I-20 HOD Handbook Review – Senior Physicians Section

Ref Comm	Resolution/ Report	Title	Recommendation/Resolve	Support/ Not Support/ Monitor/Comment
Ref Comm A	CMS Report 1 (Resolution 113-A-19 and Resolution 114-A-19)	Options to Maximize Coverage under the AMA Proposal for Reform	1. That our American Medical Association (AMA) support that a public option to expand health insurance coverage must meet the following standards: a. The primary goals of establishing a public option are to maximize patient choice of health plan and maximize health plan marketplace competition. b. Eligibility for premium tax credit and cost-sharing assistance to purchase the public option is restricted to individuals without access to affordable employer-sponsored coverage. c. Physician payments under the public option are established through meaningful negotiations and contracts. Physician payments under the public option must not be tied to Medicare and/or Medicaid rates. d. Physicians have the freedom to choose whether to participate in the public option. Public option proposals should not require provider participation and/or tie physician participation in Medicare, Medicaid and/or any commercial product to participation in the public option. e. The public option is financially self-sustaining and has uniform solvency requirements. f. The public option does not receive advantageous government subsidies in comparison to those provided to other health plans. (New HOD Policy) _____ 2. That our AMA support states and/or the federal government pursuing auto-enrollment in health insurance coverage that meets the following standards: a. Individuals must provide consent to the applicable state and/or federal entities to share their health insurance status and tax data with the entity with the authority to make coverage determinations. b. Individuals should only be auto-enrolled in health insurance coverage if they are eligible for coverage options that would be of no cost to them after the application of any subsidies. Candidates for auto-enrollment would, therefore, include individuals eligible for Medicaid/Children's Health Insurance Program (CHIP) or zero-premium marketplace coverage. c. Individuals should have the opportunity to opt out from enrolling in health insurance coverage.	Monitor

			d. Individuals should not be penalized if they are auto-enrolled into coverage for which they are not eligible or remain uninsured despite believing they were enrolled in health insurance coverage via auto-enrollment. e. Individuals eligible for zero-premium marketplace coverage should be randomly assigned among the zero-premium bronze plans with the highest actuarial values. f. Health plans should be incentivized to offer pre-deductible coverage including physician services in their bronze plans, to maximize the value of zero-premium plans to plan enrollees. g. Individuals enrolled in a zero-premium bronze plan who are eligible for cost-sharing reductions should be notified of the cost-sharing advantages of enrolling in silver plans. h. There should be targeted outreach and streamlined enrollment mechanisms promoting health insurance enrollment, which could include raising awareness of the availability of premium tax credits and cost-sharing reductions, and establishing a special enrollment period. (New HOD Policy) _____ 3. That our AMA reaffirm Policy H-165.825, which states that the largest two Federal Employees Health Benefits Program (FEHBP) insurers in counties that lack a marketplace plan should be required to offer at least one silver-level marketplace plan as a condition of FEHBP participation. (Reaffirm HOD Policy) _____ 4. That our AMA reaffirm Policy H-165.828, which encourages the development of demonstration projects to allow individuals eligible for cost-sharing subsidies, who forego these subsidies by enrolling in a bronze plan, to have access to a health savings account partially funded by an amount determined to be equivalent to the cost-sharing subsidy. (Reaffirm HOD Policy) Fiscal Note: Less than $500	
Ref Comm A	CMS Report 3 (Resolution 203-A-19)	Medicare Prescription Drug and Vaccine Coverage and Payment	1. That our American Medical Association (AMA) continue to solicit input from national medical specialty societies and state medical associations for their recommendations to ensure adequate Medicare Part B drug reimbursement. (Directive to Take Action) _____	Monitor

			2. That our AMA work with interested national medical specialty societies on alternative methods to reimburse physicians and hospitals for the cost of Part B drugs. (Directive to Take Action) _____ 3. That our AMA continue working with interested stakeholders to improve the utilization rates of adult vaccines by individuals enrolled in Medicare. (Directive to Take Action) _____ 4. That our AMA reaffirm Policy H-440.860, which supports easing federally imposed immunization burdens by, for example, covering all vaccines in Medicare under Part B and simplifying the reimbursement process to eliminate payment-related barriers to immunization; and urges the Centers for Medicare & Medicaid Services (CMS) to raise vaccine administration fees annually, synchronous with the increasing cost of providing vaccinations. (Reaffirm HOD Policy) _____ 5. That our AMA reaffirm Policy D-440.981, which supports adequate reimbursement for vaccines and their administration from all public and private payers; encourages health plans to recognize that physicians incur costs associated with the procurement, storage and administration of vaccines that may be beyond the average wholesale price of any one particular vaccine; and advocates that a physician's office can bill Medicare for all vaccines administered to Medicare beneficiaries and that the patient shall only pay the applicable copay to prevent fragmentation of care. (Reaffirm HOD Policy) _____ 6. That our AMA reaffirm Policy H-440.875, which states that our AMA will aggressively petition CMS to include coverage and payment for any vaccinations administered to Medicare patients that are recommended by the Advisory Committee on Immunization Practices, the US Preventive Services Task Force, or based on prevailing preventive clinical health guidelines. (Reaffirm HOD Policy) _____ 7. That our AMA reaffirm Policy D-330.954, which supports the use of Medicare drug price negotiation. (Reaffirm HOD Policy)	

			——————————————————————— 8. That our AMA reaffirm Policy H-110.980, which outlines safeguards to ensure that international drug price averages are used as a part of drug price negotiations in a way that upholds market-based principles and preserve patient access to necessary medications. (Reaffirm HOD Policy) Fiscal Note: Between $15,000 and $20,000	
Ref Comm A	Res. 101 (New York)	End of Life Care Payment	RESOLVED, That our American Medical Association petition the Centers for Medicare & Medicaid Services to allow hospice patients to cover the cost of housing ("room and board") as a patient in a nursing home or assisted living facility (Directive to Take Action); and be it further ——————————————————————— RESOLVED, That our AMA advocate that patients be allowed to use their skilled nursing home benefit while receiving hospice services. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000	Monitor
Ref Comm A	Res. 105 (New York)	Access to Medication	RESOLVED, That our American Medical Association seek regulations on a national level that would prohibit pharmacy benefit plans from limiting patient access to medications because an initial prescription was placed and/or filled by mail-order. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000	Support
Ref Comm B	Res. 202 (New York)	Cares Act Equity and Loan Forgiveness in the Medicare Accelerated Payment Program	RESOLVED, That our American Medical Association and the federation of medicine work to improve and expand various federal stimulus programs (e.g., the CARES Act and MAPP) in order to assist physicians in response to the Covid-19 pandemic, including: - Restarting the suspended Medicare Advance payment program, including significantly reducing the re-payment interest rate and lengthening the repayment period; - Expanding the CARES Act health care provider relief pool and working to ensure that a significant share of the funding from this pool is made available to physicians in need regardless of the type of patients treated by those physicians; and	Monitor

			- Reforming the Paycheck Protection Program, to ensure greater flexibility in how such funds are spent and lengthening the repayment period (Directive to Take Action); and be it further _____ RESOLVED, That, in the setting of the COVID-19 pandemic, our AMA advocate for additional relief to physicians via loan forgiveness for medical school educational debt. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000	
Ref Comm B	Res. 203 (New York)	COVID–19 Emergency and Expanded Telemedicine Regulations	RESOLVED, That, with the expanded use of telemedicine during the Covid-19 pandemic, our American Medical Association continue to advocate for a continuation of coverage for the full-spectrum of technologies that were made available during the pandemic and that physicians be reimbursed by government and private payers for time and complexity (Directive to Take Action); and be it further _____ RESOLVED, That our AMA advocate that the current emergency regulations for improved access to and payment for telemedicine services be made permanent with respect to payment parity and use of commonly accessible devices for connecting physicians and patients, without reference to the originating site, while ensuring qualifications of duly licensed physicians to provide such services in a secure environment (Directive to Take Action); and be it further _____ RESOLVED, That our AMA propose that all insurance carriers provide coverage for telemedicine visits with any physician licensed and registered to practice in the United States. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000	Support
Ref Comm B	Res. 205 (Virginia, American Association of Clinical Urologists, West	Telehealth Post SARS-COV-2	RESOLVED, That our American Medical Association advocate to facilitate the widespread adoption of telehealth services in the practice of medicine for physicians or physician-led teams post SARS-COV-2 (Directive to Take Action); and be it further _____ RESOLVED, That our AMA encourage the Centers for Medicare and Medicaid Services, health insurance industry, and Federal/State government agencies to adopt	Support

	Virginia, North Carolina, New Jersey, South Carolina, Mississippi, Louisiana, American Urological Association, Maryland)		uniform, clear regulations as well as equitable coverage and reimbursement mechanisms that promote physician-led telehealth services (New HOD Policy); and be it further _____ RESOLVED, That our AMA advocate for equitable access to telehealth services especially for the most at risk and under resourced patient populations and communities. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000	
Ref Comm C	CME Report 1 (Resolutions 301-A-19 and 308-A-19)	An Update on Continuing Board Certification	1. That our American Medical Association (AMA), through its Council on Medical Education, continue to work with the American Board of Medical Specialties (ABMS) and ABMS member boards to implement key recommendations outlined by the Continuing Board Certification: Vision for the Future Commission in its final report, including the development of new, integrated standards for continuing certification programs by 2020 that will address the Commission's recommendations for flexibility in knowledge assessment and advancing practice, feedback to diplomates, and consistency. (New HOD Policy) Fiscal Note: $2,500	Support
Ref Comm F	Res. 602 (Women Physicians Section)	Towards Diversity and Inclusion: A Global Nondiscrimination Policy Statement and Benchmark for our AMA	RESOLVED, That our American Medical Association adopt an overarching nondiscrimination policy on the basis of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character, competence, ethics, professional status or professional activities that applies to members, employees and patients (New HOD Policy); and be it further _____ RESOLVED, That our AMA demonstrate its commitment to complying with laws, rules or regulations against discrimination on the basis of protected characteristics (Directive to Take Action); and be it further _____	Support

			RESOLVED, That our AMA reaffirm Policy H-65.988, "Organizations Which Discriminate," and Policy G-630.040, "Principles on Corporate Relationships," in its overarching non-discrimination policy (Reaffirm HOD Policy); and be it further _____ RESOLVED, That our AMA reaffirm Policy G-600.067, "References to Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment"; (New HOD Policy) and be it further _____ RESOLVED, That our AMA study the feasibility and need for a comprehensive business conduct standards policy to be fully integrated with the conflict of interest policy, and report back to the AMA House of Delegates within 18 months (Directive to Take Action); and be it further _____ RESOLVED, That our AMA provide an update on its comprehensive diversity and inclusion strategy to the AMA House of Delegates within 24 months. (Directive to Take Action) Fiscal Note: Moderate - between $5,000 - $10,000	
Ref Comm F	Res. 604 (Senior Physicians Section)	Timely Promotion and Assistance in Advance Care Planning and Advance Directives	1. RESOLVED, That our American Medical Association: (1) begin an educational and media campaign including billing and reimbursement information for physicians, encouraging physicians to lead by example and complete their own advance directives, to help motivate the routine provision of advance care planning to patients, so as to encourage and equip patients to complete their own advance directives; (2) encourage practicing physicians to publicize the fact of having executed their own advance directives, via educational materials posted and/or available in offices and on websites, as a way of starting the conversation with patients and families; and (3) urge all primary care physicians to immediately begin to include advance care planning as a routine part of their adult patient care protocols, and that advance directives be included in patients' medical records as a matter of course (Directive to Take Action); and be it further _____ 2. RESOLVED, That our AMA promote outreach (prioritized and made more urgent by the COVID-19 pandemic) on: (1) the importance of advance directives with all its stakeholder groups and with other organizations with which it has relationships; and (2)	Support

			to the legal, medical, hospital, medical education, and faith-based communities, as well as to interested citizens, to promote completion of advance directives by all individuals who are of legal age and competent (Directive to Take Action); and be it further 3.RESOLVED, That our AMA formally support the designation of April 16 or every year as National Healthcare Decisions Day (Directive to Take Action) Fiscal Note: Estimated cost of implementation in excess of $250K with ongoing annual costs.	
Info Report only	BoT Report 11	Redefining AMA's Position on ACA and Healthcare Reform	Our AMA will remain engaged in efforts to improve the health care system through policies outlined in Policy D-165.938 and other directives of the House of Delegates.	Monitor
Info Report only	CEJA Opinion 1	Physician Competence, Self-Assessment and Self-Awareness (E-8.1.3)	The expectation that physicians will provide competent care is central to medicine. It undergirds professional autonomy and the privilege of self-regulation granted by society. To this end, medical schools, residency and fellowship programs, specialty boards, and other health care organizations regularly assess physicians' technical knowledge and skills. However, as an ethical responsibility competence encompasses more than medical knowledge and skill. It requires physicians to understand that as a practical matter in the care of actual patients, competence is fluid and dependent on context. Each phase of a medical career, from medical school through retirement, carries its own implications for what a physician should know and be able to do to practice safely and to maintain effective relationships with patients and with colleagues. Physicians at all stages of their professional lives need to be able to recognize when they are and when they are not able to provide appropriate care for the patient in front of them or the patients in their practice as a whole. To fulfill the ethical responsibility of competence, individual physicians and physicians in training should strive to: (a) Cultivate continuous self-awareness and self-observation. (b) Recognize that different points of transition in professional life can make different demands on competence.	Support

			(c) Take advantage of well-designed tools for self-assessment appropriate to their practice settings and patient populations. (d) Seek feedback from peers and others. (e) Be attentive to environmental and other factors that may compromise their ability to bring appropriate skills to the care of individual patients and act in the patient's best interest. (f) Maintain their own health, in collaboration with a personal physician, in keeping with ethics guidance on physician health and wellness. (g) Intervene in a timely, appropriate, and compassionate manner when a colleague's ability to practice safely is compromised by impairment, in keeping with ethics guidance on physician responsibilities to impaired colleagues. Medicine as a profession should continue to refine mechanisms for assessing knowledge and skill and should develop meaningful opportunities for physicians and physicians in training to hone 15 their ability to be self-reflective and attentive in the moment. (I, VII, VIII) *∗ Opinions of the Council on Ethical and Judicial Affairs will be placed on the Consent Calendar for informational reports, but may be withdrawn from the Consent Calendar on motion of any member of the House of Delegates and referred to a Reference Committee. The members of the House may discuss an Opinion fully in Reference Committee and on the floor of the House. After concluding its discussion, the House shall file the Opinion. The House may adopt a resolution requesting the Council on Ethical and Judicial Affairs to reconsider or withdraw the Opinion.*	