

AMA-YPS Handbook Review: HOD Reference Committee B (legislative advocacy)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/addeni08refcommb.pdf>. Recommended AMA-YPS positions should be considered preliminary until ratified by the AMA-YPS Assembly on November 7, 2008.

Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	Recommended AMA-YPS position/ Comments
B of T Report 5: One Fee One Number	<p>The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 701 (I-07) and the remainder of this report be filed:</p> <ol style="list-style-type: none"> 1. That the American Medical Association (AMA) work with the Drug Enforcement Administration 45 (DEA) and Congress to move toward a system in which individual physician DEA registration numbers are person-specific rather than site-specific within a state. Additionally, the AMA will work with the DEA to ensure that the full DEA registration fee is paid only once, when the provider initially registers. Following the initial registration, provider should only pay a small re-registration fee every three years to fund the work of the DCP. (Directive to Take Action) 2. That the AMA work with the DEA, Congress and state licensing boards to explore changes to the DEA registration system so that a single DEA registration number can be used by physicians who prescribe, dispense, and/or administer controlled substances in multiple states. The AMA will explore the possible development of a national DEA standard which would be greater than or equal to the most stringent state requirements for controlled substances. Providers could choose whether they would like to apply for the national DEA standard, or, more likely for those practicing in a single state, remain registered with the DEA under their single state requirements. (Directive to Take Action) 3. That the AMA continues to monitor implementation of the NPI system and work with physicians and payers to ensure proper and prompt payment for physician claims. Additionally, the AMA will monitor physician privacy concerns associated with the public consumption of the NPI database. (Directive to Take Action) <p>Fiscal Note: Fiscal impact less than \$500.</p>	
Resolution 201: Equality of Civil Liability Preemption for Physicians (TX)	<p>RESOLVED, That our American Medical Association oppose efforts to grant greater levels of liability protection for manufacturers than for physicians, whether by court decision or statute (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support state and federal legislation that addresses the civil liability of physicians who use FDA-approved devices and pharmaceuticals in a reasonable and prudent manner, so that physicians have no less than the level of protection offered the manufacturer for adverse events resulting from the use of said products (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA report on AMA activities in support of this policy to the House of Delegates at the 2009 Annual Meeting. (Directive to Take Action).</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$3,047.</p>	
Resolution 202: National Legislative Committees (FL)	<p>RESOLVED, That our American Medical Association support the formation of National Legislative Committees in each state (Directive To Take Action); and be it further</p> <p>RESOLVED, That these National Legislative Committees meet, as the AMPAC Council, at the AMA meetings (Annual and Interim) with the AMPAC Board (Directive To Take Action); and be it further</p> <p>RESOLVED, That the representatives of each state's National Legislative Committee to</p>	

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	<p>the AMPAC Council must be either Delegates or Alternate Delegates to the AMA (Directive to Take Action); and be it further RESOLVED, That these National Legislative Committees focus on forming effective key contact networks with their Congressional Delegations and on giving feedback to the AMPAC Board. (Directive To Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$7,500.</p>	
<p>Resolution 203: Tax Relief for the Provision of Medicare Services (FL)</p>	<p>RESOLVED, That our American Medical Association seek legislation that will provide tax relief to physicians who provide Medicare services in proportion equal to that care which is considered uncompensated by calculation of the difference between the Sustainable Growth Rate (SGR) and either usual and customary fees or Medicare Economic Index (MEI), whichever is less, in the form of direct tax credit to be treated as a charitable contribution. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$8,772.</p>	
<p>Resolution 204: Promoting Smoke Free Veterans Affairs Campuses (APA;AACAP; Am Acad of Psych and Law)</p>	<p>RESOLVED, That our American Medical Association, in its continuing efforts to advocate for the repeal of 38 USC §1715, report back to the AMA House of Delegates at the 2009 Annual Meeting on the progress of AMA efforts to achieve this goal, identifying any barriers to successful repeal. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p>	
<p>Resolution 205: Medicare Enrollment Delays (NJ)</p>	<p>RESOLVED, That our American Medical Association seek legislation requiring The Centers for Medicare and Medicaid Services (CMS) to complete enrollment within ninety days of receipt of a proper application or to pay interest on all services that could have been billed if the physician's enrollment had been completed by CMS in a timely fashion. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,188.</p>	
<p>Resolution 206: Educating Physicians and Patients About the Mental Health Parity Act of 2007 (MN)</p>	<p>RESOLVED, That our American Medical Association develop a nationwide campaign geared at educating physicians and the public about the benefits now afforded to them by the Mental Health Parity Act of 2007. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated cost of between \$3 Million and \$7 Million.</p>	
<p>Resolution 207: Support for the 20/220 Pathway (MN)</p>	<p>RESOLVED, That our American Medical Association reaffirm our support for fully funding the 20/220 pathway for economic hardship deferral to prevent further reductions in the supply of primary care physicians which is partially due to the debt burden placed on medical students, and that this be a top legislative priority for our AMA. (Reaffirm HOD Policy) Fiscal Note: Implement accordingly at estimated staff cost of \$4,580.</p>	
<p>Resolution 208: Administrative Expenses Resulting from Congress' Inaction to Repeal SGR (Traugott from IL)</p>	<p>RESOLVED, That our American Medical Association attempt to determine the value of the administrative expenses resulting from Congress' inaction to eliminate the SGR (Directive to Take Action); and be it further RESOLVED, That our American Medical Association utilize this information in our attempts to repeal the SGR. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$9,294.</p>	

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Resolution 209: Negotiating with Insurance Carriers (IN)	RESOLVED, That our American Medical Association support any change in the anti-trust legislation laws to allow groups of physicians the ability to negotiate with insurance payers when the carrier has a private market penetration of 60 percent or greater in a given community. (New HOD Policy) Fiscal Note: Implement accordingly at estimated staff cost of \$756.	
Resolution 210: Banning the Use of Trans Fats in Restaurants and Bakeries in the United States (MI)	RESOLVED, That our American Medical Association establish policy and pursue federal legislation that bans the use of trans fats in restaurants and bakeries in the United States. (New HOD Policy) Fiscal Note: Implement accordingly at estimated staff cost of \$1,188.	
Resolution 211: Limiting the Number of Nurse Practitioners (IN)	RESOLVED, That our American Medical Association policy is that the number of full-time equivalent nurse practitioners supervised by a single physician should not exceed the level above which objective evidence based data indicates maintenance of good quality medical care would be endangered. (New HOD Policy) Fiscal Note: Staff cost estimated at less than \$500 to implement.	
Resolution 212: State Legislative Response to NBME Practice of Using USMLE Step 3 Physician Licensing Exam Questions for Doctors of Nursing Practice Certification (ASA; AAPMR; ACEP; ACOG; ACS; ASPS; CAP; ISIS; NC)	RESOLVED, That our American Medical Association adopt as policy that the integrity of the physician (MD/DO) licensure process, through appropriate examination, be maintained so that no person is misled that the training of allied health professionals through their programs or certification is equivalent to the education, skills and training of physicians (MDs/DOs) (New HOD Policy); and be it further RESOLVED, That our AMA, through its Council on Legislation, work expeditiously to develop and circulate to all state medical and national medical specialty societies, model state legislation that would prohibit NBME from using the present or past content of its USMLE Step 3 exam in the certification processes for non-physician providers. (Directive to take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$4,365.	
Resolution 213: Legislative Action to Repeal Medicare SGR Payment Formula (CT, ME, MA, NH, RI, VT)	RESOLVED, That our American Medical Association continue to aggressively work with other state and national organizations representing physicians to urge Congress to repeal the Sustainable Growth Rate (SGR) formula for physician payments at the end of 2009 (Directive to Take Action); and be it further RESOLVED, That our AMA continue to aggressively work with other state and national organizations representing physicians to urge Congress to enact a long-term solution to replace the SGR with an updated system that reflects increases in physician practice costs, including but not limited to support for physician efforts to invest in health information technology and quality measurement. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$4,580.	

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Resolution 214: Challenge to Antitrust Statutes (MD)	RESOLVED, That our American Medical Association evaluate all means, including, but not limited to, filing suit to challenge the constitutionality of the current statutes and/or revise the antitrust statutes, to provide more leverage and negotiating power for physicians in their dealings with third-party payers, and to make this a high priority. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated cost of \$15,000 which includes professional fees and staff time.	
Resolution 215: E-Prescribing of Controlled Substances (CO)	RESOLVED, That our American Medical Association actively pursue changes in national regulations to support the ability of properly licensed physicians to prescribe controlled substance medications using E-prescribing technology. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$4,580.	
Resolution 216: Medicare Election Period (GA)	RESOLVED, That our American Medical Association establish policy that physicians should be given the option of a Medicare semi-annual participation election period occurring at the end and the middle of the calendar year (New HOD Policy); and be it further RESOLVED, That our American Medical Association petition the Centers for Medicare and Medicaid Services to permit a semi-annual participation election period occurring at the end and the middle of the calendar year. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.	
Resolution 217: Texting While Driving: Preventing Disaster (AAPHP)	RESOLVED, That our American Medical Association encourage physicians to educate their patients regarding the public health risks of text messaging while operating motor vehicles or machinery (Directive to Take Action); and be it further RESOLVED, That our AMA study the implications on society and the health care community of the traffic safety of hand held communication devices with an emphasis on text messaging (Directive to Take Action); and be it further RESOLVED, That our AMA draft model state legislation prohibiting the use of hand held communication devices and text messaging while operating motor vehicles or machinery. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$6,803.	
Resolution 218: Medicare Part B Contractor Changes (CA)	RESOLVED, That our American Medical Association register a formal public complaint to the Centers for Medicare & Medicaid Services (CMS) about the need to accept physician input as part of future contract decisions (Directive to Take Action); and be it further RESOLVED, That our AMA ask CMS to require that the local Medicare Administrative Contractor and clearinghouse quickly rectify problems, including having more prompt and effective communication with providers (Directive to Take Action); and be it further RESOLVED, That our AMA have a web-based tool by which physicians can file complaints/identify problems regarding Part B billing as they occur (Directive to Take Action); and be it further RESOLVED, That if CMS and the local Medicare Administrative Contractor and clearinghouse fail to effectively address the problems physicians are facing, our AMA will notify elected officials and the public of these failures and the need for redress. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$9,294.	

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<p>Resolution 219: Physician Quality Reporting Initiative Payment (CA)</p>	<p>RESOLVED, That our American Medical Association register a formal public complaint to the Centers for Medicare & Medicaid Services' (CMS) about failures with the Physician Quality Reporting Initiative (PQRI) program and request that remedies, retroactive to the initiation of the PQRI program in 2007, be instituted immediately (including notifying physicians if their practice was not "recognized" by the PQRI intermediary and making payment to them promptly once their practice is in compliance for payment) (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA establish a Web-based system that allows physicians to file complaints regarding PQRI with the AMA (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA request that CMS share a breakdown of statistics regarding why physicians who participated in the PQRI program were not paid (in order to determine if there are additional problems in the program) (Directive to Take Action); and be it further</p> <p>RESOLVED, That, if CMS is not willing to make needed improvements (including allowing appeals, re-determinations, etc.), our AMA embark on a campaign with the public and elected officials to require changes that ensure physicians who participate in good faith are paid and paid promptly. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$9,294.</p>	<p>Note: In the first Resolved, there is a stray apostrophe after the word Services that needs to be deleted.</p>
<p>Resolution 220: Disclosure of Information Regarding Summary Suspension and Disciplinary Action (CA)</p>	<p>RESOLVED, That our American Medical Association seek to amend the Health Care Quality Improvement Act, codified in Title 42 of the United States Code, and any other applicable federal law regulating the circulation or posting of reports by the National Practitioner Data Bank, to: (1) to preclude circulation and posting of any report of a summary suspension until confirmation by the state's independent investigation that such a report is supported by at least substantial evidence of risk to patients warranting a summary suspension, irrespective of any determination by the governing board of the responsible health care entity; (2) to require removal of any such report in the event any court reverses any adverse disciplinary action by any health care entity, or to require removal of any such report in the event of the state's independent investigation exonerates the physician from the alleged charges; (3) to require the state licensing board to afford any physician subject to any peer review report, including a report due to a summary suspension or any other disciplinary action, the right to contest and respond to the charges in a writing of reasonable length, and to have that response posted in the same place in the records and postings of the state licensing board or other disciplinary action contested. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,365.</p>	