DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2021 November 2021 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (N-21)

Report of Reference Committee G

Alan Klitzke, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

1. Council on Medical Service Report 2 - Access to Health Plan Information regarding Lower-Cost Prescription Options
2. Council on Medical Service Report 4 - Financing of Home and Community-Based Services
3. Joint Report of the Council on Medical Service and the Council on Science and Public Health - Reducing Inequities and Improving Access to Insurance for Maternal Health Care
4. Resolution 701 - Coverage of Pregnancy-Associated Healthcare for 12 Months Postpartum for Uninsured Patients Ineligible for Medicaid

*For Items 1, 3 and 4, the double underline and double strikethrough that are traditional format for indicating amendments from the Reference Committee are difficult to discern. Therefore, the Reference Committee has also highlighted these additions in yellow.

Amendments
If you wish to propose an amendment to an item of business, click here: Submit New Amendment.

RECOMMENDED FOR ADOPTION AS AMENDED

(1) COUNCIL ON MEDICAL SERVICE REPORT 2 - ACCESS TO HEALTH PLAN INFORMATION REGARDING LOWER-COST PRESCRIPTION OPTIONS

RECOMMENDATION A:

Recommendation 1 of Council on Medical Service Report 2 be amended by addition to read as follows:

1. That our American Medical Association (AMA) continue to support efforts to publish a Real-Time Prescription Benefit (RTPB) standard that meets the needs of all physicians and other prescribers, utilizing any electronic health record (EHR), and prescribing on behalf of any insured patient. (New HOD Policy)

RECOMMENDATION B:

Recommendation 4 of Council on Medical Service Report 2 be amended by addition and deletion to read as follows:

That our AMA amend Policy H-110.990[3] by addition and deletion, as follows:

2. believes that cost-sharing requirements should be based on considerations such as: unit cost of medication; availability of therapeutic alternatives; medical condition being treated; personal income; and other factors known to affect patient compliance and health outcomes; and

3. supports the development and use of tools and technology that enable physicians and patients to determine the actual price and patient-specific out-of-pocket costs of individual prescription drugs, taking into account insurance status or payer type, prior to making prescribing decisions, so that physicians and patients can work together to determine the most efficient and effective treatment for the patient's medical condition; and

4. supports public and private prescription drug plans in offering patient-friendly tools and technology that allow patients to directly and securely access their individualized prescription benefit and prescription drug cost information.

RECOMMENDATION C:

Recommendation 5 of Council on Medical Service Report 2 be amended by addition to read as follows:

That our AMA amend Policy H-125.974 by addition and deletion as follows:

Our AMA will: . . .
(4) will advocate to the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS) to work with physician and hospital organizations, and health information technology developers, in identifying real-time pharmacy benefit implementations and published standards that provide real-time or near-time formulary information across all prescription drug plans, patient portals and other viewing applications, and electronic health record (EHR) vendors;
(5) will advocate to the ONC to include proven and established real-time pharmacy benefit criteria within its certification program;
(~~5~~6) will advocate to the ONC and the CMS that any policies requiring health information technology developers to integrate real-time pharmacy benefit systems (RTPB) within their products do so without ~~minimal~~ disruption to EHR usability and minimal to no cost to physicians and hospitals, providing financial support if necessary; and… (Amend HOD Policy)

RECOMMENDATION D:

Recommendations in Council on Medical Service Report 2 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Service Report 2 adopted as amended and the remainder of the report filed.

The Council on Medical Service recommends that the following be adopted in lieu of Resolution 213-NOV-20 and that the remainder of the report be filed:

1. That our American Medical Association (AMA) continue to support efforts to publish a Real-Time Prescription Benefit (RTPB) standard that meets the needs of all physicians, utilizing any electronic health record (EHR), and prescribing on behalf of any insured patient. (New HOD Policy)

2. That our AMA advocate that all payers (i.e., public and private prescription drug plans) be required to implement and keep up to date an RTPB standard tool that integrates with all EHR vendors, and that any changes that must be made to accomplish RTPB tool integration be accomplished with minimal disruption to EHR usability and cost to physicians and hospitals. (New HOD Policy)
3. That our AMA develop and disseminate educational materials that will empower physicians to be prepared to optimally utilize RTPB tools and other health information technology tools that can be used to enhance communications between physicians and pharmacists to reduce the incidence of prescription abandonment. (Directive to Take Action)

4. That our AMA amend Policy H-110.990[3] by addition, as follows:

   Our AMA: … 3. supports the development and use of tools and technology that enable physicians and patients to determine the actual price and patient-specific out-of-pocket costs of individual prescription drugs, taking into account insurance status or payer type, prior to making prescribing decisions, so that physicians and patients can work together to determine the most efficient and effective treatment for the patient's medical condition. (Modify Current HOD Policy)

5. That our AMA amend Policy H-125.974 by addition and deletion as follows:

   Our AMA will: . . .
   (4) will advocate to the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS) to work with physician and hospital organizations, and health information technology developers, in identifying real-time pharmacy benefit implementations and published standards that provide real-time or near-time formulary information across all prescription drug plans, patient portals and other viewing applications, and electronic health record (EHR) vendors;
   (5) will advocate to the ONC to include proven and established real-time pharmacy benefit criteria within its certification program;
   (~~5~~6) will advocate to the ONC and the CMS that any policies requiring health information technology developers to integrate real-time pharmacy benefit systems (RTPB) within their products do so without ~~minimal~~ disruption to EHR usability and minimal to no cost to physicians and hospitals; and… (Modify Current HOD Policy)

6. That our AMA reaffirm Policy H-450.938 which states that physicians should have easy access to and review the best available data associated with costs at the point of decision-making, which necessitates that cost data be delivered in a reasonable and useable manner by third-party payers and purchasers. The policy also calls for physicians to seek opportunities to improve their information technology infrastructures to include new and innovative technologies to facilitate increased access to needed and useable evidence and information at the point of decision-making. (Reaffirm HOD Policy)

A member of the Council on Medical Service introduced the report stating that patients and their physicians are in an untenable position when they have to choose among appropriate prescription drug options without reliable access to prescription drug price

information. Patients are frequently surprised at the pharmacy counter by the high cost of their medication. The goal of improved prescription drug price transparency at the point of prescribing could be accomplished via improved health information technology (HIT). Council on Medical Service Report 2 outlines how existing HIT tools, as well as tools currently under active development, can empower physicians with reliable prescription drug price information. For example, Real-Time Prescription Benefit (RTPB) technology is a prescription drug decision-making tool that allows prescribers to access, at the point of prescribing, accurate, patient-specific coverage and benefit information, including the expected out-of-pocket cost, for a chosen medication and pharmacy. The Council's recommendations strive to empower physician access to accurate, patient-specific prescription drug price information at the point of prescribing, both via continued advocacy and via new educational initiatives.

Your Reference Committee heard testimony that was unanimously supportive of Council on Medical Service Report 2. Testimony described the report as novel, well researched, and feasible, and thanked the authors, as the report will increase access to affordable medication. A speaker supported the report and suggested that Recommendation 1 be amended to specify both physicians and other prescribers, to make it clear that anyone who can legally prescribe medication should have access to RTPB tools. Another amendment was offered to further expand Policy H-110.990. The Council on Medical Service welcomed the amendment to include other prescribers and offered an amendment to incorporate both the amendments to Policy H-110.990 originally proposed in Council on Medical Service Report 2 and the Council's recommended incorporation of the second amendment. The Council explained that the additional payer-created, physician-facing tools proposed could unintentionally lead to additional administrative burden on physician practices, but the Council supports development of additional patient-friendly tools. The Council on Legislation testified supporting adoption of the report, as amended by the Council on Medical Service, emphasizing the importance of this report for continuing AMA advocacy. Your Reference Committee agrees with both Councils that amendments to Council on Medical Service Report 2 that have any potential for additional physician administrative burden is inconsistent with the goals of the Report and therefore recommends adopting the Council on Medical Service's amendment. Finally, an amendment was proposed to Recommendation 5, amended subsection 6, to specify that financial support should be provided, if necessary. Subsequent testimony supported this friendly amendment.

Your Reference Committee concludes that testimony clearly supports Council on Medical Service Report 2 with the aforementioned amendments. Accordingly, your Reference Committee recommends that Council on Medical Service Report 2 be adopted as amended and the remainder of the report be filed.

(2) COUNCIL ON MEDICAL SERVICE REPORT 4 - FINANCING OF HOME AND COMMUNITY-BASED SERVICES

RECOMMENDATION A:

Recommendation 7 in Council on Medical Service Report 4 be amended by addition and deletion to read as follows:

7. That our AMA support that the Centers for Medicare and Medicaid Services and private insurers ~~offer~~ extend flexibility to implement innovative programs including but not limited to hospital at home programs ~~for the subset of patients who meet the criteria used by hospital at home programs~~. (New HOD Policy)

RECOMMENDATION B:

Recommendations in Council on Medical Service Report 4 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Service Report 4 adopted as amended and the remainder of the report filed.

The Council on Medical Service recommends that the following be adopted and that the remainder of the report be filed:

1. That our American Medical Association (AMA) support federal funding for payment rates that promote access and greater utilization of home and community-based services (HCBS). (New HOD Policy)

2. That our AMA support policies that help train, retain, and develop an adequate HCBS workforce (New HOD Policy)

3. That our AMA support efforts to simplify state plan amendments and Medicaid waivers to allow additional state flexibility to offer HCBS. (New HOD Policy)

4. That our AMA support that Medicaid's Money Follows the Person demonstration program be extended or made permanent. (New HOD Policy)

5. That our AMA support cross-agency and federal-state strategies that can help improve coordination] among HCBS programs and streamline funding and the provision of services. (New HOD Policy)

6. That our AMA support HCBS programs tracking protocols and outcomes to make meaningful comparisons across states and identify best practices. (New HOD Policy)

7. That our AMA support that the Centers for Medicare & Medicaid Services and private insurers offer flexibility to implement hospital at home programs for the subset of patients who meet the criteria used by hospital at home programs. (New HOD Policy)

8. That our AMA reaffirm Policy H-280.945, which provides a comprehensive set of principles to improve the financing of long-term services and supports and supports incentivizing states to expand the availability of and access to HCBS and permitting Medigap and Medicare Advantage plans to offer a respite care benefit. (Reaffirm HOD Policy)

9. That our AMA reaffirm Policy H-290.958 which supports increases in states' Federal Medical Assistance Percentages or other funding during significant economic downturns to allow state Medicaid programs to continue serving Medicaid patients and cover rising enrollment. (Reaffirm HOD Policy)

Your Reference Committee heard unanimously supportive testimony on Council on Medical Service Report 4. A member of the Council on Medical Service introduced the report urging adoption of the report to seize the opportunity to rethink the flawed long-term services and supports system. Subsequent testimony echoed this sentiment. An amendment was offered to Recommendation 7 recognizing that there is currently no "subset" of patients who meet a defined criteria to be eligible for hospital at home. The Council on Medical Service agreed with the clarifying amendment and encouraged adoption. Additional testimony also supported the amendment. Therefore, your Reference Committee recommends Recommendation 7 be amended. Accordingly, your Reference Committee recommends that Council on Medical Service Report 4 be adopted as amended and the remainder of the report be filed.

(3) JOINT REPORT OF THE COUNCIL ON MEDICAL SERVICE AND THE COUNCIL ON SCIENCE AND PUBLIC HEALTH - REDUCING INEQUITIES AND IMPROVING ACCESS TO INSURANCE FOR MATERNAL HEALTH CARE

RECOMMENDATION A:

Recommendation 4 in Joint Report of the Council on Medical Service and the Council on Science and Public Health be amended by addition to read as follows:

4. That our AMA continue to monitor and promote ongoing research regarding the impacts of societal (e.g., racism or unaffordable health insurance), geographical, facility-level (e.g., hospital quality), clinician-level (e.g., implicit bias), and patient-level (e.g., comorbidities, chronic stress or lack of transportation) barriers to optimal care that contribute to adverse and disparate maternal health outcomes, as well as research testing the effectiveness of interventions to address each of these barriers. (New HOD Policy)

RECOMMENDATION B:

Recommendation 6 in Joint Report of the Council on Medical Service and the Council on Science and Public Health be amended by addition to read as follows:

6. That our AMA support the development of a standardized definition of maternal mortality and the allocation of resources to states and Tribes to collect and analyze maternal mortality data (i.e., Maternal Mortality Review Committees and vital statistics) to enable stakeholders to better understand the underlying causes of maternal deaths and to inform evidence-based policies to improve maternal health outcomes and promote health equity. (New HOD Policy)

RECOMMENDATION C:

Recommendation 10 in Joint Report of the Council on Medical Service and the Council on Science and Public Health be amended by addition to read as follows:

10. That our AMA amend Policy D-290.974 by addition and deletion as follows:

Our AMA will work with relevant stakeholders to

support and advocate, at the state and federal levels, for extension of Medicaid and State Children's Health Insurance Program (CHIP) coverage to at least 12 months after the end of pregnancy ~~postpartum~~. (Modify Current HOD Policy)

RECOMMENDATION D:

Recommendation 12 in Joint Report of the Council on Medical Service and the Council on Science and Public Health be amended by substitution to read as follows:

That our AMA amend Policy D-420.993, by addition as follows:

Our AMA: (1) will ask the Commission to End Health Care Disparities to evaluate the issue of health disparities in maternal mortality and offer recommendations to address existing disparities in the rates of maternal mortality in the United States; (2) will work with the CDC, HHS, state and county health departments to decrease maternal mortality rates in the US; (3) encourages and promotes to all state and county health departments to develop, implement, and sustain a maternal mortality surveillance system that centers around health equity; and (4) will work with stakeholders to encourage research on identifying barriers and developing strategies toward the implementation of evidence-based practices to prevent disease conditions that contribute to poor obstetric outcomes, maternal morbidity and maternal mortality in racial and ethnic minorities. (Modify HOD Policy)

RECOMMENDATION E:

Joint Report of the Council on Medical Service and the Council on Science and Public Health be amended by addition of a new Recommendation to read as follows:

That our AMA encourage hospitals, health systems, and states to participate in maternal safety and quality improvement initiatives such as the Alliance for Innovation on Maternal Health program and state perinatal quality collaboratives. (New HOD Policy)

RECOMMENDATION F:

Joint Report of the Council on Medical Service and the Council on Science and Public Health be amended by addition of a new Recommendation to read as follows:

That our AMA advocate for increased access to risk-appropriate care by encouraging hospitals, health systems, and states to adopt verified, evidence-based levels of maternal care. (New HOD Policy)

RECOMMENDATION G:

Recommendations in Joint Report of the Council on Medical Service and the Council on Science and Public Health be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Joint Report of the Council on Medical Service and the Council on Science and Public Health adopted as amended and the remainder of the report filed.

The Council on Medical Service and the Council on Science and Public Health recommend that the following be adopted and that the remainder of the report be filed:

1. That our American Medical Association (AMA) acknowledge that structural racism and bias negatively impact the ability to provide optimal health care, including maternity care, for people of color. (New HOD Policy)

2. That our AMA encourage physicians to raise awareness among colleagues, residents and fellows, staff, and hospital administrators about the prevalence of racial and ethnic inequities and the effect on health outcomes, work to eliminate these inequities, and promote an environment of trust. (New HOD Policy)
3. That our AMA encourage physicians to pursue educational opportunities focused on embedding equitable, patient-centered care for patients who are pregnant and/or within 12 months postpartum into their clinical practices and encourage physician leaders of health care teams to support similar appropriate professional education for all members of their teams. (New HOD Policy)

4. That our AMA continue to monitor and promote ongoing research regarding the impacts of societal (e.g., racism or unaffordable health insurance), facility-level (e.g., hospital quality), clinician-level (e.g., implicit bias), and patient-level (e.g., comorbidities, chronic stress or lack of transportation) barriers to optimal care that contribute to adverse and disparate maternal health outcomes, as well as research testing the effectiveness of interventions to address each of these barriers. (New HOD Policy)

5. That our AMA promote the adoption of federal standards for clinician collection of patient-identified race and ethnicity information in clinical and administrative data to better identify inequities. The federal data collection standards should be:
   (a) informed by research (including real-world testing of technical standards and standardized definitions of race and ethnicity terms to ensure that the data collected accurately reflect diverse populations and highlight, rather than obscure, critical distinctions that may exist within broad racial or ethnic categories),
   (b) carefully crafted in conjunction with clinician and patient input to protect patient privacy and provide non-discrimination protections, and
   (c) lead to the dissemination of best practices to guide respectful and non-coercive collection of accurate, standardized data relevant to maternal health outcomes.
   (Directive to Take Action)

6. That our AMA support the development of a standardized definition of maternal mortality and the allocation of resources to states to collect and analyze maternal mortality data (i.e., Maternal Mortality Review Committees and vital statistics) to enable stakeholders to better understand the underlying causes of maternal deaths and to inform evidence-based policies to improve maternal health outcomes and promote health equity. (New HOD Policy)

7. That our AMA encourage hospitals, health systems, and state medical associations and national medical specialty societies to collaborate with non-clinical community organizations with close ties to minoritized and other at-risk populations to identify opportunities to best support pregnant persons and new families. (New HOD Policy)

8. That our AMA encourage the development and funding of resources and outreach initiatives to help pregnant individuals, their families, their communities, and their workplaces to recognize the value of comprehensive prepregnancy, prenatal, peripartum, and postpartum care. These resources and initiatives should encourage patients to pursue both physical and behavioral health care, strive to reduce barriers to pursuing care, and highlight care that is available at little or no cost to the patient. (New HOD Policy)

9. That our AMA support adequate payment from all payers for the full spectrum of evidence-based prepregnancy, prenatal, peripartum, and postpartum physical and behavioral health care. (New HOD Policy)
10. That our AMA amend Policy D-290.974 by addition and deletion as follows:

    Our AMA will work with relevant stakeholders to support, at the state and federal levels, extension of Medicaid and State Children's Health Insurance Program (CHIP) coverage to at least 12 months after the end of pregnancy ~~postpartum~~.
    (Modify Current HOD Policy)

11. That our AMA reaffirm Policy H-350.974, which highlights the elimination of racial and ethnic disparities in health care as an issue of highest priority for the AMA; encourages physicians to examine how their own practices help increase the awareness within the profession of racial disparities in medical treatment decisions; supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons; supports the development and implementation of training regarding implicit bias, diversity and inclusion in all medical schools and residency programs; and

supports research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes in all at-risk populations. (Reaffirm HOD Policy)

12. That our AMA reaffirm Policy D-420.993, which states that the AMA will work with the Centers for Disease Control and Prevention, United States (US) Department of Health and Human Services, state and county health departments to decrease maternal mortality rates in the US; encourage and promote all state and county health departments to develop a maternal mortality surveillance system; and work with stakeholders to encourage research on identifying barriers and developing strategies toward the implementation of evidence-based practices to prevent disease conditions that contribute to poor obstetric outcomes, maternal morbidity and maternal mortality in racial and ethnic minorities. (Reaffirm HOD Policy)

13. That our AMA reaffirm Policy D-290.979, which supports collaborative efforts with state and specialty medical societies to advocate at the state level for expanded Medicaid eligibility as authorized by the Affordable Care Act. (Reaffirm AMA Policy)

14. That our AMA reaffirm Policy H-165.855, which supports 12-month continuous eligibility across Medicaid, Children's Health Insurance Program, and exchange plans to limit patient churn and promote continuity and coordination of care; and also supports development of a mechanism to allow for the presumptive assessment of eligibility and retroactive coverage to the time at which an eligible person seeks medical care. (Reaffirm HOD Policy)

A member of the Council on Medical Service introduced the report stating that the US is 1 of only 13 countries in the world where the maternal mortality rate is worse now that it was 25 years ago, and it is the only industrialized country with a rising maternal mortality rate. Approximately two-thirds of these deaths are preventable. Throughout pregnancy, delivery, and postpartum, women are at risk for an array of physical and psychological challenges. Causes of maternal death vary considerably, and approximately one-third of pregnancy-related deaths occur postpartum, including almost 12 percent that occur between 43 and 365 days postpartum. The US maternal health crisis is a complex, multifactorial challenge that cannot be adequately addressed in a single report. Instead, the Councils present this narrowly focused initial report, the first in an anticipated series of reports, to strengthen the AMA's existing policy foundation and empower advocacy on two especially urgent issues: (1) expanding access to insurance for the most vulnerable new mothers, and (2) addressing inequities in maternal health care. This joint report explores challenges women face in pursuing maternal health care, highlights especially relevant AMA policy and advocacy, and presents a series of policy recommendations. A member of the Council on Science and Public Health further testified that the CDC has highlighted considerable racial/ethnic disparities in maternal health outcomes. Black women are three to four times more likely, and Indigenous women are two to three times more likely, to die from pregnancy-related causes than white women. These disparities persist after removing sociodemographic variables - college-educated Black women have been found to be at a 60 percent greater risk for maternal death than white or Hispanic women with less than high school education. In addition, Black women have more than a twofold greater risk of severe maternal morbidity than white women. As with pregnancy-related mortality, the factors underlying racial and ethnic disparities in severe maternal morbidity are unclear, but most studies have found that these differences persist after

adjustment for sociodemographic and clinical characteristics. The CDC explains that racial and ethnic inequities in maternal health care may be due to several factors including access to care, quality of care, prevalence of chronic diseases, structural racism, and implicit biases.

Your Reference Committee heard testimony that unanimously supported the Joint Report. The Council on Legislation testified that the recommendations in this Joint Report will strengthen the AMA's existing policy foundation and empower further advocacy on these urgent issues and recommended that the Joint Report be adopted. The American Academy of Pediatrics praised the report as being well-written and timely, embodying many of the concerns facing maternal health, and highlighting the importance of racial and ethnic inequities on maternal fetal outcomes. The Medical Student Section thanked the authors of the Joint Report and Reference Committee and encouraged our AMA to stand in support of this eloquent report.

While supporting the Joint Report, several delegations proposed amendments to add to the Joint Report. The American College of Obstetricians and Gynecologists (ACOG), testified in strong support of the Joint Report and offered several amendments to the Joint Report. A speaker proposed amendments to Recommendations 10 and 12 and two additional recommendations to more closely align the Joint Report recommendations with the current landscape. Subsequent testimony overwhelmingly supported the amendments. Another speaker proposed that Recommendation 6 be amended by addition to also encourage allocation of direct funding and resources to Tribes. Again, subsequent testimony supported this amendment. Additionally, an amendment was proposed to Recommendation 4 by addition of the words, "geographical" to reflect the issues of limited resources and distance that impact maternal care in rural communities. Finally, testimony proposed amending Recommendation 10 by addition of the phrase, "after the end of a confirmed documented pregnancy." Subsequent testimony was overwhelmingly opposed to this proposed amendment. Notably, the Council on Medical Service testified in opposition to this amendment, explaining that the proposed language would create a qualifier for who can receive covered care, with unintended consequences such as restricting access to coverage of care for miscarriage complications, especially jeopardizing patients in rural and marginalized communities. Additional testimony strongly opposed the amendment, stating opposition to including any qualifiers in the Recommendation, including confirmation of pregnancy, as this would add to confusion. Following the overwhelming majority of the testimony in opposition to the amendment, your Reference Committee concludes that the amendment should not be adopted.

Your Reference Committee agrees with testimony in strong support of Joint Report of the Council on Medical Service and Council on Science and Public Health as amended by and recommends that it be adopted as amended and the remainder of the report be filed.

(4) RESOLUTION 701 - COVERAGE OF PREGNANCY-ASSOCIATED HEALTHCARE FOR 12 MONTHS POSTPARTUM FOR UNINSURED PATIENTS INELIGIBLE FOR MEDICAID

RECOMMENDATION A:

Recommends that the first Resolve in Resolution 701 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association amend Policy H-290.974, "Extending Medicaid Coverage for One Year Postpartum," by addition as follows to read as follows:

1) Our AMA will work with relevant stakeholders to support extension of Medicaid and Children's Health Insurance Program (CHIP) coverage to at least 12 months after the end of pregnancy ~~postpartum~~; and 2) Our AMA will work with relevant stakeholders to expand Medicaid and CHIP eligibility for pregnant and postpartum non-citizen immigrants. (Modify Current HOD Policy); and be it further

RECOMMENDATION B:

Resolution 701 be adopted as amended.

HOD ACTION: Resolution 701 adopted as amended.

RESOLVED, That our American Medical Association amend Policy H-290.974, "Extending Medicaid Coverage for One Year Postpartum," by addition as follows to read as follows:

D-290.974 Extending Medicaid Coverage for One Year Postpartum
1) Our AMA will work with relevant stakeholders to support extension of Medicaid coverage to 12 months postpartum~~.~~; and
2) Our AMA will work with relevant stakeholders to expand Medicaid eligibility for pregnant and postpartum non-citizen immigrants. (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA amend H-165.828, "Health Insurance Affordability," by addition as follows:

H-165.828 – HEALTH INSURANCE AFFORDABILITY
1. Our AMA supports modifying the eligibility criteria for premium credits and cost sharing subsidies for those offered employer-sponsored coverage by lowering the threshold that determines whether an employee's premium contribution is affordable to that which applies to the exemption from the individual mandate of the Affordable Care Act (ACA).

2. Our AMA supports legislation or regulation, whichever is relevant, to fix the ACA's "family glitch," thus determining the affordability of employer-sponsored coverage with respect to the cost of family-based or employee-only coverage.
3. Our AMA encourages the development of demonstration projects to allow individuals eligible for cost-sharing subsidies, who forego these subsidies by enrolling in a bronze plan, to have access to a health savings account (HSA) partially funded by an amount determined to be equivalent to the cost-sharing subsidy.
4. Our AMA supports capping the tax exclusion for employment-based health insurance as a funding stream to improve health insurance affordability, including for individuals impacted by the inconsistency in affordability definitions, individuals impacted by the "family glitch," and individuals who forego cost-sharing subsidies despite being eligible.
5. Our AMA supports additional education regarding deductibles and cost-sharing at the time of health plan enrollment, including through the use of online prompts and the provision of examples of patient cost-sharing responsibilities for common procedures and services.
6. Our AMA supports efforts to ensure clear and meaningful differences between plans offered on health insurance exchanges.
7. Our AMA supports clear labeling of exchange plans that are eligible to be paired with a Health Savings Account (HSA) with information on how to set up an HSA.
8. Our AMA supports the inclusion of pregnancy as a qualifying life event for special enrollment in the health insurance marketplace. (Modify Current HOD Policy)

Your Reference Committee heard mixed testimony on Resolution 701, with significant testimony in favor of adopting the Resolution. Significant testimony in favor of Resolution 701 emphasized the humane, medical professional, ethical, maternal/infant/family health outcomes, and financial benefits of the resolution. A member of the Council on Medical Service testified, expressing shared concerns about uninsured pregnant and postpartum patients, and highlighting that two reports being considered at this meeting propose new policies that address many of the issues raised by Resolution 701. CMS Report 3-N-21 recommends new policy regarding insurance coverage for immigrants, and the CMS/CSAPH Joint Report recommends new policy to support expanded access to insurance for the most vulnerable new mothers. In the interests of developing new policy consistent with the goals of Resolution 701 without overlapping with the policy development in CMS Report 3 or the CMS/CSAPH Joint Report, the Council on Medical Service offered an alternative resolution. A member of the Council on Legislation testified in strong support of the alternate resolution offered by the Council on Medical Service and urging its adoption. However, subsequent testimony did not support the amendment offered by the Council on Medical Service. Additional testimony largely was in strong support of Resolution 701, and an amendment was offered to specifically reference extended coverage under Children’s Health Insurance Program (CHIP). Another amendment was offered, suggesting that the second Resolve specify a qualifying life event for the pregnant person, but the majority of the testimony did not support this amendment. Furthermore, while some testimony supported referral of Resolution 701, many testified strongly against referral. Moreover, your Reference Committee believes that the AMA’s commitment to health equity demands that this resolution be acted upon at this time. The overwhelming majority of extended testimony supported Resolution 701

as amended. Accordingly, Your Reference Committee recommends that Resolution 701 be adopted as amended.

Mister Speaker, this concludes the report of Reference Committee G. I would like to thank Michael Hanak, MD, Niva Lubin-Johnson, MD, Justin Magrath, Joshua Mammen, MD, Ashok Patel, MD, Stephen Rockower, MD, and all those who testified before the Committee.

Michael Hanak, MD (Alternate)
American Academy of Family Physicians

Joshua Mammen, MD, PhD
International College of Surgeons – US Section

Niva Lubin-Johnson, MD
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