

I-25 HOD Handbook Review – Senior Physicians Section

Ref Comm	Resolution/ Report	Title	Recommendation/Resolve	Support/ Not Support/ Monitor/Comment
Ref Comm Ethics & Bylaws	BoT Report 08	On the Ethics of Human Lifespan Prolongation	<p>The Board of Trustees recommends that Policy D-140.947 be rescinded as having been accomplished by this report and the remainder of the report be filed.</p> <p>Fiscal Note: Minimal – less than \$500</p>	
Ref Comm B	BoT Report 16	Preservation of Medicaid	<p>The Board of Trustees recommends the following and that the remainder of the report be filed.</p> <p>The first item of Policy H-290-951, “Preservation of Medicaid” be amended by deletion as follows.</p> <p>1. Our American Medical Association elevates Medicaid to an urgent and top legislative advocacy priority alongside Medicare payment reform, specifically advocating for maintaining and expanding Medicaid coverage, access, federal funding, and eligibility, and request report back on the Board of Trustees’ actions at I-25. (Modify Current Policy)</p> <p>Fiscal Note: Less than \$500</p>	
Ref Comm B	Res. 219	Addressing the Harms and Misleading Nature of Medicare Advantage Plans (New York)	<p>RESOLVED, that our American Medical Association emphasize to Congress the excessive cost, the use of taxpayer funding, the depletion of taxpayer monies supporting traditional Medicare by the Medicare Advantage (MA) programs. (Directive to Take Action)</p> <p>Fiscal Note: Modest – between \$1,000 - \$5,000</p>	

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Ref Comm B	Res. 225	Federal Legislation to Prohibit the Corporate Practice of Medicine (American Academy of Emergency Medicine)	<p>RESOLVED, that our American Medical Association advocate for federal legislation that prohibits lay corporations, including insurance companies, private equity firms, and other non-physician-owned entities, from owning or controlling medical practices and healthcare decision-making, and prohibits such entities from participation in federal healthcare payment programs, in order to protect physician autonomy and strengthen the physician-patient relationship (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA amend Policy H-215.981 - Corporate Practice of Medicine under items #1 and #2 by addition and deletion as follows:</p> <ol style="list-style-type: none"> 1. Our American Medical Association vigorously opposes any effort to pass federal legislation or regulation preempting state laws <u>supports the passage of federal legislation prohibiting the corporate practice of medicine.</u> 2. Our AMA vigorously opposes any effort to pass <u>state or federal</u> legislation or regulation that removes or weakens <u>existing</u> state laws prohibiting the corporate practice of medicine. (Modify Current HOD Policy) <p>Fiscal Note: Modest – between \$1,000 - \$5,000</p>	
Ref Comm B	Res. 227	Call for Immediate and Aggressive Action by the AMA to Reverse	RESOLVED, that our American Medical Association publicly denounce cuts to Medicaid in the 'One Big Beautiful Bill Act' (Public Law No: 119-21) in no uncertain terms (Directive to Take Action); and be it further	Support

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		Medicaid Cuts Impacting Seniors (Senior Physicians Section)	<p>RESOLVED, that our AMA through, but not limited to, press releases, position statements, op-eds in major outlets, press conferences and reinvigorated lobbying on House and Senate leadership, work to reverse or mitigate the ‘One Big Beautiful Bill Act,’ as it relates to Medicaid (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA build coalitions with state medical societies, patient advocacy groups, hospital systems and safety net organizations to unite and advocate with a single voice for the reversal of Medicaid-related cuts in the ‘One Big Beautiful Bill Act.’ (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA hold policymakers publicly accountable using public scorecards and highlight the electoral consequences for cutting funding to essential health care (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA report back to the AMA’s House of Delegates at A-26 on measurable progress to remove cuts, passage of any mitigating legislation and maintain its robust communications with coalition partners and our elected representatives. (Directive to Take Action)</p> <p>Fiscal Note: \$88,442 – Create and compile report</p>	
Ref Comm C	Res. 303	Expanding Graduate Medical Education to Address Rural Primary Care Shortage (Utah)	<p>RESOLVED, that our American Medical Association lobby accreditation organizations and federal partners to create pathways and federal funding options for the development of rural primary care residency programs that allow hybrid training in urban and rural settings in geographically expansive states. (Directive to Take Action)</p> <p>Fiscal Note: Modest – between \$1,000 - \$5,000</p>	

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Ref Comm J	CMS Report 2	Telehealth Licensure	<p>The Council on Medical Service recommends that the following be adopted and the remainder of the report be filed:</p> <p>1. That our AMA amend Policy H-480.969[1] by addition to read:</p> <p>(1) It is the policy of our American Medical Association (AMA) that medical boards of states and territories should require a full and unrestricted license in that state for the practice of telemedicine, unless there are other appropriate state-based licensing methods, with no differentiation by specialty, for physicians who wish to practice telemedicine in that state or territory. This license category should adhere to the following principles:</p> <p>a. Exemption from such a licensure requirement for physician-to-physician consultations.</p> <p>b. Exemption from such a licensure requirement for telemedicine practiced across state lines in the event of an emergent or urgent circumstance, the definition of which for the purposes of telemedicine should show substantial deference to the judgment of the attending and consulting physicians as well as to the views of the patient.</p> <p>c. Allowances, by exemption or other means, for out-of-state physicians providing continuity of care to a patient, where there is an established ongoing relationship and previous in-person visits, for services incident to an ongoing care plan or one that is being modified.</p> <p><u>d. Exemption from licensure requirements for physicians assessing or screening out-of-state patients for acceptance of a referral to a center for excellence or to a physician with specific expertise in the patient's condition.</u></p> <p><u>e. Exemption from licensure requirements for physicians screening out-of-state patients for acceptance into a clinical trial that meets relevant federal, state, and ethical standards as well as those outlined in AMA policy.</u></p> <p><u>f. Exemption from licensure requirements for physicians conducting assessments of out-of-state patients that are required as part of a clinical trial, provided that:</u></p>	

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			<p><u>1. The trial meets relevant federal, state, and ethical standards as well as those outlined in AMA policy;</u></p> <p><u>2. The assessments are not intended to establish or replace care for the patient outside of the context of the trial; and</u></p> <p><u>3. Physicians planning to use telehealth identify a physician licensed in the patient's state to address in-person care needs that may arise from the clinical trial.</u></p> <p>eg. Application requirements that are non-burdensome, issued in an expeditious manner, have fees no higher than necessary to cover the reasonable costs of administering this process, and that utilize principles of reciprocity with the licensure requirements of the state in which the physician in question practices. (Modify Current HOD Policy)</p> <p>2. That our AMA reaffirm Policy D-480.960, which encourages states to allow an out-of-state physician to use telehealth to provide continuity of care to existing patients if there is a pre-existing and ongoing physician-patient relationship and a previous in-person visit, and the care is incident to an existing care plan or one that is being modified. (Reaffirm HOD Policy)</p> <p>3. That our AMA reaffirm Policy D-480.964, which encourages states that are not part of the Interstate Medical Licensure Compact (IMLC) to consider joining the Compact; advocates for reduced application and state licensure(s) fees processed through the IMLC; supports state efforts to expand physician licensure recognition across state lines in accordance with the standards and safeguards outlined in AMA policy; and encourages states to pass legislation enhancing patient access to and proper regulation of telehealth services. (Reaffirm HOD Policy)</p> <p>Fiscal Note: Minimal</p>	

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Ref Comm J	Res. 804	Medicare Advantage Filing Limit (New England Delegation)	<p>RESOLVED, that our American Medical Association and other stakeholders advocate for and support federal efforts to ensure policy uniformity regarding claim filing time limits between Medicare Advantage plans and traditional Medicare, with a uniform time of one calendar year. (Directive to Take Action)</p> <p>Fiscal Note: Modest – between \$1,000 - \$5,000</p>	
Ref Comm J	Res. 813	Increased Regulation of For-Profit Healthcare Insurance (New York)	<p>RESOLVED, that our American Medical Association promote public awareness of the harms of for-profit vertical integration of health insurance systems (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA advocate for a comprehensive review by the legislature of current regulations and increased regulatory oversight and increased resources for the monitoring of State Medicaid and Managed Medicare for-profit health plans, including vertical integration. (Directive to Take Action)</p> <p>Fiscal Note: Moderate – between \$5,000 - \$10,000</p>	
Ref Comm K	Res. 901	Distinction Between Healthful and Unhealthful “Ultraprocessed” Foods (Medical Society of the District of Columbia)	<p>RESOLVED, that our American Medical Association encourage public education on the difference between healthful “ultraprocessed” foods and unhealthful “ultraprocessed” foods (New HOD Policy); and be it further</p> <p>RESOLVED, that our AMA amend AMA policy H-150.914, Addressing the Health Impacts of Ultraprocessed Foods, by deletion to remove the first appearance of the word “food,” so as to read “Our AMA supports and promotes public awareness and education about the differences between healthful foods and unhealthful ultraprocessed foods (UPF) and the benefits of minimally processed and unprocessed foods.” (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal – less than \$1,000</p>	

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Ref Comm K	Res. 920	Alcohol and Aging: Educating Physicians and Advocating for Safer Warnings (Senior Physicians Section)	<p>RESOLVED, that our American Medical Association advocate for the inclusion of clear, evidence-based warnings concerning the health risks of alcohol use in seniors on all alcoholic beverage containers, and work with regulatory bodies to develop standards for such warning labels in alignment with AMA policy. (Directive to Take Action)</p> <p>Fiscal Note: Modest – between \$1,000 - \$5,000</p>	Support
Ref Comm K	Res. 921	Prioritizing Deprescribing in Seniors (Senior Physicians Section)	<p>RESOLVED, that our American Medical Association declare that deprescribing, the proactive and systematic identification and discontinuation of medications with potential risk greater than potential benefits, is a medical priority in the management of senior patients and advocate for the integration of deprescribing as a standard component of high-quality prescribing practices (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA advocate for the development of educational initiatives and clinical decision support tools to facilitate safe and effective deprescribing in electronic health records (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA call for research and policy efforts to address barriers for implementation of deprescribing in routine medical care (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA advocate for all insurers to reimburse deprescribing activities (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA shall report back on the status of deprescribing to the House of Delegates at A-26 and yearly thereafter, with appropriate metrics to address potential barriers and to guide further advocacy, until it has become implemented as a mainstream component of health care. (Directive to Take</p>	Support

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