MEMORIAL RESOLUTIONS ADOPTED UNANIMOUSLY

Robert D. Allaben, MD
Introduced by Michigan

Whereas, Robert D. Allaben, MD, a surgeon and teacher of medicine, was born on September 26, 1930, and passed away on March 15, 2018; and

Whereas, Doctor Allaben dedicated his life to his patients, his family, and the improvement of medicine; and

Whereas, Doctor Allaben was on staff at various Detroit hospitals and retired as Chief of Surgery for Grace Hospital; and

Whereas, Doctor Allaben was one of the first kidney transplant surgeons in Michigan and served as president of the Transplant Society of Michigan (Gift of Life Michigan); and

Whereas, Doctor Allaben was involved as a member and leader in numerous medical professional associations including the Michigan State Medical Society, serving as Vice-Speaker and Speaker of the House from 1988-1993, the American College of Surgeons, and the American Medical Association; and

Whereas, Doctor Allaben was a member of the Michigan Delegation to the AMA House of Delegates; and

Whereas, Doctor Allaben was a leader, mentor, and motivator to many; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize and honor Robert D. Allaben, MD, for his exceptional service to the practice of medicine and his patients; and be it further

RESOLVED, That our American Medical Association House of Delegates extend its deepest sympathy to the family members of Robert D. Allaben, MD.

Joseph D. Babb, MD
Introduced by the American College of Cardiology, American Society of Echocardiography, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions

Whereas, Doctor Joseph D. Babb was a distinguished interventional cardiologist, advocate for patients, and leader in cardiovascular medicine; and

Whereas, Doctor Babb was a Captain of the United States Army Medical Corp serving in both Vietnam and at Walter Reed Medical Center; and

Whereas, Doctor Babb after completing training in internal medicine and cardiology at Massachusetts General Hospital was assistant professor of Medicine and Cardiology at the Pennsylvania State University Hershey Medical Center, was the Chief of Cardiology at The Bridgeport Hospital, and was the Director of the Cardiac Catheterization Laboratories at East Carolina University Brody School of Medicine; and

Whereas, Doctor Babb performed the first ever coronary angioplasty in the state of Connecticut in 1981; and

Whereas, Doctor Babb was a tireless patient and physician advocate having served as the President of the Society of Cardiovascular Angiography and Intervention (SCAI) from 2001-2002 and having received the SCAI Distinguished Service Award in 2005; and

Whereas, Doctor Babb previously served as the American College of Cardiology Governor of both Connecticut and North Carolina where he was instrumental in founding the North Carolina Regional Approach to Cardiovascular

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Emergencies project, which created a statewide system for providing rapid care for patients with ST-elevation myocardial infarction; and

Whereas, Doctor Babb headed SCAI's Continuing Medical Education Committee which led to the Societies' earning status for the Accreditation Council for Continuing Medical Education, and through his position he worked to develop guidelines for SCAI to ensure that the education of interventional cardiologists is performed in the most unbiased, objective, and patient focused manner possible; and

Whereas, Doctor Babb was beloved by patients and colleagues leading to his being named the 'Patient Preferred Interventional Cardiologist' in the state of North Carolina earlier this year; and

Whereas, Doctor Babb was instrumental in helping SCAI obtain a delegate seat in the AMA House of Delegates, serving as representative in the Specialty and Service Society since 2007 and as a delegate to our AMA House of Delegates since 2012; and

Whereas, Doctor Babb passed away suddenly on September 6, 2018; therefore be it

RESOLVED, That our American Medical Association House of Delegates acknowledge Doctor Joseph D. Babb's lifelong devotion to patient care, advocacy, and clinician education; and be it further

RESOLVED, That our AMA extend heartfelt condolences to Doctor Babb's wife Margo as well as his children and grandchildren.

R. Jack Chase, MD
Introduced by Michigan

Whereas, R. Jack Chase, MD, a physician in Internal Medicine, was born on July 24, 1922, and passed away on March 3, 2017; and

Whereas, Doctor Chase served our country proudly and honorably with the U.S. Navy during World War II from 1943 to 1947 and then again during the Korean War; and

Whereas, Doctor Chase was born in Grand Rapids, Michigan, and chose to establish his internal medicine practice there; and

Whereas, Doctor Chase cared for his patients with skill and compassion for 38 years; and

Whereas, Doctor Chase led by example and tirelessly served his profession and his community; serving on numerous boards including the Butterworth Foundation, Kent County Board of Health, Kent Medical Foundation, United Way of Kent County, Kent County Medical Society, Michigan Doctors Political Action Committee, Michigan State Medical Society, Cherry Street Health Organization, Clark Retirement Community, and Clark Foundation; and

Whereas, Doctor Chase was a past president of the Kent County Medical Society; and

Whereas, Doctor Chase served as a delegate to the Michigan State Medical Society and the American Medical Association House of Delegates; and

Whereas, Doctor Chase was honored with membership into the Distinguished Physicians Society of Spectrum Health; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize and honor R. Jack Chase, MD, for his outstanding contributions to the countless citizens whose lives were touched by his service to country, community, and profession; and be it further

RESOLVED, That our American Medical Association House of Delegates extend its deepest sympathy to the family members of R. Jack Chase, MD.

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Dorothy M. Kahkonen, MD
Introduced by Michigan

Whereas, Dorothy M. Kahkonen, MD, a physician in Endocrinology and Metabolism, was born January 23, 1941, and passed away on February 24, 2018; and

Whereas, Doctor Kahkonen was a tireless supporter of the medical community in Michigan for more than 50 years; and

Whereas, Doctor Kahkonen was raised in Michigan and spent the entirety of her career at Henry Ford Hospital where she served as Head of the Division of Endocrinology and Metabolism from 1996 until her retirement in 2006; and

Whereas, Doctor Kahkonen was known for her outstanding clinician educator and clinical research activities, as well as superb leadership abilities; and

Whereas, Doctor Kahkonen utilized her knowledge and leadership attributes to advance her profession, advocate for her patients, and serve organized medicine in a variety of roles; and

Whereas, Doctor Kahkonen was a member of the Michigan State Medical Society (MSMS) Board of Directors, MSMS President in 2002, Speaker of the MSMS House of Delegates from 1996-2001, Vice-Speaker of the MSMS House of Delegates from 1993-1996, member of the MSMS Legislative, Continuing Medical Education, and Annual Scientific Planning Committees, and, most recently, President of the MSMS Foundation; and

Whereas, Doctor Kahkonen served with distinction and dedication on the Michigan Delegation to the American Medical Association for many years; and

Whereas, Doctor Kahkonen was also a member of the American Diabetes Association, American College of Physicians, and American Heart Association Council on Arteriosclerosis; and

Whereas, Doctor Kahkonen had an illustrious career and received many accolades including a lectureship created in her name, special recognition for “Leadership and Untiring Dedication” by the Wayne County Medical Society of Southeast Michigan, and the Professional Achievement Award by the Wayne County Medical Society; and

Whereas, Doctor Kahkonen was a tireless physician and gave generously of her time; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize and honor Dorothy M. Kahkonen, MD, for her outstanding service to the profession of medicine and the countless patients whose lives were touched by her hard work and dedication, and be it further

RESOLVED, That our American Medical Association House of Delegates extend its deepest sympathy to the family members of Dorothy M. Kahkonen, MD.

Hugh Lamensdorf, MD
Introduced by Texas

Whereas, On October 26, 2018, our American Medical Association, the Texas Medical Association and the Tarrant County Medical Society were saddened by the death of Hugh Lamensdorf, MD; and

Whereas, Doctor Lamensdorf, a urologist, worked tirelessly during his long career to represent his colleagues and patients in establishing the policies of medicine; was a leader of organized medicine on the local, state, and national levels, serving as president of the Texas Medical Association and delegate to the American Medical Association; and

Whereas, Doctor Lamensdorf, delivered medical care to returning Vietnam soldiers as a captain in the United States Air Force at Carswell Air Force Base; and

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Whereas, Doctor Lamensdorf was recognized by his peers for his medical expertise by being inducted into the American College of Surgeons and The International Urologic Association (Internationale d'Urologie), and becoming a clinical professor of surgery at The University of Texas Southwestern Medical School; and

Whereas, Doctor Lamensdorf served as president of Congregation Beth-El, on the Board of Directors of the Fort Worth's Historic Southside that led to the successful Magnolia Avenue revival, and on the Board of Directors of the Presbyterian Night Shelter; therefore be it

RESOLVED, That our American Medical Association extend its deepest sympathy to the family members of Hugh Lamensdorf, MD; and be it further

RESOLVED, That our AMA House of Delegates adopt this resolution as an indication of the respect organized medicine held for Hugh Lamensdorf, MD, as a physician, civic leader, and servant of humanity.

Richard J. McMurray, MD
Introduced by Michigan

Whereas, Richard J. McMurray, MD, was born on September 9, 1922, and passed away on January 27, 2018; and

Whereas, Doctor McMurray, prior to becoming a physician, served our country in the south Pacific during World War II; and

Whereas, Doctor McMurray dedicated his life to his patients, profession, family, and community; and

Whereas, Doctor McMurray, an obstetrician-gynecologist, started his practice in Flint, Michigan; and

Whereas, Doctor McMurray practiced medicine for 37 years, helping to bring around 5,000 babies into the world; and

Whereas, Doctor McMurray served as Chief of Obstetrics and a member of the Executive Committee at McLaren Hospital in Flint, and was a member of the teaching staff at Hurley Medical Center; and

Whereas, Doctor McMurray was also committed to advancing the practice of medicine through physician and patient advocacy organizations; and

Whereas, Doctor McMurray was President of both the Genesee County Medical Society and the Michigan State Medical Society, as well as serving on the Board of Blue Cross Blue Shield of Michigan; and

Whereas, Doctor McMurray was active with the American Medical Association as a member of the Michigan Delegation to the AMA and as the Chair of the AMA's Council on Ethical and Judicial Affairs; and

Whereas, Doctor McMurray was a leader and mentor, and loved by many of his patients; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize the lifelong service of Richard J. McMurray, MD, to his community, patients, and profession; and be it further

RESOLVED, That our American Medical Association House of Delegates extend its deepest sympathy to the family members of Richard J. McMurray, MD.

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Joseph W Sokolowski, Jr., MD
Introduced by the American Thoracic Society; American Academy of Allergy, Asthma and Immunology; American Academy of Sleep Medicine; American College of Allergy, Asthma and Immunology; Society of Critical Care Medicine; New Jersey; American College of Chest Physicians

Whereas, Joseph W. Sokolowski Jr., MD, was born December 12, 1936 and passed away on December 31, 2017; and

Whereas, Dr Sokolowski was a physician trained at the College of the Holy Cross and the Jefferson Medical College graduating in 1962; and

Whereas, Doctor Sokolowski served in the U.S. Navy on active duty from 1962 to 1971 as Captain and continued as a reserve officer until 1985 including serving as the Chief Medical Officer on the USS Fulton; and

Whereas, Doctor Sokolowski practiced pulmonary medicine and was chair of the Pulmonary Division and Director of Respiratory Care at Our Lady of Lourdes Medical Center; and

Whereas, Doctor Sokolowski was Emeritus Clinical Professor of Medicine at Thomas Jefferson University and was President of the Jefferson Medical College Alumni Association; and

Whereas, Doctor Sokolowski served on the Board of Trustees of the American Thoracic Society and represented that society as the Delegate to the AMA; and

Whereas, Doctor Sokolowski was an active member of the Chest-Allergy Caucus and the Specialty and Service Society of the AMA; and

Whereas, Doctor Sokolowski had lifelong dedication to medical service thru the Knights of Malta including several missions to Haiti and Lourdes, France; and

Whereas, Doctor Sokolowski continued his dedication to medical service in retirement as a volunteer emergency medical technician in his community; and

Whereas, Dr Sokolowski is survived by his wife of 54 years, Maureen, and they had 9 children including one who predeceased him as well as 19 grandchildren; and

Whereas, Doctor Sokolowski was a lifetime member of the AMA; and

Whereas, Doctor Sokolowski was President of the Camden County Medical Society; and

Whereas, Doctor Sokolowski was a founding member of the Medical Review and Certification Council of New Jersey and the President of the National Association for Medical Direction of Respiratory Care; and

Whereas, Doctor Sokolowski will be deeply missed by his family and colleagues; therefore be it

RESOLVED, That our American Medical Association honor the contributions of Doctor Sokolowski and his years of service to organized medicine and the countless patients whose lives were touched by his hard work and dedication; and be it further

RESOLVED, That our AMA extend its sympathy to the family of Doctor Sokolowski and present them with a copy of this resolution.

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RESOLUTIONS

Note: Testimony on each item is summarized in the reference committee reports. Items considered on the reaffirmation calendar do not appear in the reference committee reports and were handled as part of the Committee on Rules and Credentials Supplementary Report on Sunday, November 11. The following resolutions were handled on the reaffirmation calendar: 203, 214, 219, 221, 222, 223, 809, 813, 815, 816, 817, 819, 821 and 958.

1. SUPPORT OF A NATIONAL REGISTRY FOR ADVANCE DIRECTIVES
Introduced by Wisconsin

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-85.950

RESOLVED, That our American Medical Association advocate for the development of model legislation and the establishment and maintenance of a national, no-charge, confidential and secure method for the storage and retrieval of advance directive documents by authorized agents.

2. PROTECTING THE INTEGRITY OF PUBLIC HEALTH DATA COLLECTION
Introduced by GLMA: Health Professionals Advancing LGBTQ Equality

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED
See Policy H-440.817

RESOLVED, That our American Medical Association advocate for the inclusion of demographic data inclusive of sexual orientation and gender identity in national and state surveys, surveillance systems, and health registries; including but not limited to the Current Population Survey, United States Census, National Survey of Older Americans Act Participants, all-payer claims databases; and be it further

RESOLVED, That our AMA advocate against the removal of demographic data inclusive of sexual orientation and gender identity in national and state surveys, surveillance systems, and health registries without plans for updating measures of such demographic data.

3. MENTAL HEALTH ISSUES AND USE OF PSYCHOTROPIC DRUGS FOR UNDOCUMENTED IMMIGRANT CHILDREN
Introduced by Indiana

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
PROPOSED FOURTH RESOLVE REFERRED FOR DECISION
See Policy H-60.905

RESOLVED, That our American Medical Association object to policies separating undocumented, immigrant parents or guardians from children; and be it further

RESOLVED, That our AMA only support the practice of administering psychotropic drugs to immigrant children when there has been evaluation by appropriate medical personnel, and with parental or guardian consent or court order, except in the case of imminent danger to self or others; and be it further

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RESOLVED, That our AMA (1) support education for immigration officials regarding increased risk of sexual assault and sexual trauma amongst unaccompanied minor immigrant children, as well as the emotional decompensation in tis immigrant population due to these abuses and other traumas, and (2) encourage policies designed to decrease incidence of sexual assault, increase reporting and timely access to treatment services, and decrease stress and emotional trauma.

PROPOSED RESOLVE REFERRED FOR DECISION:

RESOLVED, That our AMA object to policies prohibiting unaccompanied, undocumented minors access to the United States.

4. OPPOSING THE DETENTION OF MIGRANT CHILDREN
Introduced by California

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-60.996

RESOLVED, That our American Medical Association oppose the separation of migrant children from their families and any effort to end or weaken the Flores Settlement that requires the United States Government to release undocumented children "without unnecessary delay" when detention is not required for the protection or safety of that child and that those children that remain in custody must be placed in the "least restrictive setting" possible, such as emergency foster care; and be it further

RESOLVED, That our AMA support the humane treatment of all undocumented children, whether with families or not, by advocating for regular, unannounced, auditing of the medical conditions and services provided at all detention facilities by a non-governmental, third party with medical expertise in the care of vulnerable children; and be it further

RESOLVED, That our AMA urge continuity of care for migrant children released from detention facilities.

5. AFFIRMING THE MEDICAL SPECTRUM OF GENDER
Introduced by GLMA: Health Professionals Advancing LGBTQ Equality; New York; Minority Affairs Section; Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS
See PoliciesH-65.962 and D-295.312

RESOLVED, That our American Medical Association amend HOD Policy D-295.312, "Medical Spectrum of Gender," by addition to read as follows:

D-295.312, Medical Spectrum of Gender

Given the medical spectrum of gender identity and sex, our AMA:

(1) Will work with appropriate medical organizations and community based organizations to inform and educate the medical community and the public on the medical spectrum of gender identity;

(2) Will educate state and federal policymakers and legislators on and advocate for policies addressing the medical spectrum of gender identity to ensure access to quality health care; and

(3) Affirms that an individual's genotypic sex, phenotypic sex, sexual orientation, gender and gender identity are not always aligned or indicative of the other, and that gender for many individuals may differ from the sex assigned at birth; and be it further

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RESOLVED, That our AMA oppose any efforts to deny an individual's right to determine their stated sex marker or gender identity.

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

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-180.980

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 or to be deemed credentialed upon submission of a complete application if the physician is part of a group practice with an existing contract with that health plan.

202. ENABLING METHADONE TREATMENT OF OPIOID USE DISORDER IN PRIMARY CARE SETTINGS
Introduced by Pennsylvania

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

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; 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.

203. SUPPORT FOR THE DEVELOPMENT AND DISTRIBUTION OF HIPAA-COMPLIANT COMMUNICATION TECHNOLOGIES
Introduced by Resident and Fellow Section

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-478.997 AND D-478.970 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

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.

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204. RESTRICTION ON IMG MOONLIGHTING
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association advocate for changes to federal legislation allowing physicians with a J-1 visa in fellowship training programs the ability to moonlight.

205. LEGALIZATION OF THE DEFERRED ACTION FOR LEGAL CHILDHOOD ARRIVAL (DALCA)
Introduced by International Medical Graduates Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association support legalization of the Deferred Action for Legal Childhood Arrival (DALCA); 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.

206. REPEALING POTENTIAL PENALTIES ASSOCIATED WITH MIPS
Introduced by Florida

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association advocate to repeal all potential penalties associated with the MIPS program.

207. DEFENSE OF AFFIRMATIVE ACTION
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy D-200.985

RESOLVED, That our American Medical Association oppose legislation that would undermine institutions' ability to properly employ affirmative action to promote a diverse student population.

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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

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-478.980

RESOLVED, That our American Medical Association advocate for the expansion of broadband and wireless connectivity to all rural and underserved areas of the United States, while at all times taking care to protect existing federally licensed radio services from harmful interference that can be caused by broadband and wireless services.

209. SEXUAL ASSAULT EDUCATION AND PREVENTION IN PUBLIC SCHOOLS
Introduced by Women Physicians Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy H-515.953

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.

210. FORCED ORGAN HARVESTING FOR TRANSPLANTATION
Introduced by District of Columbia

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED FOR DECISION

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; and be it further

RESOLVED, That our AMA representatives to the World 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; 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).

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211. ELIMINATING BARRIERS TO AUTOMATED EXTERNAL DEFIBRILLATOR USE
Introduced by Heart Rhythm Society, American College of Cardiology, American Society for Echocardiography, Society for Cardiovascular Angiography and Interventions

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-130.938

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; 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; and be it further

RESOLVED That our AMA support consistent and uniform legislation across states for the legal protection of those who use AEDs in the course of attempting to aid a sudden cardiac arrest victim.

212. DEVELOPMENT AND IMPLEMENTATION OF RECOMMENDATIONS FOR RESPONSIBLE MEDIA COVERAGE OF MASS SHOOTINGS

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: FOLLOWING ALTERNATIVE RESOLUTION 212 ADOPTED
See Policy H-145.971

RESOLVED, that our AMA encourage the Centers for Disease Control and Prevention, in collaboration with other public and private organizations, to develop recommendations or best practices for media coverage of mass shootings.

213. INCREASING FIREARM SAFETY TO PREVENT ACCIDENTAL CHILD DEATHS
Introduced by Medical Student Section

Resolution 213 was considered with Board of Trustees Report 11. See Board of Trustees Report 11.

RESOLVED, That our American Medical Association advocate for enactment of Child Access Prevention laws in all 50 states or as federal law.

214. A PUBLIC HEALTH CASE FOR FIREARM REGULATION
Introduced by Wisconsin

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-145.975, H-145.990, H-145.991, H-145.997, H-145.996, H-145.999 AND D-145.995 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

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; and be it further

RESOLVED, That our AMA oppose barriers to firearm safety.

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215. EXTENDING THE MEDICAL HOME TO MEET FAMILIES WHEREVER THEY GO
Introduced by American Academy of Pediatrics

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

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.

216. MEDICARE PART B COMPETITIVE ACQUISITION PROGRAM (CAP)
Introduced by American Society of Clinical Oncology

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-110.983

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 that choose not to participate;
(2) it should provide supplemental payments to reimburse for costs associated with special handling and storage for Part B drugs;
(3) it must not reduce reimbursement for services related to provision / administration of Part B drugs, and reimbursement should be indexed to an appropriate healthcare inflation rate;
(4) 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;
(5) it should allow practices to choose from multiple vendors to ensure competition, and should also ensure that vendors meet appropriate safety and quality standards;
(6) 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
(7) it should not allow vendors to restrict patient access using utilization management policies such as step therapy; and
(8) it should not force disruption of current systems which have evolved to ensure patient access to necessary medications.

217. OPPOSITION TO MEDICARE PART B TO PART D CHANGES
Introduced by American Society of Clinical Oncology, American College of Rheumatology, American Gastroenterological Association

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy H-110.982

RESOLVED, That our American Medical Association advocate against Medicare changes which would recategorize Medicare Part B drugs into Part D.

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218. ALTERNATIVES TO TORT FOR MEDICAL LIABILITY
Introduced by Colorado

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: POLICIES H-435.943, H-435.978, H-435.993, D-435.974 AND D-435.992 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association study and/or develop options for alternatives to the tort system that will:

- Assure fair compensation to individuals harmed as a result of systems or clinician error in the process of receiving medical care and separately
- Identify and hold accountable physicians, other practitioners and health care delivery systems for questionable practice through professional review and quality management as well as
- Identify opportunities for improving systems to maximize the safety of medical care (as in New Zealand and other countries or the Candor strategy).

219. PROMOTION AND EDUCATION OF BREASTFEEDING
Introduced by Indiana

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY H-245.982 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

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; 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.

220. SUPPORTING MENTAL HEALTH TRAINING PROGRAMS FOR CORRECTIONS OFFICERS AND CRISIS INTERVENTION TEAMS FOR LAW ENFORCEMENT
Introduced by Indiana

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-345.972

RESOLVED, That our American Medical Association support legislation and federal funding for evidence-based training programs by qualified mental health professionals aimed at educating corrections officers in effectively interacting with people with mental health and other behavioral issues in all detention and correction facilities.

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221. REGULATORY RELIEF FROM BURDENSOME CMS "HPI" EHR REQUIREMENTS
Introduced by Kentucky

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-215.995, H-225.965 AND D-330.914 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

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; 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.

222. PATIENT PRIVACY INVASION BY THE SUBMISSION OF FULLY IDENTIFIED QUALITY MEASURE DATA TO CMS
Introduced by Maryland

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-315.983 AND H-406.987 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

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.

223. PERMANENT REAUTHORIZATION OF THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM
Introduced by Michigan

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-290.971 AND D-290.982 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association amend Policy H-290.97, Expanding Enrollment for the State Children's Health Insurance Program (SCHIP), by insertion and deletion 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-documenting income for child health coverage; and be it further

RESOLVED, That our American Medical Association amend Policy D-290.982, State Children's Health Insurance Program Reauthorization (SCHIP), by insertion and deletion as follows:

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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; and be it further

RESOLVED, That our American Medical Association actively lobby the United States Congress for a permanent reauthorization of the Children's Health Insurance Program.

224. FAIRNESS IN THE CENTERS FOR MEDICARE & MEDICAID SERVICES AUTHORIZED QUALITY IMPROVEMENT ORGANIZATION'S (QIO) MEDICAL CARE REVIEW PROCESS
Introduced by New York

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-340.901

RESOLVED, That our American Medical Association advocate to change 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; and be it further

RESOLVED, That our AMA advocate to require CMS 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; and be it further

RESOLVED, That our AMA advocate 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.

225. "SURPRISE" OUT OF NETWORK BILLS
Introduced by New York

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: POLICY H-285.904 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

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; 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.

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226. SUPPORT FOR INTEROPERABILITY OF CLINICAL DATA
Introduced by Utah

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy D-478.972

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.

RESOLUTION 227 WAS WITHDRAWN

228. MEDICATION ASSISTED TREATMENT
Introduced by Georgia

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: POLICIES H-95.944, H-185.931 AND D-160.981 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

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.

229. ADDRESSING SURGERY PERFORMED BY OPTOMETRISTS
Introduced by American Academy of Ophthalmology

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED
See Policy H-475.980

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"; 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."

230. NONPROFIT HOSPITALS AND NETWORK HEALTH SYSTEMS
Introduced by Pennsylvania

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: NOT ADOPTED

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

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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.

231. REDUCING THE REGULATORY BURDEN IN HEALTH CARE
Introduced by Pennsylvania

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association work to support the repeal of the Merit-Based Incentive Payment System (MIPS); 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.

232. OPPOSITION TO MANDATORY LICENSING REQUIREMENTS FOR QUALIFIED CLINICAL DATA REGISTRIES

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: FOLLOWING ALTERNATIVE RESOLUTION 232 ADOPTED
See Policy H-180.943

RESOLVED, That our American Medical Association (AMA) oppose any Centers for Medicare and Medicaid Services (CMS) proposal that would require Qualified Clinical Data Registries (QCDR) measure owners, as a condition of measure approval for reporting in Merit-based Incentive Payment System (MIPS) and other Medicare quality payment programs, to enter into a free license agreement with CMS that would allow other QCDRs to use the owner's measures without a direct license with the measure owner; and be it further

RESOLVED, That our AMA oppose any CMS proposal that would require inclusion of CMS as a party in a QCDR measure licensing agreement between the QCDR measure owner and another; and be it further

RESOLVED, That our AMA support, in situations where QCDR measures are shared between the original measure owner and another QCDR, that the latter QCDR:

1. Must adhere to certain standards and terms set out by the QCDR measure owner on measure implementation and data capture, including data validity and reliability, plus fair remuneration for measure development and ongoing measure stewardship.
2. Must have demonstrated clinical expertise in medicine, quality measure development and improvement by providing methods to ensure data quality, routine metric reporting, and quality improvement consultation.

233. OPPOSING UNREGULATED, NON-COMMERCIAL FIREARM MANUFACTURING
Introduced by Medical Student Section

Resolution 233 was considered with Board of Trustees Report 11. See Board of Trustees Report 11.

RESOLVED, That our American Medical Association support legislation that opposes: a) unregulated, non-commercial firearm manufacturing, such as via 3-D printing, regardless of the material composition or detectability of such weapons; b) production and distribution of 3-D firearm blueprints; and be it further

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RESOLVED, That our AMA issue a statement of concern to Congress and the Bureau of Alcohol, Tobacco, Firearms and Explosives regarding the manufacturing of firearms using 3-D printers and the online dissemination of 3-D firearm blueprints as a public health issue.

234. NEGLIGENT CREDENTIALING ACTIONS AGAINST HOSPITALS
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED FOR DECISION

RESOLVED, That our American Medical Association recognize that "negligent credentialing" lawsuits undermine the overall integrity of the credentialing process, potentially resulting in adverse impacts to patient access and quality of care; and be it further

RESOLVED, That our AMA actively oppose state legislation and court action recognizing "negligent credentialing" as a cause of action that would allow for patients to sue a hospital and/or medical staff; and be it further

RESOLVED, That our AMA work with state medical societies and medical specialty associations in those states that recognize the tort of negligent credentialing to advocate that such claims should place the highest standard of proof on the plaintiff.

235. INAPPROPRIATE USE OF CDC GUIDELINES FOR PRESCRIBING OPIOIDS

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: FOLLOWING ALTERNATIVE RESOLUTION 235 ADOPTED
See Policies H-120.924, H-220.951, H-265.998, D-95.987, D-120.932 and D-160.981

RESOLVED, That our American Medical Association (AMA) applaud the Centers for Disease Control and Prevention (CDC) for its efforts to prevent the incidence of new cases of opioid misuse, addiction, and overdose deaths; and be it further

RESOLVED, That our AMA actively communicate and engage with the nation's largest pharmacy chains, pharmacy benefit managers, National Association of Insurance Commissioners, Federation of State Medical Boards, and National Association of Boards of Pharmacy in opposition to communications being sent to physicians that include a blanket proscription against filling prescriptions for opioids that exceed numerical thresholds without taking into account the diagnosis and previous response to treatment for a patient and any clinical nuances that would support such prescribing as falling within standards of good quality patient care, with report back at A-19; and be it further

RESOLVED, That our AMA affirms that some patients with acute or chronic pain can benefit from taking opioid pain medications at doses greater than generally recommended in the CDC Guideline for Prescribing Opioids for Chronic Pain and that such care may be medically necessary and appropriate, and be it further

RESOLVED, That our AMA advocate against misapplication of the CDC Guideline for Prescribing Opioids by pharmacists, health insurers, pharmacy benefit managers, legislatures, and governmental and private regulatory bodies in ways that prevent or limit patients' medical access to opioid analgesia, and be it further

RESOLVED, That our AMA advocate that no entity should use morphine milligram equivalents (MME) thresholds as anything more than guidance, and physicians should not be subject to professional discipline, loss of board certification, loss of clinical privileges, criminal prosecution, civil liability, or other penalties or practice limitations solely for prescribing opioids at a quantitative level above the MME thresholds found in the CDC Guideline for Prescribing Opioids; and be it further

RESOLVED, That Policies H-120.924, D-95.987, D-160.981, H-265.998, and H-220.951 be reaffirmed.

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RESOLUTION 601 WAS NOT CONSIDERED

RESOLUTION 602 WAS NOT CONSIDERED

603. DESIRED QUALIFICATIONS FOR INDIAN HEALTH SERVICE DIRECTOR
Introduced by Minority Affairs Section

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: ADOPTED AS FOLLOWS
TITLE CHANGED
See Policy H-440.817

RESOLVED, That our American Medical Association support the following qualifications for the Director of the Indian Health Service:

1. Health profession, preferably an MD or DO, degree and at least five years of clinical experience at an Indian Health Service medical site or facility.
2. Demonstrated long-term interest, commitment, and activity within the field of Indian Health.
3. Lived on tribal lands or rural American Indian or Alaska Native community or has interacted closely with an urban Indian community.
4. Leadership position in American Indian/Alaska Native health care or a leadership position in an academic setting with activity in American Indian/ Alaska Native health care.
5. Experience in the Indian Health Service or has worked extensively with Indian Health Service, Tribal, or Urban Indian health programs.
6. Knowledge and understanding of social and cultural issues affecting the health of American Indian and Alaska Native people.
7. Knowledge of health disparities among Native Americans / Alaska Natives, including the pathophysiological basis of the disease process and the social determinants of health that affect disparities.
8. Experience working with Indian Tribes and Nations and an understanding of the Trust Responsibility of the Federal Government for American Indian and Alaska Natives as well as an understanding of the sovereignty of American Indian and Alaska Native Nations.
9. Experience with management, budget, and federal programs.

604. PHYSICIAN HEALTH POLICY OPPORTUNITY
Introduced by Washington

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association, working with the state and specialty societies, make it a priority to give physicians the opportunity to serve in federal and state health care agency positions by providing the training and transitional opportunities to move from clinical practice to health policy; and be it further

RESOLVED, That our AMA study and report back to the House of Delegates at the 2019 Interim Meeting with findings and recommendations for action on how best to increase opportunities to train physicians in transitioning from clinical practice to health policy; and be it further

RESOLVED, That our AMA explore the creation of an AMA health policy fellowship, or work with the Robert Wood Johnson Foundation to ensure that there are designated physician fellowship positions within their Health Policy Fellowship program to train physicians in transitioning from clinical practice to health policy.

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801. ENCOURAGE FINAL EVALUATION REPORTS OF SECTION 1115 DEMONSTRATIONS AT THE END OF THE DEMONSTRATION CYCLE
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED
See Policy H-290.959

RESOLVED, That our American Medical Association encourage the Centers for Medicare & Medicaid Services to establish written procedures that require final evaluation reports of Section 1115 Demonstrations at the end of each demonstration cycle, regardless of renewal status.

802. DUE DILIGENCE FOR PHYSICIANS AND PRACTICES JOINING AN ACO WITH RISK BASED MODELS (UP SIDE AND DOWN SIDE RISK)
Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-385.953

RESOLVED, That our American Medical Association advocate for the continuation of up side only risk Medicare Shared Savings ACO (MSSP ACO) program as an option from the Centers for Medicare and Medicaid Services, particularly for physician owned groups; and be it further

RESOLVED, That our AMA develop educational resources and business tools to help physicians complete due diligence in evaluating the performance of physician-led and hospital integrated systems before considering consolidation. Specific attention should be given to the evaluation of transparency on past savings results, system finances, quality metrics, physician workforce stability and physician job satisfaction, and the cost of clinical documentation software; and be it further

RESOLVED, That our AMA evaluate the characteristics of successful physician owned MSSP ACOs and participation in alternative payment models (APMs) to create a framework of the resources and organizational tools needed to allow practices to form virtual ACOs that would facilitate participation in MSSP ACOs and APMs.

803. INSURANCE COVERAGE FOR ADDITIONAL SCREENING RECOMMENDED IN STATES WITH LAWS REQUIRING NOTIFICATION OF "DENSE BREASTS" ON MAMMOGRAM

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: FOLLOWING ALTERNATIVE RESOLUTION 803 ADOPTED
See Policy H-525.977

RESOLVED, That our American Medical Association (AMA) reaffirm Policy H-525.993, which supports insurance coverage for screening mammography; and be it further

RESOLVED, That our AMA reaffirm Policy H-525.977, which opposes state requirements for mandatory notification of breast tissue density to patients; and be it further

RESOLVED, That our AMA encourage research on the benefits and harms of adjunctive screening for breast cancer for women identified to have dense breasts on an otherwise negative screening mammogram, in order to guide appropriate and evidence-based care and insurance coverage of the service; and be it further

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RESOLVED, That our AMA support insurance coverage for and adequate access to supplemental screening recommended for patients with "dense breast" tissue following a discussion between the patient and their physician which integrates secondary risk characteristics.

804. ARBITRARY DOCUMENTATION REQUIREMENTS FOR OUTPATIENT SERVICES
Introduced by Alaska

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED
See Policy D-320.985

RESOLVED, That our American Medical Association agree that documentation for outpatient physician services should be completed in a timely manner; and be it further

RESOLVED, That our AMA work with government health plans and private insurers to help them better understand the unintended consequences of imposing documentation rules with unrealistically short timeframes, and that our AMA oppose the use of such rules or regulations in determining whether submitted claims are valid and payable.

805. PROMPT PAY

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: FOLLOWING ALTERNATIVE RESOLUTION 805 ADOPTED
See Policy H-190.959

RESOLVED, That our American Medical Association continue to encourage regulators to enforce existing prompt pay requirements.

806. TELEMEDICINE MODELS AND ACCESS TO CARE IN POST-ACUTE AND LONG-TERM CARE
Introduced by AMDA - The Society for Post-Acute and Long-Term Care Medicine

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED
See Policy D-480.966

RESOLVED, That our American Medical Association advocate for removal of arbitrary limits on telemedicine visits by medical practitioners in nursing facilities and instead base them purely on medical necessity, and collaborate with relevant national medical specialty societies to effect a change in Medicare's policy regarding this matter under the provisions of Physician Fee Schedule (PFS) and Quality Payment Program (QPP); and be it further

RESOLVED, That our AMA work with relevant national medical specialty societies and other stakeholders to influence Congress to broaden the scope of telemedicine care models in post-acute and long-term care and authorize payment mechanisms for models that are evidence based, relevant to post-acute and long-term care and continue to engage primary care physicians and practitioners in the care of their patients.

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807. EMERGENCY DEPARTMENT COPAYMENTS FOR MEDICAID BENEFICIARIES
Introduced by American College of Emergency Physicians

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: POLICIES H-130.970, H-290.965, H-385.921 AND D-290.977 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association oppose imposition of copays for Medicaid beneficiaries seeking care in the emergency department.

808. THE IMPROPER USE OF BEERS OR SIMILAR CRITERIA
Introduced by Tennessee

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: FOLLOWING ALTERNATIVE RESOLUTION 808 ADOPTED
See Policy H-185.940

RESOLVED, That our American Medical Association (AMA) reaffirm Policy H-185.940; and be it further

RESOLVED, That our AMA educate and urge health insurers, benefit managers, and other payers not to inappropriately apply the Beers or similar criteria to quality ratings programs in a way that may financially penalize physicians.

809. MEDICAID CLINICAL TRIALS COVERAGE
Introduced by American Society of Clinical Oncology

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY H-460.965 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association actively lobby for and support federal legislation that guarantees coverage of routine patient care costs for Medicaid enrollees who participate in clinical trials.

810. MEDICARE ADVANTAGE STEP THERAPY
Introduced by American Society of Clinical Oncology, American College of Rheumatology, American Gastroenterological Association

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED
See Policy D-320.984

RESOLVED, That our American Medical Association continue strong advocacy for the rejection of step therapy in Medicare Advantage plans and impede the implementation of the practice before it takes effect on January 1, 2019.

RESOLUTION 811 WAS WITHDRAWN

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812. PRIOR AUTHORIZATION AND PATIENT HARM

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: FOLLOWING ALTERNATIVE RESOLUTION 812 ADOPTED
See Policy H-320.939

RESOLVED, That our American Medical Association support efforts to track and quantify the impact of health plans' prior authorization and utilization management processes on patient access to necessary care and patient clinical outcomes, including the extent to which these processes contribute to patient harm.

813. DIRECT PRIMARY CARE HEALTH SAVINGS ACCOUNT CLARIFICATION
Introduced by Indiana

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-380.984 AND H-385.912 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association seek federal changes to the Internal Revenue Code allowing health savings accounts to be used with direct primary care.

814. PRIOR AUTHORIZATION RELIEF IN MEDICARE ADVANTAGE PLANS
Introduced by Indiana

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-320.938

RESOLVED, That our American Medical Association support legislation and/or regulations that would apply the following processes and parameters to prior authorization (PA) for Medicaid and Medicaid managed care plans and Medicare Advantage plans:

a. List services and prescription medications that require a PA on a website and ensure that patient informational materials include full disclosure of any PA requirements.
b. Notify providers of any changes to PA requirements at least 45 days prior to change.
c. Improve transparency by requiring plans to report on the scope of PA practices, including the list of services subject to PA and corresponding denial, delay and approval rates.
d. Standardize a PA request form.
e. Minimize PA requirements as much as possible within each plan and eliminate the application of PA to services that are routinely approved.
f. Pay for services and prescription medications for which PA has been approved unless fraudulently obtained.
g. Allow continuation of medications already being administered or prescribed when a patient changes health plans, and only change such medications with the approval of the ordering physician.
h. Make an easily accessible and responsive direct communication tool available to resolve disagreements between health plan and ordering provider.
i. Define a consistent process for appeals and grievances, including to Medicaid and Medicaid managed care plans.

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815. UNCOMPENSATED PHYSICIAN LABOR
Introduced by Indiana

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-385.919 AND H-390.859 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association adopt policy that physicians should be compensated for reviewing and responding to new after-hour patient messages.

816. MEDICARE ADVANTAGE PLAN INADEQUACIES
Introduced by Indiana

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-280.945, H-285.913, H-330.878, D-70.950, D-330.912, D-330.923 AND D-330.951 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association investigate the deficiencies of Medicare Advantage plans, with the goal of improving nursing home, rehab and physical therapy benefits. Full transparency about the cost and coverage of the plan, as well as communication about plan limitations, should be required; and be it further

RESOLVED, That our AMA issue an opinion on whether Medicare Advantage plans should be limited to healthier seniors with both a short problem list and short medication list, and whether there should be a cap on administrative costs for these plans.

817. INCREASE REIMBURSEMENT FOR PSYCHIATRIC SERVICES
Introduced by Indiana

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-70.919, H-345.978, H-345.981, H-345.983 AND H-345.986 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association support increasing reimbursement for psychiatric services through direct funding adjustments or via the relevant specialties pursuing a coding change through the established CPT Editorial Panel process.

818. DRUG PRICING TRANSPARENCY
Introduced by Indiana

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association advocate to the U.S. Surgeon General for federal legislation that investigates all drug pricing.

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819. MEDICARE REIMBURSEMENT FORMULA FOR ONCOLOGISTS ADMINISTERING DRUGS
Introduced by Michigan

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-330.884 AND D-330.960 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association amend Policy H-55.994 by addition to read as follows:

H-55.994, Coverage of Chemotherapy in Physicians' Offices
The AMA: (1) supports adequate reimbursement for outpatient oncology office visits that recognizes the complexity of the patient's care management; and (2) advocates that physicians who bill any third party payer for administering chemotherapy should ensure that the services billed for are described adequately and fully on the appropriate claim form and that the chemotherapy descriptors and code numbers provided by CPT are utilized; and be it further

RESOLVED, That our AMA advocate for a change to the Medicare reimbursement formula such that the costs of chemotherapeutic agents are covered, plus an unrelated flat fee to cover the cost of the infusion or injection of said agents.

820. ENSURING QUALITY HEALTH CARE FOR OUR VETERANS
Introduced by Michigan

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-510.986

RESOLVED, That our American Medical Association amend Policy H-510.986, "Ensuring Access to Care for our Veterans," by addition to read as follows:

H-510.986, Ensuring Access to Safe and Quality Care for our Veterans
1. Our AMA encourages all physicians to participate, when needed, in the health care of veterans.
2. Our AMA supports providing full health benefits to eligible United States Veterans to ensure that they can access the Medical care they need outside the Veterans Administration in a timely manner.
3. Our AMA will advocate strongly: a) that the President of the United States take immediate action to provide timely access to health care for eligible veterans utilizing the healthcare sector outside the Veterans Administration until the Veterans Administration can provide health care in a timely fashion; and b) that Congress act rapidly to enact a bipartisan long-term solution for timely access to entitled care for eligible veterans.
4. Our AMA recommends that in order to expedite access, state and local medical societies create a registry of doctors offering to see our veterans and that the registry be made available to the veterans in their community and the local Veterans Administration.
5. Our AMA will strongly advocate that the Veterans Health Administration and Congress develop and implement necessary resources, protocols, and accountability to ensure the Veterans Health Administration recruits, hires and retains physicians and other health care professionals to deliver the safe, effective and high-quality care that our veterans have been promised and are owed.

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821. DIRECT PRIMARY CARE AND CONCIERGE MEDICINE BASED PRACTICES
Introduced by Michigan

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-380.984 AND H-385.912 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association actively lobby for revision to the U.S. tax code to allow funds from health savings accounts to be used for concierge medicine and direct primary care without incurring a tax penalty.

822. BONE DENSITY REIMBURSEMENT
Introduced by Georgia

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association advocate for the correction of the underpayment by Medicare, Medicaid, and third-party payers to medical practices for office-based DXA tests.

823. MEDICARE CUTS TO RADIOLOGY IMAGING
Introduced by Georgia

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: POLICY D-390.969 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association advocate for elimination of the Medicare differential imaging payments for small practices versus facility payments; and be it further

RESOLVED, That our AMA advocate for elimination of the Medicare computed radiography (CR) payment reductions.

RESOLUTION 824 WAS NOT CONSIDERED

RESOLUTION 825 WAS NOT CONSIDERED

826. DEVELOPING SUSTAINABLE SOLUTIONS TO DISCHARGE OF CHRONICALLY-HOMELESS PATIENTS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED FOR REPORT AT THE 2019 ANNUAL MEETING

RESOLVED, That our American Medical Association work with relevant stakeholders in developing sustainable plans for the appropriate discharge of chronically-homeless patients from hospitals; and be it further

RESOLVED, That our AMA reaffirm Policies H-270.962 and H-130.940.

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901. SUPPORT FOR PREREGISTRATION IN BIOMEDICAL RESEARCH
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED
See Policy H-460.941

RESOLVED, That our American Medical Association support preregistration in order to mitigate publication bias and improve the reproducibility of biomedical research.

902. INCREASING PATIENT ACCESS TO SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATIONS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
TITLE CHANGED
See Policy H-80.999

RESOLVED, That our American Medical Association advocate for increased post-pubertal patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations.

903. FRONT-OF-PACKAGE LABELS FOR FOOD PRODUCTS WITH ADDED SUGARS

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: FOLLOWING ALTERNATIVE RESOLUTION 903 ADOPTED
See Policy D-150.974

RESOLVED, That our American Medical Association encourage the FDA to (1) develop front-of-package warning labels for foods that are high in added sugars based on the established recommended daily value and (2) limit the amount of added sugars permitted in a food product containing front-of-package health or nutrient content claims.

904. SUPPORT FOR CONTINUED 9-1-1 MODERNIZATION AND THE NATIONAL IMPLEMENTATION OF TEXT-TO-911 SERVICE
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-440.822

RESOLVED, That our American Medical Association support the funding for and modernization of 9-1-1 infrastructure, including incorporation of text-to-911 technology.

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905. SUPPORT OFFERING HIV POST EXPOSURE PROPHYLAXIS TO ALL SURVIVORS OF SEXUAL ASSAULT
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-20.900

RESOLVED, That our American Medical Association support education of physicians about the effective use of HIV Post-Exposure Prophylaxis (PEP) and the U.S. PEP Clinical Practice Guidelines; and be it further

RESOLVED, That our AMA support increased access to and coverage for PEP for HIV, as well as enhanced public education on its effective use; and be it further

RESOLVED, That our AMA amend Policy H-20.900 by addition and deletion as follows:

H-20.900, "HIV, Sexual Assault, and Violence"
Our AMA believes that HIV testing and Post-Exposure Prophylaxis (PEP) should be offered to all ~~victims~~ survivors of sexual assault who present within 72 hours of a substantial exposure risk, that these ~~victims~~ survivors should be encouraged to be retested in six months if the initial test is negative, and that strict confidentiality of test results be maintained.

906. INCREASED ACCESS TO IDENTIFICATION CARDS FOR THE HOMELESS POPULATION
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED
See Policy H-160.894

RESOLVED, That our American Medical Association recognize that among the homeless population, lack of identification serves as a barrier to accessing medical care and fundamental services that support health; and be it further

RESOLVED, That our AMA support legislative and policy changes that streamline, simplify, and reduce or eliminate the cost of obtaining identification cards for the homeless population.

RESOLUTION 907 WAS NOT CONSIDERED

908. INCREASING ACCESSIBILITY TO INCONTINENCE PRODUCTS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED
See Policy H-155.955

RESOLVED, That our American Medical Association support increased access to affordable incontinence products.

RESOLUTION 909 WAS NOT CONSIDERED

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RESOLUTION 910 WAS NOT CONSIDERED

911. REGULATING TATTOO AND PERMANENT MAKEUP INKS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICY H-440.909 AMENDED AS FOLLOWS IN LIEU OF RESOLUTION 911

H-440.909, Regulation of Tattoo Artists and Facilities

1. The AMA encourages the state regulation of tattoo artists and tattoo facilities to ensure adequate procedures to protect the public health; and encourages tattoo artists, tattoo facilities, and physicians to report all adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program.

2. The AMA encourages manufacturers of tattoo inks to provide a list of their ingredients to protect public health;

3. The AMA encourages tattoo artists and tattoo facilities to obtain informed consent from their clients, that includes potential risks, prior to performing a tattooing procedure;

4. The AMA, in consultation with relevant stakeholders, develop model state legislation for regulation of tattoo artists and tattoo facilities to ensure adequate procedures to protect the public health and safety.

912. COMPREHENSIVE BREAST CANCER TREATMENT
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-55.973

RESOLVED, That our AMA amend Policy H-55.973, "Breast Reconstruction," by addition and deletion as follows:

Our AMA: (1) believes that reconstruction of the breast for post-treatment rehabilitation of patients with in situ or invasive breast neoplasm ~~the postmastectomy cancer patient~~ should be considered reconstructive surgery rather than aesthetic surgery; (2) supports education for physicians and breast cancer patients on breast reconstruction and its availability; (3) recommends that third party payers provide coverage and reimbursement for medically necessary breast cancer treatments including but not limited to prophylactic contralateral mastectomy and/or salpingo-oophorectomy; and (4) recognizes the validity of contralateral breast procedures needed for the achievement of symmetry in size and shape, and urges recognition of these ancillary procedures by Medicare and all other third parties for reimbursement when documentation of medical necessity is provided.

913. ADDRESSING THE PUBLIC HEALTH IMPLICATIONS OF PORNOGRAPHY
Introduced by Women Physicians Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-60.990

RESOLVED, That our American Medical Association support efforts to mitigate the negative public health impacts of pornography as it relates to vulnerable populations.

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914. COMMON SENSE STRATEGY FOR TOBACCO CONTROL AND HARM REDUCTION
Introduced by American Association of Public Health Physicians

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association advocate for a "protect adult choice and youth's health" "common sense" tobacco strategy (with a report back to the House of Delegates annually) under which:

- Current educational, promotional and policy initiatives (e.g. taxation) to reduce the use of tobacco products by inhalation and orally would continue, including advocating for the prohibition of the sale of ALL nicotine containing products to individuals under 21 years unless via prescription for medical purposes.

- E-cigarettes (non-tobacco products containing nicotine) would be accessible at an affordable price to adults who wish to use them, and would be available to individuals below 21 years of age only as part of state sanctioned tobacco cessation activities. States and local jurisdictions would be free to require vendors to post warnings regarding the possible health risks of the use of nicotine inhalation products.

- Non-nicotine, non-drug containing vaping and other inhalation products would not be considered tobacco products, but would be monitored by state and local jurisdictions as any other personal use product regarding safety and public accommodation.

915. MANDATORY REPORTING
Introduced by American College of Emergency Physicians

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association oppose mandated reporting of entire classes of patients and specific diagnoses unless compelling evidence exists to demonstrate that a serious public health and/or safety risk will be mitigated as a result of such reporting.

916. BAN ON TOBACCO FLAVORING AGENTS WITH RESPIRATORY TOXICITY
Introduced by American Thoracic Society, Society of Critical Care Medicine, American College of Chest Physicians

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICY H-495.971 AMENDED AS FOLLOWS IN LIEU OF RESOLUTION 916

H-495.971, Opposition to Addition of Flavors to Tobacco Products ~~Cigarettes~~
Our AMA: (1) supports state and local legislation to prohibit the sale or distribution of flavored tobacco products; ~~and~~ (2) urges local and state medical societies and federation members to support state and local legislation to prohibit the sale or distribution of flavored tobacco products; and (3) encourages the FDA to prohibit the use of flavoring agents in tobacco products, which includes electronic nicotine delivery systems.

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917. PROTECT AND MAINTAIN THE CLEAN AIR ACT
Introduced by American Thoracic Society, Society of Critical Care Medicine, American College of Chest Physicians

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-135.984

RESOLVED, That our American Medical Association oppose legislative or regulatory changes that would allow power plants to avoid complying with new source review requirements to install air pollution control equipment when annual pollution emissions increase; and be it further

RESOLVED, That our AMA work with other organizations to promote a public relations campaign strongly expressing our opposition to EPA's Affordable Clean Energy rule and its proposed amendments of the New Source Review requirements under the Clean Air Act.

918. ALLERGEN LABELING ON FOOD PACKAGING
Introduced by Indiana

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-150.924

RESOLVED, That our American Medical Association encourage food manufacturers to pursue more obvious packaging distinctions between products that contain the most common food allergens identified in the Food Allergen Labeling and Consumer Protection Act and products that do not contain these allergens.

919. OPIOID MITIGATION
Introduced by Indiana

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association review the following opioid mitigation strategies based on their effectiveness in Huntington, WV, and Clark County, IN, and provide feedback concerning their utility in dealing with opioids:

(1) The creation of an opioid overdose team that decreases the risk of future overdose and overdose death, increases access to opioid-related services and increases the likelihood that an individual will pursue drug rehabilitation.

(2) A needle exchange program that is open multiple days a week and is mobile offers not only a source for needles but also Narcan, other supplies, health care and information.

(3) The creation of a drug court that allows a judge to have greater flexibility in determining the legal consequences of an arrest for an opioid-related crime. It also allows for the judicial patience necessary to deal with the recidivism of this population.

(4) Offering more acute-care inpatient drug rehab beds, although those ready for treatment need to be willing to travel significant distances to get to a treatment bed.

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(5) Make available Narcan intranasal spray OTC through pharmacies and the syringe exchange, overdose team, etc.

(6) Encourage prevention education in K-12 programs that uses multiple media with anti-drug messaging delivered in the school system but also in the home.

920. CONTINUED SUPPORT FOR FEDERAL VACCINATION FUNDING
Introduced by Michigan

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICY H-440.928 AMENDED AS FOLLOWS IN LIEU OF RESOLUTION 920

H-440.928, Update on Immunizations and Vaccine Purchases

Our AMA: (1) encourages state and local health departments to identify local barriers to immunization and collaborate with state and local medical societies to devise plans to eliminate the barriers.

(2) encourages the Administration and Congress to consider immunization initiatives within the broader context of health system reform and payment for preventive care services, and not only as a separate issue.

(3) ~~supports~~ will release a public statement and actively advocate for increased federal funding for vaccines, including activities funded through Section 317 of the Public Health Service Act, which supports purchasing vaccines and implementing the national vaccine strategy, and include ~~ing~~ monies for education of the American public about the importance of immunization, education and training for health professionals and for support to state and local governments to remove barriers to effective immunization.

(4) encourages states and other public health entities to make greater use of the option they have through their grantee to use their own appropriated funds to purchase vaccines at the Centers for Disease Control and Prevention contract price and encourages vaccine manufacturers to make the contract vaccine price widely available to such purchasing agents. This would further increase availability of vaccines at the best available price.

(5) encourages private physicians and groups such as HMOs to work together with vaccine manufacturers to secure a negotiated bulk purchase price for vaccines by guaranteeing a larger volume of purchase and lower administrative costs.

(6) encourages health insurance companies to cover the cost of vaccine purchase and administration for all childhood immunizations since immunization of young children is highly cost effective.

(7) encourages all states to alter their Medicaid program so that childhood vaccines can be purchased at the federal contract price and private physicians can be reimbursed for immunization services and cost of vaccine purchase.

921. FOOD ENVIRONMENTS AND CHALLENGES ACCESSING HEALTHY FOOD
Introduced by Michigan

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-150.925

RESOLVED, That our American Medical Association encourage the U.S. Department of Agriculture and appropriate stakeholders to study the national prevalence, impact and solutions to the problems of food mirages, food swamps, and food oases as food environments distinct from food deserts.

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922. FULL INFORMATION ON GENERIC DRUGS
Introduced by Georgia

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICIES H-125.981 AND H-125.984 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association advocate that generic drugs have an FDA-approved package insert available when dispensed that discloses active and inactive ingredients and clear language with bio-equivalent data as compared to parent branded drug.

923. SCORING OF MEDICATION PILLS
Introduced by Georgia

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: POLICY H-115.973 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association advocate that the U.S. Food and Drug Administration require scoring of all tablets and pills depending on their composition, so that the patient may be able to dose adjust their medication number requirement as prescribed by their physician at a lower cost to the patient.

924. UTILIZING BLOOD FROM "THERAPEUTIC" DONATIONS
Introduced by Georgia

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-50.998

RESOLVED, That our American Medical Association encourage the U.S. Food and Drug Administration to engage in dialogue with the American Association of Blood Banks and relevant stakeholders to reanalyze their therapeutic phlebotomy policies on variances, including but not limited to hereditary hemochromatosis.

RESOLUTION 925 WAS NOT CONSIDERED

926. ADDRESSING THE PUBLIC HEALTH EPIDEMIC OF E-CIGARETTES
Introduced by Organized Medical Staff Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
TITLE CHANGED
See Policy H-495.986

RESOLVED, That our American Medical Association recognize the use of e-cigarettes and vaping as an urgent public health epidemic and actively work with the Food and Drug Administration and other relevant stakeholders to counteract the marketing and use of addictive e-cigarette and vaping devices, including but not limited to bans and strict restrictions on marketing to minors under the age of 21.

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927. OPPOSE FDA'S DECISION TO APPROVE PRIMATENE MIST HFA FOR OVER THE COUNTER USE
Introduced by American Thoracic Society, Society of Critical Care Medicine, American College of Chest Physicians

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED IN LIEU OF POLICY H-115.972
See Policy H-115.972

RESOLVED, That our American Medical Association send a letter to the US Food and Drug Administration (FDA) expressing: 1) our strong opposition to FDA making the decision to allow inhaled epinephrine to be sold as an over-the counter medication without first soliciting public input, and 2) our opposition to the approval of over-the-counter sale of inhaled epinephrine as it is currently not a recommended treatment for asthma.

NO RESOLUTIONS WERE NUMBERED FROM 928 TO 950

951. PREVENTION OF PHYSICIAN AND MEDICAL STUDENT SUICIDE
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED
See Policy D-345.984

RESOLVED, That our American Medical Association request that the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education collect data on medical student, resident and fellow suicides to identify patterns that could predict such events.

RESOLUTION 952 WAS WITHDRAWN

953. SUPPORT FOR THE INCOME-DRIVEN REPAYMENT PLANS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED
See Policy H-305.925

RESOLVED, That our American Medical Association advocate for continued funding of programs including Income-Driven Repayment plans for the benefit of reducing medical student loan burden.

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954. VHA GME FUNDING
Introduced by American Academy of Dermatology, American Society for Dermatologic Surgery Association, American Society of Dermatopathology

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED
See Policy D-510.990

RESOLVED, That our American Medical Association continue to support the mission of the Department of Veterans Affairs Office of Academic Affiliations for expansion of graduate medical education (GME) residency positions; and be it further

RESOLVED, That our AMA collaborate with appropriate stakeholder organizations to advocate for preservation of Veterans Health Administration (VHA) funding for GME and support its efforts to expand GME residency positions in the federal budget and appropriations process; and be it further

RESOLVED, That our AMA oppose service obligations linked to VHA GME residency or fellowship positions, particularly for resident physicians rotating through the VA for only a portion of their GME training.

955. EQUALITY FOR COMLEX AND USMLE
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED
See Policy H-275.953

RESOLVED, That our American Medical Association promote equal acceptance of the USMLE and COMLEX at all United States residency programs; and be it further

RESOLVED, That our AMA work with appropriate stakeholders including but not limited to the National Board of Medical Examiners, Association of American Medical Colleges, National Board of Osteopathic Medical Examiners, Accreditation Council for Graduate Medical Education and American Osteopathic Association to educate Residency Program Directors on how to interpret and use COMLEX scores; and be it further

RESOLVED, That our AMA work with Residency Program Directors to promote higher COMLEX utilization with residency program matches in light of the new single accreditation system.

956. INCREASING RURAL ROTATIONS DURING RESIDENCY
Introduced by Nebraska

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-465.988

RESOLVED, That our American Medical Association work with state and specialty societies, medical schools, teaching hospitals, the Accreditation Council for Graduate Medical Education (ACGME), the Centers for Medicare and Medicaid Services (CMS) and other interested stakeholders to identify, encourage and incentivize qualified rural physicians to serve as preceptors and volunteer faculty for rural rotations in residency; and be it further

RESOLVED, That our AMA work with interested stakeholders to identify strategies to increase residency training opportunities in rural areas with a report back to the House of Delegates and that our AMA work with interested stakeholders to formulate an actionable plan of advocacy with the goal of increasing residency training in rural areas.

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957. BOARD CERTIFYING BODIES
Introduced by Florida

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-275.954

RESOLVED, That our American Medical Association continue studying the certifying bodies that compete with the American Board of Medical Specialties and provide an update in the Council on Medical Education's annual report on maintenance of certification at A-19.

958. NATIONAL HEALTH SERVICE CORPS ELIGIBILITY
Introduced by California

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY D-200.978 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association consider eligibility criteria changes for the National Health Service Corps Program to increase the pool of eligible physicians, such as allowing participation from primary care physicians providing in-patient hospitalist care in health professional shortage areas.

959. PHYSICIAN AND MEDICAL STUDENT MENTAL HEALTH AND SUICIDE
Introduced by Indiana

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association create a new Physician and Medical Student Suicide Prevention Committee with the goal of addressing suicides and mental health disease in physicians and medical students. This committee will be charged with:

1) Developing novel policies to decrease physician and medical trainee stress and improve professional satisfaction.

2) Vociferous, repeated and widespread messaging to physicians and medical students encouraging those with mood disorders to seek help.

3) Working with state medical licensing boards and hospitals to help remove any stigma of mental health disease and to alleviate physician and medical student fears about the consequences of mental illness and their medical license and hospital privileges.

4) Establishing a 24-hour mental health hotline staffed by mental health professionals whereby a troubled physician or medical student can seek anonymous advice. Communication via the 24-hour help line should remain anonymous. This service can be directly provided by the AMA or could be arranged through a third party, although volunteer physician counselors may be an option for this 24-hour phone service.

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960. INADEQUATE RESIDENCY SLOTS
Introduced by Indiana

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: POLICY D-305.967 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association adopt policy to establish parity between the number of medical school graduates and the number of match positions and withhold support for any further increase in medical school enrollment, unless there is a corresponding increase in residency positions New HOD Policy); and be it further

RESOLVED, That our AMA lobby the federal government for increased funding for residency spots, to investigate other sustainable models for residency position funding and to advocate for loan repayment waivers for individuals who fail to match.

961. PROTECT PHYSICIAN-LED MEDICAL EDUCATION
Introduced by Michigan

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-295.995

RESOLVED, That our American Medical Association strongly advocate for the rights of medical students, residents, and fellows to have physician-led (MD or DO as defined by the AMA) clinical training, supervision and evaluation while recognizing the contribution of non-physicians to medical education; and be it further

RESOLVED, That our AMA publicize to medical students, residents, and fellows their rights, as per Liaison Committee on Medical Education and Accreditation Council for Graduate Medical Education guidelines, to physician-led education and a means to report violations without fear of retaliation.

RESOLUTION 962 WAS WITHDRAWN

EMERGENCY RESOLUTION 1. HARASSMENT ISSUES WITHIN THE AMA
Introduced by Samantha Rosman, MD, MPH Delegate, and Melissa Garretson, MD, Delegate

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-140.954

RESOLVED, That our American Medical Association immediately engage outside consultants to evaluate current processes and, as needed, implement new processes for the evaluation and adjudication of sexual and non-sexual harassment claims involving staff, members, or attendees with report back regarding said processes and implementation at the 2019 Annual Meeting.

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