



**ARMA**  
**ARIZONA MEDICAL  
ASSOCIATION**

Physician led. Patient focused.

**COMPENDIUM OF  
HOUSE OF DELEGATES  
ADOPTED POLICIES  
AND  
MEDICAL ETHICAL OPINIONS**

**(REVISED – June 2, 2018)**

# **ArMA COMPENDIUM**

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# House Adopted Policy

## 1.000 - ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

**1.100 – AHCCCS:** ArMA staff continue to monitor the AHCCCS program and evaluate data, with emphasis on quality of care, fiscal accountability and some recognition of the cumbersome eligibility standards presently in law, as well as the difficulties experienced by providers. (Resolution 6-83; Readopted 22-87, 31-91; Amended 49-95, 46-99; Readopted 42-03, 49-07, 52-11, 45-15)

**1.101 – AHCCCS Continuity of Care:** ArMA lobby to promote continuity of care for AHCCCS patients and their families with their AHCCCS physician of choice. (Resolution 21-01; Readopted 21-05, 25-09, 30-13, 25-17)

## 2.000 - AMERICAN MEDICAL ASSOCIATION (AMA)

**2.100 - Payment for Advance Care Planning:** ArMA request that the AMA seek federal legislation to require Medicare Advantage, Medicaid, and commercial insurance to pay for advance care planning whenever the patient's physician believes that it is appropriate. (Resolution 02-18)

**2.101 - Tramadol Change from DEA Schedule IV to Schedule III:** ArMA, through its AMA delegation, request that the AMA petition the United States Drug Enforcement Administration to change tramadol from a Schedule IV to a Schedule III controlled substance. (Resolution 07-18)

**2.102 - Naloxone on Commercial Airlines:** ArMA:

- Support the addition of naloxone to the airline medical kit; and
- Direct the ArMA AMA Delegation to urge the AMA to encourage airlines to voluntarily include naloxone in airline medical kits; and
- Direct the ArMA AMA Delegation to urge the AMA to encourage the addition of naloxone to the emergency medical kits of all US airlines (14 CFR Appendix A to Part 121 - First Aid Kits and Emergency Medical Kits).

(Resolution 11-18)

**2.103 - Scope of Practice Expansion Advocacy & Impacts on Physicians & Medical Students:** ArMA ask that the AMA:

- To continue to work with relevant stakeholders to recognize physician training and education and patient safety concerns, produce advocacy tools and materials for state level advocates to use in scope of practice discussions with legislatures, including but not limited to infographics, interactive maps, scientific overviews, geographic comparisons, and educational experience; and  
To advocate for the inclusion of non-physician scope of practice characteristics in various analyses of practice location attributes and desirability; and
- To advocate for the inclusion of scope of practice expansion into measurements of physician well-being; and
- To study the impact of scope of practice expansion on medical student decisions to enter into primary care.

(Resolution 03-18)

**2.104 - All Payer Graduate Medical Education Funding:** ArMA request that the AMA Board of Trustees investigate the status of AMA policy 305.973 and 305.967 and report back to the House of Delegates with proposed measures to resolve the problems of underfunding, inadequate number of residencies and geographic maldistribution of residencies. (Resolution 04-18)

**2.105 - Payment for Palliative Care:** ArMA request that the AMA seek federal legislation to require Medicare, Medicare Advantage, Medicaid, and commercial insurance to pay for palliative care, regardless of site of care, whenever the patient's physician believes that it is appropriate and the patient, or surrogate decision maker, agrees. (Resolution 06-18)

### **3.000 - ANIMAL EXPERIMENTATION**

**3.100 – Anti-Vivisection Legislation:** ArMA support medical research, including animal models with appropriate safeguards, to further medical knowledge. (Resolution 14-61; Readopted 39-91, 36-95; Amended 42-99; Readopted 38-03, 45-07, 49-11, 42-15)

### **4.000 - ARIZONA MEDICAL ASSOCIATION (ArMA)**

**4.100 – Requests for Contributions:** ArMA not contribute to organizations outside the federation of medicine (i.e. county societies, specialty societies and the AMA), which policy may be altered at the discretion of ArMA's Executive Committee. (Resolution 1-83; Readopted 25-87, 34-91, 33-95, 31-99; Amended 49-03; Readopted 56-07, 56-11, 49-15)

**4.101 – Referred House of Delegates Resolution Updates:** Resolutions that are referred by the ArMA House of Delegates be subject to report to the following year's House of Delegates. (Resolution 12-07; Amended and Retitled 60-11, 53-15)

**4.102 – Statement of Conflict of Interest:** ArMA adopt a conflict of interest policy that will be the responsibility of the Board of Directors to maintain and implement. (Resolution 1-97; Readopted 24-01, 22-05, 26-09, 31-13; Amended 38-17)

**4.103 – Honorary ArMA Membership:** ArMA's House of Delegates elect Marshall B. Block, M.D., as an honorary lifetime member of ArMA as provided in the Association's bylaws, Chapter II Membership, Section 3. Classes of Membership, (F) Honorary Members. (Resolution 02-16)

**4.104 – Composition of The Executive Committee:** The Chair of the ArMA Committee on Legislative and Governmental Affairs will be a non-voting member of the ArMA Executive Committee, unless, by virtue of election to office, they are a voting member. (Resolution 2-13; Readopted 13-17)

**4.105 – Review of ArMA Governance:** In order to be able to respond to events in a more timely manner, the leadership of ArMA undertake a study to evaluate alternative forms of governance including the House of Delegates, Board of Directors and Executive Committee and report back to the Board its findings before the next annual meeting. (Resolution 3-13; Readopted 14-17)

**4.106 – ArMA Building Sale; Authorization:** The sale of the building owned by Arizona Medical Association, Inc. (the "Corporation") and located at 810 West Bethany Home Road, Phoenix, Arizona 85013, be, and hereby is, authorized on the terms and conditions presented to and approved by the Board of Directors, with such changes thereto as shall be determined by such officers as shall be authorized by the Board of Directors (the "Authorized Officers"), such determination to be conclusively evidenced by the taking of such action by such Authorized Officer. The President, the Vice President and the Executive Vice President, and their authorized designees (the "Authorized Officers"), acting alone or collectively, are hereby authorized, in the name and on behalf of the Corporation, to negotiate, execute, and deliver any and all agreements and documents that such Authorized Officer may deem, with the advice of counsel and other professional advisors, necessary, appropriate or desirable to document and carry out the transactions authorized hereby, such determination to be conclusively evidenced by the taking of such action by such Authorized Officer. Each officer of the Corporation ("Officer") and his or her authorized designees is hereby authorized, in the name and on behalf of the Corporation to:

- Negotiate, make, execute, perform, acknowledge, verify, issue and deliver all such agreements and documents, amendments to agreements and documents, applications, resolutions, certificates,

- instruments, consents, acknowledgments, waivers, filings, financing statements, indemnities and other documents;
- Do or cause to be done all such acts and things; and
  - Make all such payments and remittances, in each case, as such Officer or his or her authorized designee may deem necessary, appropriate or desirable in order to effectuate the full intent and purposes of the foregoing resolutions, such determination to be conclusively evidenced by the taking of such action by such person. Each Officer (including the Authorized Officers) is authorized to delegate, in whole or in part, any authority he or she may have pursuant to the foregoing resolutions to any employee, representative or agent of, or counsel to, the Corporation. Any and all actions heretofore taken by any Officer (including the Authorized Officers) or any authorized designee of such Officer with respect to any matter referred to or contemplated by any of the foregoing resolutions are hereby approved, ratified and confirmed as the act and deed of the Corporation in all respects.

(Resolution 2-15)

**4.107 – Re-Creation of Medical Student Section, Resident and Fellow Section, and Young Physician Section:** ArMA re-create specific sections for Medical Students (MSS), Residents and Fellows (RFS) and Young Physicians (YPS), with their own operating and leadership structure, working as functional sections within ArMA, formalized with bylaws changes. (Resolution 3-17)

**4.108 - Acclamation for Chic Older:** ArMA members, staff and leadership formally recognize the enormous contributions Mr. Chic Older has made to the organization, and want to thank him for his long and constant loyalty to the organization and its people. ArMA recognizes the tremendous contributions he has made not only to this organization but to all its stakeholders including the physicians, healthcare workers and patients of the State of Arizona. (Resolution 12-17)

#### **5.000 - CLINICAL DECISIONS**

**5.100 – Clinical Decisions in the Best Interests of Patients:** ArMA feel that clinical decisions regarding care which is in the best interest of patients should be decided by physicians and should not be compromised because of fiscal considerations. (Resolution 18-87; Readopted 28-91; Referred to ArMA's Executive Committee as Resolution 57-95 with report back in 1996; Readopted 25-96; Amended 30-00; Readopted 23-04; Retitled and Amended 37-08; Readopted 46-12, 40-16)

**5.101 – Opposition to Compulsory Use of Generic Drugs:** Arizona's physicians go on record opposing compulsory generic prescribing as not in the best interests of good patient care. (Resolution 1-67; Readopted 44-91, 38-95; Retitled and Amended 43-99; Readopted 39-03, 46-07, 50-11, 43-15)

**5.102 – Discharge from Acute Care Institutions to Non-Acute Care Facilities:** ArMA endorse the position that no transfer from an acute care institution to a non-acute care facility be considered appropriate or allowed without a legible discharge summary and proof of acceptance from the receiving attending physician. (Resolution 14-98; Readopted 21-02; Amended 35-06; Readopted 34-10, 29-14, 21-18)

**5.103 – Maintaining Independent Physician Decision Making:** ArMA work to maintain the independence of medical decision-making and choice of consultants by all physicians irrespective of administrative pressures in order to make the best possible medical decisions and choice of consultants to best serve their patients' best interests. (Resolution 22-13; Readopted 19-17)

## **6.000 - DEATH AND DYING**

### **6.100 - End of Life Task Force to Review Existing ArMA End of Life Policy:**

ArMA and appropriate medical organizations establish a task force charged with examining medical end of life decisions. ArMA assist the physician community to engage effectively with patients and families regarding decisions, options, and care for these patients that include but is not limited to ArMA policy that was adopted in 2012, Resolution 47-12:

- Becoming fully informed of state law, which provides for health care power of attorney, living wills, advance directives, do-not-resuscitate orders and surrogate decision making where patients may lack such capacity;
- Guidance for discussing advance directives with patients prior to the medical need for a medical power of attorney, living will or do not resuscitate order;
- That medical schools be encouraged to include in curriculum dealing with death and dying;
- That physicians are made aware of the importance of the diagnosis and treatment of depression in end of life care;
- That Arizona physicians be afforded full knowledge, with ethical and legal support, as to the proper use of pain medication for the terminally ill patient and, if indicated, that necessary permissive pharmaceutical legislation be secured;
- That Arizona physicians become more informed regarding usage of the hospice system. That hospice is supported by Medicare and the insurance industry, and that 90 percent of hospice care is presently accomplished in a family home setting; and
- That our patients' legislators and the responsible media be informed as to the traditional use of medication administered to the terminal patient for primary pain control, which may well have as a secondary effect an earlier patient demise, but that this ethical therapy by the physician is clearly differentiated from physician-assisted suicide or active euthanasia.

(Resolution 10-16)

**6.101 - Provider Orders for Life-Sustaining Treatment (POLST):** ArMA support POLST in Arizona. (Resolution 3-15)

**6.102 - POLST:** The ArMA Executive Committee report back to the Board within six months whether the ArMA will utilize its Policy and Political Staff to investigate opportunities to change Arizona regulations and statutes to allow full implementation of POLST / Arizona Medical Orders for Scope of Treatment (AzMOST) throughout the state of Arizona. (Resolution 4-17)

## **7.000 - HEALTH INSURANCE**

**7.100 – Health Savings Accounts:** ArMA fully endorse the Health Savings Account concept and recognize that the inclusion of this concept is a necessary option in any credible plan of medical insurance reform. (Resolution 12-94; Readopted 34-98, 28-02; Amended 37-06; Readopted 35-10, 30-14, 22-18)

**7.101 – Health Insurance and Tax Law Changes:** ArMA endorse legislation:

- Providing for the elimination of underwriting requirements that create artificial barriers to small business insurance pools;
- Eliminating pre-existing condition exclusions that permit insurers to skim off artificial "communities" of the health for insurance coverage;
- Guaranteeing portability of insurance when a job change occurs;
- Making insurance premiums tax deductible;
- Creating tax credits to help low-income families purchase medical insurance;
- Promoting individual responsibility and liberty; and
- Guaranteeing rights of physicians and patients to contract privately.

(Resolution 13-94; Readopted 35-98, 29-02, 25-06, 27-10, 23-14, 17-18)

**7.102 – Mandatory Full Disclosure by Insurance Companies:** ArMA recommend to the Arizona Department of Insurance (DOI) that it more closely monitor mandatory full disclosure of coverage, in terms of cost, compliance of coverage and relationship of coverage to current medical and hospital costs, so that the patient clearly understands his coverage. (Resolution 10-74; Readopted 50-91, 41-95, 35-99, 32-03, 39-07, 45-11, 38-15)

**7.103 – Tax Deductions for Purchase of Health Insurance:** ArMA seek legislation to provide state tax deductions for the individual purchase of health insurance, to the extent equal to the benefit enjoyed by employers and, through its AMA Delegation, request the AMA to seek comparable tax benefits from the Congress. (Resolution 17-97; Amended 37-01; Readopted 30-05; Amended 31-09, 34-13, 28-17)

**7.104 – Action on Prior Authorization Delays and Transparency:** ArMA ensure that the prior authorization process does not hinder patient care, the practice of medicine, or the doctor/patient relationship; and that the process is transparent, efficient, fair and enforceable. (Resolution 27-98; Readopted 26-02, 23-06; Amended 45-10; Readopted 35-14; Amended and Retitled 30-18)

**7.105 – Payment for Physician Services:** ArMA work to convince, or seek legislation to require, health plans to offer actuarially sound payments to physicians. (Resolution 20-99; Readopted 46-03, 53-07, 55-11, 48-15)

**7.106 – Prior Authorization Payments to Physicians:** ArMA pursue any channels available in order to ensure that whenever a physician or other medical provider is required to obtain prior authorization, the provider is entitled to bill and be paid, similar to any other service provided. (Resolution 9-11; Readopted 21-15)

**7.107 – Insurance Coverage for Contraceptives:** ArMA, in cooperation with the Arizona Section of American Congress of Obstetricians and Gynecologists, seek to increase the insurance coverage for contraceptives including long-acting reversible contraceptives through education, negotiation, regulation or other appropriate means to achieve this goal. (Resolution 15-00; Readopted 18-04, 23-08, 35-12; Amended 49-16)

**7.108 – Direct Physician Payment for Non-Contracted Emergency Services:** ArMA work with the DOI to ensure direct payment to physicians providing non-contracted emergency care. (Resolution 9-07; Readopted 30-11, 27-15)

**7.109 – Fail First Insurance Mandates:** ArMA actively work with the Arizona Legislature and the DOI to limit routine Fail First policies. (Resolution 10-11; Readopted 22-15)

**7.110 – Preventing Medication Regimen Change:** ArMA pursue legislation prohibiting changes in a medication regimen due to a change in the patient's health insurance company, pharmacy benefit manager or formulary change without written notification to both the patient and prescribing physician, and that any changes in a medication regimen due to a change in the patient's health insurance company, pharmacy benefit manager or formulary change not be effective for at least 90 days after such notification. (Resolution 6-10; Amended 37-14; Readopted 25-18)

**7.111 Prescription Denials and Prior Authorizations:** ArMA craft legislation and/or rule changes at the DOI and/or at the Board of Pharmacy, which would require that all prescription denials or requests for prior authorization contain information regarding substitute medications which are on formulary or do not require a prior authorization. (Resolution 8-16)

**7.112 – Payment Terminology:** ArMA undertake a program to change the terminology used regarding physician compensation from "reimbursement" to "payment." (Resolution 19-07; Amended 62-11; Readopted 55-15)

**7.113 –Standardize Managed Care Contracts:** ArMA work to achieve the use of a standardized contract format by all payers for physician services including the introduction of legislation if necessary. (Resolution 17-07; Readopted 33-11, 29-15)

**7.114 – Private Contracting and Balance Billing:** ArMA support the right of physicians:

- To contract directly with their patients;
- To actively educate physicians concerning their right to become non-participating physicians; to opt out of Medicare and to decline to sign or to terminate contracts with insurance companies, the mechanisms for doing so, the advantages in doing so, and the ethical pitfalls and conflicts of interest inherent in third-party contracts.

(Resolution 7-08; Amended and Readopted as 50-12, 42-16)

**7.115 – Level Playing Field:** ArMA support the elimination of contract language that contains "best price clauses" or contracts that allow for "silent PPO networks" that negatively impact physician payment." (Resolution 15-08; Readopted 32-12; 30-16)

## **8.000 - HEALTH POLICY**

**8.100 – Health System Reform:** ArMA support health reform with a pluralistic, competitive system which includes fee-for-service, managed care organizations, and any other systems which can provide competent, scientific medical care to the citizens of Arizona. (Resolution 14-94; Readopted 36-98, 30-02, 26-06, 28-10, 24-14, 18-18)

**8.101 – Support Increased Access to Care:** ArMA work with state efforts to develop a plan to improve access to care for all legal residents of the state. (Resolution 11-07; Readopted 31-11, 28-15)

**8.102 – Physician Well-Being:** ArMA pledge a continuing commitment to physician well-being and helping physicians succeed in their life's work of caring for patients, including encouraging Arizona health system leadership to adopt the Collaborative for Healing and Renewal in Medicine (CHARM) Charter on Physician Well-Being and system methods to enhance the health of all clinicians, and thus ensure the best possible patient care. (Resolution 08-18)

**8.103 – Social Security Number:** ArMA oppose the use of the Social Security Number as a universal identifier. (Resolution 13-76; Readopted 52-91, 43-95; Amended 44-99; Readopted 40-03, 47-07, 51-11, 44-15)

**8.104 – Support of Practicing Physicians:** ArMA support practicing physicians through public education, advocacy and convening payers, hospitals and physicians to enhance the ability of practicing physicians to meet the needs of their patients. (Resolution 6-08; Retitled and Amended 49-12; Readopted 41-16)

**8.105 – Medical Home:** ArMA support the concept of the "medical home" and appropriate funding for the provision of health care in coordination with primary care and other physicians and care providers and the maintenance of an accessible, comprehensive central medical record that contains all pertinent information about the patient while preserving confidentiality. (Resolution 5-08; Readopted 29-12, 28-16)

**8.106 – Diabetes Monitoring and Teaching:** ArMA endorse the concept of longitudinal care in managing diabetes and other chronic diseases and continue to explore ways to encourage insurance companies to provide coverage for all aspects of diabetic patient education. (Resolution 23-96; Amended 28-00; Readopted 21-04, 24-08, 36-12, 31-16)

**8.107 – Labor Epidural/Spinal Analgesia:** ArMA endorse the policy that labor epidural/spinal analgesic procedures should be a medical decision made between a woman in labor and her physician. (Resolution 24-96; Amended 29-00; Readopted 22-04; Amended 36-08; Readopted 45-12, 39-16)

**8.108 – Anesthesia Services:** Anesthesia services, including interventional pain medicine, are the practice of medicine and should be personally performed by a physician or occur under the immediate supervision of a physician. (Resolution 27-11; Readopted 25-15)

**8.109 – Amendment to Duty to Report Statute:** ArMA support, and work for, a statutory or regulatory provision that will allow duly constituted committees of organized medicine the freedom to explore diverse areas of medicine with colleagues without triggering mandatory reporting. (Resolution 17-01; Readopted 20-05, 24-09, 29-13, 24-17)

**8.110 – Managed Care Responsibility for Follow-up Care after Emergency Department Consultation:** ArMA continue to seek legislation and/or regulation clearly defining the responsibility of managed care plans and state health agencies to approve and compensate for both immediate and necessary follow up care provided by non-contracted providers to patients acquired through emergency department consultation and/or in situations where a contracted provider cannot be secured in a timely manner regardless of the health-care setting. (Resolution 23-99; Amended 48-03; Readopted 55-07; Amended 59-11; Readopted 52-15)

**8.111 – Cancer Registries:** ArMA encourage physicians to actively participate in cancer registries. (Resolution 9-03; Amended 58-07; Readopted 58-11, 51-15)

**8.112 – Principles of Patient-Centered Formularies:** ArMA support the development of a unified process for rational, patient-centered formulary management. (Resolution 19-99; Amended 45-03; Readopted 52-07, 54-11, 47-15)

**8.113 – Mandated Prescription Policy:** ArMA support policy that does not:

- Allow any insurance company or pharmacy benefit manager to mandate that patients receive maintenance medication by mail;
- Restrict maintenance medication to a one-month supply at a local pharmacy;
- Impose a financial penalty for choosing a three-month supply at a local pharmacy, rather than by mail; or
- Mandate that only a 30-day or 90-day supply will be covered by insurance through action of the DOI and pursue legislation if appropriate.

(Resolution 14-12; Readopted 25-16)

**8.114– Pharmacist Medication Switching:** ArMA work with the Arizona Board of Pharmacy to discourage medication switching based solely on financial incentives and there should be a valid clinical reason or formulary preference for requesting such changes. (Resolution 7-12; Readopted 19-16)

**8.115 – Advantage Plan Home Visits Without Established Relationship:** ArMA seek to prohibit insurance companies from mandating home visits conducted by physicians or other health care providers who do not have an established provider-patient relationship. (Resolution 15-12; Readopted 26-16)

**8.116 - Improving Patient Access to Physicians and Medical Facilities:** ArMA work with the DOI and other relevant stakeholders to define the nature and extent of conditions that interfere with patients seeing appropriate physicians in a timely manner and to develop solutions including possible legislation to correct these conditions, and requiring insurance products maintain transparency and accuracy of their provider networks. (Resolution 15-16)

**8.117 – Health Information Sharing:** ArMA support the collaboration between methods of health information sharing into a common method. (Resolution 6-11; Amended and Retitled 57-15)

**8.118 – Patient Confidentiality; Electronic Information Exchanges:** ArMA encourage physicians to educate their patients about the drawbacks as well as the advantages of participation in health information exchanges. (Resolution 7-11; Readopted 19-15)

**8.119 – As Low as Reasonably Achievable (ALARA) Medical Diagnostic Radiation Principles:** ArMA support the use of the ALARA principles when using medical diagnostic imaging, particularly ionizing radiation and the use of reference material for both patients and physicians available through programs such as the Image Wisely and Image Gently (pediatrics) programs. (Resolution 12-12; Readopted 23-16)

**8.120 – Testosterone Replacement Therapy:** ArMA encourage appropriate healthcare providers to review the most recent American Urological Association Guidelines and the Endocrine Society Guidelines regarding testosterone replacement therapy in adult men with androgen deficiency syndromes. A thorough discussion of the risk versus benefit of testosterone replacement therapy should be discussed between the provider and patient and documented. (Resolution 8-14; Amended 26-18)

**8.121 – Guidelines for Administration of Subcutaneous Immunotherapy:** ArMA educate its members that, per the Agency for Healthcare Research & Quality guidelines, allergen immunotherapy should be administered in a setting that permits the prompt recognition and management of adverse reactions, except in proven clinical safe or rare and exceptional cases when allergen immunotherapy cannot be administered in a medical facility and withholding this therapy would result in a serious detriment to the patient's health. (Resolution 9-14; Readopted 13-18)

## **9.000 – HIV/AIDS**

**9.100 – HIV/AIDS Infection:** ArMA continue to use scientific data in developing its policies to prevent transmission of HIV infection. (Resolution 14-92; Readopted 29-96, 18-00, 29-04, 27-08; Amended 51-12; Readopted 43-16)

**9.101 – HIV/AIDS, Hepatitis C and Other Blood Borne Pathogens:** ArMA recognize that HIV/AIDS, Hepatitis C and other blood borne pathogens present a serious health threat in Arizona and elsewhere and encourage its members to:

- Recommend early screening for the HIV/AIDS and Hepatitis C viruses whenever any patient engages in high risk activities; and
- Recognize the public health risks of these diseases and encourage their patients to refrain from engaging in high risk activities.

(Resolution 8-03; Amended 57-07, 57-11, 50-15)

## **10.000 HOSPITAL RELATIONSHIPS**

**10.100 – Hospital Involvement:** ArMA support the appointment of medical staff members to hospital governing boards. (Resolution 1-84; Amended 13-88; Readopted 29-92; Amended 38-96; Readopted 22-00; Amended 31-04, 28-08; Readopted 39-12, 34-16)

**10.101 – Hospital Medical Staff Self-Governance:** ArMA believe that the organizational and structural mechanism best suited to protecting patients' interests is the self-governing medical staff and supports essentials of self-governance for hospital medical staffs which, at a minimum, include:

- Initiation, development and adoption of medical staff bylaws, rules and regulations;
- Approval or disapproval of amendments to the medical staff bylaws, rules and regulations;
- Selection and removal of medical staff officers;
- Establishment and enforcement of criteria and standards for medical staff membership;
- Establishment and maintenance of patient care standards; and
- Accessibility to a use of independent legal counsel.

(Resolution 16-89; Amended 33-93; Readopted 33-97, 33-01, 26-05, 29-09, 33-13, 27-17)

**10.102 – Medical Staff Responsibility for Patient Care:** ArMA continue to support the concept of the medical staff responsibility for quality of care of hospitalized patients. (Resolution 7-83; Readopted 23-87, 32-91, 31-95, 29-99, 27-03, 36-07, 42-11, 35-15)

**10.103 – Physician Members on Boards of Directors of Hospitals:** ArMA urge the governing boards of all Arizona hospitals to provide voting membership on the governing board to the chief or president of the medical staff and additional staff physicians as appropriate. (Resolution 15-66; Readopted 43-91, 37-95; Combined with 51-91 in 1999 and Readopted as 47-99; Readopted 43-03, 50-07, 53-11, 46-15)

**10.104 – Open Staff Policy in Arizona Hospitals:** ArMA oppose any action by any community hospital or group of hospitals, which would, by action or implication, interfere with the present successful "open staff" policy in effect in the community hospitals of Arizona and will lend its continued support and encouragement to the programs of hospitals practicing "open staff" policy. (Resolution 23-67; Readopted 46-91, 39-95, 33-99, 30-03, 38-07, 44-11, 37-15)

**10.105 – Corporate Compliance Resolution:** ArMA oppose any requirement that physicians sign hospital corporate compliance policies in order to obtain hospital privileges. (Resolution 15-99; Readopted 20-03, 32-07, 40-11, 33-15)

**10.106 – Hospitalists:** ArMA support the right of qualified physicians to see their patients in all settings and to bill for their services and the right of patient choice of hospitalists as appropriate when requested by the attending physician or the patient. (Resolution 6-02; Amended 33-06; Referred to Executive Committee as Resolution 33-06; Amended and Readopted as 3-11; Readopted 18-15)

#### **11.000 - LEGISLATIVE/ELECTION POLICIES**

**11.100 – Commitment to and Support of the Arizona Medical Political Action Committee (ArMPAC):** ArMA reaffirm its support of ArMPAC and dedicate itself to the continuation and growth of the political action movement in Arizona. (Resolution 6-82; Readopted 19-86, 22-90, 28-94, 46-98, 36-02, 30-06, 31-10, 27-14; Amended 29-18)

**11.101 – ArMA Policy for Proposed Legislation:** ArMA implement a policy encouraging specialty societies and individual physicians considering legislation that would impact other physicians to submit their proposals to ArMA for evaluation prior to having legislation introduced in order to evaluate consistency with existing ArMA policy and possible impact on patient care. Any legislation introduced on behalf of a specialty society or physician without having been first submitted to and evaluated by ArMA will generally be opposed by ArMA in its legislative advocacy and if, after evaluation of a specialty society proposal, it is determined that issues exist that must be addressed, ArMA will convene the interested parties to attempt to resolve conflicts. (Resolution 13-08; Readopted 31-12, 29-16)

**11.102 – ArMA Mandate Policy:** That pending legislation containing an insurance mandate should be individually evaluated using the following progressive criteria:

- Is it good for the individual patient? If no, Non-support. If yes, question #2;
- Is it beneficial to the people of Arizona? If no, Non-support. If yes, question #3;
- Does the entity being mandated support it? If yes, Support. If no, question #4; and
- Evaluate societal benefit vs. cost; potential precedence for other issues; consider other possible options to meet needs without mandate; consider position of Active Study.

(Resolution 13-12; Readopted 24-16)

**11.103 – Medical Examiner Act:** ArMA support changes to the Medical Examiner Act (A.R.S. §11-594 (B)) that will require any death meeting the criteria of a Medical Examiner Death Case (A.R.S. §11-593) must be seen by a pathologist; and that ArMA support legislative changes to reconcile the Medical Examiner Act (A.R.S. §11-591, et. seq.) with the Arizona Medical Practice Act (A.R.S. § 32-1401 et. seq.). (Resolution 15-15)

## **12.000 – MEDICAL EDUCATION**

**12.100 – Medical School Autonomy:** ArMA work to ensure that the Liaison Committee on Medical Education (LCME) accredited medical schools have independent governance, under the direction of the Dean, who has both responsibility and authority to direct the medical school. (Resolution 6-16)

**12.101 - College of Medicine Increases:** ArMA work to minimize tuition increases for University of Arizona College of Medicine students in order to keep student education debt low enough that students will stay and practice in all Arizona locations, metropolitan and rural and that ArMA work with the Legislature and Board of Regents to create incentives to encourage medical students to remain in Arizona or return to Arizona after post-graduate training. (Resolution 14-02; Readopted 18-06, 24-10, 20-14,16-18)

**12.102 - Transfer of Jurisdiction Over Required Clinical Skills Examinations to U.S. Medical Schools:** ArMA’s delegation to the AMA introduce a resolution to have the AMA work with the Federation of State Medical Boards and state medical licensing boards to advocate for the elimination of the United States Medical Licensing Examination Step 2 Clinical Skills exam as a requirement for LCME-accredited graduates who have passed a school-administered, clinical skills examination. And that the resolution amends current AMA policy to state:

### **Required Clinical Skills Assessment During Medical School D-295.998**

Our AMA will advocate that the LCME : determine and disseminate to medical schools a description of what constitutes appropriate compliance with the accreditation standard that schools should “develop a system of assessment” to assure that students have acquired and can demonstrate core clinical skills; and require that medical students attending LCME-accredited institutions pass a school-administered clinical skills examination to graduate from medical school.

(Resolution 4-16)

**12.103 - Acknowledgment of ABOR Changes in Response to ArMA 2016 House Action:** ArMA recognize and appreciate the Arizona Board of Regents (ABOR) open consideration of the concern raised by the House of Delegates in 2016 regarding critical issues facing medical education in Arizona. It is ArMA’s desire to continue to be a working partner with ABOR to keep medical education exemplary at the University of Arizona Colleges of Medicine Phoenix and Tucson. (Resolution 8-17)

**12.104 - Sunset 2016 Policy on Critical Issues Facing Arizona Medical Education:** Resolution 17-16 - Critical Issues Facing Arizona Medical Education, be sunsetted at this time. (Resolution 9-17)

**12.105 – Graduate Medical Education:** ArMA work to maintain and increase funding for Arizona graduate medical education. (Resolution 14-13; Amended 35-17)

**12.106 – Graduate Medical Education:** ArMA:

- Support increased graduate medical education funding in Arizona and oppose any proposed funding cuts since cuts will undoubtedly result in further physician shortages and be detrimental to medical education in this country;
- Support preserving physician residency programs in Arizona as a focus for a long-term solution that will maintain access to care for Americans and help to diminish upcoming physician shortages; and
- Pursue these goals by all means possible, including legislation.

(Resolution 5-14; Readopted 12-18)

## **13.000 - MEDICARE**

**(Section Reserved)**

## **14.000 - NON-PHYSICIAN PROVIDERS**

**14.100 – Lay Midwifery:** ArMA affirm it is not in the best medical interests of women and their newborns to be delivered by non-medical personnel and reaffirm its endorsement of certified nurse midwives as appropriate providers of obstetrical care. (Resolution 21-93; Readopted 30-97; Amended 40-01; Readopted 31-05, 32-09, 35-13, 29-17)

**14.101 – Laser Surgery:** ArMA adopt as policy the following definition of “surgery” from the American College of Surgeons Statement ST-11: “Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed or manipulated by closed reductions for major dislocations or fractures or otherwise altered by mechanical, thermal, light-based, electromagnetic or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs and the central nervous system also is considered to be surgery (this does not include the administration by nursing personnel of some injections, subcutaneous, intramuscular and intravenous, when ordered by a physician). All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife or scalpel.” Further, ArMA adopts as policy, AMA policy which states that patient safety and quality of care are paramount and, therefore, patients should be assured that individuals who perform these types of surgery are licensed physicians (defined as doctors of medicine or osteopathy) who meet appropriate professional standards. (Resolution 18-91; Readopted 28-95, 27-99, 25-03; Referred to Executive Committee as Resolution 25-03 for review and revision as necessary; Amended 9-08; Readopted 30-12; Amended 48-16)

**14.102 – Optometrists and the Use of Drugs:** ArMA oppose any legislation, the purpose of which is to directly or indirectly extend to optometrists the authority to practice medicine or surgery. (Resolution 4-77; Readopted 56-91; Amended 52-95; Readopted; 40-99, 36-03, 43-07, 47-11, 40-15)

**14.103 – Physician Supervision of Paramedical Specialists:** ArMA support the concept that a physician be involved in the supervision of all professionally related paramedical specialists. (Resolution 10-83; Readopted 24-87, 33-91, 32-95, 30-99, 28-03, 37-07, 43-11, 36-15)

**14.104 – Pharmacist Prescribing:** ArMA oppose federal and state legislation allowing pharmacists to independently dispense medication beyond the limits of the original prescription of the prescribing practitioner. (Resolution 6-12; Amended 46-16)

## **15.000 – ORGAN/TISSUE DONATIONS**

**15.100 – Organ and Tissue Donors:** ArMA encourage education of physicians, hospital personnel, lay groups and the general public to improve the donation of tissue and organs for transplant. (Resolution 4-82; Readopted; 19-86, 20-90, 26-94,42-98; Referred 40-02, Amended and Readopted 3-03; Readopted 30-07, 38-11, 32-15)

## **16.000 - PATIENT RIGHTS**

**16.100 – The Right of All Patients to Purchase Medical Care:** ArMA urge the government not to interfere with the right of contract between patients and physicians, and that this include the right of patients to pay and physicians to accept a mutually agreeable fee. (Resolution 14-05; Readopted 20-09, 27-13, 22-17)

**16.101 – Patient Rights in the Health Care Environment:** ArMA adopt the following patient right principles: the ability of patients to freely choose and continue to see the physician of their own choice; and the ability of patients to obtain standardized information about all health plans offered in the state. (Resolution 22-96; Amended 27-00; Readopted 33-04, 29-08, 40-12, 35-16)

**16.102 – Elimination of Intrusion into the Doctor/Patient Relationship and Protection of Patient Confidentiality:** ArMA:

- Support the sanctity of the doctor/patient relationship;
- Believe no physician should ever be compelled to betray the private trust inherent in this relationship;
- Believe medical records should remain private and inviolate;
- Believe medical information should never be shared outside of the physicians engaged in direct patient care without the written consent of the patient.

(Resolution 15-98; Readopted 22-02, 20-06, 26-10, 22-14; Amended 28-18)

**17.000 - PHYSICIAN PARTICIPATION IN EXECUTIONS**

**17.100 – Physician Participation in Legal Executions:** ArMA support the AMA’s position by opposing any and all attempts by state law, rules or regulations which would enable or require physician participation in executions, except for the legal determination and certification of death. (Resolution 4-92; Readopted 26-96, 16-00, 19-04; Amended 34-08; Readopted 43-12; Amended 50-16)

**18.000 - PHYSICIAN RECOGNITION**

**18.100 – Commendation of Physicians in Public Service:** ArMA commend those physicians who have committed their time, talent and financial resources to campaign for and serve in public office or in US uniformed services. (Resolution 15-89; Readopted 32-93, 32-97, 32-01, 25-05; Retitled and Amended 28-09; Readopted 32-13, 26-17)

**19.000 - PUBLIC HEALTH**

**19.100 – Universal Immunization Access:** ArMA continue to:

- Actively work with interested parties to develop and enact the means whereby affordable vaccines are made available to physicians’ offices creating greater access to immunizations for primary immunization programs;
- Educate providers with respect to Arizona’s immunization efforts; and
- Inform citizens about the importance of immunizations.

(Resolution 11-92; Readopted 27-96, 17-00, 20-04; Amended 35-08; Readopted 44-12, 38-16)

**19.101 – Endorsement of Advisory Committee on Immunization Practices (ACIP) Immunization Recommendations:** ArMA endorse the U.S. childhood immunization schedule set by the Centers for Disease Prevention and Control (CDC) based on recommendations from the ACIP. (Resolution 3-93; Readopted 28-97, 29-01; Amended 39-05; Readopted 38-09, 39-13; Amended and Retitled 40-17)

**19.102 – Routine Childhood Immunizations:** ArMA work to ensure that all insurers, health maintenance organizations and managed care companies that cover immunizations for children provide and pay at a reasonable rate, in a timely manner, for routine childhood immunizations in compliance with the annual Recommended Childhood Immunization Schedule. (Resolution 21-99; Amended 47-03; Readopted 54-07; Amended 65-11; Readopted 56-15)

**19.103 – Improving Childhood Vaccination Rates:** ArMA support adopting requirements that parents (or guardians) who do not wish to have their children vaccinated receive public health-approved counseling that provides scientifically accurate information about the childhood diseases, the available vaccines, the potential adverse outcomes from catching the disease, the risks unvaccinated children pose to children who cannot be vaccinated for medical reasons, the risks of vaccine side effects, and the procedures that are implemented to exclude unvaccinated children if an outbreak of disease occurs in the area administered by the local or state public health agency; and that ArMA supports adopting requirements that parents annually sign an affirmative statement that acknowledges the risks they are accepting for their own children and the

children of others by claiming a personal exemption from mandatory vaccination requirements. (Resolution 9-15)

**19.104 - Safety & Efficacy of Vaccines:** ArMA promote the safety and efficacy of vaccines while rejecting claims that have no foundation in science, encourage the development of educational materials that can be distributed to patients and their families clearly articulating the benefits and risks of immunizations and informing patients of the Vaccine Injury Compensation Program, and encourage universal pediatric vaccination for admission to all child care facilities and schools. (Resolution 7-17)

**19.105 – Hepatitis B:** ArMA support Hepatitis B screening, vaccinations and education for high risk Hepatitis B populations throughout the state of Arizona. (Resolution 19-13; Amended 37-17)

**19.106 – Childhood Obesity:** ArMA support efforts to:

- Identify all children at risk for obesity by calculating Body Mass Index percentile at well-child visits;
- Follow American Academy of Pediatrics guidelines for assessment of obese children for medical complications and employ preventive strategies such as 5-2-1-0 counseling (5 servings of fruits and vegetables–2 or fewer hours screen time–1 hour of physical activity–no sweetened beverages daily) as part of routine pediatric care;
- Encourage schools and child care facilities to adopt best practices aligned with expert recommendations for nutrition and physical activity;
- Advocate for insurance companies to provide adequate coverage and payment for services provided by physicians and other healthcare professionals that support the expert recommendations for prevention, assessment and management of childhood obesity;
- Cover nutrition/dietician services for children; and
- Maintain a sufficient nutrition/dietician network skilled in working with children and youth; and
- Support funding, programming, and educational efforts to reduce and prevent childhood obesity.

(Resolution 14-10; Readopted 16-14; Amended 27-18)

**19.107 – Healthy Fast Food Children’s Meals:** ArMA work with appropriate entities to promote voluntary adherence to appropriate nutritional standards in accordance with best scientific information for meals marketed specifically to children. (Resolution 2-12; Amended 44-16)

**19.108 – Indoor Tanning Regulation; Age of Consent:** ArMA work with a coalition of organizations to seek legislative reform that raises the age of consent for indoor tanning to 18 years of age. (Resolution 14-15)

**19.109 – Exercise is Medicine:** ArMA encourage physicians to review and assess their patients’ physical activity level and, where appropriate and following risk assessment for safety, counsel patients on the benefits of exercise and, where appropriate, write prescriptions for exercise and make referrals. (Resolution 4-12; Readopted 18-16)

**19.110 – Prohibition on the Herbal Supplement Kratom:** ArMA support the conduct of ethically and scientifically sound research to evaluate beneficial or harmful effects of Kratom and its pharmacologically active derivatives; and prohibition of the sale or distribution of Kratom or its derivatives in Arizona until it is deemed safe by the Food and Drug Administration. (Resolution 10-18)

**19.111 – Tobacco and Other Nicotine-Delivery Systems Policy:** ArMA reaffirm its consolidated policy on tobacco and nicotine-delivery systems to state that ArMA:

- Support legislative efforts aimed at reducing minors' access to tobacco and other nicotine products, and reducing the number of people who choose to use these products;
- Encourage all hospitals and all school districts in Arizona to implement policies discouraging the use of tobacco and other nicotine products;
- Support initiatives to abolish the sale of tobacco products in health-related organizations, including drug stores; and

- Urge elected officials and public health authorities to extend existing laws that govern the protection of minors from tobacco products to cover e-cigarettes;
- Support a ban on the use of e-cigarettes and vaporizers in public indoor areas, a requirement that these products be sold only by vendors licensed to sell tobacco, and a restriction on sales to minors, including a ban on online sales to minors.

(Resolution 4-91; Readopted 24-95; Referred to Executive Committee as Resolution 49-99 for review and revision as necessary; Readopted 5-01; Amended 33-05; Readopted 34-09, 37-13; Amended and Retitled 39-17)

**19.112– E-Cigarettes and Vaporizers:** ArMA urge elected officials and public health authorities to extend existing laws that govern the protection of minors and the general public from tobacco products to cover e-cigarettes, and ArMA strongly support a ban on the use of e-cigarettes and vaporizers in public indoor areas, a requirement that these products be sold only by vendors licensed to sell tobacco, and a restriction on sales to minors, including a ban on online sales to minors. (Resolution 8-15)

**19.113 – Reinstatement of Mandatory Helmet Laws:** ArMA support the passage of mandatory helmet laws in Arizona (Resolution 20-87; Readopted 29-91, 30-95, 28-99, 26-03, 35-07, 41-11, 34-15)

**19.114 – Mass Destruction:** ArMA help national, state and county health departments with their efforts to prepare to respond to any events of mass destruction. (Resolution 8-01; Readopted 18-05, 22-09, 28-13, 23-17)

**19.115 – Disaster Planning:** ArMA continue to develop and refine readily available information for office-based physicians as to their role in various disaster situations. (Resolution 18-07; Readopted 34-11, 30-15)

**19.116 – ArMA Support Reduction in Air Pollution:** ArMA support finding effective solutions to air pollution. (Resolution 29-03; Amended 60-07; Readopted 37-11, 31-15)

**19.117 - Climate Change and Public Health:** ArMA support physician education on the health impacts of climate change. (Resolution 5-17)

**19.118 - Support for The Environmental Protection Agency and The Arizona Department of Environmental Quality :** ArMA support evidence-based environmental statutes and regulations intended to regulate air and water pollution and to reduce greenhouse gas emissions, and believe that environmental health regulations should not be modified or rescinded without scientific justification and urge the AMA to join in this advocacy. (Resolution 6-17)

**19.119– Tax Credit to Disadvantaged Area Medical Practices:** ArMA support federal legislation to grant federal income tax credit to medical practices established in disadvantaged communities and areas of critical physician need and state legislation to grant state income tax credit to physicians who establish medical practices in disadvantaged communities and areas of critical physician need. (Resolution 4-73; Readopted 49-91, 40-95, 34-99, 31-03; Amended 44-07; Readopted 48-11, 41-15)

**19.120– Food Safety Concerns:** ArMA encourage the promotion of physician and public education concerning food safety and food borne illness, including food selection, storage, handling and preparation and the ArMA Committee on Public Health continue to work with appropriate agencies, such as DHS, to promote food safety. (Resolution 3-07; Readopted 28-11, 26-15)

**19.121 – Food and Drug Administration:** ArMA urge Arizona's congressional delegation to support legislation that would ensure adequate input by practicing physicians into all Food and Drug Administration regulations. (Resolution 13-74; Readopted 51-91, 42-95, 36-99, 33-03, 40-07, 46-11, 39-15)

**19.122 – Retail Medical Clinics:** ArMA urge the appropriate state and federal agencies to regulate ventures between store-based clinics and the stores in which they are located with an emphasis on the inherent conflicts of interest in such relationships, patients' welfare and risk and professional liability concerns and urge the director of DHS to ensure that its licensing division has applied and will continue to apply the same standards to retail clinics as to other outpatient treatment center licensees as are appropriate to their limited scope of practice. (Resolution 2-08; Readopted 28-12; Amended 47-16)

**19.123 - Supporting Valley Fever Awareness, Education and Funding:** ArMA take the following actions to accomplish Valley Fever awareness, education and funding:

- Use ArMA media such as its website, magazine, and press releases to promote *Coccidioidomycosis* visibility, its importance as a public health problem in Arizona, and how its members could improve their clinical practices to the benefit of their patients;
- Ally itself with the Arizona Osteopathic Medical Association, the Arizona Lung Association, the Arizona Family Practice Academy, the Arizona Chapter of the American Lung Association, the Arizona Chapter of the American College of Physicians, the Arizona Chapter of the American Academy of Pediatrics, and the Arizona Infectious Diseases Society and jointly take a public position that *Coccidioidomycosis* is an important public health issue;
- Encourage (but not mandate) ongoing physician education on *Coccidioidomycosis*, especially for physicians seeking an Arizona license who have not been trained in Arizona;
- Approach the Deans of the medical schools in Arizona about specifically teaching *Coccidioidomycosis* in their curriculum; and
- Approach Directors of accredited residency programs to also specifically include teaching about *Coccidioidomycosis* along the lines of the tutorial on Valley Fever jointly sponsored by ArMA and freely distributed by the Valley Fever Center for Excellence.

(Resolution 10-15)

**19.124 – Planned Home Births:** ArMA not support planned home delivery in the case of prior cesarean section, breech presentation or multiple gestation. (Resolution 13-13; Readopted 15-17)

**19.125– Restrictions on Hand-Held Devices While Driving:** ArMA encourage physicians to educate their patients regarding the public health risks of text messaging while operating motor vehicles or machinery and will advocate for state legislation prohibiting the use of hand held communication devices to text message while operating motor vehicles or machinery, and ArMA will endorse legislation that would restrict the use of hand-held electronic devices while driving.

(Resolution 12-15)

**19.126 – Firearm Harm Reduction:** ArMA encourage the renewal of federal funding to the Centers for Disease Control for gun violence research. (Resolution 13-15)

**19.127 - Protection Against Gun Violence:** ArMA support concerned Americans, who are urging: tightening of Federal gun laws; and full background checks for all purchases. (Resolution 09-18)

**19.128 - Controlling Spread of Zika and Mosquito-Borne Illnesses:** ArMA support State and Federal efforts to control the spread of Zika virus and other mosquito-borne illnesses in Arizona, and encourage the provision of the necessary funding to support these efforts. (Resolution 11-16)

**19.129 - Appropriate Use of Antimicrobial Medications:** ArMA urge the development and deployment of education and training, by the state public health agency and by hospitals and other health care organizations, for physicians and other health care providers on the appropriate prescription and use of antibiotics in order to minimize the emergence of resistant strains. (Resolution 12-16)

**19.130 - Public Health Funding in Arizona:** ArMA support the provision of increased, strategic and transparent funding at the state and county levels for public health. (Resolution 13-16)

## **20.000 - PUBLIC POLICY**

**20.100 – Criminalizing Medical Practice:** ArMA oppose any attempt by the Congress or the Arizona Legislature to enact laws which place a criminal penalty on the legitimate practice of medicine. (Resolution 2-11; Readopted 17-15)

**20.101 – Health Care Legislation:** Any health care commission or panel designed and mandated by the Arizona Legislature include a practicing physician recommended by ArMA and licensed in Arizona as a full voting member. (Resolution 2-84; Readopted 14-88, 30-92; Amended 39-96, 33-00; Readopted 25-04, 25-08, 37-12, 32-16)

**20.102 – Foreign Language Requirements:** ArMA continue to monitor activity regarding modification or elimination of the Policy Guidance on Implementing Federal Executive Order 13166 (which requires the provision of translators for any given language in physicians' offices at the expense of the physicians) and report to the Board of Directors as appropriate. (Resolution 3-01; Amended 32-05; Readopted 33-09, 36-13, 30-17)

**20.103 – Duty-Free Medical Equipment and Supplies Donated to Foreign Countries:** ArMA work with the Arizona state government, the Arizona-Sonora Border Commission and the U.S. Border Health Commission to develop a mechanism allowing for duty-free donations of medical supplies and equipment to Mexico intended for the care of the medically underserved and not for resale or profit. (Resolution 5-04; Amended 30-08; Readopted 41-12, 36-16)

**20.104 – Scientific Integrity:** ArMA continue to urge the federal government to use only sound medical science to formulate public health decisions to safeguard scientific integrity in federal policymaking. (Resolution 8-04; Amended 31-08; Readopted 42-12, 37-16)

**20.105 – Expert Witness Testimonial Abuse:** ArMA develop standards of professionalism that encompass guidelines for impartial and fair testimony, reasonable compensation for that testimony and professional relations with colleagues and ArMA's Executive Committee pursue means to hold expert witnesses accountable for their testimony and work with the Arizona Medical Board and the Legislature as needed to develop and implement a regulatory program. (Resolution 2-05; Amended 16-09; Amended 42-13; Readopted 34-17)

**20.106 – Protecting Physicians' Due Process Rights:** ArMA declare that physicians shall refrain from enabling any process that deprives a colleague of procedural or substantive due process and that engaging in sham peer review shall constitute unethical conduct. (Resolution 2-06; Amended 38-10; Readopted 32-14, 24-18)

**20.107 – Sham Peer Review Education:** ArMA educate physicians about the existence, characteristics and legal implications of sham peer review and how physicians involved in peer review can make the system work in a fair and just manner. (Resolution 15-07; Amended 61-11; Readopted 53-15)

**20.108 – Peer Review; Best Practices:** ArMA work to ensure that hospital peer review be unbiased so that it shall only be used to make valid clinical decisions that improve patient care. (Resolution 13-10; Readopted 15-14, 15-18)

**20.109 – Medical Cannabis Funding:** ArMA support the concept that the surplus funding from taxation revenue related to cannabis be appropriately allocated to medical cannabis research. (Resolution 15-13; Amended 36-17)

**20.110 – Waive Patient Limit Treating Opioid Dependence:** ArMA support strategies to eliminate the limits on the total number of patients actively in opioid dependence treatment by an individual physician and streamline the certification process for physicians to provide this therapy and issue a statement and actively pursue legislation to end the 100-patient limit to enable certified doctors to prescribe to all appropriate patients with opioid dependence. (Resolution 11-12; Readopted 22-16)

**20.111 – Comprehensive Action for Drug Poisoning Epidemic:** ArMA participate in the Arizona Prescription Drug Misuse and Abuse Initiative and urge the Arizona Legislature and the Arizona Executive Branch to adequately fund efforts to control this preventable epidemic. The Committee on Public Health is encouraged to survey and continuously monitor the Continuing Medical Education (CME) market place for high quality CME regarding the use and management of controlled substances. ArMA encourage all licensed prescribers of controlled substances to enroll and actively use where appropriate the Arizona Controlled Substances Monitoring Program. ArMA endorse ongoing efforts by the Arizona Department of Health Services to develop Opioid Prescribing Guidelines. (Resolution 10-14; Readopted 14-18)

**20.112 – In-Vitro Fertilization (IVF):** ArMA work to remove barriers to assistive reproductive technology, oppose efforts to criminalize the practice of medicine or create additional or duplicative reporting requirements and support efforts to protect confidentiality of patient record. (Resolution 18-13; Readopted 17-17)

**20.113 – Evidence-Based Medical Regimens:** ArMA work to oppose legislative efforts to require physicians to follow medical regimens that are recognized by the medical community as less effective and/or less safe. (Resolution 20-13; Readopted 18-17)

**20.114 – Follow-On Biologic Medication:** Pharmaceutical companies should be allowed to make follow-on biologic medications available to physicians and their patients in a reasonable period of time with a reasonably predictable pathway to bring them to market. (Resolution 4-09; Amended 41-13; Readopted 33-17)

**20.115 - Salary Caps Health Care Leaders:** ArMA oppose actions that cap salaries or benefits of personnel, including physicians. (Resolution 9-16)

## **21.000 - REGULATION/LICENSURE**

**21.100 – Arizona Licensure Uniformity:** ArMA:

- Support medical licensure by examination or reciprocity based on documented adequate medical education, knowledge, skill and competency;
- Oppose discrimination in medical licensure, hospital staff appointments and re-credentialing of privileges based upon graduation from a medical school outside the United States and Canada; and
- Oppose any legislative policies or actions that foster discrimination based on graduation from a medical school outside the United States and Canada.

(Resolution 13-90; Readopted 23-94, 39-98, 32-02, 27-06, 29-10, 25-14, 19-18)

**21.101 – Arizona Medical Board Confidentiality (AMB):** ArMA work with the AMB and the Legislature and consider development of legislation, if necessary, that would protect the anonymity of both patients and physicians at the AMB meetings to ensure the reputation of the physician will survive should resolution be found in favor of the physician. (Resolution 19-94; Readopted 37-98, 31-02; Amended 38-06; Readopted 36-10, 31-14, 23-18)

**21.102 – Review of the AMB:** ArMA periodically convene an impartial group of physicians to review the Arizona Medical Board's activities relative to disciplinary action for physicians and report their findings to ArMA's Board of Directors along with any recommendations for changes. (Resolution 23-97; Amended 38-01; Readopted 40-05, 39-09, 40-13, 32-17)

**21.103 – AMB; Physician Advocacy:** ArMA continue to monitor the activities of the AMB and to advocate that all appropriate due process be accorded physicians involved in AMB investigations. (Resolution 10-00; Amended 28-04; Readopted 26-08, 38-12, 33-16)

**21.104 – Promoting Quality Continuing Medical Education:** ArMA take necessary action to update the current Arizona licensure requirement for continuing medical education to include a minimum of 20 hours of AMA PRA Category 1 or equivalent credit over the biennial registration term. (Resolution 11-15)

**21.105– Requiring Electronic Medical Records Use for Licensure:** ArMA oppose legislation or medical board policy that would require physicians to implement electronic medical record keeping as a condition of licensure. (Resolution 8-11; Readopted 20-15)

**21.106 – Encouraging Arizona State Board of Nursing Website to List Advance Practice Nurses’ Information:** ArMA support efforts to encourage the Arizona State Board of Nursing to list on its website the same categories of information for advanced practice nurses as are listed on the AMB website for physicians and physician assistants. (Resolution 15-09; Readopted 24-13, 20-17)

**21.107 – National Physician Licenses:** ArMA declare that the State of Arizona, through its licensing board should always retain the right to decide whether or not to grant a medical license and work to defeat any effort by the Arizona Legislature or the AMB to waive Arizona’s right to medical licensing decisions or to abide by a national licensing protocol. (Resolution 5-12; Readopted 45-16)

**21.108 – AMB Specialty Listings:** ArMA work diligently with the AMB to ensure data published regarding a physician’s specialty is a fair representation of the physician’s area of expertise. (Resolution 10-12; Readopted 21-16)

**21.109 – Board Certification – Truth in Advertising:** ArMA work to broaden the awareness of physicians who advertise that they are “board certified” without listing the agency, organization or entity granting this standing; that they are at risk of penalty or investigation by the AMB for unprofessional conduct. (Resolution 12-11; Amended 58-15)

**21.110 – Board Certification and Licensure:** ArMA oppose any effort to require board certification, maintenance of certification or maintenance of licensure programs, such as the Federation of State Medical Boards Program, as a condition of licensure or re-licensure either by legislative means or by policy of the AMB. (Resolution 18-12; Readopted 27-16)

**21.111 - Maintenance of Certification (MOC):** ArMA investigate legislation such as that proposed in other states to prohibit hospitals from denying admitting privileges solely on the basis of failure to participate in MOC, or to prohibit insurers from refusing to pay for services rendered by a physician who has not maintained certification. (Resolution 5-16)

**21.112 – Increasing J-1 Primary Care Physician Visas:** ArMA work with Federally Qualified Health Centers, other interested entities and the AMB to modify Arizona statutes or their interpretation to allow an earlier licensure and subsequent insurance company credentialing so J-1 primary care physicians can start work in underserved Arizona locations after completion of a U.S. residency program. (Resolution 19-11; Readopted 23-15)

**21.113 – Rights of Conscience:** ArMA recognize the right of physicians not to be forced to violate their conscience and oppose any legislation or policy, whether by the government or by professional organizations or regulatory boards, that would punish physicians or restrict their practices because they refuse to perform or collude in procedures that they believe are contrary to their conscience. (Resolution 24-11; Readopted 24-15)

**21.114 - DOI Legislation: ArMA:**

- Seek legislation, including necessary funding, to establish within the DOI a department whose responsibility it is to accept and resolve problems identified and presented by providers and patients regarding insurance company practices that impact the provision of medical services by physicians and other health care providers;
- Seek the creation within the DOI a system whereby providers can be assured that authorization for services will also serve as verification of the financial responsibility of the third-party payer or managed care company to pay for the authorized treatment or diagnostic procedures; and
- Facilitate the authority within the DOI to establish requirements for insurance companies to expedite the credentialing and activation process for physicians, including residents, in a timely manner.

Further:

- The DOI be tasked to evaluate the timeliness of payments and to take corrective action to assure they are in compliance with statute;
- The DOI review and correct where necessary retrospective denial of payments for procedures already authorized and performed; and
- The DOI assess the impact on quality of patient care by unjustified delays in service authorizations, and take corrective action to address this problem.

(Resolution 3-16)

**22.000 - TERMINATION OF PREGNANCY**

**21.100 – ArMA’s Position on Abortion:** ArMA reaffirm its position of "no position" on abortion. (Resolution 3-97; Readopted 25-01; Amended 37-05; Readopted 36-09, 38-13, 31-17)

**23.000 - TORT REFORM/LIABILITY**

**23.100 – Professional Liability Concerns:** ArMA exert all appropriate efforts on a local and national level to correct the inequities of the current tort system. (Resolution 14-90; Amended 30-94; Readopted 44-98; Amended 38-02; Readopted 32-06, 33-10, 28-14, 20-18)

**23.101– Arizona Medical Liability Reform:** ArMA’s House of Delegates favor continuing efforts aimed at meaningful, comprehensive medical liability reform. (Resolution 13-05; Retitled and Amended 19-09; Readopted 26-13, 21-17)

**23.102 – Minimum Liability Insurance Limits:** ArMA lawfully assist physicians and medical societies to oppose requirements that hospital-based or hospital-affiliated physicians or groups carry minimum medical professional liability insurance with limits greater than that determined by appropriate medical staff or consistent with industry standards; and vigorously oppose physicians being required to contractually indemnify hospitals for liability and assist in educating its members on all issues surrounding medical liability insurance limits. (Resolution 9-12; Readopted 20-16)

**23.103 – Medical Liability Standard:** ArMA work to increase the legal standard for all malpractice and tort reform legal issues in Arizona to clear and convincing (Resolution 16-13; Readopted 16-17)

## Medical Ethical Opinions

**1.0 - Termination of Life:** ArMA oppose the participation of a physician in the termination of a patient's life by the administration of any agent or the use of any means to terminate a patient's life. (Adopted 6/8/91)

**2.0 - Physician-Assisted Suicide:** ArMA oppose enactment of any type of Federal or State legislation that would require a physician to provide the medicines, techniques, or advice necessary for a patient to pursue a course of suicide, or which would require a physician who is unwilling to participate in suicide to refer the patient to a physician who would be willing to do so. (Adopted 6/8/91)

[Guidelines adopted in 1990 regarding ArMA's Committee on Bioethics and its opinions, to which the committee continues to adhere during its deliberations, etc., are:

"The functions of the Committee on Bioethics are to:

- Develop and implement bioethical educational programs to the benefit of the public, the community of health care providers, and the profession;
- Review Association policies and positions of other organizations with respect to their bioethical considerations;
- Selectively accept requests for bioethics reviews;
- Coordinate bioethical research among Arizona's physicians; and
- Communicate with the Arizona Bioethics Network or its successor and respond to committee assignments and referrals from the House of Delegates.

"The Committee shall be comprised of physicians with consultants being appointed by the chair when deemed appropriate. During its deliberations, the committee shall take into consideration the opinions of the Council on Ethical and Judicial Affairs of the American Medical Association. All committee reports, which may or may not require action, shall be arrived at by a two-thirds majority of a quorum and shall be presented to the Board of Directors as majority reports; minority reports will be presented to the Board when offered.

"Formal Opinions of the Committee shall be arrived at by consensus and submitted to the House of Delegates for action. The committee on Reports and Resolutions shall either recommend acceptance or rejection of each Formal Opinion, but shall not amend or alter same. The House of Delegates may either accept or reject each Formal Opinion, but shall not amend or alter same."

\*\*On 5/31/2016 the ArMA Board of Directors voted to change the name of the Committee on Bioethics to Committee on Medical Ethics.

## **ArMA Policies Adopted by The Board of Directors or Executive Committee**

### **Patient Physician Relationship**

That ArMA is committed to protecting the sanctity of the patient-physician relationship. Critical to this goal is protecting the standard of scientific evidence and the principle of patient autonomy and ArMA will work to ensure that physicians have the right to determine appropriate treatment options for each individual patient and to be able to maintain open, scientifically based, confidential communications with their patients. ArMA will address issues of a clinical or scientific nature at the legislature, and elsewhere as determined necessary, to ensure that factual scientific information is available to elected or appointed policy makers; and will oppose legislative language that forces a physician to compromise their medical judgment as to what information or treatment is in the best interest of the patient.

ArMA, consistent with ArMA house policy, will not take a position on abortion. (Adopted January 2013 by the Board of Directors)

### **Recreational Marijuana**

The Arizona Medical Association takes no position at this time on the criminality of recreational marijuana use. The Arizona Medical Association recognizes the mounting scientific evidence that marijuana use is not benign, as it is associated with medical, psychiatric and developmental harms, particularly among adolescent and chronic users. (Adopted September 21, 2016, by the Executive Committee)

### **Regarding Candidates for Election Appearing Before ArMA**

The following policies will be used by ArMA for all candidates for political office requesting to appear before ArMA as an audience – regardless of the make-up (Board, Executive Committee, Legislative and Governmental Affairs Committee, etc.). This includes both candidates for state and federal positions.

1. Any candidate seeking to communicate with ArMA or ArMPAC shall be referred to the VP for Policy and Political Affairs only. This is important to keep consistent communications with all candidates.
2. Only the ArMPAC Board shall endorse or support in any way any candidates running for political office. The ARMPAC Board is empowered to recommend that an endorsed candidate be allowed to present to ArMA. In such cases, candidate endorsement will remain the province of the ArMPAC Board so as to ensure ArMA does not become involved in political races.
3. Candidates shall not come before ArMA unless they have been previously endorsed by ArMPAC, and only if a presentation to ArMA has been recommended by the ArMPAC Board. An exception may be made solely by the ArMPAC Board by which it can invite all candidates running for that particular office to appear before ArMA on the same date with equal time allocated to all appearing candidates.
4. Candidates shall not come before ArMA until the deadline to file for the election has passed to ensure all candidates in the race are known.
5. Notwithstanding the policies stated above, ArMPAC may invite or approve a candidate or elected official to be invited to present to ArMA on an educational topic. The presentation may not be within 6 months of the election date, and it shall not discuss that candidate's campaign.

(Adopted on December 9, 2018 and to be reviewed by the Board of Directors after the next election cycle.)