Pursuant to Policy D-600.956, adopted at the November 2021 Special Meeting, commentary submitted to the online member forums will be used to generate a preliminary document to inform the discussion at the in-person reference committee hearings.

The following items of business are being considered in Reference Committee A:

1. Council on Medical Service Report 3 – Preventing Coverage Losses After the Public Health Emergency Ends
2. Council on Medical Service Report 4 – Parameters of Medicare Drug Price Negotiation
4. Resolution 102 – Bundling Physician Fees with Hospital Fees
5. Resolution 103 – COBRA for College Students
6. Resolution 104 – Consumer Operated and Oriented Plans (CO-OPs) as a Public Option for Health Care Financing
7. Resolution 105 – Health Insurance that Fairly Compensates Physicians
8. Resolution 106 – Hospice Recertification for Non-Cancer Diagnosis
9. Resolution 107 – Medicaid Tax Benefits
10. Resolution 108 – Payment for Regadenoson (Lexiscan)
11. Resolution 109 – Piloting the Use of Financial Incentives to Reduce Unnecessary Emergency Room Visits
12. Resolution 110 – Private Payor Payment Integrity
13. Resolution 111 – Bundled Payments and Medically Necessary Care
17. Resolution 115 – Support for Universal Internet Access
18. Resolution 116 – Reimbursement of School-Based Health Centers
19. Resolution 117 – Expanding Medicaid Transportation to Include Healthy Grocery Destinations
20. Resolution 118 – Caps on Insulin Co-Payments for Patients with Insurance
22. Resolution 120 – Expanding Coverage for and Access to Pulmonary Rehabilitation
23. Resolution 121 – Increase Funding, Research and Education for Post-Intensive Care Syndrome
24. Resolution 122 – Medicaid Expansion
25. Resolution 123 - Advocating for All Payer Coverage of Cosmetic Treatment for Survivors of Domestic Abuse and Intimate Partner Violence
26. Resolution 124 – To Require Insurance Companies Make the “Coverage Year” and the “Deductible Year” Simultaneous for Their Policies
27. Resolution 125 – Education, Forewarning and Disclosure regarding
   Consequences of Changing Medicare Plans
28. Resolution 126 – Providing Recommended Vaccines Under Medicare Parts B
   And C
29. Resolution 127 – Continuity of Care Upon Release from Correctional Systems
30. Resolution 128 – Improving Access to Vaccinations for Patients
The Council on Medical Service recommends that the following be adopted and the remainder of the report be filed:

1. That our American Medical Association (AMA) encourage states to facilitate transitions, including automatic transitions, from health insurance coverage for which an individual is no longer eligible to alternate health insurance coverage for which the individual is eligible, and that auto-transitions meet the following standards:
   a. Individuals must provide consent to the applicable state and/or federal entities to share information with the entity authorized to make coverage determinations.
   b. Individuals should only be auto-transitioned 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.
   c. Individuals should have the opportunity to opt out from health insurance coverage into which they are auto-transitioned.
   d. Individuals should not be penalized if they are auto-transitioned into coverage for which they are not eligible.
   e. Individuals eligible for zero-premium marketplace coverage should be randomly assigned among the zero-premium plans with the highest actuarial values.
   f. 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 special enrollment periods. (New HOD Policy)

2. That our AMA support coordination between state agencies overseeing Medicaid, Affordable Care Act marketplaces, and workforce agencies that will help facilitate health insurance coverage transitions and maximize coverage. (New HOD Policy)

3. That our AMA support federal and state monitoring of Medicaid retention and disenrollment, successful transitions to quality affordable coverage, and uninsured rates. (New HOD Policy)

4. That our AMA reaffirm Policy H-290.982, which calls for states to streamline Medicaid/Children's Health Insurance Program (CHIP) enrollment processes, use simplified enrollment forms, and undertake Medicaid/CHIP educational and outreach efforts. (Reaffirm HOD Policy)

5. That our AMA reaffirm Policy H-165.855, which calls for adoption of 12-month continuous eligibility across Medicaid, CHIP, and exchange plans to limit churn and assure continuity of care. (Reaffirm HOD Policy)

6. That our AMA reaffirm Policy H-165.823, which supports states and/or the federal government pursuing auto-enrollment in health insurance coverage that meets certain standards related to consent, cost, ability to opt out, and other guardrails. (Reaffirm HOD Policy)

Your Reference Committee reviewed online testimony regarding this report. Testimony was supportive of Council on Medical Service Report 3 and its approach to facilitating coverage as the public health emergency unwinds.
COUNCIL ON MEDICAL SERVICE REPORT 4 –
PARAMETERS OF MEDICARE DRUG PRICE
NEGOTIATION

The Council on Medical Service recommends that the following be adopted in lieu of the
second resolve of Alternate Resolution 113-N-21, as well as the referred amendment
proffered during consideration of Alternate Resolution 113-N-21, and that the remainder
of the report be filed.

1. That our American Medical Association (AMA) reaffirm Policy D-330.954, which states
that our AMA will support federal legislation which gives the Secretary of the Department
of Health and Human Services the authority to negotiate contracts with manufacturers of
covered Part D drugs; work toward eliminating Medicare prohibition on drug price
negotiation; and prioritize its support for the Centers for Medicare & Medicaid Services
(CMS) to negotiate pharmaceutical pricing for all applicable medications covered by CMS.
(Reaffirm HOD Policy)

2. That our AMA reaffirm Policy H-110.980, which outlines principles to guide AMA support
for arbitration as well as the use of international drug price averages/indices in determining
domestic drug prices. (Reaffirm HOD Policy)

3. That our AMA reaffirm Policy H-110.983, which advocates standards that any revised
Medicare Part B Competitive Acquisition Program must meet. (Reaffirm HOD Policy)

4. That our AMA encourage the development of models under the auspices of the CMS
Innovation Center (CMMI) to test the impact of offering Medicare beneficiaries additional
enhanced alternative health plan choices that offer lower, consistent, and predictable out-
of-pocket costs for select prescription drugs. (New HOD Policy)

Your Reference Committee reviewed online testimony regarding this report. Testimony on
Council on Medical Service Report 4 was mixed, with commenters supporting amendment
or referral. Amendments were proffered to the recommendations of the report to 1) support
price negotiation for Medicare Part D drugs using a volume-weighted average percentage
of the prices paid in other large western (or comparable) industrialized nations; 2) develop
a proposal with interested physician organizations and submit it to the Centers for
Medicare and Medicaid Services (CMS) that allows Medicare to negotiate drug prices for
Medicare Part B physician-administered drugs based on the volume-weighted net average
drug price in six western (or comparable) industrialized nations; and 3) reaffirm Policy H-
110.987 that supports legislation that limits Medicare annual drug price increases to the
rate of inflation.

RESOLUTION 101 – FERTILITY PRESERVATION
BENEFITS FOR ACTIVE-DUTY MILITARY PERSONNEL

RESOLVED, That our American Medical Association work with interested organizations
to encourage TRICARE to cover fertility preservation procedures (cryopreservation of
sperm, oocytes, or embryos) for medical indications, for active-duty military personnel and
other individuals covered by TRICARE (Directive to Take Action); and be it further

RESOLVED, That our AMA work with interested organizations to encourage TRICARE to
cover gamete preservation prior to deployment for active-duty military personnel (Directive
to Take Action); and be it further
RESOLVED, That our AMA report back on this issue at the 2023 Annual Meeting of the AMA House of Delegates. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony was generally supportive of Resolution 101. The potential cost of covering fertility preservation services for military personnel was raised, as was the potential benefit to service member morale, retention and well-being.

(4) RESOLUTION 102 – BUNDLING PHYSICIAN FEES WITH HOSPITAL FEES

RESOLVED, That our American Medical Association oppose bundling of physician payments with hospital payments, unless the physician has agreed to such an arrangement in advance. (New HOD Policy)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 102 was limited yet supportive.

(5) RESOLUTION 103 – COBRA FOR COLLEGE STUDENTS

RESOLVED, That our American Medical Association call for legislation similar to COBRA to allow college students to continue their healthcare coverage, at their own expense, for up to 18 months after graduation or other termination of enrollment. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 103 was in opposition. One commenter noted that graduating college students already have access to numerous avenues for accessing health insurance coverage. First, they can stay on their parents’ health plan up to age 26; they can qualify for premium tax credits to purchase coverage on ACA marketplaces; and they can secure coverage through new employment. Another noted that the continuous-coverage rationale for COBRA was obviated due to the aforementioned ACA mechanisms.

(6) RESOLUTION 104 – CONSUMER OPERATED AND ORIENTED PLANS (CO-OPS) AS A PUBLIC OPTION FOR HEALTH CARE FINANCING

RESOLVED, That our American Medical Association study options to improve the performance of Consumer Operated and Oriented Plans (CO-OPs) as a potential public option to improve competition in the health insurance marketplace and to improve the value of health care to patients (Directive to Take Action); and be it further

RESOLVED, That our AMA work with the National Alliance of State Health Co-Ops to request that Congress and the US Department of Health and Human Services reestablish funding for new health insurance co-operatives. (Directive to Take Action)
Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 104 was limited to a commenter noting that the website for the National Alliance of State Health Co-ops states that “this account has been suspended.”

(7) RESOLUTION 105 – HEALTH INSURANCE THAT FAIRLY COMPENSATES PHYSICIANS

RESOLVED. That our American Medical Association advocate for insurance plans to adequately compensate physicians so that they are able to remain in practice independent of hospital employment. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 105 was generally supportive, with a commenter questioning what the fiscal note of this resolution was.

(8) RESOLUTION 106 – HOSPICE RECERTIFICATION FOR NON-CANCER DIAGNOSIS

RESOLVED, That our American Medical Association request that the Centers for Medicare & Medicaid Services allow automatic reinstatement for hospice if a patient survives for more than 6 months with a non-cancer diagnosis and that prognosis remains terminal. (Directive to Take Action)

There was no testimony posted to the online member forum on this item. Your Reference Committee will hear live testimony.

(9) RESOLUTION 107 – MEDICAID TAX BENEFITS

RESOLVED, That our American Medical Association advocate for legislation that would allow physicians who take care of Medicaid or uninsured patients to receive some financial benefit through a tax deduction such as (a) a reduced rate of overall taxation or (b) the ability to use the unpaid charges for such patients as a tax deduction. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 107 was limited. A commenter concurred with the need for financial incentives while noting that the physician administrative burden of securing a tax benefit, if allowed under the law, would likely erode any savings from that benefit.

(10) RESOLUTION 108 – PAYMENT FOR REGADENOSON (LEXISCAN)

RESOLVED, That our American Medical Association petition the Centers for Medicare and Medicaid Services to investigate the disparity between the cost of medical agents and the reimbursement by insurance companies and develop a solution so physicians are not financially harmed when providing medical agents. (Directive to Take Action) (Modify Current HOD Policy)
Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 108 was limited yet supportive of the spirit of the resolution beyond the question of the drug named in the resolution title.

(11) RESOLUTION 109 – PILOTING THE USE OF FINANCIAL INCENTIVES TO REDUCE UNNECESSARY EMERGENCY ROOM VISITS

RESOLVED, That our American Medical Association study and report on the positive and negative experiences of programs in various states that provide Medicaid beneficiaries with incentives for choosing alternative sites of care when it is appropriate to their symptoms and/or condition instead of hospital emergency departments. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony was supportive of Resolution 109 and the need for additional study of financial incentives designed to encourage Medicaid enrollees to choose alternative sites of care instead of emergency departments.

(12) RESOLUTION 110 – PRIVATE PAYOR PAYMENT INTEGRITY

RESOLVED, That our American Medical Association advocate for private insurers to require, at a minimum, to pay for diagnosis and treatment options that are covered by government payers such as Medicare (Directive to Take Action); and be it further RESOLVED, That our AMA seek to ensure by legislative or regulatory means that private insurers shall not be allowed to deny payment for treatment options as “experimental and/or investigational” when they are covered under the government plans; such coverage shall extend to managed Medicaid, Workers’ Compensation plans, and auto liability insurance companies. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 110 was supportive.

(13) RESOLUTION 111 – BUNDLED PAYMENTS AND MEDICALLY NECESSARY CARE

RESOLVED, That our American Medical Association advocate that coverage rules for Medicaid “Episodes of Care” be carefully reviewed to ensure that they do not incentivize limiting medically necessary services for patients to allow better reimbursement for recipients of the bundled payment (Directive to Take Action); and be it further RESOLVED, That our AMA study the issue of “Bundled Payments and Medically Necessary Care” with a report back to the AMA House of Delegates to explore the unintended long-term consequences on health care expenditures, physician reimbursement, and patient outcomes (Directive to Take Action); and be it further RESOLVED, That our AMA advocate that functional improvement be a key target outcome for bundled payments. (Directive to Take Action)
Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 111 was mixed. Amendments were proffered to delete or change the third Resolved to a metric that will effectively change behavior of payers and participants, and add “and state medical societies” to the first Resolved to emphasize the importance of involving each state medical society when developing state Medicaid rules.

(14) RESOLUTION 112 – SUPPORT FOR EASY ENROLLMENT FEDERAL LEGISLATION

RESOLVED, That our American Medical Association advocate for the federal legislation known as the Easy Enrollment in Health Care Act to allow Americans to receive health care information and enroll in healthcare coverage through their federal tax returns. (Directive to Take Action).

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 112 was limited yet supportive.

(15) RESOLUTION 113 – PREVENTION OF HEARING LOSS-ASSOCIATED-COGNITIVE-IMPAIRMENT THROUGH EARLIER RECOGNITION AND REMEDIATION

RESOLVED, That our American Medical Association promote awareness of hearing impairment as a potential contributor to the development of cognitive impairment in later life, to physicians as well as to the public (Directive to Take Action); and be it further

RESOLVED, That our AMA promote, and encourage other stakeholders, including public, private, and professional organizations and relevant governmental agencies, to promote the conduct and acceleration of research into specific patterns and degrees of hearing loss to determine those most linked to cognitive impairment and amenable to correction (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for increased hearing screening, and expanding all avenues for third party coverage for effective hearing loss remediation beginning in mid-life or whenever detected, especially when such loss is shown conclusively to contribute significantly to the development of, or to magnify the functional deficits of cognitive impairment, and/or to limit the capacity of individuals for independent living. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. There was substantial support for Resolution 113 in the online forum. An amendment was proffered to the third Resolved that would add language for the AMA to advocate for increased hearing screening beginning in mid-life by physicians, and simplify language outlining AMA support for expanding all avenues for third party coverage for effective hearing loss remediation. Another commenter offered an amendment to simplify the wording of the third Resolved, and add language to the first Resolved for the AMA to recognize hearing impairment as a potential contributor to the development of cognitive impairment later in life.
RESOLUTION 114 – ORAL HEALTHCARE IS HEALTHCARE

RESOLVED, That our American Medical Association reaffirm that dental and oral health are integral components of basic health care and maintenance regardless of age (Reaffirm HOD Policy); and it further

RESOLVED, That our AMA, through the Center for Health Equity, highlight the substantial contribution of dental and oral healthcare disparities to health inequity as well as to social and economic disparities (Directive to Take Action); and it further

RESOLVED, That our AMA support ongoing research, legislative actions and administrative efforts to promote access to and adequate coverage by public and private payers for preventative and therapeutic dental services as integral parts of overall health maintenance to all populations (New HOD Policy); and it further

RESOLVED, That our AMA work with other organizations to explore avenues to promote efforts to expand Medicare benefits to include preventative and therapeutic dental services, without additional decreases in Medicare Part B Reimbursements. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. There was substantial support for Resolution 114 in the online forum. A commenter suggested the addition of language that addresses the potential cost for adding these services since the Medicare Trust Fund already faces solvency issues.

RESOLUTION 115 – SUPPORT FOR UNIVERSAL INTERNET ACCESS

RESOLVED, That our American Medical Association recognize that internet access is a social determinant of health (New HOD Policy); and it further

RESOLVED, That our AMA support universal access to broadband home internet (New HOD Policy); and it further

RESOLVED, That our AMA advocate for legislation to reduce barriers and increase access to broadband internet, including federal, state, and local funding of broadband internet to reduce price, the establishment of automatic applications for recipients of Medicaid or other assistance programs, and increasing the number of devices and streams covered per household. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 115 was generally supportive. A commenter questioned whether the intent of the first Resolved was to ensure home access to broadband internet as a social determinant of health, or just access in general. An amendment was also offered to strike all language after “reduce price” in the third Resolved.
(18) RESOLUTION 116 – REIMBURSEMENT OF SCHOOL-BASED HEALTH CENTERS

RESOLVED, That our American Medical Association amend Policy H-60.921, “School-Based and School-Linked Health Centers,” by addition and deletion to read as follows:

1. Our AMA supports the concept of adequately equipped and staffed the implementation, maintenance, and equitable expansion of school-based or school-linked health centers (SBHCs) for the comprehensive management of conditions of childhood and adolescence.
2. Our AMA recognizes that school-based health centers increase access to care in underserved child and adolescent populations.
3. Our AMA supports identifying school-based health centers in claims data from Medicaid and other payers for research and quality improvement purposes.
4. Our AMA supports efforts to extend Medicaid reimbursement to school-based health centers at the state and federal level, including, but not limited to the recognition of school-based health centers as a provider under Medicaid. (Modify Current HOD Policy)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony was generally supportive of Resolution 116. One post suggested that the amended policy clarify that school-based health centers should be staffed or supervised by a physician. An amendment was also proffered on the proposed fourth clause which would support “the study of” efforts to extend Medicaid reimbursement to school-based health centers rather than supporting those efforts outright.

(19) RESOLUTION 117 – EXPANDING MEDICAID TRANSPORTATION TO INCLUDE HEALTHY GROCERY DESTINATIONS

RESOLVED, That our American Medical Association: (1) support the implementation and expansion of transportation services for accessing healthy grocery options; and (2) advocate for inclusion of supermarkets, food banks and pantries, and local farmers markets as destinations offered by Medicaid transportation at the federal level; and (3) support efforts to extend Medicaid reimbursement to non-emergent medical transportation for healthy grocery destinations. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 117 was mixed. Testimony raised concerns regarding the cost of covering non-medical transportation under Medicaid, and the difficulties associated with implementing the asks of Resolution 117. Potential alternate Resolved wording was offered for the AMA to advocate for the creation and support of programs that provide patients eligible for Medicaid transportation to supermarkets, food banks and pantries, and local farmers’ markets.

(20) RESOLUTION 118 – CAPS ON INSULIN CO-PAYMENTS FOR PATIENTS WITH INSURANCE

RESOLVED, That our American Medical Association amend Policy H-110.984, “Insulin Affordability,” by addition to read as follows:
Insulin Affordability H-110.984
Our AMA will: (1) encourage the Federal Trade Commission (FTC) and the Department of Justice to monitor insulin pricing and market competition and take enforcement actions as appropriate; and (2) support initiatives, including those by national medical specialty societies, that provide physician education regarding the cost-effectiveness of insulin therapies; and (3) support state and national efforts to limit the copayments insured patients pay per month for prescribed insulin. (Modify Current HOD Policy)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 118 was unanimously supportive.

(21) RESOLUTION 119 – MEDICARE COVERAGE OF DENTAL, VISION, AND HEARING SERVICES

RESOLVED, That our American Medical Association support Medicare coverage of preventive dental care, including dental cleanings and x-rays, and restorative services, including fillings, extractions, and dentures (New HOD Policy); and be it further

RESOLVED, That our AMA support Medicare coverage of routine eye examinations and visual aids, including eyeglasses and contact lenses (New HOD Policy); and be it further

RESOLVED, That our American Medical Association amend Policy H-185.929, “Hearing Aid Coverage,” by addition to read as follows:

Hearing Aid Coverage H-185.929
1. Our AMA supports public and private health insurance coverage that provides all hearing-impaired infants and children access to appropriate physician-led teams and hearing services and devices, including digital hearing aids.
2. Our AMA supports hearing aid coverage for children that, at minimum, recognizes the need for replacement of hearing aids due to maturation, change in hearing ability and normal wear and tear.
3. Our AMA encourages private health plans to offer optional riders that allow their members to add hearing benefits to existing policies to offset the costs of hearing aid purchases, hearing-related exams and related services.
4. Our AMA supports coverage of hearing tests administered by a physician or physician-led team, aural rehabilitative services, and hearing aids as part of Medicare's Benefit.
5. Our AMA supports policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly.
6. Our AMA encourages increased transparency and access for hearing aid technologies through itemization of audiologic service costs for hearing aids.
7. Our AMA supports the availability of over-the-counter hearing aids for the treatment of mild-to-moderate hearing loss. (Modify Current HOD Policy)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 119 was mixed. A majority of the comments supported Resolution 119 due its potential impact on patients, in particular their health outcomes and well-being. A commenter noted that, addressing the second Resolved supporting Medicare coverage of routine eye examinations, that the USPSTF concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening...
for impaired visual acuity in older adults. Another commenter raised concerns regarding how these new benefits would be paid for. In response to these concerns, an amendment was proffered to ensure that our AMA supports new Medicare funding that is independent of the physician fee schedule to pay for the coverage of these services.

(22) RESOLUTION 120 – EXPANDING COVERAGE FOR AND
ACCESS TO PULMONARY REHABILITATION

RESOLVED, That our American Medical Association advocate for insurance coverage for and access to pulmonary rehabilitation for any patient with chronic lung disease or chronic shortness of breath. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 120 was mixed. A majority of comments supported expanding access to pulmonary rehabilitation and noted the increased need for this service because of COVID-19. One post cautioned against adopting policy that advocates for new coverage mandates. Another suggested changing the resolution’s scope to support access to pulmonary rehabilitation for symptomatic patients with moderate to severe respiratory impairment.

(23) RESOLUTION 121 – INCREASE FUNDING, RESEARCH
AND EDUCATION FOR POST-INTENSIVE CARE
SYNDROME

RESOLVED, That our American Medical Association support the development of an ICD-10 code or family of codes to recognize Post-Intensive Care Syndrome (PICS) (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for legislation to provide funding for research and treatment of PICS, including for those cases related to COVID-19. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 121 addressed the purpose of developing new ICD-10 codes and the implications on reimbursement.

(24) RESOLUTION 122 – MEDICAID EXPANSION

RESOLVED, That our American Medical Association continue to advocate strongly for expansion of the Medicaid program to all states and reaffirm existing policies D-290.979, H 290.965 and H-165.823 (Directive to Take Action); and be it further

RESOLVED, That our AMA produce informational brochures and other communications that can be distributed by health care professionals to inform the public of the importance of expanded health insurance coverage to all. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony was generally supportive of Resolution 122. There was some discussion of whether to address payment rates under Medicaid. Additionally, an amendment was
proffered to clarify that our AMA should "work with state medical societies" to accomplish the Resolved clauses.

(25) RESOLUTION 123 – ADVOCATING FOR ALL PAYER COVERAGE OF COSMETIC TREATMENT FOR SURVIVORS OF DOMESTIC ABUSE AND INTIMATE PARTNER VIOLENCE

RESOLVED, That our American Medical Association urge all payers to consider aesthetic treatments for physical lesions sustained from injuries of domestic and intimate partner violence as restorative treatments (Directive to Take Action); and be it further
RESOLVED, That our AMA work with relevant stakeholders such as medical specialty societies, third party payers, the Centers for Medicare and Medicaid Service, and other national stakeholders as deemed appropriate to require third party payers to include reimbursement for necessary aesthetic service for the treatment of physical injury sustained along with medically necessary restorative care for victims of domestic abuse. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 123 was mixed. While there was support for the resolution, questions were raised regarding the implications of specifying aesthetic services as medically necessary as well as the redundancy of the second Resolved clause.

(26) RESOLUTION 124 – TO REQUIRE INSURANCE COMPANIES MAKE THE "COVERAGE YEAR" AND THE "DEDUCTIBLE YEAR" SIMULTANEOUS FOR THEIR POLICIES

RESOLVED, That our American Medical Association advocate and support legislation to require all commercial insurance carriers to align their policies such that a policy holder's "deductible year" and "coverage year" be the same time period for all policies. (Directive to Take Action)

There was no testimony posted to the online member forum on this item. Your Reference Committee will hear live testimony.

(27) RESOLUTION 125 – EDUCATION, FOREWARNING AND DISCLOSURE REGARDING CONSEQUENCES OF CHANGING MEDICARE PLANS

RESOLVED, That our American Medical Association amend policy H-330.870, "Transparency of Costs to Patients for Their Prescription Medications Under Medicare Part D and Medicare Advantage Plans," by addition and deletion to read as follows:

Our AMA will: (1) advocate for provision of transparent print and audio/video patient educational resources to patients and families in multiple languages from health care systems and from Medicare - directly accessible - by consumers and families, explaining clearly the different benefits, as well as the varied, programmatic and other out-of-pocket costs for their medications under Medicare, Medicare Supplemental and Medicare
Advantage plans on their personal costs for their medications under Medicare and Medicare Advantage plans—both printed and online video—which health care systems could provide to patients and which consumers could access directly; and

(2) advocate for printed and audio/video patient educational resources regarding personal costs, changes in benefits and provider panels that may be incurred when switching (voluntarily or otherwise) between Medicare, Medical Supplemental and Medicare Advantage or other plans, including additional information regarding federal and state health insurance assistance programs that patients and consumers could access directly; and

(23) support advocate for increased funding for federal and state health insurance assistance programs and educate physicians, hospitals, and patients about the availability of and access to these such programs. (Modify Current HOD Policy)

Your Reference Committee reviewed online testimony regarding this resolution. There was substantial support for Resolution 125 in the online forum. Several commenters emphasized that choosing and changing Medicare plans is complex and confusing for enrollees and that transparency, education, and guidance is needed.

(28) RESOLUTION 126 – PROVIDING RECOMMENDED VACCINES UNDER MEDICARE PARTS B AND C

RESOLVED, That our American Medical Association support the expansion of coverage of all Advisory Committee for Immunization Practices (ACIP) recommended immunizations for routine use as a covered benefit by all public and private health plans (New HOD Policy); and be it further

RESOLVED, That our AMA advocate to the Centers for Medicare and Medicaid Services (CMS), and Congress if necessary, for expanded coverage of all ACIP recommended immunizations for routine use to be a covered benefit without patient cost under Medicare parts B and C for Medicare beneficiaries. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 126 was mixed, with calls for referral due to questions about the inclusion of vaccines under Medicare Part D.

(29) RESOLUTION 127 – CONTINUITY OF CARE UPON RELEASE FROM CORRECTIONAL SYSTEMS

RESOLVED, That our AMA amend policy AMA policy H-430.986, “Health Care While Incarcerated,” by addition and deletion to read as follows:

1. Our AMA advocates for adequate payment to health care providers, including primary care and mental health, and addiction treatment professionals, to encourage improved access to comprehensive physical and behavioral health care services to juveniles and adults throughout the incarceration process from intake to re-entry into the community.

2. Our AMA advocates and requires a smooth transition including partnerships and information sharing between correctional systems, community health systems and state
insurance programs to provide access to a continuum of health care services for juveniles and adults in the correctional system.

3. Our AMA encourages state Medicaid agencies to accept and process Medicaid applications from juveniles and adults who are incarcerated.

4. Our AMA encourages state Medicaid agencies to work with their local departments of corrections, prisons, and jails to assist incarcerated juveniles and adults who may not have been enrolled in Medicaid at the time of their incarceration to apply and receive an eligibility determination for Medicaid.

5. Our AMA advocates for states to suspend rather than terminate Medicaid eligibility of juveniles and adults upon intake into the criminal legal system and throughout the incarceration process, and to reinstate coverage when the individual transitions back into the community.

6. Our AMA advocates for Congress to repeal the “inmate exclusion” of the 1965 Social Security Act that bars the use of federal Medicaid matching funds from covering healthcare services in jails and prisons.

7. Our AMA advocates for Congress and the Centers for Medicare & Medicaid Services (CMS) to revise the Medicare statute and rescind related regulations that prevent payment for medical care furnished to a Medicare beneficiary who is incarcerated or in custody at the time the services are delivered.

8. Our AMA advocates for necessary programs and staff training to address the distinctive health care needs of women and adolescent females who are incarcerated, including gynecological care and obstetrics care for individuals who are pregnant or postpartum.

9. Our AMA will collaborate with state medical societies, relevant medical specialty societies, and federal regulators to emphasize the importance of hygiene and health literacy information sessions, as well as information sessions on the science of addiction, evidence-based addiction treatment including medications, and related stigma reduction, for both individuals who are incarcerated and staff in correctional facilities.

10. Our AMA supports: (a) linkage of those incarcerated to community clinics upon release in order to accelerate access to comprehensive health care, including mental health and substance use disorder services, and improve health outcomes among this vulnerable patient population, as well as adequate funding; and (b) the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community; and (c) the provision of longitudinal care from state supported social workers to perform foundational check-ins that not only assess mental health but also develop lifestyle plans with newly released people to support their employment, education, housing, healthcare, and safety.

11. Our AMA advocates for the continuation of federal funding for health insurance benefits, including Medicaid, Medicare, and the Children’s Health Insurance Program, for otherwise eligible individuals in pre-trial detention.

12. Our AMA advocates for the prohibition of the use of co-payments to access healthcare services in correctional facilities. (Modify Current HOD Policy)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony was supportive of Resolution 127 and the importance of providing continuity of care to people released from incarceration.
RESOLVED, That our American Medical Association encourage all payors, including the Centers for Medicare and Medicaid Services, to fully cover the cost of product, handling and administration, without cost sharing, all vaccines recommended by the Centers for Disease Control and Prevention, at patient’s preferred site of care including when administered in the physician office. (Directive to Take Action)

Your Reference Committee reviewed online testimony regarding this resolution. Testimony on Resolution 128 was limited but generally supportive. An amendment was proffered to add language at the end of the Resolved to ensure that the goal of the resolution is to promote continuity of care and enhanced compliance.