

Reference Committee B (Legislation)		
Item of Business	Recommendation(s)/Resolve Clause(s)	Consensus Position
BOT Report 01: Legalization of the Deferred Action for Legal Childhood Arrival (DALCA)	<p>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:</p> <p>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, <u>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.</u> (Modify Current HOD Policy)</p> <p>Fiscal Note: Less than \$500</p>	Active Support
BOT Report 02: Enabling Methadone Treatment of Opioid Use Disorder in Primary Care Settings	<p>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)</p> <p>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)</p> <p>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)</p> <p>Fiscal Note: \$2,500</p>	Support
BOT Report 03: Restriction on IMG Moonlighting	<p>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.</p> <p>Fiscal Note: Less than \$500</p>	Support

BOT Report 09: Opioid Mitigation	<p>1. That our American Medical Association (AMA) encourage relevant federal agencies to evaluate and report on outcomes and best practices related to federal grants awarded for the creation of Quick Response Teams and other innovative local strategies to address the opioid epidemic, and that the AMA share that information with the Federation; (Directive to Take Action)</p> <p>2. That our AMA update model state legislation regarding needle and syringe exchange to state and specialty medical societies; (Directive to Take Action)</p> <p>3. That our AMA amend Policy H-100.955, "Support for Drug Courts;"</p> <p>Our AMA: (1) supports the establishment of drug courts as an effective method of intervention for individuals with addictive disease who are convicted of nonviolent crimes; and (2) encourages legislators to establish drug courts at the state and local level in the United States.; <u>and (3) encourages drug courts to rely upon evidence-based models of care for those who the judge or court determine would benefit from intervention rather than incarceration.</u> (Modify Current HOD Policy)</p> <p>4. That our AMA urge state and federal policymakers to enforce applicable mental health and substance use disorder parity laws; (Directive to Take Action)</p> <p>5. That our AMA reaffirm Policy H-95.932, "Increasing Availability of Naloxone;" and (Reaffirm HOD Policy)</p> <p>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)</p> <p>Fiscal Note: Less than \$500</p>	Active Support
Resolution 201: Advocating for the Standardization and Regulation of Outpatient Addiction Rehabilitation Facilities (MSS)	<p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Active Refer

Resolution 202: Support for Veterans Courts (MSS)	<p>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)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Support
Resolution 203: Support Expansion of Good Samaritan Laws (MSS)	<p>RESOLVED, That our AMA amend Policy D-95.977 by addition and deletion to read as follows:</p> <p>911 Good Samaritan Laws, D-95.977 Our AMA: (1) will support and endorse policies and legislation that provide protections for callers or witnesses seeking medical help for overdose victims; and (2) will promote 911 Good Samaritan policies through legislative or regulatory advocacy at the local, state, and national level; <u>and (3) will work with the relevant organizations and state societies to raise awareness about the existence and scope of Good Samaritan Laws.</u> (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	Active Support
Resolution 204: AMA Position on Payment Provisions in Health Insurance Policies (New York)	<p>RESOLVED, That our American Medical Association seek legislation to ban anti-assignment provisions in health insurance plans (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA support legislation requiring health insurers to issue payment directly to the physician when the patient or patient representative signs an agreement which permits payment directly to the physician. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Active Support
Resolution 205: Co-Pay Accumulators (Virginia, American Association of Clinical Urologists, West Virginia, New Jersey, Maryland, Alabama, Georgia, District of Columbia, Kentucky, Oklahoma, American Urological Association, Mississippi, Delaware, Illinois)	<p>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)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Support

<p>Resolution 206: Improvement of Healthcare Access in Underserved Areas by Retaining and Incentivizing IMG Physicians (International Medical Graduates Section Minority Affairs Section)</p>	<p>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).</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Support</p>
<p>Resolution 207: Pharmaceutical Advertising in Electronic Health Record Systems (MSS)</p>	<p>RESOLVED, That our American Medical Association encourage the Centers for Medicare and Medicaid Services 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</p> <p>RESOLVED, That our AMA study the ethics of direct-to-physician advertising at the point of care, including advertising in EHRs. (Directive to Take Action)</p> <p>Fiscal Note: not yet determined</p>	<p>Refer</p>
<p>Resolution 208: Net Neutrality and Public Health (MSS)</p>	<p>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</p> <p>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</p> <p>RESOLVED, That our AMA oppose internet data transmission practices that reduce market competition in the health ecosystem. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	<p>Monitor</p>

<p>Resolution 209: Federal Government Regulation and Promoting Patient Access to Kidney Transplantation (ASTS)</p>	<p>RESOLVED, That our American Medical Association engage US government regulatory and professional organ transplant organizations to advance patient and physician-directed care for End Stage Renal Disease (ESRD) patients (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA actively promote regulatory efforts to assure physician and patient involvement in the design of any ESRD federal demonstration program (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA actively advocate for legislative and regulatory efforts which create incentives for dialysis providers, transplant centers, organ donors, and ESRD patients to increase organ donation and improve access to kidney transplantation in the United States. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	<p>Monitor</p>
<p>Resolution 210: Federal Government Regulation and Promoting Renal Transplantation (ASTS)</p>	<p>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)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	<p>Monitor</p>

<p>Resolution 211: Effects of Net Neutrality on Public Health (Michigan)</p>	<p>RESOLVED, That our American Medical Association amend current policy H-478.980, "Increasing <u>Access</u> to Broadband Internet to Reduce Health Disparities," by addition and deletion as follows:</p> <p>Increasing Access to Broadband Internet <u>Access</u> to Reduce Health Disparities</p> <p>Our AMA: <u>(1)</u> will advocate for <u>net neutrality</u>; and <u>(2)</u> will advocate for the expansion of broadband and wireless connectivity to all rural and underserved areas of the United States while at all times taking care to protecting existing federally licensed radio services from harmful interference that can be caused by broadband and wireless services.</p> <p>(Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Monitor</p>
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<p>Resolution 212: Centers for Medicare and Medicaid Services Open Payments Program (Michigan)</p>	<p>RESOLVED, That our American Medical Association amend current policy H-140.848, "Physician Payments Sunshine Act," by addition and deletion to read as follows:</p> <p>Our AMA will: (1) continue its efforts to minimize the burden and unauthorized expansion of the Sunshine Act by the Centers for Medicare & Medicaid Services (CMS) and will recommend to the CMS that a physician comment section be included on the "Physician Payments Sunshine Act" public database; (2) lobby Congress to amend the Sunshine Act to limit transfer of value reporting to items with a value of greater than \$100; (3) advocate that: (a) (i) any payment or transfer of value reported as part of the Physician Payments Sunshine Act should include whether the physician acknowledged receipt of said payment or transfer of value, and (ii) each payment or transfer of value on the Open Payments website indicates whether the physician verified the payment or transfer of value; and (b) a contested reported payment or transfer of value should be removed immediately from the Open Payments website until the reporting company validates the compensation with verifiable documentation; and (4) support significant modifications to the Sunshine Act, such as substantially increasing the monetary threshold for reporting, that will decrease the regulatory and administrative burden on physicians, protect physician rights to challenge false and misleading reports, change the dispute process so that successfully disputed charges are not</p> <p>included publicly on the Open Payments database, and provide a meaningful, accurate picture of the physician-industry relationship; (5) urge the Centers for Medicare and Medicaid Services to expand the "definition of "covered recipients" to include pharmacists and Pharmacy Benefit Managers; and (6) continue to educate physicians about the Sunshine Act and its implications in light of publicly available data on the Centers of Medicare and Medicaid (CMS) Open Payments Program website. (Modify Current HOD Policy)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000"</p>	<p>Support</p>
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<p>Resolution 213: Data Completeness and the House of Medicine (Colorado)</p>	<p>RESOLVED, That our American Medical Association amend section 4 of policy D-155.987, "Price Transparency," by addition to read as follows:</p> <p>4. Our AMA will work with states <u>and the federal government</u> to support and strengthen the development of all-payer claims databases. (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, That our AMA direct its advocacy team to 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 Department of Labor (DOL) in matters related to the <i>Gobeille v. Liberty Mutual Insurance Company</i> decision (Directive to Take Action); and be it further</p> <p>RESOLVED, That, in supporting a rule making process by the DOL in matters related to the <i>Gobeille v. Liberty Mutual Insurance Company</i> decision, our AMA support the adoption of a standardized set of health care claims data such as the Common Data Layout,</p> <p>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)</p>	<p>Support</p>
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<p>Resolution 214: AMA Should Provide a Summary of Its Advocacy Efforts on Surprise Medical Bills (New York)</p>	<p>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):</p> <ol style="list-style-type: none"> 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) <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	<p>Oppose</p>
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<p>*Resolution 215: Board Certification of Physician Assistants</p>	<p>"RESOLVED, That our AMA amend Policy H-275.926, "Medical Specialty Board Certification Standards," by addition to read as follows</p> <p>Our AMA:</p> <ol style="list-style-type: none"> 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) <p>Fiscal Note: Minimal - less than \$1,000 "</p>	<p>Active Support</p>
<p>*Resolution 216: Legislation to Facilitate Corrections-to-Community Healthcare Continuity via Medicaid</p>	<p>"RESOLVED That our American Medical Association amend item #6 of HOD Policy H-430.986, "Health Care While Incarcerated," by addition of the word ""Congress" to read as follows:</p> <p>6. Our AMA urges Congress, the Centers for Medicare & Medicaid Services (CMS), and state Medicaid agencies to provide Medicaid coverage for health care, care coordination activities and linkages to care delivered to patients up to 30 days before the anticipated release from correctional facilities in order to help establish coverage effective upon release, assist with transition to care in the community, and help reduce recidivism. (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000 "</p>	<p>Support</p>

Resolution 217: Promoting Salary Transparency Among Veterans Health Administration Employed Physicians	<p>"RESOLVED, That our American Medical Association encourage physician salary transparency within the Veterans Health Administration. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000 "</p>	Active Support
*Resolution 218: Private Payers and Cognitive Care Services	<p>"RESOLVED, That our American Medical Association with all haste directly engage and advocate with commercial insurance companies that discontinue payment for consultation codes or that are proposing to or considering eliminating payment for such codes, requesting that the companies reverse or delay such policy changes while the Centers for Medicare and Medicaid Services (CMS) updates its approach to cognitive care valuation (Directive to Take Action); and be it further</p> <p>RESOLVED, That if in the CY 2020 Medicare physician fee schedule final rule CMS finalizes its proposal to increase payments for evaluation and management services, then our American Medical Association will advocate publicly and with all private payers that those private payers mirror and follow CMS' lead in more appropriately valuing cognitive care, by increasing payments for evaluation and management services in their reimbursement schedules. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000 "</p>	Refer
*Resolution 219: QPP and the Immediate Availability of Results in CEHRTs (American Society of Clinical Oncology)	<p>RESOLVED, That our American Medical Association urge the Centers for Medicare & Medicaid Services to create guardrails around the "immediate" availability of laboratory, pathology, and radiology results, factoring in an allowance for physician judgement and discretion regarding the timing of release of certain results (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage vendors to implement prompts that give physicians the ability to either approve notes to just the chart or approve and publish them in both the chart and patient portal. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Refer

* - Handbook Addendum

** - Sunday Tote

