Handbook Review: HOD Reference Committee B (Legislation)

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HOD resolution or report (sponsor)	Action requested	AMA-YPS recommended position
BOT Report 4: Increased Use of Body-Worn Cameras by Law Enforcement Officers	The Board recommends that the following be adopted in lieu of Resolution 208-I-17, and that the remainder of the report be filed. That our American Medical Association work with interested state and national medical specialty societies to support state legislation and/or regulation that would encourage the use of body-worn camera programs for law enforcement officers and fund the purchase of body-worn cameras, training for officers and technical assistance for law enforcement agencies. Fiscal Note: Less than $5,000	Support
BOT Report 5: Exclusive State Control of Methadone Clinics	The Board recommends that the following recommendation be adopted in lieu of Resolution 211-I-17, and that the remainder of the report be filed. 1. That our American Medical Association (AMA) support the right of federally certified Opioid Treatment Programs (OTPs) to be located within residential, commercial and any other areas where there is a demonstrated medical need; (New HOD Policy) 2. That our AMA encourage state governments to collaborate with health insurance companies and other payers, state medical societies, national medical specialty societies, OTPs and other health care organizations to develop and disseminate resources that identify where OTP providers operate in a state and take part in surveillance efforts to obtain timely and comprehensive data to inform treatment opportunities; and (New HOD Policy) 3. That our AMA advocate for the federal agencies responsible for approving opioid treatment programs to consider the views of state and local stakeholders when making decisions about OTP locations and policies. (New HOD Policy) Fiscal Note: $2,500	Support
BOT Report 7: Advocacy for Seamless Interface Between Physicians Electronic Health Records,	The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 212-A-17, and the remainder of the report be filed: 1. That our American Medical Association (AMA) advocate for a federal study to evaluate the use of PDMPs to improve pain care as well as treatment for substance use disorders. This would include identifying whether PDMPs can	**Active Support with Amendment** Amend to include a fourth resolved from the original resolution to state: **4. That our AMA advocate that the cost of generating these**

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Pharmacies and Prescription Drug Monitoring Programs	distinguish team-based care from uncoordinated care, misuse, or "doctor shopping," as well as help coordinate care for a patient with a substance use disorder or other condition requiring specialty care. (Directive to Take Action) 2. That our AMA urge EHR vendors to increase transparency of custom connections and costs for physicians to integrate their products in their practice. (Directive to Take Action) 3. That our AMA support state-based pilot studies of best practices to integrate EHRs, EPCS and PDMPs as well as efforts to identify burdensome state and federal regulations that prevent such integration from occurring. (New HOD Policy) Fiscal Note: Less than $500	**interfaces be borne by the commercial EHR and dispensing program providers.**
BOT Report 8: 340B Drug Discount Program (Resolution 225-A-18 Resolve 3)	In light of these considerations, your Board of Trustees recommends that the following recommendations be adopted in lieu of the third resolve Resolution 225-A-18 and the remainder of this report be filed: 1. That our American Medical Association support a revised 340B drug discount program covered entity eligibility formula, which appropriately captures the level of outpatient charity care provided by hospitals, as well as standalone community practices. (New HOD Policy) 2. Our AMA will confer with national medical specialty societies on providing policymakers with specific recommended covered entity criteria for the 340B drug discount program. (Directive to Take Action) Fiscal Note: Less than $5000	Support
BOT Report 11: Violence Prevention (Resolution 419-A-18, Resolves 1 and 3)	The Board of Trustees recommends that the following recommendations be adopted in lieu of the first and third resolves of Resolution 419-A-18 and the remainder of the report be filed. 1.That Policy H-145.996, "Firearm Availability" be amended by addition and deletion to read as follows: H-145.996 Firearm Availability 1. Our AMA: (a) Advocates a waiting period and background check for all firearm purchasers; (b) encourages legislation that enforces a waiting period and	Support

	background check for all firearm purchasers; and (c) urges legislation to prohibit the manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or other non-metallic materials that cannot be detected by airport and weapon detection devices. 2. Our AMA ~~policy is to~~ supports requiring ~~require~~ the licensing/permitting of ~~owners of~~ firearms owners and purchasers, including the completion of a required safety course, and registration of all firearms. 3. Our AMA supports granting local law enforcement discretion over whether to issue concealed carry permits. ~~in the permitting process in such that local police chiefs are empowered to make permitting decisions regarding "concealed carry", by supporting "gun violence restraining orders" for individuals arrested or convicted of domestic violence or stalking, and by supporting "red flag" laws for individuals who have demonstrated significant signs of potential violence~~. In supporting local law enforcement, we also support ~~as well~~ the importance of ~~"~~due process~~"~~ so that ~~decisions could be reversible by~~ individuals can petition ~~petitioning in court~~ for their rights to be restored. (Modify Current HOD Policy) 2. That Policy H-145.972, "Firearms and High-Risk Individuals" be reaffirmed. Our AMA supports: (1) the establishment of laws allowing family members, intimate partners, household members, and law enforcement personnel to petition a court for the removal of a firearm when there is a high or imminent risk for violence; (2) prohibiting persons who are under domestic violence restraining orders, convicted of misdemeanor domestic violence crimes or stalking, from possessing or purchasing firearms; (3) expanding domestic violence restraining orders to include dating partners; (4) requiring states to have protocols or processes in place for requiring the removal of firearms by prohibited persons; (5) requiring domestic violence restraining orders and gun violence restraining orders to be entered into the National Instant Criminal Background Check System; and (6) efforts to ensure the public is aware of the existence of laws that allow for the removal of firearms from high-risk individuals. (Reaffirm HOD Policy) 3. That our American Medical Association: (1) encourages the enactment of state laws requiring the reporting of relevant mental health records, as defined by state and federal law, to the National Instant Criminal Background Check System (NICS); (2) supports federal funding to provide grants to states to improve NICS reporting; and (3) encourages states to automate the reporting of mental health records to NICS to improve the quality and timeliness of the data. (New HOD Policy)	

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	Fiscal Note: Less than $500.	
Resolution 201: Reimbursement for Services Rendered During Pendency of Physician's Credentialing Application Introduced by: Virginia, American Association of Clinical Urologists, Georgia, American Urological Association, American College of Radiology	RESOLVED, That our American Medical Association develop model state legislation for physicians being credentialed by a health plan to treat patients and retroactively receive payments if they are ultimately credentialed. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	**Active Support if pulled from reaffirmation calendar**
Resolution 202: Enabling Methadone Treatment of Opioid Use Disorder in Primary Care Settings Introduced by: Pennsylvania **REVISED**	RESOLVED, That our American Medical Association study the implications of removing those administrative and/or legal barriers that hamper the ability of primary care physician practices to dispense methadone, as part of medication assisted treatment (Directive to Take Action); and be it further RESOLVED, That our AMA study the implications of working with other Federation stakeholders to identify the appropriate educational tools that would support primary care practices in dispensing ongoing methadone for appropriate patients as part of medication-assisted treatment. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	**Active Support with Amendments:** RESOLVED, That our American Medical Association study the implications of removing those administrative and/or legal barriers that hamper the ability of primary care physician practices to dispense medications (including, but not limited to methadone) as part of medication assisted treatment (Directive to Take Action); and be it further That our AMA ~~study the implications of working~~ work with other Federation stakeholders to identify the appropriate educational tools that would support primary care practices

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		in dispensing medications ~~ongoing methadone~~ for appropriate patients as part of medication-assisted treatment. (Directive to Take Action)
Resolution 203: Support for the Development and Distribution of HIPAA-Compliant Communication Technologies Introduced by: Resident and Fellow Section	RESOLVED, That our American Medical Association promote the development and use of Health Insurance Portability and Accountability Act of 1996 (HIPAA) - compliant technologies for text messaging, electronic mail and video conferencing. (New HOD Policy) Fiscal Note: Minimal - less than $1,000.	Support
Resolution 204: Restriction on IMG Moonlighting Introduced by: Resident and Fellow Section	RESOLVED, That our American Medical Association advocate for changes to federal legislation allowing physicians with a J-1 visa fellowship training programs the ability to moonlight. (New HOD Policy) Fiscal Note: Modest - between $1,000 - $5,000.	Active Support with Amendment to state: RESOLVED, That our American Medical Association advocate for changes to federal legislation allowing physicians with a J-1 visa **having completed training in an ACGME or AOA accredited US residency program** in fellowship training programs the ability to moonlight. (New HOD Policy)
Resolution: 205: Legalization of the Deferred Action for Legal Childhood Arrival (DALCA) Introduced by: International Medical Graduates Section	RESOLVED, That our American Medical Association support legalization of the Deferred Action for Legal Childhood Arrival (DALCA) (New HOD Policy); and be it further RESOLVED, That our AMA work with the appropriate agencies to allow DALCA children to start and finish medical school and/or residency training until these DALCA children have officially become legal. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Support

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Resolution 206: Repealing Potential Penalties Associated with MIPS Introduced by: Florida	RESOLVED, That our American Medical Association advocate to repeal all potential penalties associated with the MIPS program. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Oppose
Resolution 207: Defense of Affirmative Action Introduced by: Medical Student Section	RESOLVED, That our American Medical Association oppose legislation that would undermine institutions' ability to properly employ affirmative action to promote a diverse student population. (New HOD Policy) Fiscal Note: Minimal - less than $1,000.	Support
Resolution 208: Increasing Access to Broadband Internet to Reduce Health Disparities Introduced by: Nebraska, Georgia, West Virginia, Florida, Mississippi, South Carolina, Arkansas, Oklahoma, New Jersey, Tennessee	RESOLVED, That our American Medical Association advocate for the expansion of broadband connectivity to all rural areas of the United States. (New HOD Policy) Fiscal Note: Minimal - less than $1,000.	**Active Support if extracted from reaffirmation report**
Resolution 209: Sexual Assault Education and Prevention in Public Schools Introduced by: Women Physicians	RESOLVED, That our American Medical Association support state legislation mandating that public middle and high school health education programs include age appropriate information on sexual assault education and prevention, including but not limited to topics of consent and sexual bullying. (Directive to Take Action) Fiscal Note: Minimal - less than $1,000.	**Active Support**

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Section		
Resolution 210: Forced Organ Harvesting for Transplantation Introduced by: District of Columbia	RESOLVED, That our American Medical Association reaffirm Ethical Opinion E-6.1.1, "Transplantation of Organs from Living Donors,", and believes that transplant surgeons, especially those who come to the United States for training in transplant surgery, must agree to these guidelines, and that American medical and hospital institutions not be complicit in any ethical violations or conflicts of interest (New HOD Policy); and be it further RESOLVED, That our AMA representatives to the World 1 Medical Association request an independent, interdisciplinary (not restricted to transplant surgeons), transparent investigation into the Chinese practices of organ transplantation including (but not limited to): the source of the organs as well as the guidelines followed; and to report back on these issues as well as the status of Prisoners of Conscience as sources of transplantable organs (Directive to Take Action); and be it further RESOLVED, That our AMA call upon the U.S. Government to protect the large number of transplant tourists by implementing legislation to regulate the evolving, ethical challenges by initiating a Reciprocal Transplant Transparency Act which would blacklist countries that do not meet the same transparency and ethical standards practiced in the U.S. (such as the public listing of annual transplant numbers by every transplant center to permit scrutiny). (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Support
Resolution 211: Eliminating Barriers to Automated External Defibrillator Use Introduced by: Heart Rhythm Society American College of Cardiology American Society for Echocardiography Society for Cardiovascular	RESOLVED, That our American Medical Association update its policy on cardiopulmonary resuscitation and automated external defibrillators (AEDs) by endorsing efforts to promote the importance of AED use and public awareness of AED locations, by using solutions such as integrating AED sites into widely accessible mobile maps and applications (New HOD Policy); and be it further RESOLVED That our AMA urge AED vendors to remove labeling from AED stations that stipulate that only trained medical professionals can use the defibrillators (Directive to Take Action); and be it further RESOLVED That our AMA support consistent and uniform legislation across states for the legal protection of untrained personnel who use AEDs in the course of attempting to aid a sudden cardiac arrest victim. (Directive to Take Action)	Support

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Angiography and Interventions	Fiscal Note: Modest - between $1,000 - $5,000.	
Resolution 212: Development and Implementation of Guidelines for Responsible Media Coverage of Mass Shootings Introduced by: Medical Student Section	RESOLVED, That our American Medical Association encourage the Centers for Disease Control and Prevention, the National Institute of Mental Health, the Associated Press Managing Editors, the National Press Photographers Association, and other relevant organizations to develop guidelines for media coverage of mass shootings in a manner that is unlikely to provoke additional incidents. (New HOD Policy) Fiscal Note: Modest - between $1,000 - $5,000.	Support
Resolution 213: Increasing Firearm Safety to Prevent Accidental Child Deaths Introduced by: Medical Student Section	RESOLVED, That our American Medical Association advocate for enactment of Child Access Prevention laws in all 50 states or as federal law. (New HOD Policy) Fiscal Note: Minimal - less than $1,000.	**Active Support**
Resolution: 214: A Public Health Case for Firearm Regulation Introduced by: Wisconsin	RESOLVED, That our American Medical Association support a public health approach to evidence-based firearm laws and regulations that do not conflict with the Second Amendment to the U.S. Constitution (New HOD Policy); and be it further RESOLVED, That our AMA oppose barriers to firearm safety. (New HOD Policy) Fiscal Note: Minimal - less than $1,000.	Support
*Resolution 215: Extending the Medical Home to Meet Families Wherever They Go Introduced by: American Academy of Pediatrics	RESOLVED, That our American Medical Association develop model legislation to permit primary care physicians, who work in medical homes/primary care practices that satisfy the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Recognition Program guidelines, and who have documented a face-to-face patient-care relationship, to provide telehealth services for the patient when the patient travels to any of the fifty states. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Monitor

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*Resolution 216: Medicare Part B Competitive Acquisition Program (CAP) Introduced by: American Society of Clinical Oncology	RESOLVED, That our American Medical Association advocate that any revised Medicare Part B Competitive Acquisition Program meet the following standards to improve the value of the program by lowering the cost of drugs without undermining quality of care: (1) it must be genuinely voluntary and not penalize practices which choose not to participate; (2) it should provide supplemental payments to support complex care coordination and management for cancer patients, including reimbursement for costs associated with the administration of anticancer drugs such as special handling and storage for hazardous drugs; (3) it should permit flexibility such as allowing for variation in orders that may occur on the day of treatment, and allow for the use of CAP-acquired drugs at multiple office locations; (4) it should allow practices to choose from multiple vendors to ensure competition, and should also ensure that vendors meet appropriate safety and quality standards; (5) it should include robust and comprehensive patient protections which include preventing delays in treatment, helping patients find assistance or alternative payment arrangements if they cannot meet the cost-sharing responsibility, and vendors should bear the risk of non-payment of patient copayments in a way that does not penalize the physician; and (6) it should not be tied to negotiated discounts such as rebates to pharmacy benefit managers given in exchange for implementing utilization management policies like step therapy. (New HOD Policy) Fiscal Note: Modest - between $1,000 - $5,000.	Support
*Resolution 217: Opposition to Medicare Part B to Part D Changes Introduced by: American Society of Clinical Oncology, American College of Rheumatology,	RESOLVED, That our American Medical Association advocate against Medicare changes which would recategorize Medicare Part B drugs into Part D. (New HOD Policy) Fiscal Note: Modest - between $1,000 - $5,000	**Active Support**

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American Gastroenterological Association		
*Resolution 218: Alternatives to Tort for Medical Liability Introduced by: Colorado	RESOLVED, That our American Medical Association review options for alternatives to the tort system that will assure fair compensation to individuals harmed in the process of receiving medical care and separately identify and hold accountable physicians and other practitioners for dangerous or unacceptable practice as well as identify opportunities for improving systems to maximize the safety of medical care (as in New Zealand and other countries) (Directive to Take Action); and be it further RESOLVED, That our AMA develop new policy which can be used for advocacy or development of model state legislation to replace the current tort system. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Support
*Resolution 219: Promotion and Education of Breastfeeding Introduced by: Indiana	RESOLVED, That our American Medical Association encourage the federal government to legislate appropriate disclosures of the health benefits or limitations of synthetic infant formulas, develop a breast feeding awareness education program, ensure that our representatives to global meetings comport themselves in an unbiased manner that better represents a compromise of all views of this particular issue and promote development of an affordable and more equivalent substitute for breast milk for women who absolutely are unable to nurse (New HOD Policy); and be it further RESOLVED, That our AMA and all state medical associations support legislation for workplace accommodation for nursing mothers in those states that do not already have such laws. (New HOD Policy) Fiscal Note: Modest - between $1,000 - $5,000.	Support
*Resolution 220: Supporting Mental Health Training Programs for Corrections Officers and Crisis Intervention Teams for Law Enforcement	RESOLVED, That our American Medical Association support legislation and federal funding for evidence-based training programs aimed at educating corrections officers in effectively interacting with mentally ill populations in federal prisons. (New HOD Policy) Fiscal Note: Minimal - less than $1,000	Support

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Introduced by: Indiana		
*Resolution 221: Regulatory Relief from Burdensome CMS "HPI" EHR Requirements Introduced by: Kentucky	RESOLVED, That our American Medical Association advocate for regulatory relief from the burdensome Centers for Medicare and Medicaid Services (CMS) History of Present Illness (HPI) requirements arbitrarily equating “keystroking” in an electronic health record (EHR) with validation of the fact that a face to face encounter has been performed by the physician/NPP (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for the acceptance of the physician's electronic signature as substantiation and verification that the HPI was reviewed and appropriate additional information was obtained and recorded whomever "keystroked" this information. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Monitor
*Resolution 222: Patient Privacy Invasion by the Submission of Fully Identified Quality Measure Data to CMS Introduced by: Maryland	RESOLVED, That our American Medical Association work to establish regulation and/or legislation requiring that all quality measure data be collected in summary format only with no personally identified information included. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	**Active Oppose if extracted from reaffirmation calendar**
*Resolution 223: Permanent Reauthorization of the State Children’s Health Insurance Program Introduced by: Michigan	RESOLVED, That our American Medical Association amend policy H-290.971, “Expanding Enrollment for the State Children's Health Insurance Program (SCHIP),” by addition and deletion to read as follows: Our AMA continues to support: a. health insurance coverage of all children as a strategic priority; b. efforts to expand coverage to uninsured children who are eligible for the State Children's Health Insurance Program (SCHIP) and Medicaid through improved and streamlined enrollment mechanisms; c. the permanent reauthorization of SCHIP ~~in 2007~~; and d. supports the use of enrollment information for participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and/or the federal school lunch assistance program as documentation for SCHIP eligibility in order to allow families to avoid duplication and the cumbersome process of re-	Support

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	documenting income for child health coverage (Modify Current HOD Policy); and be it further RESOLVED, That our American Medical Association amend policy D-290.982, "State Children's Health Insurance Program Reauthorization (SCHIP)," by addition and deletion to read as follows: 1. Our AMA strongly supports the permanent reauthorization of the State Children's Health Insurance Program reauthorization and will lobby toward this end. 2. Our AMA will lobby Congress to: a. provide performance-based financial assistance for new coverage costs with expanded coverage of uninsured children through SCHIP through an enhanced federal match; b. allow states to use SCHIP funds to augment employer-based coverage; c. allow states to explicitly use SCHIP funding to cover eligible pregnant women; d. allow states the flexibility to cover all eligible children residing in the United States and pregnant women through the SCHIP program without a mandatory waiting period; e. provide $60 billion in additional funding for SCHIP to ensure adequate funding of the SCHIP program and incentivize states to expand coverage to qualified children, and support incentives for physicians to participate; and f. ensure predictable funding of SCHIP in the future. 3. Our AMA will urge Congress to provide targeted funding for SCHIP enrollment outreach (Modify Current HOD Policy); and be it further RESOLVED, That our AMA actively lobby the United States Congress for a permanent reauthorization of the Children's Health Insurance Program. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	
*Resolution 224: Fairness in the Centers for Medicare & Medicaid Services Authorized Quality Improvement Organization's (QIO)	RESOLVED, That our American Medical Association seek by regulation and/or legislation to amend the Centers for Medicare and Medicaid Services (CMS) quality improvement organization (QIO) process to mandate an opportunity for practitioners and/or providers to request an additional review when the QIO initial determination peer review and the QIO reconsideration peer review are in conflict (Directive to Take Action); and be it further RESOLVED, That our AMA seek by regulation and/or legislation to require CMS	Support

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Medical Care Review Process Introduced by: New York	authorized QIOs to disclose to practitioners and/or providers when the QIO peer reviewer is not a peer match and is reviewing a case outside of their area of expertise (Directive to Take Action); and be it further RESOLVED, That our AMA seek by regulation and/or legislation to require CMS authorized QIOs to disclose in their annual report, the number of peer reviews performed by reviewers without the same expertise as the physician being reviewed. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	
*Resolution 225: "Surprise" Out of Network Bills Introduced by: New York	RESOLVED, That our American Medical Association advocate that any federal legislation on "surprise" out of network medical bills be consistent with AMA Policy H-285.904, "Out-of-Network Care," and apply to ERISA plans not subject to state regulation (New HOD Policy); and be it further RESOLVED, That our AMA advocate that such federal legislation protect state laws that do not limit surprise out of network medical bills to a percentage of Medicare or health insurance fee schedules. (New HOD Policy) Fiscal Note: Modest - between $1,000 - $5,000.	Support
*Resolution 226: Support for Interoperability of Clinical Data Introduced by: Utah	RESOLVED, That our American Medical Association review and advocate for the implementation of appropriate recommendations from the "Consensus Statement: Feature and Function Recommendations to Optimize Clinician Usability of Direct Interoperability to Enhance Patient Care," a physician-directed set of recommendations, to EHR vendors and relevant federal offices such as, but not limited to, the Office of the National Coordinator, and the Centers for Medicare and Medicaid Services. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Support
*Resolution 227: CMS Proposal to Consolidate Evaluation and Management Services Introduced by: American College of	RESOLVED, That our American Medical Association actively seek and support congressional action before January 1, 2019 that would prevent implementation of changes to consolidate evaluation and management services as put forward in the CY 2019 Medicare physician fee schedule proposed rule if CMS in the final rule moves forward with the consolidation of evaluation and management services. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Monitor

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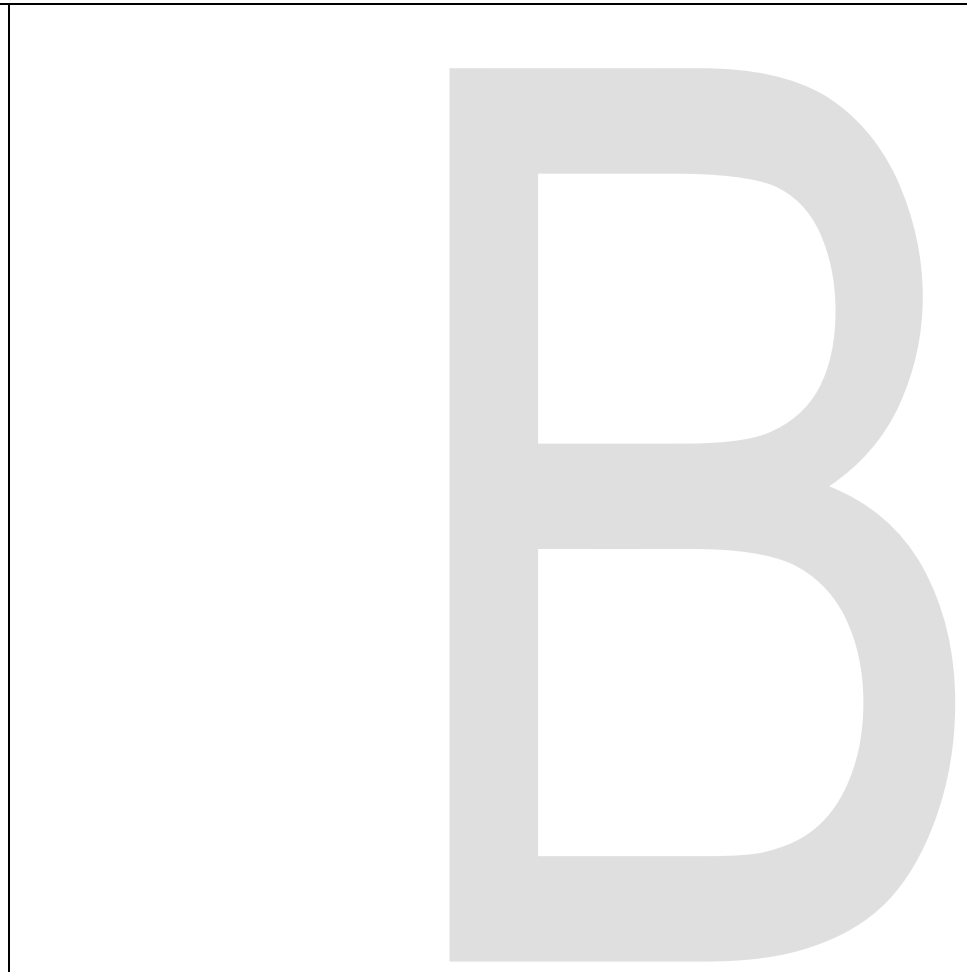
Rheumatology, American Academy of Allergy, Asthma & Immunology, American Academy of Dermatology, American Academy of Neurology, American Academy of Physical Medicine and Rehabilitation, American Association of Clinical Endocrinologists, American Clinical Neurophysiology Society, American Gastroenterological Association, American Psychiatric Association, American Society of Clinical Oncology, Endocrine Society, Infectious Diseases Society of America, Maryland, North American Neuro-Ophthalmology Society, Society for Investigative Dermatology, Kentucky, Georgia, American College of Physicians, Oregon, Pennsylvania		

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**Resolution 228: Medication Assisted Treatment Introduced by: Georgia	RESOLVED, That our American Medical Association advocate for all insurance plans (public and private payers) to provide coverage for medication assisted treatment of opioid use disorder by all qualified physicians. (New HOD Policy) 30	**Active Support if extracted from reaffirmation calendar**
**Resolution 229: Addressing Surgery Performed by Optometrists Introduced by: American Academy of Ophthalmology	RESOLVED, That our American Medical Association support legislation prohibiting optometrists from performing surgical procedures as defined by AMA policies H-475.983, "Definition of Surgery," and H-475.988, "Laser Surgery" (New HOD Policy); and be it further RESOLVED, That our AMA encourage state medical associations to support state legislation and rulemaking prohibiting optometrists from performing surgical procedures as defined by AMA policies H-475.983, "Definition of Surgery," and H-475.988, "Laser Surgery". (New HOD Policy) Fiscal Note: Not yet determined	Monitor
**Resolution 230: Nonprofit Hospitals and Network Health Systems Introduced by: Pennsylvania	RESOLVED, That our American Medical Association lobby federal legislators, the Internal Revenue Service, and/or other appropriate federal officials to investigate and review whether non-profit hospitals and other applicable health systems are meeting the provisions of the Internal Revenue Code relating to their tax-exempt status when they restrict or otherwise limit medical staff privileges or maintain closed medical staffs, and take appropriate action to ensure that non-profit hospitals and other applicable health systems continue to meet charitable purposes as required under applicable sections of the Internal Revenue Code. (Directive to Take Action) Fiscal Note: Not yet determined	Monitor
**Resolution 231: Reducing the Regulatory Burden in Health Care Introduced by: Pennsylvania	RESOLVED, That our American Medical Association work to support the repeal of the Merit- Based Incentive Payment System (MIPS) (Directive to Take Action); and be it further RESOLVED, That upon repeal of MIPS, our AMA oppose any federal efforts to implement any pay-for-performance programs unless such programs add no significant regulatory or paperwork burdens to the practice of medicine and have been shown, by evidence-based research, to improve the quality of care for those served. (Directive to Take Action)	Monitor

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	Fiscal Note: Not yet determined	
**Resolution 232: Opposition to Mandatory Licensing Requirements for Qualified Clinical Data Registries Introduced by: American Academy of Allergy, Asthma & Immunology, American Academy of Dermatology, American Academy of Neurology, American Academy of Otolaryngology-Head and Neck Surgery, American Academy of Ophthalmology, American Academy of Physical Medicine and Rehabilitation, American Association of Neurological Surgeons, American College of Cardiology, American College of Emergency Physicians, American College of Mohs Surgery, American College of Radiology, American	RESOLVED, That our American Medical Association actively oppose any Centers for Medicare & Medicaid Services (CMS) proposal that would require qualified clinical data registry (QCDR) measure owners, as a condition of measure approval for reporting in the Merit-based Incentive Payment System and other Medicare quality payment programs, to enter into a license agreement with CMS that would allow other QCDRs to use the owner's measures without a fee or without a direct license with the measure owner. (Directive to Take Action) Fiscal Note	**Active Support**

Handbook Review: HOD Reference Committee B (Legislation)

Full text at https://www.ama-assn.org/sites/default/files/media-browser/public/hod/i18-refcomm-b.pdf. Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

College of Rheumatology, American Society for Clinical Oncology, American Society for Clinical Pathology, American Society for Radiation Oncology, American Society of Dermatopathology, American Society of Plastic Surgeons, American Urological Association, College of American Pathologists, Congress of Neurological Surgeons, Renal Physicians Association, Society for Investigative Dermatology		

*Included in the Handbook Addendum
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