REPORT OF THE COUNCIL ON MEDICAL SERVICE

CMS Report 1-S-20

Subject:	Council on Medical Service Sunset Review of 2010 AMA House Policies
Presented by:	W. Alan Harmon, MD, Chair
Referred to:	Reference Committee F and Amendments to Constitution & Bylaws (Ann R. Stroink, MD, Chair)

In 1984, the House of Delegates established a sunset mechanism for House policies (Policy G-600.110). Under this mechanism, a policy established by the House ceases to be viable after ten years unless action is taken by the House to re-establish it.

The objective of the sunset mechanism is to help ensure that the American Medical Association (AMA) Policy Database is current, coherent, and relevant. By eliminating outmoded, duplicative, and inconsistent policies, the sunset mechanism contributes to the ability of the AMA to communicate and promote its policy positions. It also contributes to the efficiency and effectiveness of House deliberations.

Modified by the House on several occasions, the policy sunset process currently includes the following key steps:

- Each year, the House policies that are subject to review under the policy sunset mechanism are identified, and such policies are assigned to the appropriate AMA Councils for review.

- Each AMA Council that has been asked to review policies develops and submits a separate report to the House that presents recommendations on how the policies assigned to it should be handled.

- For each policy under review, the reviewing Council recommends one of the following alternatives: (a) retain the policy; (b) rescind the policy; or (c) retain part of the policy.

- For each recommendation, the Council provides a succinct but cogent justification for the recommendation.

- The Speakers assign the policy sunset reports for consideration by the appropriate reference committee.

RECOMMENDATION

The Council on Medical Service recommends that the following be adopted and the remainder of the report be filed:

That our American Medical Association (AMA) policies listed in the appendix to this report be acted upon in the manner indicated. (Directive to Take Action).

Appendix
Recommended Actions on 2010 Socioeconomic Policies

Policy #	Policy Title	Recommended Action and Rationale
D-140.962	Hospice Services Under Medicare	Rescind. In 2010, the AMA distributed a briefing packet on hospice care and palliative medicine to key stakeholders within the Federation. The AMA also urged CMS to undertake the requested study in consultation with relevant national medical specialty societies. Additionally, Policies, H-85.951, H-85.955 and H-85.966 supersede the 2010 policy.
D-155.996	Health Care Expenditures	Retain. Still relevant.
D-165.984	Status Report On Expanding Coverage For The Uninsured	Rescind. Superseded by Policies H-165.824, H-165.828, H-165.920, H-165.851 and H-165.865.
D-165.986	Out of Pocket Expenses in an Individually Selected and Owned Health Insurance System	Rescind. Superseded by Policy H-385.926.
D-165.993	Federal Tax Legislation	Rescind. Superseded by Policy H-165.920.
D-190.996	ERISA and Health Plan Related Legislation	Retain. Still relevant.
D-225.995	Hospital Merger Study	Retain. Still relevant.
D-330.943	Physician Input in MAC Contracting Process	Retain. Still relevant.
D-330-974	Support for Maintaining the Medicare Carrier Advisory Committee and Carrier Medical Director	Retain. Still relevant.
D-330.989	Medicare Coverage for Low Molecular Weight Heparin	Retain. Still relevant.
D-335.996	Status Report on Medicare Review Activities	Retain. Still relevant.
D-355.998	National Practitioner Data Bank	Retain. Still relevant.
D-385.993	Medicare Global Surgical Guidelines	Retain. Still relevant.
D-478.990	Clinical Information Technology Assistance	Retain. Still relevant.

Policy #	Policy Title	Recommended Action and Rationale
D-480.984	Physician Information on Third Party Payer Performance	Rescind. The AMA dissolved the Private Sector Advocacy unit in mid-2013, and the activities referred to in this policy were performed by that unit. Moreover, the National Health Insurer Report Card, which evaluated major national health plans on metrics including time to payment, correct payment rate, appeals, etc. was last published by the AMA in 2013. There is no longer a business unit at the AMA that performs this type of work due to changing organizational priorities.
D-510.993	Availability of Veterans Affairs Pharmacy Benefit	Retain. Still relevant.
D-70.987	Appropriate Use of Component Codes in Current Procedural Terminology (CPT)	Retain. Still relevant.
D-70.991	Insurers Excessive Documentation Requirements and Claims Submission	Retain. Still relevant.
D-70.993	Reimbursement for Telephonic and Electronic Communications	Retain. Still relevant.
H-125.991	Drug Formularies and Therapeutic Interchange	Retain. Still relevant.
H-130.960	Payment for Emergency Visits	Rescind. The AMA is no longer engaged in efforts on this issue.
H-130.961	Refusal of Appropriate Patient Transfers	Retain-in-part. Change "~~Principles of Appropriate Interhospital Patient Transfer~~" to "Appropriate Interfacility Patient Transfer" to reflect the title of the guidelines.

Policy #	Policy Title	Recommended Action and Rationale
H-130.964	Federal Patient Transfer Laws	Retain-in-part. Rescind (1) as no longer timely since EMTALA was promulgated in 2009 and last amended in 2013. Policy should be amended to read: H-130.964 Federal Patient Transfer Laws<br ~~(1) It is the policy of the AMA to do whatever is appropriate to modify the new regulations of Federal Patient Transfer so that (a) an appropriate reporting mechanism is developed for those physicians who were on-call and did not respond in a reasonable period of time to stabilize patients in an emergency setting and (b) it is not necessary to include the name and address of said physician in a transfer record to another facility. (2)~~ The AMA urges physicians and component medical associations to collect and submit to the AMA reports on physician willingness to serve on Emergency Department on-call panels. (Res. 275, A-90; Reaffirmed: Sunset Report, I-00; Reaffirmed: BOT Rep. 6, A-10)
H-130.965	Refusal of Appropriate Patient Transfers	Retain. Still relevant.
H-130.966	Federal Hospital Patient Transfer Amendments	Retain. Still relevant.
H-130.968	Confusion Between Inappropriate Patient Transfer and Appropriate Patient Transfer	Retain. Still relevant.
H-130.972	Unfair CMS/OIG Review and Sanction Process for Hospital Emergency Room Care and Patient Transfers	Retain-in-part. Change references to "emergency room" in the title and body to "emergency department" to reflect modern terminology. Policy should be amended to read: H-130.972 Unfair CMS/OIG Review and Sanction Process for Hospital Emergency Department ~~Room~~ Care and Patient Transfers Our AMA supports modification of inadequate procedures utilized by CMS and the OIG in decertifying hospitals for "noncompliance" with the Medicare Conditions of Participation, particularly as they are being applied to hospital emergency department ~~room~~ Care room care issues. (Res. 88, I-88; Modified: Sunset Report, I-98; Reaffirmation A-00; Reaffirmed: CMS Rep. 6, A-10)

Policy #	Policy Title	Recommended Action and Rationale
H-130.973	Federal Emergency Transfer/"Anti-Dumping" Law	Retain. Still relevant.
H-130.982	Transfer of Emergency Patients	Retain-in-part. Change "~~Guidelines for Transfer of Patients~~" to "Policy Statement entitled 'Appropriate Interfacility Patient Transfer'" to reflect the title of the guidelines.
H-140.983	Hospital Medical Staff and Joint Ventures Oversight Committees	Retain. Still relevant.
H-160.916	Payment for Care Provided by US Physicians to Foreign Medical Evacuees	Retain. Still relevant.
H-165.837	Protecting the Patient-Physician Relationship	Retain. Still relevant.
H-180.949	Health Insurance Safeguards	Retain. Still relevant.
H-180.995	Government Subsidies to HMOs	Rescind. Superseded by Policy H-165.985.
H-185.947	Insurance Underwriting Reform	Rescind. Superseded by Policies H-165.838 and H-165.856.
H-185.965	Insurance Coverage of Periodic Health Care Services	Retain. Still relevant.
H-185.979	Allocation of Health Services	Retain. Still relevant.
H-185.984	Toll-Free 24-Hour Insurance Information	Retain with minor editorial change. Still relevant. Correct editorial errors so that the policy be modified to read: (3) Our AMA seeks legislation to require that, where a plan does not provide toll-free, 24-hour access to verify patient coverage eligibility, the patient's identification card from the plan will ~~with~~ be deemed valid.
H-185.986	Nondiscrimination in Health Care Benefits	Retain. Still relevant.
H-185.987	Prayer Fees Reimbursed As Medical Expenses	Retain. Still relevant.
H-185.988	High Cost Health Benefits Management	Retain. Still relevant.
H-185.996	Utilization in Appropriate Settings	Rescind. Superseded by Policies H-285.951 and H-285.998.
H-205.997	AMA Statement on Voluntary Health Planning	Retain. Still relevant.

Policy #	Policy Title	Recommended Action and Rationale
H-205.999	Cost Effectiveness of State Certificate of Need Programs	Retain. Still relevant.
H-210.979	Physician Responsibility for Nursing Agencies	Retain. Still relevant.
H-210.998	Home Health Service Abuse	Retain. Still relevant.
H-220.958	The Joint Commission Professional and Technical Advisory Committees	Rescind. These professional and technical advisory committees no longer exist.
H-220.960	The Joint Commission Hospital Accreditation Program Standards	Retain-in-part. Remove "that physician directors of hospital departments be board certified or possess equivalent qualifications; and that board certification is an excellent benchmark for the delineation of clinical privileges," as it conflicts with Policy H-230.986. Policy should be amended to read: H-220.960 The Joint Commission Hospital Accreditation Program Standards Our AMA requests its trustees who serve as Commissioners to The Joint Commission to support retention of important medical staff structural standards in its hospital accreditation programs, including, but not limited to, standards requiring that medical staff operate as a self-governing entity - as defined in medical staff bylaws~~; that physician directors of hospital departments be board certified or possess equivalent qualifications; and that board certification is an excellent benchmark for the delineation of clinical privileges~~; and that any changes to the hospital accreditation program standards occur only after a full, thorough and deliberative process, including a full field review of all proposed changes to the hospital accreditation program standards. (Res. 153, I-90; Reaffirmed: Sunset Report, I-00; Modified: CSAPH Rep. 1, A-10)

Policy #	Policy Title	Recommended Action and Rationale
H-225.961	Medical Staff Development Plans	Retain-in-part. The AMA has accomplished its communications and recommendations regarding the medical staff development plan principles. Policy should be amended to read: H-225.961 Medical Staff Development Plans ~~1.~~ All hospitals/health systems incorporate the following principles for the development of medical staff development plans: … ~~2. The AMA communicates the medical staff development plan principles to the President and Chair of the Board of the American Hospital Association and recommend that state and local medical associations establish a dialogue regarding medical staff development plans with their state hospital association.~~ (BOT Rep. 14, A-98; Modified: BOT Rep. 11, A-07; Reaffirmation A-10)
H-225.975	Compensation for the Medical Staff for Committee Work	Retain. Still relevant.
H-225.977	Liability Coverage for Physician Members of Hospital Committees	Retain. Still relevant.
H-225.979	Hospital Medical Staff Relationships - Dispute Resolution	Retain. Still relevant.
H-225.983	Physician Representation on Hospital Governing Boards	Retain. Still relevant.
H-230.960	Privileging for Ultrasound Imaging	Retain. Still relevant.
H-230.978	Physician Assignment	Retain. Still relevant.
H-230.979	Medical Staff Credentialing Verification	Retain. Still relevant.
H-230.998	Hospital Privileges	Retain. Still relevant.

Policy #	Policy Title	Recommended Action and Rationale
H-235.966	CMS Regulation to Eliminate the Critical Role of the Hospital Medical Staff	Retain. Still relevant.
H-235.990	Organized Self-Governing Medical Staff	Retain. Still relevant.
H-235.991	Medical Staff Bylaws	Retain. Still relevant.
H-240.969	Medicare Social Admissions	Rescind. Superseded by Policies D-160.931 and D-160.932.
H-240.970	Reimbursement to Rural Hospitals for Patients Returning from Tertiary Care Centers	Retain. Still relevant.
H-240.971	Elimination of Payment Differentials Between Urban and Rural Medical Care	Retain. Still relevant.
H-240.999	Relationship of Hospital Costs and Hospital Charges	Retain. Still relevant.
H-275.994	Physician Participation in Third Party Payer Programs	Retain. Still relevant.
H-280.949	Caring for Group Home Residents	Retain. Still relevant.
H-280.967	Nurse Practitioner Reimbursement in Nursing Facilities	Retain. Still relevant.
H-280.984	Residential Facility Regulations	Retain. Still relevant.
H-285.962	Anti-Psychiatry Practices of Certain Health Maintenance Organizations and Managed Care Organizations	Retain. Still relevant.
H-315.991	Mandatory Computerization of Patient Records	Retain. Still relevant.
H-320.970	Private Insurer's Medical Review Policy	Retain. Still relevant.

Policy #	Policy Title	Recommended Action and Rationale
H-320.971	Third Party Payers and Patient Care Standards	Retain. Still relevant.
H-320.972	Problems with Review Entities	Retain. Still relevant.
H-320.976	Medical Necessity of Diagnostic Tests	Retain. Still relevant.
H-330.909	Medicare Coverage for Low Molecular Weight Heparin	Retain. Still relevant.
H-330.971	Medicare Policy on Inpatient Rehabilitation	Retain. Still relevant.
H-330.981	Hospital Responsibility for Diagnostic Reports	Retain. Still relevant.
H-340.902	The New Role of PROs in Quality Improvement	Retain. Still relevant.
H-340.940	Quality Improvement Organization Program Status	Retain. Still relevant.
H-345.987	CPT Codes for Medical Management of Mental Illness for Outpatients	Retain. Still relevant.
H-375.979	Litigation Over Hospital Peer Review Decisions	Retain. Still relevant.
H-375.982	Peer Review Defined as the Practice of Medicine	Retain. Still relevant.
H-375.999	Federal Hospital Utilization Review	Retain. Still relevant.
H-380.996	Voluntary Restraints of Physicians' Fee Increases	Retain. Still relevant.
H-380.997	Limitation of Physicians' Fees	Retain. Still relevant.
H-383.996	Restriction of Physicians from Performing Procedures by Managed Care Organizations	Retain. Still relevant.
H-385.933	Actuarially Sound Capitation	Retain. Still relevant.

Policy #	Policy Title	Recommended Action and Rationale
H-385.934	Reimbursement for Office-Based or Outpatient Ultrasound Imaging	Retain. Still relevant.
H-385.990	Payment for Physicians' Services	Retain. Still relevant.
H-385.996	Support of the Concept of Cost Containment and Cost Effectiveness by Encouraging Patient Care in the Least Expensive Setting	Retain. Still relevant.
H-390.847	Deactivation of Medicare Billing Privileges - Lack of Appeal Rights and Harsh Adverse Effects on Physicians	Retain. Still relevant.
H-390.855	Replacement of Sustainable Growth Rate System	Rescind. No longer relevant. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repealed and replaced the Sustainable Growth Rate (SGR).
H-390.857	Secondary Insurance Claims with Medicare Electronic Remittance Advice	Retain. Still relevant.
H-390.858	Medicare Coverage for Cardiovascular Stress Testing	Retain. Still relevant.
H-390.877	Home Health Care Services	Retain. Still relevant.
H-390.923	Purchased Diagnostic Tests	Retain. Still relevant.
H-390.925	Medicare Billing	Retain. Still relevant.
H-390.927	Rehabilitation Physician Visits	Retain with minor editorial change. Still relevant. To clarify that a visit per day is appropriate, based on medical necessity, but should not be required, when not medically necessary, the policy should be modified to read: Our AMA: (1) believes that a visit per day by the attending rehabilitation physician is appropriate, as medically necessary, for patients in certified acute inpatient rehabilitation units or facilities; and (2) supports communicating this position to CMS. (Sub. Res. 141, I-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: CMS Rep. 6, A-10)

Policy #	Policy Title	Recommended Action and Rationale
H-390.996	Medicare Reimbursement Policy	Retain. Still relevant.
H-390.998	Medicare Reimbursement Policy	Retain. Still relevant.
H-390.999	Payments to Physicians in Teaching Setting by Medicare Fiscal Intermediaries	Retain. Still relevant.
H-415.987	Improper Discounts by Third Party Payers	Retain. Still relevant.
H-425.979	Coverage of Therapeutic Shoes as a Preventive Measure	Retain. Still relevant.
H-475.990	Physicians Credentialing	Retain. Still relevant.
H-510.995	Budgetary and Management Needs of the Veterans Health Administration	Retain. Still relevant.
H-55.975	Health Plan Coverage Policies for Anti-Nausea Regimens	Retain. Still relevant.
H-70.923	Conscious Sedation Reimbursement	Rescind. No longer relevant as the CPT/RUC successfully worked with specialty organizations to produce conscious sedation procedure codes eligible for reimbursement, in accordance with CPT coding guidelines and provider-appropriate CMS fee schedules.
H-70.927	Prevention of Misuse of Current Procedural Terminology (CPT)	Retain. Still relevant.
H-70.931	Medicare Coverage for Cardiovascular Stress Testing	Retain. Still relevant.
H-70.952	Medicare Guidelines for Evaluation and Management Codes	Retain-in-part. Sections 5, 7 and 8 are no longer relevant following CPT 2021. The new Evaluation and Management descriptors and guidelines eliminate the single specialty examination component. Policy should be amended to delete Sections 5, 7 and 8, and renumbered accordingly.

Policy #	Policy Title	Recommended Action and Rationale
H-70.954	Improper Use of AMA-CPT by Carriers/Software Programs	Retain. Still relevant.
H-70.961	Evaluation and Management Codes	Retain-in-part. The second clause is no longer relevant following CPT 2021. The new Evaluation and Management descriptors and guidelines eliminate the single specialty examination component. Policy should be amended to read: H-70.961 Evaluation and Management Codes Our AMA will work with the CMS to continue to refine evaluation and management coding~~; and will work with CMS to publish the specialty specific physical exam criteria in a timely fashion~~. (Res. 804, A-96; Reaffirmation I-00; Reaffirmed: CMS Rep. 6, A-10)
H-70.976	Limitation of Use of Time Component of Current Procedural Terminology (CPT-4) Coding	Retain. Still relevant.
H-70.983	AMA Input to Diagnosis and Procedure Coding	Retain. Still relevant.
H-70.985	Preservation of Evaluation/Management CPT Codes	Retain. Still relevant.
H-70.987	Diagnostic Coding Requirements	Rescind. ICD-9 is no longer the standard.
H-70.989	ICD-9-CM Coding	Rescind. ICD-9 is no longer the standard.
H-70.990	ICD-9-CM Coding and Civil Money Penalties	Rescind. ICD-9 is no longer the standard.
H-70.992	CPT Coding	Retain. Still relevant.