

Reference Committee on A (medical service)

YPS HOD Handbook Review Committee: Mary Margaret Crestani, MD, Chair; Lambert Wu, MD; and Devdutta Sangvai, MD, MBA

Note: The text of all resolutions and reports can be viewed at <http://www.ama-assn.org/ama/pub/category/18586.html>.

| HOD resolution/report | Action requested | Recommended AMA-YPS position | Final AMA-HOD Action |
|---|--|------------------------------|---|
| <p>BOT Report 14: The RUC: Recent Activities to Improve the Valuation of Primary Care Services</p> | <p>The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 124 (A-07), and that the remainder of this report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association continue to advocate for the adoption of AMA/Specialty Society RVS Update Committee (RUC) recommendations, and separate payment for physician services that do not necessarily require face-to-face interaction with a patient. 2. That our AMA reaffirm Policies H-400.956, "RBRVS Development," H-400-959, "Refining and Updating the Physician Work Component of the RBRVS," H-400.962, "The AMA/Specialty Society RVS Update Process," H-400.969, "RVS Updating," and H-400.972, "Physician Payment Reform." <p>Fiscal Note: Continue to advocate for adoption of RUC recommendations and separate additional payment for physician services at an estimated cost of \$2,188.</p> | <p>Support</p> | <p>Adopted</p> |
| <p>CME Report 5: Tax Implications of Eliminating the Employee Income Tax Exclusion for Employer-Sponsored Insurance</p> | <p>The Council on Medical Service recommends that the following be adopted and the remainder of this report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) amend Policy H-165.920[11] by insertion to read as follows: "(11) supports a replacement of the present <u>federal income tax</u> exclusion from employees' taxable income of employer-provided health expense coverage with tax credits for individuals and families, <u>while allowing all health insurance expenditures to be exempt from federal FICA (Social Security and Medicare) payroll tax;</u>" (Modify Current HOD Policy) 2. That our AMA advocate that, upon replacement, with tax credits, of the exclusion of employer-sponsored health insurance from employees' federal income tax, any states and municipalities conforming to this federal tax change be required to use the resulting increase in state and local tax revenues to finance health insurance tax credits, vouchers or other coverage subsidies. (New HOD Policy) 3. That our AMA support legislation to remove paragraph (4) of Section 162(l) of the US tax code, which discriminates against the self-employed by requiring them to pay federal payroll (FICA) tax on health insurance premium expenditures. (New 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/471/annotatedadoc for exact wording.</p> |

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| <p>CME Report 8: Standardizing AMA Policy on the Tax Treatment of Health Insurance</p> | <p>Based on the analysis in this report, the Council on Medical Service recommends that the following be adopted and the remainder of this report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) rescind Policy H-270.969. (Rescind HOD Policy) 2. That our AMA rescind Policy H-180.971. (Rescind HOD Policy) 3. That our AMA rescind Policy D-165.983. (Rescind HOD Policy) 4. That our AMA rescind Policy H-165.995[2a]. (Rescind HOD Policy) 5. That our AMA rescind Policy H-165.920[12]. (Rescind HOD Policy) 6. That our AMA rescind Policy H-165.882[5]. (Rescind HOD Policy) 7. That our AMA amend Policy H-165.985[7] by addition and deletion to read as follows: “(7) The expansion of adequate health expense protection <u>insurance coverage</u> to the presently uninsured, through formation of insurance risk pools in each state, sliding-scale vouchers to help those with marginal incomes purchase pool coverage, development of state funds for reimbursing providers of uncompensated care, tax incentives to assist small employers in buying health insurance coverage, and reform of the Medicaid program to provide uniform adequate benefits to all persons with incomes below the poverty level.” (Modify Current HOD Policy) 8. That our AMA amend Policy H-165.865[2] by addition and deletion to read as follows: “(2) It is the policy of our AMA that in order to qualify for a tax credit for the purchase of individual health insurance, the health insurance purchased must provide coverage for hospital care, surgical and medical care, and catastrophic coverage of medical expenses as such expenses are defined by Title 26 Section 213(d) 9832 of the United States Code.” (Modify Current HOD Policy) 9. That our AMA amend Policy D-180.987 by addition and deletion to read as follows: “Our American Medical Association seeks to eliminate federal government discrimination against individuals who purchase health insurance <u>on their own rather than through an employer</u>, by pursuing equitable tax-exemption <u>treatment</u> for health insurance premiums.” (Modify Current HOD Policy) 10. That our AMA amend Policy H-165.920[3a] by addition and deletion to read as | <p>Support</p> | <p>Adopted as amended in lieu of Resolution 106; see http://www.ama-assn.org/ama1/pub/uploadd/mm/471/annotatedadoc for exact wording.</p> |

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| | <p>follows: “Our AMA... (3) actively supports the principle of the individual’s right to select his/her health insurance plan and actively support ways in which the concept of individually selected and individually owned health insurance can be appropriately integrated, in a complementary position, into the Association’s position on achieving universal coverage and access to health care services. To do this, our AMA will: (a) Support legislation that would provide the employer with the same <u>Continue to support equal</u> tax treatment for payment of health expense <u>insurance</u> coverage whether the employer provides the coverage for the employee or whether the employer provides a financial contribution to the employee to purchase individually selected and individually owned health expense <u>insurance</u> coverage, including the exemption of both employer and employee contributions toward the individually owned insurance from FICA (Social Security and Medicare) and federal and state unemployment taxes;” (Modify Current HOD Policy)</p> <p>11. That our AMA amend Policy H-165.865[1] by addition and deletion to read as follows: “(1) Our That AMA supports for replacement of the present exclusion from employees’ taxable income of employer-provided health expense <u>insurance</u> coverage with tax credits, be guided by the following principles: ...” (Modify Current HOD Policy)</p> <p>12. That our AMA amend Policy H-165.920 by addition and deletion to replace all references to “health expense coverage” with the term “health insurance coverage.” (Modify Current HOD Policy)</p> <p>13. That our AMA amend Policy D-165.984 by addition and deletion to read as follows: “Our AMA will continue to vigorously pursue its polices that support a system of income-related refundable, <u>advanceable</u> tax credits inversely related to income for the purpose of expanding coverage and patient choice (Policies H-165.920, H-165.882 851, and H-165.865).” (Modify Current HOD Policy)</p> <p>14. That our AMA amend AMA Policies H-165.920[13], H-290.982[8], H-165.848[2], H-165.861, D-165.959, D-165.966[1], and D-165.968[1] by addition and deletion to replace the words “tax credits,” “income related tax credits,” and “refundable tax credits” with the standardized language “refundable, advanceable tax credits inversely related to income.” (Modify Current HOD Policy)</p> <p>Fiscal Note: Staff cost estimated to be less than \$500 to implement.</p> | | |
| Resolution 101: The AMA's Health Based Plan to | RESOLVED, That our American Medical Association advocate for universal coverage of high value preventive care (Directive to Take Action); and be it further | Monitor | Substitute Resolution 101 adopted; see http://www.ama- |

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| Reform Health Care | <p>RESOLVED, That prevention will be coordinated and integrated within a medical home (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA will advocate for a digital infrastructure to support coordination and the administration of universal preventive care (Directive to Take Action); and be it further</p> <p>RESOLVED, That this digital infrastructure will be employed to organize the many competing systems of treatment to achieve health process simplifications, such as uniform and simplified billing and credentialing. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p> | | <p>assn.org/ama1/pub/uploads/mm/471/annotatedadoc for exact wording.</p> |
| Resolution 102: Higher Co-Pays for Infusions | <p>RESOLVED That our American Medical Association work to reverse tier 4 insurance policies increasing co-pays for a sub-set of patients that need to have these critical medications (Directive to Take Action); and</p> <p>RESOLVED That our AMA draft a paper analyzing how higher insurance co-pays not only decrease access to care but cost society in the long-run with lost days of employment, long term disability and the overall cost of the support of the chronically ill. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$3,056.</p> | Monitor | Current policy reaffirmed |
| Resolution 103: AMA Progress on Removing Patient Translation Costs from Physician Responsibility | <p>RESOLVED, That our American Medical Association provide an update to its membership on the progress it has made on eliminating payment for translation services for patients by the physician and their future plans for addressing this problem. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p> | Support | <p>Adopted as amended with change in title. See http://www.ama-assn.org/ama1/pub/uploads/mm/471/annotatedadoc for exact wording.</p> |
| Resolution 104: Fair Treatment of Physicians When Pre-Existing Conditions are Discovered | <p>RESOLVED, That our American Medical Association support HR2833, the “Pre-existing Condition Exclusion Patient Protection Act of 2007,” and HR2842, the “Children’s Health Protection Act of 2007,” in respect to the elimination and/or streamlining of health plan pre-existing conditions. (Directive to Take Action)</p> <p>This topic is currently under study by the Council on Medical Service.</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,188.</p> | Monitor | Referred for decision |

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| Resolution 105: Male Mammography | <p>RESOLVED, That our American Medical Association endorse the wide spread dissemination of information regarding the risk to males as well as females for the development of breast carcinoma when genetic testing has shown prevalence in the family (BRCA especially) (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA endorse that payment for annual or periodic mammography in the high risk male be covered by Medicare and insurance companies. (New HOD Policy)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$2,615.</p> | Monitor. If pulled from Reaffirmation Consent Calendar, offer amendment. | Referred |
| Resolution 106: Health Care Premiums and Medical Care Spending | <p>RESOLVED, That our American Medical Association promote and support legislation in the US Congress that will make health insurance premiums and medical care spending fully tax deductible (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA promote and support legislation in the US Congress that will provide refundable tax credits to lower income individuals and families to enable their purchase of basic health insurance coverage. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,188.</p> | Support | CME Report 8 adopted as amended in lieu of Resolution 106 |
| Resolution 107: Study of Universal Health Care Systems | <p>RESOLVED, That our American Medical Association support policy that health care must continue as a priority item of funding at the national, state, and local levels (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA recognize the need for expanding health care coverage to all citizens of the United States and engage in more detailed study of aspects of national systems including, but not limited to, funding sources, payment models, administrative overhead and physician education in Canada, the United Kingdom, Germany, and other appropriate industrialized nations as is necessary (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA recognize that as our health care delivery system evolves, direct, meaningful and obligatory physician input is essential and must be present at every level of debate (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA affirm that the private practice of medicine must be permitted as the US health care delivery system evolves. (New HOD Policy)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$3,056.</p> | Monitor | Adopted as amended; see http://www.ama-assn.org/ama1/pub/uploadd/mm/471/annotatedadoc for exact wording. |

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| Resolution 108: Inconsistent Insurance Coverage for Children, Habilitative Services for Children | <p>RESOLVED, That our American Medical Association support, in principle, insurance companies providing habilitative services for children with developmental delays and other brain disorders (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA take action to ensure that children with developmental delays and other brain disorders receive coverage for habilitative services. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$750.</p> | Monitor | Current policy reaffirmed |
| Resolution 109: Billing for Electronic Physician-Patient Medical Encounters | <p>RESOLVED, That our American Medical Association investigate current reimbursement patterns for electronic services to patients. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$756.</p> | Support | Current policy reaffirmed |
| Resolution 110: MedPACs Recommendations Concerning Bundled Payments | <p>RESOLVED, That our American Medical Association oppose all public and private efforts to bundle providers' payments around a hospitalization and follow-up outpatient care (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work with appropriate public and private officials and advisory bodies to ensure that bundled payment reforms do not lead to hospital-controlled payments. (Directive to Take Action)</p> <p>This topic is currently under study by the Council on Medical Service.</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,580.</p> | Monitor | Referred |
| Resolution 111: Components of Health Insurance | <p>RESOLVED, That our American Medical Association study and clearly spell out to what extent a prepaid health service component and a risk-based component contribute to the costs of health insurance (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA, in all discussion of health insurance, comment separately on a prepaid health-service component and a risk-based component. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$3,056.</p> | Monitor | Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatedadoc for exact wording. |

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| Resolution 112: AMA Support of Free Clinics for the Uninsured | RESOLVED, That our American Medical Association study free clinics with the goal of facilitating improved access to care for the uninsured, consistent with the message of our AMA "Voice for the Uninsured" campaign. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$3,056. | Monitor | Adopted |
| Resolution 113: Reexamining Market Based Health Care Reform | RESOLVED, That our American Medical Association reanalyze the concept of market based health care reform, specifically addressing the financial, ethical, and moral soundness of a system that relies on private health insurance, and report back at the 2009 Annual Meeting. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$6,060. | Monitor | Policy H-165.888 reaffirmed in lieu of Resolution 113 |
| Resolution 114: Removing Barriers to Care for Transgender Patients | RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder in adolescents and adults (New HOD Policy); and be it further RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of gender identity disorder in adolescents and adults when prescribed by a physician. (New HOD Policy) Fiscal Note: Staff cost estimated at less than \$500 to implement. | Monitor | Resolution 122 adopted as amended in lieu of Resolution 114 and Resolution 115. See http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatedadoc for exact wording. |
| Resolution 115: Removing Insurance Barriers to Care for Transgender Patients | RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder (GID) (New HOD Policy); and be it further RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of GID when prescribed by a physician. (New HOD Policy) Fiscal Note: Staff cost estimated at less than \$500 to implement. | Monitor | Resolution 122 adopted as amended in lieu of Resolution 114 and Resolution 115. See http://www.ama-assn.org/ama1/pub/upload/mm/471/annotatedadoc for exact wording. |

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| Resolution 116: Re-evaluate Medicare's Geography-Based Fee Schedule | <p>RESOLVED, That our American Medical Association investigate whether or not the current geographic differential used by Medicare to set fees fairly compensates physicians and is based on accurate and current data. (Directive to Take Action)</p> <p>This topic is currently under study by the Council on Medical Service.</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$6,060.</p> | Monitor | Current policy reaffirmed |
| Resolution 117: Legislation to Require Insurance Companies to Cover Full Immunization Costs | <p>RESOLVED, That our American Medical Association advocate for legislation that would mandate that all insurers the total cost of vaccinations for their covered patients, both adult and pediatric. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,188.</p> | Active Support with amendment if pulled from reaffirmation consent calendar. | Current policy reaffirmed |
| Resolution 118: Legislation to Promote Full Disclosure of Coverage in Medicare Advantage Programs | <p>RESOLVED, That our American Medical Association lobby the legislature to enact legislation to protect the life and health of patients by protecting the physician–patient relationship and promoting truth in advertising to Medicare recipients (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA promote legislation that would require insurers to improve disclosure of Medicare Advantage programs' coverage, restrictions, and limitations to their prospective and current patients. (New HOD Policy)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,188.</p> | Monitor/Support | Current policy reaffirmed |
| Resolution 119: Hearing Aids | <p>RESOLVED, That our American Medical Association encourage all insurers, including Medicare, to provide coverage for hearings aids for individuals determined by professionals to be hearing impaired. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$2,615.</p> | Monitor | Not adopted |

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| Resolution 120: Medicare Outpatient Mental Health Disparity | <p>RESOLVED, That our American Medical Association support specific federal legislation eliminating the disparity in co-payments for Medicare outpatient mental health treatment services (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA work with the American Psychiatric Association, the American Association for Geriatric Psychiatry, and other interested parties, to lobby members of the United States Senate and House of Representatives to vote in favor of current and/or future federal legislation that eliminates the disparity in co-payments for Medicare outpatient mental health treatment services. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,188.</p> | Support | Current policy reaffirmed |
| Resolution 121: Gain-Sharing | <p>RESOLVED, That our American Medical Association conduct a study and prepare a report on gain-sharing arrangements between physicians and hospitals. (Directive to Take Action)</p> <p>This topic is currently under study by the Council on Medical Service.</p> <p>Fiscal Note: Study and report at an estimated staff cost of \$6,060.</p> | Monitor/Support | Adopted |
| Resolution 122: Removing Financial Barriers to Care for Transgender Patients | <p>RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of gender identity disorder when prescribed by a physician. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p> | Monitor | Resolution 122 adopted as amended in lieu of Resolution 114 and Resolution 115. See http://www.ama-assn.org/ama1/pub/uploads/mm/471/annotatedadoc for exact wording. |
| Resolution 123: Health Savings Account Penalty Increase for Non-Health Care | <p>RESOLVED, That our American Medical Association urge Congress to increase minimum penalties for withdrawing health savings account monies to offset any tax benefit to withdraw individual health savings account funds for non-medical purposes. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p> | Monitor | Not adopted |