

Reference Committee highlights

Reference Committee on Amendments to the Constitution and Bylaws

- After lengthy discussion, the AMA House of Delegates voted to adopt Council on Ethical and Judicial Affairs (CEJA) Report 6, which sets forth guidelines for the use of expedited partner therapy (EPT) to treat sex partners of patients with sexually transmitted diseases via patient-delivered partner therapy. The guidelines include recommending EPT only if the physician reasonably believes that the patient's partner is unable or unwilling to seek treatment and seeking the guidance of public health officials to determine the legality of EPT in the physician's state.
- The AMA also resolved to place high on its legislative agenda modification of the National Organ Transplantation Act to rescind prohibition of "valuable consideration" for cadaveric organ donation, so that pilot studies of financial incentives can be carried out.
- The House adopted CEJA Report 5, which examines the ethics of palliative use of sedation to unconsciousness in end-of-life care. The AMA recognizes that this particular treatment may be an appropriate intervention when an enumerated set of criteria are met. This report was referred from the 2007 Interim Meeting.
- The House referred CEJA Report 1, which focuses on industry support of professional education in medicine. While CEJA was commended for their efforts, there was a consensus during the reference committee that a broader discussion should take place before adopting ethics policy on industry support of medical education.

Reference Committee A

- The AMA House of Delegates voted to conduct a study and prepare a report on gain-sharing arrangements between physicians and hospitals. The issues raised in the AMA's new policy correspond with the planned Council on Medical Service report that will include a discussion of such arrangements.
- In addition, the House referred a resolution asking the AMA to oppose all public and private efforts to bundle providers' payments around hospitalization and follow-up outpatient care, and work with appropriate public and private officials and advisory bodies to ensure that bundled payment reforms

do not lead to hospital-controlled payments. There was strong interest in this resolution during the reference committee, but a general consensus was reached that the issue needs more thorough consideration before action. It is anticipated that this issue will also be included in the AMA Council on Medical Service's upcoming study.

- The AMA also resolved to study free clinics with the goal of facilitating improved access to care for the uninsured, consistent with the message of our "Voice for the Uninsured" campaign.
- The AMA established new policy to support public and private health insurance coverage for the treatment of gender identity disorder, as prescribed by the patient's physician.
- The House established new policy that articulates the AMA's commitment to ensuring that as our health care delivery system evolves, direct and meaningful physician input is present at every level of debate.

Reference Committee B

- The AMA resolved to express its grave concerns to the Bush administration and Congress that a veto of legislation concerning a budget reduction in the Medicare Advantage program with a corresponding increase in the Medicare Physician Fee Schedule would be an egregious error.
- The AMA adopted policy asking for appropriate financial and other incentives to help physicians use electronic prescribing, and for the removal of barriers that keep doctors from utilizing it.
- The AMA voted to continue its strong opposition to non-payment for conditions outlined in the Hospital Acquired Condition—Present on Admission (HAC-POA) law that are not reasonably preventable through the application of evidence-based guidelines. The AMA will advocate for monitoring practice changes made as a result of the HAC-POA law, educate physicians about the law, and continue to educate and advocate to CMS, members of Congress and the public about the unintended consequences of the law that may adversely affect access and quality of care. The AMA also will oppose the use of payment and coverage decisions of governmental and commercial health insurance entities

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as determinative of the standard of care for medical practice. The AMA also will advocate that payment decisions by any third-party payer not be considered in determining standards of care for medical practice. In addition, the AMA will continue to study the effect of HAC-POA penalty programs on professional liability, potential institutional demands to control or micromanage doctors' professional decision-making, and efforts to develop evidence-based information about which events may be truly preventable as opposed to those whose frequency can be reduced by appropriate intervention.

- The AMA resolved to educate its members about the effect of the Recovery Audit Contractor (RAC) program's safeguard contract activity and RAC audits on individual physician practices, expansion of the RAC program, and assistance that may be available through the AMA. The AMA also will actively support legislation currently before Congress to require an immediate moratorium on the expansion of the RAC program, and seek the introduction of subsequent legislation that would limit or exclude physician billings from the authority of RAC audits.

Reference Committee C

- Introduced by the American College of Preventive Medicine, Resolution 301, as adopted, asks the AMA to support increased federal funding for training of public health physicians through the Epidemic Intelligence Service Program and preventive medicine residency training programs.
- The AMA accepted Council on Medical Education Report 8. The report responds to a request made by the House of Delegates at the 2007 Annual Meeting, asking the AMA, through its Council on Medical Education, to monitor the progress of the Institute of Medicine (IOM) study, "Training Physicians for Public Health Careers," and provides an updated report based on the IOM study recommendations. In addition, the report reaffirms the AMA's support of legislative efforts to fund preventive medicine training programs.
- The AMA accepted Council on Medical Education Report 4. The report describes the educational implications of the patient-centered medical home (PC-MH) model of care. A number of curricula and initiatives that have been developed to assist in the implementation of the PC-MH and chronic care models are also identified. The AMA will continue to work collaboratively with other organizations to bring substantive improvements to medical education across the continuum aimed at enhancing physician and health system performance.

- The AMA accepted Council on Medical Education Report 6. The report discusses the growing need for and the current barriers to physician re-entry programs; defines re-entry and related terms; provides information on existing physician re-entry programs in the United States; discusses state re-entry guidelines; presents alternatives to re-entry; and presents guiding principles and next steps. The AMA will work with interested parties to establish an accessible physician database for physician applicants to re-entry programs.

Reference Committee D

- The AMA adopted policy to recognize that insufficient evidence exists to specifically restrict use of high fructose corn syrup or other fructose-containing sweeteners in the food supply, or to require the use of warning labels on products containing high fructose corn syrup. The AMA will encourage independent research—including epidemiological studies—on the health effects of high fructose corn syrup and other sweeteners, and on the evaluation of the mechanism of action and relationship between fructose dose and response. Additionally the AMA, in concert with the Dietary Guidelines for Americans, will recommend that consumers limit the amount of added caloric sweeteners in their diet.
- The AMA resolved to support efforts to ban the sale of tobacco products and/or tobacco byproducts in retail outlets housing store-based health clinics.
- The AMA resolved to call upon the federal government to implement a comprehensive chemicals policy that is in line with current scientific knowledge on human and environmental health, and that requires a full evaluation of the health impacts of both newly developed and industrial chemicals now in use. The AMA also will support the restructuring of the Toxic Substances Control Act to help federal and state agencies reduce the use of industrial chemicals, and efficiently assess the human and environmental health hazards that result from them. In addition, the AMA will support the Strategic Approach to International Chemicals process leading to the sound management of chemicals throughout their lifecycle so that by 2020 chemicals are used and produced in ways that minimize adverse effects on human health and the environment. The AMA also will encourage the training of medical students, physicians and other health professionals on the human health effects of toxic chemical exposures.

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- The AMA referred for decision a resolution asking its Council on Science and Public Health to prepare a report summarizing the scientific data on morbidity and mortality associated with the use of Tasers. The resolution also asked the AMA to advocate for the development of appropriate guidelines to ensure that Tasers are used only in a manner that minimizes the risk of injury or death. The resolution also asked that the AMA encourage the Joint Commission and other appropriate accreditation and regulatory agencies to develop standards and guidelines regarding the use of Tasers in hospitals and other health care facilities.

Reference Committee E

- The AMA adopted policy which asks the AMA Council on Science and Public Health to undertake a review of “anti-aging” medications, their efficacy, benefits and risks, and to report back to the House of Delegates.
- The AMA adopted policy to work with other interested organizations, such as the Centers for Disease Control and Prevention, to seek increased public and private funding to support educational efforts that will expand awareness of providers, hospitals and patient organizations about the increasing risk of maternal mortality in the United States, and the importance of pre-conception care to reduce those risks. Furthermore, the policy asks the AMA to work with other interested organizations to seek increased public and private funding to study racial disparities in maternal mortality in the United States, and to report back on these efforts at the 2009 Annual Meeting of the AMA House of Delegates. The AMA also adopted policy to further address racial and ethnic disparities in minority women pertaining to cancer and the cause and a cure for lupus.
- The AMA adopted recommendations from the Council on Science and Public Health Report 5 in support of a five-year deferral policy for blood donation from men who have sex with men, based on existing scientific evidence and risk assessment models.

Reference Committee F

- The AMA resolved to support programs related to physician health and wellness, including those offered in conjunction with the Federation of State Physician Health Programs. The AMA also will convene a meeting to discuss medical education efforts on healthy lifestyles for physicians.
- The AMA referred for decision a resolution to consider creating, or partnering to create, a patient safety organization, or PSO, allowing the Board of Trustees to explore what other organizations already exist, look at how they are structured and identify potential partnerships. The AMA will report back at the 2008 Interim Meeting of the AMA House of Delegates with a preliminary assessment of the feasibility of creating a PSO and at the 2009 Annual Meeting of the AMA House of Delegates with a final report and recommendation.

Reference Committee G

- The AMA adopted recommendations from Council on Medical Service Report 1 that call for all medical care outside of the United States to be voluntary. They address financial incentives, insurance coverage for care abroad and care coordination. The principles also call for patients to be made aware of their legal rights, and have access to physician licensing and facility accreditation information prior to travel. To ensure that insurance companies and others that facilitate tourism adhere to the new principles, the recommendations also call for the AMA to introduce model legislation for consideration of state lawmakers.
- The AMA adopted recommendations from Board of Trustees Report 11 to publish a National Health Insurers Report Card. The purpose of the National Health Insurer Report Card is to provide AMA members and the public with an objective and reliable source of information on the timeliness, transparency and accuracy of claims processing by the health insurance companies that are responsible for paying medical bills. The metrics of this card cover (1) timeliness, (2) accuracy, (3) transparency of contracted fees, (4) compliance with generally accepted pricing rules, (5) transparency of contracts, and (6) denials (as percentage of claims). These measures were selected because they are critical to the health care claims process, and provide actionable data which physicians and payers can use to improve the efficiency of billing and collections, thereby reducing overall health care costs to patients, physicians, employers, health insurers and other payers.