



MEMBERSHIP
MOVES
MEDICINE™

The AMA Policymaking Lifecycle: Turning ideas into policy and then into solutions!

Matthew Gold, MD
Chair
OMSS Policy Committee

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, and comes short again and again, because there is no effort without error or shortcoming; but who does actually strive to do deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who know neither victory nor defeat.”

President Teddy Roosevelt

Citizenship in a Republic

“The Man in the Arena”

So why did I decide to get into “the arena” of AMA policy?

As Teddy said over 100 years ago, you can't impact the process if you don't get involved!



Learning Objectives

- Outline the AMA policymaking process;
- Illustrate important AMA policymaking tools;
- Review successful AMA policymaking strategies;
- Your questions, comments and experiences, both successful and unsuccessful.

The Process

- You have an idea for a resolution that will address a policy issue or solve a practical practice problem: What do you do next?
 - Discuss it with colleagues to see what they think
 - Research current AMA policy and activity on the subject. Two important tools:
 - Policy Finder
 - AMA Federal and State Correspondence Finder
- After performing your due diligence, you conclude that an annual or interim meeting resolution is in order:
 - Your concern presents an important issue to be addressed or an important problem to be solved
 - It would contribute new, novel and important AMA Policy

The Process

- Time to draft a resolution for introduction before the OMSS Assembly or directly to the AMA House of Delegates (HOD):
 - The key resolution elements: Whereas and Resolved clauses:
 - Whereas clauses: Explain the problem
 - Resolved clauses: The “Ask”
- The resolution is introduced before the OMSS Assembly or directly to the AMA House of Delegates:
 - If to the OMSS Assembly: If adopted as presented or amended, it proceeds to the “big house” where it is referred to a reference committee and discussed/debated
 - The reference committee then makes a course of action recommendation to the AMA HOD and the resolution and recommendation is discussed/debated

Illustration – OMSS Resolution 2-I-19: Medical Center Unconditional Auto Accept Policies

First stage: Author's handwritten ideas formulated at A-19 OMSS Policy Forum

The Idea: A-19 Policy Forum

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: XX
(A-19)

Introduced by: [AUTHOR]

Subject: [TITLE—Bear in mind that the title of the resolution will be the default title of any adopted policy.] ^{blank}

Referred to: OMSS Reference Committee
(_____, Chair) ^{Unconditional Auto Accept Policy}

1 Whereas, [Insert background information and argument—one thought per "whereas" clause];
2 and ^{Some medical center allow Auto Accept where}
3 ^{regardless of capacity to care of (Emergency) patients}
4 Whereas, XXXXX, and is ^{Overwhelmed by available resources in Accepting}
5 ^{Facility}
6
7 ^{Where as blank "Autoaccept" will affect patient}
8 Whereas, XXXXX, therefore be it ^{safety and also staff safety}
9
10 RESOLVED, That our American Medical Association [insert policy position or action for AMA to
11 take—one position or action per "resolve" clause]; and be it further
12 ^{Where as blank "Autoaccept" has had}
13 RESOLVED, That our AMA XXXXX ^{detrimental effect on pt care and}
^{prognosis to pt death}
Fiscal Note: Not yet determined
Received: ^{Where as blank "Autoaccept" will also}
^{Overwhelm the safety care of patient}

RELEVANT AMA POLICY

[Insert full text of relevant AMA policies – be sure to search AMA PolicyFinder
(<https://www.ama-assn.org/form/policy-finder>) to ensure your idea is not covered by existing
AMA policy.]

can substitute
blank with
"unconditional"

Resolve That ~~AMA~~ ^{Support} Autoaccept
be guided by a well prepared, thoroughly
studied, and prepared Medical Entity
Independent of Facility Administration

Further resolve That AMA take
appropriate supportive stand for the
... ^{... is to take on Facility, and not}

The Idea: A-19

Policy Forum

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: XX
(A-19)

Introduced by: [AUTHOR]

Subject: [TITLE—Bear in mind that the title of the resolution will be the default title of any adopted policy.] ^{blank}

Referred to: OMSS Reference Committee ^{unconditional Auto Accept policy}
(_____, Chair)

1 Whereas, [Insert background information and argument—one thought per “whereas” clause];
2 and ^{Some medical center allow Auto Accept where}
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4 Whereas, XXXXX, and ^{is overwhelmed by available resource in Accepting}
5 ^{Facility}
6
7 ^{Whereas blank “AutoAccept” will affect patients}
8 Whereas, XXXXX, therefore be it ^{safety and also staff safety}

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11 take—one position or action per “resolve” clause]; and be it further

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^{deterioral effect on pt care and}

Fiscal Note: Not yet determined ^{prosent” to pt death}

Received: ^{Whereas blank “AutoAccept” will also}
^{Overwhelm the satelite care of patient}

RELEVANT AMA POLICY

[Insert full text of relevant AMA policies – be sure to search AMA PolicyFinder
(<https://www.ama-assn.org/form/policy-finder>) to ensure your idea is not covered by existing
AMA policy.]

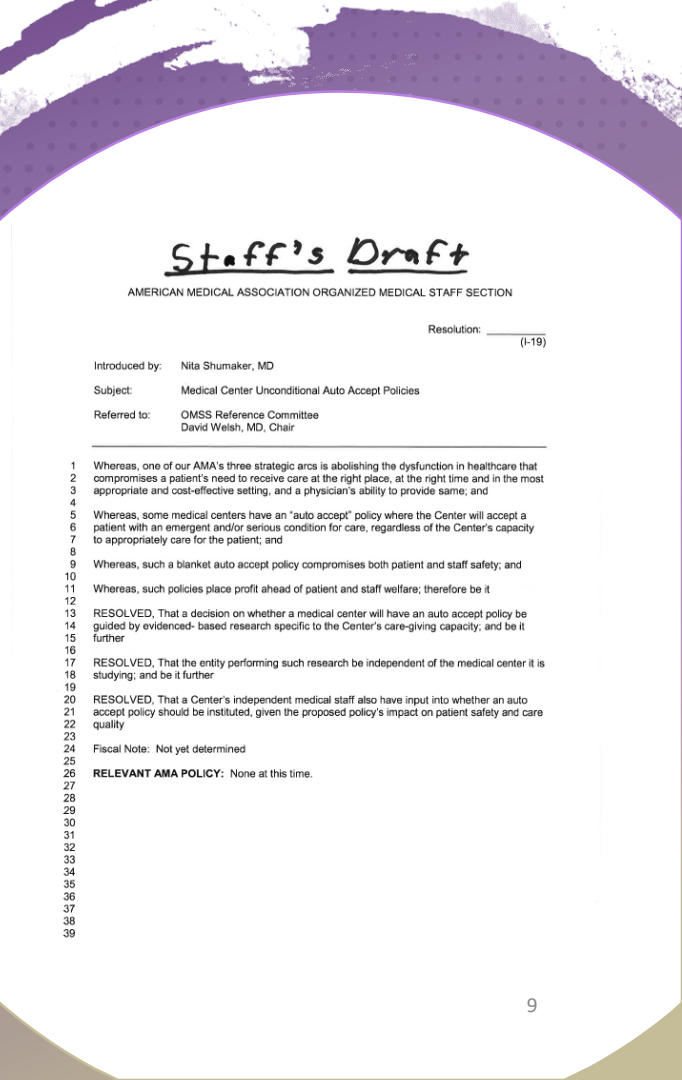
can substitute
blank with
“unconditional”

Resolve That ~~AMA Support~~ AutoAccept
be guided by a well defined, procedurally
studied, and prepared medical Entity
Independent of Facility Administration

Further resolve That AMA take
appropriate supportive stand for the
medical Entity of Facility, and not
administration, decide the ~~the~~ and
plan AutoAccept procedure and policy

Illustration – OMSS Resolution 2-I-19: Medical Center Unconditional Auto Accept Policies

Second stage: Staff takes the ideas and turns them into the first draft of a resolution



Staff's Draft

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: _____
(I-19)

Introduced by: Nita Shumaker, MD
Subject: Medical Center Unconditional Auto Accept Policies
Referred to: OMSS Reference Committee
David Welsh, MD, Chair

1 Whereas, one of our AMA's three strategic arcs is abolishing the dysfunction in healthcare that
2 compromises a patient's need to receive care at the right place, at the right time and in the most
3 appropriate and cost-effective setting, and a physician's ability to provide same; and
4
5 Whereas, some medical centers have an "auto accept" policy where the Center will accept a
6 patient with an emergent and/or serious condition for care, regardless of the Center's capacity
7 to appropriately care for the patient; and
8
9 Whereas, such a blanket auto accept policy compromises both patient and staff safety; and
10
11 Whereas, such policies place profit ahead of patient and staff welfare; therefore be it
12
13 RESOLVED, That a decision on whether a medical center will have an auto accept policy be
14 guided by evidenced- based research specific to the Center's care-giving capacity, and be it
15 further
16
17 RESOLVED, That the entity performing such research be independent of the medical center it is
18 studying; and be it further
19
20 RESOLVED, That a Center's independent medical staff also have input into whether an auto
21 accept policy should be instituted, given the proposed policy's impact on patient safety and care
22 quality
23
24 Fiscal Note: Not yet determined
25
26 RELEVANT AMA POLICY: None at this time.
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Staff's Draft

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: _____
(I-19)

Introduced by: Nita Shumaker, MD

Subject: Medical Center Unconditional Auto Accept Policies

Referred to: OMSS Reference Committee
David Welsh, MD, Chair

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Illustration – OMSS Resolution 2-I-19: Medical Center Unconditional Auto Accept Policies

Third stage: OMSS policy chair reviews staff's work and refines it. Resolution is then sent to the author for his or her review, improvement and/or approval

1 AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION
2
3 Policy Chair's Draft/
4 Final Draft for Resolution: _____
5 Author's Consideration (I-19)
6
7 Introduced by: Nita Shumaker, MD
8
9 Subject: Medical Center Unconditional Auto Accept Policies
10
11 Referred to: OMSS Reference Committee
12 David Welsh, MD, Chair
13
14
15 Whereas, Our AMA is pursuing strategic goals of improving health outcomes for patients, as
16 well as improving physician satisfaction, and
17
18 Whereas, As part of the above strategic goals, abolishing the dysfunction in healthcare that
19 compromises a patient's need to receive care at the right place, at the right time and in the most
20 appropriate and cost-effective setting, and a physician's ability to provide same should be
21 integral to this initiative; and
22
23 Whereas, Some medical centers have an "auto accept" policy where the Center will
24 unconditionally accept a patient with an emergent and/or serious condition for care, without
25 consideration of the Center's capacity to appropriately care for that patient; and
26
27 Whereas, Such a blanket "auto accept" policy may in some instances compromise patient safety
28 and/or overtax staff capabilities; and
29
30 Whereas, In the opinion of many, such policies place profit ahead of patient and staff welfare;
31 therefore be it

Policy Chair's Draft/
Final Draft for
Author's Consideration

Resolution: _____

(I-19)

Introduced by: Nita Shumaker, MD

Subject: Medical Center Unconditional Auto Accept Policies

Referred to: OMSS Reference Committee

David Welsh, MD, Chair

Whereas, Our AMA is pursuing strategic goals of improving health outcomes for patients, as well as improving physician satisfaction, and

Whereas, As part of the above strategic goals, abolishing the dysfunction in healthcare that compromises a patient's need to receive care at the right place, at the right time and in the most appropriate and cost-effective setting, and a physician's ability to provide same should be integral to this initiative; and

Whereas, Some medical centers have an "auto accept" policy where the Center will unconditionally accept a patient with an emergent and/or serious condition for care, without consideration of the Center's capacity to appropriately care for that patient; and

Whereas, Such a blanket "auto accept" policy may in some instances compromise patient safety and/or overtax staff capabilities; and

Whereas, In the opinion of many, such policies place profit ahead of patient and staff welfare; therefore be it

Illustration – OMSS Resolution 2-I-19: Medical Center Unconditional Auto Accept Policies

Fourth stage: Once the author approves, the resolution is prepared for consideration to the OMSS Assembly

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 2-I-19
(I-19)

Introduced by: Nita Shumaker, MD
Subject: Medical Center Unconditional Auto Accept Policies
Referred to: Organized Medical Staff Section Reference Committee
(David Welsh, MD, Chair)

1 Whereas, Our AMA is pursuing strategic goals of improving health outcomes for patients, as
2 well as improving physician satisfaction; and
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16 Whereas, In the opinion of many, such policies place profit ahead of patient and staff welfare;
17 therefore be it
18
19 RESOLVED, That our AMA takes the position that a decision on whether a medical center will
20 adopt an "auto accept" policy (i.e., unconditional acceptance for care of a patient), including
21 what limitations should apply, be taken only after a review procedure is defined, after medical
22 and logistic study, by an entity independent of the medical facility's administration (New HOD
23 Policy), and be it further
24
25 RESOLVED, That our AMA advocate for a center's independent medical staff to be an integral
26 party as to whether an "auto accept" policy (i.e., unconditional acceptance for care of a patient)
27 should be adopted, with what limitations, and if so, what form of implementation should be
28 instituted, given the proposed policy's impact on patient safety and care quality. (Directive to
29 Take Action)

Fiscal Note: Not yet determined

Received: 10/10/2019

RELEVANT AMA POLICY: None identified.

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 2-I-19
(I-19)

Introduced by: Nita Shumaker, MD

Subject: Medical Center Unconditional Auto Accept Policies

Referred to: Organized Medical Staff Section Reference Committee
(David Welsh, MD, Chair)

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29 Take Action)

Fiscal Note: Not yet determined

Received: 10/10/2019

RELEVANT AMA POLICY: None identified.

Illustration – OMSS Resolution 2-I-19: Medical Center Unconditional Auto Accept Policies

Fifth stage: The resolution is ready to be forwarded to the House of Delegates

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

[Resolution: 2-I-19
(I-19)]

Introduced by: Nita Shumaker, MD
Subject: Medical Center Auto Accept Policies
Referred to: Organized Medical Staff Section Reference Committee
(David Welsh, MD, Chair)

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14 and/or overtax staff capabilities; and
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16 Whereas, In the opinion of many, such policies place profit ahead of patient and staff welfare;
17 therefore be it
18

19 RESOLVED, That our AMA study the impact of "auto accept" policies (i.e. unconditional
20 acceptance for the care of a patient) on public health and their compliance with the Emergency
21 Medical Treatment and Labor Act (EMTALA) in order to protect the safety of our patients, with
22 report back at the 2020 Annual Meeting; and be it further
23

24 RESOLVED, That if a medical center adopts an "auto accept" policy, it must have been ratified,
25 as well as overseen and/or crafted by the independent medical staff.

Fiscal Note: Not yet determined

Received: 10/10/2019

RELEVANT AMA POLICY: None identified.

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

[Resolution: 2-I-19
(I-19)]

Introduced by: Nita Shumaker, MD
Subject: Medical Center Auto Accept Policies
Referred to: Organized Medical Staff Section Reference Committee
(David Welsh, MD, Chair)

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25 as well as overseen and/or crafted by the independent medical staff.

Fiscal Note: Not yet determined

Received: 10/10/2019

RELEVANT AMA POLICY: None identified.

House of Delegates action

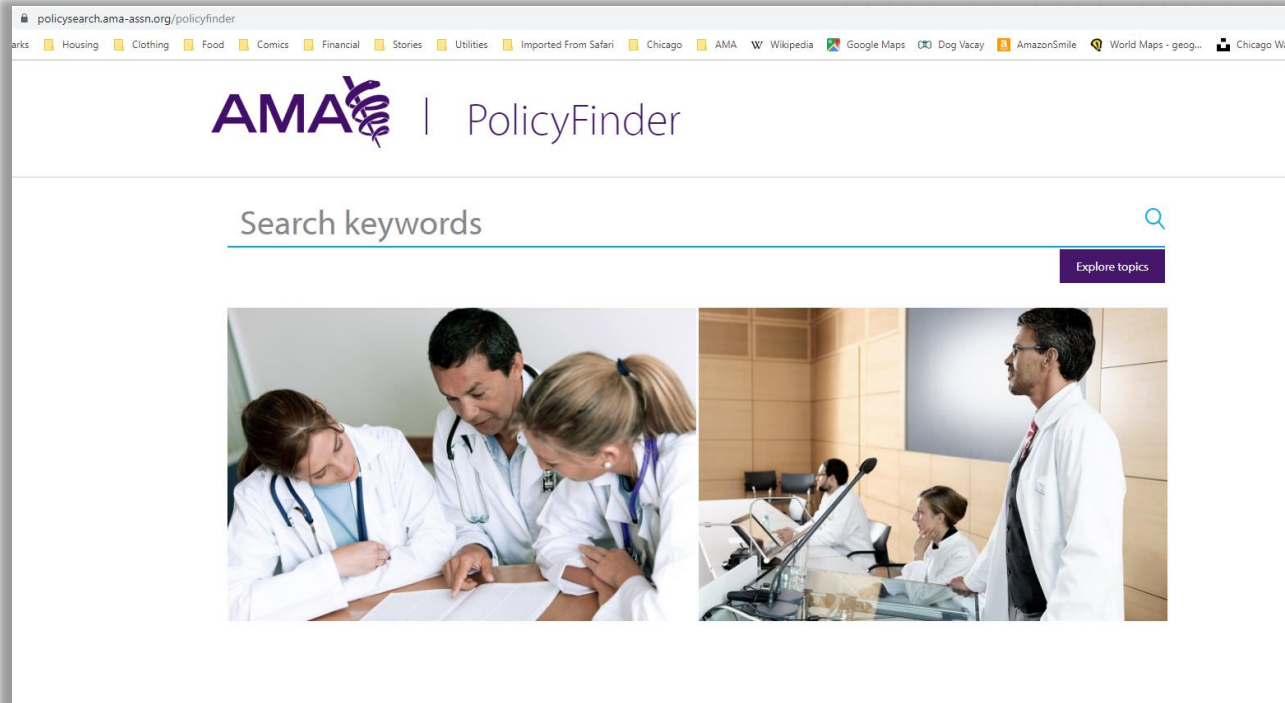
- The AMA HOD has several decisional options:
 - Reaffirmation
 - For Interim Meetings, the resolution must deal with advocacy. If not, it is held over for next year's Annual Meeting
 - Adoption
 - Adoption as amended
 - Adoption in Lieu of
 - Not adopt
 - Referral to the AMA Board of Trustees for Report
 - Referral to the AMA Board of Trustees for Decision.
- If the AMA HOD takes any action but "Not Adopt", how can you track your resolution's progress to implementation?
 - HOD Status on Implementation of Resolutions and Report Recommendation Tracker

Some Tips:

- Familiarize yourself with and abide by submission deadlines and drafting format
- Resolution Whereas clauses: Explain the problem in sequential, logical fashion
- Resolution Resolved clauses: Be focused and clear on the “Ask”
- Reference committee testimony in support of your resolution:
 - Do not snatch “defeat” from the jaws of “victory”
 - Keep your testimony focused, succinct and to the point
 - Do not let the perfect be the enemy of the good

Three Policy Tools Illustrated: AMA Policy Finder

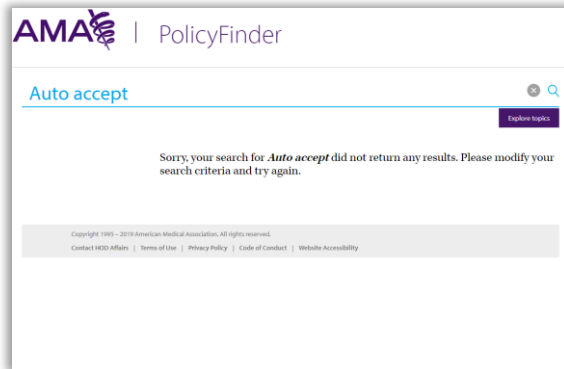
Search by policy number, keyword



Three Policy Tools Illustrated: AMA Policy Finder

What you get out is directly related to what you put in. Example: OMSS I-19
Resolution #2: Medical Center Unconditional Auto Accept Policies

Search “Auto Accept”: 0 results



Search “EMTALA”: 12 results




Search “Patient Transfer”: 43 results



Three Policy Tools Illustrated: AMA Policy Finder

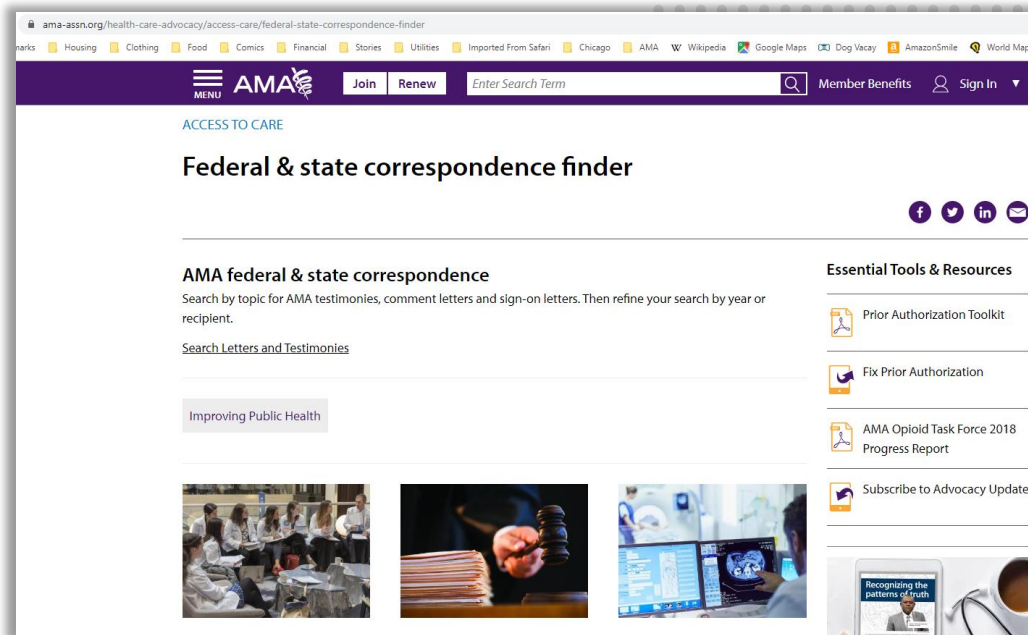
For example: Searching for EMTALA....



The screenshot shows a web browser window with the URL `policysearch.ama-assn.org/policyfinder/detail/130.982?url=%2FAMADoc%2FHOD.xml-0-282.xml`. The browser's address bar and tabs are visible at the top. Below the browser window, the website content is displayed. A purple header bar contains the text "Emergency Medical Services". Below this, the title "Transfer of Emergency Patients H-130.982" is shown. To the left of the main text, there are three lines of metadata: "Topic: Emergency Medical Services", "Meeting Type: Annual", and "Action: Reaffirmed". To the right, there are two lines: "Policy Subtopic: NA" and "Year Last Modified: 2010". Below these, it says "Type: Health Policies". At the bottom right of the metadata section, there are three icons: an envelope, a printer, and a download arrow. The main body of the page contains a paragraph of text starting with "Our AMA: (1) supports the following principles for the transfer of emergency patients: (a) All physicians and health care facilities have an ethical obligation and moral responsibility to provide needed medical care to all emergency patients, regardless of their ability to pay; (b) an interfacility transfer of an unstabilized emergency patient should be undertaken only for appropriate medical purposes, i.e., when in the physician's judgment it is in the patient's best interest to receive needed medical service care at the receiving facility rather than the transferring facility; and (c) all interfacility transfers of emergency patients should be subject to the sound medical judgment and consent of both the transferring and receiving physicians to assure the safety and appropriateness of each proposed transfer; (2) urges county medical societies to develop, in conjunction with their local hospitals, protocols and interhospital transfer agreements addressing the issue of economically motivated transfers of emergency patients in their communities. At a minimum, these protocols and agreements should address the condition of the patients transferred, the responsibilities of the transferring and accepting physicians and facilities, and the designation of appropriate referral facilities. The American College of Emergency Physicians' Guidelines for Transfer of Patients should be reviewed in the development of such community protocols and agreements; and (3) urges state medical associations to encourage and provide assistance to their county medical societies as they develop such protocols and interhospital agreements with their local hospitals."

Three Policy Tools Illustrated: AMA Federal and State Correspondence Finder

Search by subject, by recipient, by year or by document type



Three Policy Tools Illustrated: AMA Federal and State Correspondence Finder

Example: Prior authorizations

Tip: Make sure you clear the filter before you begin a new search



The screenshot displays the AMA Federal and State Correspondence Finder interface. At the top, the AMA logo is on the left, and the title "Federal and State Correspondence Finder" is centered. Below the title, a search bar contains the text "Prior Authorization" and a magnifying glass icon. To the left of the search results, a "Refine Search:" section includes a "Clear Filters" link and a list of filters with checkboxes: Anthem Inc. (1), CMS (65), CVS Health (1), California Department of Insurance (1), Colorado Division of Insurance (1), Commonwealth of Pennsylvania Insurance Department (1), County Board Chairman (1), DEA (1), and Department of Labor (1). To the right of the filters, the search results are displayed. The header "195 Results" is followed by a link "*Disable pop-up blockers to view documents". Below this, two results are shown. The first result is titled "Sign-On Letter to U.S. House of Representatives" and includes the text: "The undersigned medical organizations remain committed to working with Congress to seek a balanced legislative solution to protect patients from unanticipated ('surprise') medical bills that can occur when gaps in health insurance coverage lead them to receive care from out-of-network physicians or other providers." and the date "October 16, 2019". The second result is titled "Sign-On Letter to U.S. Senate" and includes the text: "The undersigned medical organizations remain committed to working with Congress to seek a balanced legislative solution to protect patients from unanticipated ('surprise') medical bills that can occur when gaps in health insurance coverage lead them to receive care from out-of-network physicians or other providers." and the date "October 16, 2019".

AMA

Federal and State Correspondence Finder

Prior Authorization

Refine Search:
[Clear Filters](#)

RECIPIENT:

- ☐ Anthem Inc. (1)
- ☐ CMS (65)
- ☐ CVS Health (1)
- ☐ California Department of Insurance (1)
- ☐ Colorado Division of Insurance (1)
- ☐ Commonwealth of Pennsylvania Insurance Department (1)
- ☐ County Board Chairman (1)
- ☐ DEA (1)
- ☐ Department of Labor (1)

195 Results

[*Disable pop-up blockers to view documents](#)

Date

Sign-On Letter to U.S. House of Representatives

The undersigned medical organizations remain committed to working with Congress to seek a balanced legislative solution to protect patients from unanticipated ("surprise") medical bills that can occur when gaps in health insurance coverage lead them to receive care from out-of-network physicians or other providers.

October 16, 2019

Sign-On Letter to U.S. Senate

The undersigned medical organizations remain committed to working with Congress to seek a balanced legislative solution to protect patients from unanticipated ("surprise") medical bills that can occur when gaps in health insurance coverage lead them to receive care from out-of-network physicians or other providers.

October 16, 2019

Three Policy Tools Illustrated: AMA Federal and State Correspondence Finder



Michael D. Maves, MD, MBA, Executive Vice President, CEO

February 21, 2011

Donald Berwick, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

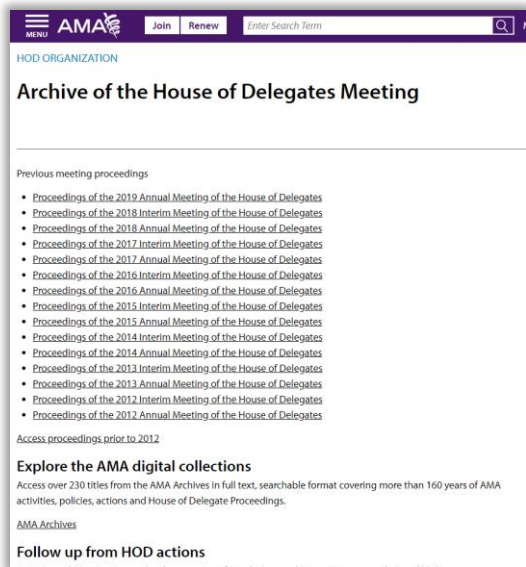
Re: Advance Notice of Proposed Rule Making concerning *Medicare Program; Emergency Medical Treatment and Labor Act: Applicability to Hospital and Critical Access Hospital Inpatients and Hospitals with Specialized Capabilities [CMS-1350-ANPRM]*

Dear Dr. Berwick:

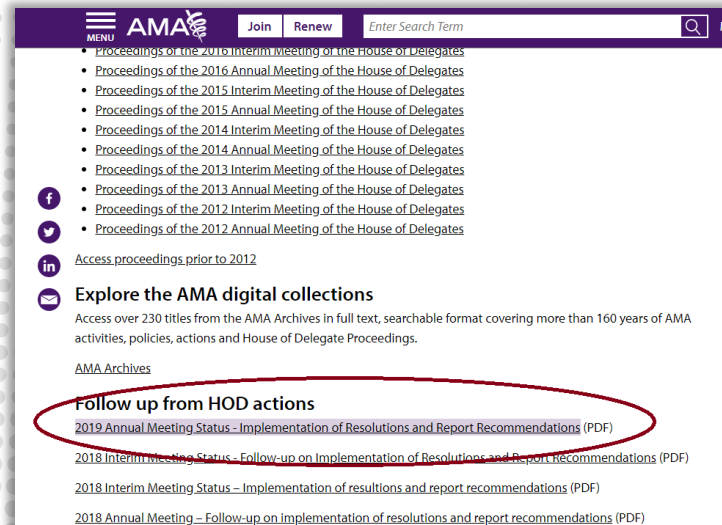
On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to provide our comments regarding the Centers for Medicare and Medicaid Services' (CMS) advanced notice of proposed rulemaking (ANPRM)

Three Policy Tools Illustrated: HOD Status of Implementation of Resolutions and Reports Tracker

From the
HOD
website,
search for
“Archives of
the House
of Delegates
Meeting”



Scroll
down to
“Follow up
from HOD
Actions”



Three Policy Tools Illustrated: HOD Status of Implementation of Resolutions and Reports Tracker

Organized by report or resolution number, title, HOD action and status

Status Implementation of Resolutions and Report Recommendations AMA House of Delegates Annual Meeting - June 8-12, 2019			
Report/Resolution	Title	House Action	Status
BOT Report 01-A-19	Annual Report	Filed.	For Information.
BOT Report 02-A-19	New Specialty Organizations Representation in the House of Delegates	Recommendations in BOT Report 02-A-19 Adopted, Remainder of Report Filed.	The American Academy of Sleep Medicine and the American Society of Cytopathology have been granted representation in the AMA House of Delegates and will be included in HOD mailings.
BOT Report 04-A-19	AMA 2020 Dues	Recommendations in BOT Report 4-A-19 Adopted.	For information.
BOT Report 09-A-19	COL Sunset Review of 2009 House Policies	Recommendations in BOT Report 9-A-19 Adopted as Amended, Remainder of Report Filed.	AMA policy database has been updated.
BOT Report 10-A-19	Conduct at AMA Meetings and Events	Recommendations in BOT Report 10-A-19 Adopted.	The Board has approved the charter for the newly created Committee on Conduct at AMA Meetings and Events (CCAM). Candidates for membership on this committee will be reviewed by the Board at its November meeting.
BOT Report 11-A-19	Policy and Economic Support for Early Child Care	Recommendations in BOT Report 11-A-19 Adopted, Remainder of Report Filed.	AMA policy database has been updated.
BOT Report 12-A-19	Data Used to Apportion Delegates	Recommendations in BOT Report 12-A-19 Adopted.	The Council on Constitution and Bylaws has issued CCB Report 3-1-19 with appropriate bylaw language to implement the policy.
BOT Report 13-A-19	Employed Physicians Bill of Rights and Basic Practice Professional Standards of Physician Employment	Recommendations in BOT Report 13-A-19 Adopted as Amended, Remainder of Report Filed.	AMA policy database has been updated.
BOT Report 14-A-19	Reforming the Orphan Drug Act; An Optional National Prescription Drug Formulary; Reform of Pharmaceutical Pricing; Negotiated Payment Schedules	Recommendations in BOT Report 14 Adopted, Remainder of Report Filed.	AMA policy database has been updated.
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Discussion, Q & A, etc.

- Examples of successful strategies
- Examples of unsuccessful strategies
- Your questions, comments, etc.
- In closing, OMSS leadership and staff is always available to help:
 - Rick Abrams: rick.abrams@ama-assn.org; 312-464-5056
 - Jason Ranville: Jason.Ranville@ama-assn.org; 312-464-2537



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