AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (JUN-21)

Report of Reference Committee F

Michael D. Chafty, MD, JD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 3 – AMA 2022 Dues

2. Board of Trustees Report 12 – Adopting the Use of the Most Recent and Updated Edition of the AMA Guides to the Evaluation of Permanent Impairment


RECOMMENDED FOR ADOPTION AS AMENDED

4. Resolution 602 – Timely Promotion and Assistance in Advance Care Planning and Advance Directives

RECOMMENDED FOR ADOPTION IN LIEU OF

5. Resolution 608 – Sharing Covid-19 Resources
   Resolution 609 – COVID-19 Crisis in Asia
   Resolution 610 – Promoting Equity in Global Vaccine Distribution
   Resolution 611 – Covid-19 Crisis in India

RECOMMENDED FOR NOT ADOPTION

6. Resolution 601 – $100 Member Annual Dues Payment Through 2023

RECOMMENDED FOR FILING

7. Board of Trustees Report 1 – Annual Report

Amendments

If you wish to propose an amendment to an item of business, click here: Submit New Amendment
RECOMMENDED FOR ADOPTION

(1) BOARD OF TRUSTEES REPORT 3 - AMA 2022 DUES

RECOMMENDATION:

Recommendation in Board of Trustees Report 3 be adopted and the remainder of the Report be filed.

The Board of Trustees recommends no change to the dues levels for 2022, that the following be adopted and that the remainder of this report be filed:

- Regular Members ................................................. $ 420
- Physicians in Their Fourth Year of Practice ................ $ 315
- Physicians in Their Third Year of Practice .................. $ 210
- Physicians in Their Second Year of Practice ................ $ 105
- Physicians in Their First Year of Practice ................. $ 60
- Physicians in Military Service .................................. $ 280
- Semi-Retired Physicians .......................................... $ 210
- Fully Retired Physicians .......................................... $ 84
- Physicians in Residency Training .............................. $ 45
- Medical Students .................................................. $ 20

(Directive to Take Action)

Your Reference Committee received no testimony in response to Board of Trustees Report 3.

Our AMA Board of Trustees is recommending no changes from prior years in the 2022 standard dues rates and highlighted that the last time our AMA raised dues was in 1994. It was stated that had our AMA adjusted dues over the past 27 years to remain on pace with inflation, current annual dues for regular members would be $725.

(2) BOARD OF TRUSTEES REPORT 12 – ADOPTING THE USE OF THE MOST RECENT AND UPDATED EDITION OF THE AMA GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT

RECOMMENDATION:

Recommendation in Board of Trustees Report 12 be adopted and the remainder of the Report be filed.

The Board of Trustees recommends that the following policy be adopted in lieu of Resolution 606-NOV-20 and the remainder of this report be filed:

Amendments
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Support for the Use of the Most Recent and Updated Edition of the \textit{AMA Guides to the Evaluation of Permanent Impairment}.

Our American Medical Association supports the adoption of the most current edition of the \textit{AMA Guides to the Evaluation of Permanent Impairment} by all jurisdictions to provide fair and consistent impairment evaluations for patients and claimants including injured workers. (New HOD Policy)

Testimony received for Board of Trustees Report 12 was limited, but largely favorable.

Our AMA Board of Trustees testified that the report speaks to the fact that the AMA Guides previously were published at inconsistent intervals and typically involved significant changes to methodology. They were last updated in 2008 when the 6th edition was released, though some states have elected to continue use of outdated medicine in older editions of the AMA Guides for convenience, ease of use, or political/economic expedience. The report also highlights our AMA’s establishment of a new editorial panel and process that support ongoing incremental improvement to the AMA Guides.

Some opposing views indicated that the AMA Guides are not peer-reviewed; however, your Reference Committee notes that the resource is peer-created. Additionally, some speakers favored flexibility on which edition to use and advocated for freedom of choice. To address this concern, your Reference Committee believes it would be beneficial to provide electronic access to older versions of the AMA Guides to facilitate flexibility in use.

(3) JOINT REPORT OF THE COUNCIL ON CONSTITUTION AND BYLAWS AND THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT REPORT 1 – JOINT COUNCIL SUNSET REVIEW OF 2011 HOUSE POLICIES

RECOMMENDATION:


The Councils on Constitution and Bylaws and Long Range Planning and Development recommend that the House of Delegates policies that are listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.

Your Reference Committee wishes to extend its appreciation to the Councils on Constitution and Bylaws and Long Range Planning and Development for their report. Having received no testimony in response to the report, your Reference Committee supports the Councils’ recommendations.

Amendments
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RECOMMENDED FOR ADOPTION AS AMENDED

(4) RESOLUTION 602 – TIMELY PROMOTION AND ASSISTANCE IN ADVANCE CARE PLANNING AND ADVANCE DIRECTIVES

RECOMMENDATION A:

Resolution 602 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association begin a low cost in-house educational effort aimed at physicians, to include relevant billing and reimbursement information, encouraging physicians to lead by example and complete their own advance directives (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage practicing physicians to voluntarily publicize the fact of having executed our own advance directives, and to share readily available educational materials regarding the importance and components of advance directives in offices and on practice websites, as a way of starting the conversation with patients and families (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA strongly encourage all primary care physicians of relevant specialties providing advanced illness care to include advance care planning as a routine part of their adult–patient care protocols when indicated, and also to include including advance directive documentation in patients’ medical records (including electronic medical records), as a suggested standard health maintenance practice (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA collaborate (prioritized and made more urgent by the ongoing COVID-19 pandemic) with stakeholder groups, such as legal, medical, hospital, medical education, and faith-based communities as well as interested citizens, to promote completion of advance directives by all individuals who are of legal age and competent to make healthcare decisions, and to promote the adoption and use of electronic systems to make patients’ advance directives readily available to treatment teams
regardless of location (Directive to Take Action); and
be it further

RESOLVED, That our AMA actively promote the
officially recognized designation of April 16 as
National Healthcare Decisions Day. (New HOD Policy)

RECOMMENDATION B:

Resolution 602 be adopted as amended.

RESOLVED, That our American Medical Association begin a low cost in-house
educational effort aimed at physicians, to include relevant billing and reimbursement
information, encouraging physicians to lead by example and complete their own
advance directives (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage practicing physicians to voluntarily publicize the
fact of having executed our own advance directives, and to share readily available
educational materials regarding the importance and components of advance directives in
offices and on practice websites, as a way of starting the conversation with patients and
families (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA strongly encourage all primary care physicians to include
advance care planning as a routine part of their adult patient care protocols, and also to
include advance directive documentation in patients’ medical records as a suggested
standard health maintenance practice (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA collaborate (prioritized and made more urgent by the
ongoing COVID-19 pandemic) with stakeholder groups, such as legal, medical, hospital,
medical education, and faith-based communities as well as interested citizens, to
promote completion of advance directives by all individuals who are of legal age and
competent to make healthcare decisions (Directive to Take Action); and be it further

RESOLVED, That our AMA actively promote the officially recognized designation of April
16 as National Healthcare Decisions Day. (New HOD Policy)

Testimony received for Resolution 602 was overwhelmingly supportive. Speakers noted
that physicians, family members, and caregivers often face an ethical dilemma when the
patient is unable to communicate their wishes for medical treatment. The COVID-19
pandemic has underscored the need for advance directives, particularly in light of
hospital isolation requirements.

Further, testimony noted that advance care planning should not be limited to adult
patients as there may be instances when an advanced directive for pediatric patients
may be required. Speakers also noted that physicians of varying specialties, in addition
to primary care physicians, could be instrumental in advising their patients on preparing
advanced directives.

Amendments
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Amendment
Additionally, testimony supported the use of electronic systems (e.g., electronic medical records, cloud-based storage, etc.) to make advance directives more readily available. Your Reference Committee concurs and recommends that Resolution 602 be adopted as amended.
RECOMMENDED FOR ADOPTION IN LIEU OF

(5) RESOLUTION 608 – SHARING COVID-19 RESOURCES

RECOMMENDATION:

Alternate Resolution 608 be adopted in lieu of Resolutions 608, 609, 610, and 611

PROMOTING EQUITABLE RESOURCE DISTRIBUTION GLOBALLY IN RESPONSE TO THE COVID-19 PANDEMIC

RESOLVED, That our AMA, in an effort to improve public health and national stability, explore possible assistance through the COVID-19 Vaccines Global Access (COVAX) initiative co-led by the World Health Organization, Gavi, and the Coalition for Epidemic Preparedness Innovations, as well as all other relevant organizations, for residents of countries with limited financial or technological resources where the cases of COVID-19 infection have been exponentially increasing (Directive to Take Action); and be it further

RESOLVED, That our AMA will work with governmental and appropriate regulatory bodies to encourage prioritization of equity when providing COVID-19 pandemic-related resources, such as diagnostics, low cost or free medications, therapeutics, vaccines, raw materials for vaccine production, personal protective equipment, and/or financial support (Directive to Take Action); and be it further

RESOLVED, That our AMA recognize the extraordinary efforts of many dedicated physicians, physician and ethnic organizations assisting in this humanitarian crisis. (Directive to Take Action)

Resolution 608

RESOLVED, That our American Medical Association call for the cooperation of all governments and international agencies to share data, research and resources for the production and distribution of medicines, vaccines and personal protective equipment (Directive to Take Action); and be it further

RESOLVED, That our AMA promote and support efforts to supply COVID vaccines to health care agencies in other parts of the world to be administered to individuals who can't afford them. (Directive to Take Action)

Amendments
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Resolution 609
RESOLVED, That our American Medical Association urge the U.S. government to provide all possible assistance including surplus vaccines and vaccines that have not had emergency use authorization to the citizens of India and other countries in a similar situation in this humanitarian crisis (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for all possible assistance through WMA and WHO for government and the citizens of India and other countries in a similar situation (Directive to Take Action); and be it further

RESOLVED, That our AMA recognize the extraordinary efforts of many dedicated physicians and ethnic organizations assisting in this humanitarian crisis. (New HOD Policy)

Resolution 610
RESOLVED, That our AMA amend policy H-250.988, “Low Cost Drugs to Poor Countries during Times of Pandemic Health Crises,” by addition and deletion as follows:

H-250.988 – AID LOW-COST DRUGS TO POOR LOW- AND MIDDLE-INCOME COUNTRIES DURING EPIDEMICS AND PANDEMICS TIMES OF PANDEMIC HEALTH-CRISES

Our AMA will: (1) encourages pharmaceutical companies to provide to work with governmental and appropriate regulatory authorities to encourage (a) the prioritization of equity when providing low cost or free medications, including therapeutics and vaccines, to countries; (b) the temporary waiver of intellectual property protections for necessary medications and other countermeasures; and (c) sharing of equipment, materials, scientific methods, and technological information, to facilitate production and distribution of necessary medications during epidemics and pandemics during times of pandemic health crises; and (2) shall work with the World Health Organization (WHO), UNAIDS, and similar organizations that provide comprehensive assistance, including health care, to poor low- and middle-income countries in an effort to improve public health and national stability. (Modify Current HOD Policy)

Resolution 611
RESOLVED, That our American Medical Association urge the U.S. government to provide all possible assistance including surplus vaccines and vaccines that have not had emergency use authorization to the citizens of India and other countries in a similar situation in this humanitarian crisis (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for all possible assistance through WMA and WHO for government and the citizens of India and other countries in a similar situation (Directive to Take Action); and be it further

Amendments
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RESOLVED, That our AMA recognize the extraordinary efforts of many dedicated physicians and ethnic organizations assisting in this humanitarian crisis. (New HOD Policy)

Resolutions 608, 609, 610 and 611 call upon the AMA to assist with the humanitarian crisis resulting from the COVID-19 pandemic through sharing supplies with countries that have limited resources. Testimony highlighted the importance of international cooperation to mitigate the spread of COVID-19 and COVID-19 variants as well as to promote herd immunity globally. Speakers offered multiple approaches (e.g., vaccine donations, working with key stakeholders, etc.) to support the production and distribution of vaccines in other counties.

Testimony was heard on other barriers to vaccine production and distribution such as intellectual property rights and emergency use authorization. Due to the complex nature of these issues, your Reference Committee believes that further exploration would be required and could slow the urgent response needed to address the COVID-19 pandemic.

Amendments
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RECOMMENDED FOR NOT ADOPTION

(6) RESOLUTION 601 – $100 MEMBER ANNUAL DUES
PAYMENT THROUGH 2023

RECOMMENDATION:

Resolution 601 not be adopted.

RESOLVED, That our American Medical Association adjust dues to $100 per year for a trial period of two years for actively practicing physicians and senior physicians. (Directive to Take Action)

Your Reference Committee received robust and mixed testimony in response to Resolution 601.

Your Reference Committee gleans from the Whereas clauses contained in the resolution, and from the testimony presented, that the primary intent of the authors is to seek financial relief for physicians who have encountered financial hardships because of COVID-19. Our AMA currently provides a clear path to financial relief with a “financial hardship exemption” for which no financial details are required.

Some testimony suggested the proposed dues adjustment as a method to attract additional members, but your Reference Committee recognizes that membership growth is not the objective of Resolution 601 and, in any event, is not assured as a result of a reduction in dues. Further, your Reference Committee notes that our AMA’s membership efforts throughout the pandemic have produced positive results and it is reported that our AMA is on track to continue the current 10-year growth trend.

Our AMA Board of Trustees testified that a reduction of AMA dues to $100 would equate to a revenue loss of $41.8 million over a two-year period. A loss of this magnitude, coupled with the continued economic uncertainty that might cause possible downturns in other funding sources, could move our AMA from maintaining programs and activities to cutting back substantially.

During testimony, our AMA Board of Trustees provided the following perspective. A $21.9 million reduction in annual dues revenue equates to, at a minimum, over 20% of the funding for strategic focus areas and core activities, including Advocacy, Health & Science, Ethics, Health Equity, Improving Health Outcomes, Accelerating Change in Medical Education and Practice Sustainability and Professional Satisfaction, as well as AMA’s communication and marketing efforts. This is at a time when our AMA is expanding its Center for Health Equity and increasing its focus on public health, all of which require additional funding.

Additional testimony reflected that there could be a negative ripple effect among our Federation members who might be faced with having to justify why similar action is not being implemented at the local or specialty levels. Still further, some projected that it is more likely our AMA would begin losing current membership gains after two years when

Amendments
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the normal dues rates are re-introduced; thus, making a temporary loss in revenue permanent. Lastly, a question was posed with regard to group memberships, which your Reference Committee feels is beyond the scope of this resolution and should be addressed directly by our AMA leadership upon receipt of a formal inquiry.

In closing, your Reference Committee wishes to highlight that our AMA’s membership site, as well as a Google search for “AMA financial hardship,” will lead members to a financial hardship application. Our AMA Board of Trustees reports that members will be granted a financial hardship exemption if they are a prior year member and submit a financial hardship application. Neither proof nor other supporting documents are required. A request for financial hardship consideration can be renewed annually and is not limited to hardships associated with COVID-19.

Amendments
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RECOMMENDED FOR FILING

(7) BOARD OF TRUSTEES REPORT 1 - ANNUAL REPORT

RECOMMENDATION:

That Board of Trustees Report 1 be filed.

The Consolidated Financial Statements for the years ended December 31, 2020 and 2019 and the Independent Auditor’s report have been included in a separate booklet titled, “2020 Annual Report.”

Your Reference Committee received no testimony in direct response to Board of Trustees Report 1. On behalf of our AMA membership, your Reference Committee extends appreciation to the Board of Trustees for executing sound fiscal responsibility despite the unprecedented challenges of this past year due to the pandemic. Additionally, AMA membership increased in 2020 by 6%, marking 10 consecutive years of growth in membership. Emerging from 2020, our AMA continues its ongoing trend of positive operating results and membership engagement.
This concludes the report of Reference Committee F. I would like to thank Jerry P. Abraham, MD, MPH, David J. Bensema, MD, Veronica (Ronnie) K. Dowling, MD, Cheryl Gibson Fountain, MD, Stuart J. Glassman, MD, MBA, Lynda G. Kabbash, MD, and all those who testified before the Committee.

Jerry P. Abraham, MD, MPH
California
Cheryl Gibson Fountain, MD
American College of Obstetricians and Gynecologists

David J. Bensema, MD
Kentucky
Stuart J. Glassman, MD, MBA
American Academy of Physical Medicine and Rehabilitation

Veronica (Ronnie) K. Dowling, MD
Arizona
Lynda G. Kabbash, MD (Alternate)
American Academy of Allergy, Asthma, and Immunology

Michael D. Chafty, MD, JD
Michigan
Chair

Amendments
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