

## Status - Implementation of Resolutions and Report Recommendations AMA House of Delegates Interim Meeting - November 16-19, 2019

Report/Resolution	Title	House Action	Status
BOT Report 01-I-19	Legalization of the Deferred Action for Legal Childhood Arrival (DALCA)	Recommendations in BOT Report 1-I-19 Adopted, Remainder of Report Filed.	AMA policy database updated.
BOT Report 02-I-19	Enabling Methadone Treatment of Opioid Use Disorder in Primary Care Settings	Recommendations 1 and 3 of BOT Report 2-I-19 Adopted, Recommendation 2 Referred, Remainder of Report Filed.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting. Our AMA Advocacy and Public Health teams are gathering additional information regarding research called for by the first recommendation. AMA Advocacy and Public Health teams will include this research and other resources on the AMA Opioid Task Force microsite.
BOT Report 03-I-19	Restriction on IMG Moonlighting	Recommendations in BOT Report 3-I-19 Adopted , Remainder of Report Filed.	No action necessary.
BOT Report 06-I-19	Physician Health Policy Opportunity; Request to AMA for Training in Health Policy and Health Law	Recommendations in BOT Report 6-I-19 Adopted as Amended, Remainder of Report Filed.	In February 2020 our AMA met with leadership from the Robert Wood Johnson Foundation Health Policy Fellows, which is in association with the National Academy of Medicine, to explore a potential collaboration to develop health policy programs specifically for physicians. Our AMA will continue to explore that endeavor as the Robert Wood Johnson Foundation has decades of expertise in providing non-partisan health care policy education. Our efforts on the other recommendations were paused during the COVID-19 pandemic.
BOT Report 08-I-19	Implementing AMA Climate Change Principles through JAMA Paper Consumption Reduction and Green Healthcare Leadership	Recommendations in BOT Report 8-I-19 Adopted, Remainder of Report Filed.	As recommended, we have reduced the circulation of JAMA Surgery by 94% from 3,070 average monthly copies in 2019 to 179 total copies in June 2020. We received the full support of the EIC and editorial board in this effort to reduce our carbon footprint and are currently evaluating additional Specialty Journals to extend reductions to in 2021.
BOT Report 09-I-19	Opioid Mitigation	Recommendations in BOT Report 9-I-19 Adopted, Remainder of Report Filed.	Our AMA strongly advocated for enforcement of mental health and substance use disorder parity laws with multiple federal and state agencies, including ONDCP and CMS. With ASAM and APA, we developed an Enhanced Attestation tool for parity and encouraged policymakers and payers to utilize it. During the COVID-19 public health emergency, we strongly advocated for federal and state policymakers to ensure innovative approaches, such as telehealth and audio-only visits and take-home medication, be available to help patients with opioid use disorder to access evidence-based treatment while adhering to stay-at-home guidance. Our AMA has updated model legislation on sterile needle and syringe exchange, which was approved by the COL and BOT earlier this year.
BOT Report 12-I-19	Distracted Driver Education and Advocacy	Recommendations in BOT Report 12-I-19 Adopted, Remainder of Report Filed.	A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.

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BOT Report 15-I-19	Repealing Potential Penalties Associated with MIPS; Reducing the Regulatory Burden in Health Care; Improving the Quality Payment Program and Preserving Patient Access	Recommendations in BOT Report 15-I-19 Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
BOT Report 17-I-19	Speciality Society Representation in the House of Delegates-Five-Year Review	Recommendations in BOT Report 17-I-19 Adopted, Remainder of Report Filed.	The American College of Cardiology, American College of Chest Physicians, American College of Emergency Physicians, American College of Gastroenterology, American College of Nuclear Medicine and American Medical Group Association all retained representation in the House of Delegates. The American Medical Group Association has been reclassified as a Professional Interest Medical Association (PIMA).
CCB Report 01-I-19	Parity in our AMA House of Delegates	Recommendations in CCB Report 1-I-19 Adopted, Remainder of Report Filed.	AMA Bylaws updated.
CCB Report 02-I-19	Bylaw Consistency--Certification Authority for Societies represented in our AMA House of Delegates and Advance Certification for those Societies	Recommendations in CCB Report 2-I-19 Adopted, Remainder of Report Filed.	AMA Bylaws updated.
CCB Report 03-I-19	AMA Delegation Apportionment	Recommendations in CCB Report 3-I-19 Adopted, Remainder of Report Filed.	AMA Bylaws updated.
CCB Report 04-I-19	Data for Specialty Society Five-Year Review	Recommendation in CCB Report 4-I-19 Adopted, Remainder of Report Filed.	AMA Bylaws updated.
CEJA Report 01-I-19	Competence, Self-Assessment and Self-Awareness	Recommendations in CEJA Report 1-I-19 Adopted, Remainder of Report Filed.	AMA policy database updated.
CEJA Report 02-I-19	Amendment to E-1.2.2, "Disruptive Behavior by Patients"	Recommendations in CEJA Report 2-I-19 Referred.	A Council on Ethical and Judicial Affairs Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.
CLRPD Report 01-I-19	Academic Physicians Section Five-Year Review	Recommendations in CLRPD Report 1-I-19 Adopted, Remainder of Report Filed.	
CME Report 02-I-19	Healthcare Finance in the Medical School Curriculum	Recommendations in CME Report 2-I-19 Adopted as Amended in Lieu of Resolution 307-I-19, Remainder of Report Filed.	The House action was transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article and a press release in November.  The AMA Policy Finder database has been updated (Policy H-295.924, "Future Directions for Socioeconomic Education").

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
CME Report 03-I-19	Standardization of Medical Licensing Time Limits Across States	Recommendations in CME Report 3-I-19 Adopted as Amended, Remainder of Report Filed.	<p>The House action was transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article in November.</p> <p>A letter was sent to the Federation of State Medical Boards to ask them to: 1) urge the state medical and osteopathic boards that maintain a time limit for completing licensing examination sequences for either USMLE or COMLEX to adopt a time limit of no less than 10 years for completion of the licensing exams; and 2) urge that state medical and osteopathic licensing boards with time limits for completing the licensing examination sequence provide for exceptions that may involve personal health/family circumstances.</p>
CME Report 04-I-19	Board Certification Changes Impact Access to Addiction Medicine Specialists	Recommendations in CME Report 4-I-19 Adopted as Amended, Remainder of Report Filed.	<p>Letters were sent to the American Board of Medical Specialties (ABMS) and American Board of Preventive Medicine (ABPM) to inform them that the AMA recognizes the ABPM for developing and providing pathways for all qualified physicians to obtain ABMS-approved certification in the new ABPM subspecialty of addiction medicine, in order to improve access to care for patients with substance use disorder.</p> <p>A letter was sent to the American Osteopathic Association (AOA) to inform them that the AMA recognizes: 1) the American Osteopathic Association Bureau of Osteopathic Specialists for developing and providing a pathway for all qualified physicians to obtain subspecialty certification in addiction medicine, in order to improve access to care for patients with substance use disorder; and 2) AOA for developing and providing a pathway for qualified physicians (DOs and MDs) with an active primary AOA board certification in any specialty to obtain subspecialty certification in Addiction Medicine, in order to improve access to care for patients with substance use disorder.</p> <p>The AMA Policy Finder database has been updated (H-300.962, “Recognition of Those Who Practice Addiction Medicine”).</p>
CME Report 06-I-19	Veterans Health Administration Funding of Graduate Medical Education	Recommendations in CME Report 6-I-19 Adopted as Amended, Remainder of Report Filed.	<p>Letters were sent to the U.S. Department of Veterans Affairs and Accreditation Council for Graduate Medical Education to inform them that the AMA: 1) supports postgraduate medical education service obligations through programs where the expectation for service, such as military service, is reasonable and explicitly delineated in the contract with the trainee; and 2) opposes the blanket imposition of service obligations through any program where physician trainees rotate through the facility as one of many sites for their training.</p>

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
CMS Report 01-I-19	Established Patient Relationships and Telemedicine	Recommendations in CMS Report 1-I-19 Adopted as Amended, Remainder of Report Filed.	Our AMA continues to advocate to the Interstate Medical Licensure Compact Commission and Federation of State Medical Boards for reduced application fees and secondary state licensure(s) fees processed through the Interstate Medical Licensure Compact. The AMA has notified all state and specialty medical associations of its willingness to work with them in encouraging states to pass legislation enhancing patient access to and proper regulation of telemedicine services, in accordance with AMA Policy H28 480.946, Coverage of and Payment for Telemedicine.
CMS Report 02-I-19	Addressing Financial Incentives to Shop for Lower-Cost Health Care	Recommendations in CMS Report 2-I-19 Adopted as Amended, Remainder of Report Filed.	AMA policy database updated.
CMS Report 03-I-19	Improving Risk Adjustment in Alternative Payment Models	Recommendations in CMS Report 3-I-19 Adopted as Amended, Remainder of Report Filed.	AMA policy database updated.
CMS Report 04-I-19	Mechanisms to Address High and Escalating Pharmaceutical Prices	Recommendations in CMS Report 4-I-19 Adopted as Amended in Lieu of Resolutions 802 and 805-I-19, Remainder of Report Filed.	AMA policy database updated.
CSAPH Report 01-I-19	Mandatory Reporting of Diseases and Conditions (Resolution 915-I-18)	Recommendations in CSAPH Report 1-I-19 Adopted as Amended, Remainder of Report Filed.	AMA policy database updated.
CSAPH Report 02-I-19	Real-World Data and Real-World Evidence in Medical Product Decision Making	Recommendations in CSAPH Report 2-I-19 Adopted, Remainder of Report Filed.	AMA policy database updated.
CSAPH Report 03-I-19	Patient Use of Non-FDA Approved Cannabis and Cannabinoids in Hospitals (Resolution 414-A-19)	Recommendations in CSAPH Report 3-I-19 Adopted as Amended, Remainder of Report Filed.	AMA policy database updated.
HOD Comp Cmte I-19	Report of the House of Delegates Committee on Compensation of the Officers	Recommendations in the HOD Compensation Committee Report I-19 Adopted, Remainder of Report Filed.	For information.
RES 001-I-19	Support for the Use of Psychiatric Advance Directives	Referred.	A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.
RES 002-I-19	Endorsing the Creation of a Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Research IRB Training	Adopted.	A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 003-I-19	Accurate Collection of Preferred Language and Disaggregated Race and Ethnicity to Characterize Health Disparities	Adopted as Amended.	In a March 2020 letter to Office of the National Coordinator for Health Information Technology (ONC), our AMA encouraged the ONC to work with other agencies, including their Office of Minority Health, to ensure that research and analysis protocols improve data collection and use of racial and ethnic data to improve demographic diversity. Research grounded in data gleaned from fully representative samples of diverse populations will enhance understanding of how discrimination and other stressors impact health outcomes. Utilizing an equity framework in research and analysis can also help restore trustworthiness in institutions that have exacerbated social and medical harms in past medical studies and interventions.
RES 004-I-19	Improving Inclusiveness of Transgender Patients within Electronic Medical Record Systems	Adopted as Amended.	AMA policy database updated.
RES 005-I-19	Removing Sex Designation from the Public Portion of the Birth Certificate	Referred.	Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
RES 007-I-19	Addressing the Racial Pay Gap in Medicine	Adopted as Amended.	AMA policy database updated.
RES 009-I-19	Data for Specialty Society Five-Year Review	Adopted.	AMA policy database updated.
RES 010-I-19	Ban Conversion Therapy	Adopted as Amended, with Change in Title.	Our AMA is conveying support to the sponsors of legislation that would ban conversion therapy, the Therapeutic Fraud Prevention Act of 2019 (H.R. 3570/S. 2008), introduced by Representative Ted Lieu (D-CA) and Senator Patty Murray (D-WA). Our AMA is also in the process of drafting state model legislation to ban so-called “conversion therapy” for sexual orientation or gender identity.
RES 011-I-19	End Child Marriage	Adopted as Amended.	The issue of regulating child marriage in the U.S. is primarily done at the state level. However, federal bills have been introduced that would require an alien who seeks to qualify for a nonimmigrant visa as the fiancé or spouse of a U.S. citizen to be at least 18 years old, and the sponsoring U.S. citizen must also be at least 18 years old. Our AMA is communicating with the sponsors of these bills to indicate our opposition to child marriage and will monitor for any additional relevant legislation. Our AMA has notified all state and specialty medical associations of its willingness to work with interested partners to advocate for state legislation to end the practice of child marriage.
RES 012-I-19	Study of Forced Organ Harvesting by China	Adopted.	A Board Report on this subject will appear in the handbook at the next Regular House of Delegates Meeting.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 201-I-19	Advocating for the Standardization and Regulation of Outpatient Addiction Rehabilitation Facilities	Referred.	Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
RES 202-I-19	Support for Veterans Courts	Adopted.	In February 2020, our AMA voiced support of specialized Veterans Courts as a method of intervention for veterans who commit criminal offenses that may be related to a neurological or psychiatric disorder. We sent letters to the National Association of Drug Court Professionals (NADCP) and the National Governors Association (NGA).
RES 203-I-19	Support Expansion of Good Samaritan Laws	Adopted.	AMA policy database updated.
RES 204-I-19	AMA Position on Payment Provisions in Health Insurance Policies	Current Policy Reaffirmed.	AMA policy database updated.
RES 205-I-19	Co-Pay Accumulators	Adopted as Amended.	Our AMA is in the process of drafting model legislation based on recent Virginia law regarding co-pay accumulators for all pharmaceuticals, biologics, medical devices and medical equipment.
RES 206-I-19	Improvement of Healthcare Access in Underserved Areas	Adopted as Amended, with Change in Title.	AMA policy database updated.
RES 207-I-19	Pharmaceutical Advertising in Electronic Health Record Systems	Adopted as Amended.	In a January 2020 letter, our AMA cautioned CMS about EHRs inappropriately influencing physicians through marketing embedded within their workflow. We encouraged the federal government to study the effects of direct-to-physician advertising at the point-of-care, including advertising in EHRs, on physician prescribing, patient safety, health care costs, and EHR access. Our AMA will continue to engage with various federal agencies and private stakeholders, including EHR vendors, on direct-to-physician advertising at the point-of-care. Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
RES 208-I-19	Net Neutrality and Public Health	Referred.	Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
RES 209-I-19	Federal Government Regulation and Promoting Patient Access to Kidney Transplantation	Current Policy Reaffirmed.	AMA policy database updated.
RES 210-I-19	Federal Government Regulation and Promoting Renal Transplantation	Alternate Resoluion 210 Adopted in Lieu of Resolution 210-I-19.	In May 2020, our AMA sent a letter urging a review of the regulations and oversight policies governing transplant centers in order to support the Executive Order on Advancing Americans' Kidney Health. The letter specifically urged HHS to streamline the procurement process and to encourage transplant centers to relax their donor criteria to accept more donor kidneys.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 211-I-19	Effects of Net Neutrality on Public Health	Referred with Res 208.	See Resolution 208.
RES 212-I-19	Centers for Medicare and Medicaid Services Open Payments Program	Adopted as Amended.	AMA policy database updated.
RES 213-I-19	Data Completeness and the House of Medicine	Adopted as Amended.	Our AMA continues to work with stakeholder organizations to support efforts to strengthen All Payer Claims Databases, including, but not limited to, supporting reforms to permit states to mandate submission of data from self-insured ERISA plans and supporting the adoption of a standardized set of health care claims data.
RES 214-I-19	AMA Should Provide a Summary of Its Advocacy Efforts on Surprise Medical Bills	Not Adopted.	
RES 215-I-19	Board Certification of Physician Assistants	Adopted as Amended.	AMA policy database updated.
RES 216-I-19	Legislation to Facilitate Corrections-to-Community Healthcare Continuity via Medicaid	Adopted as Amended.	AMA policy database updated.
RES 217-I-19	Promoting Salary Transparency Among Veterans Health Administration Employed Physicians	Adopted.	Our AMA continues to advocate for changes at the VA that will encourage physician recruitment and retention and discourage low morale. This includes urging the VA to establish pay scales that are not discriminatory and are competitive with the private sector.
RES 218-I-19	Private Payers and Office Visit Policies	Current Policy Reaffirmed.	AMA policy database updated.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 219-I-19	Quality Payment Program and the Immediate Availability of Results in Certified Electronic Health Record Technologies	Adopted as Amended, with Change in Title.	<p>Our AMA continues to engage with CMS and EHR vendors in including additional flexibility in programmatic requirements, customization in EHR functionality, and physician autonomy in physician engagement with patients. In a November 2019 letter, our AMA requested that CMS remove prescriptive MIPS program requirements which have been shown to interfere with physicians' workflows and the practice of medicine. We further advocated that changes to federal reporting requirements would remove limitations on EHR development, allowing EHR vendors to be more responsive to physician and patient needs. In a March 2020 letter to ONC, our AMA asked both CMS and ONC to examine all current and forthcoming policies to minimize physician burden, burnout, and frustration and requested a new strategy be developed that accommodates physician needs.</p> <p>Resolve 2 - Resolve 2 - The AMA is scoping out appropriate options for addressing this policy. The recently released ONC interoperability rule will have an impact on how this work develops. Given that patients will have immediate access to their information if they request it (per the rule), there may be adjustments needed at both the vendor and health system/physician practice levels. Any recommendations made to vendors will address physician autonomy, but also have to comply with federal regulation around patient access and information blocking. As the AMA develops the best approach, it will collaborate across units to ensure alignment with AMA priorities, federal regulations, and the implementation of Resolve 1 of this policy.</p>
RES 220-I-19	Oppose Mandatory DNA Collection of Migrants	Adopted.	<p>In a December 2019 letter to the U.S. Department of Justice (DOJ) our AMA urged the DOJ not to expand the use of DNA-sample collection as it undermines fundamental and long-standing accepted ethical conventions related to privacy and consent, as well as due process requirements when the federal government collects health information absent a compelling public health or public safety need.</p>
RES 221-I-19	Safe Supervision of Complex Radiation Oncology and Hyperbaric Oxygen Therapeutic Procedures	Adopted as Amended, with Change in Title.	<p>Our AMA has discussed the supervision requirements with the relevant radiation oncology specialties and is communicating the AMA's views to CMS as part of its 2021 OPPS rulemaking process.</p>
RES 222-I-19	State Board Scope of Practice Expansion Beyond Statute	Adopted as Amended.	<p>Our AMA Advocacy Resource Center, AMA Scope of Practice Partnership and AMA Office of General Counsel continue to consider all available legal, regulatory and legislative options to oppose state board decisions that increase non-physician health care provider scope of practice beyond legislative statute or regulation.</p>



<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 223-I-19	Appropriate Use of Scientific Studies and Data in the Development of Public Policy	Adopted as Amended.	In May 2020, our AMA sent a letter to the Environmental Protection Agency opposing implementation of a proposal, entitled Strengthening Transparency in Regulatory Science, that would make it more difficult to develop evidence-based clean air and water standards that are based on data from studies that use confidential health information.
RES 301-I-19	Engaging Stakeholders for Establishment of a Two-Interval, or Pass/Fail, Grading System of Non-Clinical Curriculum in U.S. Medical Schools	Adopted.	The AMA Policy Finder database has been updated (H-295.866, “Supporting Two-Interval Grading Systems for Medical Education”).  The Council on Medical Education is working with stakeholders to encourage the establishment of a two-interval grading system in medical colleges and universities in the United States for the non-clinical curriculum.
RES 302-I-19	Strengthening Standards for LGBTQ Medical Education	Adopted as Amended.	The House action was transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article and a press release in November.  The AMA Policy Finder database has been updated (H-295.878, “Eliminating Health Disparities - Promoting Awareness and Education of Sexual Orientation and Gender Identity Health Issues in Medical Education”).
RES 303-I-19	Investigation of Existing Application Barriers for Osteopathic Medical Students Applying for Away Rotations	Adopted.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
RES 304-I-19	Issues with the Match, the National Residency Matching Program (NRMP)	Referred.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
RES 305-I-19	Ensuring Access to Safe and Quality Care for our Veterans	Adopted as Amended.	The House action was transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article in November.  The AMA maintains a robust library on its EdHub of more than a dozen CME activities directed at the health of veterans. The AMA is also having discussions with the Educational Division of the Veterans Health Administration about bringing its educational programs to a larger audience of physicians.  The AMA Policy Finder database has been updated (H-510.986, “Ensuring Access to Safe and Quality Care for our Veterans”).
RES 306-I-19	Financial Burden of USMLE Step 2 CS on Medical Students	Current Policy Reaffirmed.	AMA policy database updated.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 307-I-19	Implementation of Financial Education Curriculum for Medical Students and Physicians in Training	Recommendations in CME Report 2-I-19 Adopted as Amended in Lieu of Resolution 307-I-19, Remainder of Report Filed.	AMA policy database updated.
RES 308-I-19	Study Expediting Entry of Qualified IMG Physicians to US Medical Practice	Adopted.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
RES 309-I-19	Follow-up on Abnormal Medical Test Findings	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.

Report/Resolution	Title	House Action	Status
RES 310-I-19	Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure	Adopted as Amended.	<p>On May 11, 2020, CMS released the FY 2021 Inpatient Prospective Payment Services (IPPS) Proposed Rule, which includes proposed changes related to closing hospitals and closing residency programs. CMS’ proposals focus on how “displaced residents” are defined for purposes of determining whether the closing hospital or program can voluntarily transfer temporary cap slots to other hospitals that agree to train the residents for the remainder of their programs and other issues associated with funding these displaced residency slots. The proposed changes will take effect October 1, 2020. As such, our AMA will submit comments on July 10, 2020, that address our recommendations for protecting residents and fellows impacted by program or hospital closure.</p> <p>The House action was transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article in November.</p> <p>The Council on Medical Education is preparing CME Report 5-I-20, Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure (H-310.943), for the 2020 Interim HOD Meeting.</p> <p>The AMA partnered with the Pennsylvania Medical Society (PAMED), Philadelphia County Medical Society and other stakeholders in working toward a resolution for the physicians affected by the closure of Hahnemann University Hospital. The AMA Litigation Center agreed to underwrite an attorney, Jeremy Ryan of Potter Anderson Corroon who successfully represented the residents and fellows in the Hahnemann bankruptcy and other court proceedings, specifically related to tail insurance coverage.</p> <p>The AMA planned to convene a stakeholder forum with Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, National Resident Matching Program, Educational Commission for Foreign Medical Graduates, Centers for Medicare and Medicaid Services at the 2020 Annual Meeting to discuss efforts made to develop a stepwise algorithm to assist residents and fellows with finding and obtaining alternative training positions; create a centralized, regulated process for displaced residents and fellows to obtain new training positions and develop pathways that ensure that closing and accepting institutions provide liability insurance coverage to residents, at no cost to residents. This stakeholder forum has been postponed due to the suspension of the 2020 Annual Meeting.</p>
RES 602-I-19	Preserving Childcare at AMA Meetings	Adopted as Amended.	AMA policy database updated.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 801-I-19	Reimbursement for Post-Exposure Protocol for Needlestick Injuries	Alternate Resolution Adopted in Lieu of Resolution 801-I-19.	AMA policy database updated.
RES 802-I-19	Ensuring Fair Pricing of Drugs Developed with the United States Government	Recommendations in CMS Report 4-I-19 Adopted as Amended in Lieu of Resolutions 802 and 805-I-19, Remainder of Report Filed.	See CMS Report 4-I-19.
RES 803-I-19	Encourage Federal Efforts to Expand Access to Scheduled Dialysis for Undocumented People	Current Policy Reaffirmed.	AMA policy database updated.
RES 804-I-19	Protecting Seniors from Medicare Advantage Plans	Current Policy Reaffirmed.	AMA policy database updated.
RES 805-I-19	Fair Medication Pricing for Patients in United States: Advocating for a Global Pricing Standard	Recommendations in CMS Report 4-I-19 Adopted as Amended in Lieu of Resolutions 802 and 805-I-19, Remainder of Report Filed.	See CMS Report 4-I-19.
RES 806-I-19	Support for Housing Modification Policies	Adopted as Amended.	AMA policy database updated.
RES 807-I-19	Addressing the Need for Low Vision Aid Devices	Adopted as Amended.	AMA policy database updated.
RES 808-I-19	Protecting Patient Access to Seat Elevation and Standing Features in Power Wheelchairs	Adopted as Amended.	In May 2020, our AMA urged CMS to render a benefit category determination (BCD) that would require the Medicare Administrative Contractors to cover the seat elevation and standing features of power wheelchairs as medically necessary durable medical equipment (DME) for beneficiaries with personal mobility deficits.
RES 809-I-19	AMA Principles of Medicaid Reform	Referred.	A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
RES 810-I-19	Hospital Medical Staff Policy	Adopted as Amended.	This issue will be addressed as part of a comprehensive substantive update of the AMA Physicians Guide to Medical Staff Organization Bylaws (6th edition revised).
RES 811-I-19	Require Payers to Share Prior Authorization Cost Burden	Adopted as Amended.	During the COVID-19 public health emergency, our AMA has been aggressively advocating for CMS to require Medicare Part D and Medicare Advantage plans to waive all prior authorization requirements in order to reduce the burden on already strapped medical practices that have neither administrative nor physician time to spare. In response, CMS has encouraged but not required plans to waive prior authorization requirements.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 812-I-19	Autopsy Standards as Condition of Participation	Adopted.	In May 2020, our AMA sent a letter urging the Centers for Medicare & Medicaid Services to reconsider its decision to no longer require hospitals to provide autopsies as a Medicare condition of reimbursement.
RES 813-I-19	Public Reporting of PBM Rebates	Adopted.	The intent of the recommendation has been a regular component of AMA advocacy to the National Association of Insurance Commissioners, National Conference of Insurance Legislators and others. The intent also is captured in our AMA model state legislation to increase drug cost transparency by health insurers, manufacturers and PBMs, and our AMA Advocacy Resource Center promotes this model bill to state medical associations on a regular basis and offers its assistance on efforts to secure passage.
RES 814-I-19	PBM Value-Based Framework for Formulary Design	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
RES 815-I-19	Step Therapy	Adopted as Amended.	Our AMA continues its ongoing advocacy campaign to reduce the patient harms and practice burdens associated with prior authorization and step therapy requirements. Our AMA urges all commercial and government payers to comply with the concepts outlined in the Prior Authorization and Utilization Management Reform Principles. Our AMA notified all states and national medical specialty societies of its desire to work with them to support any state legislation and/or regulation that would allow timely clinician-initiated exceptions to, and place reasonable limits on, step therapy protocols imposed by health care plans.
RES 816-I-19	Definition of New Patient	Policies H-70.919 and H-70.921 Reaffirmed in Lieu of Resolution 816-I-19.	AMA policy database updated.
RES 817-I-19	Transparency of Costs to Patients for Their Prescription Medications Under Medicare Part D and Medicare Advantage Plans	Adopted as Amended.	In comments on Medicare Advantage and Part D proposed policies for 2021 and 2022, our AMA supported improving patients' access to useful information regarding drug benefits and costs, including tools to support patient-physician discussions regarding treatment selection. Our AMA also notified all state and national medical specialty societies of its support to increase funding for federal and state programs (like Georgia Cares) and its willingness to collaborate in educating physicians, hospitals and patients about the availability of these programs.
RES 818-I-19	Medical Center Auto Accept Policies	Referred.	A Council on Medical Service Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 819-I-19	Hospital Website Voluntary Physician Inclusion	Referred.	Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2020 Interim Meeting.
RES 820-I-19	Diagnostic Codes for E-Cigarettes and Vaping Associated Illness	Adopted, with Change in Title.	<p>A review of the current version of ICD-10-CM found that the a number of codes related to vaping and use of e-cigarettes are included. The ICD-10-CM Coordination and Maintenance Committee presented at its March 17-18, 2020 meeting the addition of these codes and their upcoming release as part of an emergency addenda on April 1, 2020. These codes are from the World Health Organization’s (WHO) ICD-10 code set, on which the U.S. ICD-10-CM code set is based. The ICD-10-CM Coordination and Maintenance Committee did not accept comments on the addition of these codes, due to the fact that they are WHO codes and there was no intent to make a U.S. modification of these codes at this time.</p> <p>As background, the American Thoracic Society had made a request to the ICD-10-CM Coordination and Maintenance Committee in March 2017 to create specific codes for electronic nicotine delivery systems. A revised request was then presented to the committee at the September 2018 meeting. The requests were supported by the American College of Preventive Medicine, the American Academy of Pediatrics, and the Society for Thoracic Surgery. The ATS request called for a more extensive list of codes than what was added and included recommendations for codes in the categories for nicotine dependence, other maternal diseases classifiable elsewhere but complicating pregnancy, toxic effect of other and unspecified substances, and problems related to lifestyle.</p>
RES 901-I-19	Health Impact of Per- and Polyfluoroalkyl Substances (PFAS) Contamination in Drinking Water	Alternate Resolution 901 Adopted in Lieu of Resolution 901 and 922.	AMA policy database updated.
RES 902-I-19	Amending H-490.913, “Smoke-Free Environments and Workplaces,” and H-490.907, “Tobacco Smoke Exposure of Children in Multi-Unit Housing,” to Include E-Cigarettes	Adopted as Amended.	AMA policy database updated.
RES 903-I-19	Encouraging the Development of Multi-Language, Culturally Informed Mobile Health Applications	Adopted as Amended.	AMA policy database updated.
RES 904-I-19	Amendment to AMA Policy H-150.949, “Healthy Food Options in Hospitals”	Adopted as Amended, and Policy D-430.995, "Dietary Intake of Incarcerated Populations" Reaffirmed.	AMA policy database updated.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 905-I-19	Sunscreen Dispensers in Public Spaces as a Public Health Measure	Adopted as Amended. Policy H-440.839 Reaffirmed.	AMA policy database updated.
RES 906-I-19	Ensuring the Best In-School Care for Children with Sickle Cell Disease	Adopted as Amended.	AMA policy database updated.
RES 907-I-19	Increased Access to Removal of Gang-Related and Human-Trafficking-Related Tattoos in Correctional and Community Settings	Adopted as Amended, with Change in Title.	AMA policy database updated.
RES 908-I-19	Request for Benzodiazepine-Specific Prescribing Guidelines for Physicians	Not Adopted.	
RES 909-I-19	Decreasing the Use of Non-Prescription Oximetry Monitors for the Prevention of Sudden Unexplained Infant Death	Adopted as Amended, with Change in Title.	AMA policy database updated.
RES 910-I-19	Ban on Electronic Nicotine Delivery System (ENDS) Products	Alternate Resolution 910 Adopted in Lieu of Resolutions 925 and 935.	Our AMA joined Campaign for Tobacco-Free Kids and others in a joint letter to President Trump urging the administration to remove all flavored e-cigarettes from the market. AMA also provided strong support for the “Reversing the Youth Tobacco Epidemic Act of 2019.” Our AMA also notified all state and national medical specialty societies of its willingness to work with interested partners to support legislation to ban the sale and distribution of all e-cigarette and vaping products, with the exception of those which may be approved by the FDA for tobacco cessation purposes and made available by prescription only.
RES 911-I-19	Basic Courses in Nutrition	Current Policy Reaffirmed.	AMA policy database updated.
RES 912-I-19	Improved Emergency Response Planning for Infectious Disease Outbreaks	Adopted.	The AMA has been working with a wide range of stakeholders around responding to infectious disease threats specific to the COVID-19 pandemic, this includes, but is not limited to the issues of improved surveillance, increased funding to build public health infrastructure, and the dissemination of evidenced-based public health messages.

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RES 913-I-19	Public Health Impacts and Unintended Consequences of Legalization and Decriminalization of Cannabis for Medicinal and Recreational Use	Alternate Resolution 913 Adopted in Lieu of Resolutions 919 and 913.	<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> <p>In early February, the AMA reached out to 25 state and national medical specialty societies inviting them to nominate a representative to participate in the AMA Cannabis Task Force. Due to the focus on the COVID-19 pandemic, many medical societies have yet to appoint a nominee to this task force. We have extended the deadline for nominations through June 1, 2020.</p> <p>Our AMA is working to identify needed regulatory changes to facilitate research related to cannabis and cannabinoids. Our AMA worked closely with Senator Schatz' office to help develop bill language to encourage scientific and medical research on marijuana and its compounds including cannabidiol. Our AMA supports the legislation introduced by Senators Feinstein, Grassley, and Schatz, S. 2032, the Cannabidiol and Marijuana Research Expansion Act.</p>
RES 914-I-19	Strategies for the Treatment of Tobacco Use Disorder and Nicotine Dependence in Populations Under the Age of 18	Adopted as Amended, with Change in Title.	<p>Resolve 1 - The AMA wrote a letter to the FDA noting that the FDA has approved several smoking cessation products, including nicotine replacement therapy (NRT) and non-nicotine pharmacotherapies, none of these medications are currently approved by the FDA for tobacco cessation in children and adolescents.</p> <p>Given the trends in youth tobacco use, the letter called for additional research on pharmacological and non-pharmacological cessation methods, including an understanding of the trajectory of nicotine dependence for those who use e-cigarettes.</p> <p>Our AMA joined Campaign for Tobacco-Free Kids and others in a joint letter to President Trump urging the administration to remove all flavored e-cigarettes from the market. AMA also provided strong support for the "Reversing the Youth Tobacco Epidemic Act of 2019."</p>
RES 915-I-19	Preventing Death and Disability Due to Particulate Matter Produced by Automobiles	Adopted as Amended. Policy D-135.978 Reaffirmed.	AMA policy database updated.
RES 916-I-19	Sale of Tobacco in Retail Pharmacies	Adopted as Amended. Policy D-495.994 Reaffirmed.	AMA policy database updated.
RES 917-I-19	Supporting Research into the Therapeutic Potential of Psychedelics	Not Adopted.	
RES 918-I-19	Banning Flavors, including Menthol and Mint, in Combustible and Electronic Cigarettes and Other Nicotine Products	Adopted as Amended.	AMA policy database updated.



<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 919-I-19	Raising Awareness of the Health Impact of Cannabis	Alternate Resolution 913 Adopted in Lieu of Resolutions 919 and 913.	See Resolution 913-I-19.
RES 920-I-19	Maintaining Public Focus on Leading Causes of Nicotine-Related Death	Not Adopted.	
RES 921-I-19	Vaping in New York State and Nationally	Not Adopted.	
RES 922-I-19	Understanding the Effects of PFAS on Human Health	Alternate Resolution 901 Adopted in Lieu of Resolution 901 and 922.	See Resolution 901-I-19.
RES 923-I-19	Support Availability of Public Transit Systems	Adopted as Amended.	AMA policy database updated.
RES 924-I-19	Update Scheduled Medication Classification	Not Adopted.	
RES 925-I-19	Suspending Sales of Vaping Products / Electronic Cigarettes Until FDA Review	Alternate Resolution 910 Adopted in Lieu of Resolutions 925 and 935.	See Resolution 910-I-19.
RES 926-I-19	School Resource Officer Qualifications and Training	Resolves 1 and 2 Adopted. Resolve 3- Referred for Decision.	Resolution 926 asked that our American Medical Association (AMA): 1) Encourage an evaluation of existing national standards (and legislation, if necessary) to have qualifications by virtue of training and certification that includes child psychology and development, restorative justice, conflict resolution, crime awareness, implicit/explicit biases, diversity inclusion, cultural humility, and individual and institutional safety and others deemed necessary for school resource officers; 2) That our AMA encourage the development of policies that foster the best environment for learning through protecting the health and safety of those in school, including students, teachers, staff and visitors; and 3) that our AMA encourage mandatory reporting of de-escalation procedures by school resource officers and tracking of student demographics of those reprimanded to identify areas of implicit bias. The Board considered a report on this subject and VOTED that Resolve 3 of Resolution 926-I-19 not be adopted.
RES 927-I-19	Climate Change	Current Policy Reaffirmed.	AMA policy database updated.
RES 928-I-19	CBD Oil and Supplement Use in Treatment	Current Policy Reaffirmed.	AMA policy database updated.
RES 929-I-19	Regulating Marketing and Distribution of Tobacco Products and Vaping-Related Products	Not Adopted.	
RES 930-I-19	Origin of Prescription Medication Production Transparency	Resolution 932 Adopted in Lieu of Resolution 930.	See Resolution 932-I-19.

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RES 931-I-19	Vaping Ban for Under 21 and Additional Regulations	Current Policy Reaffirmed.	AMA policy database updated.
RES 932-I-19	Source and Quality of Medications Critical to National Health and Security	Resolution 932 Adopted in Lieu of Resolution 930.	AMA policy database updated.
RES 933-I-19	Supporting Research Into the Therapeutic Potential of Psychedelics	Not Adopted.	
RES 934-I-19	Gun Violence and Mental Illness Stigma in the Media	Adopted as Amended.	AMA policy database updated.
RES 935-I-19	AMA Response to a National Vaping Epidemic	Alternate Resolution 910 Adopted in Lieu of Resolutions 925 and 935.	See Resolution 910-I-19.