

Status - Implementation of Resolutions and Report Recommendations AMA House of Delegates Interim Meeting - November 10-13, 2018

Report/Resolution	Title	House Action	Status
BOT Report 01-I-18	Data Used to Apportion Delegates (Resolution 604-A-18)	Recommendations in BOT Report 1-I-18 Adopted as Amended, Remainder of Report Filed.	Board of Trustees Report 12 on this subject appears in the Delegates Handbook for the 2019 Annual Meeting. (Reference Committee F)
BOT Report 04-I-18	Increased Use of Body Worn Cameras by Law Enforcement Officers	Referred.	Board of Trustees Report 18 on this subject appears in the Delegates Handbook for the 2019 Annual Meeting. (Reference Committee B)
BOT Report 05-I-18	Exclusive State Control of Methadone Clinics	Recommendations in BOT Report 5-I-18 Adopted as Amended, Remainder of Report Filed.	Our AMA has notified all state and national medical specialty societies of its willingness to work with them to encourage state governments to collaborate with health insurance companies and other payers, state medical societies, national medical specialty societies, opioid treatment programs (OTPs) and other health care organizations to develop and disseminate resources that identify where OTP providers operate in a state and take part in surveillance efforts to obtain timely and comprehensive data to inform treatment opportunities.

Report/Resolution	Title	House Action	Status
BOT Report 07-I-18	Advocacy for Seamless Interface Between Physicians Electronic Health Records (EHRs), Pharmacies and Prescription Drug Monitoring Programs (PDMPs) (Resolution 212-A-17; BOT Report 12-A-18)	Recommendations in BOT Report 7-I-18 Adopted as Amended, Remainder of Report Filed.	The draft report of the HHS Interagency Pain Management Best Practices Task Force includes an evaluation of the use of PDMPs as a tool to inform clinical decisions and calls for studies to be conducted to better identify where PDMP data is best used, and for PDMP data use to be adjusted based on the findings of the recommended studies to minimize undue burden and overutilization of resources. In comments on the draft report, our AMA expressed support for these recommendations and noted that there is little evidence that PDMPs have had a positive effect on reducing opioid-related harms or helping identify or refer patients to screening or treatment for suspected opioid use disorder. Our AMA is reinforcing the need to evaluate the use of PDMPs in improving pain care and treating substance use disorders in a presentation to the Task Force at its May 2019 meeting. Moreover, ONC recently proposed a rule implementing a wide range of 21st Century Cures provisions to improve interoperability, patient access, data use, and EHR usability. Consistent with AMA's recommendations and advocacy efforts, ONC is proposing several changes to their health IT certification program. These include adjusting the Principles of Proper Conduct (PoPC), Conditions of Certification (CoC), and Maintenance of Certification (MoC) to address the lack of health IT vendor transparency around integration, use, and interoperability costs and fees. ONC is proposing to limit fees EHR vendors charge physicians, reduce EHR vendor anticompetitive practices, require the public reporting of actual costs and fees charged by EHR vendors, restrict excessive fees that lead to information blocking, and require EHR vendors conform to standardized interfaces. Our AMA is supportive of these proposals and will be providing substantive comments.
BOT Report 08-I-18	340B Drug Discount Program (Resolution 255-A-18)	Recommendations in BOT Report 8-I-18 Adopted, Remainder of Report Filed.	In July 2018, our AMA submitted comments supporting reforms to the 340B Rebate Discount Program. Our AMA urges increased 340B program transparency, including an accounting of covered entities' 340B savings and the percentage of 340B savings used directly to care for underinsured patients and patients living on low-incomes. Our AMA also supported providing the Health Resources and Services Administration (HRSA) with more authority, resources, and staff to conduct needed 340B program oversight. Furthermore, our AMA urged the recognition of community-based physician practices as standalone entities under the 340B Drug Pricing Program.
BOT Report 09-I-18	Hospital Closures and Physician Credentialing (Resolution 716-A-18)	Recommendations in BOT Report 9-I-18 Adopted as Amended, Remainder of Report Filed.	Our AMA is in the process of drafting model state legislation that addresses the issues raised in this report.

Report/Resolution	Title	House Action	Status
BOT Report 10-I-18	Training Physicians and Physicians-in-Training in the Art of Public Forum (Resolution 606-A-18)	Recommendations in BOT Report 10-I-18 Adopted as Amended in Lieu of Resolution 606-A-18 with Change in Title, Remainder of Report Filed.	AMA Enterprise Communications will host an educational session at the 2019 Annual Meeting titled “Training Physicians in the Art of the Public Forum.” This session is designed to help physicians at all levels better prepare for public speaking opportunities and media interviews through skilled and confident communication. Industry leaders will share tips and best practices and engage participants in role-playing excises to help them stay on message and effective connect with diverse audiences about health care issues and policies that are important to physicians, their patients and their practices. Following this session, attendees will have the opportunity to become AMA Ambassadors and further their learning around public engagement. This training will be led by Kathy Schaeffer, a strategic communications expert, in partnership with leaders from the AMA’s Enterprise Communications department.
BOT Report 11-I-18	Violence Prevention (Resolution 419-A-18)	Recommendations in BOT Report 11-I-18 Adopted as Amended, Remainder of Report Filed.	AMA policy database has been updated.
BOT Report 12-I-18	Information Regarding Animal-Derived Medications	Recommendations in BOT Report 12-I-18 Adopted as Amended, Remainder of Report Filed.	AMA policy database has been updated.
BOT Report 14-I-18	Protection of Physician Freedom of Speech	Recommendations in BOT Report 14-I-18 Adopted as Amended, Remainder of Report Filed.	AMA policy database has been updated.
BOT Report 15-I-18	Specialty Society Representation in the House of Delegates – Five-Year Review	Recommendations in BOT Report 15-I-18 Adopted, Remainder of Report Filed.	In keeping with the Board's recommendation, the nine specialty societies identified in the Report retained representation in the AMA House of Delegates following the five-year review that is called for by the AMA Bylaws.
CEJA Report 01-I-18	Competence, Self-Assessment and Self-Awareness	Recommendations in CEJA Report 1-I-18 Referred.	Report 1 of the Council on Ethical and Judicial Affairs appears in the Delegates Handbook for the 2019 Annual Meeting. (Reference Committee on Amendments to Constitution and Bylaws)
CEJA Report 02-I-18	Study Aid-in-Dying as End-of-Life Option (Res. 15-A-16)/ The Need to Distinguish “Physician-Assisted Suicide” and “Aid in Dying” (Res. 14-A-17)	Referred.	A Council on Ethical and Judicial Affairs report will be prepared for consideration at the 2019 Interim Meeting.

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CEJA Report 03-I-18	Amendment to Opinion E-2.2.1, “Pediatric Decision Making” (Resolution 3-A-16, “Supporting Autonomy for Patients with Differences of Sex Development [DSD]”) (Res. 13-A-18, 'Opposing Surgical Sex Assignment of Infants with Differences of Sex Development')	Recommendations in CEJA Report 3-I-18 Adopted, Remainder of Report Filed.	AMA policy database has been updated.
CEJA Report 04-I-18	CEJA Role in Implementing H-140.837, “Anti-Harassment Policy”	Recommendations in CEJA Report 4-I-18 Not Adopted.	
CEJA Report 05-I-18	Physicians' Freedom of Speech (RES 006-I-17)	Recommendations in CEJA Report 5-I-18 Adopted, Remainder of Report Filed.	Recommendation to not adopt Resolution 006-I-17. No action necessary.
CLRPD Report 01-I-18	Women Physicians Section Five-Year Review	Recommendations in CLRPD Report 1-I-18 Adopted, Remainder of Report Filed.	As a result of the adoption of CLRPD Report 1-I-18, the Women Physicians Section continues to increase the number and influence of women physicians in leadership roles.
CME Report 01-I-18	Competency of Senior Physicians	Referred.	This topic will be revisited by the Council on Medical Education through a report for the A-20 HOD Meeting.
CME Report 03-I-18	Developing Physician-Led Public Health/Population Health Capacity in Rural Communities	Recommendations in CME Report 3-I-18 Adopted as Amended, Remainder of Report Filed.	Letters were sent to the following organizations to encourage them to highlight public/population health leadership learning opportunities to all learners, but especially encourage dissemination to women physician groups and other groups typically underrepresented in medicine: Accreditation Council for Graduate Medical Education, American Association of Colleges of Osteopathic Medicine, Association of American Medical Colleges, Association of State and Territorial Health Officials. The House action was also transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article.
CME Report 04-I-18	Reconciliation of AMA Policy on Primary Care Workforce	Recommendations in CME Report 4-I-18 Adopted as Amended, Remainder of Report Filed.	AMA policy database has been updated.
CME Report 05-I-18	Reconciliation of AMA Policy on Medical Student Debt	Recommendations in CME Report 5-I-18 Adopted, Remainder of Report Filed.	AMA policy database has been updated.
CME Report 06-I-18	Reconciliation of AMA Policy on Resident/Fellow Contracts and Duty Hours	Recommendations in CME Report 1-I-18 Adopted, Remainder of Report Filed.	AMA policy database has been updated.
CMS Report 01-I-18	Canadian Prescription Drug Importation for Personal Use (Res. 226-I-17)	Recommendations in CMS Report 1-I-18 Adopted as Amended with Change in Title, Remainder of Report Filed.	AMA policy database has been updated.

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CMS Report 02-I-18	Air Ambulance Regulations and Payments	Recommendations in CMS Report 2-I-18 Adopted, Remainder of Report Filed.	AMA policy database has been updated.
CMS Report 03-I-18	Sustain Patient-Centered Medical Home Practices (Res. 813-I-17)	Recommendations in CMS Report 3-I-18 Adopted, Remainder of Report Filed.	AMA policy database has been updated.
CMS Report 04-I-18	The Site-of-Service Differential (Res. 817-I-17)	Recommendations in CMS Report 4-I-18 Adopted as Amended, Remainder of Report Filed.	AMA policy database has been updated.
CSAPH Report 01-I-18	Improving Screening and Treatment Guidelines for Domestic Violence Against Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Other Individuals	Recommendations in CSAPH Report 1-I-18 Adopted as Amended, Remainder of Report Filed.	AMA policy database has been updated.
CSAPH Report 02-I-18	FDA Expedited Approval Pathways (Res 201-I-17)	Recommendations in CSAPH Report 2-I-18 Adopted as Amended, Remainder of Report Filed.	AMA policy database has been updated.
HOD Comp Cmte I-18	Report of the House of Delegates Committee on Compensation of the Officers	Recommendations in HOD Comp Cmte Report I-18 Adopted, Remainder of Report Filed.	
Joint CMS/CSAPH Report	Aligning Clinical and Financial Incentives for High-Value Care (Res. 822-I-17)	Recommendations in Joint CMS and CSAPH Report I-18 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated for recommendations 1-5, 8-11.
RES 001-I-18	Support of a National Registry for Advance Directives	Adopted as Amended.	Our AMA is considering the development of model legislation/an outline for model legislation and the establishment and maintenance of a national registry that would be no-charge and have a confidential and secure method for the storage and retrieval of advance directive documents by authorized agents.
RES 002-I-18	Protecting the Integrity of Public Health Data Collection	Adopted.	Our AMA has notified all state and national medical specialty societies of its willingness to work with them to advocate for the inclusion of demographic data inclusive of sexual orientation and other gender identity in national and state surveys, surveillance systems and health registries and to advocate against removal of such demographic data from these registries without plans for updating measures of these data. A letter has been drafted to relevant federal agencies and committees regarding 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, and all-payer claims databases.

Report/Resolution	Title	House Action	Status
RES 003-I-18	Mental Health Issues and Use of Psychotropic Drugs for Undocumented Immigrant Children	Adopted as Amended, Resolve 4 Referred for Decision.	<p>The Board considered a report on the proposed fourth resolve of Resolution 3-I-18 which asked that: “our AMA object to policies prohibiting unaccompanied, undocumented minors access to the United States.” It was reported that current policy addresses the health care needs for the unprecedented surge of unaccompanied immigrant children seeking entrance to the U.S.</p> <p>Under the Homeland Security Act of 2002, responsibility for the apprehension, temporary detention, transfer, and repatriation of unaccompanied alien children (UAC) is delegated to the U.S. Department of Homeland Security (DHS), and responsibility for generally coordinating and implementing the care and placement of unaccompanied children is delegated to the U.S. Department of Health & Human Services (HHS) Office of Refugee Resettlement (ORR). Under the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (Trafficking Victims Protection Reauthorization Act), unaccompanied children in the custody of any federal department or agency, including DHS, must be transferred to ORR within 72 hours after determining that they are unaccompanied children, except in exceptional circumstances. According to DHS, in 2017 there were nearly 50,000 UAC apprehensions and encounters, up from about 20,000 in 2010.</p> <p>Although HHS and DHS have taken incremental steps toward improving the care of UACs, the agencies still do not take sufficient responsibility for guarding their safety. Most significantly, no federal agency claims any legal responsibility for the children’s well-being once HHS places them with sponsors—including sponsors who are not their parents or legal guardians.</p> <p>Our AMA continues to be actively engaged in immigration issues, including family separation and family detention, inadmissibility on public charge grounds, and the treatment of migrating children and women. Central to our policy discussion on immigration is access to timely and appropriate health care for those migrating to the U.S. Furthermore, current policy calls on our AMA to advocate for medical needs to be met for all unaccompanied, undocumented immigrant children.</p> <p>The Board VOTED that AMA Policy D-65.992, “Medical Needs of Unaccompanied, Undocumented Immigrant Children” be reaffirmed in lieu of the addition of a fourth resolve amending Resolution 003-I-18, “Mental Health Issues and Use of Psychotropic Drugs for Undocumented Immigrant Children.”</p>

Report/Resolution	Title	House Action	Status
RES 004-I-18	Opposing the Detention of Migrant Children	Adopted as Amended.	AMA policy database has been updated.
RES 005-I-18	Affirming the Medical Spectrum of Gender	Adopted as Amended.	AMA policy database has been updated.
RES 201-I-18	Reimbursement for Services Rendered During Pendency of Physician's Credentialing Application	Adopted as Amended.	AMA Advocacy Resource Center is in the process of drafting model state legislation that addresses the issues raised in Resolution 201-I-18.
RES 202-I-18	Enabling Methadone Treatment of Opioid Use Disorder in Primary Care	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting.
RES 203-I-18	Support for the Development and Distribution of HIPAA-Compliant Communication Technologies	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 204-I-18	Restriction on IMG Moonlighting	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting.
RES 205-I-18	Legalization of the Deferred Action for Legal Childhood Arrival (DALCA)	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting.
RES 206-I-18	Repealing Potential Penalties Associated with MIPS	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting.
RES 207-I-18	Defense of Affirmative Action	Adopted.	AMA policy database has been updated.
RES 208-I-18	Increasing Access to Broadband Internet to Reduce Health Disparities	Adopted as Amended.	AMA policy database has been updated.
RES 209-I-18	Sexual Assault Education and Prevention in Public Schools	Adopted.	Our AMA has notified all state and national medical specialty societies of its willingness to work with them to 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.

Report/Resolution	Title	House Action	Status
RES 210-I-18	Forced Organ Harvesting for Transplantation	Referred for Decision.	<p>The Board considered a report on the subject of this Resolution, which was sponsored by the District of Columbia and called on our AMA to: (1) reaffirm opinion E-6.1.1, “Transplantation of Organs from Living Donors” in the Code of Medical Ethics; (2) request an investigation into transplant practices in the People’s Republic of China (PRC) by the World Medical Association (WMA); and (3) advocate for federal legislation to address international transplant tourism. The House of Delegates cited concerns about the nature of each of its Resolved clauses. Resolution 210 addressed allegations of ongoing unethical practice in organ procurement and transplantation in the People’s Republic of China. There are credible, but conflicting and largely anecdotal reports from different sources regarding current transplant practices in the PRC.</p> <p>In 2013, the National Health and Family Planning Commission of the PRC affirmed the government’s commitment to aligning transplant practices with guiding principles from the World Health Organization (WHO) and the Declaration of Istanbul, and specifically to end the practice of accepting organs from condemned prisoners, to prohibit organ trafficking and transplant tourism, and to strengthen transplant practice and oversight overall. Scarcity of knowledgeable, independent sources of information limit the transplant community’s ability to assess progress toward achieving these goals. The AMA has been involved in these issues for more than a decade, primarily through its membership in the World Medical Association and support of WMA policy, including WMA’s resolution on organ donation in China first adopted in 2006 and reiterated in 2016. AMA has extensive ethics and House policy on issues in organ procurement and transplantation.</p> <p>The AMA Code of Medical Ethics provides ethics guidance for all physicians, independent of specialty or country of origin. It is the purview of relevant specialty societies to address requirements for trainees in their respective fields. Existing policies of the AMA and of relevant specialty societies, such as The Transplant Society, set the expectation that physicians and institutions will comply with internationally recognized standards, such as those of the WHO. New policy is not needed in this area.</p> <p>The second Resolved clause instructs our AMA to request that the WMA investigate organ procurement and transplantation in the PRC. Such an undertaking is not within the scope of WMA’s activity. Under its charter, the WMA is empowered to carry out fact-finding missions among member nations, but does not have authority to conduct formal investigations. The third Resolved clause directs our AMA to advocate for federal legislation to regulate international transplant tourism.</p>

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			<p>Fulfilling this directive would require our AMA to call upon the federal government to initiate a treaty process. This is arguably beyond the AMA's advocacy mission, and it is generally the AMA's practice to work through the WMA on international issues such as these.</p> <p>The Board VOTED that in lieu of Resolution 210-I-18 that our AMA: (1) continue to engage the Chinese Medical Association and the transplant community in the People's Republic of China through support of relevant activities of the World Medical Association; and (2) endorse the goals of the World Health Organization Task Force on Donation and Transplantation of Human Organs and Tissues and other international efforts for oversight of organ procurement and transplantation.</p>
RES 211-I-18	Eliminating Barriers to Automated External Defibrillator Use	Adopted as Amended.	<p>Our AMA has notified all state and national medical specialty societies of its willingness to work with them to 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. A letter has been drafted to the major AED manufacturers encouraging them to remove labeling from AED stations that stipulate that only trained medical professionals can use the defibrillators.</p>
RES 212-I-18	Development and Implementation of Guidelines for Responsible Media Coverage of Mass Shootings	Substitute Resolution Adopted in Lieu of Resolution 212-I-18.	<p>Our AMA sent a letter to Director Robert Redfield, MD to encourage the Centers for Disease Control and Prevention (CDC), in collaboration with other public and private organizations, to develop recommendations or best practices for media (traditional and new media) coverage of mass shootings.</p>
RES 213-I-18	Increasing Firearm Safety to Prevent Accidental Child Deaths	Recommendations in BOT Report 11 Adopted as Amended in Lieu of Resolutions 213 and 233-I-18, Remainder of Report Filed.	See BOT Report 11-I-18.
RES 214-I-18	A Public Health Case for Firearm Regulation	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 215-I-18	Extending the Medical Home to Meet Families Wherever They Go	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting.
RES 216-I-18	Medicare Part B Competitive Acquisition Program (CAP)	Adopted as Amended.	AMA policy database has been updated.
RES 217-I-18	Opposition to Medicare Part B to Part D Changes	Adopted.	AMA policy database has been updated.

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RES 218-I-18	Alternatives to Tort for Medical Liability	Policies H-435.943, H-435.978, H-435.993, D-435.974, and D-435.992 Reaffirmed in Lieu of Resolution 218-I-18.	AMA policy database has been updated.
RES 219-I-18	Promotion and Education of Breastfeeding	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 220-I-18	Supporting Mental Health Training Programs for Corrections Officers and Crisis Intervention Teams for Law Enforcement	Adopted as Amended.	AMA policy database has been updated.
RES 221-I-18	Regulatory Relief from Burdensome CMS 'HPI' EHR Requirements	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 222-I-18	Patient Privacy Invasion by the Submission of Fully Identified Quality Measure Data to CMS	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 223-I-18	Permanent Reauthorization of the State Children's Health Insurance Program	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 224-I-18	Fairness in the Centers for Medicare & Medicaid Services Authorized Quality Improvement Organization's (QIO) Medical Care Review Process	Adopted as Amended.	Our AMA staff drafted two letters on inequities in the Quality Improvement Organization review process followed by phone calls with CMS officials who oversee this process. An October 22nd letter urged CMS to notify both parties that a reconsideration could change the outcome of the case and to give both parties an opportunity to discuss concerns during a reconsideration. A follow-up letter was sent on February 4th in response to CMS officials concerns about the need to protect patients' identities during reconsiderations. The letter urged CMS to notify both parties when a redetermination review is initiated allowing for certain exceptions, such as for patients in rural communities where there may be few physicians.
RES 225-I-18	"Surprise" Out of Network Bills	Policy H-285.904 Reaffirmed in Lieu of Resolution 225-I-18.	AMA policy database has been updated.

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RES 226-I-18	Support for Interoperability of Clinical Data	Adopted.	Our AMA has identified several appropriate recommendations from the Consensus Statement that will be included in forthcoming comments. ONC recently proposed a rule implementing a wide range of 21st Century Cures provisions to improve interoperability, patient access, data use, and EHR usability. ONC proposes a number of changes to certified health IT criteria along with implementing information blocking requirements and exceptions. Our AMA will incorporate recommendations that address: standardizing discrete data terminology; customizing clinical templates; the display of inbound messages, data reconciliation; configurable information displays; and data segmentation for privacy.
RES 228-I-18	Medication Assisted Treatment	Policies H-185.931, H-95.944, and D-160.981 Reaffirmed in Lieu of Resolution 228-I-2018.	AMA policy database has been updated.
RES 229-I-18	Addressing Surgery Performed by Optometrists	Adopted.	AMA policy database has been updated.
RES 230-I-18	Nonprofit Hospitals and Network Health Systems	Not Adopted.	
RES 231-I-18	Reducing the Regulatory Burden in Health Care	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting.
RES 232-I-18	Opposition to Mandatory Licensing Requirements for Qualified Clinical Data Registries	Substitute Resolution Adopted in Lieu of Resolution 232-I-18.	On January 4, 2019, our AMA signed onto a letter that supported the Agency's decision to postpone finalizing the measure license agreement requirement and should the requirement become final in future rulemaking, urged a discussion on ways in which CMS could ensure that measures are implemented within QCDRs as the initial measure owner intended.
RES 233-I-18	Opposing Unregulated, Non-Commercial Firearm Manufacturing	Recommendations in BOT Report 11 Adopted as Amended in Lieu of Resolutions 213 and 233-I-18, Remainder of Report Filed.	See BOT Report 11-I-18.

Report/Resolution	Title	House Action	Status
RES 234-I-18	Negligent Credentialing Actions Against Hospitals	Referred for Decision.	<p>The Board received a report from Management on Resolution 234-I-18 which was referred for decision at the 2018 Interim Meeting. Resolution 234, sponsored by the Organized Medical Staff Section, asked that our AMA: (1) 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; (2) 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 (3) 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. The reference committee heard mixed testimony regarding Resolution 234 and recommended that it not be adopted. It was noted that to prove a negligent credentialing case, a plaintiff must establish that: “(1) the hospital owed the patient a duty to insure a competent medical staff; (2) the hospital breached that duty by granting privileges to an incompetent or unqualified physician; and (3) the physician caused harm to the patient (the underlying medical malpractice claim must be proved).” At least 28 states recognize negligent credentialing. While negligent credentialing advocacy may not be as high a priority for our AMA and the Federation as pursuing medical liability reforms, our AMA is already engaged in advocacy opposing negligent credentialing. The potential for negligent credentialing liability may make the credentialing process unnecessarily stringent, impairing access to, and the quality of, health care services. In addition, the potential negative effects on physicians defending associated medical liability lawsuits, and participating in credentialing activities were considered.</p> <p>The Board voted to approve that the following substitute language be adopted in lieu of Resolution 234-I-18: 1) That our AMA 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 (New HOD Policy); 2) That our AMA may, at the request of state medical associations, 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. (New HOD Policy) And, 3) That the third resolve of Resolution 234-I-18 not be adopted.</p>

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RES 235-I-18	Inappropriate Use of CDC Guidelines For Prescribing Opioids	Substitute Resolution Adopted in Lieu of Resolution 235-I-18.	Board of Trustees Report 22 on this subject appears in the Delegates Handbook for the 2019 Annual Meeting. (Reference Committee B) In comments submitted to the HHS Interagency Pain Management Best Practices Task Force, our AMA stated its support for the concept put forward by the Centers for Disease Control and Prevention (CDC) that opioid analgesics should only be prescribed when their benefits outweigh their risks and, if that is the case, then the lowest effective dose should be prescribed for the shortest effective duration. On April 24, 2019, in part as a response to AMA advocacy, the CDC published a perspective in the New England Journal of Medicine, “No Shortcuts to Safer Opioid Prescribing,” describing misapplication of the CDC guidelines for prescribing opioids, including: inflexible application of dosage and duration thresholds that encourage hard limits and abrupt tapering; misapplication to patients with cancer-related pain, postoperative pain, or acute sickle cell crises; and misapplication of dosage thresholds to opioid agonists for treatment of opioid use disorder. The authors noted that these actions are likely to result in patient harm. The CDC’s clarification underscores that patients with acute or chronic pain can benefit from taking prescription opioid analgesics at doses that may be greater than the guidelines or thresholds put forward by federal agencies, state governments, health insurance companies, pharmacy chains, pharmacy benefit managers and other advisory or regulatory bodies. In response, our AMA issued a press release welcoming the article and expressing appreciation to the CDC for recognizing that patients in pain require individualized care. Our AMA has widely advocated against misapplication of the CDC Guidelines in presentations by AMA leadership, outreach to the Federation, and direct advocacy to health insurers, pharmacy benefit managers, legislatures, regulators and other stakeholders—emphasizing that MME thresholds in the CDC Guidelines are voluntary 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.
RES 603-I-18	Desired Qualifications for Indian Health Service Director	Adopted as Amended with Change in Title.	AMA policy database has been updated.
RES 604-I-18	Physician Health Policy Opportunity	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting.

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RES 801-I-18	Encourage Final Evaluation Reports of Section 1115 Demonstrations at the End of the Demonstration Cycle	Adopted.	Our AMA is sending a letter to the Administrator of the Centers for Medicare & Medicaid Services to encourage the Agency to establish written procedures that require final evaluation reports of Section 1115 Medicaid Demonstrations at the end of each demonstration cycle, regardless of renewal status.
RES 802-I-18	Due Diligence for Physicians and Practices Joining an ACO with Risk Based Models (Up Side and Down Side Risk)	Adopted as Amended.	<p>Resolve 2: The AMA has partnered to develop educational content to help physicians understand how to respond to and evaluate proposals for participation from Clinically Integrated Networks or Accountable Care Organizations. This material will help physicians specifically understand the market posture and financial health of an ACO or CIN, which is vital to making a decision about participation. This guide is slated for completion in Q2 2019.</p> <p>Resolve 3: The AMA is exploring mechanisms to evaluate existing successful MSSP ACOs and participation in alternative payment models (APMs), including the formation of Virtual ACOs, to create an effective framework of resources and tools</p>
RES 803-I-18	Insurance Coverage for Additional Screening Recommended in States with Laws Requiring Notification of “Dense Breasts” on Mammogram	Substitute Resolution Adopted in Lieu of Resolution 803-I-18.	AMA policy database has been updated.
RES 804-I-18	Arbitrary Documentation Requirements for Outpatient Services	Adopted.	The AMA is communicating to public and private payers about the burdens associated with and consequences of imposing documentation rules and the implications of arbitrary and inadequate reporting timeframes. A letter from AMA leadership will be distributed to America’s Health Insurance Plans as part of the effort to help insurers understand the impacts of imposing documentation rules. In addition, our AMA has notified all state and national medical specialty societies of its willingness to work with them on these documentation concerns.
RES 805-I-18	Prompt Pay	Substitute Resolution Adopted in Lieu of Resolution 805-I-18.	Our AMA has notified all state and national medical specialty societies of its willingness to work with them to continue to encourage regulators to enforce existing prompt pay requirements.
RES 806-I-18	Telemedicine Models and Access to Care in Post-Acute and Long-Term Care	Adopted as Amended.	Our AMA continues to advocate to Congress to lift restrictions on telehealth services for all Medicare beneficiaries (including those in skilled nursing facilities) and base coverage to ensure medically necessary and reasonable services are covered.
RES 807-I-18	Emergency Department Copayments for Medicaid Beneficiaries	Policies H-290.965, H-130.970, H-385.921, and D-290.977 Reaffirmed in Lieu of Resolution 807-I-18.	AMA policy database has been updated.

Report/Resolution	Title	House Action	Status
RES 808-I-18	The Improper Use of Beers or Similar Criteria	Substitute Resolution Adopted in Lieu of Resolution 808-I-18.	AMA policy database has been updated.
RES 809-I-18	Medicaid Clinical Trials Coverage	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 810-I-18	Medicare Advantage Step Therapy	Adopted.	Our AMA has communicated our opposition to increasing utilization of step therapy within the Medicare program on several occasions. The AMA led a sign-on letter to CMS noting our strong opposition to CMS policy changes that would allow for use of step therapy protocols for Part B drugs by MA plans. Our AMA was joined by numerous state and specialty societies on that effort. Our AMA has also strongly opposed proposals to increase use of utilization management techniques, including step therapy protocols, within the six protected classes and noted strong opposition to the use of step therapy protocols for Part B drugs in its response to CMS' proposed rule on drug pricing in Part D and Medicare Advantage plans. Our AMA continued to advocate against expanded use of utilization management tools within the Medicare and Medicaid programs.
RES 812-I-18	Prior Authorization and Patient Harm	Substitute Resolution Adopted in Lieu of Resolution 812-I-18.	AMA policy database has been updated.
RES 813-I-18	Direct Primary Care Health Savings Account Clarification	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 814-I-18	Prior Authorization Relief in Medicare Advantage Plans	Adopted as Amended.	AMA policy database has been updated.
RES 815-I-18	Uncompensated Physician Labor	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 816-I-18	Medicare Advantage Plan Inadequacies	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 817-I-18	Increase Reimbursement for Psychiatric Services	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 818-I-18	Drug Pricing Transparency	Not Adopted.	
RES 819-I-18	Medicare Reimbursement Formula for Oncologists Administering Drugs	Current Policy Reaffirmed.	AMA policy database has been updated.

Report/Resolution	Title	House Action	Status
RES 820-I-18	Ensuring Quality Health Care for Our Veterans	Adopted as Amended.	Our AMA has continually urged the VA to implement solutions that are focused on delivering high quality care to our veterans. This has involved doing a demonstration of an AMA mapping tool that shows the supply of physicians (by specialty) in each locale, supporting the VA's decision to empower its employed physician workforce to utilize telemedicine, and supporting passage of the MISSION Act which replaces the Veterans Choice Program with the Community Care Program signifying a long-term commitment by the VA to partner with providers in the community to deliver care to veterans. Rulemaking for the Community Care Program and other sections of the MISSION Act began earlier this year. Our AMA has and will continue to urge through comments and discussions with VA officials the development of policies that increase access and decrease barriers to care for veterans.
RES 821-I-18	Direct Primary Care and Concierge Medicine Based Practices	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 822-I-18	Bone Density Reimbursement	Not Adopted.	
RES 823-I-18	Medicare Cuts to Radiology Imaging	Policy D-390.969 Reaffirmed in Lieu of Resolution 807-I-18.	AMA policy database has been updated.
RES 826-I-18	Developing Sustainable Solutions to Discharge of Chronically-Homeless Patients	Referred with Report Back at the 2019 Annual Meeting.	Board of Trustees Report 16 on this subject appears in the Delegates Handbook for the 2019 Annual Meeting. (Reference Committee D)
RES 901-I-18	Support for Preregistration in Biomedical Research	Adopted.	AMA policy database has been updated.
RES 902-I-18	Increasing Patient Access to Sexual Assault Medical Forensic Examinations	Adopted as Amended with Change in Title.	AMA policy database has been updated.
RES 903-I-18	Regulating Front-of-Package Labels on Food Products	Substitute Resolution Adopted in Lieu of Resolution 903-I-18.	AMA policy database has been updated.
RES 904-I-18	Support for Continued 9-1-1 Modernization and the National Implementation of Text-to-911 Service	Adopted as Amended.	AMA policy database has been updated.
RES 905-I-18	Support Offering HIV Post Exposure Prophylaxis to All Survivors of Sexual Assault	Adopted as Amended.	AMA policy database has been updated.
RES 906-I-18	Increased Access to Identification Cards for the Homeless Population	Adopted.	AMA policy database has been updated.
RES 908-I-18	Increasing Accessibility to Incontinence Products	Adopted.	AMA policy database has been updated.

Report/Resolution	Title	House Action	Status
RES 911-I-18	Regulating Tattoo and Permanent Makeup Inks	Policy H-440.909 Amended in Lieu of Resolution 911-I-18.	AMA policy database has been updated.
RES 912-I-18	Comprehensive Breast Cancer Treatment	Adopted as Amended.	AMA policy database has been updated.
RES 913-I-18	Addressing the Public Health Implications of Pornography	Adopted as Amended.	AMA policy database has been updated.
RES 914-I-18	Common Sense Strategy for Tobacco Control and Harm Reduction	Not Adopted.	
RES 915-I-18	Mandatory Reporting	Referred.	A Council on Science and Public Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting.
RES 916-I-18	Ban on Tobacco Flavoring Agents with Respiratory Toxicity	Policy H-495.971 Adopted as Amended in Lieu of Resolution 916-I-18.	AMA policy database has been updated.
RES 917-I-18	Protect and Maintain the Clean Air Act	Adopted as Amended.	The AMA is engaging with stakeholders, including through the Medical Society Consortium on Climate and Health, to express opposition to the EPA's Affordable Clean Energy rule.
RES 918-I-18	Allergen Labeling on Food Packaging	Adopted as Amended.	A letter was sent to the Grocery Manufacturers Association encouraging food manufacturers to pursue more obvious packaging distinctions between products that contain the most common food allergens and products that do not contain these allergens.
RES 919-I-18	Opioid Mitigation	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting.
RES 920-I-18	Continued Support for Federal Vaccination Funding	Policy H-440.928 Adopted as Amended in Lieu of Resolution 920-I-18.	AMA policy database has been updated.
RES 921-I-18	Food Environments and Challenges Accessing Healthy Food	Adopted as Amended.	Our AMA is sending a letter to USDA to encourage the agency to study the national prevalence, impact, and solutions to the problem of food mirages, food swamps, and food oases as food environments distinct from food deserts.
RES 922-I-18	Full Information on Generic Drugs	Policies H-125.981 and H-125.984 Reaffirmed in Lieu of Resolution 922-I-18.	AMA policy database has been updated.
RES 923-I-18	Scoring of Medication Pills	Policy H-115.973 Reaffirmed in Lieu of Resolution 923-I-18.	AMA policy database has been updated.
RES 924-I-18	Utilizing Blood from "Therapeutic" Donations	Adopted as Amended.	Our AMA is sending a letter to the FDA to encourage the agency 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.

Report/Resolution	Title	House Action	Status
RES 926-I-18	Addressing the Public Health Epidemic of E-Cigarettes	Adopted as Amended with Change in Title.	<p>Our AMA has engaged with the FDA on the public health epidemic of the use of e-cigarettes and vaping, especially by young people, through correspondence urging the agency to take action. Our AMA has both signed on to coalition partnership letters and sent its own comments to FDA.</p> <p>The AMA collaborated with stakeholders to submit comments on the Draft Guidance for Industry on the FDA's proposed Modification to its Compliance Policy for Certain Deemed Products issued in March 2019. The comments noted that the Draft Guidance is insufficient to address the current crisis of youth e-cigarette use.</p>
RES 927-I-18	Oppose FDA's Decision to Approve Primatene Mist HFA for Over the Counter Use	Resolution 927-I-18 Adopted in Lieu of Policy H-115.972.	Our AMA has notified FDA of our opposition to the FDA's decision to approve Primatene Mist HFA for over the counter use for patients.
RES 951-I-18	Prevention of Physician and Medical Student Suicide	Adopted.	<p>Letters were sent to the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education requesting collection of data on medical student, resident and fellow suicides to identify patterns that could predict such events.</p> <p>The House action was also transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article.</p>
RES 953-I-18	Support for the Income-Driven Repayment Plans	Adopted.	<p>(H-305.925, "Principles of and Actions to Address Medical Education Costs and Student Debt").</p> <p>The House action was also transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article.</p>
RES 954-I-18	VHA GME Funding	Resolves 1 and 2 Adopted. Resolve 3 Referred.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting. Resolves 1 and 2 were adopted and the AMA Policy Finder database has been updated (D-510.990, "Fixing the VA Physician Shortage with Physicians").</p> <p>Resolve 3, which asks the AMA to 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, will be addressed by Council on Medical Education Report 6-I-19, "Veterans Health Administration Funding of Graduate Medical Education (Resolution 954-I-18)."</p>

Report/Resolution	Title	House Action	Status
RES 955-I-18	Equality for COMLEX and USMLE	Adopted.	<p>Letters were sent to the following organizations, to encourage them to educate residency program directors on how to interpret and use COMLEX scores and work with residency program directors to promote higher COMLEX utilization with residency program matches in light of the new single accreditation system:</p> <ol style="list-style-type: none"> 1. Accreditation Council for Graduate Medical Education 2. American Association of Colleges of Osteopathic Medicine 3. American Osteopathic Association 4. Association of American Medical Colleges 5. National Board of Medical Examiners 6. National Board of Osteopathic Medical Examiners 7. Organization of Program Directors Associations
RES 956-I-18	Increasing Rural Rotations During Residency	Adopted as Amended.	<p>As appended through this resolution, Policy H-465.988 (2, 3), “Educational Strategies for Meeting Rural Health Physician Shortage,” asks that our AMA 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 (a) 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 (b) work with interested stakeholders to formulate an actionable plan of advocacy with the goal of increasing residency training in rural areas.</p> <p>The Policy Database was updated, as noted above, and letters were sent to the following organizations, to encourage them to initiate or continue this work:</p> <ol style="list-style-type: none"> 1. Accreditation Council for Graduate Medical Education 2. American Association of Colleges of Osteopathic Medicine 3. American Hospital Association 4. Association of American Medical Colleges 5. Centers for Medicare & Medicaid Services 6. Council of Medical Specialty Societies
RES 957-I-18	Board Certifying Bodies	Adopted as Amended.	<p>Council on Medical Education Report 2 on this subject appears in the Delegates Handbook for the 2019 Annual Meeting. (Reference Committee C). Resolve 1, which asks the AMA to continue studying the certifying bodies that compete with the American Board of Medical Specialties, will be addressed by Council on Medical Education Report 2-A-19, “An Update on Maintenance of Certification and Osteopathic Continuous Certification (Resolutions 316-A-18)”; in addition, the AMA Policy Finder database was updated (D-275.954, “Maintenance of Certification and Osteopathic Continuous Certification”).</p>

Report/Resolution	Title	House Action	Status
RES 958-I-18	National Health Service Corps Eligibility	Current Policy Reaffirmed.	AMA policy database has been updated.
RES 959-I-18	Physician and Medical Student Mental Health and Suicide	Referred.	Council on Medical Education Report 6 on this subject appears in the Delegates Handbook for the 2019 Annual Meeting. (Reference Committee C).
RES 960-I-18	Inadequate Residency Slots	Policy D-305.967(32) Reaffirmed in Lieu of Resolution 960-I-2018.	AMA policy database has been updated.
RES 961-I-18	Protect Physician-Led Medical Education	Adopted as Amended.	Staff are working with the AMA Website development team to create links that allow the AMA to 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.