

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2019 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-19)

Report of Reference Committee B

Cyndi Yag-Howard, MD, Chair

---

Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

1. Board of Trustees Report 1 – Legalization of the Deferred Action for Legal Childhood Arrival (DALCA)
2. Board of Trustees Report 3 – Restriction on IMG Moonlighting
3. Board of Trustees Report 9 – Opioid Mitigation
4. Board of Trustees Report 15 – Repealing Potential Penalties Associated with MIPS Resolution (206-I-18), Reducing the Regulatory Burden in Health Care (Resolution 231-I-18), Improving the Quality Payment Program and Preserving Patient Access (Resolution 243-A-19)
5. Resolution 203 – Support Expansion of Good Samaritan Laws
6. Resolution 217 – Promoting Salary Transparency Among Veterans Health Administration Employed Physicians
7. Resolution 220 – Oppose Mandatory DNA Collection of Migrants

**RECOMMENDED FOR ADOPTION AS AMENDED**

8. Resolution 202 – Support for Veterans Courts
9. Resolution 205 – Co-Pay Accumulators
10. Resolution 206 – Improvement of Healthcare Access in Underserved Areas by Retaining and Incentivizing IMG Physicians
11. Resolution 207 – Pharmaceutical Advertising in Electronic Health Record Systems
12. Resolution 212 – Centers for Medicare and Medicaid Services Open Payments Program
13. Resolution 213 – Data Completeness and the House of Medicine
14. Resolution 215 – Board Certification of Physician Assistants
15. Resolution 216 – Legislation to Facilitate Corrections-to-Community Healthcare Continuity via Medicaid
16. Resolution 219 – QPP and the Immediate Availability of Results in CEHRTs
17. Resolution 221 – Safe Supervision of Complex Radiation Oncology Therapeutic Procedures
18. Resolution 222 – State Board Scope of Practice Expansion Beyond Statute
19. Resolution 223 – Appropriate Use of Scientific Studies and Data in the Development of Public Policy

**RECOMMENDED FOR ADOPTION IN LIEU OF**

20. Resolution 210 – Federal Government Regulation and Promoting Renal Transplantation

**RECOMMENDED FOR REFERRAL**

21. Board of Trustees Report 2 – Enabling Methadone Treatment of Opioid Use Disorder in Primary Care Settings  
22. Resolution 201 – Advocating for the Standardization and Regulation of Outpatient Addiction Rehabilitation Facilities  
23. Resolution 208 – Net Neutrality and Public Health  
Resolution 211 – Effects of Net Neutrality on Public Health

**RECOMMENDED FOR NOT ADOPTION**

24. Resolution 214 – AMA Should Provide a Summary of its Advocacy Efforts on Surprise Medical Bill

Resolutions handled via the reaffirmation consent calendar:

- Resolution 204 – AMA Position on Payment Provisions in Health Insurance Policies
- Resolution 209 – Federal Government Regulation and Promoting Patient Access to Kidney Transplantation

## RECOMMENDED FOR ADOPTION

- (1) BOARD OF TRUSTEES REPORT 1 – LEGALIZATION OF  
THE DEFERRED ACTION FOR LEGAL CHILDHOOD  
ARRIVAL (DALCA)

### RECOMMENDATION:

**Recommendation in Board of Trustees Report 1 be adopted  
and the remainder of the Report be filed.**

**HOD ACTION: Recommendation in Board of Trustees Report 1  
adopted and the remainder of the Report be filed**

The Board recommends that our AMA amend Policy D-255.979, "Permanent Residence Status for Physicians on H1-B Visas," by addition to read as follows, in lieu of Resolution 205-I-18 and that the remainder of the report be filed:

Our AMA will work with all relevant stakeholders to: 1) clear the backlog for conversion from H1-B visas for physicians to permanent resident status, and 2) allow the children of H-1B visa holders, who have aged out of the H-4 non-immigrant classification, to remain in the U.S. legally while their parents' green card applications are pending. (Modify Current HOD Policy)

Your Reference Committee heard positive testimony on Board of Trustees Report 1. Your Reference Committee heard testimony that the children of H-1B visa physicians lose their H-4 visa status once they turn 21 and then have limited options to remain in the U.S. Your Reference Committee also heard testimony that it is well known that there is expected to be a physician shortage in the United States; the projected shortage of between 46,900 and 121,900 physicians by 2032 includes both primary care (between 21,100 and 55,200) and specialty care (between 24,800 and 65,800). Your Reference Committee heard testimony that supporting permanent legal status for DALCA children who have finished medical school and residency could assist in reducing the impact of the expected physician shortage and also support the families of H-1B visa physicians. Accordingly, your Reference Committee recommends that Board of Trustees Report 1 be adopted and the remainder of the Report be filed.

- (2) BOARD OF TRUSTEES REPORT 3 – RESTRICTION ON  
IMG MOONLIGHTING

### RECOMMENDATION:

**Recommendation in Board of Trustees Report 3 be adopted  
and the remainder of the Report be filed.**

**HOD ACTION: Recommendation in Board of Trustees Report 3  
adopted and the remainder of the Report be filed**

The Board recommends that our American Medical Association not adopt Resolution 204-I-18, "Restriction on IMG Moonlighting," and that the remainder of the report be filed

1  
2 Your Reference Committee heard mixed testimony on Board of Trustees Report 3. Your  
3 Reference Committee heard testimony that our AMA has strong and lengthy policy outlining  
4 the rights of residents/fellows and limiting duty hours to ensure patient safety and an optimal  
5 learning environment for these physicians. Your Reference Committee heard testimony that  
6 allowing J-1s to moonlight would improve access to care for underserved populations in  
7 certain areas around the U.S. facing a physician shortage. Your Reference Committee also  
8 heard testimony that J-1 physician participants are not currently permitted to engage in any  
9 work outside of their approved program of graduate medical education. Further, your  
10 Reference Committee heard testimony that if the proposed activity by the J-1 physician falls  
11 outside of the normal scope and/or is not a required component of the training program, then  
12 it is deemed to be “work outside of the approved training program” and not permitted for J-1  
13 physicians. Your Reference Committee heard testimony that allowing J-1 physicians to  
14 moonlight would reduce the inequity between J-1 physicians and U.S. citizens who are  
15 allowed to moonlight. Your Reference Committee acknowledges the inequity caused by not  
16 supporting J-1 physicians’ ability to moonlight but believes that advocating for a substantial  
17 change in moonlighting policy for the J-1 physicians participating in the U.S. Department of  
18 State Exchange Visitor Program would increase scrutiny of and potentially jeopardize  
19 physician participation in the program. Accordingly, your Reference Committee recommends  
20 that Board of Trustees Report 3 be adopted and the remainder of the Report be filed.

21  
22 (3) BOARD OF TRUSTEES REPORT 9 – OPIOID MITIGATION

23  
24 **RECOMMENDATION:**

25  
26 **Recommendation in Board of Trustees Report 9 be adopted**  
27 **and the remainder of the report filed.**

28  
29 **HOD ACTION: Recommendation in Board of Trustees Report 9**  
30 **adopted and the remainder of the report filed**

31  
32 The Board recommends that the following recommendation be adopted in lieu of Resolution  
33 919-I-18, and that the remainder of the report be filed.

- 34  
35 1. That our American Medical Association (AMA) encourage relevant federal agencies to  
36 evaluate and report on outcomes and best practices related to federal grants awarded  
37 for the creation of Quick Response Teams and other innovative local strategies to  
38 address the opioid epidemic, and that the AMA share that information with the  
39 Federation; (Directive to Take Action)  
40  
41 2. That our AMA update model state legislation regarding needle and syringe exchange  
42 to state and specialty medical societies; (Directive to Take Action)  
43  
44 3. That our AMA amend Policy H-100.955, “Support for Drug Courts;”  
45

46 Our AMA: (1) supports the establishment of drug courts as an effective method of  
47 intervention for individuals with addictive disease who are convicted of nonviolent  
48 crimes; and (2) encourages legislators to establish drug courts at the state and local  
49 level in the United States.; and (3) encourages drug courts to rely upon evidence-  
50 based models of care for those who the judge or court determine would benefit from  
51 intervention rather than incarceration. (Modify Current HOD Policy)

4. That our AMA urge state and federal policymakers to enforce applicable mental health and substance use disorder parity laws; (Directive to Take Action)
5. That our AMA reaffirm Policy H-95.932, "Increasing Availability of Naloxone;" and (Reaffirm HOD Policy)
6. That our AMA reaffirm Policy D-95.981, "Improving Medical Practice and Patient/Family Education to Reverse the Epidemic of Nonmedical Prescription Drug Use and Addiction." (Reaffirm HOD Policy)

Your Reference Committee heard positive testimony on Board Report 9. Testimony indicated appreciation for the work being done in Huntington, West Virginia and Clark County, Indiana to increase access to evidence-based treatment, as well as harm reduction strategies, such as naloxone access and needle and syringe exchange programs. Your Reference Committee also heard testimony that these approaches are necessary, but not sufficient to end the nation's opioid epidemic. Your Reference Committee heard additional testimony that our AMA policy and the work of our Council on Legislation has helped enact naloxone access laws throughout the nation in partnership with state and specialty societies. Your Reference Committee heard testimony that similarly developed model legislation in support of needle and syringe exchange programs could help reduce transmission of blood-borne disease and be another evidence-based advocacy tool for the Federation. Accordingly, your Reference Committee recommends that Board of Trustees Report 9 be adopted and the remainder of the Report be filed.

- (4) BOARD OF TRUSTEES REPORT 15 – REPEALING  
POTENTIAL PENALTIES ASSOCIATED WITH MIPS  
RESOLUTION (206-I-18), REDUCING THE REGULATORY  
BURDEN IN HEALTH CARE (RESOLUTION 231-I-18),  
IMPROVING THE QUALITY PAYMENT PROGRAM AND  
PRESERVING PATIENT ACCESS (RESOLUTION 243-A-19)

**RECOMMENDATION:**

**Recommendation in Board of Trustees Report 15 be  
adopted and the remainder of the report filed.**

**HOD ACTION: Recommendation in Board of Trustees Report  
15 referred**

The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolutions 206-I-18, 231-I-18, and 243-A-19 and that the remainder of the report be filed:

1. That our American Medical Association (AMA) support legislation that replaces or supplements the budget neutrality in MIPS with incentive payments.
2. That our AMA reaffirm Policy D-395.999, "Reducing MIPS Reporting Burden," Policy D-395.998, "Opposed Replacement of the Merit-Based Incentive Payment System with the Voluntary Value Program," Policy H-390.838, "MIPS and MACRA Exemption," Policy D-390.950, "Preserving a Period of Stability in Implementation of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA)," Policy D-390.949, "Preserving Patient Access to Small Practices Under

MACRA,” Policy H-385.913, “Physician-Focused Alternative Payment Models,” Policy H-385.913, “Physician-Focused Alternative Payment Models,” Policy H-450.931, “Moving to Alternative Payment Models,” and Policy H-385.908, “Physician-Focused Alternative Payment Models: Reducing Barriers.”

Your Reference Committee heard positive testimony in support of adopting the recommendations in Board Report 15. Your Reference Committee heard testimony that there is significant frustration among physicians with the MIPS program and that our AMA continues to vigorously advocate that both CMS and Congress make needed changes to improve the program. Your Reference Committee heard testimony that our AMA has convened MIPS and APM workgroups made up of representatives from across the physician community, which have developed creative solutions to improve the QPP. Testimony also indicated that feedback from the MIPS and APM workgroups, as well as other state and specialty medical societies, has led our AMA to focus its efforts to improve the QPP on several key issues, including replacing the upcoming Medicare physician pay freeze with a stable revenue source that allows physicians to sustain their practice; eliminating budget neutrality; extending the Advanced APM payments for an additional six years; simplifying the MIPS scoring system and creating a more meaningful MIPS program; and ensuring small and rural practices have the opportunity to succeed. Your Reference Committee heard testimony that BOT 15 and its recommendations properly supplement existing AMA policy on this issue while also providing our AMA with flexibility as how best to proceed in addressing concerns with budget neutrality.

Testimony indicated that our AMA is joined with many state and specialty medical societies to make it a priority to advocate that Congress provide physicians with positive Medicare payment updates and extend APM payments to provide physicians with additional resources to help transition to APMs. Your Reference Committee heard further testimony that the lack of positive updates from 2020 to 2025 severely threatens physicians’ ability to sustain their practices, especially while at the same time implementing quality improvements. Your Reference Committee also heard testimony that our AMA will work with due purpose to seek positive updates and continue to reduce MIPS burdens.

The Board of Trustees testified that it believes that our AMA should have the ability to support legislation that could shift the budget neutrality dynamic of the current MIPS program. The Board stated that it understood that eliminating the budget neutrality requirements of the MIPS program is a complex issue and that there are many ways to achieve that goal. Your Reference Committee heard further testimony that a recommendation to support replacing or supplementing budget neutrality in a manner that provides flexibility to review and consider legislation without being so narrowly defined that we overlook an opportunity to improve the MIPS program in another way would be appropriate. Your Reference Committee agrees with Board’s recommendations. Accordingly, your Reference Committee recommends that BOT 15 be adopted and the rest of the Report be filed.

(5) RESOLUTION 203 – SUPPORT EXPANSION OF GOOD SAMARITAN LAWS

**RECOMMENDATION:**

**Resolution 203 be adopted.**

**HOD ACTION: Resolution 203 adopted**

1 RESOLVED, That our AMA amend Policy D-95.977 by addition and deletion to read as  
2 follows:

3  
4 911 Good Samaritan Laws, D-95.977

5 Our AMA: (1) will support and endorse policies and legislation that provide protections for  
6 callers or witnesses seeking medical help for overdose victims; ~~and~~ (2) will promote 911  
7 Good Samaritan policies through legislative or regulatory advocacy at the local, state, and  
8 national level; and (3) will work with the relevant organizations and state societies to raise  
9 awareness about the existence and scope of Good Samaritan Laws. (Modify Current HOD  
10 Policy)  
11

12 Your Reference Committee heard overwhelming support for Resolution 203. Your Reference  
13 Committee heard testimony that our AMA strongly supports Good Samaritan protections for  
14 those who seek medical assistance for a person who is experiencing a medical emergency—  
15 whether from a drug overdose, alcohol overdose, or other situation. Your Reference  
16 Committee heard further testimony that our AMA has updated model legislation that includes  
17 strong Good Samaritan protections for those who seek aid for someone experiencing an  
18 overdose. Accordingly, your Reference Committee recommends that Resolution 203 be  
19 adopted.  
20

21 (6) RESOLUTION 217 – PROMOTING SALARY  
22 TRANSPARENCY AMONG VETERANS HEALTH  
23 ADMINISTRATION EMPLOYED PHYSICIANS  
24

25 **RECOMMENDATION:**

26  
27 **Resolution 217 be adopted.**

28  
29 **HOD ACTION: Resolution 217 adopted**  
30

31 RESOLVED, That our American Medical Association encourage physician salary  
32 transparency within the Veterans Health Administration. (Directive to Take Action)  
33

34 Your Reference Committee heard positive testimony on Resolution 217. Your Reference  
35 Committee heard testimony that the Department of Veterans Affairs (VA) does provide annual  
36 pay ranges, which is the sum of the base pay rate and market pay for Veterans Health  
37 Administration (VHA) physicians, dentists, and podiatrists as prescribed by the Secretary for  
38 department-wide applicability. Your Reference Committee heard testimony that the data is  
39 based on specialties; however, there are no published data regarding VHA physician pay  
40 differences based on gender or race and further transparency is needed. Your Reference  
41 Committee also heard testimony that pay scales should be easily quantifiable metrics and  
42 therefore ready targets for intervention to improve equity. Finally, your Reference Committee  
43 heard testimony that our AMA's Center for Health Equity is beginning to take shape under the  
44 leadership of Dr. Aletha Maybank, and pay equity as it relates to health equity will be one of  
45 the areas that the Center will address. Accordingly, your Reference Committee recommends  
46 that Resolution 217 be adopted.  
47

48 (7) RESOLUTION 220 – OPPOSE MANDATORY DNA  
49 COLLECTION OF MIGRANTS  
50

51 **RECOMMENDATION:**

1  
2       **Resolution 220 be adopted.**

3  
4       **HOD ACTION: Resolution 220 adopted**

5  
6       RESOLVED, That our American Medical Association oppose the collection and storage of the  
7       DNA of refugees, asylum seekers, and undocumented immigrants for nonviolent immigration-  
8       related crimes without non-coercive informed consent. (New HOD Policy)

9  
10      Your Reference Committee heard positive testimony on Resolution 220. Your Reference  
11      Committee heard testimony that the U.S. Department of Justice proposed to amend  
12      regulations that would restore the Attorney General's full legal authority to authorize and direct  
13      all relevant federal agencies to require DNA sample collection from persons who are detained  
14      under the authority of the United States. Testimony indicated that the Department of  
15      Homeland Security is expected to submit an additional 748,000 samples annually under the  
16      proposal. Your Reference Committee heard testimony Resolution 220 is an extension of  
17      existing AMA policy that DNA testing of individuals for information in criminal cases should be  
18      conducted only when a warrant has been issued on the basis of a high degree of individualized  
19      suspicion, and that maintaining the files of any individual who is no longer a suspect in a  
20      particular crime raises serious concerns regarding potential violations of privacy. Accordingly,  
21      your Reference Committee recommends that Resolution 220 be adopted.



**RECOMMENDED FOR ADOPTION AS AMENDED**

(8) RESOLUTION 202 – SUPPORT FOR VETERANS COURTS

**RECOMMENDATION A:**

Resolution 202 be amended by addition to read as follows:

**RESOLVED**, That our American Medical Association support the use of Veterans Courts as a method of intervention for veterans who commit ~~non-violent~~ criminal offenses that may be related to a neurological or psychiatric disorder. (New HOD Policy)

**RECOMMENDATION B:**

Resolution 202 be adopted as amended.

**HOD ACTION: Resolution 202 adopted**

RESOLVED, That our American Medical Association support the use of Veterans Courts as a method of intervention for veterans who commit criminal offenses that may be related to a neurological or psychiatric disorder. (New HOD Policy)

Your Reference Committee heard positive testimony on Resolution 202. Your Reference Committee heard testimony that existing AMA policy supports the establishment of drug courts for individuals with substance use disorders, so it could logically follow that our AMA could also support the use of Veterans Courts. Your Reference Committee further heard testimony that, generally, a veteran's treatment court judge handles numerous veterans' cases and is supported by a strong, interdisciplinary team that understands the issues that a veteran may be struggling with, such as substance addiction, PTSD, and traumatic brain injury. Your Reference Committee heard additional testimony that Resolution 202 be amended so that the Veteran Court is for non-violent offenders, consistent with existing AMA policy supporting drug courts is also for non-violent offenders. Accordingly, your Reference Committee recommends Resolution 202 be adopted as amended.

(9) RESOLUTION 205 – CO-PAY ACCUMULATORS

**RECOMMENDATION A:**

Resolution 205 should be amended by addition and deletion to read as follows:

**RESOLVED**, That our American Medical Association develop model state legislation ~~based on the recent law enacted in Virginia~~ regarding Co-Pay Accumulators for all pharmaceuticals, biologics, medical devices, and medical equipment.

**RECOMMENDATION B:**

**Resolution 205 be adopted as amended.**

**HOD ACTION: Resolution 205 adopted as amended**

RESOLVED, That our American Medical Association develop model state legislation based on the recent law enacted in Virginia regarding Co-Pay Accumulators. (Directive to Take Action)

Your Reference Committee heard largely supportive testimony on Resolution 205. Your Reference Committee heard testimony that Resolution 205 highlights the burden that Co-Pay Accumulators place on patients using manufacturers' coupons to lower their out-of-pocket costs. Your Reference Committee further heard testimony that our AMA should develop model state legislation that addresses Co-Pay Accumulators broadly and not limited to the specific law recently enacted in Virginia. Your Reference Committee also heard testimony that states the importance of protecting patients from out-of-pocket costs when insurers use Co-Pay Accumulators to their own benefit, keeping patients from reaching their deductibles. Testimony also indicated that model legislation on Co-Pay Accumulators should include prescription drugs, biologics, and medical devices to be more comprehensive. Accordingly, your Reference Committee recommends that Resolution 205 be adopted as amended.

- (10) RESOLUTION 206 – IMPROVEMENT OF HEALTHCARE  
ACCESS IN UNDERSERVED AREAS BY RETAINING AND  
INCENTIVIZING IMG PHYSICIANS

**RECOMMENDATION A:**

**Resolution 206 be amended by addition and deletion to read as follows:**

**RESOLVED, That our American Medical Association support efforts to expand opportunities to retain and incentivize international medical graduates after the expiration of allocated periods under current law serving in federally designated health professional shortage areas after the current allocated period.; and be it further**

**RESOLVED, That our American Medical Association support efforts to increase the recruitment and retention of physicians practicing in federally designated health professional shortage areas (Directive to Take Action).**

**RECOMMENDATION B:**

**Resolution 206 be adopted as amended.**

**RECOMMENDATION C:**

**The title of Resolution 206 be changed to read as follows.**

**IMPROVEMENT OF HEALTH CARE ACCESS IN  
UNDERSERVED AREAS**

**HOD ACTION: Resolution 206 adopted as amended with  
change in title**

RESOLVED, That our American Medical Association support efforts to retain and incentivize international medical graduates serving in federally designated health professional shortage areas after the current allocated period. (Directive to Take Action).

Your Reference Committee heard mixed testimony on Resolution 206. Your Reference Committee heard testimony that our AMA has a strong history of advocating for the retaining and incentivizing international medical graduates serving in federally designated health professional shortage areas after the current allocated period in the Conrad 30 program. Your Reference Committee further heard testimony that our AMA worked with Congress to ensure the current Conrad 30 bill addresses the current physician green card backlog exacerbated by the statutory per-country cap for employment-based green cards by allowing those physicians who practice in underserved areas for five years then be eligible to receive priority access within the green card system. Your Reference Committee heard testimony that Resolution 206 only applies to International Medical Graduates on a J-1 visa and not U.S. citizens. Your Reference Committee heard testimony that our health care system needs more physicians in underserved areas and our AMA needs to make practicing in rural and underserved a viable and desirable proposition for all physicians. Accordingly, your Reference Committee recommends that Resolution 206 be adopted as amended with a title change.

(11) **RESOLUTION 207 – PHARMACEUTICAL ADVERTISING IN  
ELECTRONIC HEALTH RECORD SYSTEMS**

**RECOMMENDATION A:**

**Resolution 207 be amended by addition and deletion to  
read as follows:**

**RESOLVED, That our American Medical Association encourage the ~~Centers for Medicare and Medicaid Services~~ federal government to study the effects of direct-to-physician advertising at the point of care, including advertising in Electronic Health Record Systems (EHRs), on physician prescribing, patient safety, health care costs, and EHR access for small practices (Directive to Take Action); and be it further**

**RESOLVED, That our AMA study the prevalence and ethics of direct-to-physician advertising at the point of care, including advertising in EHRs. (Directive to Take Action)**

**RECOMMENDATION B:**

**Resolution 207 be adopted as amended.**

**HOD ACTION: Resolution 207 adopted as amended**

1 RESOLVED, That our American Medical Association encourage the Centers for Medicare and  
2 Medicaid Services to study the effects of direct-to-physician advertising at the point of care,  
3 including advertising in Electronic Health Record Systems (EHRs), on physician prescribing,  
4 patient safety, health care costs, and EHR access for small practices (Directive to Take  
5 Action); and be it further

6  
7 RESOLVED, That our AMA study the ethics of direct-to-physician advertising at the point of  
8 care, including advertising in EHRs. (Directive to Take Action)  
9

10 Your Reference Committee heard positive testimony on Resolution 207. Your Reference  
11 Committee heard testimony that our AMA recognizes that pharmaceutical marketing may  
12 benefit patients, but can also inappropriately influence physicians. Your Reference Committee  
13 further heard testimony that incorporating advertising information into an EHR can provide  
14 important additional information and could potentially provide EHRs to physicians at a lower  
15 cost. Testimony also indicated that such advertisement may lead to inappropriate prescribing,  
16 and additional study is warranted. Your Reference Committee heard testimony that Resolution  
17 207 should be amended so that our AMA has flexibility to work with Centers for Medicare &  
18 Medicaid Services and other federal agencies, such as the Office of the National Coordinator  
19 and the Food and Drug Administration. Your Reference Committee heard testimony that our  
20 AMA should also study the prevalence of direct-to-physician advertising in EHRs in addition  
21 to the ethical concerns. Accordingly, your Reference Committee recommends that Resolution  
22 207 be adopted with amendment.

23  
24 (12) RESOLUTION 212 – CENTERS FOR MEDICARE AND  
25 MEDICAID SERVICES OPEN PAYMENTS PROGRAM  
26

27 **RECOMMENDATION A:**

28  
29 Resolution 220 be amended by addition and deletion to  
30 read as follows:  
31

32 **RESOLVED, That our American Medical Association**  
33 **amend current policy H-140.848, "Physician Payments**  
34 **Sunshine Act," by addition and deletion to read as follows:**  
35

36 **Our AMA will:**

37 **(1) continue its efforts to minimize the burden and**  
38 **unauthorized expansion of the Sunshine Act by the**  
39 **Centers for Medicare & Medicaid Services (CMS) and will**  
40 **recommend to the CMS that a physician comment section**  
41 **be included on the "Physician Payments Sunshine Act"**  
42 **public database;**

43 **(2) lobby Congress to amend the Sunshine Act to limit**  
44 **transfer of value reporting to items with a value of greater**  
45 **than \$100;**

46 **(3) advocate that: (a)(i) any payment or transfer of value**  
47 **reported as part of the Physician Payments Sunshine Act**  
48 **should include whether the physician acknowledged**  
49 **receipt of said payment or transfer of value, and (ii) each**  
50 **payment or transfer of value on the Open Payments**  
51 **website indicates whether the physician verified the**

1 payment or transfer of value; and (b) a contested reported  
 2 payment or transfer of value should be removed  
 3 immediately from the Open Payments website until the  
 4 reporting company validates the compensation with  
 5 verifiable documentation; ~~and~~

6 (4) support significant modifications to the Sunshine Act,  
 7 such as substantially increasing the monetary threshold  
 8 for reporting, that will decrease the regulatory and  
 9 administrative burden on physicians, protect physician  
 10 rights to challenge false and misleading reports, change  
 11 the dispute process so that successfully disputed charges  
 12 are not included publicly on the Open Payments database,  
 13 and provide a meaningful, accurate picture of the  
 14 physician-industry relationship;

15 ~~(5) urge the Centers for Medicare and Medicaid Services to~~  
 16 ~~expand support the expansion of the definition of "covered~~  
 17 ~~recipients" to include pharmacists and Pharmacy Benefit~~  
 18 ~~Managers; and~~

19 (6) continue to educate physicians about the Sunshine Act  
 20 and its implications in light of publicly available data on the  
 21 CMS Open Payments Program website.

## 22 RECOMMENDATION B:

23 Resolution 212 be adopted as amended.

## 24 HOD ACTION: Resolution 212 adopted as amended

25 RESOLVED, That our American Medical Association amend current policy H-140.848,  
 26 "Physician Payments Sunshine Act," by addition and deletion to read as follows:

27 Our AMA will: (1) continue its efforts to minimize the burden and unauthorized expansion  
 28 of the Sunshine Act by the Centers for Medicare & Medicaid Services (CMS) and will  
 29 recommend to the CMS that a physician comment section be included on the "Physician  
 30 Payments Sunshine Act" public database; (2) lobby Congress to amend the Sunshine Act  
 31 to limit transfer of value reporting to items with a value of greater than \$100; (3) advocate  
 32 that: (a)(i) any payment or transfer of value reported as part of the Physician Payments  
 33 Sunshine Act should include whether the physician acknowledged receipt of said payment  
 34 or transfer of value, and (ii) each payment or transfer of value on the Open Payments  
 35 website indicates whether the physician verified the payment or transfer of value; and (b)  
 36 a contested reported payment or transfer of value should be removed immediately from  
 37 the Open Payments website until the reporting company validates the compensation with  
 38 verifiable documentation; ~~and~~ (4) support significant modifications to the Sunshine Act,  
 39 such as substantially increasing the monetary threshold for reporting, that will decrease  
 40 the regulatory and administrative burden on physicians, protect physician rights to  
 41 challenge false and misleading reports, change the dispute process so that successfully  
 42 disputed charges are not included publicly on the Open Payments database, and provide  
 43 a meaningful, accurate picture of the physician-industry relationship; (5) urge the Centers  
 44 for Medicare and Medicaid Services to expand the definition of "covered recipients" to  
 45 include pharmacists and Pharmacy Benefit Managers; and (6) continue to educate  
 46 physicians about the Sunshine Act and its implications in light of publicly available data on  
 47  
 48  
 49  
 50  
 51

1 the Centers of Medicare and Medicaid (CMS) Open Payments Program website. (Modify  
2 Current HOD Policy)

3  
4 Your Reference Committee heard mixed testimony on Resolution 212. Your Reference  
5 Committee heard testimony that physicians are frustrated with the implementation of the  
6 Sunshine Act as the Open Payments programs. Your Reference Committee further heard  
7 testimony that our AMA advocacy efforts should be focused on making substantial  
8 modifications to the Open Payments program to reduce burden, protect physicians, and  
9 increase accuracy. Your Reference Committee also heard testimony that actively advocating  
10 for application of the Open Payments program to other entities would detract from that  
11 message and those efforts. Instead, testimony indicated that our AMA should support those  
12 efforts more generally. Accordingly, your Reference Committee recommends that Resolution  
13 212 be adopted as amended.

14  
15 (13) RESOLUTION 213 – DATA COMPLETENESS AND THE  
16 HOUSE OF MEDICINE

17  
18 **RECOMMENDATION A:**

19  
20 **The second and third Resolves of Resolution 213 be**  
21 **deleted:**

22  
23 ~~**RESOLVED, That our AMA direct its advocacy team to work**~~  
24 ~~**with the National Academy for State Health Policy (NASHP),**~~  
25 ~~**the All-Payer Claims Database Council (APCD Council), the**~~  
26 ~~**National Association of Health Data Organizations**~~  
27 ~~**(NAHDO), and other interested organizations to speed**~~  
28 ~~**promulgation of final rule making as regards Schedule J by**~~  
29 ~~**the Department of Labor (DOL) in matters related to the**~~  
30 ~~**Gobeille v. Liberty Mutual Insurance Company decision**~~  
31 ~~**(Directive to Take Action); and be it further**~~

32  
33 ~~**RESOLVED, That, in supporting a rule making process by**~~  
34 ~~**the DOL in matters related to the Gobeille v. Liberty Mutual**~~  
35 ~~**Insurance Company decision, our AMA support the**~~  
36 ~~**adoption of a standardized set of health care claims data**~~  
37 ~~**such as the Common Data Layout, support that any DOL**~~  
38 ~~**requirement for plans to submit health care claims data**~~  
39 ~~**must be tied to current rule making processes (such as its**~~  
40 ~~**proposed Schedule J), and support that the DOL implement**~~  
41 ~~**a pilot program to collect health care claims data in**~~  
42 ~~**cooperation with state APCDs. (Directive to Take Action)**~~

43  
44 **RECOMMENDATION B:**

45  
46 **A new Resolve in Resolution 213 be added:**

47  
48 **RESOLVED, That our American Medical Association will**  
49 **work with stakeholder organizations to support efforts to**  
50 **strengthen All-Payer Claims Databases, including, but not**  
51 **limited to, supporting reforms to permit states to mandate**

**submission of data from self-insured ERISA plans and supporting the adoption of a standardized set of health care claims data. (Directive to Take Action)**

**RECOMMENDATION C:**

**Resolution 213 be adopted as amended.**

**HOD ACTION: Resolution 213 adopted as amended**

RESOLVED, That our American Medical Association amend section 4 of policy D-155.987, "Price Transparency," by addition to read as follows:

4. Our AMA will work with states and the federal government to support and strengthen the development of all-payer claims databases. (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA work with the National Academy for State Health Policy (NASHP), the All-Payer Claims Database Council (APCD Council), the National Association of Health Data Organizations (NAHDO), and other interested organizations to speed promulgation of final rule making as regards Schedule J by the United States Department of Labor (DOL) in matters related to the *Gobeille v. Liberty Mutual Insurance Company* decision (Directive to Take Action); and be it further

RESOLVED, That, in supporting a rule making process by the DOL in matters related to the *Gobeille v. Liberty Mutual Insurance Company* decision, our AMA support the adoption of a standardized set of health care claims data such as the Common Data Layout, support that any DOL requirement for plans to submit health care claims data must be tied to current rule making processes (such as its proposed Schedule J), and support that the DOL implement a pilot program to collect health care claims data in cooperation with state APCDs. (Directive to Take Action)

Your Reference Committee heard generally positive testimony on Resolution 213. Your Reference Committee heard testimony that our AMA continues to support the development of all claims databases with proper guardrails and input from the health care provider and patient perspective. Your Reference Committee heard testimony focused on the need to refrain from limiting our advocacy on All Payer Claims Databases (APCD) to a set of defined efforts with a set of defined stakeholders. Your Reference Committee further heard testimony from the Council on Legislation encouraging amendment of Resolution 213 to allow for broader advocacy efforts with more flexibility. Your Reference Committee heard testimony that increased attention to promoting completeness and usability of APCDs is warranted. Your Reference Committee agrees with this language and therefore, recommends that Resolution 213 be adopted with amendment.

(14) RESOLUTION 215 – BOARD CERTIFICATION OF  
PHYSICIAN ASSISTANTS

**RECOMMENDATION A:**

Resolution 215 be amended by addition and deletion to read as follows:

**RESOLVED**, That our American Medical Association amend AMA Policy H-35.965, “Regulation of Physician Assistants,” by addition and deletion to read as follows:

Our AMA: (1) will advocate in support of maintaining the authority of medical licensing and regulatory boards to regulate the practice of medicine through oversight of physicians, physician assistants and related medical personnel; and (2) opposes legislative efforts to establish autonomous regulatory boards meant to license, regulate and discipline physician assistants outside of the existing state medical licensing and regulatory bodies' authority and purview; and (3) opposes efforts by independent organizations to board certify physician assistants in a manner that misleads the public to believe such board certification is equivalent to medical specialty board certification. (Modify Current HOD Policy)

**RESOLVED**, That our American Medical Association amend AMA Policy H-275.926, “Medical Specialty Board Certification Standards,” by addition to read as follows:

Our AMA:

1. Opposes any action, regardless of intent, that appears likely to confuse the public about the unique credentials of American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to the public good and safety.

2. Opposes any action, regardless of intent, by independent organizations providing board certification for non-physicians that appears likely to confuse the public about the unique credentials of medical specialty board certification or take advantage of the prestige of medical specialty board certification for purposes contrary to the public good and safety.

3. Continues to work with other medical organizations to educate the profession and the public about the ABMS and AOA-BOS board certification process. It is AMA policy that when the equivalency of board certification must be determined, accepted standards, such as those adopted by



state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, be utilized for that determination. (Modify Current HOD Policy)

**RECOMMENDATION B:**

**Resolution 215 be adopted as amended.**

**HOD ACTION: Resolution 215 adopted as amended**

RESOLVED, That our American Medical Association amend AMA Policy H-35.965, "Regulation of Physician Assistants," by addition and deletion to read as follows and be it further

Our AMA: (1) will advocate in support of maintaining the authority of medical licensing and regulatory boards to regulate the practice of medicine through oversight of physicians, physician assistants and related medical personnel; ~~and~~ (2) opposes legislative efforts to establish autonomous regulatory boards meant to license, regulate and discipline physician assistants outside of the existing state medical licensing and regulatory bodies' authority and purview; and (3) opposes efforts by independent organizations to board certify physician assistants in a manner that misleads the public to believe such certification is equivalent to medical specialty board certification. (Modify Current HOD Policy)

RESOLVED, That our American Medical Association amend AMA Policy H-275.926, "Medical Specialty Board Certification Standards," by addition to read as follows

Our AMA:

1. Opposes any action, regardless of intent, that appears likely to confuse the public about the unique credentials of American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to the public good and safety.
2. Opposes any action, regardless of intent, by independent organizations providing board certification for non-physicians that appears likely to confuse the public about the unique credentials of medical specialty board certification or take advantage of the prestige of medical specialty board certification for purposes contrary to the public good and safety.
3. Continues to work with other medical organizations to educate the profession and the public about the ABMS and AOA-BOS board certification process. It is AMA policy that when the equivalency of board certification must be determined, accepted standards, such as those adopted by state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, be utilized for that determination. (Modify Current HOD Policy)

Your Reference Committee heard positive testimony on Resolution 215. Your Reference Committee heard testimony that our AMA strongly supports and defends more transparency and clarity in health care delivery. Your Reference Committee heard testimony that our AMA should work to ensure that patients are not misled or confused by terms, such as board certification, which typically applies only to physicians. Your Reference Committee heard testimony from the Council on Legislation that both resolves should be amended to delete "independent" to broaden the scope of the policy. Your Reference Committee also heard

1 testimony that it is necessary to add the term “board” in the first resolve to make it clear the  
2 resolution refers to “board certification” of physician assistants, as opposed to “certification”  
3 of physician assistants offered through the National Commission on Certification of Physician  
4 Assistants. Your Reference Committee notes that the original authors were in support of the  
5 offered amendments. Accordingly, your Reference Committee recommends adopting  
6 Resolution 215 as amended.

7  
8 (15) RESOLUTION 216 – LEGISLATION TO FACILITATE  
9 CORRECTIONS-TO-COMMUNITY HEALTHCARE  
10 CONTINUITY VIA MEDICAID

11  
12 **RECOMMENDATION A:**

13  
14 Resolution 216 be amended by addition to read as follows:

15  
16 **RESOLVED**, That our American Medical Association  
17 amend item #6 of HOD Policy H-430.986, “Health Care While  
18 Incarcerated,” by addition to read as follows:

19  
20 6. Our AMA urges Congress, the Centers for Medicare &  
21 Medicaid Services (CMS), and state Medicaid agencies to  
22 provide Medicaid coverage for health care, care  
23 coordination activities and linkages to care delivered to  
24 patients up to 30 days before the anticipated release from  
25 adult and juvenile correctional facilities in order to help  
26 establish coverage effective upon release, assist with  
27 transition to care in the community, and help reduce  
28 recidivism. (Modify Current HOD Policy)

29  
30 **RECOMMENDATION B:**

31  
32 Resolution 216 be adopted as amended.

33  
34 **HOD ACTION: Resolution 216 adopted as amended**

35  
36 **RESOLVED** That our American Medical Association amend item #6 of HOD Policy H-430.986,  
37 “Health Care While Incarcerated,” by addition of the word “Congress” to read as follows:

38  
39 6. Our AMA urges Congress, the Centers for Medicare & Medicaid Services (CMS), and  
40 state Medicaid agencies to provide Medicaid coverage for health care, care coordination  
41 activities and linkages to care delivered to patients up to 30 days before the anticipated  
42 release from correctional facilities in order to help establish coverage effective upon  
43 release, assist with transition to care in the community, and help reduce recidivism.  
44 (Modify Current HOD Policy)

45  
46 Your Reference Committee heard mostly positive testimony on Resolution 216. Your  
47 Reference Committee heard testimony that federal law currently bans Medicaid coverage of  
48 individuals while incarcerated, and that legislation would change federal law to allow Medicaid  
49 coverage of incarcerated individuals beginning 30 days before the anticipated release of such  
50 individuals. Your Reference Committee heard testimony that our AMA supported this  
51 legislation in 2017, and sent a letter on October 25, 2019, supporting the legislation introduced

1 in the current session of Congress. Your Reference Committee heard testimony that our AMA  
2 should amend existing policy to allow Medicaid coverage for incarcerated individuals  
3 beginning 30 days before the anticipated release. Your Reference Committee further heard  
4 testimony indicating that our AMA policy should apply to both adults and juveniles.  
5 Accordingly, your Reference Committee recommends adoption of Resolution 216 as  
6 amended.

7  
8 (16) RESOLUTION 219 – QPP AND THE IMMEDIATE  
9 AVAILABILITY OF RESULTS IN CEHRTS

10  
11 **RECOMMENDATION A:**

12  
13 Resolution 219 be amended by addition and deletion to  
14 read as follows:

15  
16 **RESOLVED**, That our American Medical Association urge  
17 the Centers for Medicare & Medicaid Services, Office of the  
18 National Coordinator for Health Information Technology,  
19 and other agencies with jurisdiction to create guardrails  
20 around the “immediate” availability of ~~laboratory,~~  
21 ~~pathology, and radiology~~ medical test results, factoring in  
22 an allowance for physician judgement and discretion  
23 regarding the timing of release of certain results (Directive  
24 to Take Action); and be it further

25  
26 **RESOLVED**, That our AMA encourage vendors to  
27 implement mechanisms that provide physicians the  
28 discretion to publish medical test results to a patient portal  
29 while ensuring patient access to such information in a  
30 reasonable timeframe ~~prompts that give physicians the~~  
31 ~~ability to either approve notes to just the chart or approve~~  
32 ~~and publish them in both the chart and patient portal.~~  
33 (Directive to Take Action)

34  
35 **RECOMMENDATION B:**

36  
37 Resolution 219 be adopted as amended.

38  
39 **RECOMMENDATION C:**

40  
41 The title be changed to read as follows.

42  
43 **QUALITY PAYMENT PROGRAM AND THE IMMEDIATE**  
44 **AVAILABILITY OF RESULTS IN CERTIFIED ELECTRONIC**  
45 **HEATH RECORD TECHNOLOGIES**

46  
47 **HOD ACTION:** Resolution 219 adopted as amended with  
48 change in title

1 RESOLVED, That our American Medical Association urge the Centers for Medicare &  
2 Medicaid Services to create guardrails around the “immediate” availability of laboratory,  
3 pathology, and radiology results, factoring in an allowance for physician judgement and  
4 discretion regarding the timing of release of certain results (Directive to Take Action); and be  
5 it further  
6

7 RESOLVED, That our AMA encourage vendors to implement prompts that give physicians  
8 the ability to either approve notes to just the chart or approve and publish them in both the  
9 chart and patient portal. (Directive to Take Action)

10  
11 Your Reference Committee heard positive testimony on Resolution 219. Your Reference  
12 Committee heard testimony that our AMA strongly supports patients’ access to their entire  
13 medical record. Your Reference Committee heard additional testimony that our AMA has long  
14 heralded the benefits of Application Programming Interfaces and apps to both patients and  
15 physicians. Your Reference Committee heard testimony expressing concerns about providing  
16 patients with immediate access to certain medical test results without consulting a physician  
17 or without the physician’s knowledge. Testimony indicated that this scenario may lead to  
18 unnecessary distress for a variety of reasons, and may harm the patient-physician  
19 relationship. Your Reference Committee also heard testimony that Resolution 219 should be  
20 broadened to potentially include all medical tests rather than specialty-specific tests. Your  
21 Reference Committee also heard testimony recommending that, given the HIPAA right to  
22 access, the second resolve should be clarified to strike an appropriate balance between  
23 physician discretion and patient access. Your Reference Committee heard testimony that our  
24 AMA should also engage with the Office of the National Coordinator on this issue. Accordingly,  
25 your Reference Committee recommends that Resolution 219 be adopted as amended.

(17) RESOLUTION 221 – SAFE SUPERVISION OF COMPLEX  
RADIATION ONCOLOGY THERAPEUTIC PROCEDURES

**RECOMMENDATION A:**

Resolution 221 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association advocate that radiation therapy services and hyperbaric oxygen services should be exempted from the Hospital Outpatient Prospective Payment System (HOPPS) rule requiring only general supervision of hospital therapeutic services; and be it further

~~RESOLVED, That our AMA advocate that direct supervision of radiation therapy services by a physician trained in radiation oncology or radiation therapy services should be required by the Centers for Medicare and Medicaid Services; and~~

RESOLVED, That our AMA advocate that direct supervision of hyperbaric oxygen therapy services by a physician trained in hyperbaric oxygen services should be required by the Centers for Medicare and Medicaid Services.

**RECOMMENDATION B:**

Resolution 221 by adopted as amended.

**RECOMMENDATION C:**

The title be changed to read as follows:

**SAFE SUPERVISION OF COMPLEX RADIATION  
ONCOLOGY AND HYPERBARIC OXYGEN THERAPEUTIC  
PROCEDURES**

**HOD ACTION: The first and third Resolve of Resolution 221  
adopted as amended and the second Resolve of Resolution  
221 deleted with change in title**

RESOLVED, That our AMA advocate that radiation therapy services should be exempted from the Hospital Outpatient Prospective Payment System (HOPPS) rule requiring only general supervision of hospital therapeutic services; and be it further

RESOLVED, That our AMA advocate that direct supervision of radiation therapy services by a physician trained in radiation oncology should be required by the Centers for Medicare and Medicaid Services.

1 Your Reference Committee heard mixed testimony on Resolution 221. Your Reference  
2 Committee heard testimony that the Centers for Medicare & Medicaid Services (CMS) recently  
3 finalized a rule allowing general supervision—instead of direct supervision—for all Medicare  
4 therapeutic services under the outpatient prospective payment system. Testimony indicated  
5 that, while existing AMA policy largely supports general supervision under these  
6 circumstances, physicians are the only health care providers trained in radiation treatment  
7 and patient management. Testimony indicated that this change from direct to general  
8 supervision would be a patient safety concern and scope of practice issue. Your Reference  
9 Committee also heard testimony that the CMS proposal allows physicians the discretion to  
10 require a higher level of supervision to ensure a therapeutic outpatient procedure is performed  
11 without risking a beneficiary's safety. Your Reference Committee also heard testimony that  
12 CMS remains open to identifying individual outpatient therapeutic procedures that may require  
13 a higher level of physician supervision. Additional testimony indicated that hyperbaric oxygen  
14 patients are also affected by this and a lack of supervision could cause harm patients. Your  
15 Reference Committee heard testimony that the second resolve as presented would only allow  
16 radiation oncologists to supervise these services. Your Reference Committee further heard  
17 testimony that other specialties also provide and oversee the delivery of radiation treatments.  
18 Your Reference Committee also heard testimony that any changes in CMS policy should not  
19 eliminate the ability of non-radiation oncologists to deliver treatments that are part of their  
20 scope of practice. Your Reference Committee believes that adding radiation therapy services  
21 to the second resolve addresses these concerns. Accordingly, your Reference Committee  
22 recommends that Resolution 221 be adopted as amended.

23  
24 (18) RESOLUTION 222 – STATE BOARD SCOPE OF PRACTICE  
25 EXPANSION BEYOND STATUTE

26  
27 **RECOMMENDATION A:**

28  
29 **Resolve 1 and 2 of Resolution 222 be deleted:**

30  
31 ~~**RESOLVED, That our American Medical Association**~~  
32 ~~**consider all available legal, regulatory, and legislative**~~  
33 ~~**options to correct the State Medical Board of Ohio's**~~  
34 ~~**erroneous decisions to increase podiatric scope of**~~  
35 ~~**practice beyond legislative statute with respect to (1)**~~  
36 ~~**allowing podiatrists in Ohio to harvest bone marrow**~~  
37 ~~**aspirate from the proximal tibia, and (2) allowing**~~  
38 ~~**podiatrists in Ohio to perform supramalleolar osteotomies**~~  
39 ~~**of the tibia and fibula (Directive to Take Action); and be it**~~  
40 ~~**further**~~

41  
42 ~~**RESOLVED, That our AMA consider all available legal,**~~  
43 ~~**regulatory, and legislative options to correct the previous**~~  
44 ~~**decisions made by the State Medical Board of Ohio to**~~  
45 ~~**increase podiatric scope of practice beyond legislative**~~  
46 ~~**statute with respect to defining the foot as including the**~~  
47 ~~**ankle, allowing split thickness skin grafting from the**~~  
48 ~~**anterior thigh, and allowing common peroneal nerve**~~  
49 ~~**decompression at and proximal to the neck of the fibula**~~  
50 ~~**(Directive to Take Action); and be it further**~~

**RECOMMENDATION B:**

**Resolution 222 be adopted as amended.**

**HOD ACTION: Resolution 222 adopted as amended**

RESOLVED, That our American Medical Association consider all available legal, regulatory, and legislative options to correct the State Medical Board of Ohio's erroneous decisions to increase podiatric scope of practice beyond legislative statute with respect to (1) allowing podiatrists in Ohio to harvest bone marrow aspirate from the proximal tibia, and (2) allowing podiatrists in Ohio to perform supramalleolar osteotomies of the tibia and fibula (Directive to Take Action); and be it further

RESOLVED, That our AMA consider all available legal, regulatory, and legislative options to correct the previous decisions made by the State Medical Board of Ohio to increase podiatric scope of practice beyond legislative statute with respect to defining the foot as including the ankle, allowing split thickness skin grafting from the anterior thigh, and allowing common peroneal nerve decompression at and proximal to the neck of the fibula (Directive to Take Action); and be it further

RESOLVED, That our AMA consider all available legal, regulatory, and legislative options to oppose state board decisions that increase non-physician health care provider scope of practice beyond legislative statute or regulation. (Directive to Take Action)

Your Reference Committee heard overwhelming testimony in support of the intent of Resolution 222. Our AMA has extensive policy on scope of practice and created the Scope of Practice Partnership in 2006 to address scope of practice issues in a collaborative, unified manner with national medical associations, state medical associations, and national medical specialty societies. Specific to this resolution, your Reference Committee heard testimony that, since June 2019, our AMA has worked with the Ohio State Medical Association and relevant specialty societies, and has convened conference calls and reviewed legislative and regulatory options with all interested parties. Testimony also indicated that our AMA wrote a letter to the State Medical Board of Ohio expressing our concern with their decision. Your Reference Committee heard that our AMA will continue to work with American Orthopaedic Foot and Ankle Society, the Ohio State Medical Association, and any interested partners on this issue, as well as any other national medical associations, state medical associations, and national medical specialty societies on issues related to scope of practice. Your Reference Committee also heard testimony about the importance that our AMA only become involved in state legislative or regulatory activity on scope of practice at the request of the state medical association consistent with Policy G-620.021. Your Reference Committee believes that the first and second resolves should be struck because our AMA generally does not have policy that makes specific reference to a state-specific scope issue. Instead, our AMA policy on scope of practice should be nationwide, like the third resolve of Resolution 222, to avoid having specific state scope of practice policy for each state. Therefore, your Reference Committee recommends that Resolution 222 be adopted as amended.

(19) RESOLUTION 223 – APPROPRIATE USE OF SCIENTIFIC  
STUDIES AND DATA IN THE DEVELOPMENT OF PUBLIC  
POLICY

**RECOMMENDATION A:**

Resolution 223 be amended by addition and deletion to  
read as follows.

**RESOLVED**, that our AMA ~~actively oppose policies~~  
requiring scientific disclosures of confidential medical  
records consistent with Policy H-315.983 (Patient Privacy  
and Confidentiality) ~~proposed changes to 40 CFR Part 30~~  
~~put forward by the Environmental Protection Agency as~~  
~~reported in draft form on November 11, 2019 and titled~~  
~~“Strengthening Transparency in Regulatory Science”~~  
(directive to take action); and be it further

**RESOLVED**, that our AMA supports the use of all credible  
scientific data in the development of public policy while  
~~recognizing the need to safeguarding confidentiality of~~  
patient information Protected Health Information. (New  
HOD policy)

**RECOMMENDATION B:**

Resolution 223 be adopted as amended.

**HOD ACTION: Resolution 223 adopted as amended**

RESOLVED, That our American Medical Association actively oppose implementation of  
proposed changes to 40 CFR Part 30 put forward by the Environmental Protection Agency as  
reported in draft form on November 11, 2019 and titled “Strengthening Transparency in  
Regulatory Science” (Directive to Take Action); and be it further

RESOLVED, That our AMA support the use of all credible scientific data in the development  
of public policy while recognizing the need to safeguard Protected Health Information. (New  
HOD Policy)

Your Reference Committee heard positive testimony on Resolution 223. Your Reference  
Committee heard testimony that our AMA policy is aligned with the intent and concerns of this  
resolution. Your Reference Committee heard testimony that our AMA has existing policy to  
advocate that environmental health regulations should only be modified or rescinded with  
scientific justification. Your Reference Committee heard additional testimony that the Code of  
Medical Ethics supports the ethical conduct of research to yield scientifically valid and  
significant data and generate useful knowledge while safeguarding confidentiality. Testimony  
indicated that our AMA policy should not reference a draft proposed rule that was leaked to  
the press and is already out of date. Your Reference Committee heard testimony that, instead,  
our AMA policy should reflect opposition to the underlying issue that is the subject of  
Resolution 223. Your Reference Committee agrees and believes that it would be consistent  
with the objective of the resolution for our AMA to adopt an amended resolution that would



1 oppose policies that require scientific disclosures of confidential medical records. Your  
2 Reference Committee believes that this amended language would be consistent with Policy  
3 H-315.983. Thus, our AMA would honor patient privacy in these circumstances “unless waived  
4 by the patient in a meaningful way or in rare instances when strong countervailing interests in  
5 public health or safety justify invasions of patient privacy or breaches of confidentiality, and  
6 then only when such invasions or breaches are subject to stringent safeguards enforced by  
7 appropriate standards of accountability” (Policy H-315.983). Your Reference Committee also  
8 heard testimony that our AMA should support safeguarding of all patient information and not  
9 be limited to just protected health information. Accordingly, your Reference Committee  
10 recommends that Resolution 223 be adopted as amended.

**RECOMMENDED FOR ADOPTION IN LIEU OF**

(20) RESOLUTION 210 – FEDERAL GOVERNMENT  
REGULATION AND PROMOTING RENAL  
TRANSPLANTATION

**RECOMMENDATION:**

**Alternate Resolution 210 be adopted in lieu of Resolution 210.**

**RESOLVED, That our AMA support federal legislative and regulatory policies that improve kidney transplantation access by using evidence-based outcome measures which do not impede sound clinical judgment of physicians and surgeons.**

**HOD ACTION: Alternate Resolution 210 adopted in lieu of Resolution 210**

RESOLVED, That our American Medical Association actively advocate for US organ transplant legislative and regulatory policies that would advance kidney transplantation by modifying or eliminating arbitrary transplant center outcomes measures that currently discourage sound clinical judgment by physicians and surgeons to accept and transplant kidneys suitable for many patients. (Directive to Take Action)

Your Reference Committee heard largely positive testimony on Resolution 210. Your Reference Committee heard testimony that our AMA already has strong policy actively opposing any legislative or regulatory effort that would create financial incentives that would curtail the access to kidney transplantation. Your Reference Committee heard testimony that Resolution 210 is specialty-specific and our AMA generally defers to the specific specialty societies to lead those advocacy efforts. Your Reference Committee further heard testimony that an Alternate Resolution 210 should be adopted to have our AMA broadly support efforts to improve kidney transplant legislative and regulatory policies that are evidenced-based. Your Reference Committee also heard testimony that outcome measures should be evidenced based. Your Reference Committee heard further testimony that the science of transplantation has advanced over the last decade and that outcome measures have not kept pace. Accordingly, your Reference Committee recommends that Resolution 210 be adopted as amended.

## RECOMMENDED FOR REFERRAL

- (21) BOARD OF TRUSTEES REPORT 2 – ENABLING  
METHADONE TREATMENT OF OPIOID USE DISORDER IN  
PRIMARY CARE SETTINGS

### RECOMMENDATION A:

Recommendations 1 and 3 in Board of Trustees Report 2  
be adopted and the remainder of the report be filed.

### RECOMMENDATION B:

Recommendation 2 in Board of Trustees Report 2 be  
referred.

### HOD ACTION:

- Recommendations 1 and 3 in Board of Trustees Report 2  
adopted
- Recommendation 2 in Board of Trustees Report 2 referred
- The remainder of the report filed

The Board recommends that the following recommendations be adopted in lieu of Resolution 202-I-18, and that the remainder of the report be filed.

1. That our American Medical Association (AMA) support further research into how primary care practices can implement MAT into their practices and disseminate such research in coordination with primary care specialties; (New HOD Policy)
2. That our AMA support efforts to expand primary care services to patients receiving methadone maintenance therapy (MMT) for patients receiving care in an Opioid Treatment Program or via office-based therapy; (New HOD Policy)
3. That the AMA Opioid Task Force increase its evidence-based educational resources focused on MMT and publicize those resources to the Federation. (Directive to Take Action)

Your Reference Committee heard support for the general intent of Board of Trustees Report 2 and the Reference Committee applauds our Board for a very comprehensive report. Your Reference Committee heard overwhelmingly positive testimony in support of Recommendations 1 and 3 of Board of Trustees Report 2 and at the same time, heard conflicting testimony related to Recommendation 2. Your Reference Committee is sensitive to the perceived complexity of methadone maintenance therapy (MMT). We are confident that our AMA can work with those societies that testified, in addition to our AMA's Opioid Task Force, and to study the issues related to Recommendation 2. Therefore, due to the conflicting testimony, the complexity of the issues raised, and the sensitivity related to MMT, your Reference Committee recommends that Recommendation 2 be referred for further study and that Recommendations 1 and 3 be adopted and the remainder of the report be filed.

(22) RESOLUTION 201 – ADVOCATING FOR THE  
STANDARDIZATION AND REGULATION OF OUTPATIENT  
ADDICTION REHABILITATION FACILITIES

**RECOMMENDATION:**

**Resolution 201 be referred.**

**HOD ACTION: Resolution 201 referred**

RESOLVED, That our American Medical Association advocate for the expansion of federal regulations of outpatient addiction rehabilitation centers in order to provide patient and community protection in line with evidence-based care. (Directive to Take Action)

Your Reference Committee heard a significant amount of testimony related to Resolution 201. Your Reference Committee heard considerable testimony that lauded the authors of Resolution 201 for their effort. Your Reference Committee heard testimony that significant concern was repeatedly raised related to additional federal regulations proffered by Resolution 201. Your Reference Committee also noted a significant number of amendments and substitute language proposals were submitted in an attempt to strengthen the resolution. Your Reference Committee is sympathetic to all the concerns raised and believes that further study is warranted. Therefore, your Reference Committee recommends that Resolution 201 be referred.

(23) RESOLUTION 208 – NET NEUTRALITY AND PUBLIC  
HEALTH

RESOLUTION 211 – EFFECTS OF NET NEUTRALITY ON PUBLIC HEALTH

**RECOMMENDATION:**

**Resolutions 208 and 211 be referred.**

**HOD ACTION: Resolutions 208 and 211 referred**

Resolution 208

RESOLVED, That our American Medical Association advocate for policies that ensure internet service providers transmit essential healthcare data no slower than any other data on that network (Directive to Take Action); and be it further

RESOLVED, That our AMA collaborate with the appropriate governing bodies to develop guidelines for the classification of essential healthcare data requiring preserved transmission speeds (Directive to Take Action); and be it further

RESOLVED, That our AMA oppose internet data transmission practices that reduce market competition in the health ecosystem. (Directive to Take Action)

## 1 Resolution 211

2 RESOLVED, That our American Medical Association amend current policy H-478.980,  
3 "Increasing Access to Broadband Internet to Reduce Health Disparities," by addition and  
4 deletion as follows:

5  
6 ~~Increasing Access to Broadband Internet~~ Access to Reduce Health Disparities

7 Our AMA: (1) will advocate for net neutrality; and (2) will advocate for the expansion of  
8 broadband and wireless connectivity to all rural and underserved areas of the United  
9 States while at all times taking care to protecting existing federally licensed radio services  
10 from harmful interference that can be caused by broadband and wireless services. (Modify  
11 Current HOD Policy)

12  
13 Your Reference Committee heard mixed testimony on Resolutions 208 and 211. Your  
14 Reference Committee heard testimony that the repeal of net neutrality could allow companies  
15 to place limits on how, where, and when patients and providers are able to access health care  
16 data. Your Reference Committee also heard testimony that repeal of net neutrality allows  
17 companies to pursue policies that could lessen both innovation and competition in health care  
18 technology, or increase the cost of health care delivery, thus negatively impacting both  
19 physicians and patients. Your Reference Committee considered that our AMA policy already  
20 supports the expansion of broadband and wireless connectivity to all rural and underserved  
21 areas of the United States. Your Reference Committee also heard testimony that defining  
22 essential health data needs to be further evaluated because the transmission of certain health  
23 data may need to take precedence over other data. Your Reference Committee also heard  
24 testimony concerning the use of the term "net neutrality" and its impact on potential AMA  
25 advocacy activities. Accordingly, your Reference Committee recommends that Resolutions  
26 208 and 211 be referred.

## RECOMMENDED FOR NOT ADOPTION

- (24) RESOLUTION 214 – AMA SHOULD PROVIDE A SUMMARY  
OF ITS ADVOCACY EFFORTS ON SURPRISE MEDICAL  
BILL

### RECOMMENDATION:

**Resolution 214 not be adopted.**

### HOD ACTION: Resolution 214 not adopted

RESOLVED, That our American Medical Association Board of Trustees provide a detailed report of its efforts and those of allies and opponents around the issue of surprise medical bills in 2019; this discussion should include the following points comparing the AMA and partners activity vs that of its opponents (the insurance companies):

- 1) What testimony was provided at various committee meetings?
- 2) What letters were written to various legislators?
- 3) What grass roots efforts were performed?
- 4) What other groups supported the efforts?
- 5) What other groups were recruited to support the efforts?
- 6) What media efforts were performed?
- 7) What television ads were run?
- 8) What radio ads were run?
- 9) What print ads were run?
- 10) What op-ed pieces were run, in national journals, Washington journals, and regional publications?
- 11) What meetings occurred with various legislators?
- 12) What meetings occurred with members of the administration?
- 13) How much money was spent on the various efforts?
- 14) What studies were published in insurance journals, medical journals, and other journals on this matter?
- 15) Which senators and representatives and administration members could either side count on as solid supporters?
- 16) What level of collaboration was there with other national, state, and specialty societies and how was this carried out? (Directive to Take Action)

Your Reference Committee heard overwhelming testimony against adoption of Resolution 214. Your Reference Committee heard concerns that this expansive request for the public reporting of lobbying activities by our AMA and partners in the surprise billing debate would undercut coalition advocacy at a critical time in congressional activity. Your Reference Committee heard similar testimony from the Council on Legislation, Council on Medical Service, and delegates from several state and specialty Federation members.

Additionally, your Reference Committee heard testimony that much of the information requested in the resolution has already been compiled and distributed during the Interim 2019 Meeting. This information is widely available through various sources, including over a dozen mentions of surprise billing in AMA Advocacy Update, seven AMA press releases, eight AMA News articles, as well as through regular updates provided by AMA staff to the Federation.

- 1 For these reasons, your Reference Committee recommends that Resolution 214 not be
- 2 adopted.

- 1 Mister Speaker, this concludes the report of Reference Committee B. I would like to thank
- 2 Hilary Fairbrother, John Flores, Christopher Gribbin, Deepak Kumar, Richard Labasky, Alex
- 3 Malter, and all those who testified before the Committee as well as our AMA staff.

---

Hilary Fairbrother, MD  
American College of Emergency  
Physicians

---

Deepak Kumar, MD  
Ohio State Medical Association

---

John Flores, MD (Alternate)  
Texas Medical Association

---

Richard Labasky, MD (Alternate)  
Utah Medical Association

---

Christopher Gribbin, MD (Alternate)  
Medical Society of New Jersey

---

Alex Malter, MD  
Alaska State Medical Association

---

Cyndi Yag-Howard, MD  
American Academy of Dermatology  
Chair