JOINT COUNCIL REPORT

The following report was presented by Mark Bair, MD, Chair, Council on Constitution and Bylaws; and Gary Thal, MD, Chair, Council on Long Range Planning and Development:

1. JOINT COUNCIL SUNSET REVIEW OF 2014 HOUSE POLICIES

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: RECOMMENDATIONS ADOPTED
REMAINDER OF REPORT FILED

Policy G-600.110, "Sunset Mechanism for AMA Policy," calls for the decennial review of American Medical Association (AMA) policies to ensure that our AMA's policy database is current, coherent, and relevant. Policy G-600.110 reads as follows, laying out the parameters for review and specifying the procedures to follow:

1. As the House of Delegates (House) adopts policies, a maximum ten-year time horizon shall exist. A policy will typically sunset after ten years unless action is taken by the House to retain it. Any action of our AMA House that reaffirms or amends an existing policy position shall reset the sunset "clock," making the reaffirmed or amended policy viable for another 10 years.

2. In the implementation and ongoing operation of our AMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers shall provide a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate AMA councils for review; (c) Each AMA council that has been asked to review policies shall develop and submit a report to the House identifying policies that are scheduled to sunset; (d) For each policy under review, the reviewing council can recommend one of the following actions: (i) retain the policy; (ii) sunset the policy; (iii) retain part of the policy; or (iv) reconcile the policy with more recent and like policy (per Policy G-600.111(4), The consolidation process permits editorial amendments for the sake of clarity, so long as the proposed changes are transparent to the House and do not change the meaning); (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing council shall provide a succinct, but cogent justification (f) The Speakers shall determine the best way for the House of Delegates to handle the sunset reports.

3. Nothing in this policy shall prohibit a report to the HOD or resolution to sunset a policy earlier than its 10-year horizon if it is no longer relevant, has been superseded by a more current policy, or has been accomplished.

4. The AMA councils and the House of Delegates should conform to the following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has been accomplished; or (c) when the policy or directive is part of an established AMA practice that is transparent to the House and codified elsewhere such as the AMA Bylaws or the AMA House of Delegates Reference Manual: Procedures, Policies and Practices.

5. The most recent policy shall be deemed to supersede contradictory past AMA policies.

6. Sunset policies will be retained in the AMA historical archives.

RECOMMENDATION

The Councils on Constitution and Bylaws and Long Range Planning and Development recommend that the House 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.

APPENDIX – Recommended Actions

Policy Number	Title	Text	Recommendation
D-478.980	Anonymous Cyberspace Evaluations of Physicians	Our AMA will: (1) work with appropriate entities to encourage the adoption of guidelines and standards consistent with AMA policy governing the public release and accurate use of physician data; (2) continue pursuing initiatives to identify and offer tools to physicians that allow them to manage their online profile and presence; (3) seek legislation that supports the creation of laws to better protect physicians from cyber-libel, cyber-slander, cyber-bullying and the dissemination of Internet misinformation and provides for civil remedies and criminal sanctions for the violation of such laws; and (4) work to secure legislation that would require that the Web sites purporting to offer evaluations of physicians state prominently on their Web sites whether or not they are officially endorsed, approved or sanctioned by any medical regulatory agency or authority or organized medical association including a state medical licensing agency, state Department of Health or Medical Board, and whether or not they are a for-profit independent business and have or have not substantiated the authenticity of individuals completing their surveys.	Consolidate D-445.997 and D-478.980 as editorially amended (by insertion and deletion) and Retain. D-445.997, Online Physician Reputation and Rating: Our AMA will: (1) encourage~~s~~ physicians to take an active role in managing their online reputation in ways that can help them improve practice efficiency and patient care; (2) encourage~~s~~ physician practices and health care organizations to establish policies and procedures to address negative online complaints directly with patients that do not run afoul of federal and state privacy laws; (3) ~~will~~ develop and publish educational material to help guide physicians and their practices in managing their online reputation, including recommendations for responding to negative patient reviews and clarification about how federal privacy laws apply to online reviews; ~~and~~ (4) ~~will~~ work with appropriate stakeholders to (a) consider an outlet for physicians to share their experiences and (b) potentially consider a mechanism for recourse for physicians whose practices have been affected by negative online reviews, consistent with federal and state privacy laws~~.~~; ~~D-478.980 Our AMA~~

Policy Number	Title	Text	Recommendation
			~~will: (1)~~(5) work with appropriate entities to encourage the adoption of guidelines and standards consistent with AMA policy governing the public release and accurate use of physician data; ~~(2)~~(6) continue to pursue~~ing~~ initiatives to identify and offer tools to physicians that allow them to manage their online profile and presence; ~~(3)~~(7) seek legislation that supports the creation of laws to better protect physicians from cyber-libel, cyber-slander, cyber-bullying and the dissemination of Internet misinformation and provides for civil remedies and criminal sanctions for the violation of such laws; and ~~(4)~~(8) work to secure legislation that would require that the Web sites purporting to offer evaluations of physicians state prominently on their Web sites whether or not they are officially endorsed, approved or sanctioned by any medical regulatory agency or authority or organized medical association including a state medical licensing agency, state Department of Health or Medical Board, and whether or not they are a for-profit independent business and have or have not substantiated the authenticity of individuals completing their surveys.

Policy Number	Title	Text	Recommendation
D-90.999	Interpreters For Physician Visits	Our AMA continues to monitor enforcement of those provisions of the ADA to assure that physician offices are not subjected to undue burdens in their efforts to assure effective communication with hearing disabled patients.	Sunset; More recent and comprehensive policies exist. Policies include: H-385.929, Availability and Payment for Medical Interpreters Services in medical Practices; D-385.957, Certified Translation and Interpreter Services; H-385.928, Patient Interpreters; D-385.946, Physician Reimbursement for Interpreter Services; and D-385.978, Language Interpreters.
D-165.938	Redefining AMA's Position on ACA and Healthcare Reform	1. Our AMA will develop a policy statement clearly stating this organization's policies on the following aspects of the Affordable Care Act (ACA) and healthcare reform: A. Opposition to all P4P or VBP that fail to comply with the AMA's Principles and Guidelines; B. Repeal and appropriate replacement of the SGR; C. Repeal and replace the Independent Payment Advisory Board (IPAB) with a payment mechanism that complies with AMA principles and guidelines; D. Support for Medical Savings Accounts, Flexible Spending Accounts, and the Medicare Patient Empowerment Act ("private contracting"); E. Support steps that will likely produce reduced health care costs, lower health insurance premiums, provide for a sustainable expansion of healthcare coverage, and protect Medicare for future generations; F. Repeal the non-physician provider non-discrimination provisions of the ACA. 2. Our AMA will immediately direct sufficient funds toward a multi-pronged campaign to accomplish these goals. 3. There will be a report back at each meeting of the AMA HOD.	Sunset; No longer necessary. *Authors' note: While AMA Councils currently collaborate where appropriate on technology-related projects, such AMA initiatives are often enterprise-wide, with the expertise of relevant Councils utilized during project development and implementation. More details about AMA's technology initiatives hcan be found online.*
G-620.045	Medical Malpractice Discount Rates	Our AMA encourages member organizations of the Federation to offer access to discounted medical liability insurance premiums where legally permissible.	Retain; Still relevant. Nearly every state medical association or society actively endorses a medical liability product with most offering some

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			sort of discount and AMA Insurance's Medical Liability Insurance Plan offers competitively priced medical liability insurance coverage (discounted rates for AMA members). However, a recent AMA study, Prevalence of Medical Liability Premium Increases Unseen Since 2000s Continues for Fourth Year in a Row, found that at least in some states medical liability premiums are increasing.
G-635.015	Member Recognition	Our AMA will study ways to provide recognition to member physicians in local communities, to give them and the community a greater personal sense of connection with our AMA.	Sunset; No longer necessary. AMA has a number of recognition and award programs: Women in Medicine Month (September); Senior Physicians Recognition Month (May) and IMG Recognition Week (October); AMA Award for Citizenship and Community Service; AMA Medal of Valor; the President's Citation for Service to the Public; the Distinguished Service Award; and the AMA Physician's Recognition Award (PRA). The AMA Foundation offers multiple awards (including the AMA Foundation Award for Health Education, Excellence in Medicine Awards, and the Joan F. Giambalvo Fund for the

Policy Number	Title	Text	Recommendation
			Advancement of Women). Nominees for the AMA and AMA Foundation Awards are solicited from the House of Delegates, AMA sections, and the Federation.
G-640.025	Encourage Physicians as Legislative Candidates	Our AMA continues to identify, encourage, and support physicians to run as state and national legislative candidates.	Consolidate with G-640.015 as editorially amended (by insertion and deletion) and Retain. Our AMA will continue~~s~~ to identify, encourage, and support physicians to run as state and national legislative candidates. ~~G-640.015.~~ Our AMA will not use AMA corporate treasury funds to engage in partisan political activity. *Authors' note: AAMPAC, AMA's bipartisan political action committee, strives to help more physicians get personally involved in politics, and holds workshops each year to educate physicians about the intricacies of politics and political campaigns. AMPAC also publishes political research on public perceptions of physicians as candidates, the latest being a 2022 Research Exploring Voters Perceptions about Physicians as Candidates Running for Elected Office.*
G-640.045	Helping to Better Inform Legislators on Medical Matters	Our AMA will inform members of Congress and their staff that AMA Morning Rounds is available through our website to the public without charge.	Sunset; No longer necessary.

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			AMA periodically sends faxes to the attention of health staff at Congressional offices encouraging them to subscribe to AMA Morning Rounds. Morning Rounds remains available to AMA members, nonmembers and the public.
H-160.905	Non-Physician Practitioners Certifying Medicare Patients' Need for Therapeutic Shoes and Inserts	Our AMA supports authorization of physician assistants, and nurse practitioners who practice in physician-led teams to certify Medicare beneficiaries' need for therapeutic shoes and/or inserts.	Consolidate with H-425.979 (as editorially amended by insertion and deletion) and Retain. H-160.905. (1) Our AMA supports authorization of physician assistants, and nurse practitioners who practice in physician-led teams to certify Medicare beneficiaries' need for therapeutic shoes and/or inserts. ~~H.425.979~~ (2) Our AMA: (~~1~~) recommends that public and private health insurance programs provide appropriate therapeutic shoes to patients with peripheral neuropathy who meet the eligibility criteria defined in the Medicare Benefit Policy Manual; and ~~(2)~~ strongly urges public and private health insurance programs to provide appropriate therapeutic shoes to patients with peripheral neuropathy who meeting the following criterion: they are currently being treated under a comprehensive

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			treatment plan and have one of the following: (a) peripheral neuropathy with evidence of callus formation; (b) history of pre-ulcerative calluses; (c) history of previous ulceration; (d) foot deformity; (e) previous amputation of the foot or part of the foot; or (f) poor circulation.
H-180.973	The "Hassle Factor"	Our AMA will greatly intensify its efforts (including support of HR 2695) to reduce the burden of government and third-party regulation on medical practice and its intrusion into the physician-patient relationship and doctor-patient time.	Editorially amend (by deletion) and Retain. Our AMA will greatly intensify its efforts ~~(including support of HR 2695)~~ to reduce the burden of government and third-party regulation on medical practice and its intrusion into the physician-patient relationship and doctor-patient time.
H-185.934	Emergency Department Insurance Linking	Our AMA supports the establishment of insurance-linking programs in the emergency department in a manner that does not interfere with providing timely emergency medical services.	Sunset; superseded by more current and comprehensive Policy H-130.970.
H-225.948	Hospital Policies on Interactions with Industry	1. Our AMA encourages all hospitals to adopt policies governing the interaction of hospital personnel--including both employed physicians and independent members of the medical staff, as well as other hospital staff--with pharmaceutical, medical device, and other industry representatives within the hospital setting. Such policies should: (a) be developed through a collaborative effort of the hospital's organized medical staff, administration, and governing body, and approved by the organized medical staff; and (b) be consistent with applicable AMA policy and ethical opinions on the subject of medicine-industry interaction, including but not limited to: E-1.001 Principles of Medical Ethics E-5.0591 Patient Privacy and Outside Observers to the Clinical Encounter E-8.03 Conflicts of Interest: Guidelines E-8.031 Conflicts of Interest: Biomedical Research E-8.0315 Managing Conflicts of Interest in the Conduct of Clinical Trials	Editorially Amend 1(b) (by deletion) and Retain. *** and 1(b) be consistent with applicable AMA policy and ethical opinions on the subject of medicine-industry interaction~~, including but not limited to:~~ ~~E-1.001 Principles of Medical Ethics~~ ~~E-5.0591 Patient Privacy and Outside Observers to the Clinical Encounter~~

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		E-8.047 Industry Representatives in Clinical Settings E-8.06 Prescribing and Dispensing Drugs and Devices E-8.061 Gifts to Physicians from Industry E-9.0115 Financial Relationships with Industry in Continuing Medical Education H-460.981 University-Industry Cooperative Research Ventures. 2. Our AMA will inform the American Hospital Association of the AMA's position on hospital policies governing the interaction of hospital personnel with pharmaceutical, medical device, and other industry representatives within the hospital setting.	~~E-8.03 Conflicts of Interest: Guidelines~~ ~~E-8.031 Conflicts of Interest: Biomedical Research~~ ~~E-8.0315 Managing Conflicts of Interest in the Conduct of Clinical Trials~~ ~~E-8.047 Industry Representatives in Clinical Settings~~ ~~E-8.06 Prescribing and Dispensing Drugs and Devices~~ ~~E-8.061 Gifts to Physicians from Industry~~ ~~E-9.0115 Financial Relationships with Industry in Continuing Medical Education~~ ~~H-460.981 University-Industry Cooperative Research Ventures.~~ *Authors' note: When the AMA Code of Medical Ethics was modernized, many like policies were consolidated—see E-10.6, Industry Representatives in Clinical Settings*]
H-225.959	Medical Staff Testing	Our AMA: (1) establish policy that, in the absence of statutory and/or regulatory requirements, hospital medical staffs should determine those tests and/or immunization that are required for medical staff members, and delineate under what circumstances such tests or immunizations should be administered; (2) encourages medical staffs to regularly review and update their bylaws and workplace policies to ensure that they reflect current laws, regulations, health care policy, and evidence-based medicine; and (3) encourages appropriate stakeholders to develop, promulgate, and adopt a uniform immunization form for medical students seeking to do rotations at hospitals away from their home institutions.	Retain; Still relevant.

Policy Number	Title	Text	Recommendation
H-235.981	Qualifications, Selection, and Role of Medical Directors, Chief Medical Officers, Vice Presidents for Medical Affairs, and Others Employed by or Under Contract with Hospitals/Health Systems to Provide Medical Management Services	1. Our AMA supports the following guidelines regarding the qualifications and selection of individuals employed by or under contract with a hospital/health system to provide medical management services, such as medical directors, chief medical officers, and vice presidents for medical affairs: a. The hospital governing body, management, and medical staff should jointly: (i) determine if there is a need to employ or contract with one or more individuals to provide medical management services; (ii) establish the purpose, duties, and responsibilities of these positions; (iii) establish the qualifications for these positions; and (iv) establish and sustain a mechanism for input from and participation by elected leaders of the medical staff in the selection, evaluation, and termination of individuals holding these positions. b. An individual employed by or under contract with a hospital or health system to provide medical management services should be a physician (MD/DO). c. A physician providing medical management services at a single hospital should be licensed to practice medicine in the same state as the hospital for which he or she provides such services. Additionally, he or she should be a member in good standing of the organized medical staff of the hospital for which he or she provides medical management services. d. Where feasible, a physician providing medical management services at the system level for a multi-hospital health system should be licensed to practice medicine in each of the states in which the health system has a hospital that will be influenced by the physician's work. At a minimum, the physician should be licensed in at least one state in which the health system has a hospital over which the physician will exert influence, and in as many other states as may be required by state licensing law. e. Where feasible, a physician providing medical management services at the system level for a multi-hospital health system should be a member in good standing of the medical staff of each of the hospitals that will be influenced by the physician's work. At a minimum, the physician should: (i) be a member in good standing of at least one of the medical staffs of the hospitals that will be influenced by the physician's work; and (ii) work in collaboration with elected medical staff leaders throughout the system and with any individuals who provide medical management services at the hospital level. 2. Our AMA supports the following guidelines regarding the role of the organized medical staff vis-a-vis individuals employed by or under contract with hospitals/health systems to provide	Editorially amend 1.c (by insertion and deletion) and Retain. Physicians providing medical management services at a single hospital should be licensed to practice medicine in the same state as the hospital for which they ~~he or she~~ provide such services. Additionally, ~~he or she~~ they should be a member in good standing of the organized medical staff of the hospital for which ~~he or she~~ they provide medical management services.

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		medical management services: a. The purpose, duties, and responsibilities of individuals employed by or under contract with the hospital/health system to provide medical management services should be included in the medical staff bylaws and in the hospital/health system corporate bylaws. b. The organized medical staff should maintain overall responsibility for the quality of care provided to patients by the hospital, including the quality of the professional services provided by individuals with clinical privileges, and should have the responsibility of reporting to the governing body. c. The chief elected officer of the medical staff should represent the medical staff to the administration, governing body, and external agencies. d. Government regulations that would mandate that any individual not elected or appointed by the medical staff would have authority over the medical staff should be opposed.	
H-315.980	Preservation of Medical Records	It is the policy of the AMA that medical considerations are the primary basis for deciding how long to retain medical records. For example, operative notes, chemotherapy records, and records documenting permanent structural alteration to the patients should always be part of the patient's chart.	Retain; Still relevant. *The Authors note that the AMA Code of Medical Ethics 3.3.1 provides extensive guidance related to medical records.*
H-35.967	Treatment of Persons with Hearing Disorders	1. Our AMA believes that physicians should remain the primary entry point for care of patients with hearing impairment and continue to supervise and treat hearing, speech, and equilibratory disorders. 2. Our AMA expressly opposes statements that the practice of audiology includes the diagnosis and treatment of hearing disorders; affirms that it is in the public interest that a medical assessment of any hearing or balance malfunction be made by a physician knowledgeable in diseases of the ear; reasserts that audiologists are individuals who perform non-medical testing, evaluating, counseling, instruction and rehabilitation of individuals whose communication disorders center in whole or in part in hearing function; and affirms its respect for the contribution which audiologists have made and continue to make to patient welfare and quality health care in their assistance in the treatment of hearing disorders. 3. Should there be ambiguities in the statutory language of any state which defines audiology, state, and/or specialty medical societies should take steps to seek a legislative amendment to that statute to secure language that describes appropriately the practice of audiology. Misrepresentation by audiologists of their skills	Retain; Still relevant.

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		and/or the scope of their practice should be reported to appropriate state authorities.	
H-365.999	Physician's Role in Returning Patients to Their Jobs	Our AMA encourages physicians everywhere to advise their patients to return to work at the earliest date compatible with health and safety and recognizes that physicians can, through their care, facilitate patients' return to work.	Consolidate with H-365.981and H-365.976 (as editorially amended by insertion and deletion) and Retain. H-365.981, Workers' Compensation. Our AMA: (1) will promote the development of practice parameters, when appropriate, for use in the treatment of injured workers and encourages those experienced in the care of injured workers to participate in such development. (2) will investigate support for appropriate utilization review guidelines for referrals, appropriate procedures and tests, and ancillary services as a method of containing costs and curbing overutilization and fraud in the workers' compensation system. Any such utilization review should be based on open and consistent review criteria that are acceptable to and have been developed in concert with the medical profession. Physicians with background appropriate to the care under review should have the ultimate responsibility for determining quality and necessity of care. (3) encourages the use of the Guides to the Evaluation of

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			Permanent Impairment. The correct use of the Guides can facilitate prompt dispute resolution by providing a single, scientifically developed, uniform, and objective means of evaluating medical impairment. (4) encourages physicians to participate in the development of workplace health and safety programs. Physician input into healthy lifestyle programs (the risks associated with alcohol and drug use, nutrition information, the benefits of exercise, for example) could be particularly helpful and appropriate. (5) encourages the use of uniform claim forms (CMS 1500, UB04), electronic billing (with appropriate mechanisms to protect the confidentiality of patient information), and familiar diagnostic coding guidelines (ICD-9-CM, CPT; ICD-10-CM, CPT), when appropriate, to facilitate prompt reporting and payment of workers' compensation claims. (6) will evaluate the concept of Independent Medical Examinations (IME) and make recommendations concerning IME's (i) effectiveness; (ii) process for identifying and credentialing independent medical

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			examiners; and (iii) requirements for continuing medical education for examiners. (7) encourages state medical societies to support strong legislative efforts to prevent fraud in workers' compensation. (8) will continue to monitor and evaluate state and federal health system reform proposals which propose some form of 24-hour coverage. (9) will continue to evaluate these and other medical care aspects of workers' compensation and make timely recommendations as appropriate. (10) will continue activities to develop a unified body of policy addressing the medical care issues associated with workers' compensation, disseminate information developed to date to the Federation and provide updates to the Federation as additional relevant information on workers' compensation becomes available. (11) ~~H-365.999, Physician's Role in Returning Patients to Their Jobs,~~ Our AMA encourages physicians ~~everywhere~~ to advise their patients to return to work at the earliest date compatible with health and safety and recognizes that

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			physicians can, through their care, facilitate patients' return to work. (12) ~~H 365.976, Adopting the Use of the Most Recent and Updated Edition of the AMA Guides to the Evaluation of Permanent Impairment:~~ Our AMA supports the adoption of the most current edition of the 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.
H-85.954	Importance of Autopsies	1. Our AMA supports seeking the cooperation of the National Advisory Council on Aging of the National Institutes of Health in recommending to physicians, hospitals, institutes of scientific learning, universities, and most importantly the American people the necessity of autopsy for pathological correlation of the results of the immeasurable scientific advancements which have occurred in recent years. Our AMA believes that the information garnered from such stringent scientific advancements and correlation, as well as coalitions, should be used in the most advantageous fashion; and that the conclusions obtained from such investigations should be widely shared with the medical and research community and should be interpreted by these groups with the utmost scrutiny and objectivity. 2. Our AMA: (a) supports the efforts of the Institute of Medicine and other national organizations in formulating national policies to modernize and promote the use of autopsy to meet present and future needs of society; (b) promotes the use of updated autopsy protocols for medical research, particularly in the areas of cancer, cardiovascular, occupational, and infectious diseases; (c) promotes the revision of standards of accreditation for medical undergraduate and graduate education programs to more fully integrate autopsy into the curriculum and require postmortems as part of medical educational programs; (d) encourages the use of a national	Retain; Still relevant.

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		computerized autopsy data bank to validate technological methods of diagnosis for medical research and to validate death certificates for public health and the benefit of the nation; (e) requests The Joint Commission to consider amending the Accreditation Manual for Hospitals to require that the complete autopsy report be made part of the medical record within 30 days after the postmortem; (f) supports the formalization of methods of reimbursement for autopsy in order to identify postmortem examinations as medical prerogatives and necessary medical procedures; (g) promotes programs of education for physicians to inform them of the value of autopsy for medical legal purposes and claims processing, to learn the likelihood of effects of disease on other family members, to establish the cause of death when death is unexplained or poorly understood, to establish the protective action of necropsy in litigation, and to inform the bereaved families of the benefits of autopsy; and (h) promotes the incorporation of updated postmortem examinations into risk management and quality assurance programs in hospitals. 3. Our AMA reaffirms the fundamental importance of the autopsy in any effective hospital quality assurance program and urges physicians and hospitals to increase the utilization of the autopsy so as to further advance the cause of medical education, research and quality assurance. 4. Our AMA representatives to the Liaison Committee on Medical Education ask that autopsy rates and student participation in autopsies continue to be monitored periodically and that the reasons that schools do or do not require attendance be collected. Our AMA will continue to work with other interested groups to increase the rate of autopsy attendance. 5. Our AMA requests that the National Committee on Quality Assurance (NCQA) and other accrediting bodies encourage the performance of autopsies to yield benchmark information for all managed care entities seeking accreditation. 6. Our AMA calls upon all third-party payers, including CMS, to provide adequate payment directly for autopsies, and encourages adequate reimbursement by all third party payers for autopsies. 7. It is the policy of our AMA: (a) that the performance of autopsies constitutes the practice of medicine; and (b) in conjunction with the pathology associations represented in the AMA House, to continue to implement all the recommendations regarding the effects of decreased utilization of	

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		autopsy on medical education and research, quality assurance programs, insurance claims processing, and cost containment. 8. Our AMA affirms the importance of autopsies and opposes the use of any financial incentives for physicians who acquire autopsy clearance.	