REPORT OF THE BOARD OF TRUSTEES

B of T Report 9-A-19

Subject: Council on Legislation Sunset Review of 2009 House Policies

Presented by: Jack Resneck, Jr., MD, Chair

Referred to: Reference Committee B
(Charles Rothberg, MD, Chair)

At its 1984 Interim Meeting, the House of Delegates established a sunset mechanism for House policies (Policy G-600.110). Under this mechanism, a policy established by the House ceases to be viable after 10 years unless action is taken by the House to retain it.

The objective of the sunset mechanism is to help ensure that the American Medical Association (AMA) policy database is current, coherent, and relevant. By eliminating outmoded, duplicative, and inconsistent policies, the sunset mechanism contributes to the ability of the AMA to communicate and promote its policy positions. It also contributes to the efficiency and effectiveness of House of Delegates deliberations.

At its 2002 Annual Meeting, the House modified Policy G-600.110 to change the process through which the policy sunset review is conducted. The process now includes the following steps:

- In the spring of each year, the House policies that are subject to review under the policy sunset mechanism are identified.
- Using the areas of expertise of the AMA Councils as a guide, the staffs of the AMA Councils determine which policies should be reviewed by which Councils.
- For the Annual Meeting of the House, each Council develops a separate policy sunset report that recommends how each policy assigned to it should be handled. For each policy it reviews, a Council may recommend one of the following actions: (a) retain the policy; (b) rescind the policy; or (c) retain part of the policy. A justification must be provided for the recommended action on each policy.
- The Speakers assign the policy sunset reports for consideration by the appropriate reference committees.

Although the policy sunset review mechanism may not be used to change the meaning of AMA policies, minor editorial changes can be accomplished through the sunset review process.

In this report, the Board of Trustees presents the Council on Legislation's recommendations on the disposition of the House policies that were assigned to it. The Council on Legislation's recommendations on policies are presented in the Appendix to this report.

RECOMMENDATION

The Board of Trustees recommends that the House of Delegates policies listed in the Appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.

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APPENDIX - RECOMMENDED ACTIONS ON 2009 HOUSE POLICIES

Policy Number	Title	Text	Recommendation
D-160-939	Physician Supervision Over Certified Registered Nurse Anesthestists	Our American Medical Association will urge the federal government to repeal the opt-out provision of the Medicare Conditions of Participation that eliminated the long-standing requirement that certified registered nurse anesthetists practice under direct physician supervision. Citation: (Res. 213, I-09)	Retain. This policy remains relevant.
D-270.998	Oppose Scope of Limited English Proficiency Guidance	Our AMA BOT, to the fullest extent appropriate, will authorize further efforts necessary to actively oppose the inappropriate extension of the Limited English Proficiency Guidance issued by the US Department of Health and Human Services' Office of Civil Rights' to physicians ~~in private practice~~ who receive Federal financial assistance from HHS. Citation: (Res. 216, I-00; Reaffirmation A-09)	Retain, but make a technical edit.
D-275.996	Creation of AMA Data Bank on Interstate Practice of Medicine	Our AMA will: (1) continue to study interstate practice of medicine issues as they relate to the quality of care available to patients; (2) explore the provision of information on physician licensure, including telemedicine, to members and others through the ~~World Wide Web~~ internet and other media; and (3) continue to make information on state legal parameters on the practice of medicine, including telemedicine, available for members and others. Citation: (BOT Rep. 6, I-99; Reaffirmed: CLRPD Rep. 1, A-09)	Retain. This policy remains relevant, but modify the term "World Wide Web" for "internet."
D-315.993	Physicians as Patients: Their Right to Confidentiality	Our AMA will consider for possible intervention pending and future court cases in which the principles of informed consent are inappropriately expanded to require disclosure of a physician's impairment, including substance abuse problems, or information otherwise protected by laws governing patient privacy and confidentiality. Citation: (BOT Rep. 17, I-99; Reaffirmed: CEJA Rep. 8, A-09)	Retain. This policy remains relevant.

Policy Number	Title	Text	Recommendation
D-330.993	Explanation of Public-Private Partnerships that Exist between Government and the AMA	Our AMA: (1) continues to employ a variety of tactics to advocate CMS adoption of AMA policy positions; (2) continues to work cooperatively with CMS, when possible, to achieve its policy objectives; (3) when advocacy efforts directed at CMS fall short of achieving AMA policy objectives, the AMA continue to seek congressional action, including oversight hearings and enactment of legislation; and (4) use appropriate legal means, including suing CMS, when appropriate and warranted. Citation: (BOT Rep. 17, A-99; Reaffirmed: CLRPD Rep. 1, A-09)	Retain. This policy remains relevant.
D-385.965	Insurance Companies Use of Contractors to Recover Payments	1. Our AMA will seek legislation to limit insurance companies, their agents, or any contractors from requesting payment back on paid claims to no more than 90 days after payment is made. (a) Such legislation would require insurance companies, their agents, or any contractors to have a defined and acceptable process for physicians to dispute these maneuvers to get payment back on claims already processed, verified, and paid. (b) Such legislation would ban insurance companies, their agents or contractors from using re-pricers and re-reviewers and to adhere to their own pricing and reviewing guidelines as agreed upon in their contracts with physicians. 2. Our AMA will pursue legislation to regulate self-insured plans in this regard and apply the same rules to Medicare and other federal plans. Citation: (Res. 215, A-09)	Retain. This policy is remains relevant.
D-435.973	Quantifying Medical Tort Reform	Our American Medical Association will study the true costs of defensive medicine and the financial impact that tort reform would have on the entire health care system, with a report back and to be updated every ten years. Citation: (Res. 216, I-09)	Rescind. Policy is implemented. AMA on an annual basis publicly issues MLR Now!, which includes costs of defensive medicine, financial impact, and state and federal efforts in liability reform.

Policy Number	Title	Text	Recommendation
D-455.994	Standardizing Portable Medical Imaging Formats to Enhance Safe, Timely, Efficient Care	1. Our American Medical Association will participate in efforts to ensure implementation of the recommendations for imaging standards developed by the AMA-convened imaging safety and standards Panel, that the Radiological Society of North American (RSNA) endorsed and Integrating the Healthcare Enterprise (IHE) adopted and wrote into the portable data initiative standards. 2. Our AMA will develop a strategy to inform the health care and imaging communities of the AMA's work to improve Imaging Safety and Standards that includes the following: a. Disseminate (widely) the AMA-convened Panel's statement, "All medical imaging data distributed should be a complete set of images of diagnostic quality in compliance with those found in the IHE PDI (Portable Data for Imaging) Integration Profile;" b. Publish the Panel's work; c. Increase hospital group, deeming organization, medical group, and survey certification group awareness of the AMA's work; determine their role in developing infrastructure support for medical imaging safety per AMA recommendations and IHE-PDI standards; d. Expose the AMA's work to the Office of the National Coordinator; e. Encourage industry to view physicians as developers rather than solely as adopters of technology and to include physicians, as end users, in the development and implementation of technology solutions; and, f. Encourage physicians, as end users of technology, to participate in development and implementation of technology to ensure its appropriate use and application at the point of care. Citation: (BOT Rep. 1, I-09)	Retain. This policy remains relevant.
D-478.986	Information Technology and Stimulus Money	Our AMA: will (1) caution health care policy makers that the Health Care Information Technology stimulus money, as outlined in the American Recovery and Reinvestment Act, will cause a sudden rise in the demand for health care IT products	Retain. This policy is remains relevant.

Policy Number	Title	Text	Recommendation
		and services which may result in inflated prices for physicians; and (2) advise physicians and health care policy makers that the ongoing maintenance of health care IT can be costly, and that this ongoing expense will fall to physicians long after the stimulus money is exhausted. Citation: (Res. 227, A-09; Reaffirmation I-09)	
D-65.993	Pain and Suffering in Darfur	Our American Medical Association will write to Secretary of State Hillary Rodham Clinton, the World Medical Association, and the World Health Organization in reference to the complex situations in Darfur and Sri Lanka, stating (1) our concerns related to the health costs of war on civilian populations generally and the adverse effects of physician persecution in particular, (2) that we support the efforts of physicians around the world to practice medicine ethically in any and all circumstances, including during wartime or episodes of civil strife, and that we condemn the military targeting of health care facilities and personnel and using denial of medical services as a weapon of war, as has occurred in Darfur and Sri Lanka, and (3) that our AMA will advocate for the protection of physicians' rights to provide ethical care without fear of persecution. Citation: (BOT Action in response to referred for decision Res. 620, A-09)	Rescind. This directive has been accomplished.
D-70.997	Negotiated Rulemaking for Lab Tests	Our AMA: (1) reaffirms its policy to seek repeal of Section 4317 of the Balanced Budget Act of 1997 granting the Secretary of HHS authority to require submission of diagnosis codes with every lab test claim and with all claims for services provided by an entity other than the ordering physician; (2) continues to urge CMS to clarify and improve the Advanced Beneficiary Notice process; and (3) will work to modify the regulations forthcoming in the implementation of the Health Insurance Portability and Accountability Act (HIPAA) to conform with AMA policy. Citation: (BOT Rep. 11, A-99; Reaffirmed: BOT Rep. 23, A-09)	Retain. This policy remains relevant.

Policy Number	Title	Text	Recommendation
H-120.941	e-Prescribing of Scheduled Medications	Our American Medical Association supports action requiring that the US Drug Enforcement Administration move expeditiously to establish reasonable requirements enabling the use of e-prescribing for controlled substances. Citation: (Res. 211, I-09)	Rescind. The SUPPORT Act (Public Law 115-271) mandates DEA to improve its EPCS regulations.
H-120.959	DVA Non-Physician Prescribing Authority	Our AMA will continue to pursue appropriate regulatory, legislative and legal means to oppose any efforts to permit non-physician health care professionals to prescribe medications. Citation: (Sub. Res. 220, A-99; Reaffirmed: CMS Rep. 11, I-99; Reaffirmed: BOT Rep. 23, A-09)	Retain. This policy remains relevant.
H-120.996	Prescribing Eye Medications	Our AMA (1) reaffirms its policy that only physicians licensed to practice medicine and surgery are qualified to prescribe or apply eye medications; and (2) continues to urge that state medical societies oppose legislation or administrative attempts to give optometrists a license to prescribe or apply medications or to diagnose disease or injury or to diagnose the absence of disease or injury. Citation: (Sub. Res. 76, A-76; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmation A-99; Reaffirmed: BOT Rep. 23, A-09)	Retain. This policy remains relevant.
H-125.999	Drug Substitutes	Our AMA (1) supports continued efforts to inform the public and the profession of the potential problems and risks should a physician's choice of therapeutic agents be delegated to non-physicians; and (2) asks that state medical associations provide scientific and economic reasons in support of this position to state legislatures considering enactment of laws on substitution of drug products other than those prescribed or agreed upon by an attending physician.	Retain. This policy remains relevant.
H-160.917	Federation Payment for Emergency Services for Undocumented Immigrants	Our American Medical Association supports federal legislation to extend Section 1011 of the Medicare Modernization Act (MMA, P.L. 108-173), which provides for federal funding to the states for emergency services provided to undocumented immigrants. Citation: (Res. 212, I-09)	Rescind. This directive is no longer needed. MMA §1011 provided $250M per year for federal fiscal years 2005 through 2008 for payment to hospitals, physicians

Policy Number	Title	Text	Recommendation
			and ambulance providers for emergency health services provided to undocumented aliens and certain other specified aliens. The funding expired over a decade ago and has never been renewed.
H-160.936	Comprehensive Physical Examinations by Appropriate Practitioners	AMA policy supports the position that performance of comprehensive physical examinations to diagnose medical conditions be limited to licensed MDs/DOs or those practitioners who are directly supervised by licensed MDs/DOs; and the AMA will actively work with state medical societies and medical specialty associations, both in the courts and in the legislative and regulatory spheres, to oppose any proposed or adopted law or policy that would inappropriately expand the scope of practice of practitioners other than MDs/DOs. Citation: (Sub. Res. 210, I-96; Reaffirmed: BOT Rep. 34, A-06; Reaffirmed in lieu of Res. 235, A-09)	Retain. This policy remains relevant.
H-160.972	Physician Representation on State and National Health Care Advisory Bodies	The AMA urges Congress, and others who select members of state and national health advisory bodies, to increase the proportion of physicians in active clinical practice serving on these bodies, with selected members being recommended by state or national medical associations. Citation: (Sub. Res. 110, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: BOT Rep. 23, A-09)	Retain. This policy remains relevant.
H-175.980	Anti-Kickback Implications of Ambulance Restocking	Our AMA: (1) supports federal legislation to create a safe harbor under the anti-kickback statute for ambulance restocking by hospitals, such as H.R. 3247, the “Community Safety Act of 1998;” and (2) urges the Office of the HHS Inspector General to change its position, as expressed in two existing advisory opinions, that hospital restocking of ambulances on a gratis basis may constitute a violation of the anti-kickback statute.	Rescind. This policy has been implemented. In 2001, the Office of Inspector General finalized a regulatory safe harbor regarding ambulance restocking by hospitals (42 C.F.R. 1001.952(v); 66 Fed. Reg. 62979). This safe harbor is available for

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		Citation: (BOT Rep. 17, I-98; Reaffirmed: BOT Rep. 23, A-09)	free (or gratis) restocking arrangements, as well as arrangements under which the ambulance provider pays some amount for the restocked drugs and supplies (whether or not the amount is fair market value).
H-215.974	Not-For-Profit Boards	Our AMA seeks by whatever appropriate means available to change IRS requirements to allow more than 50% of a not-for-profit health care entity and/or hospital Board to be interested parties who are MDs or DOs. Citation: (Res. 222, A-98; Reaffirmed: BOT Rep. 23, A-09)	Retain. This policy remains relevant.
H-220.932	Life Safety Code	Our AMA urges CMS to adopt the most current "Life Safety Code" as expeditiously as possible. Citation: (Res. 827, A-99; Reaffirmed: CMS Rep. 5, A-09)	Retain. This policy remains relevant.
H-275.925	Protection of the Titles "Doctor," "Resident" and "Residency"	Our AMA: (1) will advocate that professionals in a clinical health care setting clearly and accurately identify to patients their qualifications and degree(s) attained and develop model state legislation for implementation; and (2) supports state legislation that would make it a felony to misrepresent oneself as a physician (MD/DO). Citation: (Sub. Res. 232, A-08; Reaffirmation I-09; Reaffirmed: BOT Rep. 9, I-09)	Retain. This policy remains relevant.
H-275.943	Public Education about Physician Qualifications	The AMA will continue to develop programs to educate the public about the differences in education and professional standards between physicians and non-physician health care providers. Citation: (Res. 623, A-96; Reaffirmation A-99; Reaffirmed: CLRPD Rep. 1, A-09)	Retain. This policy remains relevant.
H-285.937	Surgical Pathology in Managed Care	Our AMA will develop model legislative and regulatory language for states to insure that managed care plans: (1) which require surgical pathology specimens to be sent to specified laboratories, provide a list of qualified surgical pathologists and surgical	Retain. This policy remains relevant.

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		pathology subspecialists associated with those laboratories to whom physicians may refer surgical pathology specimens or slides for consultation; and (2) allow clinicians in the plans access to qualified surgical pathologists and surgical pathology subspecialists for covered pathology services, when the plans do not have contracts with a specific laboratory or laboratories for such services or when the plan's contracted laboratory or laboratories cannot provide the appropriate surgical pathology services. Citation: (Res. 716, A-98; Reaffirmation A-99; Reaffirmed: BOT Rep. 23, A-09)	
H-30.977	Alcoholism as a Disease	The AMA urges change in federal laws and regulations to require that the Veterans Administration determine benefits eligibility on the basis that alcoholism is a disease. Citation: (Res. 112, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: BOT Rep. 23, A-09)	Retain. This policy remains relevant.
H-315.986	Confidentiality of Patient Records	Our AMA opposes the concept that filing a claim for medical insurance coverage constitutes a blanket waiver of a patient's right to confidentiality of his/her medical records for all purposes. The AMA will engage in a major initiative to educate patients about the implications and consequences of blanket medical records releases, and educate patients about the need for possible legislative modifications. Citation: (Res. 243, I-94; Appended: Res 231, I-97; Reaffirmation I-98; Reaffirmation I-99; Reaffirmed: CEJA Rep. 8, A-09)	Retain. This policy remains relevant.
H-330.986	Physician ("Doctors") Services Costs as Reported by HHS and Medicare	Our AMA urges HHS and CMS to, at all times, distinguish between MDs/DOs and non-MDs/DOs, and to discontinue the use of the broad term "provider" when reporting or referring to the cost of physician services. Citation: (Res. 71, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmation I-99; Reaffirmation A-02; Reaffirmation I-09)	Retain. This policy remains relevant.
H-335.991	Medical Necessity Denial Screens	Our AMA supports pursuing all available means to effect release of the data necessary for physicians to comply with the onerous provisions of the Medical Necessity Denial/Refund law.	Retain. This policy remains relevant.

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		Citation: (Res. 272, A-89; Reaffirmed: Res. 239, A-99; Reaffirmed: BOT Rep. 23, A-09)	
H-340.898	Medicare Review Activities~~: Peer Review Organization Sixth Scope of Work, Medicare Integrity Program, and Carrier Post-Payment Audit Processes~~	Our AMA: (1) strongly urges CMS to provide physician organizations with the opportunity for significant comment and input ~~in~~ on the ~~development of~~ Medicare Integrity Program ~~task orders before they are implemented~~; (2) continues to oppose any type of "bounty" system for compensation to any Medicare contractor, including those in the Medicare Integrity Program, and instead urge CMS to base compensation on the proper repayment of claims, rather than on the numbers of resulting referrals to law enforcement agencies; (3) continues to advocate for the ongoing involvement of physician organizations and hospital and organized medical staffs in refining and implementing any Medicare review contractor's activities ~~the Medicare Peer Review Organization (PRO) Sixth Scope of Work, especially the Payment Error Prevention Program,~~ and the need to emphasize physician education and clinical improvements; (4) urges CMS to delete all "incentives" or other "award fees" for any Medicare review contractor ~~from the Payment Error Prevention Program in the Medicare PRO Sixth Scope of Work~~; and (5) urges CMS to clarify that in any Statement of Work or contract with a Medicare review contractor ~~the PRO Sixth Scope of Work~~ that: (a) extrapolation should not occur unless it is to develop educational or compliance program interventions; and (b) referrals to the Office of ~~the~~ Inspector General should not occur unless a hospital does not respond to intervention or when significant evidence of fraud exists. Citation: (CMS Rep. 11, A-99; Reaffirmed: CMS Rep. 14, I-99; Reaffirmed: CMS Rep. 5, A-09)	Retain in part. This policy remains relevant; but modify terms to reflect the current practices of CMS regarding contractor review activities. For example, the Sixth Scope of Work referenced in this policy was finalized in 1999. The original policy was written prior to Medicare Administrative Contractors or Recovery Audit Contractors.

Policy Number	Title	Text	Recommendation
H-340.928	Quality Improvement Organization Physician Advisory Confidentiality	The AMA petitions third party payers and CMS (1) to require QIOs and carriers to publish and forward annually to the quality assurance chairman and the chief of staff of all hospitals under their jurisdictions as well as all state medical associations, the names of physician reviewers, their credentials, and their specialties, and (2) to require that the physician reviewers reveal their identity by signing the letter submitted to a physician placed under review. Citation: (Sub. Res. 200, A-91; Reaffirmation A-99; Modified and Reaffirmed: CMS Rep. 5, A-09)	Retain. This policy remains relevant.
H-345.989	Psychologist Prescribing	The AMA: (1) opposes the prescribing of medication by psychologists; (2) strongly urges through mail and electronic communications technology that all state medical societies work closely with local psychiatric societies to oppose legislative or ballot initiatives authorizing the prescribing of medications by psychologists; and (3) supports and will work in concert with the American Academy of Child and Adolescent Psychiatry, the American Psychiatric Association, and with state and other appropriate medical societies in order to defeat initiatives that authorize psychologist prescribing prescription medication.. Citation: (Sub. Res. 214, A-89; Res. 204, A-97; Reaffirmation A-99; Reaffirmed: CMS Rep. 5, A-09)	Retain. This policy remains relevant.
H-35.969	Practice Agreements Between Physicians and Advance Practice Nurses and the Physician to Advance Practice Nurse Supervisory Ratio	Our AMA will: (1) continue to work with the Federation in developing necessary state advocacy resource tools to assist the Federation in: (a) addressing the development of practice agreements between practicing physicians and advance practice nurses, and (b) responding to or developing state legislation or regulations governing these practice agreements, and that the AMA make these tools available on the AMA Advocacy Resource Center Web site; and (2) support the development of methodologically valid research comparing physician-APRN practice agreements and their respective effectiveness. Citation: (BOT Rep. 28, A-09)	Retain. This policy remains relevant.

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H-35.976	Channeling of Eye Examinations to Optometrists	The AMA ~~issue a letter~~ advocates to all third party payers ~~stating~~ organized medicine's strong opposition to: (a) channeling enrollees to optometrists and other non-physicians; (b) designating optometrists as primary eye care providers; (c) shifting patients from ophthalmologists to optometrists; and (d) excluding ophthalmologists from performing refractive eye examinations, routine eye examinations, or primary eye care. The AMA, state medical societies, and national medical specialty societies seek introduction of legislation prohibiting third party payers from mandating that routine and refractive examinations be performed by optometrists rather than by ophthalmologists. Citation: (Res. 213, A-98; Reaffirmed: BOT Rep. 23, A-09)	Retain in part. The reference to the letter is no longer relevant.
H-360.985	Performance of Diagnostic X-Rays by Nurses Without Physician Supervision	Our AMA continues to vigorously oppose rules by CMS which lower the standard of training required for performance of diagnostic x-ray or other complex and potentially hazardous tests. Citation: (Res. 201, I-99; Reaffirmed: CMS Rep. 5, A-09)	Retain. This policy remains relevant.
H-383.991	Right to Privately Contract	Our AMA includes in its top advocacy priorities: (1) the enactment of federal legislation that ensures and protects the fundamental right of patients to privately contract with physicians, without penalties for doing so and regardless of payer within the framework of free market principles with the goal of accomplishing this by 2010; (2) the restoration of fairness to the current health care marketplace through changes in statutes and regulations so that physicians are able to negotiate (individually and as defined groups) fair contracts with private sector and public sector health plans. Citation: (Res. 203, A-09)	Retain. This policy remains relevant.
H-385.969	Assistants at Surgery	The AMA (1) opposes any effort by Medicare or any other third party payer to limit payment for medically necessary care, especially in the area of assistants at surgery; (2) supports and participates in, as appropriate, the efforts of state and specialty societies to develop guidelines for	Retain. This policy remains relevant.

Policy Number	Title	Text	Recommendation
		appropriate use of physicians as assistants at surgery; and (3) continues to oppose and seek regulatory and/or legislative relief from the discriminatory downgrading or elimination of Medicare payments for assistants at surgery. Citation: (Sub. Res. 229, A-91; Reaffirmed: BOT Rep. 32, A-99; Reaffirmed: CMS Rep. 5, A-09)	
H-405.967	Truth in Corporate Advertising: Using Professional Degrees in Advertising Listings	The AMA opposes US West Yellow Pages or any other corporation which misrepresents physicians by failing to list their professional degrees in the corporation's advertising directory. Citation: (Sub. Res. 4, I-95; Reaffirmed with change in title: CLRPD Rep. 1, A-05; Reaffirmation I-09)	Retain. This policy remains relevant.
H-405.968	Clarification of the Term "Provider" in Advertising, Contracts and Other Communi-cations	1. Our AMA supports requiring that health care entities, when using the term "provider" in contracts, advertising and other communications, specify the type of provider being referred to by using the provider's recognized title which details education, training, license status and other recognized qualifications; and supports this concept in state and federal health system reform. 2. Our AMA: (a) considers the generic terms "health care providers" or "providers" as inadequate to describe the extensive education and qualifications of physicians licensed to practice medicine in all its branches; (b) will institute an editorial policy prohibiting the use of the term "provider" in lieu of "physician" or other health professionals for all AMA publications not otherwise covered by the existing JAMA Editorial Governance Plan, which protects editorial independence of the Editor in Chief of JAMA and The JAMA Network journals; and (c) will forward to the editorial board of JAMA the recommendation that the term "physician" be used in lieu of "provider" when referring to MDs and DOs. Citation: (Sub. Res. 712, I-94; Reaffirmed: Res. 226, I-98; Reaffirmation I-99; Res. 605, A-09; Reaffirmed: CLRPD Rep. 1, A-09; Modified: Speakers Rep., A-15)	Retain. This policy remains relevant.

Policy Number	Title	Text	Recommendation
H-405.997	Physician-Patient Relationship	Our AMA: (1) believes the terms "physician" and "patient" should be used rather than vendor, provider, recipient or consumer in order to maintain optimum physician-patient relationships and will do so in its medical publications; and (2) encourages third parties, including the U.S. Department of Health and Human Services and federal and state legislative bodies, to use the terms "physician" and "patient" where appropriate in actions, statements and reports. Citation: (Res. 9, A-77; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sub. Res. 102, I-94; Reaffirmation I-99; Reaffirmation A-02; Reaffirmation A-07; Reaffirmation I-09)	Retain. This policy remains relevant.
H-406.990	Work of the Task Force on the Release of Physician Data	Release of Claims and Payment Data from Governmental Programs The AMA encourages the use of physician data to benefit both patients and physicians and to improve the quality of patient care and the efficient use of resources in the delivery of health care services. The AMA supports this use of physician data only when it preserves access to health care and is used to provide accurate physician performance assessments. Raw claims data used in isolation have significant limitations. The release of such data from government programs must be subject to safeguards to ensure that neither false nor misleading conclusions are derived that could undermine the delivery of appropriate and quality care. If not addressed, the limitations of such data are significant. The foregoing limitations may include, but are not limited to, failure to consider factors that impact care such as specialty, geographic location, patient mix and demographics, plan design, patient compliance, drug and supply costs, hospital and service costs, professional liability coverage, support staff and other practice costs as well as the potential for mistakes and errors in the data or its attribution. Raw claims and payment data resulting from government health care programs, including, but not limited to, the Medicare	Retain. This policy remains relevant. [Note: grammatical correction—delete the word "the" before the word "their" in the last sentence.]

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		and Medicaid programs should only be released: 1, when appropriate patient privacy is preserved via de-identified data aggregation or if written authorization for release of individually identifiable patient data has been obtained from such patient in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and applicable regulations; 2. upon request of physicians [or their practice entities] to the extent the data involve services that they have provided; 3. to law enforcement and other regulatory agencies when there is reasonable and credible reason to believe that a specific physician [or practice entity] may have violated a law or regulation, and the data is relevant to the agency's investigation or prosecution of a possible violation; 4. to researchers/policy analysts for bona fide research/policy analysis purposes, provided the data do not identify specific physicians [or their practice entities] unless the researcher or policy analyst has (a) made a specific showing as to why the disclosure of specific identities is essential; and, (b) executed a written agreement to maintain the confidentiality of any data identifying specific physicians [or their practice entities]; 5. to other entities only if the data do not identify specific physicians [or their practice entities]; or 6. if a law is enacted that permits the government to release raw physician-specific Medicare and/or Medicaid claims data, or allows the use of such data to construct profiles of identified physicians or physician practices. Such disclosures must meet the following criteria: (a) the publication or release of this information is deemed imperative to safeguard the public welfare; (b) the raw data regarding physician claims from governmental healthcare programs is: (i) published in conjunction with appropriate disclosures and/or explanatory	

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		statements as to the limitations of the data that raise the potential for specific misinterpretation of such data. These statements should include disclosure or explanation of factors that influence the provision of care including geographic location, specialty, patient mix and demographics, health plan design, patient compliance, drug and supply costs, hospital and service costs, professional liability coverage, support staff and other practice costs as well as the potential for mistakes and errors in the data or its attribution, in addition to other relevant factors. (ii) safeguarded to protect against the dissemination of inconsistent, incomplete, invalid or inaccurate physician-specific medical practice data. (c) any physician profiling which draws upon this raw data acknowledges that the data set is not representative of the physicians' entire patient population and uses a methodology that ensures the following: (i) the data are used to profile physicians based on quality of care provided - never on utilization of resources alone - and the degree to which profiling is based on utilization of resources is clearly identified. (ii) data are measured against evidence-based quality of care measures, created by physicians across appropriate specialties, such as the AMA-convened Physician Consortium for Performance Improvement. (iii) the data and methodologies used in profiling physicians, including the use of representative and statistically valid sample sizes, statistically valid risk-adjustment methodologies and statistically valid attribution rules produce verifiably accurate results that reflect the quality and cost of care provided by the physicians. (d) any governmental healthcare data shall be protected and shared with physicians before it is released or used, to ensure that physicians are provided with an adequate and timely opportunity to review, respond and appeal the accuracy of the raw data (and its attribution to individual physicians) and	

Policy Number	Title	Text	Recommendation
		any physician profiling results derived from the analysis of physician-specific medical practice data to ensure accuracy prior to ~~the~~ their use, publication or release. Citation: (BOT Rep. 18, A-09)	
H-415.98	Informed Choice for Patients	Our AMA in order to protect patient choice of health care providers, supports state and federal legislation mandating that patients be notified of who will provide their medical care, and be given the choice of who will provide their medical care. Citation: (Res. 215, A-98; Reaffirmed: BOT Rep. 23, A-09)	Retain. This policy remains relevant.
H-435.947	Liability Reform in Health Care Reform	Our American Medical Association: (1) supports that best clinical practice guidelines represent a medical guideline not a legal one and recognize and encourage that such guidelines do not supplant clinical judgment and that failure to follow each and every clinical guideline should not be used to create a presumption of negligence; and (2) will strongly advocate for clarification in any legislation or regulation relating to risk management, utilization review, and/or cost containment to ensure that any provision does not lead to new theories of liability, such as presumption of negligence in cases of hospital acquired conditions, or inadvertently create new legal causes of action against physicians. Citation: (Res. 206, I-09)	Retain. This policy remains relevant.
H-435.961	Prohibition of Forum Shopping	Our AMA will continue to support laws which limit a plaintiff's right to sue to the state of the defendant's residence or the state where at least a substantial element of the alleged professional negligence arose. Citation: (BOT Rep. 8, I-98; Reaffirmed: BOT Rep. 23, A-09)	Retain. This policy remains relevant.
H-450.955	Education of the General Public on the Role of Physician and Non-Physician Health Care Providers	The AMA will educate the general public and legislators to the differences between physician and non-physician providers of clinical services regarding their unique training, experience, broad based knowledge, ability and expertise, which impacts on their ability to provide high quality clinical care. Citation: (Res. 308, A-98; Reaffirmation A-99; Reaffirmed: CMS Rep. 5, A-09)	Retain. This policy remains relevant.

Policy Number	Title	Text	Recommendation
H-485.991	Identification of Physicians by the Media	It is the policy of our AMA to communicate to the media that when a physician is interviewed or provides commentary he or she be specifically identified with the appropriate initials “MD” or “DO” after his or her name; and that others be identified with the appropriate degrees after their names. Citation: (Res. 601, I-01; Reaffirmation I-09)	Retain. This policy remains relevant.
H-65.972	Repeal of “Don’t Ask, Don’t Tell”	Our American Medical Association will advocate for repeal of “Don’t Ask, Don’t Tell,” the common term for the policy regarding gay and lesbian individuals serving openly in the U.S. military as mandated by federal law Pub.L. 103-160 and codified at 10 U.S.C. 654, the title of which is “Policy concerning homosexuality in the armed forces.” Citation: (Sub. Res. 917, I-09; BOT Action in response to referred for decision Res. 918, I-09: Reaffirmed in lieu of Res. 918, I-09)	Rescind. This policy is no longer relevant as the “Don’t Ask, Don’t Tell” Policy is no longer in effect since the law was repealed in 2010.