

AMA-YPS Handbook Review: HOD Reference Committee A (medical service)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcoma.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
<p>CMS Report 1: Free Clinics and the Uninsured</p>	<p>The Council on Medical Service recommends that the following be adopted and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association continue to use the Voice for the Uninsured campaign to advocate refundable, advanceable tax credits inversely related to income, with the goal of expanding health insurance coverage and choice, rather than to promote access to free clinics. (Directive to Take Action) 2. That our AMA congratulate the AMA Foundation for providing funding to free clinics through the Health Communities/Healthy America grants. (Directive to Take Action) 3. That our AMA support efforts to reduce the barriers faced by physicians volunteering in free clinics face, including medical liability coverage under the Federal Tort Claims Act. (New HOD Policy) 4. That our AMA rescind Policy D-160.983. (Rescind HOD Policy) <p>Fiscal Note: Staff cost estimated to be less than \$500 to implement.</p>	<p>Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language</p>
<p>CMS Report 6: Medicare Physician Payment Reform</p>	<p>The Council on Medical Service recommends that the following be adopted in lieu of Resolution 110 (A-08), and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) advocate for the development and adoption of Medicare physician payment reforms that adhere to the following principles: <ol style="list-style-type: none"> a) promote improved patient access to high-quality, cost-effective care; b) be designed with input from physician community; c) ensure that physicians have an appropriate level of decision-making authority over bonus or shared-savings distributions; d) not require budget neutrality within Medicare Part B; e) be based on payment rates that are sufficient to cover the full cost of medical practice; f) ensure reasonable implementation timeframes, with adequate support available to assist physicians with the implementation process; g) make participation options available for varying practice sizes, patient mixes, specialties, and locales; h) use adequate risk adjustment methodologies; i) incorporate incentives large enough to merit additional investments by physicians; j) provide patients with information and incentives to encourage appropriate utilization of medical care, including the use of preventive services and self-management protocols; k) provide a mechanism to ensure that budget baselines are reevaluated at regular intervals and are reflective of trends in service utilization. (New HOD Policy) 	<p>Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language</p>

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	<p>2. That our AMA continue to advocate for adequate investment in comparative effectiveness research that is consistent with AMA policy, and in effective methods of translating research into clinical practice. (Directive to Take Action)</p> <p>3. That our AMA advocate for better methods of data collection, development, reporting and dissemination of practical clinical decision-making tools for patients and physicians, and rapid feedback about comparative practice patterns to physicians to enable them to make the best use of the information at the local and specialty level. (Directive to Take Action)</p> <p>4. That our AMA urge physician organizations, including state medical associations and national medical specialty societies, to develop and recruit groups of physicians to experiment with diverse ideas for achieving Medicare savings, including the development of organizational structures that maximize participation opportunities for physician practices. (Directive to Take Action)</p> <p>5. That our AMA continue to advocate for changes in antitrust and other laws that would facilitate shared-savings arrangements, and enable solo and small group practices to make innovations that could enhance care coordination and increase the value of health care delivery. (Directive to Take Action)</p> <p>6. That our AMA support local innovation and funding of demonstration projects that allow physicians to benefit from increased efficiencies based on practice changes that best fit local needs. (Directive to Take Action)</p> <p>7. That our AMA reaffirm Policy D-330.924, which calls for a commitment to total reform of the current Medicare system by making it a high priority on the AMA's legislative agenda, and that the AMA's reform efforts continue to be centered on our long-standing policies of pluralism (AMA Policy H-165.844), freedom of choice (H-165.920, H-373.998, H-390.854), defined contributions (D-330.937), and balance billing (D-380.996, H-385.991, D-390.969). (Reaffirm HOD Policy)</p> <p>8. That our AMA rescind Policy D-390.964. (Rescind HOD Policy)</p> <p>Fiscal Note: Staff cost estimated to be \$4,580 to implement.</p>		
<p>CMS Report 8: The Patient-Centered Medical Home</p>	<p>The Council on Medical Service recommends that the following be adopted in lieu of Amendment J-3 (I-08), and that the remainder of this report be filed:</p> <p>1. That our American Medical Association (AMA) support the medical home model as a way to enhance care coordination and strengthen accountability for all aspects of a patient's medical care, without restricting access to specialty care. (New HOD Policy)</p>	Support	<p>Adopted as amended in lieu of Resolutions 104 and 116; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-</p>

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	<p>2. That Policy H-160.919, "Principles of a Patient-Centered Medical Home," be amended by addition of the following statement: "It is the policy of our AMA that medical home participation criteria allow any physician practice to qualify as a medical home, provided it can fulfill the principles of a patient-centered medical home." (Amend HOD Policy)</p> <p>3. That our AMA urge the Centers for Medicare and Medicaid Services to work with our AMA and national medical specialty societies to design incentives to enhance care coordination among providers who provide medical care for patients outside the medical home. (Directive to Take Action)</p> <p>4. That our AMA urge the Centers for Medicare and Medicaid Services to assist physician practices seeking to qualify for medical home status with financial and other resources. (Directive to Take Action)</p> <p>5. That our AMA advocate that Medicare incentive payments associated with the medical home model be paid for though system-wide savings—such as reductions in hospital admissions and readmissions (Part A), more effective use of pharmacologic therapies (Part D), and elimination of government subsidies for Medicare Advantage plans (Part C)—and not be subject to a budget neutrality offset in the Medicare physician payment schedule. (Directive to Take Action)</p> <p>6. That our AMA rescind Policy D-160.942. (Rescind HOD Policy)</p> <p>Fiscal Note: Staff cost estimated to be less than \$500 to implement.</p>		<p>ref-comm-a-annotated.pdf for final language</p>
<p>Resolution 101: Function as a Critical Outcome to be Included in Health Care Reform Legislation (AAPhysMedRehab, ACRheum, AAOralMaxSurg, ACCard, AANeuro&Electrodx, NorthAmSpine, AAAllergyAsthmalmmuno, AmSocAnes, OK)</p>	<p>RESOLVED, That our American Medical Association support health care reform that meets the needs of all Americans including people with injuries, disabilities, and chronic conditions, and as such values function and its improvement as key outcomes to be specifically included in national health care reform legislation. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	<p>Monitor/Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language</p>
<p>Resolution 102: Domestic Violence Insurance Discrimination (ACOG,</p>	<p>RESOLVED, That our American Medical Association oppose the practice of domestic violence insurance discrimination (New HOD Policy); and be it further</p>	<p>RECOMMENDED FOR REAFFIRMATION CONSENT</p>	<p>Reaffirmed</p>

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RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
AMWA, CT, ME, MA, NH, RI, VT)	<p>RESOLVED, That our AMA adopt policy in keeping with the Family Violence Prevention Fund's advocacy for state legislation addressing domestic violence discrimination, encompassing the following principles:</p> <ol style="list-style-type: none"> 1. Apply to all lines of health, life and disability insurance; 2. Prohibit insurers from using domestic violence as a basis for underwriting or rating insurance including: denying, canceling, limiting or excluding coverage; charging a higher premium or denying claims because and individual is, has been or is perceived to be a victim of domestic violence. (This prohibition must not be limited to actions based "solely" on domestic violence because "solely" permits actions based on domestic violence with other reasons); and 3. Prohibit insurers from underwriting or rating on the basis of mental and physical conditions or claims resulting from domestic violence or, at a minimum, provide safeguards if insurers are permitted to consider abuse-related medical conditions and claims including written explanation to the applicant or insured. (New HOD Policy) <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	<p>CALENDAR</p> <p>Support</p>	
<p>Resolution 103: Gender Rating and Discrimination Based on Prior Cesarean Section (ACOG, AMWA, CT, ME, MA, NH, RI, VT)</p>	<p>RESOLVED, That our American Medical Association oppose the practice of gender rating in individual insurance markets, as a discriminatory practice (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA advocate for states to ban the use of gender rating in setting rates, premiums, co-pays, surcharges or coverage for patients (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA advocate for states to prohibit the existence of a prior cesarean section as a basis for underwriting or rating insurance including: denying, canceling, limiting or excluding coverage; charging a higher premium or denying claims (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA advocate for maternity coverage as a part of any covered benefit by individual insurance carriers. (New HOD Policy)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,929.</p>	<p>RECOMMENDED FOR REAFFIRMATION CONSENT CALENDAR</p> <p>Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language</p>
<p>Resolution 104: Effects of Uncoordinated Care (CA)</p>	<p>RESOLVED, That our American Medical Association study the existing data on the effects on cost and quality of care associated with the uncoordinated healthcare across medical disciplines, community resources and governmental entities (Directive to Take Action); and be it further</p> <p>RESOLVED, That, if significant benefit of care coordination and the value of Medical Homes is demonstrated by this study, our AMA explore how these benefits can be encouraged, financed, promoted and implemented. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$3,056.</p>	<p>Monitor/Support</p>	<p>CMS Report 8 adopted in lieu of Resolutions 104 and 116; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language</p>

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Resolution 105: The Definition of Primary Care (CA)	<p>RESOLVED, That our American Medical Association adopt the following definition of "Primary Care:" (Modify Current HOD Policy)</p> <p>"Primary care is the provision of coordinated, accessible health care services by physicians who are accountable for addressing a large majority of health care needs including diagnosis of the undifferentiated patient, promoting health, preventing disease, developing a sustained partnership with patients, coordinating care with the primary care team and referring patients to non-primary care specialists and practicing in the context of family and community."</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Monitor	Withdrawn
Resolution 106: Universal Health Care for the Territory of Guam (Guam)	<p>RESOLVED, That our American Medical Association endorse the Guam Medical Society concept of a federal administered universal health care program along with the retention of viable commercial health care insurance products that preserves patient choice and assures the highest standard of patient care of equivalence to the United States of America and removes any financial incentives for patients to seek care in a foreign jurisdiction. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	Monitor	Not adopted
Resolution 107: Single Payer Health Care Financing for America (Hawaii)	<p>RESOLVED, That our American Medical Association support national single-payer financing of the private and independent delivery of health care, and call upon Congress to enact legislation to establish a single-payer health care financing system for the United States of America (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA work with the United States Congress and the Administrative Branch to create a National Health Board, held accountable to act on behalf of the public good and insulated from special interest influences. This Board shall have expertise in health economics and representation from the actual stakeholders in health care: the providers of health care including physicians, hospitals, and other providers of care; and the public who are or will be recipients of health care. This National Health Board shall be granted authority over establishment of a provider fee structure; allocation of government funding for health care education and training, medical research, and public health programs; scope of practice issues; and quality improvement programs. It must also have substantial authority over the public financing of the single-payer health care system, including health care taxes, to ensure that the funding of the system continues to reflect the realistic costs of providing quality health care, to ensure that public health care funds are spent in a cost-effective manner, and to ensure maintenance of quality health care for the residents of The United States of America in perpetuity. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,365.</p>	Oppose	Not adopted

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<p>Resolution 108: Tax Breaks Due to Indigent Care (Int'l College of Surgeons – US Section)</p>	<p>RESOLVED, That our American Medical Association endorse the concept of hospitals reporting care costs when being evaluated for the amount of charity care that they provide (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA promulgate this concept to the appropriate parties with the goal of resolving the inequity between the credit received by hospitals for indigent care and the actual cost incurred. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p>	<p>Support</p>	<p>Not adopted</p>
<p>Resolution 109: Obesity (IL)</p>	<p>RESOLVED, That our American Medical Association recommend consideration of physician prescribed and supervised diet and exercise programming for insurance coverage, IRS tax deductibility or IRS Employer Health Flex Spending program qualification. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p>	<p>RECOMMENDED FOR REAFFIRMATION CONSENT CALENDAR</p> <p>Support</p>	<p>Reaffirmed</p>
<p>Resolution 110: “Public Option” Health Insurance (KS)</p>	<p>RESOLVED, That our American Medical Association express its opposition to “public option” proposals which could result in the elimination of the private health insurance system. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p>	<p>RECOMMENDED FOR REAFFIRMATION CONSENT CALENDAR</p> <p>ONLY IF PULLED OFF REAFFIRMATION CONSENT CALENDAR – Active Support</p>	<p>Substitute Resolution 110 adopted in lieu of Resolutions 110 and 130 with a title change; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language</p>
<p>Resolution 111: Payment for Email Consultations by Medicare (Mich)</p>	<p>RESOLVED, That our American Medical Association work with the federal government and the Centers for Medicare and Medicaid Services to provide adequate compensation for e-mail consultations and replies to enhance the patient experience and the speedy delivery of health care. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,580.</p>	<p>RECOMMENDED FOR REAFFIRMATION CONSENT CALENDAR</p> <p>ONLY IF PULLED OFF REAFFIRMATION CONSENT CALENDAR – Active Support</p>	<p>Referred</p>

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Resolution 112: A Choice System of Health Care in the United States (Mich)	RESOLVED, That our American Medical Association study how a system enabling universal health care coverage while allowing purchase of additional coverage for those who choose to do so might be accomplished including legislative proposals. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$3,056.	Monitor/Oppose	Reaffirmed
Resolution 113: Medical Expense Tax Deductibility (OH)	RESOLVED, That our American Medical Association support changes in the federal tax code to reduce the threshold of tax deductibility of patient out-of-pocket medical expenses to 2% of adjusted gross income. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$9,294.	Support	Reaffirmed
Resolution 114: Financial Barriers to Specialty Care (OH)	RESOLVED, That our American Medical Association oppose financial barriers to specialty care, such as excessively high co-pays for office visits (New HOD Policy); and be it further RESOLVED, That our AMA study the impact on patient access to specialty care when commercial insurance plans place greater responsibility on the patient for expenses at the time of a specialty care office visit. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$3,056.	RECOMMENDED FOR THE REAFFIRMATION CONSENT CALENDAR Monitor/Support	Reaffirmed
Resolution 115: Support of Legal Partnership (SC)	RESOLVED, That our American Medical Association study and distribute to AMA members a white paper or similar research on any and all legal arrangements that would allow the receiving and distribution of “bundled” payments to participating physicians without requiring hospital employment (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for legal arrangements between private practice physicians and hospitals that support the independent practice of medicine and give physicians equal status when/if “bundling” payments are made. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$756.	Support	Adopted

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Resolution 116: Funding of the Patient-Centered Medical Home (SC)	<p>RESOLVED, That our American Medical Association support policy that any incremental money necessary to implement the patient-centered medical home come from newly added money and not from money taken away from other health services or providers (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA lobby the Congress and the US Executive Branch to compel the Centers for Medicare & Medicaid Services to abandon budget neutrality in the Medicare system in order that primary care physicians and that the patient-centered medical home receive necessary funding. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,580.</p>	Support	CMS Report 8 adopted in lieu of Resolutions 104 and 116; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language
Resolution 117: Access to Affordable and Adequate Diabetes Supplies (Endocrine Soc, AmAssocClinEndo)	<p>RESOLVED, That our American Medical Association work with federal and state governments to identify ways to ensure the affordability of blood glucose test strips and related supplies that are not hindered by the high cost of co-pays or deductibles (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work with federal and state governments to ensure that health care coverage options provide access to an adequate number of blood glucose test strips--as determined or prescribed by a physician--to maintain optimal glucose control (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage medical device manufacturers to adopt policies that provide broader access to free or low-cost diabetes supplies such as blood glucose test strips to those without insurance coverage or inadequate coverage. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$5,080.</p>	<p>RECOMMENDED FOR THE REAFFIRMATION CONSENT CALENDAR</p> <p>Support</p>	Reaffirmed
Resolution 118: Transparency of Preventative Care Services (TX)	<p>RESOLVED, That our American Medical Association seek legislation requiring insurance companies to adopt standardized, readily accessible and understandable terminology spelling out coverage for preventative care services, including adequate payment for recommended vaccine products and services. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,188.</p>	<p>RECOMMENDED FOR THE REAFFIRMATION CONSENT CALENDAR</p> <p>Support</p>	Reaffirmed
Resolution 119: Commercial Insurance for All Expansion of Health Care (TX)	<p>RESOLVED, That our American Medical Association endorse and promote the use of commercial insurance at standard commercial physician payment rates in all government health care benefit programs and oppose increased use of government-based payment rates for comparative purposes (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work with federation stakeholders and appropriate independent third parties to identify data and information tools for the purpose of comparing rates. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$16,580.</p>	<p>RECOMMENDED FOR THE REAFFIRMATION CONSENT CALENDAR</p> <p>Support</p>	Reaffirmed

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Resolution 120: Insurance Underwriting Reform (YPS)	RESOLVED, That our American Medical Association urge insurance companies to recognize that some medical conditions can be resolved or reduced to the extent that they are no longer valid predictors of morbidity and mortality (Directive to Take Action); and be it further RESOLVED, That our AMA urge insurance companies to make underwriting decisions based only on the presence of conditions that are valid predictors of morbidity and mortality. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$4,969.	ACTIVE SUPPORT (from our section)	Adopted
Resolution 121: Amending Inaccurate Medical Records (YPS)	RESOLVED, That our American Medical Association urge any insurance provider to accept appropriately amended medical records when underwriting decisions require medical record review. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$4,969.	ACTIVE SUPPORT (from our section)	Adopted
Resolution 122: Extension of Veterans Affairs Pharmacy Benefit to all Veterans (AmPsychAssoc, AmAcadChildPsych, AmAcadPsych&Law)	RESOLVED, That our American Medical Association advocate for the extension of the Veterans Affairs pharmacy benefit to all outpatient veterans who wish to use it. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,000.	Support	Referred
Resolution 123: Inclusion of Mental Health Parity in Health Care Reform Discussion (AmPsychAssoc, AmAcadChildPsych, AmAcadPsych&Law)	RESOLVED, That our American Medical Association support health care reform that meets the needs of all Americans including people with mental illness (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for the inclusion of full parity for the treatment of mental illness in all national health care reform legislation. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$2,000.	Support	Adopted as amended with change in title; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language
Resolution 124: Accuracy of the Cost Estimates of Health Care Systems (AmPsychAssoc, AmAcadChildPsych, AmAcadPsych&Law)	RESOLVED, That our American Medical Association undertake a careful examination of the reported cost estimates of the health care systems of comparable developed countries, clarify the services and attendant expenses which are included in such estimates, publicize any estimates which ignore costs shifted to other parts of national budgets, and use this information in our efforts to ensure that the true cost of all of the services provided by the United States health care system are appropriately figured into any system redesign. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$3,056.	ACTIVE SUPPORT	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language

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Resolution 125: Appropriate Reimbursement for Mandated Benefits (NV)	RESOLVED, That our American Medical Association work with state legislatures, Congress and appropriate government agencies to define reasonable reimbursement levels for mandated benefits in health insurance policies so as to ensure that these services are readily available to those covered by these policies. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$2,000.	Support	Adopted as amended with change in title; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language
Resolution 126: Adjustments Made to Relative Scale to Include Increased Paperwork for Physicians (NY)	RESOLVED, That our American Medical Association seek reconsideration of Work Relative Value Units for all AMA CPT codes from the Relative Value Update Committee to capture the additional work forced upon physicians by voluminous documentation requirements resulting from regulatory mandates when reimbursement rates are calculated (Directive to Take Action); and be it further RESOLVED, That our AMA seek passage of federal regulation and/or legislation to accomplish the sentiments expressed in this resolution. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$5,000.	RECOMMENDED FOR THE REAFFIRMATION CONSENT CALENDAR Monitor/Support	Reaffirmed
Resolution 127: Assuring Seamless Coverage for Patients Changed from HMO Products into PPO Products (NY)	RESOLVED, That our American Medical Association seek federal legislation to eliminate the 12-month waiting period for health insurance coverage for patients with pre-existing medical conditions. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,000.	RECOMMENDED FOR THE REAFFIRMATION CONSENT CALENDAR Support	Adopted as amended with change in title; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language
Resolution 128: Insurance Companies and ACIP (NY)	RESOLVED, That our American Medical Association seek legislation mandating that health insurance companies in applicable states either pay for vaccines recommended by the Advisory Committee on Immunization Practices, or clearly state in large bold font in their notices to patients and businesses that they do not follow the federal advisory body on vaccine recommendations, the Advisory Committee on Immunization Practices. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,000.	RECOMMENDED FOR THE REAFFIRMATION CONSENT CALENDAR Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-a-annotated.pdf for final language