

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-23)

Report of Reference Committee G

Ezequiel Silva III MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2
3 **RECOMMENDED FOR ADOPTION**

- 4
5 1. Board of Trustees Report 14 – Advocacy of Private Practice Options for Health
6 Care Operations in Large Corporations
7 2. Council on Medical Service Report 01 – Council on Medical Service Sunset
8 Review of 2013 House Policies
9 3. Resolution 701 – Reconsideration of the Birthday Rule
10 4. Resolution 703 – Tribal Health Program Electronic Health Record Modernization
11 5. Resolution 714 – Improving Hospice Program Integrity
12 6. Resolution 716 – Transparency and Accountability of Hospitals and Hospital
13 Systems
14 7. Resolution 724 – Rural Hospital Payment Models
15

16 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 17
18 8. Council on Medical Service Report 05 – Prescription Drug Dispensing Policies
19 9. Council on Medical Service Report 08 – Impact of Integration and Consolidation
20 on Patients and Physicians
21 10. Council on Medical Service Report 09 – Federally Qualified Health Centers and
22 Rural Health Care
23 11. Resolution 702 – Providing Reduced Parking for Patients
24 12. Resolution 704 – Interrupted Patient Sleep
25 13. Resolution 706 – Revision of H-185.921, Removal of AMA Support for Applied
26 Behavior Analysis
27 14. Resolution 709 – Hospital Bans on Trial of Labor After Cesarean
28 15. Resolution 713 – Redesigning the Medicare Hospice Benefit
29 16. Resolution 719 – Care Partner Access to Medical Records
30 17. Resolution 721 – Use of Artificial Intelligence for Prior Authorization
31 18. Resolution 726 – Proper Use of Overseas Virtual Assistants in Medical Practice
32 19. Resolution 727 – Health System Consolidation
33

34 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 35
36 20. Resolution 707 – Expediting Repairs for Power and Manual Wheelchairs
37 21. Resolution 711 – Doctors' Risk for Termination of Liability Coverage or Medical
38 Privileges Consequent to Dobbs
39 22. Resolution 718 – Insurance Coverage of FDA Approved Medications and
40 Devices
41 23. Resolution 720 – Prior Authorization Costs, AMA Update to CMS
42 24. Resolution 723 – Vertical Consolidation in Health Care – Markets or Monopolies

1 **RECOMMENDED FOR REFERRAL**

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3

25. Resolution 710 – Protect Patients with Medical Debt Burden

4

Resolution 712 – Medical Bankruptcy – A Unique Feature in the USA

5

26. Resolution 715 – Published Metrics for Hospitals and Hospital Systems

6

27. Resolution 722 – Expanding Protections of End-of-Life Care

7

28. Resolution 725 – The Economics of Prior Authorization

8

9 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

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29. Resolution 705 – Aging and Dementia Friendly Health Systems

12

30. Resolution 728 – Discharge Consolidated Clinical Document Architecture (C-

13

CDA) Minimum Data Set Content and Order Priority

Amendments

If you wish to propose an amendment to an item of business, click here: [Submit
New Amendment](#)

RECOMMENDED FOR ADOPTION

- (1) BOARD OF TRUSTEES REPORT 14 - ADVOCACY OF PRIVATE PRACTICE OPTIONS FOR HEALTHCARE OPERATIONS IN LARGE CORPORATIONS

RECOMMENDATION:

The recommendations in Board of Trustees Report 14 be adopted and the remainder of the report be filed.

HOD ACTION:

The recommendations in Board of Trustees Report 14 adopted and the remainder of the report filed.

The Board of Trustees recommends that the following be adopted and the remainder of the report be filed:

1. That our American Medical Association (AMA) reaffirm the following policies:
 - a. D-405.988, "The Preservation of the Private Practice of Medicine"
 - b. H-385.904, "Prospective Payment Model Best Practices for Independent Private Practice"
 - c. H-185.939, "Value-Based Insurance Design"
 - d. D-140.951, "Establishing Ethical Principles for Physicians Involved in Private Equity Owned Practices"
 - e. H-160.891, "Corporate Investors"; (Reaffirm HOD Policy) and
2. That our AMA will: (1) inform corporate efforts about the value of private practices to successfully participate in new "value-based" models; (2) identify and work with a corporate entity that is advancing these models to explore a two year pilot among independent private practices in which the AMA will: (a) convene physician practices in a community; (b) provide educational resources and technical assistance to practices to support their participation with the corporate entity and (c) formally evaluate the pilot for outcomes; and (3) advocate with commercial payers and health plans and federal and state payers and policymakers to support private practice through policies and models that provide adequate payment, infrastructure and data to succeed in "value-based" models. (Directive to Take Action)
3. That Policy D-160.912 be rescinded as having been accomplished by this report. (Rescind HOD Policy)

Your Reference Committee heard unanimous testimony in support of Board of Trustees Report 14. Testimony noted that private practices can be useful to corporate entities without being acquired or owned and further noted that this pilot program is welcomed. Your Reference Committee recommends that the recommendations in Board of Trustees Report 14 be adopted and the remainder of the report be filed.

1 (2) COUNCIL ON MEDICAL SERVICE REPORT 01 –
2 COUNCIL ON MEDICAL SERVICE SUNSET REVIEW OF
3 2013 HOUSE POLICIES
4

5 **RECOMMENDATION:**
6

7 **The recommendations in Council on Medical Service**
8 **Report 01 be adopted and the remainder of the report**
9 **be filed.**

10 **HOD ACTION:**
11

12 **The recommendations in Council on Medical Service**
13 **Report 01 adopted and the remainder of the report**
14 **filed.**
15

16
17 The Council on Medical Service recommends that the House of Delegates policies that
18 are listed in the appendix to this report be acted upon in the manner indicated and the
19 remainder of the report be filed.
20

21 Your Reference Committee heard limited supportive testimony on Council on Medical
22 Service Report 01. Your Reference Committee recommends that the recommendations in
23 Council on Medical Service Report 01 be adopted and filed.
24

25 (3) RESOLUTION 701 - RECONSIDERATION OF THE
26 BIRTHDAY RULE
27

28 **RECOMMENDATION:**
29

30 **Resolution 701 be adopted.**
31

32 **HOD ACTION:**
33

34 **Resolution 701 adopted.**
35

36 RESOLVED, That our American Medical Association (AMA) support evidence-based
37 legislation that support a parent, or guardian's, choice of their dependent's health
38 insurance plan under the event of multiple insurers (New HOD Policy); and be it further
39

40 RESOLVED, That our AMA amend Policy H-190.969: "Delay in Payments Due to Disputes
41 in Coordination of Benefits" by addition to read as follows:
42

43 **Delay in Payments Due to Disputes in Coordination of Benefits, H-190.969**

44 Our AMA:

45 (1) urges state and federal agencies to exercise their authority over health plans
46 to ensure that beneficiaries' claims are promptly paid and that state and federal
47 legislation that guarantees the timely resolution of disputes in coordination of
48 benefits between health plans is actively enforced;

49 (2) includes the "birthday rule" as a last resort only after parents/guardians have
50 been allowed a choice of insurer and have failed to choose, and the "employer

1 first rule” in any and all future AMA model legislation and model medical service
 2 agreements that contain coordination of benefits information and/or guidance on
 3 timely payment of health insurances claims;
 4 (3) urges state medical associations to advocate for the inclusion of the
 5 “employer first rule”, and “birthday rule” as a last resort only after
 6 parents/guardians have been allowed a choice of insurer and have failed to
 7 choose, in state insurance statutes as mechanisms for alleviating disputes in
 8 coordination of benefits;
 9 (4) includes questions on payment timeliness in its Socioeconomic Monitoring
 10 System survey to collect information on the extent of the problem at the national
 11 level and to track the success of state legislation on payment delays;
 12 (5) continues to encourage state medical associations to utilize the prompt
 13 payment provisions contained in the AMA Model Managed Care Medical
 14 Services Agreement and in AMA model state legislation;
 15 (6) through its Advocacy Resource Center, continue to coordinate and implement
 16 the timely payment campaign, including the promotion of the payment delay
 17 survey instrument, to assess and communicate the scope of payment delays as
 18 well as ensure prompt payment of health insurance claims and interest accrual
 19 on late payments by all health plans, including those regulated by ERISA; and
 20 (7) urges private sector health care accreditation organizations to (a) develop and
 21 utilize standards that incorporate summary statistics on claims processing
 22 performance, including claim payment timeliness, and (b) require accredited
 23 health plans to provide this information to patients, physicians, and other
 24 purchasers of health care services. (Modify Current HOD Policy)

25
 26 Testimony on Resolution 701 was unanimously supportive. Speakers discussed the
 27 importance for the AMA to support parent’s choice for their child’s insurance and the
 28 necessity for coordination of insurance benefits. Therefore, your Reference Committee
 29 recommends the adoption of Resolution 701.

30
 31 (4) RESOLUTION 703 - TRIBAL HEALTH PROGRAM
 32 ELECTRONIC HEALTH RECORD MODERNIZATION

33
 34 **RECOMMENDATION:**

35
 36 **Resolution 703 be adopted.**

37
 38 **HOD ACTION:**

39
 40 **Resolution 703 adopted.**

41
 42 **RESOLVED,** That our American Medical Association support adequate funding for
 43 electronic health record modernization and maintenance costs for Tribal and Urban Indian
 44 Health Programs with active self-governance compacts and contracts with the Indian
 45 Health Service. (New HOD Policy)

46
 47 Your Reference Committee heard testimony that supporting the modernization and
 48 maintenance of electronic health records as important to patient care. Tribal and Urban
 49 Indian Health Programs may not have received federal funding for EHR modernization in
 50 the past and operate with limited ability to communicate with other health care record

1 management systems. For example, the system has difficulty communicating with
2 immunization information systems. Your Reference Committee also heard testimony from
3 the Council on Medical Service stating that past influxes of federal funding for EHRs have
4 at times caused patient harm and increased burden on physicians, and therefore, they
5 were in support of the resolution. Your Reference Committee recommends Resolution 703
6 be adopted.

7
8 (5) RESOLUTION 714 - IMPROVING HOSPICE PROGRAM
9 INTEGRITY

10
11 **RECOMMENDATION:**

12
13 **Resolution 714 be adopted.**

14
15 **HOD ACTION:**

16
17 **Resolution 714 adopted.**

18
19 RESOLVED, That our American Medical Association advocate that the Centers for
20 Medicare & Medicaid Services (CMS) use its existing authority to limit certification of
21 additional hospices in counties where growth in hospice programs is out of line with
22 established need by implementing a temporary targeted moratorium based on federal and
23 state data, allowing for appropriate exceptions to ensure continued access to care
24 (Directive to Take Action); and be it further

25
26 RESOLVED, That our AMA advocate that CMS strengthen investigation prior to approval
27 of initial hospice certification applications and, for those new hospices approved but
28 identified as high risk, require enhanced scrutiny and/or survey frequency (Directive to
29 Take Action); and be it further

30
31 RESOLVED, That our AMA advocate that CMS use its existing authority to prohibit the
32 sale or transfer of Medicare hospice certification numbers for a specified timeframe
33 (similar to the 36-month change of ownership prohibition in the Medicare home health
34 program), allowing for appropriate exceptions to ensure continued access to care
35 (Directive to Take Action); and be it further

36
37 RESOLVED, That our AMA advocate that CMS restrict Medicare privileges for non-
38 operational hospices, including through voluntary termination of the provider agreement,
39 deactivation of billing privileges, and revocation of Medicare enrollment (Directive to Take
40 Action); and be it further

41
42 RESOLVED, That our AMA advocate that CMS regulatory efforts aimed at weeding out
43 fraud, waste, and abuse be refocused on integrity and quality indicators that impact patient
44 care – rather than technical errors and retrospective chart audits focused on questioning
45 eligibility – and avoid blunt instruments that burden high-performing programs, divert time
46 and resources from patient care, and risk driving smaller providers from the market and/or
47 putting rural or frontier hospice programs at a disadvantage. (Directive to Take Action)

48
49 Your Reference Committee heard unanimously supportive testimony in support of
50 Resolution 714. It is important for the AMA to call on the Centers for Medicare and

1 Medicaid Services to refocus their efforts to combat fraud and abuse with the proliferation
2 of hospice programs. Testimony noted that allowing fraud and abuse to continue is not
3 only harmful for patients, but also harms hospice programs and facilities operating with
4 integrity. Your Reference Committee recommends Resolution 714 be adopted.

5 (6) RESOLUTION 716 - TRANSPARENCY AND
6 ACCOUNTABILITY OF HOSPITALS AND HOSPITAL
7 SYSTEMS

8
9 **RECOMMENDATION:**

10
11 **Resolution 716 be adopted.**

12
13 **HOD ACTION:**

14
15 **Resolution 716 adopted.**

16
17 RESOLVED, That our American Medical Association identify options for developing and
18 implementing processes – including increased transparency of physicians complaints
19 made to the Equal Employment Opportunity Commission and The Joint Commission – for
20 tracking and monitoring physician complaints against hospitals and hospital systems and
21 report back with recommendations for implementing such processes, including potential
22 revisions to the Health Care Quality Improvement Act of 1986 to include monetary
23 penalties for institutions performing bad faith peer reviews. (Directive to Take Action)

24
25 Testimony on Resolution 716 was primarily supportive. Speakers discussed the
26 importance of ensuring that complaints are not only filed, but that they are investigated
27 and that entities are penalized when a complaint be substantiated. Testimony also
28 indicated how vital information on workplace complaints is for physicians who are
29 considering new employment. The Council on Legislation testified that AMA addresses
30 the concern of this resolution and suggested reaffirmation. However, due to significant
31 and compelling testimony, your Reference Committee recommends that Resolution 716
32 be adopted.

33
34 (7) RESOLUTION 724 - RURAL HOSPITAL PAYMENT
35 MODELS

36
37 **RECOMMENDATION:**

38
39 **Resolution 724 be adopted.**

40
41 **HOD ACTION:**

42
43 **Resolution 724 adopted.**

44
45 RESOLVED, That our American Medical Association urgently collaborate with appropriate
46 stakeholders to protect health care delivery in underserved, rural communities and work
47 to preserve the economic viability of rural sole community hospitals which are the primary
48 lines of healthcare defense in rural America (Directive to Take Action); and be it further
49

1 RESOLVED, That our AMA study alternative rural hospital payment models for feasibility,
2 including a patient-centered payment model and standby capacity payments for essential
3 services, in helping preserve rural community hospitals financially and preserving access
4 to care for patients (Directive to Take Action); and be it further

5
6 RESOLVED, That our AMA reaffirms policies H-465.979, H-200.972, H-465.990, and H-
7 465.994. (Reaffirm HOD Policy)

8
9 Testimony on Resolution 724 was unanimously supportive. Speakers indicated the
10 necessity of guaranteeing that rural hospitals are adequately funded to ensure they remain
11 open to serve their communities. Testimony also discussed the importance of adequate
12 payment to not only ensure that rural hospitals remain open, but that they are able to
13 provide important services. Due to the overwhelming and compelling support for this
14 resolution, your Reference Committee recommends that Resolution 724 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(8) COUNCIL ON MEDICAL SERVICE REPORT 05 -
PRESCRIPTION DRUG DISPENSING POLICIES

RECOMMENDATION A:

Council on Medical Service Report 05 be amended by addition of a new Recommendation.

6. That our AMA support the development, implementation and/or use of electronic or other means of communication to provide cost and coverage information of various prescribing quantities at the point of care allowing physicians to make the best decisions with their patients regarding prescribed medication quantities. (New HOD Policy)

RECOMMENDATION B:

The recommendations in Council on Medical Service Report 05 be adopted as amended and the remainder of the report be filed.

HOD ACTION:

The recommendations in Council on Medical Service Report 05 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 237-A-22, and that the remainder of the report be filed:

1. That our American Medical Association (AMA) support the development and implementation of clear guidelines and mechanisms to indicate that the quantity of a prescription should be dispensed only as written using such language as “dispense quantity as written” or “no change in quantity.” (New HOD Policy)

2. That our AMA amend Policy H-185.942, to read as follows:

1. Our AMA supports the protection of the patient-physician relationship from interference by payers and Pharmacy Benefit Managers (PBMs) via various utilization control mechanisms, including medication and testing and treatment supply quantity limits.

2. Our AMA will work with third party payers and PBMs to ensure that if they use quantity limits for prescription drugs or testing and treatment supplies, an exceptions process must be in place to ensure that patients can access higher or lower quantities of prescription drugs or testing and treatment supplies if

1 medically necessary, and that any such process should place a minimum burden
2 upon patients, physicians and their staff.

3
4 3. Our AMA supports interested states legislative efforts and federal action and
5 will develop model state legislation to ensure that third party payers or PBMs that
6 institute quantity limits for prescription drugs or testing and treatment supplies
7 include an exceptions process so that patients can access higher or lower
8 quantities of prescription drugs or testing and treatment supplies if medically
9 necessary, including provisions such as the following...

10 (Amend AMA Policy)

11
12 3. That our AMA reaffirm Policy H-320.953, which defines the term “medical necessity” as
13 referenced in the suggested amended policy H-185.942 (above) in recommendation two.
14 (Reaffirm AMA Policy)

15
16 4. That our AMA reaffirm Policy H-120.952, which ensures that the quantity of a medication
17 dispensed to patients is of adequate supply, not overregulated, and that receiving the
18 medication is not an undue burden on the patient or the prescribing physician. (Reaffirm
19 AMA Policy)

20
21 5. That our AMA reaffirm Policy D-120.934, which ensures that prescriptions must be filled
22 as ordered, including the quantity, and that PBMs and payers restrict policies that impact
23 patient access to prescription medications. (Reaffirm HOD Policy)

24
25 The testimony on Council on Medical Service Report 05 was unanimously supportive with
26 one proffered amendment. Testimony noted the importance of patients and physicians’
27 ability to collaboratively decide the appropriate quantity of medication dispensed to a
28 patient. Testimony was offered that cautioned the overreach of Pharmacy Benefit
29 Managers (PBMs) into Electronic Health Records. Testimony explained the importance of
30 ensuring that PBMs are not involved in the decision regarding the quantity of medication
31 dispensed. Therefore, your Reference Committee recommends that CMS Report 05 be
32 adopted as amended and the remainder of the report be filed.

33
34 (9) COUNCIL ON MEDICAL SERVICE REPORT 08 - IMPACT
35 OF INTEGRATION AND CONSOLIDATION ON PATIENT
36 AND PHYSICIANS

37
38 **RECOMMENDATION A:**

39
40 **The sixth recommendation in Council on Medical
41 Service Report 08 be deleted.**

42
43 ~~**6. That our AMA rescind Policy D-215.984. (Rescind
44 HOD Policy)**~~

45
46 **RECOMMENDATION B:**

47
48 **Council on Medical Service Report 08 be adopted as
49 amended and the remainder of the report be filed.**

1 **HOD ACTION:**

2
3 **Council on Medical Service Report 08 adopted as amended**
4 **and the remainder of the report filed.**
5

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

- 8
9 1. That our American Medical Association (AMA) continue to monitor the impact of
10 hospital-physician practice and hospital-hospital mergers and acquisitions on health care
11 prices and spending, patient access to care, potential changes in patient quality outcomes,
12 and physician wages and labor. (New HOD Policy)
13
14 2. That our AMA continue to monitor how provider mix may change following mergers and
15 acquisitions and how non-compete clauses may impact patients and physicians. (New
16 HOD Policy)
17
18 3. That our AMA broadly support efforts to collect relevant information regarding hospital-
19 physician practice and hospital-hospital mergers and acquisitions in states or regions that
20 may fall below the Federal Trade Commission (FTC)/Department of Justice review
21 threshold. (New HOD Policy)
22
23 4. That our AMA encourage state and local medical associations, state specialty societies,
24 and physicians to contact their state attorney general with concerns of anticompetitive
25 behavior. (New HOD Policy)
26
27 5. That our AMA encourage physicians to share their experiences with mergers and
28 acquisitions, such as those between hospitals and/or those between hospitals and
29 physician practices, with the FTC via their online submission form. (New HOD Policy)
30
31 6. That our AMA rescind Policy D-215.984. (Rescind HOD Policy)

32
33 Your Reference Committee heard testimony that was generally supportive of Council on
34 Medical Service Report 08. Testimony supported the deletion of the sixth recommendation
35 of the report to encourage continued study on the topic of consolidation by the Council.

36
37 Although testimony was heard in conjunction with Resolution 723 and Resolution 727,
38 your Reference Committee considered these items individually when preparing our
39 recommendations.

40
41 Your Reference Committee notes that testimony was overwhelmingly in favor of the AMA
42 continuing work on the issues of consolidation as well as mergers and acquisitions.
43 Testimony indicated that the House of Delegates looks forward to additional reports from
44 the Council on Medical Service regarding this issue.

45
46 Your Reference Committee recommends that the recommendations in Council on Medical
47 Service Report 08 be adopted as amended and the remainder of the report be filed.

1 Health System Consolidation D-215.984
2 Our AMA will: (1) study nationwide health system and hospital consolidation in
3 order to assist policymakers and the federal government in assessing healthcare
4 consolidation for the benefit of patients and physicians who face an existential
5 threat from healthcare consolidation; and (2) regularly review and report back on
6 these issues to keep the House of Delegates apprised on relevant changes that
7 may impact the practice of medicine, with the first report no later than the 2023
8 Annual Meeting.

9
10 (10) COUNCIL ON MEDICAL SERVICE REPORT 09 -
11 FEDERALLY QUALIFIED HEALTH CENTERS AND
12 RURAL HEALTH CARE

13
14 **RECOMMENDATION A:**

15
16 **Council on Medical Service Report 09 be amended by**
17 **addition of a new Recommendation 3 with subsequent**
18 **renumbering.**

19
20 **3. That our AMA advocate for regular updates to the**
21 **Medicaid FQHC Prospective Payment System that at**
22 **least keep pace with inflation. (New HOD Policy)**

23
24 **RECOMMENDATION B:**

25
26 **The recommendations in Council on Medical Service**
27 **Report 09 be adopted as amended and the remainder of**
28 **the report be filed.**

29
30 **HOD ACTION:**

31
32 **The recommendations in Council on Medical Service**
33 **Report 09 adopted as amended and the remainder of the**
34 **report filed.**

35
36 The Council on Medical Service recommends that the following be adopted and that the
37 remainder of the report be filed:

38
39 1. That our American Medical Association (AMA) support certification requirements and
40 other policies that reduce the administrative burden for physicians practicing in Federally
41 Qualified Health Center (FQHCs). (New HOD Policy)

42
43 2. That our AMA support sufficient federal funding to maintain the operation and costs
44 associated with establishing and operating a FQHC, FQHC "Look-Alike", or Outpatient
45 Tribal Facility. (New HOD Policy)

46
47 3. That our AMA reaffirm Policy H-465.994, which supports efforts to develop and
48 implement proposals and programs to improve the health of rural communities. (Reaffirm
49 HOD Policy)

50

1 4. That our AMA reaffirm Policy D-390.923, which advocates for the authorization of
2 Chronic Care Management reimbursement for all physicians, including those practicing in
3 FQHCs or Rural Health Clinics. (Reaffirm HOD Policy)

4
5 5. That our AMA reaffirm Policies H-160.947 and H-35.965, which both advocate for the
6 support of state and local medical societies in identifying and working to prevent laws that
7 may allow for non-physicians (e.g., nurse practitioners, physician assistants) to operate
8 without the supervision of a physician. (Reaffirm HOD Policy)

9
10 Testimony on CMS Report 09 was unanimously supportive. Speakers expressed the
11 importance of supporting physicians practicing in rural areas and the importance of
12 Federally Qualified Health Centers (FQHCs) to support these and other underserved
13 communities. Testimony indicated that FQHCs enable physicians to provide healthcare to
14 communities that are severely underserved and are vital for public health efforts.
15 Therefore your Reference Committee recommends that the recommendation in CMS
16 Report 09 be adopted as amended and the remainder of the report be filed.

17
18 (11) RESOLUTION 702 - PROVIDING REDUCED PARKING
19 FOR PATIENTS

20
21 **RECOMMENDATION A:**

22
23 **Resolution 702 be amended by addition and deletion to**
24 **read as follows:**

25
26 **RESOLVED, That our American Medical Association**
27 **work with relevant stakeholders to recognize parking**
28 **fees as a barrier to patient care and encourage**
29 **mechanisms to reduce ing parking costs ~~for patients~~**
30 **and trainees.**

31
32 **RECOMMENDATION B:**

33
34 **Resolution 702 be adopted as amended.**

35
36 **HOD ACTION:**

37
38 **Resolution 702 adopted as amended.**

39
40 **RESOLVED, That our American Medical Association work with relevant stakeholders to**
41 **recognize parking fees as a barrier to patient care and encourage mechanisms for**
42 **reducing parking costs for patients and trainees. (New HOD Policy)**

43
44 Testimony was supportive of the spirit of Resolution 702. There was concern noted that
45 the resolution mentioned fees for trainee parking when this was not noted in the title or
46 the whereas clauses. Further testimony encouraged broadening this resolution to make it
47 inclusive of family members, volunteers, and others who may be burdened with high
48 parking fees. Subsequent testimony supported these amendments. There was mention of
49 validating parking as opposed to reducing fees, but your Reference Committee did not

1 find this compelling after testimony that mentioned the burden this would place on private
2 practices.

3
4 The amendments proffered in this resolution are consistent with the research presented
5 in the whereas clauses. Your Reference Committee recognizes that this is an access to
6 care issue and, therefore, recommends Resolution 702 be adopted as amended.

7 (12) RESOLUTION 704 - INTERRUPTED PATIENT SLEEP

8
9 **RECOMMENDATION A:**

10
11 **The first Resolve of Resolution 704 be amended by**
12 **deletion to read as follows:**

13
14 **RESOLVED, That our American Medical Association**
15 **encourage physicians, trainees, inpatient care teams,**
16 **and hospital administration to reduce the number of**
17 **patient sleep interruptions as much as possible,**
18 **including considering the impact of circadian and**
19 **environmental factors on sleep, to only those**
20 **interruptions which are necessary and cannot be**
21 **performed at another time (New HOD Policy); and be it**
22 **further**

23
24 **RECOMMENDATION B:**

25
26 **The second Resolve of Resolution 704 be amended by**
27 **deletion to read as follows:**

28
29 **RESOLVED, That our AMA support efforts to improve**
30 **quality, duration, and timing of inpatient sleep. (New**
31 **HOD Policy)**

32
33 **RECOMMENDATION C:**

34
35 **Resolution 704 be adopted as amended.**

36
37 **HOD ACTION:**

38
39 **Resolution 704 adopted as amended.**

40
41 **RESOLVED, That our American Medical Association encourage physicians, trainees,**
42 **inpatient care teams, and hospital administration to reduce the number of patient sleep**
43 **interruptions as much as possible, including considering the impact of circadian and**
44 **environmental factors on sleep, to only those interruptions which are necessary and**
45 **cannot be performed at another time (New HOD Policy); and be it further**

46
47 **RESOLVED, That our AMA support efforts to improve quality, duration, and timing of**
48 **inpatient sleep. (New HOD Policy)**

49

1 Testimony on Resolution 704 was supportive of the spirit of the resolution. There was
2 agreement that optimizing sleep for patients in the hospital is beneficial and supports
3 timely healing and well-being.

4
5 We heard compelling testimony that this needs to apply to all patients, not just inpatients.
6 We recommend amendments to address this and make the resolution more generalizable
7 to all patients.

8
9 Your Reference Committee has chosen to keep the language of this resolution broad.
10 Given the complexities of different clinical scenarios it is preferable to give flexibility to
11 local governance in the clinical setting and the language presented here accomplishes
12 this. Based on testimony heard, we were cautious about being overly prescriptive in the
13 amended language. Therefore, your Reference Committee recommends Resolution 704
14 be adopted as amended.

15
16 (13) RESOLUTION 706 - REVISION OF H-185.921, REMOVAL
17 OF AMA SUPPORT FOR APPLIED BEHAVIOR
18 ANALYSIS

19
20 **RECOMMENDATION A:**

21
22 **The third Resolve of Resolution 706 be amended by**
23 **addition and deletion to read as follows:**

24
25 **RESOLVED, That our AMA amend Policy H-185.921 to**
26 **read as follows:**

27
28 **Standardizing Coverage of Evidence-Based Treatments**
29 **for Neurodivergent Individuals ~~Applied Behavioral~~**
30 **~~Analysts Therapy for Persons with Autism Spectrum~~**
31 **~~Disorder,~~ H-185.921**

32 **Our AMA support coverage and reimbursement for**
33 **evidence-based treatments and treatment of services**
34 **for neurodivergent individuals, including Autism**
35 **Spectrum Disorder ~~including, but not limited to, Applied~~**
36 **~~Behavior Analysis Therapy.~~ (Modify Current HOD**
37 **Policy)**

38
39 **RECOMMENDATION B:**

40
41 **Resolution 706 be adopted as amended.**

42
43 **RECOMMENDATION C:**

44
45 **The Title of Resolution 706 be changed.**

46
47 **CARING FOR NEURODIVERGENT PATIENTS**

1 **HOD ACTION:**

2
3 **Resolution 706 adopted as amended with a change in title.**

4
5 RESOLVED, That our American Medical Association support research toward the
6 evaluation and the development of interventions and programs for autistic individuals
7 (New HOD Policy); and be it further

8
9 RESOLVED, That our AMA work with relevant stakeholders to advocate for a
10 comprehensive spectrum of primary and specialty care that recognizes the diversity and
11 personhood of individuals who are neurodivergent, including people with autism (Directive
12 to Take Action); and be it further

13
14 RESOLVED, That our AMA amend Policy H-185.921, “Standardizing Coverage of Applied
15 Behavioral Analysis Therapy for Persons with Autism Spectrum Disorder” by addition and
16 deletion as follows:

17
18 **Standardizing Coverage of Applied Behavioral Analysis Therapy for**
19 **Persons with Autism Spectrum Disorder, H-185.921**

20 Our AMA support coverage and reimbursement for evidence-based ~~treatment of~~
21 services for Autism Spectrum Disorder including, but not limited to, Applied
22 Behavior Analysis Therapy. (Modify Current HOD Policy)

23
24 Testimony on Resolution 706 was mixed. Speakers expressing support for the resolution
25 spoke on the importance of expanding the AMA’s support of treatment for Autism
26 Spectrum Disorder (ASD) to be inclusive of practices beyond Applied Behavior Therapy
27 (ABA). Testimony also discussed the harm that some autistic individuals who have
28 received ABA report negative outcomes, while others have not. The testimony also
29 discussed the complexity of ASD and its treatments. Speakers discussed that ABA has
30 evolved in practice since its initial implementation and that current practices have
31 improved. Additionally, speakers acknowledged the evidence on the potential negative
32 implications of ABA is still evolving. Some speakers suggested referral of this resolution
33 while others offered amendments to the third resolve. In order to fully acknowledge the
34 complex and ever-evolving field of ASD and its therapies, it is important to support
35 research as indicated in the first resolve clause. Therefore, your Reference Committee
36 recommends Resolution 706 be adopted as amended.

1 (14) RESOLUTION 709 - HOSPITAL BANS OF TRIAL OF
2 LABOR AFTER CESAREAN
3

4 **RECOMMENDATION A:**

5
6 **The first resolve of Resolution 709 be amended by**
7 **addition and deletion to read as follows:**
8

9 **RESOLVED, That our American Medical Association**
10 **support the elimination of ~~broad~~ hospital-based**
11 **restrictions that prevent physicians from offering a trial**
12 **of labor after cesarean to their patients when medically**
13 **appropriate and appropriate resources are available.**
14 **(New HOD Policy)**
15

16 **RECOMMENDATION B:**

17
18 **Resolution 709 be adopted as amended.**
19

20 **RECOMMENDATION C:**

21
22 **The Title of Resolution 709 be changed:**
23

24 **ACCESS TO TRIAL OF LABOR AFTER CESAREAN**

25
26 **HOD ACTION:**

27
28 **Resolution 709 adopted as amended with a title change.**
29

30 RESOLVED, That our American Medical Association support the elimination of broad
31 hospital-based restrictions that prevent physicians from offering a trial of labor after
32 cesarean to their patients when medically appropriate (New HOD Policy); and be it further
33

34 RESOLVED, That our AMA encourage hospitals to establish clear and transparent
35 policies on trial of labor after cesarean in order to improve the process of patient-physician
36 shared decision-making. (New HOD Policy)
37

38 The testimony on Resolution 709 was generally supportive with the proffered
39 amendments. A speaker indicated agreement with the spirit of the resolution, but
40 expressed concern that there may be unintended downstream impacts on rural maternity
41 care facilities. Speakers indicated the importance of patient autonomy to make the
42 decision to attempt a Trial of Labor after Cesarean (TOLAC) following consultation with
43 their physician and against blanket bans in hospitals. Testimony also addressed the
44 importance of ensuring that facilities have adequate resources to support patients in case
45 adverse events occur during a TOLAC. Your Reference Committee recommends that
46 Resolution 709 be adopted as amended.

1 (15) RESOLUTION 713 - REDESIGNING THE MEDICARE
2 HOSPICE BENEFIT
3

4 **RECOMMENDATION A:**
5

6 **The second Resolve clause of Resolution 713 be**
7 **amended by addition and deletion to read as follows:**
8

9 **RESOLVED, That our AMA advocate for a reformed**
10 **Medicare hospice benefit that may incorporates the**
11 **following components:**

- 12 **1) Hospice eligibility should not be based solely on a**
13 **specified prognosis or life expectancy but rather on**
14 **patients' needs; ~~patients with unclear prognoses~~**
15 **~~should be able to access hospice services if their~~**
16 **~~need is otherwise established.~~**
- 17 **2) Patients must continue to have an open choice of**
18 **hospice providers.**
- 19 **3) Hospice services, including telehealth or**
20 **telemedicine, should be provided by a full,**
21 **physician-led interdisciplinary team.**
- 22 **4) Patients and their caregivers should receive**
23 **adequate support using home- or facility-based**
24 **hospice services, identified by a thorough**
25 **assessment of their social determinants of health.**
26 **This would incorporate 24-hour a day care for**
27 **beneficiaries with very limited life expectancy who**
28 **lack around the clock caregivers.**
- 29 **5) Patients should have concurrent access to disease-**
30 **directed treatments along with palliative services.**
- 31 **6) Payments to hospices should be sufficient to**
32 **support the quality, experience, scope, and**
33 **frequency of care that beneficiaries deserve**
34 **throughout the later stages of serious illness as**
35 **dictated by their physical, psychological, social,**
36 **spiritual, and practical needs.**
- 37 **7) The hospice benefit should be consistent, including**
38 **with regard to the quality and intensity of services,**
39 **regardless of which Medicare program or entity**
40 **pays for services.**
- 41 **8) Metrics for health provider accountability should**
42 **focus on those aspects of care and experience that**
43 **matter most to patients, families, and caregivers.**

44 **(Directive to Take Action)**
45

46 **RECOMMENDATION B:**
47

48 **Resolution 713 be adopted as amended.**

1 **HOD ACTION:**

2
3 **Resolution 713 adopted as amended.**

4
5 RESOLVED, That our American Medical Association advocate for a 21st century evolution
6 of the Medicare hospice benefit that meets the quadruple aim of health care; advances
7 health equity; and improves access, support, and outcomes for seriously ill patients across
8 all geographies, including underserved and low-resource communities (Directive to Take
9 Action); and be it further

10
11 RESOLVED, That our AMA advocate for a reformed Medicare hospice benefit that
12 incorporates the following components:

- 13
14 1) Hospice eligibility should not be based solely on a specified prognosis or life
15 expectancy but rather on patients' needs; patients with unclear prognoses should
16 be able to access hospice services if their need is otherwise established.
17
18 2) Patients must continue to have an open choice of hospice providers.
19
20 3) Hospice services, including telehealth or telemedicine, should be provided by
21 a full, physician-led interdisciplinary team.
22
23 4) Patients and their caregivers should receive adequate support using home- or
24 facility-based hospice services, identified by a thorough assessment of their
25 social determinants of health. This would incorporate 24-hour a day care for
26 beneficiaries with very limited life expectancy who lack around the clock
27 caregivers.
28
29 5) Patients should have concurrent access to disease-directed treatments along
30 with palliative services.
31
32 6) Payments to hospices should be sufficient to support the quality, experience,
33 scope, and frequency of care that beneficiaries deserve throughout the later
34 stages of serious illness as dictated by their physical, psychological, social,
35 spiritual, and practical needs.
36
37 7) The hospice benefit should be consistent, including with regard to the quality
38 and intensity of services, regardless of which Medicare program or entity pays for
39 services.
40
41 8) Metrics for health provider accountability should focus on those aspects of
42 care and experience that matter most to patients, families, and caregivers.
43 (Directive to Take Action)

44
45 Testimony on Resolution 713 was mixed, especially regarding subpoints (1) and (5) of the
46 second resolve clause. We heard testimony in support of striking subpoint (5) but did not
47 find this compelling as there are other disease-directed therapies, such as dialysis, that
48 need to be considered. We note that "concurrent access" does not compel treatment. We
49 recommend additional amendments to the resolve clause and subpoint (1) to broaden the

1 language and provide additional flexibility referenced in testimony. Therefore, your
2 Reference Committee recommends that Resolution 713 be adopted as amended.

3 (16) RESOLUTION 719 - CARE PARTNER ACCESS TO
4 MEDICAL RECORDS

5
6 **RECOMMENDATION A:**

7
8 **The first Resolve clause of Resolution 719 be amended**
9 **by addition to read as follows:**

10
11 **RESOLVED, That our American Medical Association**
12 **advocate that electronic health records (EHR) vendors**
13 **offer simplified procedures for granting proxy access**
14 **and revocation to care partners (or caregivers) to the**
15 **electronic health record, including online registration**
16 **with multifactor authentication to promote security,**
17 **rather than requiring in person registration (Directive to**
18 **Take Action); and be it further**

19
20 **RECOMMENDATION B:**

21
22 **The second Resolve clause of Resolution 719 be**
23 **amended by addition to read as follows:**

24
25 **RESOLVED, That our AMA advocate that vendors**
26 **develop a simple mechanism for noting and displaying**
27 **care partner names and contact information in the**
28 **Electronic Health Record (EHR), along with privacy**
29 **settings that allow patients to grant proxy access and**
30 **revocation to selected portions of their records,**
31 **including easy to understand information on use of this**
32 **information and a user-friendly consent mechanism**
33 **(Directive to Take Action); and be it further**

34 **RECOMMENDATION C:**

35
36 **The third Resolve clause of Resolution 719 be deleted.**

37
38 ~~**RESOLVED, That our AMA support and encourage**~~
39 ~~**Congress to modernize Health Insurance Portability**~~
40 ~~**and Accountability Act (HIPAA) laws to ensure that**~~
41 ~~**HIPAA rules for preserving the privacy of patient and**~~
42 ~~**associated data also cover third party applications'**~~
43 ~~**access to electronic health records (EHRs). (New HOD**~~
44 ~~**Policy)**~~
45

1 **RECOMMENDATION D:**
2
3 **Resolution 719 be adopted as amended.**

4 **HOD ACTION:**
5
6 **Resolution 719 adopted as amended.**
7

8 RESOLVED, That our American Medical Association advocate that electronic health
9 records (EHR) vendors offer simplified procedures for granting proxy access to care
10 partners (or caregivers) to the electronic health record, including online registration with
11 multifactor authentication to promote security, rather than requiring in person registration
12 (Directive to Take Action); and be it further

13
14 RESOLVED, That our AMA advocate that vendors develop a simple mechanism for noting
15 and displaying care partner names and contact information in the Electronic Health Record
16 (EHR), along with privacy settings that allow patients to grant proxy access to selected
17 portions of their records, including easy to understand information on use of this
18 information and a user-friendly consent mechanism (Directive to Take Action); and be it
19 further

20
21 RESOLVED, That our AMA support and encourage Congress to modernize Health
22 Insurance Portability and Accountability Act (HIPAA) laws to ensure that HIPAA rules for
23 preserving the privacy of patient and associated data also cover third party applications'
24 access to electronic health records (EHRs). (New HOD Policy)
25

26 Testimony was supportive of the first two resolve clauses of Resolution 719. Testimony
27 noted that patients should be able to revoke access to care records. There were questions
28 on the feasibility of the third resolve clause. Testimony noted that more regulation was
29 needed for third-party applications as some data is not considered private health
30 information under HIPAA. Your Reference Committee recommends striking the third
31 resolve clause to address this concern. Your Reference Committee recommends
32 Resolution 719 be adopted as amended.

1 (17) RESOLUTION 721 - USE OF ARTIFICIAL
2 INTELLIGENCE FOR PRIOR AUTHORIZATION
3

4 **RECOMMENDATION A:**
5

6 **Resolution 721 be amended by addition and deletion to**
7 **read as follows:**
8

9 **RESOLVED, That our American Medical Association**
10 **advocate for greater regulatory oversight of the use of**
11 **artificial augmented intelligence for review of patient**
12 **claims and prior authorization requests, including**
13 **whether insurers are using a thorough and fair process**
14 **that: (1) is based on accurate and up-to-date clinical**
15 **criteria derived from national medical specialty society**
16 **guidelines and peer reviewed clinical literature; (2)**
17 **includes reviews by doctors and other health care**
18 **professionals who are not incentivized to deny care and**
19 **with expertise for the service under review; and (3)**
20 **requires that such reviews include human examination**
21 **of patient records prior to a care denial. (Directive to**
22 **Take Action)**
23

24 **RECOMMENDATION B:**
25

26 **Resolution 721 be adopted as amended.**
27

28 **RECOMMENDATION C:**
29

30 **Title of Resolution 721 be changed to read as follows:**
31

32 **USE OF AUGMENTED INTELLIGENCE FOR PRIOR**
33 **AUTHORIZATION**
34

35 **HOD ACTION:**
36

37 **Resolution 721 adopted as amended with a title change.**
38

39 **RESOLVED, That our American Medical Association advocate for greater regulatory**
40 **oversight of the use of artificial intelligence for review of patient claims, including whether**
41 **insurers are using a thorough and fair process that includes reviews by doctors and other**
42 **health care professionals with expertise for the service under review, and that such**
43 **reviews include human examination of patient records prior to a care denial. (Directive to**
44 **Take Action)**

45
46 Your Reference Committee heard testimony about the reliance on augmented intelligence
47 in health plans' utilization management programs, particularly for prior authorization and
48 claim denials. This is a highly concerning issue that merits additional policy to guide
49 American Medical Association (AMA) advocacy. The Council on Medical Service
50 proposed friendly amendments to acknowledge that payors utilize augmented intelligence

1 algorithms for both prior authorization and claim adjudication, and to clarify that they are
2 based on valid clinical criteria. The Council on Legislation and others testified in support
3 of the Council on Medical Service's proposed amendments. Your Reference Committee
4 also heard testimony that the resolution and the title used "artificial intelligence", but
5 existing AMA policy uses "augmented intelligence." The language has been amended to
6 be consistent with existing AMA policy. Your Reference Committee recommends
7 Resolution 721 be adopted as amended.
8

9 (18) RESOLUTION 726 - PROPER USE OF OVERSEAS
10 VIRTUAL ASSISTANTS IN MEDICAL PRACTICE
11

12 **RECOMMENDATION A:**
13

14 **The second Resolve of Resolution 726 be amended by**
15 **addition and deletion to read as follows:**
16

17 **RESOLVED, That our AMA study and offer formal**
18 **guidance for physicians on how best to utilize overseas**
19 **virtual assistants ~~in such a way as to ensure~~**
20 **protections for of patients, physicians, practices, and**
21 **equitable employment in communities served, and**
22 **patient outcomes, in a manner consistent with**
23 **appropriate compliance standards.**
24

25 **RECOMMENDATION B:**
26

27 **Resolution 726 be adopted as amended.**
28

29 **HOD ACTION:**
30

31 **Resolution 726 adopted as amended.**
32

33 RESOLVED, That our American Medical Association support the concept that properly
34 trained overseas virtual assistants are an acceptable way to staff administrative roles in
35 medical practices (New HOD Policy); and be further
36

37 RESOLVED, That our AMA study and offer formal guidance for physicians on how best to
38 utilize overseas virtual assistants in such a way as to ensure protections for physicians,
39 practices, and patient outcomes. (Directive to Take Action)
40

41 Testimony for Resolution 726 was mostly supportive. Speakers indicated that virtual
42 assistants provide practices with cost-effective solutions to fill roles in their practices that
43 are often difficult to fill with local individuals. Testimony also highlighted the particular
44 importance of these assistants in small practices that may struggle to meet a budget
45 allowing them to stay in practice. Speakers indicated the need to ensure that communities
46 are not negatively impacted should practices choose to hire virtual assistants instead of
47 community members. Additionally, concerns around the privacy of data was also
48 expressed. Amendments were proffered to resolve each concern, and therefore your
49 Reference Committee recommends that Resolution 726 be adopted as amended.

1 (19) RESOLUTION 727 - HEALTH SYSTEM
2 CONSOLIDATION
3

4 **RECOMMENDATION A:**

5
6 **That the first Resolve of Resolution 727 be amended by**
7 **addition and deletion to read as follows:**
8

9 **RESOLVED, That our American Medical Association**
10 **~~commit to undertaking an annual assess and report on~~**
11 **~~assessing nationwide health system and hospital~~**
12 **~~consolidation, as well as payer consolidation, in order~~**
13 **~~to assist policymakers and the federal government, in~~**
14 **~~assessing rapidly evolving and accelerating healthcare~~**
15 **~~consolidation for the benefit of patients and physicians~~**
16 **~~who face an existential threat from healthcare~~**
17 **~~consolidation (Directive to Take Action); and be it~~**
18 **further**

19
20 **RECOMMENDATION B:**

21
22 **The second Resolve of Resolution 727 be deleted.**

23
24 **~~RESOLVED, That our AMA annual report on nationwide~~**
25 **~~hospital consolidation will be modeled after the~~**
26 **~~“Competition in health insurance: A comprehensive~~**
27 **~~study of U.S. Markets” in its comprehensiveness to~~**
28 **~~include for example data an analyses as:~~**

- 29 **~~1. A review of the current level of hospital and/or~~**
30 **~~health system consolidation at the level of all~~**
31 **~~metropolitan statistical areas, state, and national~~**
32 **~~markets;~~**
33 **~~2. A list of all mergers and acquisition transactions~~**
34 **~~valued above a set threshold amount resulting in~~**
35 **~~hospital and/or health system consolidation;~~**
36 **~~3. Analyses of how each transaction has changed or is~~**
37 **~~expected to change the level of competition in the~~**
38 **~~affected service and geographic markets;~~**
39 **~~4. Analyses of healthcare costs and prices have~~**
40 **~~changes in affected markets after a large~~**
41 **~~consolidation transaction has taken place (Directive~~**
42 **~~to Take Action); and be it further~~**

43
44 **RECOMMENDATION C:**

45
46 **Resolution 727 be adopted as amended.**

1 **HOD ACTION:**

2
3 **Resolve one of Resolution 727 adopted as amended, to**
4 **read as follows:**

5
6 **RESOLVED, That our American Medical Association**
7 **assess and report annually on nationwide health**
8 **system and hospital consolidation, as well as payer**
9 **consolidation, to assist policymakers and the federal**
10 **government. (Directive to Take Action); and be it**
11 **further**

12
13 **and resolve two restored.**

14
15 RESOLVED, That our American Medical Association commit to undertaking an annual
16 report assessing nationwide health system and hospital consolidation in order to assist
17 policymakers and the federal government in assessing rapidly evolving and accelerating
18 healthcare consolidation for the benefit of patients and physicians who face an existential
19 threat from healthcare consolidation (Directive to Take Action); and be it further

20
21 RESOLVED, That our AMA annual report on nationwide hospital consolidation will be
22 modeled after the “Competition in health insurance: A comprehensive study of U.S.
23 Markets” in its comprehensiveness to include for example data an analyses as:

- 24 1. A review of the current level of hospital and/or health system consolidation at the level
25 of all metropolitan statistical areas, state, and national markets;
26 2. A list of all mergers and acquisition transactions valued above a set threshold amount
27 resulting in hospital and/or health system consolidation;
28 3. Analyses of how each transaction has changed or is expected to change the level of
29 competition in the affected service and geographic markets;
30 4. Analyses of healthcare costs and prices have changes in affected markets after a large
31 consolidation transaction has taken place (Directive to Take Action); and be it further

32
33 RESOLVED, That our AMA report the initial findings of this study to the House of
34 Delegates by Annual 2024 (Directive to Take Action); and be it further

35
36 RESOLVED, That our AMA report the findings of this study to its members and
37 stakeholders, including policymakers and legislators, to inform future healthcare policy.
38 (Directive to Take Action)

39
40 Testimony on Resolution 727 was generally supportive with some speakers questioning
41 the prescriptive nature of the resolution language. There was testimony in opposition to
42 an annual report on this subject, as it would be overly cumbersome and of questionable
43 practicality. Supportive testimony centered around the timely and needed nature of the
44 report requested in this resolution. Speakers highlighted the need for data on consolidation
45 within health systems and payers and the issues that physicians face operating in
46 increasingly consolidated systems. The Council on Medical Service spoke to concerns
47 surrounding the availability of the requested data in the resolution and echoed sentiments
48 around the concern regarding its prescriptive nature. In order to balance the need for a
49 report on this topic and concerns regarding the feasibility of the submitted resolution, your
50 Reference Committee recommends Resolution 727 be adopted as amended.

1 **RECOMMENDED FOR ADOPTION IN LIEU OF**

2
3 (20) **RESOLUTION 707 - EXPEDITING REPAIRS FOR**
4 **POWER AND MANUAL WHEELCHAIRS**

5
6 **RECOMMENDATION:**

7
8 **Alternate Resolution 707 be adopted in lieu of**
9 **Resolution 707.**

10
11 **RESOLVED, That our AMA support health insurance**
12 **coverage to eliminate barriers for patients to obtain**
13 **wheelchair repair; ensure that repairs and services are**
14 **safe, affordable, timely, and support mobility and**
15 **independence for those who utilize power and manual**
16 **wheelchairs; eliminate unnecessary paperwork and**
17 **prior authorization requirements for basic repairs,**
18 **including proof of continuous need; cover temporary**
19 **rental of a substitute wheelchair when repairs require**
20 **the primary wheelchair to be taken out of the home; and**
21 **would include preventive maintenance and**
22 **transporting the wheelchair between the patient’s home**
23 **and the repair facility (New HOD Policy); and be it**
24 **further**

25
26 **RESOLVED, That our AMA identify procedures for**
27 **obtaining changes to Medicare and other payers’**
28 **current policies on repairing wheelchairs (Directive to**
29 **Take Action); and be it further**

30
31 **RESOLVED, That our AMA support suppliers of power**
32 **and manual wheelchairs providing preventive**
33 **maintenance and repair services for wheelchairs they**
34 **supply to patients and permits consumers to perform**
35 **self-repairs as permitted by the manufacturer and when**
36 **it does not void the warranty. (New HOD Policy)**

37
38 **HOD ACTION:**

39
40 **Alternate Resolution 707 adopted in lieu of Resolution 707.**

41
42 **RESOLVED, That our American Medical Association encourage all payors to improve the**
43 **process of and reduce barriers to patients obtaining wheelchair repairs for patient-owned**
44 **power and manual wheelchairs, to ensure that repairs and services are safe, affordable,**
45 **and timely, and support mobility and independence for those who utilize power and**
46 **manual wheelchairs (New HOD Policy); and be it further**
47

1 RESOLVED, That our AMA encourage all payors to eliminate unnecessary paperwork
2 including requiring prior authorization for basic repairs and proof of continuous need for
3 patient-owned power and manual wheelchairs (New HOD Policy); and be it further
4

5 RESOLVED, That our AMA encourage all payors to add coverage and payment for
6 (1) temporary rental of a substitute wheelchair when repairs require the primary
7 wheelchair to be taken out of the home;
8 (2) preventive maintenance; and
9 (3) travel to and from the patient's home when the patient cannot transport the
10 wheelchair to a repair facility (New HOD Policy); and be it further
11

12 RESOLVED, That our AMA encourage all suppliers of power and manual wheelchairs to
13 service wheelchairs they supply to patients and to permit consumers to perform simple
14 self-repairs and have access to necessary parts. (New HOD Policy)
15

16 Your Reference Committee heard testimony recognizing the critical importance of access
17 to and insurance coverage of wheelchairs as patients rely on wheelchairs to maintain
18 mobility and quality of life. Testimony from the Council on Medical Service appreciates
19 that this resolution addresses the issue of wheelchair repairs – a topic currently
20 unaddressed in AMA policy. The Council offered substitute language to streamline the
21 resolution. The Council also proposed adding an additional resolve clause stating that our
22 AMA shall identify the insurer procedural changes needed to enable coverage for
23 wheelchair repairs, which acknowledges that this is a new policy pursuit that may require
24 new advocacy strategies. Additionally, there was conflicting testimony on self-repair of
25 wheelchairs due to risk of injury and voiding the warranty. Your Reference Committee
26 amended the language to be supportive of self-repairs that are permitted by the
27 manufacturer and will not void the warranty. Therefore, your Reference Committee
28 recommends Alternate Resolution 707 be adopted in lieu of Resolution 707.

1 (21) RESOLUTION 711 - DOCTORS' RISK FOR
2 TERMINATION OF LIABILITY COVERAGE OR MEDICAL
3 PRIVILEGES CONSEQUENT TO *DOBBS*

4
5 **RECOMMENDATION A:**

6
7 **Policy D-5.999(6) be amended by addition to read as**
8 **follows:**

9
10 **Preserving Access to Reproductive Health Services D-**
11 **5.999**

12 **Our AMA: (1) recognizes that healthcare, including**
13 **reproductive health services like contraception and**
14 **abortion, is a human right; (2) opposes limitations on**
15 **access to evidence-based reproductive health**
16 **services, including fertility treatments, contraception,**
17 **and abortion; (3) will work with interested state medical**
18 **societies and medical specialty societies to vigorously**
19 **advocate for broad, equitable access to reproductive**
20 **health services, including fertility treatments, fertility**
21 **preservation, contraception, and abortion; (4) supports**
22 **shared decision-making between patients and their**
23 **physicians regarding reproductive healthcare; (5)**
24 **opposes any effort to undermine the basic medical**
25 **principle that clinical assessments, such as viability of**
26 **the pregnancy and safety of the pregnant person, are**
27 **determinations to be made only by healthcare**
28 **professionals with their patients; (6) opposes the**
29 **imposition of criminal and civil penalties or other**
30 **retaliatory efforts, including adverse medical licensing**
31 **actions and the termination of medical liability**
32 **coverage, against patients, patient advocates,**
33 **physicians, other healthcare workers, and health**
34 **systems for receiving, assisting in, referring patients to,**
35 **or providing reproductive health services; (7) will**
36 **advocate for legal protections for patients who cross**
37 **state lines to receive reproductive health services,**
38 **including contraception and abortion, or who receive**
39 **medications for contraception and abortion from**
40 **across state lines, and legal protections for those that**
41 **provide, support, or refer patients to these services;**
42 **and (8) will advocate for legal protections for medical**
43 **students and physicians who cross state lines to**
44 **receive education in or deliver reproductive health**
45 **services, including contraception and abortion. (Modify**
46 **AMA Policy)**

1 **RECOMMENDATION B:**

2
3 **Alternate Resolution 711 be adopted in lieu of**
4 **Resolution 711.**

5
6 **HOD ACTION:**

7
8 **Alternate Resolution 711 adopted in lieu of Resolution 711**
9 **to read as follows:**

10
11 **Preserving Access to Reproductive Health Services**
12 **D-5.999**

13 **Our AMA: (1) recognizes that healthcare, including**
14 **reproductive health services like contraception and**
15 **abortion, is a human right; (2) opposes limitations on**
16 **access to evidence-based reproductive health**
17 **services, including fertility treatments,**
18 **contraception, and abortion; (3) will work with**
19 **interested state medical societies and medical**
20 **specialty societies to vigorously advocate for broad,**
21 **equitable access to reproductive health services,**
22 **including fertility treatments, fertility preservation,**
23 **contraception, and abortion; (4) supports shared**
24 **decision-making between patients and their**
25 **physicians regarding reproductive healthcare; (5)**
26 **opposes any effort to undermine the basic medical**
27 **principle that clinical assessments, such as viability**
28 **of the pregnancy and safety of the pregnant person,**
29 **are determinations to be made only by healthcare**
30 **professionals with their patients; (6) opposes the**
31 **imposition of criminal and civil penalties or other**
32 **retaliatory efforts, including adverse medical**
33 **licensing actions and the termination of medical**
34 **liability coverage, or clinical privileges, against**
35 **patients, patient advocates, physicians, other**
36 **healthcare workers, and health systems for**
37 **receiving, assisting in, referring patients to, or**
38 **providing reproductive health services; (7) will**
39 **advocate for legal protections for patients who cross**
40 **state lines to receive reproductive health services,**
41 **including contraception and abortion, or who receive**
42 **medications for contraception and abortion from**
43 **across state lines, and legal protections for those**
44 **that provide, support, or refer patients to these**
45 **services; and (8) will advocate for legal protections**
46 **for medical students and physicians who cross state**
47 **lines to receive education in or deliver reproductive**
48 **health services, including contraception and**
49 **abortion. (Modify AMA Policy)**
50

1
2 **RESOLVED, That the American Medical Association work with medical liability insurers**
3 **and medical care facilities to discourage the termination of liability coverage or clinical**
4 **privileges of any physician who has been charged with a crime arising from the provision**
5 **of evidence-based healthcare. (Directive to Take Action)**
6

7 Testimony on Resolution 711 was mixed, but primarily supportive. Speakers indicated the
8 need for physician protection against consequences when practicing in the everchanging
9 legal landscape surrounding abortion. Testimony noted the importance for ensuring that
10 physicians are able to practice evidence-based care when indicated and legal in their
11 state. Testimony indicated strong and unanimous opposition to the criminalization of
12 abortion care and against any adverse impacts. The Council on Medical Service and other
13 speakers indicated support for the spirit of the resolution but had concerns around the
14 wording of the resolve and encouraged the amendment of existing policy. Your reference
15 committee recommends adoption of alternate Resolution 711 in lieu of Resolution 711.
16

17 (22) **RESOLUTION 718 - INSURANCE COVERAGE OF FDA**
18 **APPROVED MEDICATIONS AND DEVICES**
19

20 **RECOMMENDATION A:**
21

22 **Policy H-100.991 be amended by addition to read as**
23 **follows:**
24

25 **RESOLVED, That our American Medical Association**
26 **amend Policy H-100.991 by addition to read as follows:**
27

28 **Drug and Device Availability, H-100.991**
29 **Our AMA urges the Department of Health and Human**
30 **Services HHS, as well as all other health plans, to**
31 **consider all drugs and devices approved by the Food**
32 **and Drug Administration FDA for marketing as eligible**
33 **for reimbursement. (Modify AMA Policy)**
34

35 **RECOMMENDATION B:**
36

37 **Alternate Resolution 718 be adopted in lieu of**
38 **Resolution 718.**
39
40
41
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50

1 **HOD ACTION:**

2
3 **Alternate Resolution 718 adopted in lieu of Resolution 718,**
4 **to read as follows:**

5
6 **RESOLVED, That our American Medical Association**
7 **amend Policy H-100.991 by addition to read as**
8 **follows:**

9
10 **Drug and Device Availability, H-100.991**
11 **Our AMA urges the Department of Health and Human**
12 **Services, as well as all other health plans, to**
13 **consider all drugs and devices approved by the Food**
14 **and Drug Administration for marketing as eligible for**
15 **immediate reimbursement. (Modify AMA Policy)**

16
17
18 RESOLVED, That our American Medical Association support prohibiting the use of the
19 rationale for denial that a medication or device is experimental by insurance companies
20 where such medication or device has been approved by the United States Food and Drug
21 Administration for one year or longer and has peer-reviewed evidence supporting its use
22 in the manner in which it was prescribed. (New HOD Policy)

23 Your Reference Committee heard testimony supportive of the resolution that would give
24 patients access to medical devices that would be eligible for reimbursement, upon Food
25 and Drug Administration (FDA) approval. The Council of Medical Service testified that they
26 believe that the goal of Resolution 718 could be more efficiently accomplished by simply
27 expanding the scope of Policy H-100.991 to include medical devices and to include all
28 types of health plans – not just those regulated by the Department of Health and Human
29 Services (HHS). Your Reference Committee agreed with the Council to amend H-100.991
30 instead of adopting Res 718.

31
32 (23) **RESOLUTION 720 - PRIOR AUTHORIZATION COSTS,**
33 **AMA UPDATE TO CMS**

34
35 **RECOMMENDATION:**

36
37 **Alternate Resolution 720 be adopted in lieu of**
38 **Resolution 720.**

39
40 **RESOLVED, That our AMA continue to conduct**
41 **research on the costs associated with prior**
42 **authorization by utilizing AMA and other data sources.**
43 **(Directive to Take Action)**

44
45 **HOD ACTION:**

46
47 **Alternate Resolution 720 adopted in lieu of Resolution 720.**
48

1 **RESOLVED, That our American Medical Association include the costs associated with**
2 **prior authorization in the practice expense data and methodology information submitted**
3 **to the Centers for Medicare & Medicaid Services. (Directive to Take Action)**

4
5 Testimony acknowledged bold AMA efforts to address prior authorization burdens and has
6 included fixing prior authorization as a pillar of the AMA Recovery Plan for Physicians.
7 Your Reference Committee heard conflicting testimony on the benefits and risks of
8 quantifying practice costs of prior authorization. The Council on Medical Service
9 expressed support for the underlying intent of this resolution, which is to bolster our AMA's
10 multi-pronged advocacy on this issue with additional information capturing the
11 administrative costs associated with this process. However, the Council notes that the
12 practice expense survey referenced in the resolution is, after years of preparation, already
13 out in the field. As such, it is not feasible to add survey questions regarding prior
14 authorization costs to the survey. Your Reference Committee agrees with suggested
15 substitute language offered by the Council on Medical Service, which offers an alternate
16 approach to further research on this topic.

17 (24) **RESOLUTION 723 - VERTICAL CONSOLIDATION IN**
18 **HEALTH CARE - MARKETS OR MONOPOLIES**

19
20 **RECOMMENDATION:**

21
22 **Alternate Resolution 723 be adopted in lieu of**
23 **Resolution 723.**

24
25 **RESOLVED, That our American Medical Association**
26 **advocate against anticompetitive business practices**
27 **that have the potential to adversely affect the physician**
28 **patient relationship, to result in higher costs or**
29 **decreased quality of care, or are not in the best interest**
30 **of patients, the public and/or physicians (Directive to**
31 **Take Action); and be it further**

32
33 **RESOLVED, That our AMA support efforts to increase**
34 **transparency, review, and enforcement of laws with**
35 **respect to vertical mergers that have the potential to**
36 **negatively impact the health care industry (New HOD**
37 **Policy); and be it further**

38
39 **RESOLVED, That our AMA work with all appropriate**
40 **stakeholders to create model legislation to prohibit**
41 **anticompetitive business practices within the health**
42 **care sector. (Directive to Take Action)**

43
44 **HOD ACTION:**

45
46 **Alternate Resolution 723 adopted in lieu of Resolution 723.**
47

1 RESOLVED, That our American Medical Association advocate to address the issue of
2 potential antitrust violations as a result of vertical consolidation in the health care industry
3 (Directive to Take Action); and be it further

4
5 RESOLVED, That our American Medical Association advocate to address the June 30,
6 2020, Vertical Merger Guidelines' impact on the physician sector, to prevent
7 anticompetitive mergers, acquisitions, and monopolies/oligopolies. (Directive to Take
8 Action)

9
10 Your Reference Committee heard testimony that was supportive of Resolution 723. There
11 was testimony heard from the authors that they wished to strike the original second resolve
12 clause. There was additional testimony in support of the alternate language presented
13 here. The alternate language proffered captures the intent of the resolution and provides
14 a clear direction on actions the AMA can take to address consolidation in health care. We
15 heard strong testimony in support of the AMA taking steps to proactively address these
16 issues. Therefore, your Reference Committee recommends that Alternate Resolution 723
17 be adopted in lieu of Resolution 723.

RECOMMENDED FOR REFERRAL

- (25) RESOLUTION 710 - PROTECT PATIENTS WITH
MEDICAL DEBT BURDEN
RESOLUTION 712 - MEDICAL BANKRUPTCY - A
UNIQUE FEATURE IN THE USA

RECOMMENDATION:

Resolutions 710 and 712 be referred.

HOD ACTION:

Resolutions 710 and 712 referred.

RESOLUTION 710

RESOLVED, That our American Medical Association work with the appropriate national organizations to address the medical debt crisis by advocating for robust policies at the federal and state level that prevent medical debt, help consumers avoid court involvement, and ensure that court involved cases do not result in devastating consequences to patients' employment, physical health, mental wellbeing, housing, and economic stability. (Directive to Take Action)

RESOLUTION 712

RESOLVED, That our American Medical Association study the causes of medical bankruptcy in the United States and draft a report for presentation at the 2024 Annual House of Delegates meeting, with such report to include recommendations to the House of Delegates to severely reduce the problem of medical debt. (Directive to Take Action)

Testimony was supportive of the spirit of both Resolution 710 and 712. Your Reference Committee recommends considering these items in tandem, as they are related. Although we agree with testimony that this issue is timely and crucial for our patients, it would be best served by a comprehensive study to develop appropriate policies. Testimony noted that the topic is complicated and nuanced and needs to be studied further so the most optimal and actionable policy can be crafted. During testimony, the Council on Medical Service supported referral of both items and indicated the Council would be willing to study this issue if it was assigned to them.

Your Reference Committee recommends that Resolution 710 and Resolution 712 be referred.

- (26) RESOLUTION 715 - PUBLISHED METRICS FOR
HOSPITALS AND HOSPITAL SYSTEMS

RECOMMENDATION:

Resolution 715 be referred.

1 **HOD ACTION:**

2
3 **Resolution 715 referred with report back no later than the**
4 **2024 Interim Meeting of the House of Delegates.**

5
6 RESOLVED, That our American Medical Association identify transparency metrics, such
7 as physician retention and physician satisfaction, that would apply to hospitals and
8 hospital systems and report back with recommendations for implementing appropriate
9 processes to require the development and public release of such transparency metrics.
10 (Directive to Take Action)

11 Testimony on Resolution 715 was mixed. Speakers indicated the need for transparency
12 in hospitals' and hospital systems' treatment of physicians. Testimony indicated that this
13 resolution could assist in collecting physician turnover data and allow for greater physician
14 awareness when selecting employment. The Board of Trustees testified about the AMA's
15 ongoing efforts in the Joy in Medicine program, which incentivizes hospitals and hospital
16 systems efforts to improve the physician experience. However, while other speakers
17 agreed to the importance of this topic, concern was expressed surrounding potential
18 unintended adverse consequences of collecting and reporting this information. Testimony
19 discussed the complexity of these types of reporting and questioned the feasibility of the
20 resolution. Finally, testimony indicated that this topic needs to be further investigated and
21 that corporate entities and other large employers of physicians could, and potentially
22 should, be included in the entities from which information is collected. To allow for a more
23 in depth understanding of the topic presented in this resolution, your Reference Committee
24 recommends that Resolution 715 be referred.

25
26 (27) RESOLUTION 722 - EXPANDING PROTECTIONS OF
27 END-OF-LIFE CARE

28
29 **RECOMMENDATION:**

30
31 **Resolution 722 be referred.**

32
33 **HOD ACTION:**

34
35 **Resolution 722 referred.**

36
37 RESOLVED, That our American Medical Association:
38 (1) recognizes that healthcare, including end of life care like hospice, is a human right;
39 (2) supports the education of medical students, residents and physicians about the need
40 for physicians who provide end of life healthcare services;
41 (3) supports the medical and public health importance of access to safe end of life
42 healthcare services and the medical, ethical, legal and psychological principles associated
43 with end-of-life care;
44 (4) supports education of physicians and lay people about the importance of offering
45 medications to treat distressing symptoms associated with end of life including dyspnea,
46 air hunger, and pain;
47 (5) will work with interested state medical societies and medical specialty societies to
48 vigorously advocate for broad, equitable access to end-of-life care;

1 (6) supports shared decision-making between patients and their physicians regarding end-
2 of-life healthcare;
3 (7) opposes limitations on access to evidence-based end of life care services;
4 (8) opposes the imposition of criminal and civil penalties or other retaliatory efforts against
5 physicians for receiving, assisting in, referring patients to, or providing end of life
6 healthcare services. (New HOD Policy)

7
8 Testimony on Resolution 722 was mixed. There was testimony supporting reaffirmation of
9 clauses 1-6 and concern with the wording of clauses 7-8. Your Reference Committee
10 heard testimony that questioned how to define “end-of-life care” and believes this
11 resolution should be referred for further study. Your Reference Committee also heard
12 testimony that “end-of-life care” is defined differently state by state and those differences
13 need to be considered. Finally, your Reference Committee heard testimony questioning
14 the legal implications of clauses 7 and 8, as well as some of the amendments offered.
15 Therefore, your Reference Committee recommends Resolution 722 be referred.

16 (28) RESOLUTION 725 - THE ECONOMICS OF PRIOR
17 AUTHORIZATION

18
19 **RECOMMENDATION:**

20
21 **Resolution 725 be referred.**

22
23 **HOD ACTION:**

24
25 **Resolution 725 referred.**

26
27 **RESOLVED**, That our American Medical Association advocate to the federal government
28 that third party payors and surrogates include economic information on the net costs of
29 medications denied prior authorization and, where applicable, comparative net costs of
30 alternative approved or suggested medications for each rejected prior authorization.
31 (Directive to Take Action)

32
33 Our AMA acknowledges the critical need to address prior authorization burdens and has
34 included fixing prior authorization as a pillar of the AMA Recovery Plan for Physicians.
35 Your Reference Committee heard testimony requesting greater drug price transparency
36 as well as requests for the reduction in the number of prior authorizations. However, the
37 Council of Medical Service inquired what costs would be assessed. Further, the title of
38 the resolution describes the economics of prior authorization, but the resolve alludes to
39 only the costs of prescription drugs. Due to the various issues that this poses, your
40 Reference Committee recommends that this resolution be referred to better assess
41 avenues for collecting such data and uses of such data.

1 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

2
3 (29) **RESOLUTION 705 - AGING AND DEMENTIA FRIENDLY**
4 **HEALTH SYSTEMS**

5
6 **RECOMMENDATION:**

7
8 **Policies H-280.944 and H-280.945 be reaffirmed in lieu**
9 **of Resolution 705.**

10
11 **HOD ACTION:**

12
13 **Policies H-280.944 and H-280.945 reaffirmed in lieu of**
14 **Resolution 705.**

15
16 RESOLVED, That our American Medical Association lobby Congress, state legislatures
17 and appropriate organizations to expand community and home-based services to promote
18 and support “aging in place” (Directive to Take Action); and be it further

19
20 RESOLVED, That our AMA develop educational resources for all health care
21 professionals about ways that successful outcomes have been achieved to appropriately
22 support patients as they age including those with dementia both in their homes as well as
23 in health care systems. (Directive to Take Action)

24
25 Your Reference Committee heard testimony that was supportive of the spirit of this
26 resolution; however, compelling testimony from the Council on Medical Service directed
27 our attention to a recent Council report on this topic. Council on Medical Service Report
28 4-I-21 established Policy H-280.944 and reaffirmed Policy H-280.945. Your Reference
29 Committee agrees with testimony that this is an important and timely issue; however, it is
30 clear that the AMA has policy to address these concerns. Testimony noted that accessing
31 these services in rural areas is especially challenging and your Reference Committee
32 would encourage the AMA to explore ways to improve rural access to aging and dementia
33 services.

34
35 Your Reference Committee believes this resolution is addressed by these policies and
36 recommends Policies H-280.944 and H-280.945 be adopted in lieu of Resolution 705.

37
38 **Financing of Home and Community-Based Services H-280.944**

39 Our AMA supports: (1) federal funding for payment rates that promote access and
40 greater utilization of home and community-based services (HCBS); (2) policies that
41 help train, retain, and develop an adequate HCBS workforce; (3) efforts to simplify
42 state plan amendments and Medicaid waivers to allow additional state flexibility to
43 offer HCBS; (4) that Medicaid’s Money Follows the Person demonstration program
44 be extended or made permanent; (5) cross-agency and federal-state strategies
45 that can help improve coordination among HCBS programs and streamline funding
46 and the provision of services; (6) HCBS programs tracking protocols and outcomes
47 to make meaningful comparisons across states and identify best practices; and (7)
48 that the Centers for Medicare and Medicaid Services and private insurers extend

1 flexibility to implement innovative programs including but not limited to hospital at
2 home programs.

3
4 Financing of Long-Term Services and Supports H-280.945

5 Our AMA supports:

6 (1) policies that standardize and simplify private LTCI to achieve increased
7 coverage and improved affordability;

8 (2) adding transferable and portable LTCI coverage as part of workplace automatic
9 enrollment with an opt-out provision potentially available to both current employees
10 and retirees;

11 (3) allowing employer-based retirement savings to be used for LTCI premiums and
12 LTSS expenses, including supporting penalty-free withdrawals from retirement
13 savings accounts for purchase of private LTCI;

14 (4) innovations in LTCI product design, including the insurance of home and
15 community-based services, and the marketing of long-term care products with
16 health insurance, life insurance, and annuities;

17 (5) permitting Medigap plans to offer a limited LTSS benefit as an optional
18 supplemental benefit or as separate insurance policy;

19 (6) Medicare Advantage plans offering LTSS in their benefit packages;

20 (7) permitting Medigap and Medicare Advantage plans to offer a respite care
21 benefit as an optional benefit;

22 (8) a back-end public catastrophic long-term care insurance program;

23 (9) incentivizing states to expand the availability of and access to home and
24 community-based services; and

25 (10) better integration of health and social services and supports, including the
26 Program of All-Inclusive Care for the Elderly.

27
28 (30) RESOLUTION 728 - DISCHARGE CONSOLIDATED
29 CLINICAL DOCUMENT ARCHITECTURE (C-CDA)
30 MINIMUM DATA SET CONTENT AND ORDER PRIORITY

31
32 **RECOMMENDATION:**

33
34 **Policies D-160.913, D-478.973, and D-478.996 be**
35 **reaffirmed in lieu of Resolution 728.**

36
37 **HOD ACTION:**

38
39 **Policies D-160.913, D-478.973, and D-478.996 reaffirmed in**
40 **lieu of Resolution 728.**

41

1 RESOLVED, That our American Medical Association support use of standardized
2 minimum data set content such as the standardized Consolidated Clinical Document
3 Architecture (C-CDA) for use in an electronic discharge summary with electronic health
4 record vendors and health information exchanges, with inclusion of the following elements:
5

6 Discharge Consolidated Document Architecture (C-CDA) Minimum Data-Set Content and
7 Order Priority

- 8 1. Discharge summary narrative (aka hospital course)
- 9 2. Discharge medications
- 10 3. Allergies
- 11 4. Admission diagnosis
- 12 5. Discharge diagnosis
- 13 6. Procedures – including interventional radiology, cardiac catheterization, and operative
14 procedures
- 15 7. Diagnostic imaging – advanced imaging, for example: MRI, CT, PET, nuclear imaging,
16 ultrasound, echo, and venous Doppler
- 17 8. Laboratory – first and last laboratory result for every test recommended, rare tests –
18 which are performed only once – included (e.g., ANA rheumatoid test)
- 19 9. Consultations
- 20 10. Assessment and plan (includes future orders for follow-up with primary care physician
21 and diagnostic tests)
- 22 11. Problem list.
23 (New HOD Policy)

24
25 Testimony on Resolution 728 was extremely limited, with one speaker indicating concern
26 with the use of “support” in the resolve. There was no testimony received from the author.
27 Therefore, your Reference Committee recommends that Policies D-160.913, D-478.973,
28 and D-478.996 be reaffirmed in lieu of Resolution 728.
29

30 DISCHARGE SUMMARY REFORM D-160.913

31 Our AMA will coordinate with interested stakeholders to develop a model discharge
32 summary that: (1) is concise but informational; (2) promotes excellent and safe
33 patient care; and (3) improves coordinated discharge planning.
34

35 PRINCIPLES FOR HOSPITAL SPONSORED ELECTRONIC HEALTH
36 RECORDS D-478.973

- 37 1. Our AMA will promote electronic health record (EHR) interoperability, data
38 portability, and health IT data exchange testing as a priority of the Office of the
39 National Coordinator for Health Information Technology (ONC).
- 40 2. Our AMA will work with EHR vendors to promote transparency of actual costs
41 of EHR implementation, maintenance and interface production.
- 42 3. Our AMA will work with the Centers for Medicare and Medicaid Services (CMS)
43 and ONC to identify barriers and potential solutions to data blocking to allow
44 hospitals and physicians greater choice when purchasing, donating, subsidizing,
45 or migrating to new EHRs.
- 46 4. Our AMA will advocate that sponsoring institutions providing EHRs to physician
47 practices provide data access and portability to affected physicians if they withdraw
48 support of EHR sponsorship.

- 1 This concludes the report of Reference Committee G. I would like to thank Gary Dillehay,
- 2 MD, Theodore Jones, MD, Don Lee, MD, Thomas G. Peters, MD, R. Brent Wright, MD,
- 3 MMM, Sherif Zaafran, MD, and all those who testified before the Committee.

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