

Follow-Up on Implementation of Resolutions and Report Recommendations AMA House of Delegates Annual Meeting - June 8-12, 2019

| Report/Resolution | Title | House Action | Status |
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| BOT Report 01-A-19 | Annual Report | Filed. | For Information. |
| BOT Report 02-A-19 | New Specialty Organizations Representation in the House of Delegates | Recommendations in BOT Report 02-A-19 Adopted, Remainder of Report Filed. | The American Academy of Sleep Medicine and the American Society of Cytopathology have been granted representation in the AMA House of Delegates and will be included in HOD mailings. |
| BOT Report 03-A-19 | 2018 Grants and Donations | Filed. | For information. |
| BOT Report 04-A-19 | AMA 2020 Dues | Recommendations in BOT Report 4-A-19 Adopted. | For information. |
| BOT Report 05-A-19 | Update on Corporate Relationships | Filed. | For information. |
| BOT Report 06-A-19 | Redefining AMA's Position on ACA and Healthcare Reform | Filed. | For information. |
| BOT Report 07-A-19 | AMA Performance Activities and Status in 2018 | Filed. | For information. |
| BOT Report 08-A-19 | Annual Update on Activities and Progress in Tobacco Control: March 2018 through February 2019 | Filed. | For information. |
| BOT Report 09-A-19 | COL Sunset Review of 2009 House Policies | Recommendations in BOT Report 9-A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |
| BOT Report 10-A-19 | Conduct at AMA Meetings and Events | Recommendations in BOT Report 10-A-19 Adopted. | The Board has approved the charter for the newly created Committee on Conduct at AMA Meetings and Events (CCAM). Candidates for membership on this committee will be reviewed by the Board at its November meeting. |

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| BOT Report 11-A-19 | Policy and Economic Support for Early Child Care | Recommendations in BOT Report 11-A-19 Adopted, Remainder of Report Filed. | AMA policy database has been updated. |
| BOT Report 12-A-19 | Data Used to Apportion Delegates | Recommendations in BOT Report 12-A-19 Adopted. | The Council on Constitution and Bylaws has issued CCB Report 3-I-19 with appropriate bylaw language to implement the policy. |
| BOT Report 13-A-19 | Employed Physicians Bill of Rights and Basic Practice Professional Standards of Physician Employment | Recommendations in BOT Report 13-A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |
| BOT Report 14-A-19 | Reforming the Orphan Drug Act; An Optional National Prescription Drug Formulary; Reform of Pharmaceutical Pricing; Negotiated Payment Schedules | Recommendations in BOT Report 14 Adopted, Remainder of Report Filed. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
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| BOT Report 15-A-19 | Physician Burnout and Wellness Challenges, Physician and Physician Assistant Safety Net, and Identification and Reduction of Physician Demoralization (Res. 601-I-17, Res. 604-I-17, Res. 605-I-17 and BOT Report 31-A-18) | Recommendations in BOT Report 15-A-19 Adopted as Amended, Remainder of Report Filed. | <p>Recommendation 1: Our AMA encourages state medical societies to collaborate with the state medical boards to a) develop strategies to destigmatize physician burnout, and b) encourage physicians to participate in the state’s physician health program without fear of loss of license or employment.</p> <ul style="list-style-type: none"> oThe AMA is currently collaborating with the Physicians Foundation and interested state medical societies to directly assess burnout, as well as, implement and test practice transformation solutions to address burnout and wellbeing. oThe AMA is researching internal and external resources to compile a packet of wellbeing materials for potential dissemination to state societies in order to assist in destigmatizing burnout and encouraging physicians to participate in wellbeing efforts without fear of ramifications on employment or licensure. <p>Recommendation 2: Our AMA will encourage medical staffs and/or organizational leadership to anonymously survey physicians to identify local factors that may lead to physician demoralization.</p> <p>Recommendation 3: Our AMA will continue to offer burnout assessment resources and develop guidance to help organizations and medical staffs implement organizational strategies that will help reduce the sources of physician demoralization and promote overall medical staff well-being.</p> <p>Recommendation 4: Our AMA will continue to (1) address the institutional causes of physician demoralization and burnout, such as the burden of documentation requirements, inefficient work flows and regulatory oversight; and (2) develop and promote mechanisms by which physicians in all practices settings can reduce the risk and effects of demoralization and burnout, including implementing targeted practice transformation.</p> <p>Response to recommendations 2,3,4:</p> <p>In addition, the AMA will continue to advocate for organizations to confidentially survey physicians to understand local levels of burnout and opportunities for strategic improvement. It should be noted that the AMA’s Mini-Z Burnout Assessment is deployed confidentially and takes protective safeguards very seriously to ensure accurate and safe reporting of results. To date, numerous health systems, physician practices, and residency programs have completed the AMA’s burnout measurement program. This program will continue to be marketed and scaled to expand the use of measuring physician dissatisfaction and burnout. Through leveraging ongoing AMA media channels, hosting educational webinars, live speaking engagements, and the Transforming Clinical Practices Initiative (TCPI) grant through the Centers for Medicare and Medicaid Services (CMS), the AMA is striving to scale awareness and intervention to advance physician satisfaction and help address the burnout epidemic.</p> <p>In 2019, the AMA launched the Practice Transformation Initiative (PTI) to address the large gap in research on actionable solutions to address burnout. Through this initiative</p> |

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| | | | <p>the AMA has partnered with more than a dozen health systems to formally and confidentially measure burnout along with implementing practice optimization solutions to reduce burnout and enhance wellbeing. In addition, in partnership with the Physicians Foundation, the AMA is working with numerous state medical societies and practices in their state. The intent and goal of this work is to serve as a national leader in providing innovative research, advocacy and solutions to addressing the obstacles and burdens that interfere with patient care and contribute to the nation's high rate of care giver fatigue and burnout.</p> <p>The AMA is working with the Federation of State Physician Health Programs to encourage utilization of the resources and programs made available by the state physician health programs. The AMA contributed funding as an educational sponsor to the FSPHP's 2020 Annual Conference to demonstrate our support; this sponsorship will be advanced to 2021 with the cancelation of the 2020 meeting.</p> <p>The AMA will continue to advocate for health care systems and practices to confidentially survey physicians and care team members to understand levels of burnout, system drivers and opportunities for strategic improvement. The Mini-Z Burnout Assessment is deployed confidentially and takes protective safeguards very seriously to ensure accurate and safe reporting of results. To date, numerous health systems, physician practices, and residency programs have completed the AMA's burnout measurement program. This program will continue to be marketed and scaled to expand the use of measuring physician and care team dissatisfaction and burnout.</p> <p>In 2019, the AMA launched the Practice Transformation Initiative (PTI) to address the large gap in research on actionable solutions to address burnout. Through this initiative the AMA has collaborated with more than a dozen health systems to formally and confidentially measure burnout along with implementing practice optimization solutions to reduce burnout and enhance wellbeing. This effort is intended to gain practice science research on effective interventions for broader dissemination.</p> <p>The AMA's Data Lab, the infrastructure for designing, disseminating and aggregating responses for AMA burnout surveys, includes multiple questions that aim to measure the presence of system factors that lead to demoralization in physicians. These questions include, but are not limited to, those that ask physicians about alignment of professional values with those of leadership, control over workload/autonomy, sufficiency of time allowed for documentation and other work outside of face-to-face patient time, access to appropriate resources to perform job functions at an optimal level, and feelings about being able to work at the top of their license</p> <p>In addition, in partnership with the Physicians Foundation, the AMA is working with numerous state medical societies and practices in their state. The intent and goal of this work is to serve as a national leader in providing innovative research, advocacy and solutions to addressing the obstacles and burdens that interfere with</p> |

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| | | | <p>patient care and contribute to the nation’s high rate of care giver fatigue and burnout.</p> <p>The AMA continues its advocacy work to reduce and streamline regulatory requirements that create administrative burden and take away from face-to-face time with patients.</p> |
| BOT Report 16-A-19 | Developing Sustainable Solutions to Discharge of Chronically-Homeless Patients | Recommendations in BOT Report 16-A-19 Adopted, Remainder of Report Filed. | Our AMA is developing a resource to educate physicians on hospital discharge planning for homeless patients, including sample policies and procedures. |
| BOT Report 17-A-19 | Ban on Medicare Advantage “No Cause” Network Terminations | Recommendations in BOT Report 17-A-19 Adopted as Amended, Remainder of Report Filed. | <p>Our AMA sent a September 2019 letter to the CMS Administrator with all the recommendations included in BOT 17 for policy changes to improve Medicare Advantage network adequacy, network directory accuracy, communications with beneficiaries regarding MA networks, and a recommendation that no-cause network terminations be prohibited. The letter urges CMS to boost its efforts to ensure directory accuracy, for example, by requiring MA plans to submit accurate network directories to CMS every year prior to the Medicare open enrollment period and whenever there is a significant change to the status of the physicians included in the network and asking CMS to take enforcement action against plans that fail to maintain complete and accurate directories. It urges CMS to ensure that network adequacy standards provide adequate access for beneficiaries and support coordinated care delivery by requiring plans to report the percentage of physicians in the network, broken down by specialty and subspecialty, who actually provided services to plan members during the prior year. The letter also cites a July 2019 Government Accountability Office report noting how important physician networks are to beneficiary decisions about MA plans and recommending that CMS improve the network information it provides on the online Medicare Plan Finder website.</p> |
| BOT Report 18-A-19 | Increased Use of Body Worn Cameras by Law Enforcement Officers | Recommendations in BOT Report 18-A-19 Adopted as Amended, Remainder of Report Filed. | <p>Our AMA has notified all state and national medical specialty societies of its interest in working with them to support state legislation and/or regulation addressing implementation of body-worn camera programs for law enforcement officers, including funding for the purchase of body-worn cameras, training for officers and technical assistance for law enforcement agencies. The AMA continues to monitor privacy issues raised by body-worn cameras in health care settings.</p> <p>Our AMA continues to work with interested state and specialty societies to support state legislation and/or regulation addressing implementation of body-worn camera programs for law enforcement officers, including funding for the purchase of body-worn cameras, training for officers and technical assistance for law enforcement agencies. Our AMA also continues to monitor privacy issues raised by body-worn cameras in health care settings.</p> |

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| BOT Report 19-A-19 | FDA Conflict of Interest (Res. 216-A-18) | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| BOT Report 20-A-19 | Safe and Efficient E-Prescribing | Recommendations in BOT Report 20-A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |
| BOT Report 21-A-19 | Augmented Intelligence (AI) in Healthcare | Recommendations in BOT Report 21-A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |
| BOT Report 22-A-19 | Inappropriate Use of CDC Guidelines For Prescribing Opioids | Recommendations in BOT Report 22-A-19 Adopted as Amended in Lieu of Resolution 229-A-19. Remainder of Report Filed. | Our AMA promotes education and training resources from the AMA Opioid Task Force microsite on a regular basis, including in leadership communications, the AMA Opioid Task Force Progress Report and other activities. The microsite specifically includes resources provided by the American Society of Clinical Oncology and American Academy of Hospice and Palliative Medicine. AMA Advocacy continues to emphasize the need for states, payers and PBMs to reevaluate their opioid restriction policies based on the inappropriate use of CDC guidelines. This includes direct advocacy to Walmart, and multiple payers. The AMA Opioid Task Force emphasized in May 2019 that “The Task Force further affirms that some patients with acute or chronic pain can benefit from taking prescription opioid analgesics at doses that may be greater than guidelines or thresholds put forward by federal agencies, health insurance companies, pharmacy chains, pharmacy benefit management companies and other advisory or regulatory bodies. The Task Force continues to urge physicians to make judicious and informed prescribing decisions to reduce the risk of opioid-related harms, but acknowledges that for some patients, opioid therapy, including when prescribed at doses greater than recommended by such entities, may be medically necessary and appropriate.” Our AMA also continues to highlight similar themes as put forward by the U.S. Department of Health and Human Services Interagency Pain Care Task Force. Our AMA continues to promote education and training resources from the AMA Opioid Task Force microsite on a regular basis, including in leadership communications, the AMA Opioid Task Force Progress Report and other activities. The microsite specifically includes resources provided by the American Society of Clinical Oncology and American Academy of Hospice and Palliative Medicine. |
| BOT Report 23-A-19 | Prior Authorization Requirements for Post- Operative Opioids | Recommendations in BOT Report 23 Adopted, Remainder of Report Filed. | AMA policy database has been updated. |

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| BOT Report 24-A-19 | Discounted/Waived CPT Fees as an AMA Member Benefit and for Membership Promotion | Recommendations in BOT Report 24-A-19 Adopted. | No action required. |
| BOT Report 25-A-19 | All Payer Graduate Medical Education Funding | Recommendations in BOT Report 25-A-19 Adopted, Remainder of Report Filed. | <p>Our AMA advocacy team was informed that Senator Chuck Grassley (R-IA), Chair of the Senate Finance Committee, has requested that the Secretary of the U.S. Department of Health and Human Services (HHS) provide him with information on GME programs, its finances, and “what oversight processes are currently in place to prevent waste, fraud and abuse of the programs.” The information provided to Senator Grassley will help inform the AMA on implementing the recommendation in Board Report 25-A-19, which will include a letter urging the Secretary of HHS to coordinate with federal agencies that fund GME training to identify and collect information needed to effectively evaluate how hospitals, health systems, and health centers with residency programs are utilizing these financial resources to meet the nation’s health care workforce needs. This includes information on payment amounts by the type of training programs supported, resident training costs and revenue generation, output or outcomes related to health workforce planning (i.e., percentage of primary care residents that went on to practice in rural or medically underserved areas), and measures related to resident competency and educational quality offered by GME training programs.</p> <p>The U.S. Department of Health and Human Services responded to Sen. Grassley in January 2020 voicing support for GME reform measures such as the consolidation of federal GME spending from Medicare, Medicaid, and the Children's Hospital GME (CHGME) Program into a single grant program for teaching hospitals. Along with other reform measures, the result would be a drastic reduction in GME funding. Our AMA is monitoring the situation and will take further action when the time is appropriate.</p> |
| BOT Report 26-A-19 | Research Handling of Deidentified Patient Information | Referred. | <p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting.</p> <p>A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.</p> |
| BOT Report 27-A-19 | Advancing Gender Equity in Medicine | Recommendations in BOT Report 27-A-19 Adopted. | The Center for Health Equity will communicate policy with AAMC, AHA, the Federation, and other Group Practices before the end of 2019. |
| BOT Report 28-A-19 | Opposition to Measures that Criminalize Homelessness | Recommendations in BOT Report 28-A-19 Adopted, Remainder of Report Filed. | AMA policy database has been updated. |

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| BOT Report 29-A-19 | Improving Safety and Health Code Compliance in School Facilities | Recommendations in BOT Report 29-A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |
| BOT Report 30-A-19 | Opioid Treatment Programs Reporting to Prescription Monitoring Programs (Resolution 507-A-18) | Recommendations in BOT Report 30 Adopted, Remainder of Report Filed. | No action required. |
| BOT Report 31-A-19 | Non-Payment and Audit Takebacks by CMS | Recommendations in BOT Report 31-A-19 Adopted, Remainder of Report Filed. | AMA policy database has been updated. |
| BOT Report 32-A-19 | Impact of the High Capital Cost of Hospital EHRs on the Medical Staff | Recommendations in BOT Report 32-A-19 Adopted, Remainder of Report Filed. | AMA policy database has been updated. |
| BOT Report 33-A-19 | Specialty Society Representation in the House of Delegates - Five-Year Review | Recommendations in BOT Report 22-A-19 Adopted, Remainder of Report Filed. | The American Association of Gynecologic Laparoscopists, American Academy of Cosmetic Surgery, American Association for Thoracic Surgery, American Association of Plastic Surgeons, American Association of Public Health Physicians, American College of Allergy, Asthma and Immunology, American Society for Metabolic and Bariatric Surgery, and the Society of Laparoendoscopic Surgeons retained representation in the American Medical Association House of Delegates. The American Society for Aesthetic Plastic Surgery, American Society of Interventional Pain Physicians, Association of University Radiologists, Infectious Diseases Society of America and the International Society for the Advancement of Spine Surgery failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.50, have been placed on probation and will be given one year to work with AMA membership staff to increase their AMA membership. |
| CCB Report 01-A-19 | Clarification of Bylaws: Delegate Representation, Registration and Credentialing | Referred. | The Council on Constitution and Bylaws has separated its recommendations for bylaw amendments into distinct reports, each of which focuses on a specific revision to the Bylaws. At the 2019 Interim Meeting, the Council will present two reports: CCB Report 1, Parity in our AMA House of Delegates; and CCB Report 2, Bylaw Consistency--Certification Authority for Societies represented in our AMA House of Delegates and Advance Certification for those Societies. Additional reports may be forthcoming at future meetings. (Reference Committee on Amendments to Constitution and Bylaws.) |

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| CCB Report 02-A-19 | Section Internal Operating Procedures and Council Rules: Rules of the House of Delegates, Board of Trustees and the Council on Constitution and Bylaws | Filed. | |
| CEJA Opinion 01-A-19 | Amendment to E-2.2.1, "Pediatric Decision Making" | Filed. | |
| CEJA Report 01-A-19 | Competence, Self-Assessment and Self-Awareness | Referred. | Council on Ethical and Judicial Affairs Report 1 on this subject appears in the Delegates Handbook for the 2019 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws) HOD Action: Recommendations in CEJA Report 1-I-19 Adopted, Remainder of Report Filed. |
| CEJA Report 02-A-19 | Physician-Assisted Suicide (Resolution 15-A-16 and Resolution 14-A-17) | Recommendation in CEJA Report 2-A-19 Adopted and the Remainder of the Report Filed. | No action required. |
| CEJA Report 03-A-19 | CEJA's Sunset Review of 2009 House Policies | Recommendation in CEJA Report 3-A-19 Adopted and the Remainder of the Report Filed. | AMA policy database has been updated. |
| CEJA Report 04-A-19 | Judicial Function of the Council on Ethical and Judicial Affairs – Annual Report | Filed. | |
| CEJA Report 05-A-19 | Discrimination Against Physicians by Patients (Res. 018-A-18) | Filed. | |
| CLRPD Report 01-A-19 | Demographic Characteristics of the House of Delegates and AMA Leadership | Filed. | Pursuant to AMA Policy G-600.035, "The Demographics of the House of Delegates," CLRPD prepares an informational report in odd numbered years and next report to follow by A-21. |
| CME Report 01-A-19 | Council on Medical Education Sunset Review of 2009 House of Delegates Policies | Recommendation in CME Report 1-A-19 Adopted and the Remainder of the Report Filed. | AMA policy database has been updated. |

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| CME Report 02-A-19 | An Update on Maintenance of Certification and Osteopathic Continuous Certification | Recommendation in CME Report 2-A-19 Adopted and the Remainder of the Report Filed. | <p>The Council on Medical Education continues to participate on the American Board of Medical Specialties (ABMS) Committee on Continuing Certification (3C) and ABMS Stakeholder Council to pursue opportunities to implement the recommendations of the Continuing Board Certification: Vision for the Future Commission.</p> <p>The AMA Policy Finder database has been updated (H-275.925, “Continuing Board Certification” and D-275.954, “Continuing Board Certification”).</p> |
| CME Report 03-A-19 | Standardizing the Residency Match System and Timeline (CME Report A-17) | Recommendation in CME Report 3-A-19 Adopted as Amended, Remainder of Report Filed. | <p>Letters were sent to:</p> <ul style="list-style-type: none"> •The National Resident Matching Program (NRMP), American Urological Association (AUA), American Academy of Ophthalmology (AAO), Electronic Residency Application Service (ERAS), and Association of American Medical Colleges (AAMC) to encourage them to explore options to decrease the burden upon medical students who must apply to separate preliminary postgraduate year (PGY)-1 and categorical PGY-2 positions. •The NRMP and Accreditation Council for Graduate Medical Education (ACGME) to inform them about AMA’s policy that states that the AMA will work with the ACGME to encourage programs with PGY-2 positions in the NRMP with insufficient availability of local PGY-1 positions to create local PGY-1 positions that will enable coordinated applications and interviews for medical students. •The NRMP, San Francisco Match, AUA, AAO, ERAS, and AAMC to encourage them to reduce barriers for medical students, residents, and physicians applying to match into training programs, including barriers to “couples matching,” and to ensure that all applicants have access to robust, informative statistics to assist in decision-making. •The NRMP, San Francisco Match, AUA, AAO, ERAS, and AAMC to encourage them to collect and publish data on a) the impact of separate matches on the personal and professional lives of medical students, and b) the impact on medical students who are unable to successfully “couples match” with their significant others due to staggered entry into residency, utilization of unlinked match services, or other causes. |

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| CME Report 04-A-19 | Augmented Intelligence in Medical Education (Res. 317-A-18) | Recommendation in CME Report 4-A-19 Adopted as Amended, Remainder of Report Filed. | <p>Letters were sent to:</p> <ul style="list-style-type: none"> •The Liaison Committee on Medical Education (LCME), Commission on Osteopathic College Accreditation (COCA), American Association of Colleges of Osteopathic Medicine (AACOM), ACGME, Federation of State Medical Boards, and ABMS to encourage them to study how augmented intelligence (AI) should be most appropriately addressed in accrediting and licensing standards. •The Council of Medical Specialty Societies (CMSS) and ABMS to ask them to encourage medical specialty societies and boards to consider production of specialty-specific educational modules related to AI. •The ACGME to ask them to encourage institutions and programs to be deliberative in the determination of when AI-assisted technologies should be taught, including consideration of established evidence-based treatments, and including consideration regarding what other curricula may need to be eliminated in order to accommodate new training modules. •The AAMC, AACOM, and ACGME to encourage them to provide educational materials to help learners guard against inadvertent dissemination of bias that may be inherent in AI systems. •The LCME, COCA, AAMC, AACOM, and the American Osteopathic Association to encourage the study of how differences in institutional access to AI may impact disparities in education for students at schools with fewer resources and less access to AI technologies. •The ACGME, AACOM, and Accreditation Council for Continuing Medical Education (ACCME) to encourage enhanced training across the continuum of medical education regarding assessment, understanding, and application of data in the care of patients. •The AAMC, AACOM, and ACGME to ask them to encourage institutional leaders and academic deans to proactively accelerate the inclusion of non-clinicians, such as data scientists and engineers, onto their faculty rosters in order to assist learners in their understanding and use of AI. <p>The House action was also transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article, the Med Ed Newsletter, and a press release in June.</p> <p>The AMA Policy Finder database has been updated (H-295.857, “Augmented Intelligence in Medical Education”).</p> |

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| CME Report 05-A-19 | Accelerating Change in Medical Education | Filed. | |
| CME Report 06-A-19 | Study of Medical Student, Resident, and Physician Suicide (Res. 019-A-18, Res. 959-I-18) | Recommendation in CME Report 6-A-19 Adopted as Amended in Lieu of Resolutions 307 and 310-A-19, Remainder of Report Filed. | <p>Resolve 1: The AMA is investigating feasibility and utility of collecting and maintaining cause of death information, specifically suicide, for physician records in the AMA Masterfile. Data sources, AMA staffing requirements, financial investments and potential returns, and other considerations are under review as part of this process. An informed determination and recommendations will be provided in the update at A-20.</p> <p>Resolve 4: The AMA is collaborating with a leading academic medical institution to conduct a pilot study using data from the National Death Index (NDI) to identify manner of death for a subset of the AMA Masterfile population. This research, planned for broad dissemination through publication in a peer-reviewed journal, will help the AMA identify opportunities to better help physicians, residents, and medical students reduce risk factors that contribute to suicidal ideation, including depression and substance use, and ultimately could help reduce the number of lives lost to suicide each year.</p> <p>The AMA is collaborating with a leading academic medical institution to conduct a study using data from the National Death Index (NDI) to identify manner of death for a subset of the AMA Masterfile population. This research, planned for broad dissemination through publication in a peer-reviewed journal, will help the AMA better quantify rates of suicide among physicians, and identify opportunities to better help physicians, residents, and medical students reduce risk factors that contribute to suicidal ideation. The results of this research will help the AMA evaluate the feasibility of collecting and maintaining mortality information for physicians listed in the Masterfile in the form of a formal registry.</p> <p>The AMA is also exploring available data for studying physician mortality associated with causes related to alcohol or drug abuse to determine the need for better and more support for physicians suffering from substance use disorders.</p> |
| CME-CSAPH Joint Rep | Protecting Medical Trainees from Hazardous Exposure (Resolution 301-A-18) | Recommendations in Joint CME-CSAPH Report A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |
| CMS Report 01-A-19 | Council on Medical Service Sunset Review of 2009 House of Delegates Policies | Recommendations in CMS Report 01-A-19 Adopted, Remainder of Report Filed. | AMA policy database has been updated. |

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| CMS Report 02-A-19 | Covering the Uninsured Under the AMA Proposal | Recommendations in CMS Report 2-A-19 Adopted as Amended in Lieu of Resolution 116, Remainder of Report Filed. | AMA policy database has been updated. |
| CMS Report 03-A-19 | Medicare Coverage for Dental Services | Recommendations in CMS Report 3-A-19 Adopted, Remainder of Report Filed. | AMA policy database has been updated. |
| CMS Report 04-A-19 | Reclassification of Complex Rehabilitation Technology (Res. 117-A-18) | Recommendations in CMS Report 3-A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |
| CMS Report 05-A-19 | The Impact of Pharmacy Benefit Managers on Patients and Physicians | Recommendations in CMS Report 5-A-19 Adopted, Remainder of Report Filed. | <p>Our AMA is participating in an effort with the National Association of Insurance Commissioners (NAIC) to develop model legislation to address PBM regulation. While the process may be slower than drafting our own legislation, the weight that an NAIC model bill carries in state legislatures is significant. Depending on the NAIC result, the AMA will either endorse the NAIC model as our own or offer a redlined version of the NAIC's as the AMA's model.</p> <p>Our AMA continues to participate in an effort at the National Association of Insurance Commissioners (NAIC) to develop model legislation to address PBM regulation. While the process may be slower than drafting our own legislation, the weight that an NAIC model bill carries in state legislatures is significant. Depending on the NAIC result, our AMA will either endorse the NAIC model or offer a redlined version of the NAIC's as our model. Additionally, as parties continue to litigate the ability of states to regulate PBMs, the AMA will adjust our strategy.</p> |
| CMS Report 06-A-19 | Preventive Prostate Cancer Screening (Res. 225-A-18) | Recommendations in CMS Report 6-A-19 Adopted, Remainder of Report Filed. | AMA policy database has been updated. |
| CMS Report 07-A-19 | Hospital Consolication (Res. 235-A-18) | Recommendations in CMS Report 07-A-19 Adopted as Amended, Remainder of Report Filed. | <p>AMA policy database has been updated.</p> <p>Our AMA notified state and national medical specialty societies of its willingness to work with them to monitor hospital markets, including rural, state and regional markets, and review the impact of horizontal and vertical health system integration on patients, physicians and hospital prices.</p> <p>Our AMA continues to monitor hospital markets, including rural, state and regional markets, and has as a priority to review the impact of horizontal and vertical health system integration on patients, physicians and hospital prices.</p> |

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| CMS Report 08-A-19 | Group Purchasing Organizations and Pharmacy Benefit Manager Safe Harbor (Res. 252-A-18) | Recommendations in CMS Report 08-A-19 Adopted as Amended, Remainder of Report Filed. | On August 22, the AMA sent a letter to the Department of Health and Human Services Office of Inspector General requesting an examination of the supply chain of pharmaceuticals, pharmacy benefit managers as well as the applicable Safe Harbor laws and regulations. We urged the OIG to focus its examination on the governing contracts for drugs that are in short supply and/or exceedingly expensive and to make recommendations to make these drugs more accessible and affordable. |
| CMS Report 09-A-19 | Health Plan Payment of Patient Cost-Sharing (Res. 707-A-18) | Recommendations in CMS Report 09-A-19 Adopted as Amended, Remainder of Report Filed. | Our AMA is researching inclusion of health insurance contract provisions to allow network physicians to collect patient cost sharing financial obligations at time of service and will monitor health plan and insurer activity on this issue. Our AMA is researching inclusion of health insurance contract provisions to allow network physicians to collect patient cost sharing financial obligations at time of service and will monitor health plan and insurer activity on this issue. |
| CMS Report 10-A-19 | Alternative Payment Models and Vulnerable Populations (Res. 712-A-18) | Recommendations in CMS Report 10-A-19 Adopted, Remainder of Report Filed. | AMA policy database has been updated. |
| CMS Report 11-A-19 | Corporate Investors (Res. 713-A-18) | Recommendations in CMS Report 11-A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |
| CSAPH Report 01-A-19 | Council on Science and Public Health Review of 2009 House of Delegates Policies | Recommendations in CSAPH Report 1-A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |
| CSAPH Report 02-A-19 | Drug Shortages: Update | Filed. | |
| CSAPH Report 03-A-19 | Low Nicotine Cigarette Product Standard (Res. 431-A-18) | Recommendations in CSAPH Report 3-A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |
| CSAPH Report 04-A-19 | Vector-Borne Diseases (Res. 430-A-18, Resolves 1 and 2) | Recommendations in CSAPH Report 4-A-19 Adopted as Amended, Remainder of Report Filed. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
|--------------------------|--|---|--|
| HOD Comp Cmte Repor | Report of the House of Delegates Committee on the Compensation of the Officers | Recommendations in the HOD Compensation Committee Report A-19 Adopted, Remainder of Report Filed. | For information. |
| RES 001-A-19 | Opposing Attorney Presence at and/or Recording of Independent Medical Examinations | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 002-A-19 | Addressing Existential Suffering in End-of-Life Care | Not Adopted. | |
| RES 003-A-19 | Conforming Sex and Gender Designation on Government IDs and Other Documents | Adopted. | AMA policy database has been updated. |
| RES 004-A-19 | Reimbursement for Care of Practice Partner Relatives | Adopted as Amended. | AMA staff have had conversations with CMS officials about the negative impact on rural and smaller communities of the Medicare reimbursement exclusion as applied to immediate family members of physician colleagues in a group practice. Our AMA will continue to look for opportunities to secure a change to this Medicare guideline. |
| RES 005-A-19 | Right for Gamete Preservation Therapies | Adopted as Amended. | AMA policy database has been updated. |
| RES 006-A-19 | Use of Person-Centered Language | Adopted. | AMA policy database has been updated. |
| RES 007-A-19 | Delegation of Informed Consent | Adopted as Amended. | Our AMA has notified all state and national specialty societies of its desire to collaborate with them on advocating, thru state legislation and/or regulation, that a qualified physician, while retaining the ultimate responsibility for all aspects of the informed consent process, be able to delegate tasks associated with the process to other qualified members of the health care team who have knowledge of the patient, the patient's condition, and the procedures to be performed on the patient. |

| Report/Resolution | Title | House Action | Status |
|-------------------|--|---------------------|---|
| RES 008-A-19 | Preventing Anti-transgender Violence | Adopted as Amended. | <p>Our AMA has notified all state and national medical specialty societies of its desire to work with them on the state legislative and regulatory issues raised in Resolution 008. The AMA drafted a letter urging the Administration to protect access of LGBTQ individuals to health care, highlighting the disparities such individuals face when seeking care, how racism is a fundamental cause of adverse health outcomes, and the need to counter negative experiences LGBTQ individuals face in the health care system.</p> <p>Our AMA drafted a letter to the DOJ, FBI, and CDC highlighting the epidemic of violence against transgender individuals, urging better data collection on a victim's gender identity, and offering assistance with any efforts to collect and report data on these crimes.</p> |
| RES 009-A-19 | References to Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment | Adopted. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting. |
| RES 010-A-19 | Covenants Not to Compete | Referred. | <p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting.</p> <p>A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.</p> |
| RES 011-A-19 | Mature Minor Consent to Vaccinations | Adopted as Amended. | AMA policy database has been updated. |
| RES 012-A-19 | Improving Body Donation Regulation | Adopted as Amended. | AMA policy database has been updated. |
| RES 013-A-19 | Opposing Office of Refugee Resettlement's Use of Medical and Psychiatric Records for Evidence in Immigration Court | Adopted as Amended. | <p>Our AMA has communicated physicians concerns to policymakers regarding how health care is being provided to immigrant children, in some cases without parental consent, and the lack of oversight. In a September 2019 letter, the AMA specifically noted the administration of psychotropic drugs on immigrant children as a concern. The letter urged that health care services delivered to immigrant minors focus solely on their health and well-being. We also opposed the use of psychological records and social worker case files in immigration cases.</p> <p>In a March 2020 letter to HHS our AMA urged the Administration to protect the confidentiality of medical and psychological records as well as any social work case files of undocumented minors with the U.S. Department of Justice and the U.S. Department of Homeland Security (DHS) in immigration court cases and in making legal residency determinations, including for undocumented minors seeking asylum.</p> |

| Report/Resolution | Title | House Action | Status |
|--------------------------|--|---------------------|--|
| RES 014-A-19 | Disclosure of Funding Sources and Industry Ties of Professional Medical Associations and Patient Advocacy Organizations | Adopted. | AMA policy database has been updated. |
| RES 015-A-19 | Opposing Mandated Reporting of People Who Question Their Gender Identity | Adopted as Amended. | AMA policy database has been updated. |
| RES 016-A-19 | Sexual and Gender Minority Populations in Medical Research | Adopted as Amended. | AMA policy database has been updated. |
| RES 017-A-19 | National Guidelines for Guardianship | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 018-A-19 | Support for Requiring Investigations into Deaths of Children in Foster Care | Adopted. | AMA policy database has been updated. Our AMA has notified all state and national specialty societies of its willingness to work with them to support legislation requiring investigations into the deaths of children in the foster care system that occur while the child is in the foster care system. |
| RES 019-A-19 | Opposition to Requirements for Gender-Based Medical Treatments for Athletes | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 020-A-19 | Request to the AMA Council on Ethical and Judicial Affairs to Consider Specific Changes to the Code of Medical Ethics Opinion E-5.7, in Order to Remove Inherent Conflicts Within the Code, to Delete Pejorative, Stigma | Not Adopted. | |
| RES 021-A-19 | Health, In All Its Dimensions, Is a Basic Human Right | Adopted. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
|--------------------------|---|--|---|
| RES 022-A-19 | Opposition to Involuntary Civil Commitment for Substance Use Disorder | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 023-A-19 | Distribution and Display of Human Trafficking Aid Information in Public Places | Adopted. | The subject of Resolution 023-A-19 was addressed through an update to the AMA web site (https://www.ama-assn.org/delivering-care/public-health/preventing-human-trafficking-resources-physicians). |
| RES 024-A-19 | Eliminating Use of the Term "Mental Retardation" by Physicians in Clinical Settings | Adopted. | AMA policy database has been updated. |
| RES 025-A-19 | Gender Equity in Hospital Medical Staff Bylaws | Adopted. | The AMA Organized Medical Staff Section (AMA-OMSS) will work internally with the AMA's Center for Health Equity. The Section staff will also be reviewing AMA's Physicians Guide to Medical Staff Organization Bylaws (6th edition revised) to determine whether this important document needs revision. |
| RES 026-A-19 | Restrictive Covenants of Large Health Care Systems | Adopted. | Board of Trustees Report 5 on this subject appears in the Delegates Handbook for the 2019 Interim Meeting. (Reference Committee on Amendments to Constitution and Bylaws. HOD Action: Filed. |
| RES 027-A-19 | Model Legislation for "Mature Minor" Consent to Vaccinations | Adopted. | Our AMA is in the process of drafting model legislation to enable mature minors to consent to vaccination without parental consent. Our AMA drafted model legislation to enable mature minors to consent to vaccination without parental consent, which was approved by the AMA Council on Legislation and Board of Trustees. This legislation was shared with all state medical associations and national medical specialty societies. |
| RES 101-A-19 | Health Hazards of High Deductible Insurance | Policies H-165.846, D-185.979 and H-165.828 Reaffirmed in Lieu of Resolution 101-A-19. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
|--------------------------|---|--|---|
| RES 102-A-19 | Use of HSAs for Direct Primary Care | Adopted. | Our AMA has supported legislation that would amend the Internal Revenue Code to provide that direct primary care service arrangements would not be treated as health plans, remove barriers under existing tax law to allow patients with HSAs to freely contract with physicians for Direct Primary Care services, and allow periodic provider fees paid to a primary care physician for a defined set of primary care services to be treated as qualified medical care. Our AMA continues to support legislation to accomplish the objectives of this directive, including advocacy for legislative changes to the Internal Revenue Code as part of legislation in response to the COVID-19 pandemic. |
| RES 103-A-19 | Health System Improvement Standards | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 104-A-19 | Adverse Impacts of Single Specialty Independent Practice Associations | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 105-A-19 | Payment for Brand Medications When the Generic Medication is Recalled | Alternate Resolution Adopted in Lieu of Resolution 105-A-19. | AMA policy database has been updated. |
| RES 106-A-19 | Raising Medicare Rates for Physicians | Current Policy Reaffirmed. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
|-------------------|--|----------------------------|--|
| RES 107-A-19 | Investigate Medicare Part D – Insurance Company Upcharge | Adopted as Amended. | <p>In July 2019, the U.S. Government Accountability Office (GAO) provided a detailed report to Congress on Medicare Part D. The report examines: the extent to which Part D plan sponsors use pharmacy benefit managers (PBMs) to deliver drug benefit management services to Medicare beneficiaries; trends in rebates and other price concessions obtained by Part D plan sponsors and PBMs from drug manufacturers and others; the extent to which prices for Part D drugs are discounted off of manufacturer list prices; and what is known about savings and other effects of utilization management services commonly used in Part D plans. The GAO specifically examined Part D plans’ gross and net expenditures for drugs from 2014 through 2016. According to the GAO, CMS makes payments prospectively to Part D plan sponsors for beneficiary drug coverage. CMS pays plan sponsors monthly, and these payments are determined through annual bids submitted in June of the preceding program year, which runs from January 1 through December 31. Those bids reflect the plan sponsors’ estimates of program costs and rebates and other price concessions that the sponsor expects to receive during the ensuing program year. At the end of the program year, CMS reviews cost data submitted by plan sponsors through claims, rebate and other price concession data and compares estimated payments with actual costs incurred, with CMS either reclaiming some funds or making additional payments. Final plan payments by CMS are based on the costs actually incurred by Part D plan sponsors minus rebates and other price concessions that are either passed along to the plan sponsors or retained by the PBMs. The GAO found that, from 2014 through 2016, rebates and other price concessions outpaced growth in gross and net expenditures for the highest expenditure, highest utilization brand-name drugs in its analysis. The AMA will continue working to obtain more information from the GAO regarding Medicare Part D plan payments.</p> |
| RES 108-A-19 | Congressional Healthcare Proposals | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 109-A-19 | Part A Medicare Payment to Physicians | Adopted. | <p>Our AMA is part of a stakeholder coalition seeking legislative improvements to the Medicare Shared Savings Program (MSSP) and other Medicare alternative payment models (APMs). The MSSP and other APMs allow physicians to get paid for helping to reduce in-hospital spending by reducing hospital admissions, readmissions, and complications that can increase hospital lengths of stay and service intensity. The legislation that the coalition is advocating would increase the rate of shared savings payments available to participating physicians, modify the threshold levels of MSSP or APM participation that physicians must achieve in order to get five percent bonus payments, extend the number of years that these bonus payments can be awarded, and extend the amount of time that MSSP participants can be in a shared-savings-only model without assuming financial risk for potential losses under the model. The AMA also continues to advocate for Medicare to make more APMs available to physicians so that more physicians will have opportunities to be paid for reducing Medicare hospital spending.</p> |

| Report/Resolution | Title | House Action | Status |
|-------------------|--|--|--|
| RES 110-A-19 | Establishing Fair Medicare Payer Rates | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 111-A-19 | Practice Overhead Expense and the Site-of-Service Differential | Referred for Decision. | <p>Resolution 111, introduced by the Ohio Delegation, asks the AMA to: (1) seek legislation to direct the Centers for Medicare and Medicaid Services (CMS) to eliminate any site-of-service differential payments to hospitals for the same service that can safely be performed in a doctor's office; (2) seek legislation to direct CMS in regards to any savings to Part B Medicare, through elimination of the site-of-service differential payments to hospitals, (for the same service that can safely be performed in a doctor's office), be distributed to all physicians who participate in Part B Medicare, by means of improved payments for office-based Evaluation and Management Codes, so as to immediately redress underpayment to physicians in regards to overhead expense; and (3) seek legislation to direct CMS to make Medicare payments for the same service routinely and safely provided in multiple outpatient settings (e.g., physician offices, HOPDs and ASCs) that are based on sufficient and accurate data regarding the actual costs of providing the service in each setting.</p> <p>Resolution 132, introduced by Delegates Charles Rothberg, MD, and Thomas J. Madejski, MD, asks the AMA to advocate for site-of-service payment equalization to be calculated in a manner that both enhances physician reimbursement while maintaining hospital rates for physician services at an objectively justifiable level, including but not limited to the filing of amicus briefs in relevant lawsuits as determined appropriate by the Office of General Counsel. Most of the testimony heard by the House of Delegates favored the reaffirmation of existing AMA policies.</p> <p>The Board VOTED that in lieu Resolutions 111 and 132-A-19, that the following AMA policy addressing the site-of-service differential be reaffirmed: Policy D-330.902, "The Site-of-Service Differential;" Policy H-390.849, "Physician Payment Reform;" Policy H-400.966, "Medicare Payment Schedule Conversion Factor;" Policy H-400.957, "Medicare Reimbursement of Office-Based Procedures;" and Policy D-330.997, "Appropriate Payment Level Differences by Place and Type of Service."</p> |
| RES 112-A-19 | Health Care Fee Transparency | Policies H-105.988, D-155.987 and H-373.998 Reaffirmed in Lieu of Resolution 112-A-19. | AMA policy database has been updated. |
| RES 113-A-19 | Ensuring Access to Statewide Commercial Health Plans | Referred. | <p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting.</p> <p>A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.</p> |

| Report/Resolution | Title | House Action | Status |
|--------------------------|--|--|---|
| RES 114-A-19 | Ensuring Access to Nationwide Commercial Health Plans | Referred. | A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Medical Service Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 115-A-19 | Safety of Drugs Approved by Other Countries | Alternate Resolution Adopted in Lieu of Resolutions 115 and 129-A-19. | AMA policy databae has been updated. |
| RES 116-A-19 | Medicare for All | Recommendations in CMS Report 2 Adopted in Lieu of Resolution 116-A-19, Remainder of Report Filed. | See CMS Report 2-A-19. |
| RES 117-A-19 | Support for Medicare Coverage of Contraceptive Methods | Adopted as Amended, with Change in Title. | AMA staff is communicating with CMS Coverage and Analysis officials regarding Medicare coverage for all US Food and Drug Administration-approved contraceptive methods for contraceptive and non-contraceptive use for all patients covered by Medicare, regardless of eligibility pathway (age or disability). |
| RES 118-A-19 | Pharmaceutical Pricing Transparency | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 119-A-19 | Returning Liquid Oxygen to Fee Schedule Payment | Adopted as Amended. | AMA policy database has been updated. |
| RES 120-A-19 | Medicare Coverage of Hearing Aids | Resolution 124-A-19 Adopted as Amended in Lieu of Resolution 120-A-19. | See Resolution 124-A-19. |
| RES 121-A-19 | Maintenance Hemodialysis for Undocumented Persons | Current Policy Reaffirmed. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
|-------------------|---|--|---|
| RES 122-A-19 | Reimbursement for Telehealth | Adopted as Amended, with Change in Title. | <p>Our AMA continues to advance physician adoption of telehealth through the provision of resources and support for physician practices to incorporate telehealth and to assess impact pre- and post-adoption, including the AMA Digital Health Playbook which currently promotes adoption of remote patient monitoring (RPM). The next topic in the Playbook will be the adoption and implementation of e-visits. As part of the AMA-wide strategy on telehealth, the AMA will leverage these PS2 resources to advance coverage and reimbursement by commercial payers for telehealth to ensure increased access and use of these services by patients and physicians. Additional projects in partnership with state medical societies are under consideration.</p> <p>Our AMA worked closely with CMS throughout the COVID-19 public health emergency to secure significant improvements in Medicare coverage and payment for telehealth, including expansion to the whole country instead of just rural areas, ability to provide telehealth visits to patients in their homes, use of commonly available consumer devices and apps, coverage of many new services including audio-only visits, and payment increases. Our AMA continues to work with any interested partners on passing legislation and/or regulation that provides coverage and reimbursement for telehealth to ensure increased access and use of these services by patients and physicians.</p> <p>In response to the COVID-19 pandemic, both the Centers for Medicare and Medicaid Services (CMS) and private payers have broadly expanded coverage for both synchronous and asynchronous telemedicine/telehealth. CMS now covers real-time telehealth visits (both via audio/visual and audio-only) from anywhere for its beneficiaries, as well as online digital check-ins and remote patient monitoring. Additionally, private payers including BCBS, Humana, and United Healthcare have expanded coverage for these services, which varies by state and patient plan.</p> <p>The AMA tracks the latest information on our website for physicians to stay up to date (https://www.ama-assn.org/delivering-care/public-health/cms-payment-policies-regulatory-flexibilities-during-covid-19). In addition, the AMA continues to collect and provide the latest updates and changes from private payers. In the case that some or all of these expansions expire or are scaled back post-COVID-19, the AMA will continue its conversations with CMS and commercial payers to strongly encourage the long-term retention of expansions. The AMA will leverage success stories during this time to further validate the need for coverage for these services on an ongoing basis.</p> |
| RES 123-A-19 | Standardizing Coverage of Applied Behavioral Analysis Therapy for Persons with Autism Spectrum Disorder | Alternate Resolution Adopted in Lieu of Resolution 123-A-19. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
|--------------------------|---|---|--|
| RES 124-A-19 | Increased Affordability and Access to Hearing Aids and Related Care | Adopted as Amended in Lieu of Resolution 120-A-19. | AMA policy database has been updated. |
| RES 125-A-19 | Mitigating the Negative Effects of High-Deductible Health Plans | Referred. | A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Medical Service Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 126-A-19 | Ensuring Prescription Drug Price Transparency from Retail Pharmacies | Adopted as Amended. | AMA policy database has been updated. |
| RES 127-A-19 | Eliminating the CMS Observation Status | Adopted. | AMA policy database has been updated. |
| RES 128-A-19 | Elimination of CMS Hospital Readmission Penalties | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 129-A-19 | The Benefits of Importation of International Pharmaceutical Medications | Alternate Resolution 115 Adopted in Lieu of Resolutions 115 and 129-A-19. | See Resolution 115-A-19. |
| RES 130-A-19 | Notification of Generic Drug Manufacturing Changes | Current Policy Reaffirmed. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
|--------------------------|---|------------------------|--|
| RES 131-A-19 | Update Practice Expense Component of Relative Value Units | Referred for Decision. | <p>Resolution 131, introduced by the Texas Delegation, asked the AMA to pursue efforts to update the resource-based relative value practice expense methodology so it accurately reflects current physician practice costs. Testimony heard by the House of Delegates was mixed. The authors of the resolution called for the AMA to take the lead on a new survey, noting that physician practice costs have increased since the time of the previous survey without sufficient increases to Medicare payment rates. Others provided testimony that a new survey would likely only result in redistribution between specialties due to budget neutrality constraints. However, if the AMA does not pursue a new survey, some national medical specialty societies may similarly fault the AMA for not exerting leadership on an issue that impacts all physicians. Further, without new physician expense data, CMS may consider using the relativity (not the payment amounts) within the Hospital OPPS, leading to less granular and inaccurate payments to physicians.</p> <p>The Board VOTED that in lieu of Resolution 131-A-19, our American Medical Association conduct a pilot study to determine the best mechanism for gathering physician practice expense data, including the feasibility of fielding a new physician practice expense survey, and work with the Centers for Medicare & Medicaid Services (CMS) to update the resource-based relative value practice expense methodology.</p> |
| RES 132-A-19 | Site of Service Differential | Referred for Decision. | See Resolution 111-A-19. |
| RES 201-A-19 | Assuring Patient Access to Kidney Transplantation | Adopted as Amended. | <p>In September 2019, the AMA submitted a detailed comment letter to CMS in response to a proposed rule that would change the payment system for Medicare patients with end stage renal disease (ESRD). The AMA letter urged CMS to make a number of modifications to its proposal for a mandatory kidney care model. In particular, the letter stated that the proposed Home Dialysis Payment Adjustment need to be increased significantly because the proposed amount is too small to effectively address current gaps in payment for home vs. center dialysis. The AMA also urged significant revisions to the Home Dialysis Rate and Transplant Rate measurements. A performance measure for use of home dialysis should focus on patients who can feasibly and safely use home dialysis, and a transplant rate measure should focus on the proportion of patients who are on transplant waiting lists, not the proportion who receive transplants. CMS is also proposing new voluntary alternative payment models, called Kidney Care First, which are intended to provide more flexibility for nephrologists caring for patients with ESRD and chronic kidney disease, and are based in part on a proposal developed by the Renal Physicians Association that was recommended by the Physician-focused Payment Model Technical Advisory Committee.</p> |

| Report/Resolution | Title | House Action | Status |
|-------------------|---|---|--|
| RES 202-A-19 | Reducing the Hassle Factor in Quality Improvement Programs | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 203-A-19 | Medicare Part B and Part D Drug Price Negotiation | Referred. | A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Medical Service Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 204-A-19 | Holding the Pharmaceutical Industry Accountable for Opioid-Related Costs | Adopted as Amended. | Our AMA has notified all state and national medical specialty societies of its desire to work with them in advocating that monies paid to the states, received as a result of a settlement or judgment, or other financial arrangement or agreement as a result of litigation against pharmaceutical manufacturers, distributors, or other entities alleged to have engaged in unethical and deceptive misbranding, marketing, and advocacy of opioids, be used exclusively for research, education, prevention, and treatment of overdose, opioid use disorder, and pain. Furthermore, AMA President-elect Susan R. Bailey, MD, emphasized this policy at the American Bar Association Annual Meeting in August 2019. AMA Trustee Willarda V. Edwards, MD, MBA, also emphasized this policy at the 2019 ABA Physicians Legal Institute Conference. AMA continues to work with ABA to further this policy, including conducting outreach to media and other interested parties. Our AMA continues to monitor state legislative and other related activities and advise state medical societies as warranted. |
| RES 205-A-19 | Use of Patient or Co-Worker Experience/Satisfaction Surveys Tied to Employed Physician Salary | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 206-A-19 | Changing the Paradigm: Opposing Present and Obvious Restraint of Trade | Policies D-383.981, D-383.982, D-383.983, D-383.985, D-383.988, D-383.990, H-165.833, H-180.975, H-380.987, H-383.988, H-383.990, H-383.992, H-383.993, H-385.946, H-385.973, and H-385.976 Reaffirmed in Lieu of Resolutions 206 and 240-A-19. | AMA policy database has been updated. |
| RES 207-A-19 | Direct-to-Consumer Genetic Tests | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |

| Report/Resolution | Title | House Action | Status |
|-------------------|--|---|--|
| RES 208-A-19 | Modification of the Sunshine Act | Adopted as Amended, with Change in Title. | AMA policy database has been updated. |
| RES 209-A-19 | Mandates by ACOs Regarding Specific EMR Use | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 210-A-19 | Air Ambulances | Policy H-285.904 Reaffirmed in Lieu of Resoution 210-A-19. | AMA policy database has been updated. |
| RES 211-A-19 | Out-of-Network Payment Database | Adopted as Amended, with Change in Title. | This effort is ongoing at both the federal and state levels. The use of independent, non-conflicted charge data in any surprise billing solution is a critical component of the AMA's advocacy. Our AMA continues to work with the Federation of Medicine to push for surprise billing solutions that protect patients while maintaining incentives for plans to offer fair contracts to physicians. |
| RES 212-A-19 | Continuity of Care for Patients Discharged from a Hospital Setting | First Resolve of Resolution 212-A-19 Adopted as Amended with Change in Title. Second Resolve of Rsolution 212-A-19 Referred. | A Council on Medical Service Report on Resolve 2 of this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. This is an ongoing effort for the AMA as continuity of care between all settings is a component of our utilization management, PBM and insurer advocacy. A Council on Medical Service Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 213-A-19 | Financial Penalties and Clinical Decision-Making | Adopted as Amended. | AMA policy database has been updated. |
| RES 214-A-19 | Definition and Use of the Term Physician | Alternate Resolution Adopted in Lieu of Resolutions 214 and 216-A-19. Policies H-405.969, H-405.976, D-405.989, H-330.986, and H-405.968 Rescinded. | AMA policy database has been updated. |
| RES 215-A-19 | Reimbursement for Health Information Technology | Current Policy Reaffirmed. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
|-------------------|---|---|--|
| RES 216-A-19 | Eliminate the Word “Provider” from Healthcare Contracts | Alternate Resolution Adopted in Lieu of Resolutions 214 and 216-A-19. Policies H-405.969, H-405.976, D-405.989, H-330.986, and H-405.968 Rescinded. | See Resolution 214-A-19. |
| RES 217-A-19 | Medicare Vaccine Billing | Adopted as Amended. | <p>AMA comments on the 2020 Medicare physician payment schedule proposed rule strongly urged CMS to utilize the direct practice cost inputs for immunization administration provided by the AMA/Specialty Society RVS Update Committee (RUC) in order to administer vaccines. CMS has developed several resources for physicians about billing for Medicare-covered vaccines. The seasonal influenza, pneumococcal, and hepatitis B vaccines are covered by Medicare Part B and patients are not responsible for these vaccines or their administration. All other commercially available vaccines are covered by Medicare Part D. According to June 2019 guidance from CMS, the Part D plans are permitted to charge cost-sharing to patients for Part D vaccines, but they may not charge separate copayments for the vaccine and its administration. If a Part D plan charges coinsurance, it should apply to the total price of both components. Patients who get Part D vaccines in their physician’s office may need to pay the practice up front and submit a claim to their Part D plan for reimbursement, but CMS encourages Part D plans to improve vaccine access without requiring patients to pay the full charge out-of-pocket and request repayment from their plans. This guidance also outlines the various Medicare options for patients with Part D coverage to get vaccines. The AMA will work to improve the Medicare Part D payment policies for vaccines so that patients only have to pay the applicable copayment.</p> <p>Our AMA successfully urged that federal vaccine policy require any vaccine that is developed to immunize people against COVID-19 be covered under Medicare Part B instead of Medicare Part D in order to avoid the vaccine access problems that continue to hinder Part D vaccine use. Our AMA has also reinforced with CMS the need to increase immunization administration practice cost inputs consistent with the RUC recommendations.</p> |

| Report/Resolution | Title | House Action | Status |
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| RES 218-A-19 | Improved Access and Coverage to Non-Opioid Modalities to Address Pain | Alternate Resolution Adopted in Lieu of Resolutions 218 and 235-A-19. Additonal Resolves Referred. | <p>A Board of Trustees Report on Resolves 4 and 5 on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting.</p> <p>Our AMA continues to advocate strongly at the state and federal levels in support of increased access and coverage of non-opioid treatment modalities including pharmaceutical pain care options, interventional pain management procedures, restorative therapies, behavioral therapies, physical and occupational therapy and other evidence-based therapies recommended by the patient’s physician. This includes letters to state legislatures, testimony to the National Association of Insurance Commissioners, and advocacy to the Centers for Medicare & Medicaid Services. This also aligns closely with a key recommendation issued by the AMA Opioid Task Force in May 2019—a recommendation that has been widely promoted by AMA Advocacy and through the Task Force. In addition, the AMA-Manatt Health national opioid roadmap recommended non-opioid treatment modalities being placed on the lowest cost-sharing tier for the indication of pain so that patients have increased access to evidence-based pain care as recommended by the HHS Interagency Pain Care Task Force. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.</p> |
| RES 219-A-19 | Medical Marijuana License Safety | Referred. | <p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting.</p> <p>A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.</p> |
| RES 220-A-19 | Confidentiality and Privacy Protections Ensuring Care Coordination and the Patient-Physician Relationship | Alternate Resolution Adopted in Lieu of Resolutions 220 and 231-A-19. | AMA policy database has been updated. |
| RES 221-A-19 | Extending Medicaid Coverage for One Year Postpartum | Alternate Resolution Adopted in Lieu of Resolutions 221 and 224-A-19. | <p>Our AMA has notified all state and national medical specialty societies of its desire to work with them on supporting extension of Medicaid coverage to 12 months postpartum.</p> <p>Our AMA has been active in advocating for Medicaid coverage for one year postpartum during 2019-2020 at both the federal and state levels including providing testimony and background to three House and Senate committees.</p> |
| RES 222-A-19 | Protecting Patients from Misleading and Potentially Harmful "Bad Drug" Ads | Current Policy Reaffirmed. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
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| RES 223-A-19 | Simplification and Clarification of Smoking Status Documentation in the Electronic Health Record | Adopted. | <p>AMA Advocacy recently submitted the following comments to the ONC related to the Quality Payment Program and MIPS:</p> <p>“The AMA disagrees with ONC’s proposal to remove from the 2015 Edition Criteria the problem list, medication list, medication allergy list, drug formulary, and smoking status requirements. EHR vendors must be required to continue to support these requirements especially with the Tobacco Use: Screening and Cessation Intervention measure. This measure has recently changed from recording all patients screened regardless of tobacco use to just patients who screen positive for smoking and measuring cessation intervention at each patient encounter. Measure 226 is the second most commonly reported measure in the Merit-based Incentive Payment System (MIPS) by eligible clinicians across all quality reporting mechanisms including CMS Web Interface. Based on the 2017 Quality Payment Program (QPP) Experience Report, close to 500,000 eligible clinicians selected this measure in the first performance year. Moreover, the AMA recommends ONC remove barriers limiting Systematized Nomenclature of Medicine (SNOMED) categories for smoking status. We note that documentation mechanisms in EHRs do not account for length and duration of smoking and that any simplification of the current SNOMED codes could have unforeseen consequences and impacts. We believe addressing SNOMED code limitations will improve EHR usability and help reduce smoking. Furthermore, ONC should coordinate with measure stewards, including national medical societies, on the development of future quality measures. Medical specialties should not be required to dilute measure development due to delinquencies in EHR data capture.”</p> <p>In the comments, AMA Advocacy notes that simplification may have unforeseen consequences and impacts, but streamlining the codes could prove beneficial to reducing smoking and improve usability. The AMA is updating conversations with SNOMED and looking to coordinate a call to further discuss opportunities to streamline these categories of documentation.</p> <p>The AMA has identified the differences between current and suggested smoking status documentation options. The AMA is collaborating across relevant business units, who have existing relationships with SNOMED, to devise meaningful steps in furthering this work. The AMA plans to send a letter to SNOMED in Q2 2020 advocating for appropriate updates to smoking status categories.</p> |
| RES 224-A-19 | Extending Pregnancy Medicaid to One Year Postpartum | Alternate Resolution 221 Adopted in Lieu of Resolutions 221 and 224-A-19. | See Resolution 221-A-19. |
| RES 225-A-19 | DACA in GME | Current Policy Reaffirmed. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
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| RES 226-A-19 | Physician Access to their Medical and Billing Records | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 227-A-19 | Controlled Substance Management | Not Adopted. | |
| RES 228-A-19 | Truth in Advertising | Adopted as Amended. | Our AMA has notified all state and national specialty societies of its policy to oppose any misappropriation of medical specialties' titles and its desire to work with them to advocate for states and administrative agencies overseeing nonphysician providers to authorize only the use of titles and descriptors that align with the nonphysician providers' state issued licenses. The AMA has issued letters to the New Hampshire and Idaho boards of nursing, strongly opposing certified nurse anesthetists using the title "nurse anesthesiologists" and is working with states and the Scope of Practice Partnership to oppose this and any related activity. Our AMA continues to work with all interested state and national medical specialty societies to oppose any misappropriation of medical specialties' titles. It is a priority for our AMA, at the state level, to the states and administrative agencies overseeing nonphysician providers authorize only the use of titles and descriptors that align with the nonphysician providers' state issued licenses. This advocacy work is ongoing. |
| RES 229-A-19 | Clarification of CDC Opioid Prescribing Guidelines | Recommendations in BOT Report 22 Adopted as Amended, in Lieu of Resoution 229-A-19, Remainder of Report Filed. | See BOT Report 22-A-19. |
| RES 230-A-19 | State Legislation Mandating Electrocardiogram (ECG) and/or Echocardiogram Screening of Scholastic Athletes | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 231-A-19 | Alignment of Federal Privaacy Law and Regulations Governing Portability and Accountability Act | Alternate Resolution Adopted in Lieu of Resolutions 220 and 231-A-19. | See Resolution 220-A-19 |
| RES 232-A-19 | COPD National Action Plan | Adopted as Amended. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
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| RES 233-A-19 | GME Cap Flexibility | Policy D-305.967 Adopted as Amended in Lieu of Resolution 233-A-19. | <p>Our AMA has repeatedly called for more flexibility in the 5-year cap building window for new residency programs. Most recently, we urged CMS in a September 2019 letter to leverage existing statutory authority to give new teaching hospitals more time to build out their programs before their Medicare GME funding cap is set. The letter emphasized that this flexibility was particularly critical for rural teaching hospitals that have the most difficulty in recruiting new residents.</p> <p>In October 2019, our AMA sent a letter to CMS urging the Agency to adopt the concept of “Cap-Flexibility,” which would allow new and current Graduate Medical Education (GME) teaching institutions to extend their cap-building window for up to an additional five years beyond the current window (for a total of up to 10 years), giving priority to new residency programs in underserved areas and/or economically depressed areas. In addition, our AMA voiced our support for the Physician Shortage GME Cap Flex Act of 2020. Also, in our requests for Congress for the CARES Act 4.0 package our AMA asked for greater GME cap flexibility.</p> <p>Also, as a result of the COVID-19 pandemic, CMS revised 42 C.F.R. §§ 412.105(f)(1)(iii)(A) and 413.78 to allow teaching hospitals to claim the FTE time of residents at other hospitals on its Medicare hospital cost report during the declared emergency if: (1) the resident has been sent to another hospital due to increased need related to treating COVID-19 patients; (2) “time spent by the resident at the other hospital would be considered to be time spent in approved training if the activities performed by the resident at the other hospital are consistent with any guidance in effect during the COVID-19 PHE for the approved medical residency program at the sending hospital;” and (3) “time that the resident spent training immediately prior to and/or subsequent to the...[PHE] was included in the sending hospital’s FTE resident count.”</p> |
| RES 234-A-19 | Improved Access to Non-Opioid Therapies | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 235-A-19 | Prescription Coverage of the Lidocaine Tansdermal Patch | Alternate Resolution Adopted in Lieu of Resolutions 218 and 235-A-19. Additional Resolves Referred. | See Resolution 218-A-19. |
| RES 236-A-19 | Support for Universal Basic Income Pilot Studies | Referred. | <p>A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting.</p> <p>A Council on Medical Service Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.</p> |

| Report/Resolution | Title | House Action | Status |
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| RES 237-A-19 | Opportunities for Blockchain in Healthcare | Adopted as Amended. | <p>Our AMA has scanned the market for existing standards and frameworks for blockchain in healthcare. From research to date, no current guidelines exist that are specific to blockchain and adoption. Blockchain technology adoption is currently low with large industry players (e.g. Amazon) leading to its use. Additionally, the AMA has connected with Health2047 to get updates on their efforts around blockchain (example articles: Are We Flying Blind With Blockchain?, Whats Going on With Blockchain in Healthcare?). Related, on October 12th, Charles Aunger from Health2047 will serve on the panel "Current Trends in the Blockchain - Why it 'Just Makes Sense'" at Becker's Annual Health IT + Revenue Cycle Conference. The AMA plans to further explore alignment with the Xcertia initiative.</p> <p>The Integrated Health Model Initiative (IHMI) shifted its focus last year from building a common data model to supporting fast healthcare interoperability resources (FHIR) and standards development for health data portability. IHMI's mission is to build a thriving, open health care community, to respond to market needs at the pace of innovation, and to share learnings as freely available portability standards.</p> <p>The IHMI has established a relationship with HL7, a Standards Development Organization, to explore opportunities for new and better standards to improve data transparency and other functions across the health care sector. The interactions with HL7 have determined that, although it is promising technology with valuable utility for some applications, blockchain technology is still considered novel in its applicability in the health care environment. Recent AMA digital health research validated by confirming that current physician usage of block chain was near zero percent. HL7 has considered the feasibility and necessity of creating standards for blockchain tech development in health care and while they have decided not to pursue them at this time, they will continue to assess.</p> <p>The AMA also investigated potential connections with the International Organization for Standardization which has several blockchain related standards under development. While none are currently specific to health care we, will continue to assess potential applicability. AMA's participation in the development of Xcertia guidelines for digital health will also continue to evaluate if there is a need for additional guideline expansion for blockchain technologies.</p> <p>The AMA has scanned the market for other industry efforts to develop standards and frameworks for blockchain in health care and will continue to monitor developments on this front.</p> |

| Report/Resolution | Title | House Action | Status |
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| RES 238-A-19 | Coverage Limitations and Non-Coverage of Interventional Pain Procedures Correlating to the Worsening Opioid Epidemic and Public Health Crisis | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 239-A-19 | Improving Access to Medicare Care Through Tax Treatment of Physicians | Not Adopted. | |
| RES 240-A-19 | Formation of Collective Bargaining Workgroup | Policies D-383.981, D-383.982, D-383.983, D-383.985, D-383.988, D-383.990, H-165.833, H-180.975, H-380.987, H-383.988, H-383.990, H-383.992, H-383.993, H-385.946, H-385.973, and H-385.976 Reaffirmed in Lieu of Resolutions 206 and 240-A-19. | AMA policy database has been updated. |
| RES 241-A-19 | Facilitation of Research with Medicare Claims Data | Adopted as Amended. | Our AMA continues to advocate for modifications on the release of Medicare data to better ensure the data is more accurate and useful, as well as for CMS to incorporate into MIPS feedback reports claims data. |

| Report/Resolution | Title | House Action | Status |
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| RES 242-A-19 | Improving Health Information Technology Products to Properly Care for LGBTQ Patients | Adopted. | <p>Our AMA has had internal meetings to discuss the resolution and explore ideas to address the resolution. The AMA is currently doing research on the topic (Resolve 1 ask) to help better inform next steps and has a call scheduled with the Texas Medical Association (initiated the resolution) to continue to build context. Based on AMA research and the conversation with TMA, the AMA will develop a plan to present to the LGBTQ Advisory Committee at Interim meeting in November to get their feedback and direction. The meeting with the LGBTQ Advisory Committee is scheduled and confirmed.</p> <p>The AMA has consulted with the LGTBQ Advisory Committee, the AMA Center for Health Equity, and experts from the Texas Medical Association (the initiating organization), the Human Rights Campaign, Howard Brown Health (Chicago), and independent physician researchers and medical information technology professionals to better understand the issues surrounding the documentation of care for LGBTQ patients. Following the conclusion of primary research and proposed scope of work, an online asynchronous discussion will take place in Q2 2020 on the Physician Innovation Network to better cultivate open dialog and collaboration amongst these and other experts. The AMA Digital Health Strategy team anticipates a valuable discussion transcript that will help inform additional work on this resolution including development of best practices. AMA’s Advocacy team will also be engaged to better understand this issue as it relates to the quality reporting program and any related administrative burden created by the documentation requirements currently in place.</p> |
| RES 243-A-19 | Improving the Quality Payment Program and Preserving Patient Access | Referred for Report Back at the 2019 Interim Meeting. | Board of Trustees Report 15 on this subject will be presented to the Board of Trustees at its November 2019 meeting with subsequent submission to the House of Delegates at the 2019 Interim Meeting. |

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| RES 244-A-19 | EHR-Integrated Prescription Drug Monitoring Program Rapid Access | Adopted. | <p>Our AMA has completed extensive work in multiple domains to advocate for and improve drug price transparency at the point of care and interoperability between PDMPs and EHRs. These efforts were outlined in BOT Report 14-A-18 and BOT Report 7-I-18, both of which were adopted by the HOD. Specific efforts include:</p> <p>Our AMA in June 2019 distributed a letter from AMA leadership to the leadership of 35 EHR vendors encouraging them to increase the transparency of custom connections between their EHR products and PDMP software to ensure users have the information they need to appropriately and safely prescribe controlled substances. The letter was highlighted in an AMA News story and the call to action from Dr. Madara was featured on the AMA Homepage in June/July 2019. The AMA requested feedback from the recipients to learn how they are already making progress to improve interoperability between PDMPs and EHRs. This feedback is to be used to develop further discussion and activities.</p> <p>Our AMA Advocacy staff actively participate in the National Council for Prescription Drug Programs (NCPDP) real-time prescription benefit (RTPB) Standard Task Group in which they advocate for physicians’ interests to ensure that the drug pricing and benefit information provided in the RTPB standard transaction will be valuable and easily used by physicians. The draft standard was submitted for consideration at the May 2019 NCPDP workgroup meeting, and if approved by the workgroups, balloted with the NCPDP membership and eventually published. Timing of publication of the NCPDP RTPB standard is dependent on the ease of the approval process but could be as soon as 2020.</p> <p>Our AMA continues to update its TruthinRx grassroots advocacy website promoting drug price transparency. New site content highlights the current lack of drug pricing and pharmacy benefit information available to physicians at the point of prescribing in their EHRs.</p> <p>Through this work, our AMA has extensively evaluated availability, accessibility and utility of EHR, pharmacy and payer functionalities intended to improve transparency of prescription-related information at the point of care. The AMA also provided comments to the Centers for Medicare and Medicaid Services (CMS) on the Modernizing Part D and Medicare Advantage (MA) To Lower Drug Prices and Reduce Out-of-Pocket Expenses proposed rule in which we expressed support for RTPB technology but noted concerns with the aggressive timing suggested in the rule (implementation deadline of 1/1/20). The AMA also stressed the importance of RTPB tools offering drug pricing and coverage data across all patients and all plans.</p> <p>Our AMA has a multi-faceted approach to promoting drug price transparency at the point of care. The AMA will continue its activities of advocating for physicians’ interests in the NCPDP RTPB standard development and with other appropriate entities (e.g., CMS and individual PBMs), and developing timely and appropriate practice-focused educational resources. Since the standard for RTPB is still under</p> |

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| | | | <p>development, the AMA will continue to monitor progress and determine the appropriate timing to further develop a strategic plan for widespread implementation of this technology.</p> <p>Our AMA continues to work with any interested partners in advocating for PDMP integration/access within EHR workflows at no cost to the physician or other authorized health care provider at the state level.</p> <p>The AMA has completed extensive work in multiple domains to advocate for and improve drug price transparency at the point of care and interoperability between PDMPs and EHRs. These efforts were outlined in BOT Report 14-A-18 and BOT Report 7-I-18, both of which were adopted by the HOD. The AMA included several recommendations in its Interoperability, Information Blocking, and ONC Health IT Certification Program proposed rule comment letter dated May 2019. ONC acknowledged several of our concerns in its final rule (dated March 2020), and signaled its intent to continue to engage with the physician community as it improves EHR certification requirements.</p> <p>The AMA in June 2019 distributed a letter from AMA leadership to the leadership of 35 EHR vendors encouraging them to increase the transparency of custom connections between their EHR products and PDMP software to ensure users have the information they need to appropriately and safely prescribe controlled substances. The letter was highlighted in an AMA News story and the call to action from Dr. Madara was featured on the AMA Homepage in June/July 2019. The AMA requested feedback from the recipients to learn how they are already making progress to improve interoperability between PDMPs and EHRs. This feedback is being used to develop further discussion and activities.</p> <p>The AMA has initiated several discussions in the Physician Innovation Network “Improving Drug Price Transparency at the Point of Care” discussion page. Themes from these conversations are being used to inform the AMA’s focus on this topic, as well as the development of tools and resources. AMA will continue its activities of advocating for physicians’ interests in the NCPDP RTPB standard development and with other appropriate entities (e.g., CMS and individual PBMs), and developing timely and appropriate practice-focused educational resources.</p> |

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| RES 245-A-19 | Sensible Appropriate Use Criteria in Medicare | Referred for Decision. | <p>Resolution 245 proposed amending the existing AMA Policy 320.940, “Medicare’s Appropriate Use Criteria Program” with the addition of language stating that our AMA “support regulatory change that resolves technical and workflow challenges and/or removes barriers to modifying or aligning the AUC Program and the QPP.” Resolution 247 called for similar changes but by supporting legislation instead of regulatory change.</p> <p>The Board VOTED that Policy H-320.940, “Medicare’s Appropriate Use Criteria Program” be amended as follows in lieu of Resolution 245-A-19 and Resolution 247-A-19:</p> <p>Our AMA will continue to advocate to delay the effective date of the Medicare Appropriate Use Criteria (AUC) Program until the Centers for Medicare & Medicaid Services (CMS) can adequately address technical and workflow challenges with its implementation and any interaction between the Quality Payment Program (QPP) and the use of advanced diagnostic imaging appropriate use criteria.</p> <p>As part of our regulatory relief advocacy, our AMA has submitted recommendations to CMS to improve the technical and workflow challenges with the Appropriate Use Criteria (AUC) program and its interaction with the QPP, including holding physicians harmless from reporting penalties during the Education and Operations Testing Period in 2020, which CMS has done. In a letter sent to CMS in December 2019, our AMA also recommended less burdensome ways to implement AUC, including exempting physicians who are taking on financial risk in alternative payment models, limiting AUC claims-based reporting to clinical priority areas as CMS has identified that it will only be analyzing the AUC data for these conditions, and allowing compliance via means other than claims, such as qualified clinical data registries. Our AMA also joined several specialty societies in urging Congress to extend the Education and Operations Testing Period and continue to hold physicians harmless from reporting penalties in 2021 as they are confronting the COVID-19 pandemic and not able to shift limited resources to prepare for AUC reporting during this crisis.</p> |
| RES 246-A-19 | Call for Transparency Regarding the Announcement of 17,000 Cuts to Military Health Providers | Policy H-40.995 Adopted as Amended in Lieu of Resolution 246-A-19. | <p>In a July 2019 letter, the AMA has urged the Department of Defense to release evidence on the need for the proposed cuts to military health providers and to study the impact of the proposed cuts on military readiness and on the health of military families. Moreover, the AMA has urged the Congress to pass legislation that would prevent reductions in overall uniformed medical positions and GME positions. In addition to AMA advocacy opposing these cuts, the AMA joined a coalition of medical specialties in opposing these cuts in a July sign-on letter.</p> <p>Our AMA submitted final NDAA language that was included in the House passed bill: “The provision would not apply to billets, which have remained unfilled since October 1, 2018, if such billets would not affect the provision of health care services to service members or covered beneficiaries.”</p> |

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| RES 247-A-19 | Sensible Appropriate Use Criteria in Medicine | Referred for Decision. | See Resolution 245-A-19. |
| RES 301-A-19 | American Board of Medical Specialties Advertising | Referred. | A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Medical Education Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 302-A-19 | The Climate Change Education Across Medical Education Continuum | Alternate Resolution Adopted in Lieu of Resolution 302-A-19. | Letters were sent to LCME, COCA, AACOM, AAMC, ACGME, ACCME, and American Public Health Association to inform them that the AMA supports teaching on climate change in undergraduate, graduate, and continuing medical education such that trainees and practicing physicians acquire a basic knowledge of the science of climate change, can describe the risks that climate change poses to human health, and counsel patients on how to protect themselves from the health risks posed by climate change. A letter was sent to the American Association of Public Health Physicians (AAPHP) to inform them that the AMA will make available an AAPHP prototype presentation and lecture notes on the intersection of climate change and health for use in undergraduate, graduate, and continuing medical education upon receipt of these materials from the AAPHP. The House action was transmitted to the HOD, AMA members, and interested organizations via a press release in June. |
| RES 303-A-19 | Graduate Medical Education and the Corporate Practice of Medicine | Adopted as Amended. | A letter was sent to the ACGME to encourage them to update their “Principles to Guide the Relationship between Graduate Medical Education, Industry, and Other Funding Sources for Programs and Sponsoring Institutions Accredited by the ACGME” to include corporate-owned lay entity funding sources. The AMA Policy Finder database has been updated (H-310.904, “Graduate Medical Education and the Corporate Practice of Medicine”). The Council on Medical Education is preparing CME Report 7-A-20, Graduate Medical Education and the Corporate Practice of Medicine, for the 2020 Annual HOD Meeting. A Council on Medical Education Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |

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| RES 304-A-19 | Tracking Outcomes and Supporting Best Practices of Health Care Career Pipeline Programs | Adopted as Amended. | <p>The House action was transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article and a press release in June.</p> <p>AMA has begun efforts to define and establish a shared definition of “pipeline/pathway programs” as well as identify the intersections for these programs along the journey from being a student to becoming a physician in collaboration with the AAMC in order to identify best practices and measure success for these programs.</p> <p>A Council on Medical Education Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.</p> |
| RES 305-A-19 | Lack of Support for Maintenance of Certification | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 306-A-19 | Interest Rates and Medical Education | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 307-A-19 | Mental Health Services for Medical Students | Recommendation in CME Report 6-A-19 Adopted as Amended in Lieu of Resolutions 307 and 310-A-19, Remainder of Report Filed. | See CME Report 6-A-19. |
| RES 308-A-19 | Maintenance of Certification Moratorium | Referred. | <p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting.</p> <p>A Council on Medical Education Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.</p> |
| RES 309-A-19 | Promoting Addiction Medicine During a Time of Crisis | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 310-A-19 | Mental Health Care for Medical Students | Recommendation in CME Report 6-A-19 Adopted as Amended in Lieu of Resolutions 307 and 310-A-19, Remainder of Report Filed. | See CME Report 6-A-19. |
| RES 311-A-19 | Grandfathering Qualified Applicants Practicing in U.S. Institutions with Restricted Medical Licensure | Referred. | <p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting.</p> <p>A Council on Medical Education Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.</p> |

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| RES 312-A-19 | Unmatched Medical Graduates to Address the Shortage of Primary Care Physicians | Not Adopted. | |
| RES 313-A-19 | Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows | Adopted as Amended. | The Council on Medical Education is preparing CME Report 8-A-20, Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows, for the 2020 Annual HOD Meeting. A Council on Medical Education Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 314-A-19 | Evaluation of Changes to Residency and Fellowship Application and Matching Processes | Adopted as Amended. | AMA policy database has been updated. |
| RES 315-A-19 | Scholarly Activity by Resident and Fellow Physicians | Adopted as Amended. | AMA policy database has been updated. |
| RES 316-A-19 | Medical Student Debt | Adopted as Amended. | The Council on Medical Education is preparing CME Report 1-I-20, Medical Student Debt, for the 2020 Interim HOD Meeting. |
| RES 317-A-19 | A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities | Adopted as Amended. | A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 318-A-19 | Rural Health Physician Workforce Disparities | Adopted as Amended. | A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Medical Education Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 319-A-19 | Adding Pipeline Program Participation Question to Medical School Applications | Adopted as Amended. | A letter was sent to the AAMC, AACOM, and the National Association of Advisors for the Health Professions, to ask them to work with the AMA to create a question for the AAMC electronic medical school application to identify previous pipeline program (also known as pathway program) participation and create a plan to analyze the data in order to determine the effectiveness of pipeline programs. The House action was transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article and a press release in June. |

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| RES 320-A-19 | Opioid Education in Medical Schools | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 321-A-19 | Physician Health Program Accountability, Consistency, and Excellence in Provision of Service to the Medical Profession | Adopted. | AMA policy database has been updated. |
| RES 322-A-19 | Support for the Study of the Timing and Causes for leave of Absence and Withdrawal from United States Medical Schools | Adopted as Amended. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
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| RES 323-A-19 | Improving Access to Care in Medically Underserved Areas Through Project ECHO and the Child Psychiatry Access Project Model | Adopted. | <p>Promotion of Project ECHO (Extension for Community Healthcare Outcomes) and Child Psychiatry Access Project models is underway and has included development of a preliminary communications plan and an initial identification of appropriate content and resources with which to raise awareness among academic health centers and community-based primary care physicians. The AMA anticipates initiating promotion during the fourth quarter of 2019.</p> <p>The subject of Resolution 323-A-19 was addressed in an AMA Article on November 15, 2019 (https://www.ama-assn.org/practice-management/digital/teleconsultation-efforts-help-fill-gaps-specialty-care-access). The AMA and RAND completed research in 2019 (planned for publication in 2020) to identify and describe the policies, resources, and other factors, including barriers to implementation, that currently influence whether and how physician practices integrate behavioral health into their services. A marketing and promotional plan has been created to help educate physicians about integrating behavioral health services into their practice. The AMA planned to host a related podcast and an educational session on behavioral health integration at A-20; the educational session will be rescheduled accordingly with the suspension of the A-20 HOD Meeting. The proposed education session will be a panel discussion with specialty society members such as the American Psychiatric Association and will engage experts in a dialogue about a variety of models of behavioral health integration.</p> <p>The AMA published a STEPS Forward module entitled “Project ECHO” that describes the Project ECHO® model, how to incorporate it into practice, and its benefits, as well as how to participate in a teleECHO™ clinic session. The module also provides tools and resources for physicians to help their teams increase access to care for patients. The AMA also has other efforts underway, including discussions about coverage possibilities and collaboration with specialties such as American College of Obstetrics and Gynecologists, the American Academy of Pediatrics, and others to further this work.</p> |
| RES 324-A-19 | Residency and Fellowship Program Director, Assistant/Associate Program Director, and Core Faculty Protected Time and Salary Reimbursement | Adopted. | <p>A letter was sent to the ACGME to recommend that the ACGME Common Program Requirements be amended to allow flexibility in the specialty-specific ACGME program requirements enabling specialties to require salary reimbursement or “protected time” for resident and fellow education by “core faculty,” program directors, and assistant/associate program directors.</p> |
| RES 401-A-19 | Support Pregnancy Intention Screenings | Adopted as Amended, with Change in Title. | <p>AMA policy database has been updated.</p> |

| Report/Resolution | Title | House Action | Status |
|-------------------|---|---|---|
| RES 402-A-19 | Bullying in the Practice of Medicine | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 403-A-19 | White House Initiative on Asian Americans and Pacific Islanders | Adopted. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. The Center for Health Equity will identify appropriate internal and external stakeholders to support report development before the end of 2019. Our AMA sent a letter in October 2019 urging the U.S. Department of Commerce to restore webpages on the Asian American and Pacific Islander (AAPI) Initiative (similar to those from prior Administrations) that specifically address disaggregation of health outcomes related to AAPI data. |
| RES 404-A-19 | Shade Structures in Public and Private Planning and Zoning Matters | Adopted as Amended. | AMA policy database has been updated. |
| RES 405-A-19 | Firearm Violence Prevention: Safety Features | Adopted as Amended, with Change in Title. | The AMA has notified all state and national medical specialty societies of its desire to work with them to standardize firearm safety features and establish manufacturer liability for the absence of safety features on newly manufactured firearms. AMA advocacy to prevent firearm violence is ongoing at both the federal and state levels. AMA advocacy to prevent firearm violence is ongoing at both the federal and state levels. |
| RES 406-A-19 | Reduction in Consumption of Processed Meats | Adopted as Amended. | AMA policy database has been updated. |
| RES 407-A-19 | Evaluating Autonomous Vehicles as a Means to Reduce Motor Vehicle Accidents | Adopted. | Our AMA is monitoring the development of autonomous vehicles with a focus on injury prevention and safety. |
| RES 408-A-19 | Banning Edible Cannabis Products | Referred. | A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Science and Public Health Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 409-A-19 | Addressing the Vaping Crisis | Not Adopted. | |

| Report/Resolution | Title | House Action | Status |
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| RES 410-A-19 | Reducing Health Disparities Through Education | Adopted as Amended, Policy H-60.917 Reaffirmed. | <p>The Center for Health Equity will connect and inform CDC to learn more about their work with US DOE and other across the country to best determine AMA's potential role in elevating this.</p> <p>Our AMA sent a letter to the CDC in May 2020 outlining our new policy, but recognizing that, due to the COVID-19 pandemic, both our AMA and the CDC may need to wait until the pandemic is under control in a greater way before fully exploring ways to bolster the CDC's current curriculum and involve other relevant stakeholders to promote the health education curriculum across our nation.</p> |
| RES 411-A-19 | AMA to Analyze Benefits / Harms of Legalization of Marijuana | Referred. | <p>A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting.</p> <p>A Council on Science and Public Health Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.</p> |
| RES 412-A-19 | Regulating Liquid Nicotine and E-Cigarettes | Policy H-495.988 Reaffirmed in Lieu of Resolution 412-A-19. | AMA policy database has been updated. |
| RES 413-A-19 | End the Epidemic of HIV Nationally | Adopted as Amended. | Our AMA continues to advocate for the inclusion of funding for HHS to end the HIV epidemic. |
| RES 414-A-19 | Patient Medical Marijuana Use in Hospitals | Referred. | <p>CSAPH Report 1 on this subject appears in the Delegates Handbook for the 2019 Interim Meeting. (Reference Committee K)</p> <p>HOD Action: Recommendations in CSAPH Report 1-I-19 Adopted as Amended, Remainder of Report Filed.</p> |
| RES 415-A-19 | Distracted Driver Legislation | Adopted as Amended. | Our AMA has notified all state and national medical specialty societies of its willingness and desire to work with them to actively advocate for legislation to decrease distracted driving injuries and fatalities by banning the use of electronic communication such as texting, taking photos or video and posting on social media while operating a motor vehicle. |
| RES 416-A-19 | Non-Medical Exemptions from Immunizations | Adopted as Amended. | Our AMA has worked with tech companies to ensure that users have access to scientifically valid information on vaccinations. We continue to work through the National Advisory Committee on Immunization Practices to advance AMA policy, which supports the elimination of non-medical vaccine exemptions. |

| Report/Resolution | Title | House Action | Status |
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| RES 417-A-19 | Improved Health in Correctional Facilities through Hygiene and Health Educational Programming for Inmates and Staff | Adopted as Amended, with Change in Title. | <p>Our AMA has notified all state and national medical specialty societies of its desire to work with them on issues related to hygiene and health literacy information sessions for both inmates and staff in correctional facilities. The AMA has also communicated with external stakeholders with subject matter expertise to inform AMA advocacy on these issues. The AMA is communicating with the US Bureau of Prisons to emphasize the importance of hygiene and health literacy information for both inmates and staff in federal correctional facilities.</p> <p>Our AMA sent a letter in May 2020 to the Bureau of Prisons stating our concern about health conditions in federal prisons, and the importance of improving hygiene and health educational programming/health literacy for inmates and staff, particularly in the context of the COVID-19 pandemic.</p> |
| RES 418-A-19 | Eliminating the Death Toll from Combustible Cigarettes | Referred for Decision. | <p>Resolution 418, introduced by the Washington Delegation, asked that our American Medical Association study and report on the conditions under which our country could successfully eliminate the manufacture, distribution, and sale of combustible cigarettes and other combustible tobacco products at the earliest feasible date. AMA policy acknowledges that all tobacco products are harmful to health, and that there is no such thing as a safe cigarette. It is the AMA's position that the FDA should continue to have authority to regulate tobacco products, including their manufacture, sale, distribution, and marketing. The AMA encourages Congress to pass legislation to phase-in the production of reduced nicotine-content tobacco products and encourages the FDA and other appropriate agencies to conduct or fund research on how tobacco products might be modified to facilitate cessation of use, including elimination of nicotine and additives that enhance addictiveness. The AMA recognizes the use of e-cigarettes and vaping as an urgent public health epidemic and will actively work with the FDA and other relevant stakeholders to counteract the marketing and use of addictive e-cigarette and vaping devices, including but not limited to bans and strict restrictions on marketing to minors under the age of 21.</p> <p>Banning the manufacture, distribution, and sale of combustible tobacco products in this country would require Congress to amend existing federal law. An AMA study on the conditions under which Congress would be willing to act on this or how each state and tribe could pass such a ban is not a good use of AMA time and resources. Existing AMA policy supports a tobacco control approach to this issue rather than a tobacco prohibition approach, recognizing FDA's authority to regulate the manufacture, sale, distribution, and marketing of tobacco products.</p> <p>The Board VOTED that Resolution 418 not be adopted.</p> |

| Report/Resolution | Title | House Action | Status |
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| RES 419-A-19 | Universal Access for Essential Public Health Services | Alternate Resolution Adopted in Lieu of Resolution 419-A-19. | AMA staff met with the de Beaumont Foundation to discuss work underway to revisit the 10 essential public health services. AMA staff will be participating in an upcoming town hall session to provide input on these revisions. Aletha Maybank, MD, MPH represented the AMA on the PHINC de Beaumont Foundation task force to update the 10 essential public health services framework. The AMA has been disseminating the revised PHES framework to relevant stakeholder groups for feedback. The comment period is open until May 22, 2020. |
| RES 420-A-19 | Coordinating Community and Correctional Healthcare | Adopted as Amended. | AMA policy database has been updated. |
| RES 421-A-19 | Contraception for Incarcerated Women | Adopted as Amended. | AMA policy database has been updated. |
| RES 422-A-19 | Promoting Nutrition Education Among Healthcare Providers | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 423-A-19 | Medically Appropriate Care for Asylum Seekers | Adopted as Amended, with Change in Title. | Our AMA, in a September 2019 letter, expressed physician concerns that asylum seekers and other immigrants detained by Customs and Border Protection were not given appropriate medical care, including preventive vaccinations. The letter urges the administration to prioritize medically appropriate care, including preventive vaccines, that prioritize the health and well-being of immigrants. |
| RES 424-A-19 | Physician Involvement in State Regulations of Motor Vehicle Operation and/or Firearm Use by Individuals with Cognitive Deficits Due to Traumatic Brain Injury | Referred. | A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Science and Public Health Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 425-A-19 | Distracted Driver Education and Advocacy | Adopted. | Board of Trustees Report 12 on Resolve 2 of this subject appears in the Delegates Handbook for the 2019 Interim Meeting. (Informational) HOD Action: Recommendations in BOT Report 12-I-19 Adopted, Remainder of Report Filed.. |
| RES 426-A-19 | Healthcare Accreditation of Correctional Detention and Juvenile Facilities | Adopted as Amended. | AMA staff has reached out to the AMA's liaison to the NCCHC to initiate the development of a strategy to accredit correctional facilities. |

| Report/Resolution | Title | House Action | Status |
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| RES 427-A-19 | Utility of Autonomous Vehicles for Individuals who are Visually Impaired or Developmentally Disabled | Adopted. | A letter is in progress to the NTSB to support physician input on research on autonomous vehicles and their capability to benefit individuals who are visually impaired or developmentally disabled. |
| RES 428-A-19 | Dangers of Vaping | Policy H-495.989 Adopted as Amended in Lieu of Resolution 428. Additional Resolve Adopted. | Our AMA has continued to urge the FDA to regulate e-cigarettes and other vaping products, and is supporting Reversing the Youth Tobacco Epidemic Act of 2019 (H.R. 2339) introduced by House Energy and Commerce Committee Chair Frank Pallone (D-NJ) and Congresswoman Donna Shalala (D-FL), which is focused on addressing the sharp rise in use of tobacco and e-cigarette products among young people, including extending FDA regulations on the sale, distribution, and use of cigarettes and smokeless tobacco to all deemed tobacco products, including e-cigarettes; and raising the minimum age for purchasing tobacco products to 21 years and making it unlawful for any retailer to sell a tobacco product to any person younger than 21 years of age. Our AMA continues to advocate strongly about the dangers of vaping, with the FDA and Congress, and the American public. Our AMA, through President Patrice Harris, MD, MA, participated in a meeting at the White House with President Trump, HHS Secretary Azar, other public health advocates, and members of the vaping industry to urge that all flavors (except tobacco flavor) be banned from e-cigarettes, and has continued to convey that message. Our AMA supported HR 2339, and has urged the Senate to take action. |
| RES 430-A-19 | Compassionate Release for Incarcerated Patients | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 431-A-19 | Eliminating Recommendations to Restrict Dietary Cholesterol and Fat | Not Adopted. | |
| RES 432-A-19 | Decriminalization of Human Immunodeficiency Virus (HIV) Status Non-Disclosure in Virally Suppressed Individuals | Adopted as Amended, with Change in Title. Additional Resolve Adopted. | Our AMA has notified all state and national medical specialty societies of its desire to work with them to repeal of legislation that criminalizes nondisclosure of Human Immunodeficiency Virus (HIV) status for people living with HIV. |
| RES 433-A-19 | Transformation of Rural Community Public Health Systems | Adopted as Amended. | A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Science and Public Health report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |

| Report/Resolution | Title | House Action | Status |
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| RES 434-A-19 | Change in Marijuana Classification to Allow Research | Policy H-95.952 Reaffirmed in Lieu of Resolution 434-A-19. | AMA policy database has been updated. |
| RES 501-A-19 | USP 800 | Adopted as Amended. | Our AMA has continued to work closely with a coalition of specialty societies to ensure continued focus on preserving physician in-office compounding. AMA led a sign-on letter to FDA to urge FDA to preserve physician in-office compounding, followed by discussions with Janet Woodcock, MD Director of CDER, and Don Ashley, Director of the CDER Office of Compliance with respect to the same. AMA worked closely with specialties and USP throughout the USP chapter revision process to ensure the USP chapters would continue to permit physician in-office compounding. We were successful in obtaining an exemption to USP Chapter 797 for sterile compounding that allows physicians to prepare sterile drug products without meeting further requirements of the chapter so long as those products are administered to patients within a four hour window. The Chapter has been finalized but is awaiting a final effective date. AMA continues to work closely with our dermatology colleagues to ensure continued access to dermatology products outside the bounds of Chapter 797. AMA has also worked closely with USP to provide clarification to specialties on the applicability of USP Chapter 800, which will only apply to physicians who are deemed to be compounding under Chapter 797. Physicians falling under the Chapter 797 exemption will not be subject to Chapter 800 requirements. |
| RES 502-A-19 | Destigmatizing the Language of Addiction | Adopted. | Strategy being developed and funds requested to implement. |
| RES 503-A-19 | Support for Children of Incarcerated Parents | Alternate Resolution 503 Adopted in Lieu of Resolutions 503 and 531-A-19. | AMA policy database has been updated. |
| RES 504-A-19 | Adverse Childhood Experiences and Trauma-Informed Care | Alternate Resolution Adopted in Lieu of Resolutions 504 and 526-A-19. | AMA policy database has been updated. |
| RES 505-A-19 | Glyphosate Studies | Policies H-135.942 and D-135.997 Reaffirmed in Lieu of Resolution 505-A-19. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
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| RES 506-A-19 | Clarify Advertising and Contents of Herbal Remedies and Dietary Supplements | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 507-A-19 | Removing Ethylene Oxide as a Medical Sterilant from Healthcare | Referred for Decision. | <p>Resolution 507, introduced by the Illinois Delegation, asked that our AMA adopt as policy and urge, as appropriate, the prevention of ethylene oxide emissions and substitution of ethylene oxide (EtO) with less toxic sterilization alternatives that are currently available, including hydrogen peroxide, steam, and other safer alternatives, which do not release carcinogens into the workplace or community air and allow no residual exposures to the patient and urge that when health care facilities are evaluating surgical and medical devices that require sterilization, in addition to effectiveness of the device for best patient outcomes, that facilities also be required to prioritize the modes of sterilization for the highest degree of worker and environmental safety. Incidence of excessive EtO emissions from an Illinois sterilization facility that are currently being investigated at the state and federal level were the impetus for this resolution. Additionally, California recently passed legislation limiting the use of EtO due to similar public health concerns, and this led to surgical supply shortage and compromised patient care. There could be unintended consequences if the resolution were adopted as submitted. For some medical devices, EtO is the only approved sterilization method, so mitigation of the use of EtO before appropriate alternatives are in place could be problematic for continued product availability and patient safety.</p> <p>The Board VOTED that the following alternate resolution be adopted in lieu of Resolution 507:</p> <p>Medical Sterilant Safety Our American Medical Association:</p> <ol style="list-style-type: none"> 1.Supports minimizing emissions of and exposure to toxic medical sterilants, such as ethylene oxide; 2.Supports the substitution of toxic medical sterilants, such as ethylene oxide, with less toxic medical sterilization alternatives when appropriate; 3.Supports prioritization of the modes of sterilization for the highest degree of worker and environmental safety, in addition to effectiveness of the device for best patient outcomes, when health care facilities are evaluating surgical and medical devices that require sterilization; and 4.Urges research to advance innovative ways to sterilize medical devices with lower levels of currently used agents, and employ less toxic agents or alternatives, while maintaining device safety and effectiveness. (New HOD Policy) |
| RES 508-A-19 | Concomitant Use of Bnzodiazepine and Opioids | Adopted as Amended, with Change in Title. | Our AMA has notified all state and medical specialty societies as well as physicians and patients of the risks associated with benzodiazepine /opioids combination and concomitant use of benzodiazepine and opioids. |

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| RES 509-A-19 | Addressing Depression to Prevent Suicide Epidemic | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 510-A-19 | The Intracranial Hemorrhage Anticoagulation Reversal (ICHAR) Initiative | Adopted as Amended. | AMA policy database has been updated. |
| RES 511-A-19 | Mandating Critical Congenital Heart Defect Screening in Newborns | Adopted. | AMA policy database has been updated. |
| RES 512-A-19 | Disclosure of Risk to Fertility with Gonadotoxic Treatment | Adopted as Amended, with Change of Title. | AMA policy database has been updated. |
| RES 513-A-19 | Determining Why Infertility Rates Differ Between Military and Civilian Women | Adopted as Amended. | AMA policy database has been updated. |
| RES 514-A-19 | Pain Management Following Caesarean Birth | Adopted as Amended with Change in Title. | Implementation letters prepared and sent to Deborah J. Bowen, FACHE, CAE, President and CEO, American College of Healthcare Executives and Richard J. Pollack, President and Chief Executive Officer, American Hospital Association. |
| RES 515-A-19 | Education of Sex-Based Response to Opioids | Adopted as Amended, with Change in Title. | Our AMA has notified all state and national specialty societies about AMA-developed educational materials on a variety of topics, including sex-based differences in response to opioids. These educational materials, as well as other educational resources from Federation of Medicine Members, are available on the AMA Opioid Microsite as well as the AMA EdHub. |
| RES 516-A-19 | Alcohol Consumption and Health | Adopted as Amended. | AMA policy database has been updated. |

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| RES 517-A-19 | Compounding | Resolves 1 and 3 Adopted as Amended. Resolve 2 Referred for Decision. | <p>Resolution 517 (sponsored by: the American Academy of Dermatology, American Academy of Cosmetic Surgery, American College of Mohs Surgery, American Society for Dermatologic Surgery Association, Society for Investigative Dermatology, American Society of Dermatopathology, Missouri, Florida, American Society of Ophthalmic Plastic and Reconstructive Surgery, American Society for Aesthetic Plastic Surgery, American Academy of Facial Plastic and Reconstructive Surgery, Wisconsin, South Carolina, American Vein and Lymphatic Society, New York, Utah and International Society of Hair Restoration Surgery, ACAA, and APS) had the following resolves:</p> <ul style="list-style-type: none"> •RESOLVED, That our American Medical Association provide a 50-state analysis of state law requirements governing in-office preparation of medications in physicians’ offices, including which states have adopted USP Chapter 797 and how compounding is defined by state law; and be it further •RESOLVED, That our AMA advocate that the preparation of medications in physicians’ offices is the practice of medicine and should be defined by and remain under the purview of state medical licensing boards rather than state pharmacy boards or other state regulatory bodies; and be it further •RESOLVED, That our AMA work with medical specialty societies to preserve a physician’s ability to prepare medications in physicians’ offices and be able to do so without being subject to unreasonable and burdensome equipment and process requirements. <p>Our AMA has taken a leadership role in the Federation in its discussions and advocacy to the USP and its work to revise draft Chapter 797 guidelines for sterile compounding. The AMA has also led advocacy with the Food and Drug Administration (FDA) to ensure they do not categorize physician offices as “compounding facilities” and place overly burdensome requirements on physician offices. This work not only helps guide national policy, but it also serves to help guide state-level advocacy in that many states use USP Chapter 797 to regulate compounding and follow FDA guidance, albeit compounding currently is mainly regulated by state boards pharmacy rather than state boards of medicine.</p> <p>The Board VOTED that the following amended resolves be adopted in lieu of Resolution 517-A-19 to read as follows:</p> <p>That our American Medical Association conduct a 50-state analysis of state law requirements governing in-office preparation of medications in physicians’ offices, including which states have adopted USP Chapter 797 and how compounding is defined by state law;</p> <p>That our AMA advocate that the preparation of medications by a physician for</p> |

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| | | | administration to patients treated in the physician's office is the practice of medicine; and That our AMA work with medical specialty societies to preserve a physician's ability to prepare medications in physicians' offices, and to be able to do so without being subject to unreasonable and burdensome equipment and process requirements by engaging with state policymakers (including but not limited to state legislatures, state medical boards, and state pharmacy boards) as well as accreditors. |
| RES 518-A-19 | Chemical Variability in Pharmaceutical Products | Referred for Report Back at the 2020 Annual Meeting. | A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Science and Public Health Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 519-A-19 | Childcare Availability for Persons Receiving Substance Use Disorder Treatment | Adopted. | AMA policy database has been updated. |
| RES 520-A-19 | Substance Use During Pregnancy | Adopted as Amended. Policy H-95.985 Reaffirmed. | AMA policy database has been updated. |
| RES 521-A-19 | Put Over-the-Counter Inhaled Epinephrine Behind Pharmacy Counter | Current Policy Reaffirmed | AMA policy database has been updated. |
| RES 522-A-19 | Improved Deferral Periods for Blood Donors | Adopted as Amended. | AMA policy database has been updated. |
| RES 523-A-19 | Availability and Use of Low Starting Opioid Doses | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 524-A-19 | Availability of Naloxone Boxes | Adopted. | AMA policy database has been updated. |
| RES 525-A-19 | Support for Rooming-in of Neonatal Abstinence Syndrome Patients with their Parents | Adopted as Amended. | AMA policy database has been updated. |

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| RES 526-A-19 | Trauma-Informed Care Resources and Settings | Alternate Resolution 504 Adopted in Lieu of Resolutions 503 and 531-A-19. | See Resolution 504-A-19. |
| RES 527-A-19 | Increasing the Availability of Bleeding Control Supplies | Adopted as Amended. | AMA policy database has been updated. |
| RES 528-A-19 | Developing Diagnostic Criteria and Evidence-Based Treatment Options for Problematic Pornography Viewing | Adopted. | AMA policy database has been updated. |
| RES 529-A-19 | Adverse Impacts of Delaying the Implementation of Public Health Regulations | Adopted as Amended. | Our AMA will monitor and evaluate regulation delays that impact public health, and advocate, as appropriate, to decrease such regulatory delays. Our AMA continues to monitor the situation regarding regulation delays that impact public health. |
| RES 530-A-19 | Implementing Naloxone Training into the Basic Life Support Certification Program | Adopted as Amended. | Our AMA has sent inquiries to the American Heart Association and other interested parties to discuss the resolution. |
| RES 531-A-19 | Support for Children of Incarcerated Parents | Alternate Resolution 503 Adopted in Lieu of Resolutions 503 and 531-A-19. | See Resolution 503-A-19. |
| RES 532-A-19 | Dispelling the Myths of Bystander Opioid Overdose | Adopted. | Our AMA has notified all state and national specialty societies of the importance of dispelling the fear of bystander overdose via inhalation or dermal contact with fentanyl or other synthetic derivatives and has provided resources on the topic. |
| RES 601-A-19 | AMA Policy Statement with Editorials | Not Adopted. | |
| RES 602-A-19 | Expectations for Behavior at House of Delegates Meetings | Adopted. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
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| RES 603-A-19 | Creation of an AMA Election Reform Committee | Alternate Resolution 603-A-19 Adopted in Lieu of Resolutions 603 and 611-A-19. | The Speakers appointed a task force with 11 members, all with election-related experience. The task force has engaged in extended discussions by email and met for one face-to-face meeting. A report outlining a number of issues of interest will go to the 2019 Interim Meeting (Speakers' Report 1), and the task force will hold an open forum on Nov 17, after the reference committee hearings. |
| RES 604-A-19 | Engage and Collaborate with The Joint Commission | Not Adopted. | |
| RES 605-A-19 | State Societies and the AMA Litigation Center | Adopted. | The Litigation Center has formalized a process milestone to further ensure communication with state medical societies concerning proposed Litigation Center involvement in litigation specific to such state. |
| RES 606-A-19 | Investigation into Residents, Fellows, and Physician Unions | Adopted as Amended. | Our AMA continues to study the risks and benefits of collective bargaining for physicians and physicians-in-training and works closely with state and national medical specialty societies interested in the issues raised in this Resolution. Our AMA developed an advocacy issue brief that studies the risks and benefits of collective bargaining for physicians and physicians-in-training and shared this document with all state and national medical specialty societies. Our AMA will continue to work closely with state and national medical specialty societies interested in the issues raised in this Resolution. |
| RES 607-A-19 | Re-establishment of National Guideline Clearinghouse | Adopted. | Board of Trustees Report 11 on this subject appears in the Delegates Handbook for the 2019 Interim Meeting. (Informational) HOD Action: Filed. |
| RES 608-A-19 | Financial Protections for Doctors in Training | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 609-A-19 | Update to AMA Policy H-525.998, Women in Organized Medicine | Adopted. | AMA policy database has been updated. |
| RES 610-A-19 | Mitigating Gender Bias in Medical Research | Adopted. | A letter is being prepared to send to grant funding organizations and journal publishers that have been identified. |

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| RES 611-A-19 | Election Reform | Alternate Resolution 603-A-19 Adopted in Lieu of Resolutions 603 and 611-A-19. | See Resolution 603-A-19. |
| RES 612-A-19 | Request to AMA for Training in Health Policy and Health Law | Referred. | Board of Trustees Report 6 on this subject appears in the Delegates Handbook for the 2019 Interim Meeting. (Reference Committee F) HOD Action: Recommendations in BOT Report 6-I-19 Adopted as Amended, Remainder of Report Filed. |
| RES 613-A-19 | Language Proficiency Data of Physicians in AMA Masterfile | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 614-A-19 | Racial and Ethnic Identity Demographic Collection by the AMA | Adopted as Amended. | An evaluation of the current state of the race and ethnicity data the AMA collects and the processes and systems used to maintain it has been completed. Capital has been requested in order to make the required system changes in 2020 and detailed business requirements are being developed. Additionally, we are working towards facilitating an industry advisory group, in conjunction with Health Equity leadership, to assure we are using best practices in data collection, maintenance and use around these data. |
| RES 615-A-19 | Implementing AMA Climate Change Principles through JAMA Paper Consumption Reduction and Green Healthcare Leadership | Referred. | Board of Trustees Report 8 on this subject appears in the Delegates Handbook for the 2019 Interim Meeting. (Reference Committee F) HOD Action: Recommendations in BOT Report 8-I-19 Adopted, Remainder of Report Filed. |
| RES 616-A-19 | TIME'S UP Healthcare | Adopted. | Board of Trustees Report 16 on this subject will be presented to the Board of Trustees at its November 2019 meeting with subsequent submission to the House of Delegates at the 2019 Interim Meeting. HOD Action: Filed. |
| RES 617-A-19 | Advocacy for Physicians with Disabilities | Adopted as Amended, with Change in Title. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |

| Report/Resolution | Title | House Action | Status |
|-------------------|--|----------------------------|--|
| RES 618-A-19 | Stakeholder Input to Reports of the House of Delegates | Adopted as Amended. | To fulfill this policy (G-600.071) a listing of pending Board of Trustees and council reports was compiled and posted on the AMA website (https://www.ama-assn.org/system/files/2019-08/2019-interim-pending-reports.pdf). Each item includes an email link that can be used to submit comments. The list includes reports expected at I-19 and A-20, along with a few reports expected at later meetings. The list will be updated following each HOD meeting. |
| RES 701-A-19 | Coding for Prior Authorization Obstacles | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 702-A-19 | Peer Support Groups for Second Victims | Adopted as Amended. | <p>Our AMA is actively working with author, Dr. Jo Shapiro, on developing a STEPS forward module to educate and advise physicians on setting up a peer support group for second victims. This module is pending an initial outline, expected in October 2019 with publication planned for 2020 calendar year.</p> <p>Our AMA is actively developing a set of research questions to be incorporated into the AMA Wellbeing Data Lab question bank to assist organizations in evaluating the occurrence of effects resulting from adverse patient outcome or medical errors amongst their medical staffs. Our AMA also plans to incorporate these questions into future studies of physician burnout.</p> <p>Our AMA intends to update criteria for the Joy in Medicine Recognition Program, requiring Bronze level award recipients to establish a support group for second victims. This criterion will be added to the application process in the 2020 calendar year.</p> <p>The AMA is developing a STEPS Forward module to educate and advise physicians on setting up a peer support group for second victims. This module is planned for release in June 2020.</p> <p>The AMA is actively developing a set of research questions to be incorporated into the AMA Wellbeing Data Lab question bank to assist organizations in evaluating the occurrence of effects resulting from adverse patient outcome or medical errors amongst their medical staffs. The AMA also plans to incorporate these questions into future studies of physician burnout as relevant.</p> <p>The AMA updated criteria for the Joy in Medicine Recognition Program, requiring Bronze level award recipients to establish a support group for second victims.</p> <p>The AMA is exploring available data to study possible relationship between self-reported medical error and suicidal ideation to help quantify the effects of adverse events on physicians' mental well-being.</p> |

| Report/Resolution | Title | House Action | Status |
|-------------------|--|---|---|
| RES 703-A-19 | Preservation of the Patient-Physician Relationship | Referred. | A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting. |
| RES 704-A-19 | Prior Authorization Reform | Adopted. | AMA staff actively participate in electronic standards organizations, monitor developments related to medical services prior authorization automation (e.g., HL7 Da Vinci Project), and advocate for physicians' interests in these settings. The AMA continues to push public and commercial insurers to reduce the overall volume of prior authorizations requirements. |
| RES 705-A-19 | Physician Requirements for Comprehensive Stroke Center Designation | Not Adopted. | |
| RES 706-A-19 | Hospital Falls and "Never Events" - A Need for More in Depth Study | Alternate Resolution Adopted in Lieu of Resolution 706-A-19. | Our AMA will monitor state medical associations and national medical specialty societies research activity around patient falls with injury. |
| RES 707-A-19 | Cost of Unpaid Patient Deductibles on Physician Staff Time | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 708-A-19 | Access to Psychiatric Treatment in Long-Term Care | Policy D-120.951 Reaffirmed. | AMA policy database has been updated. |
| RES 709-A-19 | Promoting Accountability in Prior Authorization | Alternate Resolution Adopted in Lieu of Resolution 709-A-19, with Report Back at the 2020 Annual Meeting. | A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Medical Service Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 710-A-19 | Council for Affordable Quality Healthcare Attestation | Adopted. | Our AMA sent a letter to CAQH urging a reduction in the frequency of re-attestation for credentialing purposes and exploration of ways to minimize the burdens of this process, especially when there have been no changes in a physician's relevant data. |
| RES 711-A-19 | Effects of Hospital Integrated System ACOs | Alternate Resolution Adopted in Lieu of Resolution 711-A-19. | AMA policy database has been updated. |

| Report/Resolution | Title | House Action | Status |
|-------------------|---|--|--|
| RES 712-A-19 | Promotion of Early Recognition and Treatment of Sepsis Out-of-Hospital Healthcare Providers to Save Lives | Alternate Resolution Adopted in Lieu of Resolution 712-A-19. | AMA policy database has been updated. |
| RES 713-A-19 | Selective Application of Prior Authorization | Policy H-320.939 Reaffirmed in Lieu of Resolution 713-A-19. | AMA policy database has been updated. |
| RES 714-A-19 | Medicare Advantage Step Therapy | Alternate Resolution Adopted in Lieu of Resolution 714-A-19. | <p>Our AMA has actively worked to address the burdens of utilization management strategies such as step therapy and prior authorization. We have written letters to CMS and Congress calling for Medicare Advantage plans to selectively apply utilization management prior authorization requirements (including step therapy), target outliers, use evidence-based guidelines, and other strategies to avoid adverse events and enable prompt patient access to care.</p> <p>Our AMA continues to engage with the Administration and Congress calling for Medicare Advantage plans to selectively apply utilization management prior authorization requirements (including step therapy), target outliers, use evidence-based guidelines, and other strategies to avoid adverse events and enable prompt patient access to care. Most recently in April 2020, our AMA drafted a comment letter to CMS regarding the Medicare Advantage/Part D NPRM in which it addressed several issues related to prior authorization and step therapy. Our AMA has called on CMS to prohibit prior authorization by MA and Part D plans during the COVID-19 public health emergency and CMS has encouraged them to do so.</p> |
| RES 715-A-19 | Managing Patient-Physician Relations within Medicare Advantage Plans | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 716-A-19 | Health Plan Claim Auditing Programs | Current Policy Reaffirmed. | AMA policy database has been updated. |
| RES 717-A-19 | Military Physician Reintegration into Civilian Practice | Alternate Resolution Adopted in Lieu of Resolution 717-A-19. | Two actions are planned: (1) survey members of the AMA Organized Medical Staff Section (AMA-OMSS) to obtain examples of alternative credentialing processes for physicians who do not meet the traditional minimum volume requirements needed to obtain and maintain credentials and privileges; and (2) build a model either that is compliant with current accrediting body standards or advocate for change, as appropriate. |

| Report/Resolution | Title | House Action | Status |
|--------------------------|---|--|---|
| RES 718-A-19 | Economic Discrimination in the Hospital Practice Setting | Referred. | A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Annual Meeting. A Council on Medical Service Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting. |
| RES 719-A-19 | Interference with Practice of Medicine by the Nuclear Regulatory Commission | Alternate Resolution Adopted in Lieu of Resolution 719-A-19. | In a July 2019, the AMA sent a letter opposing the Nuclear Regulatory Commission's proposals to establishing alternate training pathways would weaken the Training and Experience Requirements for Radiopharmaceuticals. The letter emphasized that there was no evidence of shortage of authorized users and maintained that the current requirements will better ensure quality and safety. |