

## Follow-Up on Implementation of Resolutions and Report Recommendations AMA House of Delegates Special Meeting - November 2020

Report/Resolution	Title	House Action	Status
BOT Report 05-NOV-20	FDA Conflict of Interest	Recommendations in BOT Report 05-NOV-20 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 06-NOV-20	Covenants Not to Compete	Recommendations in BOT Report 06-NOV-20 Adopted, Remainder of Report Filed.	Our AMA is currently developing the state legislative template that the House of Delegates requested.  <b>The requested state legislative template has been completed.</b>
BOT Report 07-NOV-20	Involuntary Civil Commitment for Substance Use Disorder	Recommendations in BOT Report 07-NOV-20 Adopted with Change in Title, Remainder of Report Filed.	Our AMA has held multiple discussions with medical societies involved in legislation and other policies to address gaps in voluntary substance use treatment services. This includes ongoing advocacy for legislation to enforce state and federal mental health and substance use disorder parity laws, regulatory efforts to address network adequacy gaps, and legislation and advocacy to remove prior authorization for evidence-based care for substance use disorders and mental illness.  <b>No further action.</b>
BOT Report 09-NOV-20	Bullying in the Practice of Medicine	Recommendations in BOT Report 09-NOV-20 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 10-NOV-20	Compassionate Release for Incarcerated Patients	Recommendations in BOT Report 10-NOV-20 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.

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BOT Report 13-NOV-20	Merit-based Incentive Payment System (MIPS) Update	Recommendations in BOT Report 13-NOV-20 Adopted, Remainder of Report Filed.	<p>Our AMA conducted a Merit-based Incentive Payment System (MIPS) Value Pathways Town Hall on January 7, 2021 and developed recommendations to Centers for Medicare &amp; Medicaid Services (CMS) addressing the need for MVPs to pivot away from the status quo and siloed approach in the Merit-based Incentive Payment System (MIPS) in order to be successful. In an April 7, 2021 sign on letter to CMS, our AMA urged the agency to immediately release past MIPS cost measure benchmarks and to increase real-time information about the cost measures and benchmarks in 2021 and beyond. The letter also flagged related issues with the lack of timeliness of the MIPS quality measure benchmarks. In addition, our AMA continues to discuss potential MIPS/APM policy recommendations with stakeholders.</p> <p><b>Our AMA reiterated recommendations for Medicare to automatically apply the Extreme and Uncontrollable Circumstances Hardship Exception for the 2021 MIPS Performance Period, so physicians are held harmless from the nine percent MIPS penalty due to the significant, ongoing disruptions that the COVID-19 PHE is having on physician practices. In addition, our AMA provided CMS with statutory language to support our recommendation to extend the MIPS special rules into the sixth year of the program. The intent of the MIPS program is to provide a stable or gradual lead up into the sixth performance year. Given the COVID-19 PHE and the interruptions of the MIPS program thus far in three out of the five performance years, we are concerned that there would be no gradual transition into the sixth performance year as alluded to in the statute because several years (three, four, and likely five) will be void of accurate data to allow for a gradual transition.</b></p>
BOT Report 14-NOV-20	Enhanced Funding for and Access to Outpatient Addiction Rehabilitation	Recommendations in BOT Report 14-NOV-20 Adopted, with Change in Title, Remainder of Report Filed.	<p>Our AMA is working with both the Administration and Congress to advance grants and sustained funding to states for evidence-based treatment for patients with a substance use disorder and/or co-occurring mental disorder.</p> <p><b>No further action.</b></p>

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BOT Report 16-NOV-20	Enabling Methadone Treatment of Opioid Use Disorder in Primary Care Settings	Recommendations in BOT Report 16 Adopted as Amended, Remainder of Report Filed.	Our AMA continues to urge all payers, including health insurance companies, pharmacy benefit management companies and state and federal agencies to reduce prior authorization and other administrative burdens and to enhance the provision of primary care, counseling and other medically necessary services for patients being treated with methadone maintenance treatment. This includes continued state-level legislative and regulatory victories in more than one dozen states in 2020 and continued success in 2021. At the federal level, our AMA has strongly advocated for the Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Administration (SAMHSA) to provide maximum flexibility to allow both patients being treated with methadone for opioid use disorder to receive take-home medication and to be treated via audio-only and audio-video telehealth visits in order to maintain social distancing and preserve adherence to their treatment plans during the COVID-19 Public Health Emergency. Our AMA participated in research with addiction medicine professionals to assess the impact of these flexibilities on patient care and has urged that they be continued at least until the end of the drug overdose PHE. Our AMA strongly encouraged all states to take advantage of these flexibilities and worked with Federation partners to amplify this message as well as highlighted best practices from multiple Opioid Treatment Programs. These efforts also were highlighted in AMA national webinars to the Federation and national health policy experts, the National Association of Insurance Commissioners, National Association of Attorneys General, and other stakeholders including the National Governors Association, National Association for the Treatment of Opioid Dependence, National Alliance of Mental Illness, and others. <b>No further action.</b>
BOT Report 17-NOV-20	Hospital Website Voluntary Physician Inclusion	Recommendations in BOT Report 17-NOV-20 Adopted, Remainder of Report Filed.	The Organized Medical Staff Section has informed its members and stakeholders about potential exclusion of non-employed medical staff members from hospital physician directories but has not received any further reports of this phenomenon. The Section continues to explore the feasibility of creating model protective language/procedures for inclusion in hospital governance documents, such as medical staff bylaws. <b>The Section determined that future occurrences of exclusion would best be handled through non-employed medical staff having conversations with their respective hospital administrations to alleviate concerns.</b>
BOT Report 18-NOV-20	Specialty Society Representation in the House of Delegates - Five-Year Review	Recommendations in BOT Report 18-NOV-20 Adopted, Remainder of Report Filed.	The societies identified in the report have been notified of their status of either retaining representation in the American Medical Association House of Delegates or placed on probation and be given one year to work with AMA membership staff to increase their AMA membership. The American Society for Aesthetic Plastic Surgery did not retain representation in the House of Delegates and have been notified.
CCB Report 01-NOV-20	Bylaw Accuracy: Name Change for Accreditation Body for Osteopathic Medical Schools	Recommendations in CCB Report 01-NOV-20 Adopted, Remainder of Report Filed.	AMA Bylaws have been updated.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
CCB Report 02-NOV-20	Discordance between Policy and Bylaws-CEJA Membership on AMA Committee on Conduct at AMA Meetings and Events	Recommendations in CCB Report 02-NOV-20 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been pdated.
CCB Report 03-NOV-20	Establishment of the Private Practice Physicians Section	Recommendations in CCB Report 03-NOV-20 Adopted, Remainder of Report Filed.	The Private Practice Physicians Section (PPPS) has been operationalized, with Internal Operating Procedures approved by the Board of Trustees and a successful kickoff meeting in April 2021. The PPPS will hold its first Assembly meeting on June 5, 2021. For more information, including how to join the Section, please go to <a href="https://www.ama-assn.org/member-groups-sections/private-practice-physicians">https://www.ama-assn.org/member-groups-sections/private-practice-physicians</a> .
CCB Report 04-NOV-20	Extending the Freeze Due to Covid	Recommendations in CCB Report 04-NOV-20 Adopted, Remainder of Report Filed.	AMA Bylaws have been updated.
CEJA Report 01-NOV-2	Amendment to Opinion 1.2.2, Disruptive Behavior and Discrimination by Patients	Recommendations in CEJA Report 01-NOV-20 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CEJA Report 02-NOV-2	Amendment to Opinion 8.7 Routine Universal Immunization of Physicians	Recommendations in CEJA Report - 02-NOV-20 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CLRPD Report 01-NOV	International Medical Graduates Section Five-Year Review	Recommendations in CLRPD Report 01-NOV-20 Adopted, Remainder of Report Filed.	IMG Section status renewed through the 2025 Annual Meeting.
CLRPD Report 02-NOV	Organized Medical Staff Section Five-Year Review	Recommendations in CLRPD Report 02-NOV-20 Adopted, Remainder of Report Filed.	OMSS Section status renewed through the 2025 Annual Meeting.
CLRPD Report 03-NOV	Establishment of the Private Practice Physicians Section	Recommendations in CLRPD Report 03-NOV-20 Adopted, Remainder of Report Filed.	See CCB Report -03-NOV-20.

Report/Resolution	Title	House Action	Status
CME Report 01-NOV-2	An Update on Continuing Board Certification (Resolutions 301-A-19 and 308-A-19)	Recommendations in CME Report 01-NOV-20 Adopted, Remainder of Report Filed.	<p>The Council on Medical Education continues to work with the American Board of Medical Specialties (ABMS) and ABMS member boards to implement key recommendations outlined by the Continuing Board Certification: Vision for the Future Commission in its final report, including the development of new, integrated standards for continuing certification programs by 2020 that will address the Commission’s recommendations for flexibility in knowledge assessment and advancing practice, feedback to diplomates, and consistency.</p> <p>The AMA Policy Finder database has been updated (D-275.954 , “Continuing Board Certification”).</p> <p><b>The Council on Medical Education continued to work with the American Board of Medical Specialties (ABMS) and ABMS member boards to implement key recommendations outlined by the Continuing Board Certification: Vision for the Future Commission in its final report. Dr. Richard Hawkins attended the Council’s June 2021 meeting to discuss the draft standards for continuing certification programs. The Council submitted feedback to the ABMS on the draft standards during the Call for Comment period. The ABMS will release the final standards after their Board of Directors meeting in October 2021.</b></p> <p><b>The Council on Medical Education prepared a report for the November 2021 Meeting in accordance with Policy D-275.954 mandating a yearly report on Continuing Board Certification. Due to the virtual format of the meeting, the Speakers asked the Councils to prioritize and streamline items of business. Hence, the pending N-21 report has been deferred to the June 2022 Annual Meeting.</b></p>
CME Report 02-NOV-2	Graduate Medical Education and the Corporate Practice of Medicine	Recommendations in CME Report 02-NOV-20 Adopted, Remainder of Report Filed.	<p>Our AMA: (1) recognizes and supports that the environment for education of residents and fellows must be free of the conflict of interest created between a training site’s fiduciary responsibility to shareholders and the educational mission of residency or fellowship training programs; (2) encourages the Accreditation Council for Graduate Medical Education (ACGME) to update its “Principles to Guide the Relationship between Graduate Medical Education, Industry, and Other Funding Sources for Programs and Sponsoring Institutions Accredited by the ACGME” to include corporate-owned lay entity funding sources; and (3) will continue to monitor issues, including waiver of due process requirements, created by corporate control of graduate medical education sites.</p> <p>The AMA Policy Finder database has been updated (H-310.904 “Graduate Medical Education and the Corporate Practice of Medicine”).</p>

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CME Report 03-NOV-2	Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure	Recommendations in CME Report 03-NOV-20 Adopted as Amended, Remainder of Report Filed. (Recommendations 3 & 5 Adopted as Amended; Recommendations 1, 2, 4 and 6 Adopted; New Recommendation 7 Adopted)	<p>Recommendation 1: The AMA Policy Finder database has been updated (D-310.948 “Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure” and H-310.943 “Closing of Residency Programs”).</p> <p>Recommendation 2: AMA Advocacy will include this House action in their comments on the 2022 inpatient prospective payment system (IPPS) notice of proposed rulemaking (NPRM).</p> <p>Recommendations 3: Letters were sent to the Association of American Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM), and National Resident Matching Program (NRMP) asking them to develop a process similar to the Supplemental Offer and Acceptance Program (SOAP) that could be used in the event of a sudden teaching institution or program closure.</p> <p>Recommendations 4, 6, 7: Letter was sent to Accreditation Council for Graduate Medical Education (ACGME) encouraging them to: 1) to specify in its Institutional Requirements that sponsoring institutions are to provide residents and residency applicants information regarding the financial health of the institution, such as its credit rating, or if it has recently been part of an acquisition or merger; 2) revise its Institutional Requirements, under section IV.E., Professional Liability Insurance, to state that sponsoring institutions must create and maintain a fund that will ensure professional liability coverage for residents in the event of an institution or program closure; and 3) monitor issues related to training programs run by corporate entities and the effect on medical education.</p> <p>Recommendations 5: Letters were sent to AAMC, AACOM, ACGME, and the Council of Medical Specialty Societies (CMSS) asking them to coordinate and collaborate on the communication with sponsoring institutions, residency programs, and resident physicians in the event of a sudden institution or program closure to minimize confusion, reduce misinformation, and increase clarity. Also, the House action was transmitted to the HOD, AMA members, and interested organizations via an AMA Wire article released after the meeting and via the Med Ed Update newsletter in December 2020.</p> <p><b>The AMA Policy Finder database was updated (D-310.948).</b></p>
CMS Report 01-NOV-2	Options to Maximize Coverage under the AMA Proposal for Reform	Recommendations in CMS Report 01-NOV-20 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CMS Report 02-NOV-2	Mitigating the Negative Effects of High-Deductible Health Plans	Recommendations in CMS Report 02-NOV-20 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.

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CMS Report 03-NOV-2	Medicare Prescription Drug and Vaccine Coverage and Payment	Adopted as amended and the remainder of the report filed.	Our AMA has been working to get the Center for Medicare and Medicaid Innovation to implement alternative payment models for oncology care that would utilize data science and clinical pathways to improve decisions about Part B drug utilization and test new ways of paying medical practices that administer chemotherapy drugs. During the COVID-19 Public Health Emergency, AMA successfully advocated for the Centers for Medicare & Medicaid Services to increase payment rates for vaccine administration, including specific increases for administering COVID-19 vaccines, and our AMA continues to engage in a major campaign to ensure that Medicare patients and all adults get fully vaccinated against COVID-19. <b>All of these efforts have continued through 2021, including multiple meetings of AMA leaders with new CMMI leaders and significant ongoing efforts to secure high immunization rates with COVID-19 vaccines.</b>
CMS Report 04-NOV-2	Economic Discrimination in the Hospital Practice Setting	Adopted as amended by addition of a new Recommendation to read as follows and the remainder of the report filed.	AMA Policy Database has been updated.
CMS Report 05-NOV-2	Medicaid Reform	Recommendations in CMS Report 05-NOV-20 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CMS Report 06-NOV-2	Value-Based Management of Drug Formularies	Adopted as amended and the remainder of the report filed.	AMA Policy Database has been updated.
CMS Report 07-NOV-2	Health Plan Initiatives Addressing Social Determinants of Health	Recommendations in CMS Report 07-NOV-20 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 02-NOV	Neuropathic Pain as a Disease Update	Recommendations in CSAPH Report 02-NOV-20 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 03-NOV	Dietary Supplements: Update on Regulation, Industry, and Product Trends	Recommendations in CSAPH Report 03-NOV-20 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.

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CSAPH Report 04-NOV	Public Health Impacts of Cannabis Legalization	Recommendations in CSAPH Report 04-NOV-20 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
HOD Comp Cmte-NOV-	HOD Committee on the Compensation of Officers	Adopted.	The report recommended no changes to the compensation structure for the 2021-2022 year.
RES 005-NOV-20	Racism as a Public Health Threat	Adopted as Amended.	Board of Trustees Report 8 on this subject appears in the Delegates Handbook for the June 2021 HOD Meeting (Informational). The AMA Policy Finder database has been updated (H-65.952 "Racism as a Public Health Threat"). <b>HOD Action: Filed.</b>
RES 007-NOV-20	Access to Confidential Health Care Services for Physicians and Trainees	Alternate Resolution 007 Adopted in Lieu of Resolution 007.	The directive of AMA Policy D-405.978 is similar to other AMA Policy, H-295.858 "Access to Confidential Health Services for Medical Students and Physicians" which was established in 2016. The AMA has several established and ongoing efforts that support and encourage access to appropriate medical and behavioral health care for physicians.
RES 008-NOV-20	Delegate Apportionment During COVID-19 Pandemic Crisis	Adopted.	See CCB Report -4-NOV-20.
RES 010-NOV-20	Racial Essentialism in Medicine	Adopted as Amended.	Board of Trustees Report 8 on this subject appears in the Delegates Handbook for the June 2021 HOD Meeting (Informational). The AMA Policy Finder database has been updated (D-350.981 "Racial Essentialism in Medicine"). <b>HOD Action: Filed</b>
RES 011-NOV-20	Elimination of Race as a Proxy for Ancestry, Genetics, and Biology in Medical Education, Research and Clinical Practice	Adopted.	Board of Trustees Report 8 on this subject appears in the Delegates Handbook for the June 2021 HOD Meeting (Informational). The AMA Policy Finder database has been updated (H-65.953 "Elimination of Race as a Proxy for Ancestry, Genetics, and Biology in Medical Education, Research and Clinical Practice"). <b>HOD Action: Filed.</b>
RES 101-NOV-20	End of Life Care Payment	Referred.	A Council on Medical Service Report on this subject will be prepared for the November 2021 House of Delegates Meeting. <b>Council on Medical Services Report 01 on this subject will appear in the Delegates Handbook for the November 2021 Special Meeting. (Reference Committee A)</b>



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RES 105-NOV-20	Access to Medication	Alternate Resolution 105-NOV-20 Adopted in Lieu of Resolution105.	AMA Policy Database has been updated.
RES 114-NOV-20	Physician Payment Advocacy for Additional Work and Expenses Involved in Treating Patients During the COVID-19 Pandemic and Future Public Health Emergencies	Adopted as Amended, with Change in Title.	<p>In a comment letter of January 28, 2021, our AMA reiterated the need for the Centers for Medicare &amp; Medicaid Services (CMS) to pay for code 99072 at the relative value units recommended by the AMA/Specialty Society RVS Update Committee in order to recognize the extra expenses involved in caring for Medicare patients during COVID-19 Public Health Emergency. Our AMA also successfully advocated for CMS to provide a hardship exemption for physicians eligible for the Merit-based Incentive Payment System, and for Congress to provide vital funding for physician practices by preventing steep reductions in the 2021 Medicare conversion factor and lifting the 2% Medicare sequester.</p> <p><b>Our AMA reiterated the recommendation for Medicare to immediately implement and pay separately for CPT code 99072 with no patient cost-sharing during the PHE to address the significant financial pressures placed on physicians by the COVID-19 pandemic in comments on 2022 Medicare physician payment proposed rule. Our AMA continues to advocate for CMS to use its Extreme and Uncontrollable Circumstances policies to protect physicians from MIPS reporting burdens and payment penalties for the duration of the continuing PHE.</b></p>
RES 202-NOV-20	Cares Act Equity and Loan Forgiveness in the Medicare Accelerated Payment Program	Adopted as Amended.	<p>Our AMA has also advocated for extended terms of recoupment under the Accelerated and Advance payments (AAPs) program. While recoupment began on March 30, 2021, our AMA has solicited feedback from specialty societies and physician members on the impact of the recoupment in preparation of raising these concerns to CMS and possibly seeking Congressional action.</p> <p><b>No further action.</b></p>
RES 203-NOV-20	COVID-19 Emergency and Expanded Telemedicine Regulations	Alternate Resolution 203 Adopted in Lieu of Resolutions 203 and 205. Resolve 2, 2nd Clause - Referred as Amended; 4th Clause - Referred for Decision; 5th Clause - Referred; Amendment B4 adding 6th Clause - Referred for Decision.	<p>Council on Medical Services Report 07 addressing Resolve 2a and 2c</p> <p>Council on Medical Services Report 8 addressing Resolve 2b and 2d will appear in the Delegates Handbook for the November 2021 Special Meeting of the House of Delegates. (Reference Committee A)</p> <p><b>HOD Action: Recommendations in CMS Report 7-J-21 Adopted as Amended and the Remainder of the Report Filed.</b></p> <p><b>HOD Action: Recommendations 2-5 of CMS Report 8-J-21 Adopted, Remainder of Report Filed. Recommendation 1 Referred for Decision.</b></p>

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RES 205-NOV-20	Telehealth Post SARS-COV-2	Alternate Resolution 203 Adopted in Lieu of Resolutions 203 and 205. Resolve 2, 2nd Clause - Referred as Amended; 4th Clause - Referred for Decision; 5th Clause - Referred; Amendment B4 adding 6th Clause - Referred for Decision.	See Resolution 203-NOV-20.
RES 206-NOV-20	Strengthening the Accountability of Health Care Reviewers	Adopted as Amended.	Included in our AMA's model prior authorization legislation is a requirement that health care reviews be of the same or similar specialty of the treating physician, with experience in treating the patient's condition, and licensed to practice in the state where the service was provided. This continues to be a component of many state bills that are introduced.
RES 211-NOV-20	Creating a Congressionally-Mandated Bipartisan Commission to Examine the U.S. Preparations for and Response to the COVID-19 Pandemic to Inform Future Efforts	Adopted as Amended.	Our AMA sent letters of support for the National Coronavirus Commission Act of 2021, S. 412/H.R. 1306 to Senators Menendez and Collins and Representatives Malinowski and Diaz-Balart on April 12, 2021. This legislation would create a bipartisan, bicameral National Coronavirus Commission to provide a comprehensive review of the actions that have been taken to address the Coronavirus pandemic and to develop policy recommendations for future public health emergencies. <b>There has been no movement on this legislation in Congress.</b>
RES 212-NOV-20	Copay Accumulator Policies	Policy D-110.986 Adopted ias Amended in lieu of Resolution 212.	Our AMA joined the All Copays Count Coalition and helped develop/signed onto model state legislation to prohibit copay accumulator programs. There is activity in more than 2 dozen states in the current 2021 legislative sessions and our AMA is providing resources and support to state medical associations to assist them in engaging on the bills and in the local coalitions. <b>No further action.</b>
RES 213-NOV-20	Pharmacies to Inform Physicians When Lower Cost Medication Options are on Formulary	Referred.	A Council on Medical Service Report on this subject will be prepared for the November 2021 House of Delegates Meeting.  <b>Council on Medical Services Report 02 on this subject will appear in the Delegates Handbook for the November 2021 Special Meeting. (Reference Committee G)</b>

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RES 218-NOV-20	Crisis Payment Reform Advocacy	Adopted as Amended.	<p>Our AMA has sent letters and communicated on numerous occasions regarding additional funding for physicians during the COVID-19 PHE, as well as the terms of the grants and loans. Specifically, an AMA letter in support of H.R. 2079, the “Eliminating the Provide Relief Fund Tax Penalties Act,” was sent on April 8 (AMA) and April 19 (sign-on), asking for Public Health and Social Services Emergency Fund (PHSSEF) distributions to be not-taxed and allowing for the expenses tied to the assistance to be tax-deductible. Our AMA initiated letters on March 5 and March 16, to support H.R. 1868, which prevented across-the-board direct spending cuts under Medicare, and extended the Medicare sequestration moratorium set to expire. Our AMA was a signatory of similar Federation letter on December 17, 2020, and February 12, 2021. This was enacted on April 12, 2021; Medicare sequestration cuts were averted through December 2021.</p> <p><b>No further action.</b></p>
RES 306-NOV-20	<p>Retirement of the National Board of Medical Examiners Step 2 Clinical Skills Exam for US Medical Graduates: Call for expedited action by the American Medical Association</p>	Adopted as Amended.	<p>Resolve 1 &amp; 5: Letters sent to the National Board of Medical Examiners (NBME), Federation of State Medical Boards (FSMB), and National Board of Osteopathic Medical Examiners (NBOME) to: 1) encourage them to eliminate centralized clinical skills examinations used as a part of state licensure, including the USMLE Step 2 Clinical Skills Exam and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 2 – Performance Evaluation Exam; and 2) to inform them about AMA’s policy which states that any replacement examination mechanisms be instituted immediately in lieu of resuming existing USMLE Step 2-CS and COMLEX Level 2-PE examinations when the COVID-19 restrictions subside.</p> <p>Resolve 2: AMA Policy D-295.988 “Clinical Skills Assessment During Medical School” was reaffirmed.</p> <p>Resolve 3: Letter was sent to the Educational Commission for Foreign Medical Graduates (ECFMG) to ask them to collaborate with the AMA to advocate for an equivalent, equitable, and timely pathway for international medical graduates to demonstrate clinical skills competency.</p> <p>Resolve 4: Letter was sent to CMSS to strongly encourage all state delegations in the AMA House of Delegates and other interested member organizations of the AMA to engage their respective state medical licensing boards, the Federation of State Medical Boards, their medical schools and other interested credentialing bodies to encourage the elimination of these centralized, costly and low-value exams. Also, Medscape released an article about this policy after the meeting. The Step 2 exam was eliminated 01/26/21 per the USMLE. As a result, an AMA media story was released 02/04/21 and it was featured in the Med Ed Update newsletter, February edition.</p> <p>The AMA Policy Finder database has been updated (D-275.950 “Retirement of the National Board of Medical Examiners Step 2 Clinical Skills Exam for US Medical Graduates: Call for Expedited Action by the American Medical Association”).</p> <p><b>The AMA Policy Finder database was updated (D-275.950).</b></p>

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RES 307-NOV-20	USMLE and Complex Failures During the Covid-19 Pandemic	Alternate Resolution 307-NOV-20 Adopted in Lieu of Resolution 307 with Change in Title.	Letters were sent to the NBME and NBOME advocating that students at allopathic and osteopathic schools of medicine and residents in accredited residency programs in the United States scheduled between March 1, 2020 and May 31, 2021 to sit for any examination step/level in the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) sequence be allowed the opportunity to be reexamined, if they failed one of these examinations, one time at no additional charge to the student or resident. <b>The AMA Policy Finder database was updated (D-275.951).</b>

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RES 309-NOV-20	Preserve and Increase GME Funding	Adopted as Amended.	<p>American Rescue Plan Act of 2021 -- On March 11, 2021, the Act was passed. The Act contains multiple helpful provisions including: \$100 million for Medical Reserve Corps, supporting emergency response efforts and community health activities; \$800 million for the National Health Service Corps and \$200 million for the Nurse Corps Loan Repayment Program; \$331 million to expand the number of Teaching Health Centers (THC) Graduate Medical Education (GME) sites nationwide and increase the per resident allocation.</p> <p>Consolidated Appropriations Act, 2021 -- On December 27, 2020, the Act was passed and contains multiple helpful provisions including: \$4 billion in funding from 2019-2023 for community health centers and the National Health Service Corps. Also provides \$310 million in additional funding from 2021-2023 for the National Health Service Corps. Also provides additional funding, until 2023, for teaching health centers that operate graduate medical education programs; \$50,000,000 for public service loan forgiveness under the normal terms; \$50,000,000 for grants to public institutions of higher education to expand or support graduate education for physicians provided by such institutions; supports Medicare physician workforce development by providing for the distribution of 1,000 additional Medicare-funded graduate medical education (GME) residency positions.</p> <p>On February 9, 2021, our AMA sent a letter supporting S. 54, the “Strengthening America’s Health Care Readiness Act.” This much needed legislation would provide additional funding for the National Health Service Corps (NHSC), the Nurse Corps, and establish a National Health Service Corps Emergency Service demonstration project.</p> <p>On March 24, 2021, our AMA sent a letter in support of the Resident Physician Shortage Reduction Act of 2021 would raise the number of Medicare-supported GME positions by 2,000 per year for seven years, for a total of 14,000 new slots. A share of these positions would be targeted to hospitals with diverse needs including hospitals in rural areas, hospitals serving patients from health professional shortage areas (HPSAs), hospitals in states with new medical schools or branch campuses, and hospitals already training over their caps.</p> <p>The AMA Policy Finder database has been updated (H-310.916 “Funding to Support Training of the Health Care Workforce”).</p> <p><b>On May 24, 2021, our AMA sent a letter supporting H.R. 3441, the “Substance Use Disorder Workforce Act,” which would provide 1,000 additional Medicare-supported graduate medical education (GME) positions in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain medicine. On May 25, 2021, our AMA sent a letter voicing our support for S. 1438, the “Opioid Workforce Act of 2021,” which would provide 1,000 additional Medicare-supported graduate medical education (GME) positions in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain medicine. On June 10, 2021, our AMA sent a letter voicing our</b></p>

Report/Resolution	Title	House Action	Status
RES 404-NOV-20	Support Public Health Approaches for the Prevention and Management of Contagious Diseases in Correctional and Detention Facilities	Alternate Resolution 404-NOV-2020 Adopted in Lieu of Resolutions 404 and 415. Policy H-430.989 Adopted as Amended.	<p>support for the Doctors of Community Act or the “DOC Act.” This legislation would permanently authorize the Teaching Health Center Graduate Medical Education (THCGME) program. As such, this legislation is vitally important in ensuring that patients in underserved areas continue to have access to the care that they need. On June 23, 2021, our AMA sent a letter (House and Senate) voicing our support for the Physician Shortage GME Cap Flex Act of 2021. This legislation would help to address our national physician workforce shortage by providing teaching hospitals an additional five years to set their Medicare Graduate Medical Education (GME) cap if they establish residency training programs in primary care or specialties that are facing shortages. On June 28, 2021, our AMA provided comments about how the new 1,000 GME slots should be distributed and other pertinent GME issues. On June 28, 2021, our AMA signed-on to a letter urging CMS to finalize the Alternative 2 methodology in the FY 2022 Inpatient Prospective Payment System (IPPS) proposed rule, with modifications, and increase the number of full time equivalent (FTE) slots awarded per hospital for FY 2023 and all succeeding years. On September 1, 2021, our AMA joined a sign-on letter urging Congress to include policies that would increase Medicare support for GME in the budget reconciliation legislation and reinforcing our support for the Resident Physician Shortage Reduction Act of 2021. The AMA Policy Finder database was updated (H-310.916).</p> <p>The adoption of resolved 5, “That our American Medical Association recognizes that detention center and correctional workers, incarcerated persons, and detained immigrants are at high-risk for COVID-19 infection and therefore should be prioritized in receiving access to safe, effective COVID-19 vaccine in the initial phases of distribution, and that this policy will be shared with the Advisory Committee on Immunization Practices for consideration in making their final recommendations on COVID-19 vaccine allocation,” was conveyed to the ACIP COVID 19 Vaccine Group by AMA Trustee Sandra Fryhofer, MD in November of 2020 after the Special November HOD Meeting. Our AMA has also notified its Federation partners of its desire to work with any interested partners in advocating, at the state level, for laws and regulations to improve conditions and manage contagious diseases in correctional and detention facilities.</p> <p><b>Our AMA has also notified its Federation partners of its desire to work with any interested partners in advocating, at the state level, for laws and regulations to implement evidence-based COVID-19 infection prevention, ensure adequate access to PPE, testing kits, and sanitizing equipment, ensure humane and safe quarantine protocols, and expand data reporting in correctional and detention facilities.</b></p>

Report/Resolution	Title	House Action	Status
RES 406-NOV-20	Face Masking in Hospitals During Flu Season	Alternate Resolution 406-NOV-20 Adopted.	The AMA reached out to the CDC Division of Healthcare Quality Promotion, which has responsibility for developing and writing guidance on infection prevention and control in health care settings and shared the policy adopted by the HOD. The CDC thanked the AMA for leaning forward in recognizing the impact that mitigation strategies have had for flu transmission and lessons learned for preventing transmission of other respiratory illnesses in health care settings, but also noted that flu is specifically amplified in the community. Through the AMA's role as a partner in Project Firstline, CDC national training program in infection prevention and control, the AMA has the opportunity to inform the need for as well as the ultimate dissemination of IPC guidance for health care professionals. Through this partnership, the AMA is also working with NIOSH to share information on effective PPE, including helping health care professionals identify counterfeit N95 respirators.
RES 407-NOV-20	Full Commitment by our AMA to the Betterment and Strengthening of Public Health Systems	Adopted as Amended.	A Council on Science and Public Health Report on this subject will be prepared for the November 2021 House of Delegates Meeting.  <b>Council on Science and Public Health Report 02 on this subject will appear in the Delegates Handbook for the November 2021 Special Meeting. (Reference Committee D)</b>

Report/Resolution	Title	House Action	Status
RES 408-NOV-20	An Urgent Initiative to Support COVID-19 Vaccination Programs	Adopted as Amended with Change in Title	<p>he AMA launched a webinar series in October to give physicians a platform to ask questions, raise concerns, and keep them informed about the federal review process for COVID-19 vaccine candidates. The webinars included an overview of the FDA’s vaccine review process and a CDC update on vaccine distribution and administration. These and other free webinars remain available for viewing on the AMA website in the COVID-19 resource center for physicians. The AMA has also developed FAQs for physicians on COVID vaccine distribution and administration and has provided a patient handout addressing common COVID vaccine questions.</p> <p>The AMA partnered with the Ad Council and the COVID Collaborative for the ‘It’s Up to You’ campaign designed to education millions of Americans about COVID-19 vaccines. The initiative represents one of the largest public education efforts in U.S. history, more than 300 major brands, media companies, community-based organizations, faith leaders, medical experts and other trusted messengers supporting the campaigns designed to reach distinct audiences. The campaign was created in close partnership with CDC ensuring messaging is backed by science. The campaigns urge audiences to visit GetVaccineAnswers.org (DeTiDepende.org in Spanish) to get the latest information about COVID-19 vaccines, with the ultimate goal of helping the public feel confident and prepared to get vaccinated once a vaccine is available to them.</p> <p>The AMA is also a partner in the Made to Save coalition, which is a national education and grassroots campaign working to save lives by increasing access and trust in the COVID-19 vaccines. Made to Save is focused on vaccine equity and access in communities of color. The coalition is supporting organizations in communities of color, where systemic racism has created health inequities and distrust.</p> <p>The AMA has continued to support the ongoing monitoring of COVID-19 vaccines to ensure the evidence continues to support their safe use. The AMA had a webinar with the FDA the day the FDA and CDC announced the J &amp; J pause after reports of thrombosis with thrombocytopenia syndrome. The AMA’s liaison to the ACIP continues to participate in the COVID-19 workgroup and all meetings of the Advisory Committee, including discussions around vaccine safety.</p>
RES 409-NOV-20	Protestor Protections	Referred for Report Back at the 2021 Annual Meeting.	<p>Board of Trustees Report 10 on this subject appears in the Delegates Handbook for the June 2021 HOD Meeting (Reference Committee D).</p> <p><b>HOD Action: Recommendations in BOT Report 10 Adopted as Amended, Remainder of Report Filed.</b></p>



Report/Resolution	Title	House Action	Status
RES 410-NOV-20	Policing Reform	Resolves 1, 2, 5 and 7 Adopted. Resolves 3, 4, 6, and 8 Referred.	CSAPH Report 2 on Resolve 6 on this subject appears in the Delegates Handbook for the June 2021 HOD Meeting. (Reference Committee E) A Board of Trustees Report will be prepared for Resolved 3, 4, and 8 for the November 2021 HOD Meeting. <b>HOD Action: Recommendations in CSAPH Report 2-J-21 Adopted as Amended, Remainder of Report Filed. Recommendation 1, Subsection 6 Referred for decision.</b> <b>Board of Trustees Report 02 on this subject appears in the Delegates Handbook</b>
RES 411-NOV-20	Support for the Prevention of Eviction and Termination of Life-Essential Utility Services During Public Health Emergencies	Adopted as Amended with Change in Title.	Our AMA is working with the Administration and Congress to address these issues as opportunities arise and has notified all state and national medical specialty societies of its willingness to work with them and other interested stakeholders to prevent eviction and termination of essential utility services during the PHE. <b>Our AMA spoke with CDC about our concerns. On August 3, the CDC Director signed an order determining the evictions of tenants for failure to make rent or housing payments could be detrimental to public health control measures to slow the spread of SARS-CoV-2, the virus that causes COVID-19. Our AMA has also notified its Federation partners of its desire to work with any interested partners in advocating, at the state level, for laws and regulations to prevent evictions and termination of life-essential utilities during public health emergencies.</b>
RES 412-NOV-20	Availability of Personal Protective Equipment (PPE)	Alternate Resolution 412-NOV-2020 Adopted in Lieu of Resolutions 412 and 414.	Board of Trustees Report 13-JUN-2021 recommends amendments to the AMA’s “Medical Staff Rights and Responsibilities” to ensure safe working conditions for physicians and to safeguard their right to advocate for necessary clinical resources without fear of retaliation. On June 30, 2021, the Organized Medical Staff Section will host a webinar/discussion on the medical staff experience during the pandemic, the lessons of which will be applied to the development of new model bylaws language and other resources for medical staff advocates. <b>HOD Action: Recommendations in BOT Report 13-NOV-20 Adopted, Remainder of Report Filed.</b>
RES 413-NOV-20	Protecting Physicians and Other Healthcare Professionals in Society	Adopted as Amended with Change in Title.	Since the beginning of the pandemic, the AMA has worked to be the physicians powerful ally in patient care in response to the many challenges physicians faced. Whether it was arguing forcefully that science, evidence and facts chart our national response to COVID-19 or defending physicians that were being attacked for providing evidence-based, factual information to the public, the AMA was working to promote an environment that was conducive for physicians to provide the best possible care, despite challenges amidst the pandemic.  The AMA achieved this through its proactive communications to media and on its digital channels communicating with physicians, including email newsletters, on our website and on social media.

Report/Resolution	Title	House Action	Status
RES 414-NOV-20	Availability of Personal Protective Equipment (PPE)	Alternate Resolution 412-NOV-2020 Adopted in Lieu of Resolutions 412 and 414.	See Resolution 412-NOV-20.
RES 415-NOV-20	Support Public Health Approaches for the Prevention and Management of Contagious Diseases in Correctional Facilities	Alternate Resolution 404-NOV-2020 Adopted in Lieu of Resolutions 404 and 415. Policy H-430.989 Adopted as Amended.	See Resolution 404-NOV-20.
RES 508-NOV-20	Home Infusion of Hazardous Drugs	Adopted as Amended.	AMA Policy Database has been updated.
RES 509-NOV-20	Hydroxychloroquine and Combination Therapies - Off Label Use	Resolution 509-NOV-20 Not Adopted. Policy H-120.988 Reaffirmed.	AMA Policy Database has been updated.
RES 602-NOV-20	Towards Diversity and Inclusion: A Global Nondiscrimination Policy Statement and Benchmark for our AMA	Referred for Report Back at the 2021 Annual Meeting.	Board of Trustees Report 11 on this subject appears in the Delegates Handbook for the June 2021 HOD Meeting (Reference Committee F).  <b>HOD Action: Filed.</b>
RES 606-NOV-20	Adopting the Use of the Most Recent and Updated Edition of the AMA Guides to the Evaluation of Permanent Impairment	Referred.	Board of Trustees Report 12 on this subject appears in the Delegates Handbook for the June 2021 HOD Meeting (Reference Committee F).  <b>HOD Action: Recommendations in BOT Report 12-J-21 Adopted and the Remainder of the Report Filed.</b>
RES 710-NOV-20	A Resolution to Amend the AMA's Physician and Medical Staff Bill of Rights	Referred.	Board of Trustees Report 13 on this subject appears in the Delegates Handbook for the June 2021 HOD Meeting (Reference Committee on Amendments to Constitution and Bylaws). <b>HOD Action: Recommendations in BOT Report 13-J-21 Adopted and the Remainder of the Report Filed.</b>
RES 712-NOV-20	Processing Prior Authorization Decisions	Adopted as Amended, with Change in Title.	Our AMA continues to advocate that health plans and benefit managers are staffed to process prior authorizations within the timelines described in AMA policy (24 hours for urgent requests and 48 hours for regular authorizations). Notably, our AMA continues to oppose the use of timelines based on business days to ensure prior authorizations required over weekends and holidays do not lead to harmful delays in care.