

AMA Report - Major Actions from the 2019 AMA Interim Meeting

- I. E-Cigarettes & Vaping Products – Several resolutions focused on topics related to e-cigarettes, vaping, vaping products, and the recent illnesses and deaths associated with vaping. The AMA will “urgently advocate for regulatory, legislative, or legal action at the federal or state level to ban the sale and distribution of all e-cigarette and vaping products, with the exception of those which may be approved by the FDA for tobacco-cessation purposes and made available by prescription only.” Last year, the AMA declared e-cigarette use and vaping “an urgent public health epidemic.”
- II. Closure of training programs – In light of the closure of Hahnemann University Hospital and its associated Resident and Fellowship Training Programs, the AMA adopted policy that directs the AMA to work with the Centers for Medicare and Medicaid Services (CMS) to establish regulations that will help protect these trainees (locating appropriate viable training options) and also adopted policy for the AMA to work with interested parties to secure professional malpractice insurance “tail coverage” for these trainees (as well as similar future trainees that suffer the loss of their training program) at no cost to those trainees displaced by closure of their training program.
- III. Public Health Surveillance – The AMA recognized public health surveillance as an essential public health function. The AMA will call for increased state and local funding to modernize America’s public health data system to improve the quality and timeliness of the data. The AMA supports electronic case reporting, as this will help alleviate the burden of reporting for physicians. The AMA will encourage state legislatures to engage state and national medical specialty societies and public health agencies when the legislatures are proposing new mandatory disease reporting requirements.
- IV. Veterans Courts – The AMA will support the use of Veterans Courts for veterans accused of crimes that may be related to a neurological or psychiatric disorder. There were over 550 such Courts operating in America in 2018. The use of such Courts has been documented to result in a lowering in the recidivism rate and well as a decrease in symptoms of PTSD, depression, substance abuse, and sleep disorders.
- V. Free Sun Screening – The AMA adopted new policy to support the provision of free Sunscreen products in public spaces along with a continued educational efforts to lessen the risks of skin cancer.
- VI. Education of Medical Trainees in Health Care Financing – The AMA adopted a policy encouraging Medical Schools and Post Graduate Training Programs to include in their curriculum a basic education regarding the structure and financing of the current health care system.
- VII. Banning “Conversion Therapy” – The AMA will develop state model legislation and advocate for federal legislation to ban “conversion therapy” for sexual orientation or gender identity. The American Academy of Pediatrics and the American Psychiatric Association have previously called on lawmakers to ban such “therapy” as harmful and discriminatory.
- VIII. Pay Gaps – The AMA adopted two separate resolutions regarding pay gaps; one called for greater accountability for racial pay disparities and a second one was focused on gender related pay disparities and transparencies in the VA.

- IX. Unexpected (Surprise) Billing – The AMA has been active for several years, in multiple venues, including in Congress, regarding “surprise billing”. The Insurers have framed the issue as simply greedy doctors presenting unaware patients with outrageously high bills after treatment. The Insurers have offered a solution that uses their own median “in-network” reimbursement rate as payment in full. The Insurers low “in-network” rates and very narrow networks are the major root causes of this issue. The Insurers have developed great leverage due to excessive market consolidation. The AMA and the partners in the Federation of Medicine have countered that Congress must avoid giving even more power to the private Insurers and that any legislation needs to include an Independent Dispute Resolution Process (IDR)(“Baseball/Final Offer Arbitration) similar to the successful IDR process in the state of New York. These medical organizations have drafted a letter listing 6 principles needed to guide legislation in this area (www.PhysiciansGrassrootsNetwork.org).
- X. Repealing MIPS/Improving the QPP Program – The AMA HOD referred BOT Report back for further study. This report centered on three separate resolutions over the last year that addressed some aspects of MACRA. These resolutions requested repeal of some potential penalties associated with MIPS, reducing the regulatory burden associated with MIPS, and improvements to the Quality Payment Program.
- XI. Other Actions –
- A. The AMA will support a study of forced organ harvesting by China
 - B. The AMA will develop state model legislation regarding “Co-Pay Accumulators” for all pharmaceuticals, biologics, medical devices, & medical equipment.
 - C. The AMA will work with stakeholder organizations to support efforts to strengthen Claims Databases including reforms to mandate that ERISA plans submit their data.
 - D. The AMA will oppose “board certification” of Physician Assistants that will mislead the public to assume that these individuals are the equivalent of Medical Doctors.
 - E. The AMA will encourage that incarcerated individuals are enrolled in Medicaid 30 days before release into the community so they will not have an interruption in needed services and/or medications (Insulin, anti-psychotics, etc.).
 - F. The AMA adopted policy regarding direct physician supervision for Radiation Oncology Services and Hyperbaric Oxygen Services being required by the CMS.
 - G. The AMA will arrange for “on-site” childcare services at no cost for members attending the AMA Annual and Interim Meetings.
 - H. The AMA will call on the CMS to reinstate the Autopsy Standard as a Medicare Condition of Participation.
 - I. The AMA will advocate for PBMs and state regulatory bodies to make public the rebates, discount reports, and disclosures now claimed as “confidential information”.
 - J. Additional policy was added regarding “Telemedicine”. Additionally, the AMA will advocate for a reduction in fees under the Interstate Medical Licensure Compact.
 - K. Policy was adopted regarding Financial Incentive Programs (FIP) to ensure protection of the patient-physician relationship and that patients always receive high quality care.
 - L. Policy was adopted to support risk adjustments that include disease stage and sociodemographic factors that can dramatically increase spending beyond the control of a physician (including risk stratification, risk corridors, individual “stop loss” insurance, and fair adjustments for external price changes beyond the physician’s control).

- M. Policy was added regarding mechanisms to address the high and increasing pharmaceutical prices, including; principles for arbitration, principles for international pricing indices and averages, and principles for the development of “contingency exclusivity periods” for pharmaceuticals that would tie the length of their exclusivity periods to their “cost-effectiveness”.
- N. AMA Principles for Medicaid Reform Resolution was referred for study and a report back.

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