

## Follow-Up on Implementation of Resolutions and Report Recommendations AMA House of Delegates Meeting- November 2023

Report/Resolution	Title	House Action	Status
BOT Report 01-I-23	Employed Physicians	Recommendations in Board of Trustees Report 01, Adopted and the Remainder of Report Filed.	Board Report 33 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee F).  <b>HOD Action: Recommendations in BOT Report 33-A-24 Adopted, Remainder of Report Filed.</b>
BOT Report 02-I-23	Opposing the Use of Vulnerable Incarcerated People in Response to Public Health Emergencies	Recommendations in Board of Trustees Report 02 Adopted and the Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 03-I-23	Update on Climate Change and Health-AMA Activities	Referred.	Board of Trustees Report 19-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Informational)
BOT Report 05-I-23	AMA Public Health Strategy	Recommendations in Board of Trustees Report 05, Adopted and the Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 06-I-23	Universal Good Samaritan Statute	Recommendations in Board of Trustees Report 06 Adopted and Remainder of the Report Filed.	The Council on Legislation is considering draft principles on Good Samaritan protections under state and federal law that would encourage the prompt rendering of emergency care.  <b>The Council on Legislation has approved the requested principles, which have also been approved by the Board. These principles are available to the Federation.</b>
BOT Report 07-I-23	Obtaining Professional Recognition for Medical Service Professionals	Adopted and Remainder of the Report Filed.	AMA Policy Database has been updated.
BOT Report 10-I-23	Medical Decision-Making Autonomy of the Attending Physician	Recommendations in Board of Trustees Report 10, Adopted and the Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 12-I-23	American Medical Association Meeting Venues and Accessibility	Referred.	Board Report 21 on this subject appears in the House of Delegates Handbook for the 2024 Annual Meeting. (Reference Committee F).  <b>HOD Action: Recommendations in BOT Report 21-A-24 Adopted, Remainder of Report Filed.</b>

Report/Resolution	Title	House Action	Status
BOT Report 14-I-23	Funding for Physicians to Provide Safe Storage Devices to Patients with Unsecured Firearms in the Home	Recommendations in Board of Trustees Report 14, Adopted and the Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 17-I-23	Specialty Society Representation in the House of Delegates- Five-Year Review	Recommendations in Board of Trustees Report 17, Adopted and the Remainder of Report Filed.	
CEJA Report 01-I-23	Physicians' Use of Social Media for Product Promotion and Compensation	Referred.	Council on Ethical and Judicial Affairs Report 04 appears in the House of Delegates Handbook for the 2024 Annual Meeting. (Reference Committee C&B)  <b>HOD Action: Recommendations in CEJA Report 04-A-24 Adopted, Remainder of Report Filed.</b>
CEJA Report 02-I-23	Research Handling of De-Identified Patient Data	Referred.	Council on Ethical and Judicial Affairs Report 02-A-24 appears in the House of Delegates Handbook for the 2024 Annual Meeting. (Reference Committee C&B) <b>HOD Action: Recommendations in CEJA Report 02-A-24 Adopted, Remainder of Report Filed.</b>
CLRPD Report 01-I-23	Women Physicians Section Five-Year Review	Recommendations in Council on Long Range Planning and Development Report 01, Adopted and the Remainder of Report Filed.	
CME Report 01-I-23	Leave Policies for Medical Students, Residents, Fellows and Physicians	Recommendations in Council on Medical Education Report 01, Adopted as Amended and the Remainder of Report Filed.	AMA Policy Database has been updated.
CME Report 03-I-23	Ensuring Equity in Interview Processes for Entry to Undergraduate and Graduate Medical Education	Recommendations in Council on Medical Education Report 03, Adopted as Amended and the Remainder of Report Filed.	AMA Policy Database has been updated.

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CME Report 04-I-23	Recognizing Specialty Certifications for Physicians	Recommendations in Council on Medical Education Report 04, Adopted and the Remainder of Report Filed.	Our AMA continues in advocacy efforts with federal and state lawmakers and oversight stakeholders to define physician board certification as the medical profession establishing specialty-specific standards for knowledge and skills, using an independent assessment process to determine the acquisition of knowledge and skills for initial certification and recertification.
CME Report 05-I-23	Organizations to Represent the Interests of Resident and Fellow Physicians	Recommendations in Council on Medical Education Report 05, Adopted and the Remainder of Report Filed.	<p>The AMA is investigating the ability to promote the current capacity of FREIDA™ to post open positions and adding the ability for FREIDA™ to facilitate the process of residents and fellows who wish to transfer programs. Due to a change in staff resources, this project has been delayed.</p> <p><b>The AMA will promote the current capacity of FREIDATM to post open positions. FREIDA currently allows ACGME-accredited programs to post open positions at any time, through the FREIDA program management portal or FREIDA support email.</b></p> <p><b>Enhancements to improve the open position search functionality and user experience are planned to launch in late 2024. They include a search by map feature and the ability to sort listings by application deadline and program start date.</b></p> <p><b>A discovery phase is planned for early 2025 to explore (1) how best to ensure vacant position data integrity (e.g., expired listings, data updates) and (2) how FREIDATM can support and/or facilitate residents and fellows who wish to transfer programs. These enhancements are part of a larger investment in development of the platform in 2025.</b></p>
CMS Report 01-I-23	ACO REACH	Recommendations in Council on Medical Service Report 01, Adopted, Remainder of Report Filed.	AMA policy database has been updated.
CMS Report 02-I-23	Health Insurers and Collection of Patient Cost-Sharing	Recommendations in Council on Medical Service Report 02, Adopted as Amended and the Remainder of Report Filed.	AMA Policy Database has been updated.
CMS Report 03-I-23	Strengthening Network Adequacy	Recommendations in Council on Medical Service Report 03, Adopted as Amended and the Remainder of Report Filed.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
CMS Report 05-I-23	Medicaid Unwinding Update	Recommendations in Council on Medical Service Report 05, Adopted as Amended and the Remainder of Report Filed.	AMA Policy Database has been updated.
CMS Report 06-I-23	Rural Hospital Payment Models	Recommendations in Council on Medical Services Report 06, Adopted as Amended, Remainder of the Report Filed.	Our AMA is collaborating with state medical associations for policies to preserve the economic viability of rural hospitals, including advocating for Medicaid expansion and identifying policies that contribute to the closing of labor and delivery units in rural hospitals. The AMA has also notified its Federation partners of its readiness to work with any additional interested states and/or specialties on this issue.
CMS Report 07-I-23	Sustainable Payment for Community Practices	Referred.	Council on Medical Services Report 08-A-24 appears in the House of Delegates Handbook for the 2024 Annual Meeting. (Reference Committee A) <b>HOD Action: Recommendations in CMS Report 08-A-24 Adopted as Amended, Remainder of Report Filed.</b>
CSAPH Report 01-I-23	Drug Shortages: 2023 Update	Recommendations in Council on Science and Public Health Report 01, Adopted as Amended and the Remainder of Report Filed.	AMA Policy Database has been updated.  <b>Council on Science and Public Health Report 02-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee K)</b>
CSAPH Report 02-I-23	Precision Medicine and Health Equity	Referred.	A Council on Science and Public Health Report on this subject will appear in the House of Delegates Handbook for the 2024 Interim Meeting.
CSAPH Report 03-I-23	HPV-Associated Cancer Prevention	Referred.	A Council on Science and Public Health Report on this subject will appear in the House of Delegates Handbook for the 2024 Interim Meeting. <b>Council on Science and Public Health Report 03-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee K)</b>
CSAPH Report 04-I-23	Supporting and Funding Sobering Centers	Recommendations in Council on Science and Public Health Report 04, Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CSAPH Report 05-I-23	Promoting the Use of Multi- Use Devices and Sustainable Practices in the Operating Room	Recommendations in Council on Science and Public Health Report 05, Adopted and the Remainder of Report Filed.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
CSAPH Report 06-I-23	Marketing Guardrails for the "Over-Medicalization" of Cannabis Use	Recommendations in Council on Science and Public Health Report 06, Adopted as Amended, Remainder of Report Filed.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.  <b>Council on Science and Public Health Report 01-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee K)</b>
CSAPH Report 07-I-23	Efficacy of Requirements for Metal Detection/Weapons Interdiction Systems in Health Care Facilities	Recommendations in Council on Science and Public Health Report 07 Adopted and the Remainder of Report Filed.	AMA Policy Database has been updated.
HOD Comp Cmte Repor	Report of the House of Delegates Committee on the Compensation of the Officers	Recommendations in HOD Committee Compensation Report, Adopted and the Remainder of Report Filed.	
RES 002-I-23	Support for International Aid for Reproductive Healthcare	Adopted as Amended.	AMA Policy Database has been updated.
RES 004-I-23	Reconsideration of Medical Aid in Dying (MAID)	Amended Resolution 004 Referred.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting. <b>A Board of Trustees Report on Resolve 1 will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</b>
RES 006-I-23	Inappropriate Use of Health Records in Criminal Proceedings	Adopted.	AMA Policy Database has been updated.
RES 007-I-23	Improving Access to Forensic Medical Evaluations and Legal Representation for Asylum Seekers	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.  <b>Board of Trustees Report 08-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee J)</b>
RES 009-I-23	Physicians Arrested for Non-Violent Crimes While Engaged in Public Protests	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.  <b>Board of Trustees Report 24-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee C&amp;B)</b>

Report/Resolution	Title	House Action	Status
RES 201-I-23	Medically Appropriate Psychotropic Use in Long Term Care Facilities	Adopted as Amended with Change in Title.	Our AMA is having ongoing conversations with impacted specialty societies on developing a strategy for changes to the psychotropic prescribing measure in CMS' Nursing Home Compare Program. <b>The AMA continues to coordinate with impacted specialty societies and recently held a joint meeting with CMS to better understand CMS' position on the psychotropic prescribing measure in CMS' Nursing Home Compare and educated CMS on the impact the measure is having on patient care.</b>
RES 202-I-23	Protecting the Health of Patients Incarcerated in For-Profit Prisons	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting. <b>Board of Trustees Report 05-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee J)</b>
RES 203-I-23	Anti-Discrimination Protections for Housing Vouchers	Alternate Resolution 203 Adopted in Lieu of Resolution 203.	AMA Policy Database has been updated.
RES 204-I-23	Improving PrEP & PEP Access	Adopted as Amended.	AMA Policy Database has been updated.
RES 205-I-23	Cannabis Product Safety	Adopted.	Our AMA staff is in the process of reviewing existing state legislative and regulatory language to determine effective models on which to help inform model legislation. A model state bill will be completed by I-24. <b>In September 2024, the Council on Legislation reviewed model state legislation to help states implement the provisions of AMA policies H-95.924, Cannabis Legalization for Adult Use and H-95.936, Cannabis Warnings for Pregnant and Breastfeeding Women. Key provisions of the model bill include regulation of retail sales, marketing and promotion (especially those aimed at children), misleading health claims, and product labeling regarding dangers of use during pregnancy and breastfeeding. The Board will consider the model state legislation at its November meeting.</b>
RES 206-I-23	The Influence of Large Language Models (LLMs) on Health Policy Formation and Scope of Practice	Referred.	Board Report 15 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee B). <b>Board Report 01-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee B)</b>
RES 207-I-23	On-Site Physician Requirements for Emergency Departments	Amended Resolution 207 Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting. <b>Board of Trustees Report 02-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee B)</b>

Report/Resolution	Title	House Action	Status
RES 208-I-23	Non-Physician Practitioners Oversight and Training	AMA Policies H-35.965, H-35.989, H-360.987, and H-270.958 Reaffirmed in Lieu of Resolution 208.	AMA Policy Database has been updated.
RES 210-I-23	Immigration Status in Medicaid and CHIP	Adopted.	On March 28, 2024, our AMA sent a letter to CMS asking for the removal of barriers to Medicaid and Children’s Health Insurance Program (CHIP) coverage for immigrants.
RES 213-I-23	Health Technology Accessibility for Aging Patients	Policy H-480.937 Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting. <b>Board of Trustees Report 06-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee B)</b>
RES 215-I-23	A Public Health-Centered Criminal Justice System	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting. <b>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2025 Annual Meeting.</b>
RES 216-I-23	Saving Traditional Medicare	Adopted as Amended.	Our AMA recognizes the need to shore up traditional Medicare including through an inflation-based payment update. As we outline the update on in Resolution 235, we have continued to make this a top priority. In several comment letters, including our recent March 2024 comments in response to the CY 2025 changes to MA rates, the AMA has repeatedly emphasized strong concern over the growing discrepancy between the nearly four percent increase in MA rates for 2025 and the repeated cuts in Medicare physician payment rates. In addition, the AMA has repeatedly raised concerns about the prevalence of utilization management tactics among MA plans. In our Jan. 2024 comments responding to 2025 technical changes to the MA program, we expressed support for an annual health equity analysis of utilization management practices, especially prior authorization, to address the disparities and barriers in accessing medically necessary care. The AMA has also emphasized the role of Alternative Payment Models in advancing sustainable reimbursement for physicians while reducing administrative burden, including through our continued support of the Value in Health Care Act, while emphasizing the need for multi-payer models
RES 217-I-23	Addressing Work Requirements for J-1 Visa Waiver Physicians	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting. <b>Board of Trustees Report 04-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee B)</b>
RES 218-I-23	Youth Residential Treatment Program Regulation	Adopted as Amended.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 219-I-23	Improving Access to Post-Acute Medical Care for Patients with Substance Use Disorder (SUD)	Adopted as Amended.	<p>Our AMA comments on proposed rules for Medicare Advantage, Medicare Part D prescription drug plans, and Medicaid repeatedly call for the government to enforce mental health and substance use parity and prohibit plans from applying prior authorization requirements and quantity limits to buprenorphine (see Medicaid parity letter and 2025 MA and Part D comments). The AMA has been meeting with multiple interested parties as well as the AMA Substance Use and Pain Care Task Force to better understand the reasons that patients have difficulty accessing medications for opioid use disorder and to develop remedies. The AMA will also comment on this issue in response to the recently released 2025 skilled nursing facility payment regulation.</p> <p><b>The AMA continues to advocate for removal of barriers in Medicare and Medicaid, including removal of dosage and quantity limits on prescriptions for buprenorphine for opioid use disorder.</b></p>
RES 222-I-23	Oversight Modernization of Clinical Laboratory Improvement Amendments (CLIA)	Alternate Resolution 222 Adopted in Lieu of Resolution 222 with Change in Title.	<p>FDA and CMS issued a joint statement on CLIA modernization, stating that they opposed any efforts at CLIA modernization and would not be undertaking any efforts to do so. Our AMA nonetheless has referenced CLIA standards as providing oversight over laboratories developing LDTs and the test development process and encouraged modernization where possible within the comments to the FDA on the proposed rule for LDT regulation. The AMA has also referenced CLIA standards and modernization.</p>
RES 223-I-23	Initial Consultation for Clinical Trials Under Medicare Advantage	Adopted as Amended.	<p>In comments responding to Contract Year 2025 Technical Changes to the Medicare Advantage Program, our AMA recommended that “CMS require MA plans to allow and pay for out-of-network referral of patients with MA for the purpose of consultation for enrollment in a clinical trial, and that these consultations be considered administratively as participation in a clinical trial.” The letter goes on to point out that when combined with another recommendation on eliminating the high upfront costs that MA patients enrolled in clinical trials must pay, ensuring coverage for consultations that help patients learn about and enroll in clinical trials “could significantly advance clinical research and future patient care.” However, the Final MA rule for 2025 did not address clinical trial policy.</p>



Report/Resolution	Title	House Action	Status
RES 224-I-23	ERISA Preemption of State Laws Regulating Pharmacy Benefit Managers	Alternate Resolution 224 Adopted in Lieu of Resolution 224.	<p>During the AMA 2023 Interim Meeting, the HOD adopted Resolution 224 ERISA Preemption of State Laws Regulating Pharmacy Benefit Managers. Resolution 224 requires the AMA to study, and create resources for states, on the implication of Rutledge, Attorney General Of Arkansas v. Pharmaceutical Care Management Association, and any other relevant legal decisions from the last several years, in reference to potentially allowing more successful challenges to the actions of health care plans protected by the Employee Retirement Income Security Act of 1974 (ERISA) when the quality of care or health care outcomes are questioned. The AMA is in the process of developing an extensive issue brief that provides the resources requested by Resolution 224. This Issue Brief will be available to members prior to the AMA 2024 Annual Meeting on the AMA's website.</p> <p><b>The memo responsive to Resolution 224 was completed prior to the 2024 AMA Annual Meeting and is available to the Federation.</b></p>
RES 225-I-23	Antipsychotic Medication Use for Hospice Patients	Adopted.	<p>Our AMA is having ongoing conversations with specialty societies most involved in hospice and long-term care and prescribing of antipsychotic medications to identify the most effective means of changing this policy.</p> <p><b>The AMA is continuing to work with national medical specialty societies to define the most effective way to secure needed changes in CMS policy.</b></p>
RES 226-I-23	Delay Imminent Proposed Changes to U.S. Census Questions Regarding Disability	Referred for Decision.	<p>The Board considered a report on Resolution 226-I-23 which asked that the AMA: 1) urge that the National Advisory Committee of the U.S. Census Bureau, that is meeting on November 16-17, 2023, delay a decision on the change in the U.S. Census disability questions until comprehensive input has been obtained from the disability community and key stakeholders (Directive to Take Action); 2) submit comments before the December 19, 2023 deadline to the U.S Census Bureau regarding the changes proposed in the Federal Register to the disability questions in the census (Directive to Take Action); 3) request that the U.S. Census Bureau develop an extensive plan to improve the inclusion of individuals with disabilities across the activities of the U.S. Census Bureau (Directive to Take Action); and 4) encourage the formation of a U.S. Government task force to develop a plan for improving and expanding disability data collection across the federal government. (New HOD Policy). Considering the Census Bureau's withdrawal of its recommended changes to the disability survey questions for this year and its pledge to engage more comprehensively with disability advocates, individuals with disabilities, and other interested stakeholders, the Board VOTED that our AMA monitor future Census Bureau activity on this issue and engage as appropriate.</p> <p><b>The Census Bureau held a meeting with stakeholders on September 30, 2024. AMA Advocacy staff monitored the meeting, which was streamed, and are determining whether any further action should be taken.</b></p>
RES 227-I-23	Reforming Stark Law's Blanket Self-Referral Ban	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.</p> <p><b>Board of Trustees Report 03-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee B)</b></p>

Report/Resolution	Title	House Action	Status
RES 229-I-23	Facilitating Appropriate Reimbursement of Diagnostic Radiopharmaceuticals	Referred for Decision.	<p>The Board considered a report regarding Resolution 229-I-23 which asked that our AMA advocate with Congress and CMS to change the categorization of diagnostic radiopharmaceuticals by the OPSS from “supplies” to classify them as “drugs,” consistent with the Medicare Modernization Act (MMA) of 2003. This will allow diagnostic radiopharmaceuticals, like other drugs, to be paid separately for costs above the packaging threshold of \$140 per-day. The Resolution also asked that our AMA advocate for congressional efforts to urgently separate payment requirements for diagnostic radiopharmaceuticals under the OPSS for hospital outpatient department services to apply to diagnostic radiopharmaceuticals that are appropriate for the cost of radiopharmaceuticals and that carry a cost above that applied to them as supplies.</p> <p>The Board VOTED that in lieu of Resolution 229-I-23, our American Medical Association (AMA) support a comprehensive impact analysis by the Centers for Medicare &amp; Medicaid Services (CMS) involving all relevant interested parties to ensure any policy changes regarding the reimbursement of diagnostic radiopharmaceuticals under the Medicare Hospital Outpatient Prospective Payment System (OPSS) are well-informed, equitable, and reflective of the diverse perspectives within the health care community.</p> <p><b>In the 2025 Outpatient Prospective Payment System proposed rule, CMS proposed to pay separately for any diagnostic radiopharmaceutical with a per day cost greater than \$630. The AMA collaborated closely with key national medical specialty societies to draft our comments in appreciation of CMS’ thoughtful approach to separate payment for diagnostic radiopharmaceuticals. The AMA also urged the agency to continue conversations with physicians and other interested parties about the effects of implementation.</b></p>
RES 233-I-23	Corporate Practice of Medicine Prohibition	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.</p> <p><b>Board of Trustees Report 09-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee B)</b></p>
RES 234-I-23	Pharmacy Benefit Manager (PBM) Control of Treating Disease States	Adopted.	<p>Our AMA continues to advocate for network adequacy standards that prevent plans from steering patients to certain physicians or other providers. Language in our state model bill and advocacy to CMS continue to require/request that plans’ networks be evaluated for adequacy based on the lowest cost-sharing tier. Additionally, the AMA is in the process of writing a model bill to promote “any willing provider” state laws. Additionally, the AMA continues to advocate for increased transparency and oversight of PBMs to Congress and the Administration and the need to address vertical integration, including the relationship between PBMs and health insurers (e.g. see upcoming letter to DOJ/FTC in response to RFI.) Finally, the AMA continues to work with partners in and outside of medicine to promote patient access to the full continuum of care for obesity and diabetes coverage and prediabetes prevention and treatment (e.g. see 2023 letter with the Diabetes Advocacy Alliance).</p> <p><b>The Council on Legislation approved Any Willing Provider (AWP) model state legislation. The Board will consider the model bill at its November meeting.</b></p>

Report/Resolution	Title	House Action	Status
RES 235-I-23	Preventing Imminent Payment Cuts and Ensuring the Sustainability of the Medicare Program	Adopted.	<p>Our AMA continues prioritizing averting Medicare physician pay cuts through a comprehensive campaign. We brought specialty societies and state medical associations together to develop the key policies and agreed upon tactics focused on Congress. Through letters and meetings with the Medicare Payment Advisory Commission (MedPAC) staff and Commissioners, the AMA secured a change in its recommendations to Congress away from current law to supporting permanent inflation-based physician payment updates tied to the Medicare Economic Index for both 2024 and 2025. The AMA developed substantial materials to support our advocacy efforts to prevent Medicare physician payment cuts, secure an inflationary update, and reform of budget neutrality provisions. Substantive information can be found on FixMedicareNow.org. Our campaign includes an extensive grassroots component and media efforts.</p> <p><b>In response to the 2025 Medicare Physician Fee Schedule proposed rule in which CMS proposes a 2.8% cut to Medicare physician payment in 2025 while estimating the growth in physicians' input costs will increase 3.6% next year, the AMA called on the Biden administration to work with Congress to enact an annual, inflation-based update to Medicare physician payment. The AMA also called on CMS to be transparent about the negative impact of the fifth consecutive year of physician pay cuts in the final rule.</b></p>
RES 301-I-23	Clarification of AMA Policy D-310-948 "Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure"	Adopted as Amended.	AMA Policy Database has been updated.
RES 302-I-23	Medical Student Reports of Disability-Related Mistreatment	Adopted as Amended.	AMA Policy Database has been updated.
RES 304-I-23	Health Insurance Options for Medical Students	Adopted as Amended.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 305-I-23	Addressing Burnout and Physician Shortages for Public Health	Referred for Decision.	<p>Resolution 305 asked that the AMA vigorously advocate for expanded training opportunities within residency programs, encompassing both preventive medicine residencies and public health physician training, in addition to advocating for increased funding and heightened federal support to address the repercussions of natural disasters; steadfastly support the allocation of state and national funds aimed at fortifying the roles of public health physicians, including public health and general preventive medicine residency programs in multiple federal public health agencies; and unequivocally call for the reinstatement of the Centers for Disease Control and Prevention (CDC) Preventive Medicine Residency program or Fellowship, as the CDC is the nation’s premier public health agency.</p> <p>The Board VOTED that the following be adopted in lieu of Resolution 305-I-23: The AMA will continue to monitor conversations between the CDC and the American College of Preventive Medicine (ACPM) regarding training opportunities for residents that encompass both preventive medicine and public health and will be in communication with both the ACPM and CDC to support the best path forward.</p>
RES 306-I-23	Increasing Practice Viability for Physicians through Increased Employer and Employee Awareness of Protected Leave Policies	Adopted, with Change in Title.	AMA Policy Database has been updated.
RES 307-I-23	Re-evaluation of Scoring Criteria for Rural Communities in the National Health Service Corps Loan Repayment Program	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.</p> <p><b>Board of Trustees Report 07-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee K)</b></p>
RES 601-I-23	Carbon Pricing to Address Climate Change	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.</p> <p><b>Board of Trustees Report 11-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee K)</b></p>
RES 606-I-23	Prevention of Healthcare-Related Scams	Adopted.	AMA policy database has been updated.
RES 801-I-23	Improving Pharmaceutical Access and Affordability	Adopted.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 802-I-23	Improving Nonprofit Hospital Charity Care Policies	Referred.	A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting. <b>Council on Medical Services Report 01-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee J)</b>
RES 803-I-23	Improving Medicaid and CHIP Access and Affordability	Adopted as Amended.	AMA Policy Database has been updated.
RES 804-I-23	Required Clinical Qualifications in Determining Medical Diagnoses and Medical Necessity	Adopted as Amended.	Our AMA supported CMS' new requirement that any physician or health care professional issuing an adverse determination have expertise in the field of medicine that is appropriate for the requested service, which was finalized. In our comments, we emphasized that health plan "peer" reviewers lacking appropriate clinical background or expertise to render a correct decision regarding an individual patient's treatment is a common source of frustration amongst our membership. We did urge the administration to strengthen this provision by specifying that such decisions be made by a licensed physician in the state where care is being provided, of the same specialty as the physician who typically manages the medical condition or disease or provides the health care service involved in the request, and with experience in the treatment being recommended. These enhanced requirements were not adopted; however, we have continued to advocate for strengthened requirements in this regard including through our Prior Authorization Principles (see Principle #10). We also have a model draft state bill on prior authorization that addresses this issue by requiring that the personnel qualified to make adverse determinations be of the same specialty as the physician who typically manages the medical condition or disease or provides the health care service involved in the request. <b>The AMA recently provided testimony before a Department of Labor Advisory Council on claims and appeal procedures that recommended ERISA plans be required to use health plan peer reviewers with appropriate qualifications.</b>
RES 805-I-23	Medication Reconciliation Education	Resolve 1, Adopted as Amended.  Resolve 2, Referred.	A Council on Medical Education Report 01 on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.  <b>Council on Medical Education Report 01-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee C)</b>
RES 806-I-23	Evidence-Based Anti-Obesity Medication as a Covered Benefit	Alternate Resolution 806 Adopted in Lieu of Resolution 806 and Resolution 820.	AMA Policy Database has been updated.
RES 807-I-23	Any Willing Provider	Adopted.	Our AMA staff is in the process of drafting state model legislation to address this issue. <b>Any willing provider model state legislation has been approved by Council on Legislation and will be reviewed by the BOT at their November 2024 meeting.</b>

Report/Resolution	Title	House Action	Status
RES 808-I-23	Prosthetic Coverage after Oncologic Reconstruction	Alternate Resolution 808 Adopted in Lieu of Resolution 808.	AMA Policy Database has been updated.
RES 809-I-23	Outsourcing of Administrative and Clinical Work to Different Time Zones – An Issue of Equity, Diversity, and Inclusion	Referred for Decision.	The Board of Trustees considered a report on this subject noting that the AMA was called upon to advocate for fair treatment of outsourced staff in lower-cost countries located in vastly different time zones than the U.S. (e.g., India, Pakistan, and the Philippines) by health plans that outsource administrative and clinical tasks to them. The key issue addressed in Resolution 809-I-23 is one primarily concerned with international labor practices—an area in which the AMA has not historically established policy or dedicated advocacy resources. The Board VOTED that Resolution 809-I-23 not be adopted.
RES 811-I-23	Expanding the Use of Medical Interpreters	Adopted as Amended.	AMA Policy Database has been updated.
RES 812-I-23	Indian Health Service Improvements	Adopted as Amended.	AMA Policy Database has been updated.
RES 813-I-23	Strengthening Efforts Against Horizontal & Vertical Consolidation	Adopted as Amended.	Our AMA has strongly supported efforts on the part of Congress, the Federal Trade Commission, the Department of Justice, and the Department of Health and Human Services to evaluate the impact of consolidation in the health care marketplace and to take steps to strengthen antitrust enforcement to increase competition and has called for increased oversight and studies to prevent unfair or anticompetitive behavior. <b>The AMA submitted a comment letter in response to a Request for Information issued by DOJ, FTC, and HHS focusing on Consolidation in Health Care Markets, which sought input on deals conducted by alternative asset managers that involve health care providers. Our remarks point out that independent physician practices are made vulnerable by consolidation in health care markets and highlight systemic issues that drive physicians to sell to private equity when perhaps they otherwise would not, namely the broken Medicare payment system and excessive administrative burdens. We also detail harms of consolidation to physician practices, including the degradation of working conditions by monopsonist health insurers, the lack of employment opportunities in highly concentrated hospital markets, and, using the Change Healthcare cyberattack as example, the highly variable and context-specific consequences of vertical acquisitions. Work on the issues raised in Resolution 813 continues.</b>

Report/Resolution	Title	House Action	Status
RES 814-I-23	Providing Parity for Medicare Facility Fees	Referred for Decision.	<p>The Board considered a report in response to Resolution 814-I-23 which asked our AMA to: 1) promote awareness that the 'site of service' payment differential does not reflect quality of care; 2) seek legislative action or relief for independent physician practices, including rural and underserved practices, to be paid equally for office-based procedures whether or not they practice in offices, facilities or hospitals; and 3) amend Policy D-330.902[6], "The Site-of-Service Differential," by addition to read: 6. Our AMA will produce a graphic report yearly illustrating the fiscal losses and inequities that practices without facility fees have endured for decades as a result of the site-of-service differential factoring in inflation.</p> <p>The Board VOTED that in lieu of Resolution 814-I-23 Policy D-330.902 be amended to read as follows:</p> <p>The Site-of-Service Differential D-330.902</p> <ol style="list-style-type: none"> <li>1. Our AMA supports Medicare payment policies for outpatient services that are site-neutral without lowering total Medicare payments and will seek legislative action or relief for private practice physicians whether or not they practice in offices, facilities or hospitals.</li> <li>2. Our AMA supports Medicare payments for the same service routinely and safely provided in multiple outpatient settings (e.g., physician offices, HOPDs, and ASCs) that are based on sufficient and accurate data regarding the actual costs of providing the service in each setting.</li> <li>3. Our AMA will urge the Centers for Medicare &amp; Medicaid Services (CMS) to update the data used to calculate the practice expense component of the Medicare physician fee schedule by administering a physician practice survey (similar to the Physician Practice Information Survey administered in 2007-2008) every five years, and that this survey collect data to ensure that all physician practice costs are captured.</li> <li>4. Our AMA encourages CMS to both: a) base disproportionate share hospital payments and uncompensated care payments to hospitals on actual uncompensated care data; and b) study the costs to independent physician practices of providing uncompensated care.</li> <li>5. Our AMA will collect data and conduct research both: a) to document the role that physicians have played in reducing Medicare spending; and b) to facilitate adjustments to the portion of the Medicare budget allocated to physician services that more accurately reflects practice costs and changes in health care delivery.</li> <li>6. Our AMA will disseminate educational materials and graphics and promote awareness that the site-of-service payment differential is not based on the quality of care provided across outpatient care settings.</li> </ol>
RES 815-I-23	Long-Term Care and Support Services for Seniors	Alternate Resolution 815 Adopted in Lieu of Resolution 815.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 816-I-23	Reducing Barriers to Gender-Affirming Care through Improved Payment and Reimbursement	Adopted.	<p>Our AMA’s Task Force to Preserve the Patient-Physician Relationship is examining strategies to improve payment for gender-affirming care.</p> <p><b>An environmental and gaps analysis, addressing the issues raised in Resolution 816-I-23 was presented to the Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care Is Banned or Restricted. An in person of the meeting of the Task Force will be held in Q1 of 2025 to address these issues in greater depth. An update will be provided in the Task Force’s report to the HOD at the AMA 2025 Interim Meeting.</b></p>
RES 817-I-23	Expanding AMA Payment Reform Work and Advocacy to Medicaid and Other Non-Medicare Payment Models for Pediatric Health Care and Specialty Populations	Adopted as Amended.	<p>Our AMA has been continuing to communicate with CMMI officials to advocate for testing and implementation of ambulatory specialty payment models developed by physicians. The AMA is also working to identify specific models focused on services provided to pediatric patients to support.</p> <p><b>CMMI’s Making Care Primary model initiated in July 2024 includes state Medicaid programs in all 8 eligible states and AMA engaged in educational programs to inform physicians practicing in these states about the model.</b></p>
RES 818-I-23	Amendment to AMA Policy on Healthcare System Reform Proposals	Second Resolve Referred. 1st Resolve Not Adopted.	<p>A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.</p> <p><b>Council on Medical Services Report 02-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee J)</b></p>
RES 819-I-23	Amend Virtual Credit Card and Electronic Funds Transfer Fee Policy	Adopted as Amended.	<p>Our AMA sent letters to Congress expressing our support of H.R. 6487, the “No Fees for EFTs Act” in the House, and S. 3805, the corresponding Senate bill which would prohibit health plans and vendors from charging physicians unnecessary fees for EFT payment transactions. In addition, the AMA submitted two statements to Congress on how the No Fees for EFTs Act would reduce administrative complexities, allowing physicians to allocate more resources towards patient care in rural and underserved communities, in addition to its impact on enhancing chronic care management.</p> <p><b>The AMA continues to push for legislation on this issue in any potential federal end of year package.</b></p>
RES 820-I-23	Affordability and Accessibility of Treatment of Overweight and Obesity	Alternate Resolution 806 Adopted in Lieu of Resolution 806 and Resolution 820.	See Resolution 806-I-23.
RES 821-I-23	Modernizing the AMA/Specialty Society RVS Update Committee (RUC) Processes	Referred.	<p>A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.</p> <p><b>Board of Trustees Report 13-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee J)</b></p>



<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 901-I-23	Silicosis from Work with Engineered Stone	Adopted as Amended.	Our AMA notified its Federation partners of its readiness to work with any interested states and/or specialties to advocate for state policies to prevent and monitor silicosis and compensate affected workers.
RES 902-I-23	Post Market Research Trials	Adopted as Amended.	Our AMA is in the process of advocating to FDA to use its authority to require that pharmaceuticals that received approval using surrogate endpoints demonstrate direct clinical benefit in post-market trials, of appropriate size and scope for its relevant patient population, as a condition of continued approval.
RES 903-I-23	Support Education and Emergency Interventions for Status Epilepticus	Adopted in Lieu of Resolution 903, with Change in Title.	AMA Policy Database has been updated.
RES 904-I-23	Universal Return-to-Play Protocols	Alternate Resolution 904 Adopted in Lieu of Resolution 904.	AMA Policy Database has been updated.
RES 906-I-23	Online Content Promoting LGBTQ+ Inclusive Safe Sex Practices	Adopted as Amended.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 909-I-23	High Risk HPV Subtypes in Minoritized Populations	Referred for Decision.	<p>The Board considered a report in response to Resolution 909-I-23 which was referred for decision due to confusion as to whether Policy H-440.872, “HPV Associated Cancer Prevention,” was appropriately updated to reflect the adoption of recommendations from the BOT Management Report 5-I-23. AMA staff conducted a review and determined that the recommendations from the BOT Management Report 5-I-23 were not reflected in policy finder in time for the Interim meeting and therefore the amendments made by Resolution 909 were to an outdated version of the policy.</p> <p>The Board VOTED to APPROVE that Policy H-440.872 be amended by addition to read as follows to reflect what was recommendAPPOed by the Reference Committee on Resolution 909-I-23.</p> <p>HPV-Associated Cancer Prevention, H-440.872</p> <ol style="list-style-type: none"> <li>1. Our AMA (a) urges physicians and other health care professionals to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine HPV related cancer screening; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and HPV related cancer screening in countries without organized HPV related cancer screening programs.</li> <li>2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases in all individuals, regardless of sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and genital cancer, the availability and efficacy of HPV vaccinations, and the need for routine HPV related cancer screening in the general public.</li> <li>3. Our AMA supports legislation and funding for research aimed towards discovering screening methodology and early detection methods for other non-cervical HPV associated cancers.</li> <li>4. Our AMA: (a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits, (b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations, and (c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.</li> <li>5. Our AMA will encourage appropriate parties to investigate means to increase HPV vaccination rates by facilitating administration of HPV vaccinations in community-based settings including school settings.</li> <li>6. Our AMA will study requiring HPV vaccination for school attendance.</li> <li>7. Our AMA encourages collaboration with interested parties to make available human papillomavirus vaccination, according to ACIP recommendations, to people who are incarcerated for the prevention of HPV-associated cancers.</li> <li>8. Our AMA advocate that racial, ethnic, socioeconomic, and geographic differences in high-risk HPV subtype prevalence be taken into account during the development, clinical testing, and strategic distribution of next-generation HPV vaccines.</li> </ol>

Report/Resolution	Title	House Action	Status
RES 910-I-23	Sickle Cell Disease Workforce	Adopted.	AMA Policy Database has been updated.
RES 913-I-23	Public Health Impacts of Industrialized Farms	Adopted as Amended.	AMA Policy Database has been updated.
RES 914-I-23	Adverse Childhood Experiences	Adopted as Amended.	
RES 915-I-23	Social Media Impact on Youth Mental Health	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting. <b>Council on Science and Public Health Report 05-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee K)</b>
RES 916-I-23	Elimination of Buprenorphine Dose Limits	Alternate Resolution 916 Adopted in Lieu of Resolution 916.	Our AMA has called for quantity limits on buprenorphine doses to be eliminated in multiple comment letters, most recently in comments on the 2025 Medicare Advantage and Part D proposed rule, although the final rule did not take action on this recommendation. The AMA is also working with interested parties and AMA Substance Use and Pain Care Task Force to address barriers to accessing buprenorphine. <b>The AMA continues to urge dose limits be eliminated with state and federal regulators. The AMA was part of a large coalition that successfully worked to have Medicaid program in DC remove these limits. AMA continues to urge states to introduce legislation and support regulatory changes to accomplish the intent of this policy. Finally, AMA recently issued a statement on an NIH study showing the effectiveness of higher doses of buprenorphine.</b>
RES 921-I-23	Addressing Disparities and Lack of Research for Endometriosis	Adopted.	Our AMA sent letters expressing support for H. Res. 217 and S. Res 90, a resolution recognizing the significance of endometriosis as an unmet chronic disease for women that requires far greater attention, public awareness, and education. S. Res. 90 and H. Res. 217 encourage the administration to provide information to women, patients, and health care providers concerning endometriosis, including available screening tools and treatment options, and asks the administration to conduct additional research on endometriosis and possible clinical options. In addition, the resolution asks the administration to update information, tools, and studies currently available that help women live with endometriosis.
RES 922-I-23	Prescription Drug Shortages and Pharmacy Inventories	Referred.	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting. <b>Council on Science and Public Health Report 02-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting.</b>

Report/Resolution	Title	House Action	Status
RES 923-I-23	Eliminating Eligibility Criteria for Sperm Donors Based on Sexual Orientation	Adopted.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.  <b>Board of Trustees Report 12-I-24 appears in the Delegates Handbook for the 2024 Interim Meeting. (Reference Committee J)</b>
RES 924-I-23	Laboratory Developed Tests Proposed FDA Rule	Adopted.	Our AMA submitted a request for an extension of the comment period to FDA, but FDA denied all requests for a deadline extension. The AMA submitted comments to the FDA raising significant concern with the proposed rule and also submitted comments to the Senate HELP committee in response to an RFI on LDT regulation.
Spkr Report 02-I-23	Extending Online Forum Trial Through A-24	Recommendations in Speakers Report 02, Adopted and the Remainder of Report Filed.	
Spkr Report 03-I-23	Report of the Election Task Force 2	Recommendations 2, 9, 10, 17, 19, 20, 21, 22, 23, 25, 28 and 29 in Speakers Report 03 Adopted. Recommendations 11, 15, 26 Adopted as Amended. Recommendations 1, 3, 4, 5, 6, 7, 8, 12, 13, 14, 16, 18, 23, and 24 Referred. Recommendation 27 Not Adopted.	