference  
8 Committee heard testimony that implementing policies to restrict prescriptions without  
9 any regulatory notice or comment is a concern with all pharmacy benefit managers and  
10 payers. Your Reference Committee also heard that we need to have increased scrutiny  
11 on behalf of patients to evaluate the actions by Pharmacy Benefit Managers and payers.  
12 In order to address these concerns, your Reference Committee heard testimony that our  
13 AMA should work with all relevant stakeholders to discuss these issues and how they  
14 impact patient access to care. Furthermore, testimony stated that our AMA already has  
15 strong policy regarding the filling of prescriptions as ordered by physicians. Therefore,  
16 your Reference Committee recommends that the existing policy be reaffirmed in lieu of  
17 the first Resolve, that the second Resolve be adopted as amended, that the third  
18 Resolve be adopted, and that the title of Resolution 233 be changed.  
19

#### 20 H-120.947 Preserving Patients' Ability to Have Legally Valid Prescriptions Filled

21 1. Our AMA reaffirms our policies supporting responsibility to the patient as  
22 paramount in all situations and the principle of access to medical care for all  
23 people; and supports legislation that requires individual pharmacists or pharmacy  
24 chains to fill legally valid prescriptions or to provide immediate referral to an  
25 appropriate alternative dispensing pharmacy without interference. In the event  
26 that an individual pharmacist or pharmacy chain refers a patient to an alternative  
27 dispensing source, the individual pharmacist or the pharmacy chain should return  
28 the prescription to the patient and notify the prescribing physician of the referral.

29 2. Our AMA supports the concept of advance prescription for emergency  
30 contraception for all women in order to ensure availability of emergency  
31 contraception in a timely manner.  
32

#### 33 D-35.981 AMA Response to Pharmacy Intrusion Into Medical Practice

34 1. Our AMA deems inappropriate inquiries from pharmacies to verify the medical  
35 rationale behind prescriptions, diagnoses and treatment plans to be an  
36 interference with the practice of medicine and unwarranted.

37 2. Our AMA will work with pharmacy associations such as the National  
38 Association of Chain Drug Stores to engage with the Drug Enforcement  
39 Administration, the federal Department of Justice, and other involved federal  
40 regulators and stakeholders, for the benefit of patients, to develop appropriate  
41 policy for pharmacists to work with physicians in order to reduce the incidence of  
42 drug diversion and inappropriate dispensing.

43 3. If the inappropriate pharmacist prescription verification requirements and  
44 inquiry issues are not resolved promptly, our AMA will advocate for legislative  
45 and regulatory solutions to prohibit pharmacies and pharmacists from denying  
46 medically necessary and legitimate therapeutic treatments to patients.

1 (21) RESOLUTION 235 – AMA ADVOCACY EFFORTS FOR  
2 EMERGENCY MEDICAID FUNDING AND ASSISTANCE  
3 – PUERTO RICO  
4

5 RECOMMENDATION A:  
6

7 Madam Speaker, your Reference Committee recommends  
8 that first Resolve of Resolution 235 be amended by  
9 addition and deletion to read as follows:  
10

11 RESOLVED, That our American Medical Association urge  
12 and advocate the U.S. Congress to quickly pass legislation  
13 to adequately fund Puerto Rico's and the U.S. Virgin  
14 Island's Medicaid Programs of roughly \$1.6 billion over five  
15 years (Directive to Take Action); and be it further,  
16

17 RECOMMENDATION B:  
18

19 Madam Speaker, your Reference Committee recommends  
20 that second Resolve of Resolution 235 be amended by  
21 addition to read as follows:  
22

23 RESOLVED, That our AMA urge and advocate for the  
24 Centers for Medicare and Medicaid Services to implement  
25 temporary emergency regulatory Medicare and Medicaid  
26 funding waivers to help restore access to health care  
27 services in Puerto Rico and the U.S. Virgin Islands.  
28

29 RECOMMENDATION C:  
30

31 Madam Speaker, your Reference Committee recommends  
32 that Resolution 235 be adopted as amended.  
33

34 RECOMMENDATION D:  
35

36 Madam Speaker, your Reference Committee recommends  
37 that the title of Resolution 235 be changed to read as  
38 follows:  
39

40 AMA ADVOCACY EFFORTS FOR EMERGENCY  
41 MEDICAID FUNDING AND ASSISTANCE – PUERTO  
42 RICO AND THE U.S. VIRGIN ISLANDS  
43

44 **HOD ACTION: Resolution 235 adopted as amended with a**  
45 **change in title.**  
46

47 Resolution 235 asks that that the American Medical Association urge and advocate the  
48 U.S. Congress to quickly pass legislation to fund Puerto Rico's Medicaid Program of  
49 roughly \$1.6 billion over five years (Directive to Take Action); and be it further, that our  
50 AMA urge and advocate for the Centers for Medicare and Medicaid Services to

1 implement temporary emergency regulatory Medicare and Medicaid funding waivers to  
2 help restore access to health care services in Puerto Rico. (Directive to Take Action).

3  
4 Your Reference Committee heard overwhelmingly supportive testimony of Resolution  
5 235. Your Reference Committee heard testimony that federal funding for Puerto Rico's  
6 Medicaid program provides support for the medical and public health needs of its  
7 residents in the aftermath of Hurricanes Irma and Maria. Your Reference Committee  
8 also heard testimony that the U.S. Virgin Islands should also be included in providing  
9 additional Medicaid funding. Your Reference Committee further heard testimony that  
10 removing specific dollar figures from the first Resolve would provide our AMA with  
11 flexibility to support funding of Puerto Rico's and the U.S. Virgin Islands' Medicaid  
12 programs. Therefore, your Reference Committee recommends amending and changing  
13 the title of Resolution 235.

14  
15 (22) RESOLUTION 236 - PRESERVING TAX DEDUCTIBILITY  
16 OF STUDENT LOAN INTEREST PAYMENTS AND HIGH  
17 MEDICAL EXPENSES

18  
19 RECOMMENDATION A:

20  
21 Madam Speaker, your Reference Committee recommends  
22 that Resolution 236 be amended by deletion as follows:

23  
24 RESOLVED, That our American Medical Association  
25 immediately and strongly urge Congress to preserve the  
26 tax deductibility of student loan interest payments ~~and high~~  
27 ~~medical expenses~~ in any tax reform legislation ~~that will be~~  
28 ~~considered and voted on by the House and Senate.~~

29  
30 RECOMMENDATION B:

31  
32 Madam Speaker, your Reference Committee recommends  
33 that Resolution 236 be amended by addition of a second  
34 Resolve to read as follows:

35  
36 RESOLVED, That our American Medical Association  
37 immediately and strongly urge Congress to preserve the  
38 tax deductibility of high medical expenses in any tax reform  
39 legislation.

40  
41 RECOMMENDATION C:

42  
43 Madam Speaker, your Reference Committee recommends  
44 that Resolution 236 be amended by addition of a third  
45 Resolve to read as follows:

46  
47 RESOLVED, That our American Medical Association  
48 immediately and strongly urge Congress to maintain the  
49 tax-exempt status of tuition waivers and relevant  
50 scholarships in any tax reform legislation.

1 RECOMMENDATION D:  
2

3 Madam Speaker, your Reference Committee recommends  
4 that Resolution 236 be adopted as amended.  
5

6 **HOD ACTION: Resolution 236 adopted as amended.**  
7

8 Resolution 236 asks that our American Medical Association will immediately and  
9 strongly urge Congress to preserve the tax deductibility of student loan interest  
10 payments and high medical expenses in any tax reform legislation that will be  
11 considered and voted on by the House and Senate. (Directive to Take Action)  
12

13 Your Reference Committee heard strong support for Resolution 236. Your Reference  
14 Committee heard testimony that potential changes to the tax code could have an  
15 adverse affect on medical students, residents, and practicing physicians in student debt  
16 and also adversely affect patients in need of extended medical care. Your Reference  
17 Committee heard testimony that our AMA should also advocate to maintain tuition  
18 waivers and scholarships in any tax reform legislation. For clarification purposes, your  
19 Reference Committee split Resolution 236 with amendments into three separate  
20 Resolve clauses. Therefore, your Reference Committee recommends that Resolution  
21 236 is adopted as amended.  
22

23 (23) RESOLUTION 201 - IMPROVING FDA EXPEDITED  
24 APPROVAL PATHWAYS  
25

26 RECOMMENDATION:  
27

28 Madam Speaker, your Reference Committee recommends  
29 that Resolution 201 be referred.  
30

31 **HOD ACTION: Resolution 201 referred.**  
32

33 Resolution 201 asks that our American Medical Association work with U.S. Food and  
34 Drug Administration (FDA) and other interested stakeholders to design and implement  
35 via legislative action (including ensuring appropriate FDA staffing) a process by which  
36 drugs which obtain FDA approval via the Fast Track, Accelerated Approval, or  
37 Breakthrough Therapy pathways be granted FDA approval on a temporary basis not to  
38 exceed 5 years, pending further evidence of safety and efficacy that is at the level set for  
39 the standard drug approval process (Directive to Take Action); and be it further that our  
40 AMA work with the FDA and other interested stakeholders in improving the process by  
41 which drugs are selected for the expedited pathway to improve the prevalence of these  
42 drugs that are classified as “specialty drugs.” (Directive to Take Action)  
43

44 Your Reference Committee heard testimony that was supportive of the goals of  
45 Resolution 201. Your Reference Committee also heard testimony that this issue may  
46 require further study, including addressing outstanding questions on the relative merit of  
47 the four different programs that offer flexibility to expedite drugs. Your Reference  
48 Committee strongly believes that it is essential to conduct research and gather additional  
49 information on the relative benefits and costs associated with each program and the  
50 overall outcomes of each program before congressional or regulatory efforts are

1 initiated. Therefore, your Reference Committee recommends referral of Resolution 201  
2 for report.

3  
4 (24) RESOLUTION 203 - BIDIRECTIONAL COMMUNICATION  
5 FOR EHR SOFTWARE AND PAHRMACIES  
6 RESOLUTION 205 - HEALTH PLAN, PHARMACY,  
7 ELECTRONIC HEALTH RECORDS INTEGRATION  
8

9 RECOMMENDATION:

10  
11 Madam Speaker, your Reference Committee recommends  
12 that Resolutions 203 and 205 be referred with a report  
13 back at the 2018 Annual Meeting.  
14

15 **HOD ACTION: Resolutions 203 and 205 referred with a**  
16 **report back at the 2018 Annual Meeting.**  
17

18 Resolution 203 asks that our American Medical Association engage the American  
19 Pharmacy Association, and any other relevant stakeholders, to encourage both  
20 Electronic Health Record (EHR) and pharmacy software vendors to have bidirectional  
21 communication for an accurate and current medication list in the patient's EHR. (New  
22 HOD Policy)  
23

24 Resolution 205 asks that our American Medical Association advocate that health plans,  
25 pharmacies, and EHR vendors integrate their technology programs so that physicians  
26 have current and real time access to covered medications for patients within a specific  
27 health plan (New HOD Policy); and be it further that our AMA advocate that health plans  
28 make patient cost information readily available via this technology so that physicians and  
29 their patients may work together to choose the most cost-effective medically appropriate  
30 medication for patient care. (New HOD Policy)  
31

32 Your Reference Committee heard supportive testimony on Resolutions 203 and 205.  
33 Testimony in support of Resolutions 203 and 205 stated that real-time benefit checks are  
34 already being incorporated into some EHRs; however, this development needs to ensure  
35 accurate and current communication. Your Reference Committee also heard testimony  
36 about the importance of multidirectional communications and that this communication  
37 should include both prescription drugs and vaccinations. Your Reference Committee  
38 also heard testimony that a substantially similar resolution was referred for report back at  
39 Annual 2018 (219-A-17). Your Reference Committee believes that this issue would  
40 benefit from further study into feasibility and current practices, as well as potential  
41 implications on physician practice. Therefore, your Reference Committee recommends  
42 that Resolutions 203 and 205 be referred for report back at Annual 2018 with Resolution  
43 219-A-17.

1 (25) RESOLUTION 207 - REDISTRIBUTION OF UNUSED  
2 PRESCRIPTION DRUGS TO PHARMACEUTICAL  
3 DONATION AND REUSE PROGRAMS  
4

5 RECOMMENDATION:  
6

7 Madam Speaker, your Reference Committee recommends  
8 that Resolution 207 be referred with a report back at the  
9 2018 Annual Meeting.

10  
11 **HOD ACTION: Resolution 207 referred with a report back**  
12 **at the 2018 Annual Meeting.**  
13

14 Resolution 207 asks that our American Medical Association work with appropriate  
15 stakeholders to draft and promote model legislation aimed at developing better funding  
16 for drug donation programs on the state level provided these programs follow the quality  
17 assurance guidelines set by existing AMA Policy H-280.959. (Directive to Take Action)  
18

19 Your Reference Committee heard supportive testimony on Resolution 207. Your  
20 Reference Committee heard testimony about the need to help ensure safe storage and  
21 disposal of unused and unwanted medications. Your Reference Committee also heard  
22 testimony that a substantially similar resolution was referred to our AMA Board of  
23 Trustees for a report due back at the 2018 Annual Meeting (Resolution 525-A-17). Your  
24 Reference Committee agrees that the issues raised by Resolution 207 should be  
25 included in this report. Therefore, your Reference Committee recommends that  
26 Resolution 207 be referred for report back at the 2018 AMA Annual Meeting with  
27 Resolution 525-A-17.  
28

29 (26) RESOLUTION 208 - INCREASED USE OF BODY-WORN  
30 CAMERAS BY LAW ENFORCEMENT OFFICERS  
31

32 RECOMMENDATION:  
33

34 Madam Speaker, your Reference Committee recommends  
35 that Resolution 208 be referred.  
36

37 **HOD ACTION: Resolution 208 referred.**  
38

39 Resolution 208 asks that our American Medical Association advocate for legislative,  
40 administrative, or regulatory measures to expand funding for (1) the purchase of body-  
41 worn cameras and (2) training and technical assistance required to implement body-  
42 worn camera programs. (New HOD Policy)  
43

44 Your Reference Committee heard testimony largely in support of referral of Resolution  
45 208. Some testified that the use of body-worn cameras by law enforcement officers was  
46 a matter of public health and directly related to existing AMA policy concerning the  
47 health of minorities. Others expressed concern that the issues being raised were outside  
48 of the expertise and scope of our AMA. In order to address all concerns raised and  
49 recognizing the complexity and sensitivity of the issues discussed, your Reference  
50 Committee recommends that Resolution 208 be referred.

1 (27) RESOLUTION 211 - EXCLUSIVE STATE CONTROL OF  
2 METHADONE CLINICS  
3

4 RECOMMENDATION:  
5

6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 211 be referred.  
8

9 **HOD ACTION: Resolution 211 referred.**

10  
11 Resolution 211 asks that our American Medical Association support complete state  
12 control of all aspects of methadone clinic approval and operations; and, if deemed  
13 necessary, this control could be granted on a state by state basis. (Directive to Take  
14 Action)  
15

16 Your Reference Committee heard mixed testimony on Resolution 211 which was largely  
17 in support of referral. Your Reference Committee heard testimony that there is likely  
18 both a state and federal role as it relates to methadone clinic approval and operations.  
19 Your Reference Committee also acknowledges nearly unanimous testimony that part of  
20 this further study needs to include an assessment and recommendations related to  
21 methadone clinic reporting (or lack thereof) to state prescription drug monitoring  
22 programs. Your Reference Committee agrees that because of the complexity of the  
23 issues raised, further study is needed. Your Reference Committee therefore  
24 recommends that Resolution 211 be referred.  
25

26 (28) RESOLUTION 213 - BARRIERS TO PRICE  
27 TRANSPARENCY  
28

29 RECOMMENDATION A:  
30

31 Madam Speaker, your Reference Committee recommends  
32 that Policy D-155.987 be reaffirmed in lieu of the first  
33 Resolve of Resolution 213.  
34

35 RECOMMENDATION B:  
36

37 Madam Speaker, your Reference Committee  
38 recommends Policies H-155.958 and H-380.994 be  
39 reaffirmed in lieu of the second Resolve of Resolution 213.  
40

41 RECOMMENDATION C:  
42

43 Madam Speaker, your Reference Committee recommends  
44 that the third Resolve of Resolution 213 be referred.  
45

46 **HOD ACTION: Policy D-155.987 reaffirmed in lieu of the**  
47 **first Resolve of Resolution 213. Policies H-155.958 and H-**  
48 **380.994 reaffirmed in lieu of the second Resolve of**  
49 **Resolution 213 and the third Resolve of Resolution 213**  
50 **referred.**

1 Resolution 213 asks that our American Medical Association work with states and state  
2 medical societies to reduce health insurance contract provisions or gag clauses that  
3 restrict disclosure of pricing information to patients (Directive to Take Action); and be it  
4 further that our AMA work with states and state medical societies to ensure that health  
5 insurance contracts do not prohibit the application of discounts to uninsured or under-  
6 insured patients if such discounts are compliant with federal anti-kickback statutes  
7 (Directive to Take Action); and be it further that our AMA support access to real-time  
8 prescription drug pricing and cost transparency at the point of prescribing. (New HOD  
9 Policy)

10  
11 Your Reference Committee heard overwhelmingly supportive testimony on Resolution  
12 213 goals to promote transparency including drug price costs at the point of care and  
13 patient access to prescription drug discounts that do not violate federal law. Your  
14 Reference Committee heard testimony that our AMA efforts towards price transparency  
15 should include working with states and state medical associations to reduce insurance  
16 contract provisions and gag clauses. However, your Reference Committee also heard  
17 testimony that our AMA's efforts should not be limited to such actions and that existing  
18 policy provides more flexibility in advocating for price transparency. Therefore, your  
19 Reference Committee recommends affirming existing AMA policy D-155.987 in lieu of  
20 the first Resolve.

21  
22 Similarly, your Reference Committee heard testimony that our AMA has strong policy to  
23 advance the second Resolve goals of our AMA working with states and state medical  
24 societies to ensure that health insurance contracts do not prohibit the application of  
25 discounts to uninsured or under-insured patients if such discounts are compliant with  
26 federal anti-kickback statutes. Therefore, your Reference Committee recommends  
27 reaffirmation of these policies in lieu of the second Resolve, Appropriate Hospital  
28 Charges H-155.958 and Physicians' Freedom to Establish Their Fees H-380.994.

29  
30 Your Reference Committee also supports efforts to provide patients and physicians with  
31 prescription drug cost and coverage transparency when a physician is prescribing at the  
32 point of care. Your Reference Committee also heard testimony that a substantially  
33 similar resolution was referred for report back at Annual 2018 (219-A-17). Therefore,  
34 your Reference Committee recommends that third Resolve be referred for report back at  
35 Annual 2018.

36  
37 D-155.987 Price Transparency

38 1. Our AMA encourages physicians to communicate information about the cost of  
39 their professional services to individual patients, taking into consideration the  
40 insurance status (e.g., self-pay, in-network insured, out-of-network insured) of the  
41 patient or other relevant information where possible.

42 2. Our AMA advocates that health plans provide plan enrollees or their designees  
43 with complete information regarding plan benefits and real time cost-sharing  
44 information associated with both in-network and out-of-network provider services  
45 or other plan designs that may affect patient out-of-pocket costs.

46 3. Our AMA will actively engage with health plans, public and private entities, and  
47 other stakeholder groups in their efforts to facilitate price and quality  
48 transparency for patients and physicians, and help ensure that entities promoting  
49 price transparency tools have processes in place to ensure the accuracy and  
50 relevance of the information they provide.

1 4. Our AMA will work with states to support and strengthen the development of  
2 all-payer claims databases.

3 5. Our AMA encourages electronic health records vendors to include features  
4 that assist in facilitating price transparency for physicians and patients.

5 6. Our AMA encourages efforts to educate patients in health economics literacy,  
6 including the development of resources that help patients understand the  
7 complexities of health care pricing and encourage them to seek information  
8 regarding the cost of health care services they receive or anticipate receiving.

9 7. Our AMA will request that the Centers for Medicare and Medicaid Services  
10 expand its Medicare Physician Fee Schedule Look-up Tool to include hospital  
11 outpatient payments.

12  
13 **H-155.958 Appropriate Hospital Charges**

14 Our AMA encourages hospitals to adopt, implement, monitor and publicize  
15 policies on patient discounts, charity care, and fair billing and collection practices,  
16 and make access to those programs readily available to eligible patients.

17 **Physicians' Freedom to Establish Their Fees H-380.994**

18 Our AMA (1) affirms that it is a basic right and privilege of each physician to set  
19 fees for service that are reasonable and appropriate, while always remaining  
20 sensitive to the varying resources of patients and retaining the freedom to  
21 choose instances where courtesy or charity could be extended in a dignified and  
22 ethical manner; (2) supports the concept that health insurance should be treated  
23 like any other insurance (i.e., a contract between a patient and a third party for  
24 indemnification for expense or loss incurred by virtue of obtaining medical or  
25 other health care services); and (3) believes that the contract for care and  
26 payment is between the physician and patient.

27  
28 (29) **RESOLUTION 218 - HEALTH INFORMATION**  
29 **TECHNOLOGY PRINCIPLES**

30  
31 **RECOMMENDATION:**

32  
33 Madam Speaker, your Reference Committee recommends  
34 that Resolution 218 be referred.

35  
36 **HOD ACTION: Resolution 218 referred.**

37  
38 Resolution 218 asks that our American Medical Association adopt and promote the  
39 development of effective electronic health records in accordance with the following  
40 health information technology principles: 1. Whenever possible, physicians should have  
41 direct control over choice and management of the information technology used in their  
42 practices. 2. Information technology available to physicians must be safe (e.g.,  
43 electronically secure, and in the case of distributed devices, physically so), effective and  
44 efficient. 3. Information technology available to physicians should support the physician's  
45 obligation to put the interests of patients first. 4. Information technology available to  
46 physicians should support the integrity and autonomy of physicians. 5. Information  
47 technology should support the patient's autonomy by providing access to that  
48 individual's data. 6. There should be no institutional or administrative barriers between  
49 physicians and their patients' health data. 7. Information technology should promote the  
50 elimination of health care disparities. 8. The cost of installing, maintaining and upgrading

1 information technology should be specifically acknowledged and addressed in  
2 reimbursement schedules on an ongoing basis; payments should ensure sustainability of  
3 such systems in practice. (New HOD Policy)

4  
5 Your Reference Committee heard supportive testimony on Resolution 218. Your  
6 Reference Committee agrees with testimony presented that our AMA has extensive  
7 policy on electronic health records (EHRs) to improve and advance health information  
8 technology. However, your Reference Committee heard testimony that clear and concise  
9 principles on information technology should be adopted in our AMA policy. Your  
10 Reference Committee also heard testimony that our AMA already has existing health  
11 information technology principles that were developed in 2013. These principles have  
12 been widely publicized and successfully used to accomplish many of our AMA's  
13 advocacy efforts. For example, our AMA was successful in adding information blocking  
14 provisions against vendors, requiring real-world testing of EHRs, prohibiting EHR gag  
15 clauses, increasing federal oversight of EHR functionality after certification, and requiring  
16 health information technology vendors to disclose fees among many accomplishments.  
17 However, your Reference Committee believes that further study is needed because  
18 technology has changed since the development of these principles. Through study, our  
19 AMA can properly incorporate Resolution 218 into new principles and to develop  
20 comprehensive EHR policy that further enhances physicians' ability to provide high  
21 quality patient care. Therefore, your Reference Committee recommends that Resolution  
22 218 be referred.

23  
24 (30) RESOLUTION 226 - PRESCRIPTION DRUG  
25 IMPORTATION FOR PERSONAL USE

26  
27 RECOMMENDATION:

28  
29 Madam Speaker, your Reference Committee recommends  
30 that Resolution 226 be referred.

31  
32 **HOD ACTION: Resolution 226 referred.**

33  
34 Resolution 226 asks that our American Medical Association support legislation that  
35 would allow for the personal purchase and importation of prescription drugs obtained  
36 directly from a licensed Canadian pharmacy, provided such drugs are for personal use  
37 and of a limited quantity. (New HOD Policy)

38  
39 Your Reference Committee heard mixed testimony on Resolution 226 which calls upon  
40 our AMA to support personal importation from Canadian pharmacies. While there is  
41 unanimous agreement that more flexibility is needed to ensure patients have access to  
42 affordable prescription drugs, concern was expressed that the in-person personal  
43 importation may eventually lead to the same risks as internet-based importation. Your  
44 Reference Committee also heard testimony that there should be sufficient resources to  
45 ensure that in-person importation is safe and traceable. Given these concerns, the lack  
46 of direct policy on in-person importation, and the complex nature of drug importation,  
47 your Reference Committee recommends that Resolution 226 be referred.

1 (31) RESOLUTION 234 - HEALTH INSURANCE COMPANY  
2 PURCHASE BY PHARMACY CHAINS

3  
4 RECOMMENDATION:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 234 be referred for decision.

8  
9 **HOD ACTION: Resolution 234 referred for decision.**

10  
11 Resolution 234 asks that that the American Medical Association object to any purchase  
12 of a Health Insurance Plan by any Drug Store or Pharmacy Chain and that the AMA  
13 work with other stakeholders, including the AOA and specialty colleges, to advocate for  
14 protection against such a purchase.

15  
16 Your Reference Committee heard mixed testimony on Resolution 234. Your Reference  
17 Committee heard that our AMA has vigorously opposed mergers of two health insurance  
18 companies. Your Reference Committee also heard testimony that this proposed merger  
19 has unknown impact on physicians and consumers, unknown effect on the health  
20 insurance industry when a pharmacy and health insurer merge, and unknown outcome  
21 as to whether the CVS/Aetna merger will even be completed. Your Reference  
22 Committee recognizes that antitrust is a highly complex and fact intensive issue.  
23 Opposing any merger or acquisition without extensive information gathering could hurt  
24 our AMA's credibility and authority in the antitrust space. Given these concerns and the  
25 timing of the potential merger, your Reference Committee recommends that this  
26 resolution be referred for decision.

27  
28 (32) RESOLUTION 237 - IMPLEMENTATION OF SCORE  
29 ASSESSMENT FOR COST UNDER MACRA MIPS

30  
31 RECOMMENDATION:

32  
33 Madam Speaker, your Reference Committee recommends  
34 that Resolution 237 be referred for decision.

35  
36 **HOD ACTION: Resolution 237 referred for decision.**

37  
38 Resolution 237 asks that our American Medical Association work with CMS to ensure  
39 sound methodologies for risk adjustment for physicians with patient populations at risk  
40 for high resource use (Directive to Take Action); and be it further, that our AMA urgently  
41 lobby the Congress and the federal government to expedite development of an  
42 equitable, validated patient-specific risk adjustment mechanism and not include a cost  
43 score in the Merit Based Incentive Payment System (MIPS) until such time as it can be  
44 developed (Directive to Take Action).

45  
46 Your Reference Committee heard mixed testimony on Resolution 237. Many who  
47 testified offered comments in support of the position that physicians should not receive a  
48 cost performance score in the Merit-Based Incentive Payment System (MIPS) until a  
49 validated patient-specific risk adjustment mechanism is developed, and that physicians

1 should not be held responsible for cost measures until CMS can ensure they are  
2 accurate. Others testified in opposition of this resolution, noting that for the past several  
3 months our AMA has been discussing with state and specialty medical associations the  
4 need to amend the MACRA statute to extend the Centers for Medicare & Medicaid  
5 Services' (CMS) flexibility for weighing the cost performance category for an additional  
6 three years. Your Reference Committee also heard testimony that our AMA was joined  
7 by more than 60 national medical specialty societies and all state medical associations  
8 on a recent letter to key congressional committees of jurisdiction in support of allowing  
9 CMS additional flexibility on this and other MACRA provisions.

10  
11 Your Reference Committee considered supplemental background information noting that  
12 the MACRA statute, which includes MIPS, provides that cost measures will account for  
13 30 percent of the total MIPS score. The statute also provides that for the first two years  
14 of MIPS implementation, CMS could weigh cost at not more than 10 percent for the first  
15 year (2017) and not more than 15 percent for the second year (2018) in recognition of  
16 the readiness of these measures. For 2017, CMS weighed cost at zero percent. For  
17 2018, CMS originally proposed to again weigh cost at zero percent but ultimately chose  
18 to weigh the measures at 10 percent in the final rule. In the final rule, CMS noted  
19 several times that they plan to weigh cost at 30 percent in 2019 because of the statutory  
20 requirement. It is this requirement that our AMA and state and national medical  
21 associations have been seeking to amend. Your Reference Committee reviewed the  
22 letter mentioned above and notes that it included the following statement: "To be clear,  
23 we are not proposing to prevent CMS from implementing [cost] measurement or a higher  
24 performance threshold if they believe that moving forward with these elements is  
25 appropriate. Rather, we are proposing to continue the existing flexibility in the MACRA  
26 statute that CMS is currently using for an additional three years so that the agency may  
27 move forward as the necessary program elements are put in place." Your Reference  
28 Committee also notes that the letter stated the medical community is not proposing to  
29 prevent CMS from implementing cost measurement if it believes that moving forward  
30 with these elements is appropriate.

31  
32 Your Reference Committee heard testimony that the joint letter mentioned above, which  
33 included most of the sponsors of this resolution, was drafted and submitted prior to the  
34 release of the final MIPS rule and that circumstances have changed—primarily that the  
35 cost category was set at 10 percent in the final rule instead of zero percent as was  
36 proposed in the proposed rule. Your Reference Committee also heard testimony that  
37 this resolution would reverse course from our joint advocacy letter and seek to add  
38 another precondition on CMS's ability to move forward that was not offered at the time of  
39 the original letter, and could raise questions as to the willingness of physician  
40 organizations to work in good faith with Congress to successfully implement the MIPS  
41 program. While your Reference Committee is very sympathetic to the position that  
42 physicians should not be subject to a MIPS cost performance score until a validated  
43 patient-specific risk adjustment mechanism is developed, your Reference Committee is  
44 recommending that this resolution be referred to the Board of Trustees for decision so  
45 that our AMA can further consult with the numerous medical societies that signed the  
46 joint letter and further discern the implications of this resolution relative to our current  
47 advocacy with Congress and CMS on this issue.

1 Madam Speaker, this concludes the report of Reference Committee B. I would like to  
2 thank Kenneth S. Blumenfeld, MD, John P. Gallagher, MD, Robert F. Jackson, MD,  
3 Tripti C. Kataria, MD, Samantha King, Brent Mohr, MD; AMA Staff Kai Sternstein,  
4 George Cox, and Paul Westfall; and all those who testified before the Committee.

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Tripti C. Kataria, MD  
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