

Report #8, AMA Delegation Report

To: Minnesota Medical Association House of Delegates
Convening September 17, 2008

The Minnesota AMA Delegation to the AMA's House of Delegates' Annual Meeting in Chicago was composed of the following individuals: Frank J. Indihar, M.D., MBA, chair of the delegation; John Van Etta, M.D., vice chair of the delegation; and delegates Kenneth Crabb, M.D., Raymond Christensen, M.D., Anthony Jaspers, M.D., Sally Trippel, M.D., M.P.H., and Paul Matson, M.D.; and student delegate, Jason Meyers. Alternate delegates in attendance were John Abenstein, M.D., M.S.E.E., Gail Baldwin, M.D., Blanton Bessinger, M.D., M.B.A., David Estrin, M.D., Benjamin Whitten, M.D., James J. Dehen, M.D. (MMA president), and George Schoephoerster, M.D. (then MMA president-elect). All participated in the delegations' activities and deliberations.

The delegates heard an impassioned, courageous, and uplifting speech from Ronald Davis, M.D., outgoing president of the AMA at the opening ceremony. Davis, who has been an energetic leader for medicine, was stricken with an aggressive pancreatic malignancy halfway through his presidential year. Despite suffering the effects of chemotherapy and the disease, he continued to be a forceful voice for medicine, particularly as he has recounted his recollections of being a patient. Nancy Nielson, M.D., Ph.D., was inaugurated as the new AMA president in ceremonies on Wednesday evening. Her inaugural theme—building bridges—was particularly appropriate as the AMA continued its unceasing efforts to thwart a scheduled 10.6% cut to Medicare physician reimbursement. The AMA has been unwavering in its efforts to stop these cuts for the past 10 years for ALL the physicians in America, not only for AMA members.

The following is a summary report from members of our delegation for each of the AMA reference committees:

Reference Committee on Amendments to Constitution and Bylaws

This reference committee receives resolutions and reports that deal with governance, organizational representation, and ethics. Testimony is presented at the hearing, and recommendations are brought to the House of Delegates. The Reference Committee on Amendments to the Constitution and Bylaws also heard testimony related to the AMA Council on Constitution and Bylaws and several Board of Trustees reports. Blanton Bessinger, M.D. serves on the AMA Council on Constitution and Bylaws. Reports and resolutions can be approved, amended, substituted, referred, or rejected, with one exception: Council on Ethics and Judicial Affairs' (CEJA) reports cannot be amended by the House of Delegates, and can only be approved, referred back, or rejected.

There were several editorial updates to the Bylaws, and a change to allow extended membership in the Section on Medical Schools. A resolution that was extensively debated but was adopted called for the AMA to study incentives for cadaveric organ donation. A resolution that called for the Minority Affairs Consortium to become a Section was referred to the Board of Trustees (BOT) for action. Dr. Gonzales Campoy (former MMA president) testified in favor of this. Other resolutions calling for an ethical opinion on the relationship that exists when a physician is employed by non-physician practitioners and is charged with supervising them were approved.

Two reports from CEJA generated the strongest (and longest!) discussion. A report on sedation to unconsciousness in end-of-life care was very carefully worded to draw a clear distinction between sedation and euthanasia. The need for documentation for the palliative care and use of a multidisciplinary team, when available, were strongly stated. This report was approved.

A CEJA report calling for the cessation of support from industry for professional education in medicine generated the most discussion. Physician relations with PhRMA continue to be an area of active interest in the profession and with CEJA. The reasoning supporting this proposal was basically that no one is immune from the influence that a sponsoring organization has on an audience. The overwhelming amount of testimony was against this report. Three of the arguments were that objective information can be presented at industry-sponsored events, that there are needs for industry representatives to teach physicians about new technology, and CME as we know it would perish without this support. It was also suggested that some medical schools would not survive financially without the support. The reference

committee recommended referral back to CEJA through the BOT. This was approved by the House of Delegates without debate. This matter will surely be back in the future.

Dr. Ray Christensen, AMA delegate from the MMA and former MMA president, chaired this reference committee.

At the AMA meetings, Dr. Christensen also serves as a representative of the University of Minnesota Medical School, having been appointed by Dean Deborah Powell to the Section on Medical Schools. This section meets just prior to the AMA meetings and through the first two days. This section provides an opportunity for academia to have input into AMA policy.

The AMA is a very democratic organization, and all policy and decisions are made after input from many individuals and groups. A variety of positions are recognized and blended into all policy and advocacy efforts.

Blanton Bessinger, M.D., M.B.A.
Alternate Delegate

Ray Christensen, M.D.,
Delegate

Reference Committee A – Medical Service & Health System Reform

Reference Committee A deals with issues related to medical services and health system reform. At the 2008 annual meeting, this reference committee considered reports from the Board of Trustees and from the AMA Council on Medical Service, in addition to debating a number of resolutions. Reports presented and discussed at Reference Committee A included: Recent Activities to Improve the Valuation of Primary Care Services; and Standardizing AMA Policy on the Tax Treatment of Health Insurance. Resolutions debated at reference committee A and ultimately passed by the House of Delegates included AMA Support for Free Clinics for the Uninsured, which has the goal of facilitating improved access to care for the uninsured.

The House also established new policy that articulates the AMA's commitment to ensuring that as our health care delivery system evolves, direct and meaningful physician input is present at every level of debate. In addition, the House referred a resolution asking the AMA to oppose all public and private efforts to bundle providers' payments around hospitalization and follow-up outpatient care, and work with appropriate public and private officials and advisory bodies to ensure that bundled payment reforms do not lead to hospital-controlled payments.

David Estrin, M.D.
Alternate Delegate

John Abenstein, M.D., M.S.E.E.,
Alternate Delegate

Paul Matson, M.D.
Alternate Delegate

Reference Committee B – Legislation

Board reports were accepted setting AMA policy on the following: 1) Prescription Drug Monitoring to Prevent Controlled Substance Abuse, 2) Surrogate Requirement for Nursing Home Residents, 3) Centers for Medicare and Medicaid Services policies on Hospital-Acquired Conditions, and 4) Legal Protections for Peer Review.

Thirty resolutions were discussed, debated, and presented to the House of Delegates for approval. Resolutions discussed included ones on intraoperative neurophysiologic monitoring, midwifery, home deliveries, ambulatory surgical centers, fairness in medical imaging interpretation, medical liability of blood transfusion, surgical sterilization and family PACT eligibility, payment neutrality between Medicare Advantage and fee for service Medicare, Health Care Choice Act, antitrust law, appropriate oversight of physician's practices, bill of rights for V 1 Visa holding physicians, support for the "Sorry Works" program, Medicare private contracting opt-out renewal requirement, education of members on Medicare recovery audit contractors, establishing a national standard of care in the United States, and federal roadblocks to e-prescribing.

The reference committee testimony was respectful and intense. It lasted eight hours.

The disposition of these resolutions and the text of the reports are available to AMA members on our AMA website.

John M. Van Etta, M.D.
Vice Chair and Delegate

Benjamin Whitten, M.D.
Alternate Delegate

Reference Committee C - Medical Education

The House of Delegates considered 34 items from Reference Committee C. Of these, nine were adopted without amendment, 19 were adopted with amendments, three were referred to the board for further consideration, and four were not adopted.

Reference Committee C deals with issues related to medical education. Important measures adopted included an AMA Council on Medical Education (CME) Report, as well as a new resolution from the American College of Preventive Medicine that supports increased funding for training physicians in public health and preventive medicine. Considerable testimony and debate was also heard on a CME report and a new resolution dealing with resident work hours. In the end, the report was amended and adopted in lieu of the resolution. This reaffirmed support for current ACGME work-hour guidelines, while supporting further study of the issue with respect to creative work hour solutions and without compromising patient safety through hand-offs and decreased continuity of care.

A package of resolutions examining the problem of increasing medical student debt and consideration of possible solutions were referred for study. Resolutions not adopted included an exemption from Step 2 CS for foreign medical graduates who began residency before January 1, 2005 and a resolution asking the AMA to write a letter to all state medical licensing boards requesting proportional representation of foreign medical graduates and other minorities on their state boards.

Jason Meyers, MS4
Medical Student Delegate

Sally Trippel, M.D.
Delegate

Reference Committee D – Public Health

As representatives of Minnesota, we attended the hearing of and offered support for a Minnesota Academy of Family Physicians resolution as it made it through the AMA deliberations. The result was that the AMA resolved to call upon the federal government to implement a comprehensive chemicals policy that requires a full evaluation of the health impacts of both newly developed and industrial chemicals now in use. The AMA also will support the restructuring of the Toxic Substances Control Act to help federal and state agencies reduce the use of industrial chemicals and efficiently assess the human and environmental health hazards that result from them. In addition, the AMA will support the Strategic Approach to International Chemicals process leading to the sound management of chemicals throughout their lifecycle so that by 2020 chemicals are used and produced in ways that minimize adverse effects on human health and the environment. The AMA also will encourage the training of medical students, physicians and other health professionals on the human health effects of toxic chemical exposures.

The AMA also adopted policy recognizing that insufficient evidence exists to specifically restrict the use of high fructose corn syrup or other fructose-containing sweeteners in the food supply, or to require the use of warning labels on products containing high fructose corn syrup. The AMA will encourage independent research—including epidemiological studies—on the health effects of high fructose corn syrup and other sweeteners, and on the evaluation of the mechanism of action and relationship between fructose dose and response. Additionally, the AMA, in concert with the Dietary Guidelines for Americans, will recommend that consumers limit the amount of added caloric sweeteners in their diet.

The AMA resolved to support efforts to ban the sale of tobacco products and/or tobacco byproducts in retail outlets housing store-based health clinics.

The AMA referred for decision a resolution asking the AMA Council on Science and Public Health to prepare a report summarizing the scientific data on morbidity and mortality associated with the use of tasers.

Gail Baldwin, M.D. - Alternate Delegate

Reference Committee E – Science and Technology

Reference Committee E considered 31 resolutions. Of these, the House of Delegates passed eight without change, amended and passed 12, referred two items to the Board of Trustees, and voted to not adopt five.

Reference Committee E deals with various scientific aspects of medical care. The most noteworthy was the adopted recommendation of the AMA Committee on Science and Public Health in support of a five-year deferral policy for blood donation from men who have sex with men, based on existing scientific evidence and risk-assessment models.

The committee also recommended increased funding for the study of maternal mortality especially; among minority women, as well as publicizing the need for pre-conceptual care among those women. We also recommended increased funding for the study of the disparate incidences and outcomes of cancer in minority women.

The committee recommended, and the AMA adopted policy, that the AMA urge the FDA to re-examine the standards and criteria used for approving generic medications to ensure bioequivalence under various conditions and in relevant patient populations.

Kenneth W. Crabb, M.D., FACOG - Delegate

Reference Committee F – AMA Business and Board of Trustees

A resolution brought forth from Minnesota by your Delegation from the MMA's House of Delegates Meeting in September 2007, called for specialty societies to include in their members' mailings a summary of the AMA's efforts on their behalf. This was referred to the AMA's Board of Trustees to be considered, along with a number of other ideas and initiatives, to enhance AMA membership. Some of these ideas included making ALL physicians members of the AMA at no cost (the AARP Model), having tiered memberships, and having specialty societies pay additional fees to be represented at the AMA (where they are representing many specialty society physicians who don't belong to the AMA but garner the benefits of the national lobbying efforts of the AMA).

The AMA's Board of Trustees is currently engaged in a major membership initiative tethered by a multi-pronged approach to improve and prove the AMA's value to America's physicians. Many of these initiatives will be rolled out over the next two years and the Minnesota resolution, plus the ideas generated by other states and caucuses, will be included in the discussions. Reference Committee F (Finance and Governance) heard these resolutions, and the Board will take them all under deliberation.

Reference Committee F also received the AMA's Financial Report, which for the fifth consecutive year, found the AMA budget to be in the black but by an ever-decreasing margin.

Frank J. Indihar, M.D., M.B.A. - Chair and Delegate

Reference Committee G – Medical Practice and Facilities

Reference Committee G deals with medical practice issues. Recommendations on reports originating from MMA resolutions included the following: 1) Board of Trustees Report 11, Tiering System for Third-Party Payers, which originated from a 2007 MMA resolution, was adopted; 2) AMA Council on Medical Services Report 2 on Access to Psychiatric Beds and Impact on Emergency Medicine, which originated from an MMA resolution, was adopted with an amendment including report back at the AMA Annual Meeting in 2009.

Other actions affecting Minnesota physicians included the following: 1) adoption of Board of Trustees Report 27, which deals with reducing the hospital registered nurses shortage; 2) Resolution 712, which deals with history and physical (H & P) requirement 24 hours before surgery, was referred to the Board for decision; and 3) Resolutions 714 and 703, which deal with the three-day hospital requirement prior to skilled nursing facility admission, were recommended for reaffirmation.

Tony Jaspers, M.D. - Delegate

We trust that this report will stimulate a good discussion among MMA members about the AMA's activities on your behalf. And we hope to generate ideas for making the AMA relevant to each individual physician's practice in America. Also, I have attached a few documents that reflect the depth of issues debated by the AMA House of Delegates.

For a complete report on all activities, please visit <http://www.ama-assn.org/ama/pub/category/18187.html>

Respectfully submitted,

Frank J. Indihar, M.D. M.B.A., FACP
Chair of the Minnesota AMA Delegation

AMA Annual Meeting turns up the heat on universal coverage, fair reimbursement

MINNEAPOLIS, June 17, 2008—The Annual Meeting of the American Medical Association in Chicago June 14-17 brought together large numbers of physician members, including a delegation from the MMA, led by Frank Indihar, M.D., who returned to Minnesota inspired and energized.

Indihar praised the keynote address given Sunday by Ron Davis, M.D., president of the AMA. "It was an inspiring and courageous message," Indihar said. "Davis, who is suffering from stage 4 pancreatic cancer, used a 'circle of life' theme that joined our life cycle, our work cycle, the people that we interact with throughout life, and the legacy that we leave behind. It was a beautiful valedictory for him. Ron has been a wonderful President and we all wish him the best as he battles his disease."

Nancy Nielsen, M.D., of Buffalo, was inaugurated as AMA President, the second woman to hold the organization's highest elected office. J. James Rohack, M.D., of Bryan, Tex., was named AMA president-elect.

The AMA's CEO, Michael Maves, M.D., reiterated the theme that the AMA, over the next few years, will gradually morph into a 'new' AMA. "It is apparent that membership and providing value to the doctors of America is the Board of Trustees' major goal," said Indihar. "And they are looking to providing America's physicians with an array of programs, advocacy, and support that will make membership in the AMA and the component societies a most desirable choice."

The Minnesota delegation included Indihar, M.D., chair of the delegation, plus delegates Raymond G. Christensen, M.D., Kenneth W. Crabb, M.D., Anthony C. Jaspers, M.D., Sally J. Trippel, M.D., John M. Van Etta, M.D., and Jason D. Meyers, medical student.

Alternate delegates included John P. Abenstein, M.D., M.S.E.E., Gail E. Baldwin, M.D., Blanton Bessinger, M.D., M.B.A., David L. Estrin, M.D., Paul C. Matson, M.D., and Benjamin H. Whitten, M.D., and MMA President James J. Dehen, M.D.

The Minnesota delegation presented a resolution asking the AMA to ask specialty societies to include information in their mailings to their specialty members about the AMA's advocacy efforts and successes.

The resolution was referred to the Board of Trustees to consider along with their other membership initiatives.

The AMA used the occasion of the annual meeting to launch its "Cure for Claims" campaign to cut waste from a chaotic insurance claims process, and to issue a new report card, crafted along the lines of the MMA's 2006 Tiering Report, which evaluates how well different health plans pay physicians.

The initial report card examines the claims processing performance of Medicare, Aetna, Anthem Blue Cross Blue Shield, CIGNA, Coventry Health Care, Health Net, Humana, and United Healthcare.

A unifying factor at the meeting was efforts to stop looming Medicare cuts that will result in access problems for the nation's seniors.

"We will continue to act on the business of America's physicians today," said Indihar. "A major effort is underway to lobby Congress on the unfortunate, scheduled Medicare payment reductions, which have not yet been repealed."

According to an AMA survey of physicians, 60 percent of physicians say this cut will force them to limit the number of new Medicare patients they can treat.

Indihar invited the physicians of Minnesota join the delegation in calling our Congressional members and urging them to support the Medicare reimbursement solution introduced by Sen. Max Baucus, D-Montana, S. 3101.

In policy deliberations, the AMA House of Delegates:

- adopted a new policy to address the **growing debt burden of medical students**. The organization will support a requirement that medical schools inform students of all government loan opportunities along with private loans,

and will require medical schools to disclose why preferred lenders were chosen. The policy calls on the AMA to support transparency in how medical schools spend increases to students' tuition and fees.

- concluded that **high fructose syrup** does not appear to contribute more to obesity than other caloric sweeteners, but called for further research on the health effects of this and other sweeteners.
- adopted nine guiding principles on **medical tourism**, where patients are being recruited to other countries for medical procedures because of cost. These principles are designed to ensure similar quality to the care provided in the US.
- reinforced the AMA's commitment to achieve **universal coverage**, and voted both to study the impact of free clinics on improving access to health care, and the tax treatment of health savings accounts. Two new campaign television ads were unveiled at the meeting and will begin to air across the country this fall.
- called for the modification of current law to allow pilot studies on financial incentives for **cadaveric organ donation**.

Delegates also adopted a host of public health resolutions, including:

- **Appropriate supplementation of Vitamin D:** The current recommendations for Vitamin D were established in 1997, and are thought to be overly conservative. The AMA called on the FDA to re-examine the current daily reference intake value for Vitamin D.
- **Rating system for processed foods:** This new policy asks for an easier-to-understand food labeling system. An improved system will give consumers a better understanding of nutritional value. And it may encourage manufacturers to improve products' nutritional value.
- **Opposition to addition of flavors to cigarettes:** The AMA supports state legislation to prohibit the sale or distribution of flavored tobacco products, to keep the younger generation tobacco-free.
- **Banning tobacco sales in store-based health clinics:** Store-based clinics are usually located in pharmacy and large retail stores, which often sell tobacco products. The AMA voted to support efforts to ban the sale of tobacco products in outlets housing these clinics.
- **Personal medication supply in times of disaster:** This policy supports allowing all patients with chronic conditions to keep an emergency store of prescription medications.
- **Elder mistreatment:** A set of nine policy recommendations were adopted to improve clinical care and increase education and research in the area of elder mistreatment.

Author:

Michael Finley

Subject: AMA Celebrates Senate Passage of HR 6331 for America's Patients and Physicians

For Immediate Release

July 9, 2008

**The Physicians of America Celebrate --
SENATE HEARS PATIENT AND PHYSICIAN VOICES AND VOTES TO STOP MEDICARE
PHYSICIAN PAYMENT CUTS TO AVOID A MEDICARE MELTDOWN**

Statement Attributable to: J. James Rohack, M.D.
President-elect, American Medical Association

“Today the American Medical Association celebrates that the Senate heard the voices of patients and physicians and voted to stop Medicare physician payment cuts that would have hurt seniors’ access to care by a bipartisan, veto-proof majority of 69 to 30. We especially appreciate the heroic efforts of Sen. Edward Kennedy, who made this critical vote his first after his surgery. We also applaud those senators who put patients first and voted yes even though they had concerns about the process or some of the bill’s provisions.

“Now we – along with seniors, the disabled, and military families – call on President Bush to sign this bill into law to protect access to health care for so many deserving Americans.

“On July 1, a Medicare physician payment cut of 10.6 percent went into effect, putting access to health care for seniors, the disabled and military families at risk. In the first week of July, tens of thousands of patients and physicians contacted their senators and urged them to vote for HR 6331. Those voices were heard and heeded.

“Just two weeks ago, the same bill – HR 6331 – passed the House of Representatives by an overwhelming, bipartisan, veto-proof majority of 355 to 59.

“Now we urge President Bush to hear and heed the voices of seniors, the disabled and military families – and sign the bill into law for the health of America.”

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About the American Medical Association

The American Medical Association helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues. Working together, the AMA's quarter of a million physician and medical student members are playing an active role in shaping the future of medicine. For more information on the AMA, please visit www.ama-assn.org.

AMA House of Delegates

June 14–18, 2009

SATURDAY, JUNE 14

11:45 a.m.–2:45 p.m. **NCMC Council Candidate Interviews**
Plaza Ballroom A, Green Level, East Tower

3:00 p.m.–5:00 p.m. **House of Delegates**
Opening Session
Grand Ballroom, Gold Level, East Tower

SUNDAY, JUNE 15

6:30 a.m.–8:00 a.m. **NCMC Breakfast Caucus**
Plaza Ballroom A, Green Level, East Tower

- Review of Resolution Handbook
- Reports by Chairpersons and Discussion
- Officer and Board Candidate Interviews

8:00 a.m.–8:30 a.m. **House of Delegates Reconvenes**
Grand Ballroom, Gold Level, East Tower

8:30 a.m.–1:00 p.m. **AMA Ref Cmte Hearings**
Ref Com A Regency Ballroom A, Gold Level, West Tower
Ref Com C Regency Ballroom C, Gold Level, West Tower
Ref Com D Regency Ballroom D, Gold Level, West Tower
Ref Com F Grand Ballroom, Gold Level, East Tower

12:00 p.m. – 1:30 p.m. **Minnesota Delegation Meeting**
Field, Silver Level, West Tower

1:30 p.m.–5:00 p.m. **AMA Ref Cmte Hearings**
Const. & Bylaws Regency Ballroom A, Gold Level, West Tower
Ref Com B Grand Ballroom, Gold Level, East Tower
Ref Com E Regency Ballroom C, Gold Level, West Tower
Ref Com G Regency Ballroom B, Gold Level, West Tower

6:30 p.m. **Minnesota Delegation Dinner**
Cafe Ba-Ba-Reeba
2024 N. Halsted
Chicago, IL 60614
(773) 355-5000
(see back cover for map)

*AMA Reference Committee Reports will be available at NCMC meals.

2008 Annual Meeting

Minnesota & NCMC Schedule

MONDAY, JUNE 16

10:00 a.m. – 11:00 a.m. **Minnesota Delegation Meeting**
Atlanta, Gold Level, West Tower

11:00 a.m. – 1:45 p.m. **NCMC Lunch Caucus**
Plaza Ballroom A, Green Level, East Tower

- Review Reference Committee Reports, Discussion
- Officer and Board Candidate Interviews

2:00 p.m. – 5:00 p.m. **House of Delegates, Reconvenes****
Grand Ballroom, Gold Level, East Tower

TUESDAY, JUNE 17

7:30 a.m.–9:00 a.m. **NCMC Breakfast Caucus**
Plaza Ballroom A, Green Level, East Tower

- Review Reference Committee Reports, Discussion*

7:30 a.m.–8:45 a.m. **Elections**
Columbus K-L, Gold Level, East Tower

9:00 a.m.–3:00 p.m. **House of Delegates, Reconvenes****
Grand Ballroom, Gold Level, East Tower

11:45 a.m.–1:00 p.m. **NCMC Planning Committee**
Regency 269, Blue Level, East Tower

12:00 p.m. – 1:30 p.m. **Minnesota Delegation Meeting**
Field, Silver Level, West Tower

WEDNESDAY, JUNE 18

7:30 a.m.–9:00 a.m. **NCMC Breakfast Caucus**
Plaza Ballroom A, Green Level, East Tower

9:00 a.m.–Close **House of Delegates, Closing Session****
Grand Ballroom, Gold Level, East Tower

**Start time for the House of Delegates is subject to change.

Reference Committee C&B (A-08) Drs. Bessinger & Christensen

Introduced by

BOT 2 Pharmacists' Refusal to Fill Legally Valid Prescriptions (Res 13, A-07)

BOT 13 Ethical Procurement of Organs for Transplantation (Res 8, A-07)

BOT 20 Protection of Medical Staff Members' Personal Proprietary Financial Information (Res 22 A-07)

C&B 1 Editorial Corrections to AMA Bylaws

CEJA 1 Industry Support of Professional Education in Medicine
 CEJA 2 Withdrawn
 CEJA 3 Secret Shopper “Patients” (Res 11, A-07)
 CEJA 4 Peers as Patients (Res 1, A-07)
 CEJA 5 Sedation to Unconsciousness in End-of-Life Care
 CEJA 6 Expedited Partner Therapy
 CEJA 11 CEJA's Sunset Review of House Policies

Res. 1	Pharmaceutical Grants and Gifts to Physicians	CA
Res. 2	Promoting Representative Equality at the MSS Business Meeting	MSS
Res. 3	Studying the Ethical Implications of Creating Cytoplasmic Human-Animal Hybrids	CT, ME, MA, NH, RI,VT
Res. 4	Futile Care	FL
Res. 5	Employment Relations	GA
Res. 6	End of Life and "Allow Natural Death"	IL
Res. 7	Enhancing the Voice of the Minority Affairs Consortium	MAC
Res. 8	Expanding Minority Voices in the AMA Resident and Fellow Section	MAC
Res. 9	Security Breaches in Electronic Medical Records	MD
Res. 10	Pilot Studies on Financial Incentives for Organ Donation	SC
Res. 11	AMA President's Medallion	TN
Res. 12	Medical Ethical Guidelines for Informed Consent in Investigational Trials	WA
Res. 13	Physician Employment by a Physician Extender	OH

Reference Committee A (A-08) Drs. Abenstein, Estrin & Matson	Introduced by
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BOT 14 The RUC: Recent Activities to Improve the Valuation of Primary Care Services (Res 124, A-07)

CMS 5 Tax Implications of Eliminating the Employee Income Tax Exclusion for Employer-Sponsored Insurance (CMS 5, A-07)
CMS 8 Standardizing AMA Policy on the Tax Treatment of Health Insurance

Res. 101	The AMA's Health Based Plan to Reform Health Care	ACOEM
Res. 102	Higher Co-Pays for Infusions	ACR
Res. 103	AMA Progress on Removing Patient Translation Costs from Physician Responsibility	GA
Res. 104	Fair Treatment of Physicians When Pre-existing Conditions are Discovered	GA
Res. 105	Male Mammography	ICS
Res. 106	Health Care Premiums and Medical Care Spending	IL
Res. 107	Study of Universal Health Care Systems	IL
Res. 108	Inconsistent Insurance Coverage for Children, Habilitative Services for Children	IL
Res. 109	Billing for Electronic Physician-Patient Medical Encounters	IL
Res. 110	MedPAC's Recommendations Concerning Bundled Payments	IDSA
Res. 111	Components of Health Insurance	MD
Res. 112	AMA Support of Free Clinics for the Uninsured	MI
Res. 113	Reexamining Market Based Health Care Reform	MSS
Res. 114	Removing Barriers to Care for Transgender Patients	MSS
Res. 115	Removing Insurance Barriers to Care for Transgender Patients	CT, ME, MA, NH, RI, VT
Res. 116	Re-evaluate Medicare's Geography-Based Fee Schedule	NJ
Res. 117	Legislation to Require Insurance Companies to Cover Full Immunization Costs	NJ
Res. 118	Legislation to Promote Full Disclosure of Coverage in Medicare Advantage Programs	NJ
Res. 119	Hearing Aids	NY
Res. 120	Medicare Outpatient Mental Health Disparity	OR
Res. 121	Gain-Sharing	NY
Res. 122	Removing Financial Barriers to Care for Transgender Patients	RFS, MA, CA, NY
Res. 123	Health Savings Account Penalty Increase for Non-Health Care	TX

Reference Committee B (A-08) Drs. Van Etta & Whitten	Introduced by
BOT 3 Health Savings Account Penalty Increase for Non-Health Care (Res. 218, A-07)	
BOT 5 Council on Legislation Sunset Review of 1998 House Policies	
BOT 9 Surrogate Requirement for Nursing Home Residents (Res. 216, A-07)	
BOT 17 Centers for Medicare and Medicaid Services Policy on Hospital Acquired Conditions – Present on Admission (Res 19, I-07)	
BOT 18 Legal Protections for Medical Peer Review (Res 914, A-06)	
Res. 201 Intraoperative Neurophysiologic Monitoring	AAN, CNS,ANEM,AAP MR
Res. 202 Fitness and Athletics Equity for Students with Disabilities	AAPMR
Res. 203 Office for Human Research Protections Interpretation of 45 CFR Part 46	ACOEM
Res. 204 Midwifery Scope of Practice and Licensure	ACOG
Res. 205 Home Deliveries	ACOG
Res. 206 Uniform Emergency Volunteer Health Practitioners Act	ACS, AAO, ACEP, SA,SVS
Res. 207 Ambulatory Surgical Centers	ASGE, AAOS, ACG, AGA
Res. 208 Fairness in Medical Imaging Interpretation CNS,ACC,	ASN, AAN, AANS, AMGA,ACG, AGA,
ASGE	
Res. 209 Blood Transfusion and Medical Liability	CA
Res. 210 Surgical Sterilization and Family PACT Eligibility	CA
Res. 211 Advance Directive	GA
Res. 212 Elimination of Physician's "Appointment for Representative" Requirement in Medicare Prescription Drug Program Appeals	GA
Res. 213 Payment Neutrality Between Medicare Advantage and Traditional Fee-for-Service Medicare	GA
Res. 214 Doctor of Nursing Practice	GA
Res. 215 Shadegg Bill (Health Care Choice Act)	IL
Res. 216 Anti-Trust Law	IL
Res. 217 Appropriate Oversight of Physicians' Practices	IL
Res. 218 Support the Removal of Limiting Charges for Physicians' Services Under Medicare	KS, NJ, OK
Res. 219 Michigan Patient Compensation as Tort Reform Alternative	MI
Res. 220 Bill of Rights for J-1 Visa Holding Physicians	MI
Res. 221 New Strategies to Achieve Antitrust Reform	MO
Res. 222 Legislation to Improve Readability of Hearing Loss Warning on Cotton Swab Packages	NJ
Res. 223 Support the "Sorry Works" Program	NY
Res. 224 Medicare Private Contracting Opt-Out Renewal Requirement	NY
Res. 225 HHS and Hospital-Acquired Conditions	NY
Res. 226 Member Education on Medicare Recovery Audit Contractors	TN
Res. 227 Establishing a "National Standard of Care" in the US	WA
Res. 228 Payment and Coverage Decisions and the Standard of Care for Medical Practice	LA
Res. 229 Medicare Denial of Reimbursement for Certain Unavoidable Complications	MI
Res. 230 Federal Roadblocks to E-Prescribing	TX
Res. 231 Medicare "Never Events" Payment Policy	AANS, CNS

Reference Committee C (A-08) Dr. Trippel & Mr. Meyers	Introduced by
BOT 19 Gender Disparities in Physician Income and Advancement (Res 306, A-07)	

- CME 2** Council on Medical Education Sunset Review of 1998 House of Delegates Policies and Directives
- CME 3** Physician Lifelong Learning
- CME 4** Educational Implications of the Medical Home Model
- CME 5** Enforcement of Duty Hours Standards and Improving Resident, Fellow And Patient Safety (Res 305, A-07)
- CME 6** Physician Reentry (Res 316, A-06)
- CME 7** Diversity in the Physician Workforce and Access to Care (CME 1 I-06)
- CME 8** One-Year Public Health Training Options for All Specialties
- CME 10** Independent Regulation of Physician Licensing Exams (Res 301, A-07)
- CME 11** Improving Parental Leave Policies for Residents and Fellows (Resolution 303, A-07)
- CME 12** Observerships for International Medical Graduates (Res 308, A-07)
- CME 13** Financial Conflicts in CME (Res 310, A-07)
- CME 15** Employment Benefits for Residents and Fellows (Res 309, A-07)

- Res. 301** Support for the Epidemic Intelligence Service (EIS) Program and Preventive Medicine Residency Expansion ACPM
- Res. 302** Recognition of Osteopathic Education and Training AOFAS
- Res. 303** Protection of the Titles "Doctor," "Resident" and "Residency" IL
- Res. 304** Medical Student Debt Crisis MI
- Res. 305** Oppose Discrimination in Residency Selection Based on Location of Medical School MI
- Res. 306** Waiver of US Medical Licensing Examination Step 2-CS Requirements MSS
- Res. 307** Student Loan Empowerment MSS
- Res. 308** Encouragement of Interprofessional Education Among Health Care Professions Students MSS
- Res. 309** Increasing Medical School Class Sizes MSS
- Res. 310** Solutions to Tackling the Increasing Cost of Medical Education MSS
- Res. 311** Credentialing Materials: Timely Submission by Residency and Fellowship Programs NY
- Res. 312** Study of the Impact of Medical Education on Patient Safety PA
- Res. 313** Alternative Approaches to Dealing with Medical School Tuition Costs and Student Indebtedness PA
- Res. 314** Physician Scientist Benefit Equity RFS
- Res. 315** Evaluation of Increasing Resident Review Committee Requirements RFS
- Res. 316** Loss of Status Following Family Medical Leave Act Qualified Leave During Residency Training MI
- Res. 317** Telemedicine and Medical Licensure RFS
- Res. 318** Protecting Patients and Residents by Reducing Extended Work Shifts RFS
- Res. 319** Medical Education in Disaster Response SC, ACS
- Res. 320** Tax Deductibility of Medical Education SC
- Res. 321** Promotion of Better Pain Care CA
- Res. 322** Non-ABMS Boards AAPM

Reference Committee D (A-08) Dr. Baldwin	Introduced by
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- BOT 6** Health Care for Veterans and Their Families (Res 434, A-07)
- BOT 8** Curing the Addiction to Tobacco Profits (Res 439, A-07)
- BOT 15** Personal Medication Supply in Times of Disaster (Res 433 and 437, A-07)

- CSAPH 1** The Clinical Utility of Measuring Body Mass Index and Waist Circumference in the Diagnosis and Management of Adult Overweight and Obesity
- CSAPH 2** CSAPH's Sunset Review of 1998 House Directives and Policies
- CSAPH 3** The Health Effects of High Fructose Syrup
- CSAPH 4** Ensuring the Best In-School Care for Children with Diabetes (Res 404, A-07)
- CSAPH 6** Portable Listening Devices and Noise-Induced Hearing Loss (Res 425, A-07)
- CSAPH 7** Elder Mistreatment
- CSAPH 8** Substance Use and Substance Use Disorders

- Res. 401** Tasers AACAP, APA, AAPL, AAP
- Res. 402** Active Support for "Screen Out" AAP

Res. 403 Public Health Hazards Associated with Landscaping Services	AAPHP
Res. 404 Modern Chemicals Policies	ACPM
Res. 405 Sustainable Food	ACPM
Res. 406 Mandatory Drug Screening Reporting	ASAM
Res. 407 Rating System for Processed Foods	CA
Res. 408 Air Pollution and Public Health	CA
Res. 409 Abstinence-Only Education	CA
Res. 410 Internet Marketing to Children on Health	CA
Res. 411 Reclassification of Alcopops	CA
Res. 412 Minors and Sexually Transmitted Infections	CA
Res. 413 Modern Chemicals Policy	CA
Res. 414 Sunscreen Labeling	ICS
Res. 415 Toy Safety	IL
Res. 416 Toxic Disposable Consumer Products	IL
Res. 417 Noise Pollution	IL
Res. 418 A Modern Chemicals Policy	IL
Res. 419 Restrictions on Promotion and Advertising of Alcohol Products	IN
Res. 420 Drug Abuse and Relapse Reduction Through Patient Identifiers	MI
Res. 421 Implementation of Automated External Defibrillators in High School and College Sports Programs	MSS
Res. 422 Ban Sale of Tobacco Products and / or Byproducts	OK
Res. 423 Ban the Giving of Samples of Tobacco Products	OK
Res. 424 Reduction of Underage Drinking	OK
Res. 425 Appropriate Supplementation of Vitamin D	PA
Res. 426 Pediatric Suspected Intentional Trauma	RFS
Res. 427 Encouraging Safer Chemicals Policies and Regulatory Reform of Industrial Chemicals to Protect and Improve Human Health	WA
Res. 428 Reintroducing DDT in the US and Worldwide	WA
Res. 429 Building the Health Care Workforce for an Aging America	AGS
Res. 430 Global Climate Change and Human Health	ATS
Res. 431 Health Care Costs of Violence and Abuse Across the Lifespan VT,	CA, CT, ME, MA, NH, RI,
Res. 432 Protective NAAQS Standard for Airborne Lead	AAP, AGS, AACAP
Res. 433 Prevention of Firearm Violence: A Public Health Crisis	ATS, AAP AAPHP

Reference Committee E (A-08) Dr. Crabb	Introduced by
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BOT 4 Increasing Minority Participation in Clinical Research (Res 912, I-07)	
BOT 7 Direct-to-Consumer Advertising and Provision of Genetic Testing (Res 522, A-07)	
CSAPH 5 Revision of the Lifetime Deferral for Blood Donation of the Men Who Have Sex with Men (MSM) Population	
CSAPH 9 Optimizing Care for Gay Men and Lesbians	
Res. 501 Anti-Aging Medications ASPS	AAFPRS, AACs,
Res. 502 National Commission on Digestive Diseases	ASGE, ACG, AGA
Res. 503 Elimination of the 48-Hour Signature Rule	CA
Res. 504 HIV and Public Health Prevention Services	CA
Res. 505 FDA Drug Safety Policies	CA
Res. 506 Internet Prescriptions	CA
Res. 507 Pharmaceutical Advertising	IL
Res. 508 Pharmaceutical Quality Control for Foreign Medications	KS
Res. 509 Cancer and Health Care Disparities Among Minority Women	MAC, ACOG
Res. 510 Systemic Lupus Erythematosus and Its Impact on Minority Health	MAC
Res. 511 Racial and Ethnic Disparities in Maternal Mortality	MAC
Res. 512 E-Prescribing of Controlled Substances	MI

Res. 513	Oppose "Behind the Counter" Drug Proposal by the US Food and Drug Administration	MI
Res. 514	Adopting a Definition for Metabolic Syndrome	MSS
Res. 515	Essential Medicines for the Developing World	MSS
Res. 516	Doctor-Patient Right to Procure Pharmaceuticals in Life Threatening Situations	NJ
Res. 517	Expiration Dates	NY
Res. 518	Immunization Access to Parents of High-Risk Infants Younger Than Six Months of Age	NY
Res. 519	Extend Phase-Out Period for Proven CFC Inhalers	NY
Res. 520	"Pay for Delay" Arrangements by Pharmaceutical Companies	NY
Res. 521	Early Recognition and Intervention in Chronic Kidney Disease	RPA
Res. 522	Benefits of Marriage	WI, AAP
Res. 523	MRI Safety and Standardization	CNS
Res. 524	Phase I Pediatric Vaccine Trials	OH
Res. 525	Neurobiology of Neuropathic Pain	AAPM
Res. 526	Appropriate Aspirin Use for Prevention of Heart Disease and Stroke	ACPM
Res. 527	Generic Medications	APA, AACAP, AAPL
Res. 528	Quality Control of Generic Medications and Active Pharmaceutical Ingredients	APA, AACAP, AAPL
Res. 529	Eliminating the Barriers to Surviving Acute Myocardial Infarction	ACC

Reference Committee F (A-08) Dr. Indihar	Introduced by
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- BOT 10** Council of Medical Specialty Societies – Official Observer Status in the House of Delegates
BOT 16 Designation of Specialty Societies for Representation in the House of Delegates (BOT 17, A-07)
BOT 25 Auditor's Report

BOT 31 AMA Dues – 2009

- CLRPD 1** CLRPD's Sunset Review of 1998 House Directives and Policies
CLRPD 2 Representation of the International Medical Graduates (IMG) Section (Res 614, A-07)

Report of the House of Delegates Committee on Compensation of the Officers

Res. 601	Compilation of the AMA President and Board Chair's Written Materials	AAPHP
Res. 602	Global Warming / Green Initiatives	IL
Res. 603	Survey by Specialty of National Health Insurance Plan Acceptability	MD
Res. 604	Disclosure of Sources of Income of Candidates for AMA Offices	MD
Res. 605	Encouraging "Green" Initiatives	IL
Res. 606	Specialty Societies and the American Medical Association	MN
Res. 607	Toward Environmental Responsibility	MSS
Res. 608	AMA Dues Waived for all Physicians	NE
Res. 609	Physician Health and Wellness	CT, ME, MA, NH, RI, VT
Res. 610	Limiting Excessive Reimbursement to Health Care Executives	NY
Res. 611	Assessing the Role of the AMA and the Implementation of the Patient Safety and Quality Improvement Act of 2005	PA
Res. 612	Accuracy of Internet Physician Profiles	RFS
Res. 613	Council Nominations	SD
Res. 614	Five Year Review Membership Requirement for National Medical Specialty Societies	
Res. 615	AMA Council Members Floor Privileges at our AMA House of Delegates	TN
Res. 616	Smoke-Free Meeting Facilities	TX
Res. 617	Webcast Communication to the Public About Medical Issues	OH
Res. 618	Changing Five-Year Review Criteria for Retaining a Seat in the House of Delegates of the AMA	AAHKS, SIR
Res. 619	Specialty Society Representatives	ASBP
Res. 620	Support for Taiwan's Entry Into the World Health Organization	Guam
Res. 621	HOD Delegate Status	ACMG
Res. 622	250 Minimum Membership Rule	ACMG

Reference Committee G (A-08) Dr. Jaspers

Introduced by

BOT 1 Communication Between Hospitals and Primary Care Referring Physicians (Res 532, A-07)	
BOT 11 Tiering System for Third-Party Payers (Res 816, I-07)	
BOT 12 Work of the Task Force on the Release of Physician Data	
BOT 27 Leadership for Patient Safety: Reducing the Hospital Registered Nurse Shortage at the Bedside (Res 534, A-07)	
CMS 1 Medical Care Outside the United States (Res 711 and 732, A-07)	
CMS 2 Access to Psychiatric Beds and Impact on Emergency Medicine (Res 714, A-07)	
CMS 3 The Role of Cash Payments in All Physician Practices (Res 703 & 728, A-07)	
CMS 4 Policy Sunset Report for 1998 AMA Socioeconomic Policies	
CMS 4 Value-Based Decision-Making in the Health Care System	
Res. 701 Emergency Department Boarding CAP	ACEP, ACR, ASA,
Res. 702 Recognizing Transitions of Care for Performance Improvement	AMDA
Res. 703 Inclusion of Observation Bed Status and Emergency Room Observation Time as a Part of the Mandatory Three-Day Inpatient Hospital Stay Requirement to Receive the Medicare Skilled Nursing Facility Benefit	AMDA
Res. 704 Health Care Quality Improvement Act Amendment	CA
Res. 705 Evaluating the Physician Quality Reporting Initiative	FL
Res. 706 Appropriate Hospital Charges	IL
Res. 707 Opposition to Pre-authorization for Prescriptions	IL
Res. 708 Unreasonable Payer Requirements for Physician Orders for Imaging and Other Diagnostic Studies	IL
Res. 709 Replacing "Surrogate Requirement for Nursing Home Residents"	IL
Res. 710 Safeguard National Provider Identifier and Physician Privacy	MI
Res. 711 Seek Guidelines for Handling Prejudiced Patients	MI
Res. 712 History and Physical Examination 24 Hours Before Surgery	MO
Res. 713 Real-Time Claims Processing	MO
Res. 714 Skilled Nursing Facility Admissions	NE
Res. 715 Optional Use of Social Security Numbers During the Council for Affordable Healthcare Credentialing Process	CT, ME, MA, NH, RI,
VT	
Res. 716 AMA Model Agreement with Advanced Practice Nurse Clinicians, Nurse Practitioners and / or Clinical Nurse Specialists	CT, ME, MA, NH, RI,
VT	
Res. 717 Contract and Fee Schedule Disclosure	NY
Res. 718 Home Infusion of Antibiotics	NY
Res. 719 Universal Bill	NY
Res. 720 Consumer Rights for Durable Medical Equipment	IL
Res. 721 Denial of Use of Evaluation and Management Codes	ISR, ACRO, ACR
Res. 722 Studying and Supporting Health Information Exchange	OMSS
Res. 723 Increasing Transparency of Hospital Contracts for Ancillary Services	OMSS
Res. 724 Privileging Physicians With Low Hospital Activity	OMSS
Res. 725 Anthem Coding Audit	OH