

RECOMMENDED FOR ADOPTION AS AMENDED

(1) REPORT A – AMA-RFS SUNSET MECHANISM (2014)

RECOMMENDATION A:

RFS Position Statement 80.001R be amended by addition and deletion to read as follows:

That our AMA-RFS: (1) support the creation of one national prescription drug monitoring program (PDMP) database of controlled substances for physicians to detect and monitor prescription drug misuse abuse; and (2) oppose requirements that physicians must consult such programs before prescribing medications.

RECOMMENDATION B:

RFS Position Statement 281.006R be amended by addition and deletion to read as follows:

That our AMA-RFS: support federal student loan consolidation programs, including direct loan consolidation, that maximize their effectiveness in addressing medical education debt and patient access to health care.

RECOMMENDATION C:

Report A be adopted as amended and the remainder of the report be filed.

This information was presented to the Assembly at the November 2024 Interim Meeting as an informational report to allow ample time for delegates to consider these initial recommendations. Due to the submission of RFS Report C at this meeting, additional items have been added for reconciliation, which are denoted via red text. Your Section Delegates present the Sunset Report in its final draft for consideration of the Assembly.

Your Reference Committee recommends Report A be adopted as amended and the remainder of the report be filed. After discussion with your RFS Speakers, your Reference Committee removed report A from the consent calendar pending the disposition of Report C “Adoption of Missing Policies Identified by A-24 Report E into the RFS Position Compendium” as this Report could affect the outcome of Report A since there are policies included in the Sunset Report that would only be included if Report C passes.

Your Reference Committee heard positive testimony from both the RFS Section Delegates and the RFS JEDI Committee, with individual opposition to some of the specific items. In 80.001R “Use of a Single National Prescription Drug Monitoring Program (PDMP)”, there was unanimous support for the change in Part (1), to keep language in line with RFS position 550.010R. In part (2), individuals spoke in opposition to the recommendation to eliminate “oppose requirements that physicians must consult such programs before prescribing medications”, as that would change the intent of the policy and is not an editorial change. There was a concern this would put us against the CDC statements. However, the CDC states, “Ideally, PDMP data should be reviewed

1 before every opioid prescription for acute, subacute, or chronic pain," and does not suggest a
2 mandate.

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4 Moreover, your Reference Committee heard only opposition to part of the recommended
5 reconciliation of 281.006R "Federal Student Loan Program Interest Rates" and 281.016R "Direct
6 Loan Consolidation Program" about the removal of "and patient access to health care". There
7 was no explanation for this change in the report and no testimony in support of this change, so
8 your Reference Committee recommends restoring the language as originally written. Therefore,
9 your Reference Committee recommends Report A be adopted as amended and the remainder of
10 the report be filed.