AMERICAN MEDICAL ASSOCIATION
ACTIONS ON MAG RESOLUTIONS

RESOLUTION 006 - IOM "DYING IN AMERICA" REPORT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends Resolution 006 be referred for decision.

HOD ACTION: Resolution 006 referred for report back at A-16.

Resolution 006 speaks to the serious issues around end-of-life care in the United States, and the work conducted and published by the Institute of Medicine in its 2014 report “Dying in America.” Based on the findings and recommendations of the IOM report, this resolution asks that our AMA advocate for the coverage of the provision of comprehensive care for individuals with advance serious illness who are nearing the end of life; that our AMA work with specialty and other organizations to develop standards for physician-patient communication and advance care planning; that our AMA work with the ACGME and other organizations to establish appropriate training and certification requirements to strengthen the palliative care knowledge and skills of all clinicians who care for individuals with advanced serious illness who are nearing the end of life; that our AMA encourage the integration of financing of medical and social services to support the provision of quality care consistent with the values, goals, and informed preferences of people with advanced serious illness nearing the end of life; that our AMA ask the federal government to publicly report on quality measures, outcomes and costs regarding care within the last year of life within the Medicare, Medicaid and Department of Veterans Affairs; that our AMA work collaboratively with other organizations to provide fact-based information about care of people with advanced serious illness in order to encourage advance care planning and informed choice; and that our AMA oppose linking training in providing care to patients with advanced serious illness to licensure.

Testimony for this resolution was predominately in favor of referral. While many who testified spoke in favor of the spirit of the report given the incredible amount of work that needs to be done around end-of-life decision making in the medical field, there was palpable skepticism about the content and recommendations of the IOM report. Testimony noted that the report had not been fully vetted by the AMA, and that there were incongruencies between different versions of the report as well as the report’s summary. In particular, IOM guidance within the report discussing the tying of palliative care education with a physician’s licensure was met with disapproval. Finally, it was noted the endorsing a report in its entirety could have unintended consequences for the AMA. Your Reference Committee recommends Resolution 6 be referred for decision.

RESOLUTION 221 - INDEMNITY FOR BREACHES IN ELECTRONIC HEALTH RECORD CYBERSECURITY

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 221 be amended by addition and deletion to read as follows:
RESOLVED, That our American Medical Association advocate for indemnity or other liability protections for physicians whose electronic health record data and other electronic medical systems become the victim of security compromises. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 221 be adopted as amended.

HOD ACTION: Resolution 221 adopted as amended.

Resolution 221 asks that our American Medical Association study the timely issue of providing indemnity for physicians whose electronic health record data and other electronic medical systems become the victim of security compromises and report back at the 2016 Annual Meeting. (Directive to Take Action)

Your Reference Committee heard testimony in support of the intent of Resolution 221 that highlighted the growing concern with security and privacy breaches as more patient information is being stored electronically. Testimony noted that our AMA has considered this topic and existing AMA policy clarifies that HIPAA protections and requirements equally apply to information stored in electronic health records. Indemnity would therefore depend on the contractual and legal obligations created under HIPAA. Rather than continue to study this topic, testimony noted that our AMA should seek to work with interested stakeholders in the medical professional liability community and engage with relevant policymakers to provide greater clarity and indemnity or other liability protections for physicians in the case of a cyberattack or other technology breach. Your Reference Committee also heard testimony speaking to the need to educate physicians who may face liability as a result of a security breach of electronic health records. Your Reference Committee agrees with the testimony heard and, noting that our AMA will hear a status report on these advocacy activities at the 2016 Interim Meeting as a result of the amended resolution, believes that Resolution 221 should be adopted as amended.

RESOLUTION 822 - LYMPHEDEMA TREATMENT ACT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Substitute Resolution 822 be adopted.

MEDICARE COVERAGE FOR EVIDENCE-BASED LYMPHEDEMA TREATMENT

RESOLVED, That our American Medical Association support Medicare coverage for appropriate and evidence-based treatment of lymphedema. (New HOD Policy)

HOD ACTION: Substitute Resolution 822 adopted.

Resolution 822 asks that our AMA advocate for the elements of H.R. 1608 to amend title XVIII of the Social Security Act that provide for Medicare coverage of certain lymphedema compression treatment items as items of durable medical equipment.

There was unanimous testimony in support of Resolution 822. Excellent detailed testimony requested amendments clarifying that compression garments are not items of durable medical equipment and requesting the inclusion of coverage for specific treatment options. Your Reference Committee believes
its proposed language addresses these statements, provides for comprehensive evidence-based care of lymphedema, and accounts for treatment flexibility as technology progresses. Additional testimony suggested deleting reference to specific legislation for sustaining policy, and your Reference Committee concurs. Accordingly, your Reference Committee recommends that Substitute Resolution 822 be adopted.

RESOLUTION 813 - REMOVING FINANCIAL BARRIERS TO PARTICIPATION IN CLINICAL TRIALS FOR MEDICARE BENEFICIARIES

RESOLUTION 823 - H.R. 6 21ST CENTURY CURES ACT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolutions 813 and 823 be referred for decision.

HOD ACTION: Resolutions 813 and 823 referred for decision with a request for an informational report back to the House of Delegates.

Resolution 813 asks that our AMA advocate for legislation providing Medicare beneficiaries with coverage for the full amount of Medicare approved expenses incurred through participation in approved clinical trials by: a) requiring Medicare to pay 100% of all of a beneficiary’s Medicare approved costs of routine care and care for complications associated with approved clinical trials and not paid by Medicare or, if this proves unfeasible, a combination of b) and c) below; b) removing Medicare provisions that prohibit clinical trial sponsors from covering Medicare copays and deductibles; and/or c) requiring all Medigap supplement insurance policies to pay all of a beneficiary’s Medicare approved costs of routine care and care for complications associated with approved clinical trials and not paid by Medicare or clinical trial sponsors.

Resolution 823 asks that our AMA advocate for the U.S. Senate to amend H.R. 6 21st Century Cures Act to prohibit all supplemental (Medigap) insurance policies (Parts B, C, and D) from denying coverage of the entire Medicare approved expenses for a FDA approved clinical trial that Medicare Part A does not cover; that the legislation be amended to allow sponsors of clinical trials to cover what supplemental insurance does not for those beneficiaries with supplemental insurance, as well as what supplemental insurance would have covered for those Medicare beneficiaries without Part B or Part C and/or Part D supplemental insurance or that in cases of Medicare and FDA approved clinical trials, Medicare be required to pay 100 percent of all Medicare approved expenses.

Testimony was mixed on Resolutions 813 and 823. Significant testimony stated that the issue of clinical trial insurance coverage was multi-pronged and complex. Several speakers stated the resolutions relate to complex coverage issues and raise potential coercion concerns. Your Reference Committee recognizes the complex nature of these resolutions. One speaker noted that a Senate committee is considering the issue of clinical trial coverage in January 2016. Therefore, because this issue is both complex and time-sensitive, your Reference Committee recommends that Resolutions 813 and 823 be referred for decision.

RESOLUTION 924 - ALTERNATIVE PATHWAYS TO BOARD RECERTIFICATION
RESOLUTION 925 - NATIONAL BOARD OF PHYSICIANS AND SURGEONS' (NBPAS) RECERTIFICATION

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 924 be deleted.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 924 be adopted as amended in lieu of Resolution 925.

HOD ACTION: Resolutions 924 and 925 referred for report back at A-16.

Resolution 924 asks that our American Medical Association 1.) review alternative pathways to board recertification that can assist physician credentialing and recredentialing by entities such as medical staffs, hospitals, employers and third party payers; and 2.) support alternative mechanisms for board recertification which are determined to be equivalent in quality to established recertification pathways. Resolution 925 asks that our American Medical Association advocate for the National Board of Physicians and Surgeons to be recognized as an alternative to ABMS boards for recertification for physicians nationally.

Your Reference Committee heard mixed testimony that reflected differences of opinion on this complex item. Testimony supported lifelong learning and the need to keep current with advances in clinical practice, technology, and assessment. Our AMA has adopted extensive policy on maintenance of certification (MOC) that reinforces the need for ongoing learning and practice improvement and supports the principles of MOC. There was concern that the pathway to board recertification through the American Board of Medical Specialties (ABMS) and its specialty boards is costly and time consuming and diverts physicians from their focus on active patient care. In addition, there was also concern expressed about the lack of evidence to support the assertion that specialty organizations, such as the American College of Cardiology, had plans to develop alternative pathways to board recertification, as noted in lines 8 through 11 of the Resolution. The Council on Medical Education closely monitors the development and implementation of maintenance of certification standards and reports back to the HOD annually. Given the complexity of the issues presented, this item may benefit from a study of alternative mechanisms. Further, your Reference Committee believes that the study called for in the first Resolve of Resolution 924 should be completed before supporting alternative pathways to recertification, as called for in the second Resolve of Resolution 924 and Resolution 925. For these reasons, your Reference Committee recommends that only the first Resolve of Resolution 924 be adopted in lieu of Resolution 925.