

**POLICY PROCEEDINGS OF THE 2019 INTERIM MEETING OF THE  
AMA ORGANIZED MEDICAL STAFF SECTION**

**RESOLUTIONS**

**1. AMA Response to A National Vaping Epidemic  
Introduced by Lee Ansel, MD**

**OMSS Action:** Resolution 1 adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2019 Interim Meeting:

RESOLVED, That our American Medical Association adopt an immediate AMA declaration that the vaping epidemic has escalated, leading to life-threatening illnesses and if unchecked will become an epidemic of epic proportions, labeling it now as a National Public Health Emergency Crisis (Directive to Take Action); and be it further

RESOLVED, That our AMA, having declared vaping a Public Health Emergency Crisis, advocate for an immediate legislative ban on vaping at the national level, with a minimal duration of one year and which emulates shorter bans already in place in several states (Directive to Take Action); and be it further

RESOLVED, That during any ban on vaping, our AMA advocate for emergency government research funding, under the direction of the Centers for Disease Control and Prevention, at a level sufficient to study and combat both the nicotine addiction and the direct pulmonary toxicity from the use of electronic nicotine delivery systems (Directive to Take Action); and be it further

RESOLVED, That our AMA direct the Public Education Programs of the AMA to disseminate its own teaching materials (or those of sister organizations) to warn of the dangers of vaping. Such materials would be tailored for specific age group blocks, beginning with the late primary school age group (Directive to Take Action); and be it further

RESOLVED, That our AMA adopt an immediate declaration and advocate for legislative action that requires the vaping industry to follow the same restrictions as the tobacco industry in direct-to-consumer advertising/marketing of their products (Directive to Take Action).

**HOD Action:** Alternate Resolution 910 adopted in lieu of Resolutions 910, 925 and 935:

**BAN ON ELECTRONIC CIGARETTES AND VAPING PRODUCTS NOT APPROVED  
BY THE FDA AS TOBACCO CESSATION PRODUCTS**

RESOLVED, That our American Medical Association (1) urgently advocate for regulatory, legislative, and/or legal action at the federal and/or state levels to ban the sale and distribution of all e-cigarette and vaping products, with the exception of those which may be approved by the FDA for tobacco cessation purposes and made available by prescription only and (2) advocate for research funding to sufficiently study the safety and effectiveness of e-cigarette and vaping products for tobacco cessation purposes. (Directive to Take Action)

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**2. Medical Center Unconditional Auto Accept Policy**  
**Introduced by Nita Shumaker, MD**

**OMSS Action:** Resolution 2 adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2019 Interim Meeting:

**MEDICAL CENTER AUTO ACCEPT POLICY**

RESOLVED, That our American Medical Association study the impact of “auto accept” policies (i.e. unconditional acceptance for the care of a patient) on public health, as well as their compliance with the Emergency Medical Treatment and Labor Act (EMTALA) in order to protect the safety of our patients, with report back at the 2020 Annual Meeting (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that if a medical center adopts an “auto accept” (i.e. unconditional acceptance for the care of a patient) policy, it must have been ratified, as well as overseen and/or crafted, by the independent medical staff (New HOD Policy).

**HOD Action:** Resolution 818 referred but without a date certain to report back.

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**3. Hospital Website Voluntary Physician Inclusion**  
**Introduced by the Medical Society of the State of New York**

**OMSS Action:** Resolution 3 adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2019 Interim Meeting:

RESOLVED, That our American Medical Association advocate for regulation and/or legislation requiring that all credentialed physicians (employed and voluntary) of a hospital and/or other healthcare facility be equally included on the websites and physicians search engines, such as Find a Doctor sites (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association study a requirement that all credentialed physicians (employed and voluntary) of a hospital and/or other healthcare facility be equally included on the websites and physician search engines, such as Find a Doctor sites with a report back at the 202 Annual Meeting. (Directive to Take Action)

**HOD Action:** Resolve #1 of Alternate Resolution 819 adopted in lieu of Resolution 819. Resolve #2 referred with no date certain for report back:

RESOLVED, That our American Medical Association advocate for regulation and/or legislation requiring that all credentialed physicians (employed and voluntary) of a hospital an/or other healthcare facility be equally included on the websites and physician search engines, such as Find a Doctor sites (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association study the effect on independent practices of the omission of credentialed physicians from hospital and other healthcare facilities’ websites and physician directories. (Directive to Take Action; referred)

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**4. Drug Shortage Rapid Response Team**  
**Introduced by the Oklahoma Organized Medical Staff Section**

**OMSS Action:** Resolution 4 referred to OMSS Governing Council for report back at the 2020 Annual Meeting.

RESOLVED, That our American Medical Association urge the FDA to create a rapid response team to expedite, in a safe manner, the regulatory approval for new and existing manufacturers of pharmaceuticals when the FDA has been notified of a potential or actual drug shortage.

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## **ACTIONS ON OMSS GOVERNING COUNCIL REPORTS**

The following reports were presented by David Welsh, MD, Chair:

### **Report A: OMSS Handbook Review – House of Delegates Resolutions & Reports**

Refer to [\*annotated House of Delegates reference committee reports\*](#) for final adopted language.

#### **1. CEJA Report 01 – Competence, Self-Assessment and Self Awareness**

OMSS Action: OMSS Delegate instructed to support the intent of CEJA Report 01.

HOD Action: Recommendations in CEJA Report 01 adopted and the remainder of the report filed.

#### **2. Resolution 203 – Support of Expansion of Good Samaritan Laws**

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 203.

HOD Action: Resolution 203 adopted.

#### **3. Resolution 206 – Improvement of Healthcare Access in Underserved Areas by Retaining and Incentivizing IMG Physicians**

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 206.

HOD Action: Resolution 206 adopted as amended with change in title. Title changed to “Improvement of Health Care Access in Underserved Areas”. Content of Resolution 206 remained unchanged.

#### **4. Resolution 214 – AMA Should Provide a Summary of Its Advocacy Efforts on Surprise Medical Bills**

OMSS Action: OMSS Delegate instructed to support the informational and educational intent of Resolution 214.

HOD Action: Resolution 214 not adopted.

#### **5. Resolution 215 – Board Certification of Physician Assistants**

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 215.

HOD Action: Resolution 215 adopted as amended. AMA policy H-35.965 amended to include provisions whereby the AMA will oppose efforts by independent organizations to board certify physician assistants in a manner that could mislead the public about the equivalence of such certification relative to medical specialty board certification or the nature and prestige of medical specialty board certification.

#### **6. Resolution 217 – Promoting Salary Transparency Among Veterans Health Administration Employed Physicians**

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 217.

HOD Action: Resolution 217 adopted.

**7. Resolution 218 – Private Payers and Office Visit Policies**

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 218.

HOD Action: Resolution 218 withdrawn.

**8. CME Report 03 – Standardization of Medical Licensing Time Limits Across States**

OMSS Action: OMSS Delegate instructed to support the intent of CME Report 03.

HOD Action: Recommendations in CME Report 03 adopted as amended and the remainder of the report filed. Amendment adopted in lieu of Resolution 305-A-18 and ask that the AMA urge state boards to allow for no less than 10 years to complete licensing exams.

**9. Resolution 305 – Ensuring Access to Safe and Quality Care for Our Veterans**

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 305.

HOD Action: Resolution 305 adopted as amended. Amendment includes support for access to similar clinical education resources used by the Department of Veterans Affairs for all healthcare professionals who care for veterans.

**10. CMS Report 02 – Addressing Financial Incentives to Shop for Lower-Cost Health Care**

OMSS Action: OMSS Delegate instructed to support the intent of CMS Report 02.

HOD Action: Recommendations in CMS Report 02 adopted as amended and the remainder of the report filed. Amendments expanded the principles around continuity of care, quality and cost, and transparency for any financial incentive program, as well as oppose programs that limit patient choice or disempower physicians and patients to make referral choices.

**11. CMS Report 03 – Improving Risk Adjustment in Alternative Payment Models**

OMSS Action: OMSS Delegate instructed to support the intent of CMS Report 03.

HOD Action: Recommendations in CMS Report 03 adopted as amended and the remainder of the report filed. Amendments incorporated language to ensure recommendations apply to early adopters of novel therapies.

**12. Resolution 804 – Protecting Seniors from Medicare Advantage Plans**

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 204 to promote transparency.

HOD Action: Current policy reaffirmed in lieu of Resolution 804.

**13. Resolution 809 – Principles of Medicaid Reform**

OMSS Action: OMSS Delegate instructed to seek referral for Resolution 809.

HOD Action: Resolution 809 referred.

#### **14. Resolution 810 – Hospital Medical Staff Policy**

- OMSS Action: OMSS Delegate instructed to seek referral for resolve one and resolve two and oppose resolve three in Resolution 810.
- HOD Action: Resolution 810 adopted as amended to rescind existing medical staff policy and update with new directives as to the make-up of medical staff leadership and how medical staff conduct themselves when engaging in external political matters.

#### **15. Resolution 811 – Require Payers to Share Prior Authorization Cost Burden**

- OMSS Action: OMSS Delegate instructed to support the intent of Resolution 811.
- HOD Action: Resolution 811 adopted as amended to reaffirm existing AMA policies around prior authorization and remuneration for physician services.

#### **16. CSAPH Report 01 – Mandatory Reporting of Diseases and Conditions**

- OMSS Action: OMSS Delegate instructed to support the intent of CSAPH Report 01.
- HOD Action: Recommendation in CSAPH Report 1 adopted as amended and the remainder of the report filed. Amendment broadened the scope of the report's Recommendation #4 to call for the need of increased state and local funding in addition to federal funding for the purpose of modernizing the nation's public health data systems.

#### **17. Resolution 904 – Amendment to AMA Policy H-150.949, “Healthy Food Options in Hospitals”**

- OMSS Action: OMSS Delegate instructed to support the intent of Resolution 904.
- HOD Action: Resolution 904 adopted as amended and policy D-430.995, “Dietary Intake of Incarcerated Populations” reaffirmed.

#### **18. Resolution 912 – Improved Emergency Response Planning for Infectious Disease Outbreaks**

- OMSS Action: OMSS Delegate instructed to support the intent of Resolution 912.
- HOD Action: Resolution 912 adopted.
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**Report AA: OMSS Position on Council on Ethical and Judicial Affairs Report 02:  
Amendment to E-1.2.2, “Disruptive Behavior by Patients”**

OMSS Action: OMSS Delegate instructed to express concern over the conclusions of CEJA Report 02 and that the report be sent back to CEJA for further work.

HOD Action: Recommendations in CEJA Report 02 referred.

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**Report BB: OMSS Position on Council on Science and Public Health Report 03:  
Patient Use of Non-FDA Approved Cannabis and Cannabinoid Products in Hospitals**

OMSS Action: OMSS Delegate instructed to seek amendment of CSAPH Report 03 to reflect that AMA action on this issue should not recommend patient use of non-FDA approved cannabis or cannabis-related products within healthcare facilities until such time as (1) federal laws and regulations permit use of cannabis for treatment; and (2) physicians have received adequate training on cannabis use, effects, and cannabis withdrawal syndrome.

HOD Action: Recommendation in CSAPH Report 03 adopted as amended and the remainder of the report filed. Amendment is identical to OMSS recommended language.

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