POLICY PROCEEDINGS OF THE 2017 ANNUAL MEETING OF THE
AMA ORGANIZED MEDICAL STAFF SECTION

ACTIONS ON OMSS RESOLUTIONS

1. Secret Ballots in Medical Staff Voting Processes
   Introduced by the OMSS Governing Council

OMSS Action: Resolution 1 adopted and transmitted to the AMA House of Delegates for consideration at the 2017 Annual Meeting.

RESOLVED, That our American Medical Association advocate for the use of secret ballots by medical staffs in all decision-making matters where voting members of the medical staff may be unwilling to publicly vote due to employer or other pressures that could impact how individual members vote (New HOD Policy); and be it further

RESOLVED, That our AMA provide guidance to help organized medical staffs develop and implement secret balloting processes, including specific procedures that allow for individual members of the medical staff to confidentially request a vote by secret ballot. (Directive to Take Action)

HOD Action: Resolution 721 adopted as amended.

RESOLVED, That our American Medical Association advocate for the use of secret ballots by medical staffs in all decision-making matters where voting members of the medical staff may be unwilling to publicly vote due to employer or other pressures that could impact how individual members vote (New HOD Policy); and be it further

RESOLVED, That our AMA provide guidance to help organized medical staffs develop and implement secret balloting processes, including specific procedures that allow for individual members of the medical staff to confidentially request a vote by secret ballot (Directive to Take Action); and be it further

RESOLVED, That our AMA support the inclusion of provisions for secret balloting and confidential requests for secret balloting in model medical staff bylaws.

2. Medical Staff Non-Punitive Reporting Processes
   Introduced by the OMSS Governing Council

OMSS Action: Resolution 2 adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2017 Annual Meeting.

RESOLVED, That our American Medical Association provide guidance, including but not limited to model medical staff bylaws language, to help medical staffs develop and implement reporting procedures that effectively protect medical staff members from retaliation when they report deficiencies in the quality, safety, or efficacy of patient care. (Directive to Take Action)

HOD Action: Resolution 720 adopted.
3. Proposed AMA Model Hospital Medical Staff Bylaws
Introduced by the Medical Society of New Jersey OMSS

OMSS Action: Substitute Resolution 3 adopted in lieu of Resolution 3 and transmitted to the AMA House of Delegates for consideration at the 2017 Annual Meeting:

MODEL HOSPITAL MEDICAL STAFF BYLAWS

RESOLVED, That our American Medical Association:
1. Develop model hospital medical staff bylaws that incorporate currently believed to be best practices, meet the requirements of the Medicare Conditions of Participation, hospital accreditation organizations with deeming authority, and state laws and regulations, including annotations to show the source of all legal, regulatory, and accreditation requirements; and
2. Post this resource on the AMA website, continuously updated and available on demand to medical staffs, medical staff offices, and medical society staff, and widely distributed as an adjunct to the next edition of the AMA Physician’s Guide to Medical Staff Bylaws (Directive to Take Action); and be it further

RESOLVED, That our AMA ask the legal counsels of State Medical Societies to outline state specific restrictions of medical staff self-governance so that these may be posted on the AMA-OMSS website for use by all AMA members. (Directive to Take Action)

HOD Action: Resolution 609 referred.

4. System Approach to Medical Staff Governance
Introduced by the OMSS Governing Council

OMSS Action: Resolution 4 adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2017 Annual Meeting.

RESOLVED, That our American Medical Association provide guidance to medical staffs on the potential benefits and risks of applying a system approach to medical staff governance, including but not limited to guidance on instituting system-wide processes and leadership structures and otherwise standardizing medical staff bylaws. (Directive to Take Action)

HOD Action: Resolution 719 adopted.

5. Recognition of Out of State DNR / Physician Orders for Life Sustaining Treatment (POLST) Forms
Introduced by the Massachusetts Medical Society OMSS

OMSS Action: Resolution 5 adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2017 Annual Meeting.

RESOLVED, That our American Medical Association advocate with appropriate government, legislative and regulatory bodies to recognize Physician Orders for Life Sustaining Treatment forms completed in one state as valid and enforceable in other states (Directive to Take Action); and be it further

RESOLVED, That our AMA create a universal Physician Orders for Life Sustaining Treatment form that would be valid and enforceable in all states. (Directive to Take Action)

HOD Action: Resolution 020 referred.
6. Implications of Direct Access Testing
Introduced by Lee Ansel, MD

OMSS Action: Resolution 6 referred for report back at the 2018 Annual Meeting.

RESOLVED, That our American Medical Association, in alliance with other interested parties, foundations and agencies, investigate the consequence of allowing the public to get whatever lab tests, from nearly any lab they may choose, and for whatever reason they may wish, without a physician’s order, including but not limited to cost, access, risk, insurance, oversight and regulation (Directive to Take Action); and be it further

RESOLVED, That our AMA report back to the House of Delegates by the 2018 Annual Meeting the results of its investigation into the adverse effects of allowing the public to get whatever lab tests, from nearly any lab they may choose, and for whatever reason they may wish, without a physician’s order. (Directive to Take Action)

7. Who “Owns” the Patient?
Introduced by Lee Ansel, MD

OMSS Action: Substitute Resolution 7 adopted in lieu of Resolution 7 and transmitted to the AMA House of Delegates for consideration at the 2017 Annual Meeting:

WHO OWNS OUR PATIENTS’ DATA?

RESOLVED, That our American Medical Association undertake a study of the use and misuse of patient information by hospitals, corporations, insurance companies, or big pharma, including the impact on patient safety, quality of care, and access to care when a patient’s data is withheld from his or her physician, with report back at the 2018 Annual Meeting. (Directive to Take Action)

HOD Action: Resolution 019 adopted with change in title.

OWNERSHIP OF PATIENT DATA

8. NIH Research Funding for Opioid and Chronic Pain Crises
Introduced by the Massachusetts Medical Society OMSS

OMSS Action: Substitute Resolution 8 adopted in lieu of Resolution 8 and transmitted to the AMA House of Delegates for consideration at the 2017 Annual Meeting:

NIH FUNDING FOR BASIC AND TRANSLATIONAL PAIN RESEARCH

RESOLVED, That our American Medical Association actively advocate for increased funding, and monitor other efforts to expand funding, for the National Institutes of Health (NIH) specifically for basic and translational pain research, with regular updates to AMA membership (Directive to Take Action); and be it further

RESOLVED, That our AMA submit supportive testimony on behalf of increased funding for basic and translational pain research at the President’s Commission on Combating Drug Addiction (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for current legislation that will increase funding for basic and translational pain research. (Directive to Take Action)
HOD Action: Resolution 721 adopted as amended with change in title.

FUNDING FOR BASIC AND TRANSLATIONAL PAIN RESEARCH

RESOLVED, That our AMA advocate for increased funding for basic and translational pain research. (Directive to Take Action)

9. Uncompensated and Burdensome Medical Record Requests
   Introduced by Chris Bush, MD

OMSS Action: Resolution 9 referred.

RESOLVED, That our American Medical Association, in conjunction with state medical societies, work with health insurance entities to amend their policies regarding physician office chart review to state that whenever possible, vendors should be provided for on-site reviews, and in cases where it is not possible, physician practices should be fairly compensated for use of staff time and resources with a fee schedule similar to that which is used when providing records for legal purposes. (Directive to Take Action)

10. Timeliness in Obtaining Medical Records from Other Providers
    Introduced by the Massachusetts Medical Society OMSS

OMSS Action: Resolution 10 adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2017 Annual Meeting.

RESOLVED, That our American Medical Association work in concert with hospitals, hospital associations, and accrediting organizations to achieve a universal understanding of HIPAA rules that allow the transfer of information to members of a patient’s treatment team without written authorization. (Directive to Take Action)


11. Reducing Patients’ Risk for Firearm-Related Injury or Death
    Introduced by the OMSS Governing Council

OMSS Action: Resolution 11 adopted as amended with change in title and transmitted to the AMA House of Delegates for consideration at the 2017 Annual Meeting.

IMPROVING PHYSICIANS’ ABILITY TO DISCUSS FIREARM SAFETY

RESOLVED, That our American Medical Association work with appropriate stakeholders to develop state-specific guidance for physicians on how to counsel patients to reduce their risk for firearm-related accidental injury or death by suicide, including guidance on when and how to ask sensitive questions about firearm ownership, access, and use, and clarification on the circumstances under which physicians are permitted or may be required to disclose the content of such conversations to family members, law enforcement, or other third parties. (Directive to Take Action)
HOD Action: Resolution 419 adopted as amended.

RESOLVED, That our American Medical Association work with appropriate stakeholders to develop state-specific guidance for physicians on how to counsel patients to reduce their risk for firearm-related injury or death, including guidance on when and how to ask sensitive questions about firearm ownership, access, and use, and clarification on the circumstances under which physicians are permitted or may be required to disclose the content of such conversations to family members, law enforcement, or other third parties. (Directive to Take Action)

12. Supporting an Appeals Process for Out of Network Patient Referrals
   Introduced by the Massachusetts Medical Society OMSS

OMSS Action: Resolution 12 referred for report back at the 2018 Annual Meeting.

RESOLVED, That our American Medical Association advocate for a transparent process within Alternative Payment Models and Medicare Advantage to protect physicians who seek to provide optimal and timely care for patients from punitive consequences for patient referrals (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate by developing legislation that requires health care organizations to have an appeals and grievance process, to protect providers, who advocate for both facility and provider referrals that address patient specific conditions with the appropriate and available health care resource and skill (Directive to Take Action); and be it further

RESOLVED, That our AMA support protecting the patient’s freedom to choose a physician and a health care delivery system, in order to preserve the patient-physician relationship. (New HOD Policy)

13. Providing For Prescription Drug Donation
   Introduced by the Massachusetts Medical Society OMSS

OMSS Action: Resolution 13 adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2017 Annual Meeting.

RESOLVED, That our American Medical Association advocate for new federal legislation that would allow nursing homes to recycle prescription drugs that are unused, sealed, and dated (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for new federal legislation that would allow physician offices and clinics to donate prescription drugs that are unused, sealed, and dated to patients in need who are uninsured or underinsured (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for new federal legislation that would allow cancer programs and clinics to accept and recycle cancer-specific drugs to patients in need who are uninsured or underinsured. (Directive to Take Action)

HOD Action: Resolution 525 referred.
14. Proposal to End the Federal Certification of EHRs Program
Introduced by the Massachusetts Medical Society OMSS

OMSS Action: Resolution 14 referred for report back at the 2017 Interim Meeting.

RESOLVED, That our American Medical Association advocate to the appropriate governing bodies and Federal Representatives to end all legal constraints and financial inducements arising from the use or non-use of the Office of National Coordinator (ONC) Certified EHR Technology (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage Federal Legislators to introduce legislation to end the ONC’s EHR certification program, and ask the President of the United States to immediately request that such legislation be introduced (Directive to Take Action); and be it further

RESOLVED, That our AMA request the ONC to define HIT standards that can be freely used by HIT vendors/innovators to exchange medical information between EHRs and other HIT tools (Directive to Take Action); and be it further

RESOLVED, That our AMA request the ONC to maintain a public website where physicians, innovators, and vendors can assess the ability of their EHR (and other HIT tools) to exchange information with other EHRs (and other HIT tools) in accordance with the ONC’s recommended standards. (Directive to Take Action)

15. Towards Eliminating ERISA State Preemption of Health Plan Liability
Introduced by the Massachusetts Medical Society OMSS

OMSS Action: Substitute Resolution 15 adopted in lieu of Resolution 15:

TOWARDS ELIMINATING ERISA STATE PREEMPTION OF HEALTH PLAN LIABILITY

RESOLVED, That the OMSS Delegate be instructed to support the intent of Resolution 235.

ACTIONS ON OMSS GOVERNING COUNCIL REPORTS

The following reports were presented by David Welsh, MD, Chair:

House of Delegates Resolutions & Reports


1. Resolution 001 - Participation of Physicians on Healthcare Organization Boards
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 001.
   HOD Action: Resolution 001 adopted as amended.

2. Resolution 005 - Perioperative Do Not Resuscitate Orders
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 005.
   HOD Action: Policy E-5.4 reaffirmed in lieu of Resolution 005.

3. Resolution 012 - Promoting the AMA Model Medical Staff Code of Conduct and its Application to Employed Physicians
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 012.
   HOD Action: Resolution 012 adopted as amended.

4. Resolution 104 - Consultation Code Reinstatement
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 104.
   HOD Action: Policy D-70.953 reaffirmed in lieu of Resolution 104.

5. Resolution 124 - Emergency Medical Services Reimbursement for On-Site Treatment and Transport to Non-Traditional Destinations
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 124.
   HOD Action: Resolution 124 adopted as amended with change in title.

6. Resolution 232 - Create MACRA Opt-Out Option
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 232.

7. Resolution 238 - Limitation on Reports to the National Practitioner Data Bank Unrelated to Patient Care
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 238.
   HOD Action: Resolution 238 adopted as amended.

8. Resolution 316 - Action Steps Regarding Maintenance of Certification
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 316.
   HOD Action: Resolution 316 adopted as amended.
9. Resolution 322 - Ending Maintenance of Certification Examinations
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 322.

10. Board of Trustees Report 09 - Physician and Medical Staff Member Bill of Rights
    OMSS Action: OMSS Delegate instructed to support the intent of BOT Report 09.
    HOD Action: Recommendations in BOT Report 9 adopted as amended and the remainder of the report filed.

11. Board of Trustees Report 18 - Eliminate the Requirement of H&P Update
    OMSS Action: OMSS Delegate instructed to support the intent of BOT Report 18.
    HOD Action: BOT Report 18 referred.

    OMSS Action: OMSS Delegate instructed to support the intent of CMS Report 07.
    HOD Action: Recommendations in CMS Report 7 adopted as amended and the remainder of the report filed.

    OMSS Action: OMSS Delegate instructed to support the intent of CMS Report 10.
    HOD Action: Recommendations in CMS Report 10 adopted and the remainder of the report filed.

14. Resolution 702 - Credentials/Specialty Added to Clinical Note Signatures
    OMSS Action: OMSS Delegate instructed to support the intent of Resolution 702.
    HOD Action: Resolution 702 not adopted.

15. Resolution 706 - Concurrent and Overlapping Surgery
    OMSS Action: OMSS Delegate instructed to support the intent of Resolution 706.
    HOD Action: Substitute Resolution 706 adopted in lieu of Resolution 706.

16. Resolution 715 - Prescription Availability for Weekend Discharges
    OMSS Action: OMSS Delegate instructed to support the intent of Resolution 715.
    HOD Action: Resolution 715 adopted as amended.

OMSS Action: Recommendation in Report B amended by addition of a second recommendation.

2. That our OMSS transmit the following resolution to the AMA House of Delegates for consideration at the 2017 Annual Meeting:

LEGISLATION TO REQUIRE TIMELY ACTION ON PRIOR AUTHORIZATION REQUIREMENTS

RESOLVED, That our American Medical Association advocate for the initiation of legislation or regulation requiring utilization review entities to provide detailed explanations for prior authorization or step therapy denials (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for the initiation of legislation or regulation requiring utilization review entities to make prior authorization or step therapy determinations and to notify providers within 48 hours for non-urgent care. For urgent care, determinations should be made within 24 hours of submission of necessary information (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for the initiation of legislation or regulation requiring utilization review entities to communicate decisions on appeals within 10 calendar days. In the event that a provider determines the need for an expedited appeal, utilization review entities should communicate decisions on such appeals within 24 hours (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for the initiation of legislation or regulation requiring that all utilization review entity appeal decisions should be made by a provider who (a) is of the same specialty, and subspecialty, whenever possible, as the prescribing/ordering provider, and (b) was not involved in the initial adverse determination. (Directive to Take Action)


At its 2016 Interim Meeting, the OMSS Assembly referred Resolution 5, "Legislation to Require Timely Action on Prior Authorization Requirements," to the Governing Council for report. Resolution 5, which was introduced by the Massachusetts Medical Society OMSS, asked the AMA to advocate for:

1. The enforcement of current legislation and regulations, stating that all prior authorization requests made to insurers be subject to insurance law that will be deemed approved, if the third-party payer does not respond within 2 business days.

2. Legislation that at the time of a medication prior authorization denial, the pharmacy benefits manager must provide the prescriber with a list of appropriate preferred alternative medications.

3. The initiation of legislation that in the event of a rejection of a prior authorization request made to insurers as subject to insurance law, the insurance company will have two (2) business days to respond to an appropriately filed appeal, and that the medical professional reviewing the appeal must have the authority to overturn the initial denial.

DISCUSSION

Existing AMA policy and ongoing AMA advocacy efforts comprehensively address the issues raised by Resolution 5. For example, the AMA has developed model legislation and talking points to support state medical associations in their efforts to protect patients and physicians from onerous prior authorization requirements. The model bill, “Ensuring Transparency in Prior Authorization Act,” (http://bit.ly/2qTYMf5) sets forth various limitations on prior authorization programs, consistent with AMA Policies H-130.970, H-285.998, and H-320.968.

Among other requirements, the model bill requires health plans and other utilization review entities to respond to prior authorization requests within two business days for non-urgent services, one business day for urgent services, and 60 minutes for post evaluation or post-stabilization services following emergency care. The model bill also sets
a standard that any failure by a utilization review entity to comply with the deadlines and other requirements specified in the law will result in any health care services subject to review to be automatically deemed preauthorized.

As noted in CMS Report 8-A-17, these efforts have already yielded results:

“Through close collaboration and strong efforts of the AMA and state medical associations, several prior authorization/step therapy bills that were based largely on the AMA’s model legislation were passed by state legislatures in 2016. Of particular note were comprehensive bills passed by Ohio and Delaware. The Prior Authorization Reform Act of Ohio, signed into law in June 2016, limits retrospective denials, requires advance notification of prior authorization policy changes, mandates timely responses to prior authorization requests, and incorporates several other aspects of the AMA’s model bill. Additionally, the Delaware General Assembly passed legislation establishing mandatory reporting of prior authorization statistics to public databases, advanced notice of new prior authorization requirements, mandatory time limits for responses, limits on retrospective denials, and a requirement that pharmaceutical prior authorizations be valid for one year. The AMA intends to build off of these legislative successes and work with the Federation of Medicine to advance additional utilization management-related state legislation.”

Additionally, last year the AMA convened a workgroup of state and specialty medical societies, national provider associations, and patient representatives to create a set of best practices related to prior authorization and other utilization management requirements. The workgroup identified the most common provider and patient complaints associated with utilization management programs and developed the Prior Authorization and Utilization Management Reform Principles (http://bit.ly/2jsamvd) to address these priority concerns. These 21 principles seek to improve prior authorization and utilization management programs by addressing broad categories of concern, including the following specific concerns raised by Resolution 5:

- Principle #11: Utilization review entities should provide detailed explanations for prior authorization or step therapy override denials, including an indication of any missing information. All utilization review denials should include the clinical rationale for the adverse determination (e.g., national medical specialty society guidelines, peer-reviewed clinical literature, etc.), provide the plan’s covered alternative treatment and detail the provider’s appeal rights.

- Principle #15: If a utilization review entity requires prior authorization for non-urgent care, the entity should make a determination and notify the provider within 48 hours of obtaining all necessary information. For urgent care, the determination should be made within 24 hours of obtaining all necessary information.

- Principle #16: Should a provider determine the need for an expedited appeal, a decision on such an appeal should be communicated by the utilization review entity to the provider and patient within 24 hours. Providers and patients should be notified of decisions on all other appeals within 10 calendar days. All appeal decisions should be made by a provider who (a) is of the same specialty, and subspecialty, whenever possible, as the prescribing/ordering provider and (b) was not involved in the initial adverse determination.

Consistent with AMA Policy D-320.987, the AMA continues to strongly urge health plans to apply these principles to their utilization management programs for both medical and pharmacy benefits.

RECOMMENDATION

In view of the existing AMA policy and ongoing AMA advocacy efforts described above, the Governing Council recommends that Resolution 5-I-16 not be adopted, and that the remainder of this report be filed.
Governing Council Report C: Preservation of Community Hospitals as Full Service Facilities

OMSS Action: Recommendation in Report C adopted and the remainder of the report filed.

At its 2016 Annual Meeting, the OMSS Assembly referred Resolution 9, “Preservation of Community Hospitals as Full Service Facilities,” to the Governing Council for report. Resolution 9, which was introduced by Elizabeth T. Curtis, MD, asked the AMA to “advocate for the preservation of comprehensive medical and surgical care within community hospitals.”

DISCUSSION

Resolution 9 suggests that comprehensive medical and surgical services should be preserved within community hospitals. While not explicitly stated, the impetus for Resolution 9 appears to be that patients may be losing access to essential healthcare services—a consequence that can be particularly devastating for critically ill patients or for those living in underserved communities. As many Americans living in rural and urban communities depend upon their hospital as an important (and often only) source of care, it is vital that patient access to a baseline level of high-quality and effective care be protected and preserved. However, given that the range of needed healthcare services and the resources available to provide those services vary widely across communities—and in light of the distinct challenges facing each community and hospital—a blanket solution as proposed by the resolution may not be effective or feasible.

Instead, the physicians and hospitals serving the community are best positioned to and should determine the types of services that should be maintained locally. AMA Policy H-225.961 supports this position by recognizing that medical staffs and hospital leaders are mutually responsible for the overall health and medical needs of the community, and accordingly, that the medical staff has a right to share in all hospital operational and strategic planning decisions—including those related to the scope of services offered. In addition to its body of policy, the AMA continues to support regional and statewide coordination of local efforts to remedy community problems associated with patient access to care, as well as the implementation of policies on a national level to help improve access to care for patients in certain economically depressed rural areas.

RECOMMENDATION

In view of the existing AMA policy and ongoing efforts described above, the Governing Council recommends that Resolution 9-A-16 not be adopted, and that the remainder of this report be filed.

Governing Council Report D: Protections for Independent Practice Free-Standing Ancillary Facilities in the Era of Hospital Based Networks

OMSS Action: Recommendations in Report D adopted and the remainder of the report filed.

HOD Action: Recommendations in Council on Medical Service Report 5 adopted and the remainder of the report filed.

At its 2016 Annual Meeting, the OMSS Assembly referred Resolution 7, “Protections for Independent Practice Free-Standing Ancillary Facilities in the Era of Hospital Based Networks,” to the Governing Council for report. Resolution 7, which was introduced by the Massachusetts Medical Society OMSS, asked the AMA to:

“discourage hospital-based networks from using their market and contracting power to disadvantage patients by driving them away from, or otherwise impeding physician-owned, freestanding office ancillary services, resulting in the unfair inducement of referrals to hospital-owned outpatient ancillary services.”

DISCUSSION

The AMA House of Delegates considered a similar resolution at the 2016 Annual Meeting (Resolution 216, Hospital Consolidation), ultimately referring it for report. In response to Resolution 216, the Council on Medical Service (CMS) has prepared CMS Report 5, Hospital Consolidation, for consideration at the 2017 Annual Meeting. CMS Report 5 describes AMA efforts to promote competition in health care markets and address health care entity consolidation, outlines findings from a recent AMA analysis of hospital market concentration levels, summarizes
relevant AMA policy, and makes policy recommendations. We believe that the CMS report substantially covers the aims of Resolution 7.

RECOMMENDATION

The Governing Council recommends that in lieu of Resolution 7-A-16, the OMSS Delegate be instructed to support the intent of CMS Report 5-A-17, Hospital Consolidation, and that the remainder of this report be filed.

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Report AA: CEJA Report 1-A-17 – Amendment to E-2.3.2, “Professionalism in Social Media”

OMSS Action: Recommendation in Report AA adopted (OMSS Delegate instructed to support the intent of the recommendations of CEJA Report 1-A-17)

HOD Action: Recommendation in CEJA Report 1 adopted and the remainder of the report filed.