Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

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

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

10. Resolution 202 - Sexual Assault Survivors’ Rights
11. Resolution 204 - EHR Vendors Responsible for Health Information Technology
12. Resolution 206 - Defending Federal Child Nutrition Programs
13. Resolution 209 - Government Mandated Sequester
14. Resolution 214 - Advanced Practice Registered Nurse Compact
15. Resolution 223 - Treating Opioid Use Disorder in Correctional Facilities
16. Resolution 224 - Modernizing Privacy Regulations for Addiction Treatment Records
17. Resolution 227 - Communication and Resolution Program
18. Resolution 229 - Opposition to Licensing for Individuals Holding Degree of Doctor of Medical Science
19. Resolution 232 - Presence and Enforcement Actions on Immigration and Customs Enforcement (ICE) in Healthcare Facilities
20. Resolution 233 - Pharmacists Cannot and Should Not Be Making Medical Decisions
22. Resolution 236 - Preserving Tax Deductibility of Student Loan Interest Payments and High Medical Expenses

RECOMMENDED FOR REFERRAL

23. Resolution 201 - Improving FDA Expedited Approval Pathways
25. Resolution 205 - Health Plan, Pharmacy, Electronic Health Records Integration
26. Resolution 207 - Redistribution of Unused Prescription Drugs to Pharmaceutical Donation and Reuse Programs
27. Resolution 208 - Increased Use of Body-Worn Cameras by Law Enforcement Officers
28. Resolution 211 - Exclusive State Control of Methadone Clinics
29. Resolution 213 - Barriers to Price Transparency
30. Resolution 218 - Health Information Technology Principles
31. Resolution 234 - Health Insurance Company Purchase by Pharmacy Chains
32. Resolution 237 - Implementation of Score Assessment for Cost Under MACRA MIPS

RECOMMENDED FOR REFERRAL FOR DECISION

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) BOARD OF TRUSTEES REPORT 6 - ELECTRONICALLY PRESCRIBED CONTROLLED SUBSTANCES WITHOUT ADDED PROCESSES

RECOMMENDATION:

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

The Board of Trustees recommends that the following policies be amended and the remainder of the report be filed. That current AMA Policy D-120-956, “Electronic Prescribing and Conflicting Federal Guidelines” Our American Medical Association will continue to advocate before relevant federal and state agencies and legislative bodies for the elimination of address with the Centers for Medicare & Medicaid Services and the Drug Enforcement Administration the contradictory cumbersome, confusing, and burdensome requirements guidance, issued respectively by those two federal agencies, relating to electronic transmission of physicians’ controlled substance prescriptions to pharmacies—commonly referred to as “e-prescribing”. Electronic Prescribing for Controlled Substances (EPCS). This includes for Schedules II, III, IV, and V drugs, as those current guidelines add rather than reduce administrative paperwork and defeat the purpose of electronic handling of prescriptions (Modify Current HOD Policy). That current AMA Policy D-120.958, “Federal Roadblocks to E-Prescribing,” Our AMA will initiate discussions work with the Centers for Medicare and Medicaid Services and states to remove or reduce barriers to electronic prescribing of both controlled substances and non-scheduled prescription drugs, including removal of the Medicaid requirement in all states that continue to mandate that physicians write, in their own hand, “brand medically necessary” or the equivalent on a paper prescription form. 2. Our AMA will initiate discussions with the Drug Enforcement Administration to allow electronic prescribing of Schedule II prescription drugs. It is AMA policy that physician Medicare or Medicaid payments not be reduced for non-adoption of e-E-prescribing. 34. Our AMA will work with the largest and nearly exclusive national electronic pharmacy network, all related state pharmacy regulators, and with federal and private entities to ensure universal acceptance by pharmacies of electronically transmitted prescriptions. 45. Our AMA will advocate for appropriate financial and other incentives to physicians to facilitate electronic prescribing adoption. 56. Our AMA will: (A) investigate work to substantially reduce regulatory burdens so that physicians may successfully submit electronic prescriptions for controlled substances; and (B) work with the Centers for Medicare & Medicaid Services to eliminate form any program (e.g., the Physician Quality Reporting System, meaningful use, and e-prescribing) the requirement to electronically prescribe controlled substances, until such time that the necessary protocols are in place for electronic prescribing software vendors and pharmacy systems to comply 67. Our AMA will work with representatives of pharmacies, pharmacy benefits managers, and software vendors to expand the ability to electronically prescribe all medications. 78. Our AMA will petition work with the Centers for Medicare & Medicaid Services and the federal government to have all pharmacies, including government pharmacies, accept e-prescriptions for prescription drugs or to temporarily halt the e-prescribing requirements of meaningful use until this is accomplished (Modify Current HOD Policy)
AMA Policy H-120.957, “Prescription of Schedule II Medications by Fax and Electronic Data Transmission.” Our AMA: (1) encourages the Drug Enforcement Administration to rewrite Section 1306 of Title 21 of the Code of Federal Regulations to support two factor authentication that is easier to implement than the current DEA and EPCS security requirements accommodate encrypted electronic prescriptions for Schedule II controlled substances, as long as sufficient security measures are in place to ensure the confidentiality and integrity of the information. (2) Our AMA supports the concept that public key infrastructure (PKI) systems or other signature technologies designed to accommodate electronic using prescriptions should be readily adaptable to current computer systems, and should satisfy the criteria of privacy and confidentiality, authentication, incorruptibility, and. (23) Because sufficient concerns exist about privacy and confidentiality, authenticity, and other security measures, the AMA does not support the use of "hard copy" facsimile transmissions as the original written prescription for Schedule II controlled substances, except as currently allowed in Section 1306 of Title 21 of the Code of Federal Regulations (Modify Current HOD Policy).

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

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

RECOMMENDATION:

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

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

Your Reference Committee heard overwhelmingly supportive testimony for Resolution 215. Your Reference Committee heard testimony that direct costs to living organ donors can be significant and it is critical to relieve the financial burden on donors. Your Reference Committee believes that adoption of the resolution would be consistent with current AMA policy to encourage removing financial barriers to living organ donation and
on paid sick leave. Accordingly, your Reference Committee recommends adoption of Resolution 215.

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

RECOMMENDATION:

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

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

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

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

RECOMMENDATION:

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

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

Your Reference Committee heard overwhelmingly supportive testimony on Resolution 217 that oversight and regulation of medical devices, medical tools, and instrument repairs should be based on objective scientific data. Your Reference Committee agrees that additional oversight or oversight modernization should be based on sound evidence of associated benefit and risk. Therefore, your Reference Committee recommends adoption of Resolution 217.
(5) RESOLUTION 222 - APPROPRIATE USE OF
OBJECTIVE TESTS FOR OBSTRUCTIVE SLEEP APNEA

RECOMMENDATION:

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

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

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

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

RECOMMENDATION:

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

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

Your Reference Committee heard mixed testimony on Resolution 225. Your Reference Committee heard testimony that our AMA has existing policy, H-385.911, which asks our AMA to work with Congress and Centers for Medicare and Medicaid Services (CMS) to exempt all Medicare Part B and Part D drug costs from any current and future resource use measurement mechanisms. In addition, your Reference Committee heard testimony that based on existing policy, our AMA has advocated Congress and CMS to remove Medicare Part B drugs from the Merit-Based Incentive Payment System (MIPS) payment adjustments. However, your Reference Committee also heard testimony that current AMA policy focuses on the removal of Medicare Part B drugs from the MIPS payment adjustment, and should be expanded to include the removal of Medicare Part B drugs.
from the calculation physicians' cost performance category score. Therefore, your Reference Committee recommends adoption of Resolution 225.

(7) RESOLUTION 230 - OPPOSE PHYSICIAN ASSISTANT INDEPENDENT PRACTICE

RECOMMENDATION:

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

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

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

(8) RESOLUTION 231 - ELECTRONIC PRESCRIPTION CANCELLATION

RECOMMENDATION:

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

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

Your Reference Committee heard supportive testimony on Resolution 231. Your Reference Committee heard testimony promoting the use of electronic prescription cancellations to facilitate a more efficient system with fewer medication errors. Your Reference Committee also heard testimony that this Resolution builds on existing AMA policy on electronic prescribing and electronic medical records. Therefore, your Reference Committee recommends adoption of Resolution 231.
RESOLUTION 220 - PRESERVING PROTECTIONS OF THE AMERICANS WITH DISABILITIES ACT OF 1990

RECOMMENDATION A:

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

RECOMMENDATION B:

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

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

Your Reference Committee heard mixed testimony on Resolution 220. Strong testimony was presented in favor of adopting the first Resolve that would, in part, amend the American with Disabilities Act (ADA) to require the Department of Justice to develop a program to educate state and local governments and property owners on strategies for promoting access for persons with a disability. Conflicting testimony was presented on the second Resolve. While your Reference Committee agrees “notice and cure” requirements could delay access to the courts for individuals with a disability to challenge violations of the ADA, your Reference Committee is also concerned with adopting policy that could potentially result in meritless lawsuits against physicians. Your Reference Committee also believes that existing policy already covers the goal of the second Resolve. Accordingly, your Reference Committee recommends adoption of the first Resolve and reaffirmation of H-90.971, Enhancing Accommodations for People with Disabilities, in lieu of adoption of the second Resolve.

H-90.971 Enhancing Accommodations for People with Disabilities
Our AMA encourages physicians to make their offices accessible to patients with disabilities, consistent with the Americans with Disabilities Act (ADA) guidelines.

RESOLUTION 202 - SEXUAL ASSAULT SURVIVORS' RIGHTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 202 be amended by addition to read as follows:
RESOLVED, That our American Medical Association advocate for the legal protection of sexual assault survivors’ rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (1) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing, treatment of injuries, and collection of forensic evidence; (2) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (3) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (4) be informed of these rights and the policies governing the sexual assault evidence kit; and (5) access to emergency contraception information and treatment for pregnancy prevention. (New HOD Policy);

RECOMMENDATION B:

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

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

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

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

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

RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

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

(12) RESOLUTION 206 - DEFENDING FEDERAL CHILD NUTRITION PROGRAMS

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association oppose legislation and regulatory initiatives that reduces or eliminates access to federal child nutrition programs.
RECOMMENDATION B:

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

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

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

(13) RESOLUTION 209 - GOVERNMENT MANDATED SEQUESTER

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association advocate to remove the sequester provision for Part B Medicare reimbursement.

RECOMMENDATION B:

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

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

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

(14) RESOLUTION 214 - ADVANCED PRACTICE REGISTERED NURSE COMPACT

RECOMMENDATION A:

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

RESOLVED,—That our American Medical Association convene an in-person meeting of relevant physician stakeholders to initiate a national strategy to address the APRN (Advanced Practice Registered Nurses) Compact, creation of a consistent national strategy (consensus principles of agreement/solutions, model legislation, national and state public relations campaigns) purposed to:

(1) Effectively oppose the continual, nationwide efforts to grant independent practice (e.g., APRN Consensus Model, APRN Compact) to non-physician practitioners (APRN, physician assistant, Doctor of Medical Science, Advance Practice Respiratory Therapists, etc.); (2) Effectively educate the public, legislators, regulators, and healthcare administrators; and (3) Effectively oppose state and national level legislative efforts aimed at inappropriate scope of practice expansion of non-physician healthcare practitioners; with report back at the 2018 Annual Meeting.

(Directive to Take Action)

RECOMMENDATION B:

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

RECOMMENDATION C:

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

H-35.988 Independent Practice of Medicine by "Nurse Practitioners" Advanced Practice Registered Nurses

The Our AMA, in the public interest, opposes enactment of legislation to authorize the independent practice of medicine by any individual who has not completed the state’s requirements for licensure to engage in the practice of medicine and surgery in all of its branches. Our AMA opposes enactment of the Advanced Practice Registered
Nurse (APRN) Multistate Compact, due to the potential of
the APRN Compact to supersede state laws that require
APRNs to practice under physician supervision,
collaboration or oversight.

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

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

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

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

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

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association
advocate for legislation, standards, policies and funding
that encourage correctional facilities to increase access to
evidence-based treatment of opioid use disorder, including
initiation and continuation of opioid replacement therapy in conjunction with counseling, in correctional facilities within the United States and that this apply to all incarcerated individuals including pregnant women. (New HOD Policy)

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

Your Reference Committee heard strong support for ensuring patients have access to evidence-based treatment for opioid use disorder whether in prison, upon release from prison, and continuing beyond the initial entry or release. Your Reference Committee heard testimony that called for substituting the term “provider” with “physician-led teams,” as well as testimony that noted the need for initiation and continuation of opioid replacement therapy to be in conjunction with counseling. Finally, we also heard that pregnant women are often overlooked in this debate and therefore, need to be explicitly identified in Resolution 223. For these reasons, your Reference Committee recommends that Resolution 223 be adopted as amended.
(16) RESOLUTION 224 - MODERNIZING PRIVACY REGULATIONS FOR ADDICTION TREATMENT RECORDS

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

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

(17) RESOLUTION 227 - COMMUNICATION AND
RESOLUTION PROGRAM

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

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

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

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends
that Resolution 229 be amended by addition and deletion
to read as follows:
RESOLVED, That our American Medical Association develop model legislation for states that would oppose the holders of the degree of Doctor of Medical Science from being recognized as a new category of health care practitioners licensed for the independent practice of medicine, and work with interested state medical associations and national medical specialty societies to oppose legislation to create a Doctor of Medical Science license. (Directive to Take Action)

RECOMMENDATION B:

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

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

Your Reference Committee heard testimony overwhelmingly in support of the spirit of this resolution and in opposition to legislation that would create a Doctor of Medical Science (DMS), an advanced physician assistant degree that would allow these practitioners to practice independently. Your Reference Committee heard that our AMA, through its Advocacy Resource Center, has been working to educate our Federation partners, including state and specialty societies, about this new proposal, and has been working hand-in-hand with the medical associations in those states that have considered DMS legislation. This work has led to the defeat of every piece of DMS legislation proposed so far. Testimony strongly suggested that continuing this work is a more appropriate and effective course of action than developing model legislation to prohibit the DMS, and that introduction of preventive model legislation may in fact bring more attention to the DMS than is warranted. Your Reference Committee agrees with the proposed amendment proffered by the Council on Legislation to that effect. Your Reference Committee also heard testimony for the need to add this and other physician assistant scope of practice issues to the in-person meeting addressed earlier in our discussion of Item 14 (Resolution 214). Instead of duplicating language here, your Reference Committee feels that the language proffered in Resolution 214 is sufficient to ensure inclusion of the issues at the in-person meeting. As such, your Reference Committee recommends that Resolution 229 be adopted as amended.
RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

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

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Policies H-120.947 and D-35.981 be reaffirmed in lieu of the first Resolve.
RECOMMENDATION B:

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

RESOLVED, That our AMA work with pharmacy benefit managers, payers, relevant pharmacy associations, and stakeholders to identify the impact on patients of policies that restrict prescriptions to ensure access to care and urge that these policies receive the same notice and public comment as any other significant policy affecting the practice of pharmacy and medicine seek out those bodies overseeing the nation’s pharmacies and advocate that actions be taken to prohibit pharmacists from making medical decisions outside the scope of their practice; (Directive to Take Action) and be it further

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 233 be adopted as amended.

RECOMMENDATION D:

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

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

Resolution 233 asks that our American Medical Association (AMA) take steps to implement AMA Policies H-120.947 and D-35.981 that prescriptions must be filled as ordered by physicians or other duly authorized/licensed persons, including the quantity ordered. (Directive to Take Action); and be it further, that our AMA seek out those bodies overseeing the nation’s pharmacies and advocate that actions be taken to prohibit pharmacists from making medical decisions outside the scope of their practice; (Directive to Take Action) and be it further, that our AMA report back at the 2018 Annual Meeting on actions taken to preserve the purview of physicians in prescription origination at A-18. (Directive to Take Action)

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

H-120.947 Preserving Patients’ Ability to Have Legally Valid Prescriptions Filled
1. Our AMA reaffirms our policies supporting responsibility to the patient as paramount in all situations and the principle of access to medical care for all people; and supports legislation that requires individual pharmacists or pharmacy chains to fill legally valid prescriptions or to provide immediate referral to an appropriate alternative dispensing pharmacy without interference. In the event that an individual pharmacist or pharmacy chain refers a patient to an alternative dispensing source, the individual pharmacist or the pharmacy chain should return the prescription to the patient and notify the prescribing physician of the referral.
2. Our AMA supports the concept of advance prescription for emergency contraception for all women in order to ensure availability of emergency contraception in a timely manner.

D-35.981 AMA Response to Pharmacy Intrusion Into Medical Practice
1. Our AMA deems inappropriate inquiries from pharmacies to verify the medical rationale behind prescriptions, diagnoses and treatment plans to be an interference with the practice of medicine and unwarranted.
2. Our AMA will work with pharmacy associations such as the National Association of Chain Drug Stores to engage with the Drug Enforcement Administration, the federal Department of Justice, and other involved federal regulators and stakeholders, for the benefit of patients, to develop appropriate policy for pharmacists to work with physicians in order to reduce the incidence of drug diversion and inappropriate dispensing.
3. If the inappropriate pharmacist prescription verification requirements and inquiry issues are not resolved promptly, our AMA will advocate for legislative and regulatory solutions to prohibit pharmacies and pharmacists from denying medically necessary and legitimate therapeutic treatments to patients.

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

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association urge and advocate the U.S. Congress to quickly pass legislation to adequately fund Puerto Rico’s and the U.S. Virgin Island’s Medicaid Programs of roughly $1.6 billion over five years (Directive to Take Action); and be it further,
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that second Resolve of Resolution 235 be amended by adding to read as follows:

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

RECOMMENDATION C:

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

RECOMMENDATION D:

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

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

Resolution 235 asks that the American Medical Association urge and advocate the U.S. Congress to quickly pass legislation to fund Puerto Rico’s Medicaid Program of roughly $1.6 billion over five years (Directive to Take Action); and be it further, that our AMA urge and advocate for the Centers for Medicare and Medicaid Services to implement temporary emergency regulatory Medicare and Medicaid funding waivers to help restore access to health care services in Puerto Rico. (Directive to Take Action).

Your Reference Committee heard overwhelmingly supportive testimony of Resolution 235. Your Reference Committee heard testimony that federal funding for Puerto Rico’s Medicaid program provides support for the medical and public health needs of its residents in the aftermath of Hurricanes Irma and Maria. Your Reference Committee also heard testimony that the U.S. Virgin Islands should also be included in providing additional Medicaid funding. Your Reference Committee further heard testimony that removing specific dollar figures from the first Resolve to provide our AMA with flexibility to support funding of Puerto Rico’s and the U.S. Virgin Islands’ Medicaid programs.

Therefore, your Reference Committee recommends amending and changing the title of Resolution 235.
RESOLUTION 236 - PRESERVING TAX DEDUCTIBILITY OF STUDENT LOAN INTEREST PAYMENTS AND HIGH MEDICAL EXPENSES

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

Resolution 236 asks that our American Medical Association will immediately and strongly urge Congress to preserve the tax deductibility of student loan interest payments and high medical expenses in any tax reform legislation that will be considered and voted on by the House and Senate. (Directive to Take Action)
Your Reference Committee heard strong support for Resolution 236. Your Reference Committee heard testimony that potential changes to the tax code could have an adverse affect on medical students, residents, and practicing physicians in student debt and also adversely affect patients in need of extended medical care. Your Reference Committee heard testimony that our AMA should also advocate to maintain tuition waivers and scholarships in any tax reform legislation. For clarification purposes, your Reference Committee split Resolution 236 with amendments into three separate Resolve clauses. Therefore, your Reference Committee recommends that Resolution 236 be adopted as amended.

(23) RESOLUTION 201 - IMPROVING FDA EXPEDITED APPROVAL PATHWAYS

RECOMMENDATION:

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

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

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

(24) RESOLUTION 203 - BIDIRECTIONAL COMMUNICATION FOR EHR SOFTWARE AND PHARMACIES

RESOLUTION 205 - HEALTH PLAN, PHARMACY, ELECTRONIC HEALTH RECORDS INTEGRATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolutions 203 and 205 be referred with a report back at the 2018 Annual Meeting.
Resolution 203 asks that our American Medical Association engage the American Pharmacy Association, and any other relevant stakeholders, to encourage both Electronic Health Record (EHR) and pharmacy software vendors to have bidirectional communication for an accurate and current medication list in the patient’s EHR. (New HOD Policy)

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

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

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

RECOMMENDATION:

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

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

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

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

RECOMMENDATION:

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

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

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

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

RECOMMENDATION:

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

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

Your Reference Committee heard mixed testimony on Resolution 211 which was largely in support of referral. Your Reference Committee heard testimony that there is likely both a state and federal role as it relates to methadone clinic approval and operations. Your Reference Committee also acknowledges nearly unanimous testimony that part of this further study needs to include an assessment and recommendations related to methadone clinic reporting (or lack thereof) to state prescription drug monitoring programs. Your Reference Committee agrees that because of the complexity of the issues raised, further study is needed. Your Reference Committee therefore recommends that Resolution 211 be referred.
(28) RESOLUTION 213 - BARRIERS TO PRICE TRANSPARENCY

RECOMMENDATION A:

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

RECOMMENDATION B:

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

RECOMMENDATION C:

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

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

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

Similarly, your Reference Committee heard testimony that our AMA has strong policy to advance the second Resolve goals of our AMA working with states and state medical societies to ensure that health insurance contracts do not prohibit the application of discounts to uninsured or under-insured patients if such discounts are compliant with federal anti-kickback statutes. Therefore, your Reference Committee recommends reaffirmation of these policies in lieu of the second Resolve, Appropriate Hospital Charges H-155.958 and Physicians’ Freedom to Establish Their Fees H-380.994.
Your Reference Committee also supports efforts to provide patients and physicians with prescription drug cost and coverage transparency when a physician is prescribing at the point of care. Your Reference Committee also heard testimony that a substantially similar resolution was referred for report back at Annual 2018 (219-A-17). Therefore, your Reference Committee recommends that third Resolve be referred for report back at Annual 2018.

D-155.987 Price Transparency
1. Our AMA encourages physicians to communicate information about the cost of their professional services to individual patients, taking into consideration the insurance status (e.g., self-pay, in-network insured, out-of-network insured) of the patient or other relevant information where possible.
2. Our AMA advocates that health plans provide plan enrollees or their designees with complete information regarding plan benefits and real time cost-sharing information associated with both in-network and out-of-network provider services or other plan designs that may affect patient out-of-pocket costs.
3. Our AMA will actively engage with health plans, public and private entities, and other stakeholder groups in their efforts to facilitate price and quality transparency for patients and physicians, and help ensure that entities promoting price transparency tools have processes in place to ensure the accuracy and relevance of the information they provide.
4. Our AMA will work with states to support and strengthen the development of all-payer claims databases.
5. Our AMA encourages electronic health records vendors to include features that assist in facilitating price transparency for physicians and patients.
6. Our AMA encourages efforts to educate patients in health economics literacy, including the development of resources that help patients understand the complexities of health care pricing and encourage them to seek information regarding the cost of health care services they receive or anticipate receiving.
7. Our AMA will request that the Centers for Medicare and Medicaid Services expand its Medicare Physician Fee Schedule Look-up Tool to include hospital outpatient payments.

H-155.958 Appropriate Hospital Charges
Our AMA encourages hospitals to adopt, implement, monitor and publicize policies on patient discounts, charity care, and fair billing and collection practices, and make access to those programs readily available to eligible patients.

Physicians’ Freedom to Establish Their Fees H-380.994
Our AMA (1) affirms that it is a basic right and privilege of each physician to set fees for service that are reasonable and appropriate, while always remaining sensitive to the varying resources of patients and retaining the freedom to choose instances where courtesy or charity could be extended in a dignified and ethical manner; (2) supports the concept that health insurance should be treated like any other insurance (i.e., a contract between a patient and a third party for indemnification for expense or loss incurred by virtue of obtaining medical or other health care services); and (3) believes that the contract for care and payment is between the physician and patient.
Madam Speaker, your Reference Committee recommends that Resolution 218 be referred.

Resolution 218 asks that our American Medical Association adopt and promote the development of effective electronic health records in accordance with the following health information technology principles: 1. Whenever possible, physicians should have direct control over choice and management of the information technology used in their practices. 2. Information technology available to physicians must be safe (e.g., electronically secure, and in the case of distributed devices, physically so), effective and efficient. 3. Information technology available to physicians should support the physician’s obligation to put the interests of patients first. 4. Information technology available to physicians should support the integrity and autonomy of physicians. 5. Information technology should support the patient’s autonomy by providing access to that individual’s data. 6. There should be no institutional or administrative barriers between physicians and their patients’ health data. 7. Information technology should promote the elimination of health care disparities. 8. The cost of installing, maintaining and upgrading information technology should be specifically acknowledged and addressed in reimbursement schedules on an ongoing basis; payments should ensure sustainability of such systems in practice. (New HOD Policy)

Your Reference Committee heard supportive testimony on Resolution 218. Your Reference Committee agrees with testimony presented that our AMA has extensive policy on electronic health records (EHRs) to improve and advance health information technology. However, your Reference Committee heard testimony that clear and concise principles on information technology should be adopted in our AMA policy. Your Reference Committee also heard testimony that our AMA already has existing health information technology principles that were developed in 2013. These principles have been widely publicized and successfully used to accomplish many of our AMA’s advocacy efforts. For example, our AMA was successful in adding information blocking provisions against vendors, requiring real-world testing of EHRs, prohibiting EHR gag clauses, increasing federal oversight of EHR functionality after certification, and requiring health information technology vendors to disclose fees among many accomplishments. However, your Reference Committee believes that further study is needed because technology has changed since the development of these principles. Through study, our AMA can properly incorporate Resolution 218 into new principles and to develop comprehensive EHR policy that furthers enhances physicians’ ability to provide high quality patient care. Therefore, your Reference Committee recommends that Resolution 218 be referred.
(30) RESOLUTION 226 - PRESCRIPTION DRUG IMPORTATION FOR PERSONAL USE

RECOMMENDATION:

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

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

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

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

RECOMMENDATION:

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

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

Your Reference Committee heard mixed testimony on Resolution 234. Your Reference Committee heard that our AMA has vigorously opposed mergers of two health insurance companies. Your Reference Committee also heard testimony that this proposed merger has unknown impact on physicians and consumers, unknown effect on the health insurance industry when a pharmacy and health insurer merge, and unknown outcome as to whether the CVS/Aetna merger will even be completed. Your Reference Committee recognizes that antitrust is a highly complex and fact intensive issue. Opposing any merger or acquisition without extensive information gathering could hurt our AMA’s credibility and authority in the antitrust space. Given these concerns and the timing of the potential merger, your Reference Committee recommends that this resolution be referred for decision.
(32) RESOLUTION 237 - IMPLEMENTATION OF SCORE ASSESSMENT FOR COST UNDER MACRA MIPS

RECOMMENDATION:

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

Your Reference Committee heard mixed testimony on Resolution 237. Many who testified offered comments in support of the position that physicians should not receive a cost performance score in the Merit-Based Incentive Payment System (MIPS) until a validated patient-specific risk adjustment mechanism is developed, and that physicians should not be held responsible for cost measures until CMS can ensure they are accurate. Others testified in opposition of this resolution, noting that for the past several months our AMA has been discussing with state and specialty medical associations the need to amend the MACRA statute to extend the Centers for Medicare & Medicaid Services’ (CMS) flexibility for weighing the cost performance category for an additional three years. Your Reference Committee also heard testimony that our AMA was joined by more than 60 national medical specialty societies and all state medical associations on a recent letter to key congressional committees of jurisdiction in support of allowing CMS additional flexibility on this and other MACRA provisions.

Your Reference Committee considered supplemental background information noting that the MACRA statute, which includes MIPS, provides that cost measures will account for 30 percent of the total MIPS score. The statute also provides that for the first two years of MIPS implementation, CMS could weigh cost at not more than 10 percent for the first year (2017) and not more than 15 percent for the second year (2018) in recognition of the readiness of these measures. For 2017, CMS weighed cost at zero percent. For 2018, CMS originally proposed to again weigh cost at zero percent but ultimately choose to weigh the measures at 10 percent in the final rule. In the final rule, CMS noted several times that they plan to weigh cost at 30 percent in 2019 because of the statutory requirement. It is this requirement that our AMA and state and national medical associations have been seeking to amend. Your Reference Committee reviewed the letter mentioned above and notes that it included the following statement: “To be clear, we are not proposing to prevent CMS from implementing [cost] measurement or a higher performance threshold if they believe that moving forward with these elements is appropriate. Rather, we are proposing to continue the existing flexibility in the MACRA statute that CMS is currently using for an additional three years so that the agency may move forward as the necessary program elements are put in place.” Your Reference Committee also notes that the letter stated the medical community is not proposing to prevent CMS from implementing cost measurement if it believes that moving forward with these elements is appropriate.
Your Reference Committee heard testimony that the joint letter mentioned above, which included most of the sponsors of this resolution, was drafted and submitted prior to the release of the final MIPS rule and that circumstances have changed—primarily that the cost category was set at 10 percent in the final rule instead of zero percent as was proposed in the proposed rule. Your Reference Committee also heard testimony that this resolution would reverse course from our joint advocacy letter and seek to add another precondition on CMS’s ability to move forward that was not offered at the time of the original letter, and could raise questions as to the willingness of physician organizations to work in good faith with Congress to successfully implement the MIPS program. While your Reference Committee is very sympathetic to the position that physicians should not be subject to a MIPS cost performance score until a validated patient-specific risk adjustment mechanism is developed, your Reference Committee is recommending that this resolution be referred to the Board of Trustees for decision so that our AMA can further consult with the numerous medical societies that signed the joint letter and further discern the implications of this resolution relative to our current advocacy with Congress and CMS on this issue.
Madam Speaker, this concludes the report of Reference Committee B. I would like to thank Kenneth S. Blumenfeld, MD, John P. Gallagher, MD, Robert F. Jackson, MD, Tripti C. Kataria, MD, Samantha King, Brent Mohr, MD; AMA Staff Kai Sternstein, George Cox, and Paul Westfall; and all those who testified before the Committee.

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<td>Kenneth S. Blumenfeld, MD</td>
<td>American Association of Neurological Surgeons</td>
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<td>Tripti C. Kataria, MD</td>
<td>American Society of Anesthesiologists</td>
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<td>John P. Gallagher, MD (Alternate)</td>
<td>Pennsylvania</td>
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<td>Samantha A. King (Alternate)</td>
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