

**Items of Interest to the PCMS members from the American Medical Association (AMA)  
Meeting in Chicago, June 15-19, 2013**

Full report can be found at [2013 Proceeding of AMA HOD](#)

**Provided by Theodore Christopher, MD  
Organized Medical Staff Section (OMSS) Representative  
Pennsylvania Delegate to the AMA House of Delegate (HOD)**

**\*\* Items Supported by the OMSS**

**\*AMA Items of General Interest to the Medical Staff**

**Constitution and Bylaws**

1. *New Specialty Representation in AMA HOD -*
  - a. Gay and Lesbian Medical Association
  - b. American Society of Echocardiography
  - c. Women's Section
2. *Equal Access to Organ Transplantation for Medicaid Beneficiaries -*
  - a. Through CMS, "mandatory and essential benefit..."
3. *Confidential Care for Minors -*
  - a. Ability to consent, not only for treatment, but also prevention (HPV Vaccine) of STD's
4. *Discrimination Against Patients by Medical Students -* AMA opposes med student discrimination
5. *Conforming Birth Certificate Policies to Current Medical Standards for Transgender Patients*
  - a. Physician to verify, referred
6. *\*Gifts to Physicians from Industry – referred to Council on Ethical and Judicial Affairs (CEJA)*
7. *\*Restrictive Covenants – increase in health care systems, employed physicians, hospital-owned practices; referred to Council on Ethical and Judicial Affairs (CEJA)*

**Medical Service**

1. *\*Managed Care Contract Payment - should be above Medicare Fees*
2. *Iatrogenic Infertility from Oncologic Rx – payment by all insurers for fertility preservation Rx*
3. *Delivery of Care and Financing Reform for Medicare and Medicaid Dually Eligible Beneficiaries – "opting out" criteria should be defined; "physician-led, patient-centered medical homes" urged*
4. *\*\*Patient Satisfaction Surveys and Quality Parameters as Criteria for Physician Payment – work with CMS...surveys used only as an adjunctive and not a determinative measure of physician quality for payment, and payment criteria/measures are tied only to those under direct physician control*
5. *Cost-Saving Public Coverage for Renal Transplant Patients – insurance coverage for a lifelong evidence-based immunosuppressive treatment regimen*
6. *Extending Medicaid Payment Increases to Primary Care Physicians to include OB/GYN – amended to include extension to all physicians (not just to OB/BYN) who furnish 60% or more of their Medicare or Medicaid billings for designated primary care services (REFERRED TO BOT)*
7. *\*\*Observation Status and Medicare Part A Qualification – hospital stays of any duration (including less than 72 hrs), either under inpatient or observation status, will qualify a patient for Medicare Part A coverage for SNF*
8. *Patient Access to Anti-TB Testing and Medications*
9. *Language and Hearing Impaired Interpreter Services – paid for by public/private payers*

## Medical Practice

1. *Security of Telemedicine Communication, Professionalism in Telehealth* – Board of Trustees Reports 22 and 26
2. *Mandating E-Prescribing* – to include controlled substances
3. **\*\*Pain Management and the Hospital Value-Based Purchasing Program** – Board of Trustees Report 9; asks CMS to suspend the use of HCAHPS measures addressing pain management until their validity as reliable and accurate measures of quality of care has been determined
4. **\*\*Development of Models/Guidelines for Medical Teams**
5. *Utilization of EMR and the Practice of “Cutting and Pasting” or Cloning* – related to coding, billing and increased liability related to these
6. **\*\*Standards for EHRs**
7. **\*\*Medical Staff-Hospital Compacts** – AMA to publicize to medical staffs the pitfalls of medical staff-hospital compacts and modify as needed *the Physician’s Guide to medical Staff Organization Bylaws* (addresses conflicts between compacts and bylaws)
8. Other Items: EHR Penalties be Rescinded, Providing for Transition Costs when Switching EHRs (REFERRED)

## Legislation

1. *Separate Palliative Deaths from Mortality Statistics* – BOT Report 12
2. *Development of Healthier Food System* – through tax incentive programs, community initiatives
3. *Exempt Physician-Administered Drugs from Sequestration Payment Cuts*
4. *Education for Effects of Sugar-Sweetened Beverages (SSBs) on Obesity* – including removal of SSBs from Supplemental Nutrition Assistance Programs (SNAP)
5. **\*\*Support for States in their Development of Legislation to Support Physician-Led Team-Based Care – Pennsylvania Resolution**
6. *Adopting Clear and Convincing Evidence Standard* – Tort Reform, **Pennsylvania Resolution**
7. **\*\* Invasive Procedures** – BOT Report 16, Invasive Pain Management...requires physician-level training...may be delegated by physicians to non-physicians
8. *Preservation of Public Health Infrastructure/Funding* – recognize a crisis
9. *Gun Control and Mental Illness* – federal and state research, database funding, identify mental health pts
10. **\*\*Payment Reform in Era of Health Care Reform** – maintain private practice, FFS model
11. **\*\*Drug Store Chain Intrusion into Medical Practice** – inappropriate inquiries and prescription denials from pharmacies
12. **\*\*Physician RAC Audit Review and Approval** – eliminate it and improve audit system
13. *Redefining AMA’s Position on ACA and Health Care Reform*
14. *Eliminate Implementation of ICD-10* – longstanding AMA opposition, but if approved, move from ICD-9 directly to ICD-11

## \*Medical Education

1. *Implementation of Accreditation Standards related to Medical School Diversity* – Council Rept 3
2. *Curricula for Pain Education* – Council Rept 6
3. *Student Mistreatment* – Council Rept 9
4. **\*GME Funding** – support/study alternative modes of funding (i.e. insurance industry), many resolutions on this, Council Rept 5; Who is ripping off HC? Pharma and Med Supply Companies – 30% margins of profit....5 leading insurance companies in the first 6 mos 2012 had a profit

margin of \$5.68 B (annualized to \$11B/yr, or \$110B over 10 years); approx. 1000 med students unmatched this year, and “pre-lim” yr = exploitation

5. *Maintenance of Certification and Licensure* – studying value of this
6. *Access to Procedural Training for Residents and Fellows* – in changing training environment, increasing number of midlevel providers
7. *Advocacy, Health Policy, Insurance Training for Medical Students*
8. *Reduction of Fixed Interest Rate of the Stafford Student Loan Program*
9. *Expansion and Increased of Medical Students Loan Forgiveness for Public Service*
10. *Support ACGME 5-Yr review of Resident Duty Hour Restriction Reform*
11. *Study Alternative Mechanisms, based on Competencies, for Residents who have taken Family and Medical Leaves to Graduate near on time*
12. *CME for Rural and Small Community Hospitals – Pennsylvania Resolution*
13. *Training in Comprehensive Women’s Health Issues for Family Medicine Residents* – work with ACGME before moving requirements
14. *Medical Facility Regulations for Pre-Medical Students Shadowing Physicians* – extends regs for pre-medical students
15. *Maintaining Ophthalmology Residency Hours* – NOT ADOPTED

**2013 AMA Initiative: Accelerating Change in Medical Education – \$1M Grant Funding  
>130 Medical Schools Applied, Jefferson in Top 30**

Indiana  
Mayo  
NYU  
Oregon  
Penn State  
Brody at East Carolina  
Brown U  
UC David  
UC San Francisco  
Michigan  
Vanderbilt

**Public Health**

1. *Obesity as a Disease* – Science and Public Health Report 3 (?) vs. Resolution 420 (YES); both passed, this has received national attention
2. *Gun Safety* – Surgeon General develop a report and campaign aimed at reducing gun-related injuries and deaths
3. *Increase Diabetes Awareness*
4. *Recognize Celiac Disease* – as a public health problem
5. *Adolescent Pregnancy* – relation to non-graduation from high school and poverty
6. *Tornado and Storm Safety* – weather alerts, safe rooms, housing manufacturing requirement
7. *Other Items*: Distracted Driving, Distracted Walking, Definition of Tobacco Products, Health Risks of Sitting, Gulf Oil Spill, Permitting Sunscreen in Schools, Health Costs of Hydraulic Fracturing (Pennsylvania Issue), Smoking Cessation Education, Limiting “High-Energy/Stimulant/Caffeine Drinks” under age 18, Cheerleading as a Sport, Prevention of Falls from Windows, Monitoring Radiation in Seafood from Fukushima, Violence Prevention

**Science and Technology**

1. *Nanotechnology Safety and Regulation* – Science and Public Health Report 2
2. *Safety of Xray Security Scanners* - Science and Public Health Report 4
3. *Genetic Discrimination and the Genetic Information Nondiscrimination Act* - Science and Public Health Report 7
4. *\*National Drug Shortages* - Science and Public Health Report 8; study, monitor and report back every 6 months
5. *Pharmacy Compounding* - Science and Public Health Report 9; subject to state pharmacy and FDA oversight, higher quality standards
6. *Education of Hairdressers and Barbers for Skin Cancer Surveillance*
7. *OTC access to Oral Contraceptives* – continue to study
8. *Cannabis Decriminalization, Regulation and Taxation* - Science and Public Health Report  
PENDING
9. *FDA Studying Change of Hydrocodone Products from Sch III to Sch II by FDA* – OPPOSE
10. *Targeted TB Testing of School Children*
11. *Early Treatment and Partner Services for HIV*