Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

2. Governing Council Report B - Proposal to End the Federal Certification of EHRs Program
5. Governing Council Report E - Uncompensated and Burdensome Medical Record Requests
11. Resolution 11 - The Obligatory Nature and Enduring Purpose of the Self-Governed Organized Medical Staff

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED OR WITH CHANGE IN TITLE**

12. Resolution 2 - Health Care Workplace Ergonomics
13. Resolution 3 - Discrimination Against Physicians By Patients
14. Resolution 5 - Medical Suicide
15. Resolution 6 - Hospital Closures
16. Resolution 7 - Basic Practice Professional Standards of Physician Employment
17. Resolution 9 - Impact of the High Capital Cost of Hospital EMRs on the Medical Staff
18. Resolution 12 - Repeal of Group Purchasing Organizations Safe Harbor
19. Resolution 13 - Repeal of 1987 Safe Harbor Exemptions for GPO’s and PBM’s

**RECOMMENDED FOR REFERRAL**

19. Resolution 1 - Emeritus Membership Category
20. Resolution 8 - “Good Samaritan” Law Application to Teaching Physicians
RECOMMENDED FOR NOT ADOPTION

21. Resolution 4 - Preservation of the Physician-Patient Relationship
22. Resolution 10 - Improving Health Care Proxy Use
RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that the recommendations in Report A be adopted and that the remainder of the report be filed.

Governing Council Report A identifies resolutions and reports relevant to medical staffs that have been submitted for consideration by the House of Delegates at the 2018 Annual Meeting. This report is submitted to the Assembly to facilitate the instruction of the OMSS Delegate and Alternate Delegate regarding the positions they should take in representing the Section in the HOD.

Your Reference Committee heard no testimony opposing any of the recommendations of Report A, which are listed below. The Committee heard limited testimony supporting the inclusion in Report A of recommendations instructing the OMSS to support the intent of Resolutions 015 (Human Trafficking/Slavery Awareness), 017 (Revised Mission Statement of the AMA), 232 (Recording Law Reform), and 606 (Training Physicians in the Art of Public Forum). Additionally, it was suggested that the OMSS should seek referral of CMS Report 2, Improving Affordability in the Health Insurance Exchanges, to better address issues of affordability.

We agree with testimony suggesting that these additional items are not directly relevant to medical staffs and for this reason cannot support their inclusion in Report A. We recommend instead that the recommendations in Report A be adopted as written.

1. **Council on Ethical and Judicial Affairs Report 2 - Mergers of Secular and Religiously Affiliated Health Care Institutions**
   That the OMSS Delegate be instructed to support the intent of CEJA Report 2.

2. **Resolution 106 - Prohibit Retrospective ER Coverage Denial**
   That the OMSS Delegate be instructed to support the intent of Resolution 106.

3. **Resolution 112 - Enabling Attending Physicians to Waive the Three-Midnight Rule for Patients Receiving Care within Downside Risk Sharing Accountable Care Organizations and Advance Bundled Payments Care Improvement Programs**
   That the OMSS Delegate be instructed to support the intent of Resolution 112.

4. **Board of Trustees Report 17 - Evaluating Actions by Pharmacy Benefit Manager and Payer Policies on Patient**
   That the OMSS Delegate be instructed to support the intent of BOT Report 17.

5. **Resolution 207 - Quality Improvement Requirements**
   That the OMSS Delegate be instructed to support the intent of Resolution 207.
6. Resolution 215 - Regulation of Hospital Advertising
   That the OMSS Delegate be instructed to support the intent of Resolution 215.

7. Resolution 223 - Treating Opioid Use Disorder in Hospitals
   Resolution 239 - Treating Opioid Use Disorder in Hospitals
   That the OMSS Delegate be instructed to support the intent of Resolution 223 and 239.

8. Resolution 310 - U.S. Institutions with Restricted Medical Licensure
   That the OMSS Delegate be instructed to seek referral of Resolution 310.

9. Resolution 420 - Mandatory Influenza Vaccination Policies for Healthcare Workers
   That the OMSS Delegate be instructed to oppose the intent of Resolution 420.

10. Resolution 425 - Hospital Food Labeling
    That the OMSS Delegate be instructed to support the intent of Resolution 425.

    That the OMSS Delegate be instructed support the intent of CSAPH Report 2 and seek amendment by addition as follows:

   15. Our AMA advocates for a transparent process that allows for individual physicians to report emerging drug shortages.

12. Resolution 701 - Employed Physicians Bill of Rights
    That the OMSS Delegate be instructed to seek referral of Resolution 701.

13. Resolution 703 - Economic Credentialing
    That the OMSS Delegate be instructed to seek reaffirmation of AMA Policy H-180.963 in lieu of Resolution 703:

   H-180.963 Volume Discrimination Against Physicians
   The AMA recommends that volume indicators should be applied only to those treatments where outcomes have been shown by valid statistical methods to be significantly influenced by frequency of performance; and affirms that volume indicators should not be used as the sole criteria for credentialing and reimbursement and that, when volume indicators are used, allowances should be made for physicians starting practice. (Sub. Res. 101, A-96 Reaffirmed: CMS Rep. 8, A-06 Reaffirmed: BOT Rep. 3, A-09)

14. Resolution 708 - Arbitrary Paperwork and Signature Deadlines for Hospital and Rehabilitation
    That the OMSS Delegate be instructed to support the intent of Resolution 708.
GOVERNING COUNCIL REPORT B - PROPOSAL TO END THE FEDERAL CERTIFICATION OF EHRS PROGRAM

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that the recommendation in Report B be adopted, and that the remainder of the report be filed.

Report B recommends that the OMSS Governing Council monitor the development, implementation, and oversight of Certified EHR Technology and update the Assembly as appropriate.

Your Reference Committee heard no testimony opposing the recommendation in Report B, and we therefore recommend its adoption.

GOVERNING COUNCIL REPORT C - SUPPORTING AN APPEALS PROCESS FOR OUT OF NETWORK PATIENT REFERRALS

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that the recommendation in Report C be adopted, and that the remainder of the report be filed.

Report C recommends that Resolution 12-A-17 not be adopted, and that the remainder of the report be filed.

Your Reference Committee heard no testimony opposing the recommendation in Report C, and we therefore recommend its adoption.

GOVERNING COUNCIL REPORT D - IMPLICATIONS OF DIRECT ACCESS TESTING

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that the recommendation in Report D be adopted and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting, and that the remainder of the report be filed.

Report D recommends that the AMA advocate for vigilant oversight of direct-to-consumer (DTC) laboratory testing by relevant state and federal agencies, and encourage physicians to educate their patients about the limitations of DTC laboratory tests, as well as the risks associated with interpreting DTC test results without input from a physician.
Your Reference Committee heard no testimony opposing the recommendation in Report D, and we therefore recommend its adoption.

(5) GOVERNING COUNCIL REPORT E - UNCOMPENSATED AND BURDENSOME MEDICAL RECORD REQUESTS

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that the recommendation in Report E be adopted, and that the remainder of the report be filed.

Report E recommends that Resolution 9-A-17 not be adopted, and that the remainder of the report be filed.

Your Reference Committee heard no testimony opposing the recommendation in Report E, and we therefore recommend its adoption.

(6) GOVERNING COUNCIL REPORT AA - OMSS POSITION ON BOARD OF TRUSTEES REPORT 35-A-18: MODEL HOSPITAL MEDICAL STAFF BYLAWS

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that the recommendation in Report AA be adopted.

Report AA recommends that the OMSS Delegate be instructed to support the intent of BOT Report 35-A-18, Model Hospital Medical Staff Bylaws.

Your Reference Committee heard mixed testimony on Report AA, with some suggesting that BOT Report 35 ignores the request of the original OMSS resolution. We disagree, noting that BOT Report 35 specifically addresses the need for state-by-state guidance on medical staff bylaws topics, even if not quite in the form of the desired “model medical staff bylaws.” We also note that BOT Report 35 contains a specific recommendation for the AMA to “pursue opportunities to improve the accessibility and usability of the content contained in the AMA Physician’s Guide to Medical Staff Organization Bylaws.” For these reasons, we agree with testimony supporting the recommendation in Report AA as written.
GOVERNING COUNCIL REPORT BB - OMSS POSITION
ON BOARD OF TRUSTEES REPORT 25-A-18:
RECOGNITION OF PHYSICIAN ORDERS FOR LIFE
SUSTAINING TREATMENT FORMS

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that
the recommendation in Report BB be adopted.

Report BB recommends that the OMSS Delegate be instructed to support the intent of
BOT Report 35-A-18, Recognition of Physician Orders for Life Sustaining Treatment
Forms.

Your Reference Committee heard no testimony opposing the recommendation in Report
BB, and we therefore recommend its adoption.

GOVERNING COUNCIL REPORT CC - OMSS POSITION
ON COUNCIL ON SCIENCE AND PUBLIC HEALTH
REPORT 3-A-18: PRESCRIPTION DRUG DONATION

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that
the recommendation in Report CC be adopted.

Report CC recommends that the OMSS Delegate be instructed to support the intent of

Your Reference Committee heard no testimony opposing the recommendation in Report
CC, and we therefore recommend its adoption.

GOVERNING COUNCIL REPORT DD - OMSS POSITION
ON BOARD OF TRUSTEES REPORT 31-A-18:
PHYSICIAN BURNOUT AND WELLNESS CHALLENGES,
PHYSICIAN AND PHYSICIAN ASSISTANT

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that
the recommendation in Report DD be adopted.

Report DD recommends that the OMSS Delegate be instructed to support the intent of
BOT Report 31-A-18, Physician Burnout and Wellness Challenges, Physician and
Physician Assistant.

Your Reference Committee heard no testimony opposing the recommendation in Report
DD, and we therefore recommend its adoption.
GOVERNING COUNCIL REPORT EE - OMSS POSITION
ON BOARD OF TRUSTEES REPORT 19-A-18: HEALTH
INFORMATION TECHNOLOGY PRINCIPLES

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that the recommendation in Report EE be adopted.

Report EE recommends that the OMSS Delegate be instructed to seek referral of BOT Report 19-A-18, Health Information Technology Principles.

Your Reference Committee heard no testimony opposing the recommendation in Report EE, and we therefore recommend its adoption.

RESOLUTION 11 - THE OBLIGATORY NATURE AND ENDURING PURPOSE OF THE SELF-GOVERNED ORGANIZED MEDICAL STAFF

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that Resolution 11 be adopted and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting.

Resolution 11 asks the AMA to amend policy H-225.942 by addition of a preamble to establish the obligatory nature and enduring purpose of the self-governed organized medical staff.

Your Reference Committee heard overwhelmingly positive testimony on Resolution 11, and we recommend its adoption and transmittal to the AMA House of Delegates for consideration at the 2018 Annual Meeting.
RESOLUTION 2 - HEALTH CARE WORKPLACE

ERGONOMICS

RECOMMENDATION A:

Mr. Chair, your Reference Committee recommends that Resolution 2 be amended by addition on lines 24-28:

RESOLVED, That our American Medical Association: (1) support research on reducing physician and staff ergonomic injuries in the health care workplace, including but not limited to studying medical instrument design and development; and (2) work with resident training programs, hospitals and other interested parties to help integrate evidence-based ergonomics programs with other types of wellness programs for physicians and medical staffs. (Directive to Take Action)

RECOMMENDATION B:

Mr. Chair, your Reference Committee recommends that Resolution 2 be adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting.

Resolution 2 asks that the AMA support research on reducing physician and staff ergonomic injuries in the health care workplace, including but not limited to studying medical instrument design and development; and work with resident training programs, hospitals and other interested parties to help integrate evidence-based ergonomics programs with other types of wellness programs for physicians and medical staffs.

Your Reference Committee heard positive testimony on Resolution 2, including an amendment to expand the scope of the proposed research/study to include work station design. We support this amendment and recommend that Resolution 2 be adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting.
RESOLUTION 3 - DISCRIMINATION AGAINST PHYSICIANS BY PATIENTS

RECOMMENDATION A:

Mr. Chair, your Reference Committee recommends that Resolution 3 be amended by deletion on lines 23-28:

RESOLVED, That our American Medical study (1) the prevalence and impact of physician reassignment demands by patients that appear to be rooted in bigotry; (2) how hospitals and other health care systems accommodate such patient demands, including but not limited to formal policies or procedures on handling patient bias; and (3) the legal, ethical, and practical implications that physicians and health care systems must consider when accommodating or refusing such reassignment demands.

RECOMMENDATION B:

Mr. Chair, your Reference Committee recommends that Resolution 3 be adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting.

Resolution 3 asks the AMA to study the prevalence and impact of physician reassignment demands by patients that appear to be rooted in bigotry; how hospitals and other health care systems accommodate such patient demands, including but not limited to formal policies or procedures on handling patient bias; and the legal, ethical, and practical implications that physicians and health care systems must consider when accommodating or refusing such reassignment demands.

Your Reference Committee heard mixed testimony on Resolution 3. While there was testimony that expressed concern over the rights of patients to receive medical care from a provider of their choice, there was overwhelming support for a study on this important issue. Testimony also expressed concerns over the inflammatory nature of the term “bigotry.” As such, we recommend that Resolution 3 be adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting.
(14) RESOLUTION 5 - MEDICAL SUICIDE

RECOMMENDATION A:

Mr. Chair, your Reference Committee recommends that the following resolution be adopted in lieu of Resolution 5 and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting:

STUDY OF MEDICAL STUDENT, RESIDENT, AND PHYSICIAN SUICIDE

RESOLVED, That our American Medical Association conduct a study to accurately quantify the actual incidence of medical student, resident, and physician suicide, and report back with recommendations for action.

Resolution 5 asks the AMA to urgently promote or lead a study to accurately quantify the actual incidence and consequences of medical suicide at all levels of training and practice in the United States, and also encourage all entities in the country to eliminate questions about behavioral health issues in applications for training, employment or for renewal of licensure, as they create a stigma against the applicants and their condition, and may cause negative consequences.

Your Reference Committee heard substantial testimony supporting the intent of Resolution 5. However, it was noted that, with the exception of the call for a study to quantify the number of “medical suicides,” the asks of the resolution are already sufficiently covered by existing AMA policy and/or ongoing efforts by AMA and other stakeholder organizations such as LCME and ACGME. We therefore recommend substitute language to narrow the scope of Resolution 5 to that which makes it unique.
RESOLUTION 6 - HOSPITAL CLOSURES

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that the following resolution be adopted in lieu of Resolution 6 and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting:

HOSPITAL CLOSURES AND PHYSICIAN CREDENTIALING

RESOLVED, That our American Medical Association work with appropriate stakeholders to identify mechanisms that would allow hospitals and other organizations that credential physicians to access verified credentialing information for physicians who were on staff at the time of a hospital’s closure, and report back at the 2019 Annual Meeting.

Resolution 6 asks the AMA, through its Organized Medical Staff Section, develop a repository of information regarding the medical staff membership status of affected physicians and/or residents at the time of hospital closure, thereby having easily accessible documentation certifying that their departure from the medical staff was not by voluntary activity or due to sanctions.

We heard passionate testimony on Resolution 6 which underscored the need for the AMA to promptly address the negative impact of hospital closures on future credentialing efforts. Unfortunately, it was not immediately clear what role the AMA could or should play in such efforts. Additionally, it was suggested that there might already be a solution available in the form of the National Association Medical Staff Services (NAMSS) Practitioner Affiliation Sharing Source (PASS) program (https://bit.ly/2JiBxW4). In the absence of complete information, we believe the best path forward is for the AMA to explore this topic to identify any and all available mechanisms that might allow hospitals and other organizations that credential physicians to access verified credentialing information for physicians who were on staff at the time of a hospital’s closure. We therefore recommend that a substitute be adopted in lieu of Resolution 6 and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting.
RESOLUTION 7 - BASIC PRACTICE PROFESSIONAL STANDARDS OF PHYSICIAN EMPLOYMENT

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that the following resolution be adopted in lieu of Resolution 7:

BASIC PRACTICE PROFESSIONAL STANDARDS OF PHYSICIAN EMPLOYMENT

RESOLVED, That the OMSS Delegate be instructed to seek referral of Resolution 702, Basic Practice Professional Standards of Physician Employment.

Resolution 7 asks the AMA to adopt best practice principles related to physician employment contracts in an effort to support improved work-life balance and maximal employment adaptability and professional treatment to maintain physicians in productive medical practice and minimize physician burnout.

While testimony generally supported the spirit of Resolution 7, it was noted that in some cases the listed “best practices” already appear in AMA policy, and that in other cases, they might actually contradict existing policy. It was also noted that an identical resolution will be considered by the House of Delegates at this meeting (Resolution 702, Basic Practice Professional Standards of Physician Employment). Recognizing the importance of this matter and wishing the AMA to address it, we recommend that in lieu of Resolution 7, the OMSS simply seek referral of Resolution 702 in the House of Delegates.

RESOLUTION 9 - IMPACT OF THE HIGH CAPITAL COST OF HOSPITAL EMRS ON THE MEDICAL STAFF

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that the following resolution be adopted in lieu of Resolution 9 and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting:

IMPACT OF THE HIGH CAPITAL COST OF HOSPITAL EHR SYSTEMS ON THE MEDICAL STAFF

RESOLVED, That our American Medical Association study the long-term costs for hospitals of EHR system procurement, including but not limited to their impact on physician recruitment and retention.

Resolution 9 asks the AMA to work with relevant stakeholders, including medical staffs, to monitor the current and projected fiscal impact of electronic medical record (EMR) implementation on the health care system, including the potential impact on recruitment
and retention of the physician and health care workforce, population health, cost and
good quality of patient care, as well as access to patient care; report back on this study at A-
19. Resolution 9 also asks the AMA to distribute information to medical staffs on the
current and projected fiscal impact of EMR implementation on the health care system to
educate and to encourage more medical staff engagement and participation in health
care system planning, so that they can work closely with hospital administration on the
downstream financial impact of large capital expenditures such as EMRs.

Testimony unanimously supported the intent of Resolution 9. We agree with testimony
suggesting that the AMA study the long-term fiscal impact that EHR implementation has
on hospitals. We therefore recommend adoption of a substitute resolution we have
drafted to further simplify and concisely address this concern.

(18) RESOLUTION 12 - REPEAL OF GROUP PURCHASING
ORGANIZATIONS SAFE HARBOR

RESOLUTION 13 - REPEAL OF 1987 SAFE HARBOR
EXEMPTIONS FOR GPO’S AND PBM’S

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that
the following resolution be adopted in lieu of Resolution 12
and Resolution 13 and transmitted to the AMA House of
Delegates for consideration at the 2018 Annual Meeting:

REPEAL OF GROUP PURCHASING ORGANIZATIONS
AND PHARMACY BENEFIT MANAGER SAFE HARBOR

RESOLVED, That our American Medical Association
collaborate with medical specialty partners, patient
advocacy groups, and other stakeholders to seek repeal of
the 1987 Safe Harbor exemption to the Medicare Anti-
Kickback Statute for Group Purchasing Organizations
(GPOs) and Pharmacy Benefit Managers (PBMs); and be
it further

RESOLVED, That our AMA educate its members on how
safe harbor exemption for GPOs and PBMs affects drug
prices and drug shortages; and be it further

RESOLVED, That our AMA reaffirm Policy H-100.956,
which states in part that “Our AMA will collaborate with
medical specialty partners in identifying and supporting
legislative remedies to allow for more reasonable and
sustainable payment rates for prescription drugs.”

Resolution 12 asks the AMA to (1) collaborate with medical specialty partners and
patient advocacy groups to seek Congressional repeal of the safe-harbor protections for
Group Purchasing Organizations; and (2) reaffirm Policy H-100.956, which states in part
that “Our AMA will collaborate with medical specialty partners in identifying and supporting legislative remedies to allow for more reasonable and sustainable payment rates for prescription drugs.” Resolution 13 asks the AMA to (1) support legislative repeal of the 1987 Safe Harbor exemption for GPO’s and PBM’s to the Medicare Anti-Kickback Statute; and (2) educate its members on how safe harbor exemption for GPO’s and PBM’s affects drug prices and drug shortages.

Testimony supported the intent of Resolutions 12 and 13, and suggested that these items should be combined due to their similarities. We agree and offer a substitute resolution, which we recommend be adopted and transmitted to the AMA House of Delegates for consideration at the 2018 Annual Meeting.

(19) RESOLUTION 1 - EMERITUS MEMBERSHIP

CATEGORY

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that Resolution 1 be referred for report back at the 2018 Interim Meeting.

Resolution 1 asks that the OMSS direct the OMSS Governing Council to pursue amendment of the AMA Bylaws and OMSS Internal Operating Procedures as necessary to establish a new category of Section membership for emeritus members of the OMSS.

Your Reference Committee heard extensive, mixed testimony on Resolution 1. Testimony revealed significant confusion about current requirements for OMSS representation, as well as disagreement about which rights should be granted to members of the proposed emeritus category. There was also a suggestion that the Section should not approve this proposal without first explicating the process by which emeritus status would be granted. For these reasons, we recommend that Resolution 1 be referred to the Governing Council for report back at the 2018 Interim Meeting.

(20) RESOLUTION 8 - “GOOD SAMARITAN” LAW

APPLICATION TO TEACHING PHYSICIANS

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that Resolution 8 be referred for report back at the 2019 Annual Meeting.

Resolution 8 asks the AMA to advocate at the national level to implement a “Good Samaritan Law” type waiver of liability on behalf of physicians who render opinions at clinical conferences and receive no remuneration; further define that a “bag lunch and parking voucher” do not represent “remuneration as a physician for medical care;” and work with state medical societies to advocate for the adoption of a waiver of liability to be enacted on the state level until national legislation is achieved.
Your Reference Committee heard testimony that was generally supportive of the intent of Resolution 8. Testimony suggested removing the term “remuneration” as a component of this waiver of liability on behalf of physicians. Additionally, testimony addressed tort reform and touched upon a number of state and federal regulations related to malpractice, but it was unclear how these regulations might apply to the issue at hand. We therefore recommend that Resolution 8 be referred for report back at the 2019 Annual Meeting in order to further clarify these and other potential implications.

(21) RESOLUTION 4 - PRESERVATION OF THE PHYSICIAN-PATIENT RELATIONSHIP

RECOMMENDATION A:

Mr. Chair, your Reference Committee recommends that Resolution 4 not be adopted.

Resolution 4 asks the AMA to make the preservation of the patient-physician relationship an essential goal, through an ongoing effort to bring this important issue before our membership, educational efforts of multiple Sections of our AMA, as well as any appropriate advocacy efforts.

Your Reference Committee heard uniformly positive testimony on Resolution 4. While we recognize the importance of this issue and thank the author for bringing it forward, we note that the primacy of the patient-physician relationship is woven throughout both AMA policy and the advocacy and other activities the AMA undertakes on a daily basis. We note, for example, AMA policy H-165.837, Protecting the Patient-Physician Relationship, which “supports protecting the patient-physician relationship by continuing to advocate for: the obligation of physicians to be patient advocates; the ability of patients and physicians to privately contract; the viability of the patient-centered medical home; the use of value-based decision-making and shared decision-making tools; the use of consumer-directed health care alternatives; the obligation of physicians to prioritize patient care above financial interests; and the importance of financial transparency for all involved parties in cost-sharing arrangements.”

In the absence of a more specific call to action, we believe that the House of Delegates would deem Resolution 4 to be a reaffirmation of existing AMA policy and actions, and we therefore recommend that Resolution 4 not be adopted.

(22) RESOLUTION 10 - IMPROVING HEALTH CARE PROXY USE

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that Resolution 10 not be adopted.

Resolution 10 asks the AMA to work with relevant stakeholders, including medical staffs, to find ways to encourage completion of Health Care Proxies through various venues, such as providing a Health Care Proxy form when renewing a motor vehicle license, or when enrolling in Medicare and various other government enrollment and registration
opportunities. Resolution 10 also asks the AMA to work with the government regulatory and legislative entities, including Congress to explore the feasibility of creating a national Health Care Proxy registry, available to physicians, other providers, and appropriate entities, distribute information to medical staffs and other invested parties to stress the importance for the public to complete Health Care Proxy documents, and work with state medical and national medical societies to advocate for establishing state wide registries that will ultimately feed into a national registry until federal legislation is achieved.

Testimony mostly opposed the intent of Resolution 10, in particular the call for a national registry. We note that the remainder of the proposals in the resolution are largely covered by existing AMA policy, and that the AMA has done extensive work to promote appropriate planning for end-of-life decisions. For example, along with the American Bar Association, the American Hospital Association, the American Academy of Hospice and Palliative Medicine, and numerous other medical specialty societies, the AMA annually supports National Health Decisions Day, an initiative to provide information and resources on advance care planning for both patients and health care professionals.

Further, the AMA has advocated for legislative support of advance care planning and advance directives, with the AMA’s efforts being instrumental in the decision by CMS to include payment for AMA-developed CPT codes for advance care planning services in the 2016 Medicare Physician Fee Schedule Final Rule. Finally, the AMA’s innovative STEPS Forward program of interactive, online educational modules recently launched a new module, Planning for End-of-Life Decisions with Your Patients (https://bit.ly/29YfzVC), to help physicians help patients convey their wishes about end of life care. For these reasons, we recommend that Resolution 10 not be adopted.
Mr. Chair, this concludes the report of the OMSS Reference Committee. I would like to thank Jeff Brackett, MD, Catherine Ferguson, MD, Alison Jones, MD, Alan Klitzke, MD, and all those who testified before the Committee.

Jeff Brackett, MD

Alan Klitzke, MD

Catherine Ferguson, MD

Chris Bush, MD
Chair

Alison Jones, MD