

**PM&R Highlights**

Dr. Susan Hubbell, AAPM&R Delegate to the AMA, introduced the following resolution:

**Resolution 223: Dry Needling is an Invasive Procedure.** This resolution asked our AMA to “recognize dry needling as an invasive procedure and maintain that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.”

Our resolution was **adopted**. We received many thanks for bringing this resolution to the meeting.

Dr. Matthew Grierson, Alternate Delegate from Washington State introduced the following resolution:

**Resolution 110: Opposing Limits on Care Based Solely on ICD-10 Code Specificity.** This resolution asked our AMA to “oppose limitations in coverage for medical services based solely on diagnostic code specificity, especially in cases when it would be less accurate or spurious to use an alternate diagnosis code.”

Our resolution was **adopted as amended**. The final wording was that “our AMA oppose limitations in coverage for medical services based solely on diagnostic code specificity.” The title was changed to “Opposing Coverage Decisions Based Solely on ICD-10 Specificity”.

Saturday, June 11<sup>th</sup>, 2016

**AAPM&R Caucus I:** In attendance were:

Dr. Susan Hubbell, AAPM&R Delegate to the AMA.

Dr. Mohammad Agha, AAPM&R Delegate to Young Physicians Section, AAPM&R Alternate Delegate

Dr. Matthew Grierson, Alternate Delegate, Washington State Medical Society

Dr. Carlo Milani, AAPM&R Delegate to the Resident and Fellows Section, AAPM&R Delegate (due to Dr. Reinstein’s absence)

Dr. William Pease, AANEM Delegate.

Dr. Claire Wolfe, Delegate, Senior Physician Section

Dr. Tim McAvoy, Delegate, Wisconsin and Vice Chair of Private Practice Caucus

Dr. Robert Goldberg, Delegate, New York

Dr. Malcolm Reed, President of Medical Society of the State of New York  
Ms. Britania Galvin, Health Policy Assistant, AAPM&R.  
Ms. Millie Suk, Health Policy Director AANEM  
Ms Melanie Dolak AAPM&R AED for Health Policy  
Mr Tom Stauzenbach AAPM&R Executive Director

We reviewed the AMA Handbook and the report prepared by the AAPM&R staff. We identified those resolutions which we wanted to testify about at the upcoming Reference Committees

We assigned attendance at the Reference Committees as follows:

- x. Reference Committee On Constitution and Bylaws – Dr. Agha
- a. Reference Committee A - Medical Service – Dr. Grierson
- b. Reference Committee B – Legislation: Dr. Hubbell
- c. Reference Committee C – Medical Education – Dr. Goldberg
- d. Reference Committee D – Public Health – Dr. Milani
- e. Reference Committee E - Science and Technology – Dr. Pease
- f. Reference Committee F – AMA Finance and Government: Ms Galvin
- g. Reference Committee G – Medical Practice- Drs. Milani and McAvoy
- h. Code Modernization – Dr. Agha

Dr Pease will be serving on Reference Committee E. Drs Milani and McAvoy will be serving on Reference Committee G.

We voted to endorse Dr. Robert Goldberg’s candidacy for the Council on Medical Education in 2017.

### **Neurosciences Caucus**

The Neurosciences Caucus consists of those AMA Specialty Societies which are concerned with the central nervous system and include: Neurology, Neurosurgery, Pain, PM&R, and Psychiatry. Attending this meeting were: Drs. Hubbell, Milani, Agha, and Pease and Ms. Dolak, Ms. Galvin and Ms. Suk.

We reviewed specific resolutions and reports in the handbook related to Neuroscience. The Neuroscience Caucus agreed to support our Resolutions 110 and 223.

### **AMA Medical Specialty Showcase**

Dr. Milani represented AAPM&R for the medical student program to promote our specialty and answer questions about PM&R.

### **Specialty and Service Societies (SSS) Meeting**

Dr. Hubbell and Dr Agha represented APM&R at the SSS and attended this meeting.

1. The Specialty and Service Societies “provides a forum for the national medical specialty societies and their service (military) branches to foster effective communications and full participation in all activities of the AMA.” Currently, there are 130 Specialty Societies and 5 Federal and Military members of the SSS seated in the AMA House of Delegates.

2. We reviewed the Report of the Rules Committee. 19 societies underwent the Five-Year Review. 13 were found to be in compliance and eligible to retain their representation in the AMA House of Delegates. 4 societies failed to meet requirements and will be given a one year probationary period. 2 societies failed to meet requirements after one year of probation and it will be recommended that they not retain their seats in the House of Delegates.

3. Having met the requirements for representation in the House of Delegates, the American College of Medical Toxicology and the American Association of Endocrine Surgeons were granted representation in SSS.

4. We reviewed the reports and resolutions in the Meeting Handbook. The SSS agreed to support our Resolutions 110 and 223.

5. There were presentations on MACRA and Board Report 15 regarding Specialty Society representation.

### **Opening Session of the AMA House of Delegates**

Dr. Steve Stack, President of the AMA, gave his Presidential Address. He reviewed some of our AMA actions of the past year including working to change federal policies regarding EHR, working on improvements in MACRA, and establishing a task force to reduce opioid abuse. He stated we need to recognize our challenges but not be consumed by them. He feels that perseverance is key.

Dr. James L. Madara, Executive Vice-President/CEO of the AMA, He discussed “digital snake oil” which includes EHR products which do not work or work poorly, digital products directly marketed to consumers which are not safe or appropriate, and other digital products who work as well as “snake oil” did to cure patients. He stated that a new AMA study shows that physicians spend 50 % of their time at a keyboard, rather

than face to face with patients, plus at least 2 hours in the evening. He said that “American physicians are the most expensive data entry workers on the planet.” AMA is working with federal regulators and vendors to develop better digital tools. There are digital tools called Step Forward to help physicians improve their practice. The AMA Innovation Challenge had over 23,000 submissions.

There was a debate between the two candidates for President Elect and there were speeches by the candidates for the Board of Trustees.

Sunday, November 15<sup>th</sup>, 2015

**Specialty and Service Societies Section Council Chairs Meeting.** Dr. Hubbell attended the meeting.

The group discussed BOT Report 15 regarding Delegates for Specialty Societies and an alternative proposal from the SSS leadership. They also discussed changes to the format of the SSS meetings.

### **Opening Session of the House of Delegates**

This half hour session consists of formalities officially opening the AMA meeting.

### **Reference Committee Meetings**

The Reference Committees met. AAPM&R members attended the various Reference Committee Hearings, offering testimony on those issues which we had identified as important to PM&R.

Monday, June 13<sup>th</sup>, 2016

**Scope of Practice Partnership (SOPP) Summit.** Dr. Hubbell represented AAPM&R. Ms. Britania Galvin also attended this meeting. The attorney from the Advocacy Resource Center reported on activities during the past year including scope of practice issues, truth in advertising, and model legislation for the physician led team. The Health Workforce Mapper has been updated to include all specialties and CDC data. Reports were given from three societies who received SOPP grants. The proposed VA rule to allow independent practice of APRN’s was discussed. Members were asked to contact Congress to express opposition to this rule.

**Specialty and Service Societies Meeting.** Dr.Milani and Dr Agha attended the meeting. A Candidate Forum was held with participation by the candidates for President Elect, Board of Trustees, the Council on Medical Service, and the Council on Science and Public Health.

### **AAPM&R Caucus II**

**In attendance were:**

Dr. Susan L. Hubbell, AAPM&R Delegate.  
Dr. Mohammad Agha, AAPM&R Delegate to the Young Physicians Section & AAPM&R Alternate Delegate  
Dr. Matthew Grierson, Alternate Delegate. Washington State Medical Society  
Dr. Carlo Milani, AAPM&R Delegate to Resident and Fellows Physician Section  
AAPM&R Delegate (for Dr Reinstein)  
Dr. Claire Wolfe, Delegate, Senior Physician Section  
Dr. William Pease, AANEM Delegate.  
Dr. Enrica Arnaudo, AANEM Alternate Delegate  
Dr. Robert Goldberg, Delegate, New York; Past-Chair, New York Medical Society  
Dr. Donna Bloodworth, American Academy of Pain Medicine Alt. Delegate.  
Dr. Tim McAvoy, Delegate, Wisconsin  
Dr. John Vasuderan Alternate Delegate Pennsylvania Medical Society  
Ms. Jennifer Olsen 3rd year medical student Virginia Tech MSS Region VI Delegate  
Ms. Millie Suk, Director, Health Policy, AANEM.  
Ms. Britania Galvin, Health Policy Assistant, AAPM&R.  
Ms Melanie Dolak, AED for Health Policy, AAPM&R

Michael Suk M.D. American Academy of Orthopedic Surgeons presented an idea to develop a Musculoskeletal Caucus including at least orthopedics, physical medicine, rheumatology and sports medicine. This would be similar to the Neuroscience Caucus. We agreed to continue discussion of this idea.

Late resolution 1011 Gun Violence as a Public Health Crisis was discussed. We voted to become one of over 50 cosponsors of the resolution.

We reviewed the reports of the AAPM&R representatives who attended the Reference Committee Hearings. We decided our position on various issues which will come before the AMA House of Delegates the next three days.

## **AMA HOUSE OF DELEGATES MEETING**

Monday, June 13<sup>th</sup> thru Wednesday, June 15<sup>th</sup>, 2016

On Monday, Andy Slavitt, CMS Interim Director, spoke to the House of Delegates. He said that he wants to reduce the time that doctors spend on paperwork and make healthcare technology a tool, not an industry. He said that the goal of MACRA is to “return the focus to patient care”. He stated that his goals include 1. A patient centered approach to everything 2. Allow practices the flexibility on how they use the program 3. Focus on the unique needs of small, rural and underserved areas and 4. Simplify whenever possible. He stated that if there are measures that do not apply to a specialty, that the physicians in that specialty will not be penalized for not meeting them. He stated that CMS will work with specialty societies to identify the measures.

The meeting Handbook contained 901 pages of Reports and Resolutions. Therefore, we will only present a review of those resolutions and reports which are of particular interest to PM&R (*italics*) or are of major interest nationally.

### **Committee on Code Modernization**

1. Council on Ethical and Judicial Affairs Report 2 – Modernized Code of Medical Ethics. This CEJA Report was amended by CEJA. The following language will follow each Opinion: “This Opinion is offered as ethics guidance for physicians and is not intended to establish standards of clinical practice or rules of law.” The Modernized Code was **adopted as amended**.

### **Committee on Amendments to Constitution and Bylaws**

1. Board of Trustees Report 15. This 11 page report recommended that “the current specialty society delegation allocation system (ballot and formula) be discontinued and that specialty society delegation allocation in the House of Delegates be determined based on membership numbers allowing one delegate per 1,000 AMA members or fraction thereof, reduced by a factor of 25% to reflect multiple memberships, starting with the 2017 delegate appointment . . . “ Under the new system we would still have **two** delegates. It was **referred**.

2. Committee on Constitution and Bylaws Report 2 – Options for Informational Reports Submitted to the House of Delegates. This report recommended that

“informational reports be included in the AMA House of Delegates Online Member Forum. The House of Delegates will have the following options to dispose of an informational report: file, refer, and not accept . . .” It was **adopted as amended**.

3. Council on Ethical and Judicial Affairs Report 1 – Ethical Practices in Telemedicine. This report emphasized that “All physicians who participate in telehealth/telemedicine have an ethical responsibility to uphold fundamental fiduciary obligations and to protect patient privacy and confidentiality . . .” It was adopted.

4. Resolution 001 – Support for Persons with Intellectual Disabilities Transitioning Into Adulthood. This resolution asked our AMA to “encourage appropriate government agencies, non-profit organizations, and specialty societies to develop and implement policy guidelines to provide adequate psychosocial resources for persons with intellectual disabilities, with the goal of independent function when possible.” It was **adopted** with a change in title to “Support for Persons with Intellectual Disabilities”.

5. Resolution 011 – CEJA and House of Delegates Collaboration. This resolution asked our AMA to “evaluate how the collaborative process between the House of Delegates and the Council of Ethical and Judicial Affairs can best be improved”. It was **adopted as amended**.

6. Resolution 012 – Opposition to Physician Assisted Suicide and Euthanasia. This resolution asked our AMA to “not change its policies on opposition to physician-assisted suicide and euthanasia . . .” It was **not adopted**.

### **Reference Committee A – Council on Medical Service**

1. Council on Medical Service Sunset Review of 2006 AMA House Policies.

D-275.970 – Needle Electromyography – Recommended to retain.

2. Council on Medical Service Report 3 – Paid Sick Leave. This report asked our AMA to . . .” support voluntary employer policies that allow employees to accrue paid time off and to use such time to care for themselves and their families . . .” It was **adopted as amended**.

3. Council on Medical Service Report 9 – Physician Focused Alternate Payment Models. This report asked our AMA to reaffirm previous AMA policy and identified “goals to be pursued as part of an APM . . . be designed by physicians or with significant input and involvement of physicians . . . provide adequate and predictable resources . . . limit physician accountability. . . avoid placing physician practices at substantial financial risk . . . minimize physician burdens on physician practices . . . promote physician-led, team-based care coordination that is collaborative and patient-centered. . . reduce burdens

of Health Information Technology usage in medical practice.” It was **adopted as amended**.

4. Resolution 102 – Developing Measures for Good Access to Care. This resolution asked our AMA to “work with the appropriate specialty societies to develop access measurements . . .” It was **adopted as amended**.

5. Resolution 111 – Single Payer Health Care Study. This resolution asked our AMA to “research and analyze the benefits and difficulties of a single-payer health care system in the United States . . .” It was **adopted as amended**.

6. Resolution 117 – Multidisciplinary Pain Management Center Reimbursement. This resolution asked our AMA to “consider alternative payment models . . . bundled payments . . . global fees . . .” Multiple current policies were **reaffirmed** in lieu of Resolution 117.

7. Resolution 118 - Addressing the Health and Health Care Access Issues of Incarcerated Individuals. This resolution asked our AMA to “advocate for an adequate number of primary care and mental health personnel to provide adequate health care treatment to civilly committed (designated to correctional institutions, incarcerated, or detained individuals . . .” It was **referred**.

8. Resolution 119 – Ensuring Appropriate Risk Adjustment Prior to Implementation of Value Based Purchasing Programs. This resolution asked our AMA to “require CMS to clearly define risk stratification indices and develop a cost to risk algorithm . . . prior to further implementation of Value Based Purchasing (VBP) programs.” It was placed on the **reaffirmation** calendar.

### **Reference Committee B – Legislation**

1. Board of Trustees Report 10 – Electronic Health Records and Meaningful Use. This 11 page report was a consolidation of Resolutions 224-A-15, 227-A-15, and 228-A15. This report asked our AMA to “continue to work with CMS and other relevant stakeholders to allow for partial credit for eligible professionals in the Meaningful Use and Merit-Based Incentive Payment Programs.” It was **adopted**.

2. Board of Trustees Report 11 – Principles for Hospital-Sponsored Electronic Health Records. This 8 page report asked our AMA to add “custodian” of patient data. The report recommended that “the additional recommendations to the Board of Trustees Report I-I-15 not be adopted.” It was **adopted**.

3. Board of Trustees Report 12 – Reducing Gun Violence. This 10 page report

asked our AMA to “modify existing AMA policy that advocates and encourages legislation that enforces a waiting period and background checks for all purchasers of handguns, and extend such policy to all firearm purchasers. . .” It was **adopted as amended**.

4. Board of Trustees Report 13 – Restrictive Covenants in Physician Contracts. This 5 page report concluded that that “developing model state legislation broadly eliminating restrictive covenants may not be the most appropriate means of dealing with those concerns. . .” rather “that our AMA provide guidance, consultation, and model legislation concerning the application of restrictive covenants to physicians upon request of state medical associations and national medical specialty societies.” It was **adopted**.

5. Board of Trustees Report 19 –Pain as the Fifth Vital Sign. This 5 page report did not support “pain as the fifth vital sign.” Amendments were added that pain as the fifth vital sign be eliminated from professional standards and usage and the our AMA advocate for the removal of the pain management component of patient satisfaction **surveys as it pertains to payment and quality metrics**. It was adopted as amended.

6. Resolution 204 – USP Compounding Rules. This resolution, with 14 sponsors, asked our AMA to “engage in efforts to convince USP to retain the special rules of procedures in the medical office . . .” “undertake to form a coalition with affected physician specialty organizations . . . jointly engage with USP, FDA and the U.S. Congress on the issue of physician office-based compounding . . .” It was **adopted as amended**.

7. Resolution 206 – Minimize Provider Burden for Meaningful Use Audit. This resolution asked our AMA to “. . . advocate to reform the CMS ‘eaningful Use’ audit program.” It was **adopted as amended**.

8. Resolution 207 – National Practitioner Data Bank. This resolution asked our AMA to “advocate to the NPDB that investigating bodies be required to notify physicians when they are under investigation.” It was **adopted as amended**.

9. Resolution 208 – Attorney Ads in Drug Side Effects. This resolution asked our AMA to “seek by legislation and/or regulation a requirement that attorney commercials which may cause patients to discontinue medically necessary medications have appropriate warnings that patients should not discontinue medications without seeking the advice of their physician.” It was **adopted as amended**.

10. Resolution 212 – Interstate Medical Licensure Compact. This resolution asked our AMA to “oppose the Federation of State Medical Boards Interstate Medical Licensure Compact.” Of concern is that under the Compact, “those physicians who do not participate in Maintenance of Certification (MOC) will not be eligible for licensure.” It was **not adopted**.

11. Resolution 213 – Merit-Based Incentive Payment. This resolution asked our AMA to “seek regulation or legislation to make the certified vendor-based EHR’s accountable in legal and/or financial fashion for the quality and reliability of the reports . . .” It was **adopted as amended**.

12. Resolution 215 – Tax Exemptions for Feminine Hygiene Products. This resolution asked our AMA to “support legislation to remove all sales tax on feminine hygiene products.” It was **adopted**.

13. Resolution 216 – Hospital Consolidation. This resolution asked our AMA to “. . . study the effects of hospital consolidation on price, availability of services, patient satisfaction, and quality . . .” It was **referred**,

14. Resolution 217 – Pain as the Fifth Vital Sign. This resolution asked our AMA to “advocate that pain as the fifth vital sign be eliminated from professional standards and usage.” It was included in Board of Trustee Report 19 as an amendment

15. Resolution 219 – Dry Needling by Physical Therapists and Other Non-Physician Providers. This resolution asked our AMA to “develop policy on the issue of dry needling practice by non-physician groups . . .” Our resolution 223 was adopted in lieu of 219.

16. Resolution 225 – Fraudulent Use of Prescriptions. This resolution asked our AMA to “promote the efforts for state run electronic Prescription Monitoring Programs to allow individual physicians to access records of their prescribing of opioids, for their entire panel of patients, including patient names and prescription information.” It was **adopted**.

17. Resolution 226 – Opposition to Trans Pacific Partnership. This resolution asked our AMA to “oppose US ratification of the Trans Pacific Partnership. . .” It was **referred for decision**.

18. Resolution 227 – Physician-Patient SMS (Short Message Service) Text Messaging and Non-HIPAA Compliant Electronic Messaging. This resolution asked our AMA to “study the medicolegal implications of SMS text messaging and other non-HIPAA-compliant electronic messaging between physicians and patients . . .” It was **adopted as amended**.

19. Resolution 228 – No Legislative Pill Counts. This resolution asked our AMA to “oppose legislation that restricts a prescription for any controlled substance, including opioids, based on a specific number of pills or for a specified period of time less than 30 days.” It was **adopted as amended**.

20. Resolution 229 – Expansion of U.S. Veterans’ Health Care Choices. This resolution asked our AMA to “adopt policy that the veterans Health Administration expand all eligible veterans’ health care choices by permitting them to use funds currently spend on them through the VA system, through a mechanism known as premium support, to purchase private health care coverage. . .” It was **referred**.

21. Resolution 230 – Veterans Health Administration Transparency and Accountability. This resolution asked our AMA to “adopt as policy that the Veterans Health Administration be required to report publicly on all aspect of it operation . . .” It was **not adopted**.

22. Resolution 232 – Closing Gaps in Prescription Drug Monitoring Programs. This resolution asked our AMA to “advocate for the inclusion of all controlled substance prescriptions . . . in the reporting requirements for Prescription Drug Monitoring Programs . . .” It was **referred**.

23. Resolution 233 – Insurance Coverage Parity for Telemedicine Services. This resolution asked our AMA to “advocate for telemedicine parity laws that require private insurers to cover telemedicine-provided services comparable to that of in-person services. . .” It was **adopted**.

24. Resolution 235 – Unfunded Mandates on Physicians. This resolution asked our AMA to “seek and/or support legislation or regulation that require all government mandates on physicians to comply with medical practice programs include a mechanism whereby physicians may obtain compensation for the costs that the government mandated programs places on the physician and their medical practice.” It was on the **reaffirmation** calendar.

25. Resolution 237 – Collective Bargaining for Physicians. This resolution asked our AMA to “support the right of all physicians to form local and/or regional negotiating units . . . amend our *AMA Code of Ethics* so that our policy will oppose any affiliation of physician negotiating units with labor unions or other entities unless such affiliation includes a right to strike.” It was **not adopted**.

26. Late Resolution 1010 - Fixing the VA Physician Shortage with Physicians  
This resolution deals with incentives so that physicians will want to work at the VA including enhanced loan forgiveness, improved pay, and minimizing administrative burdens that discourage non-VA physicians from volunteering their time to care for our veterans. It was **adopted as amended**.

### **Reference Committee C – Medical Education**

1. Council on Medical Education Sunset Review of 2006 House Policies.

H-275.990 Clinical Diagnostic Electromyography. Retain, edited.

2. Council on Medical Education Report 2 – Update on Maintenance of Certification and Osteopathic Continuous Certification. This 23 page report asked our AMA to “examine the activities that medical specialty societies have underway to review alternative pathways for board recertification . . .” It was **adopted as amended**.

3. Council on Medical Education Report 3 – Addressing the Increased Number of Unmatched Medical Students. This 14 page report noted that “the percentage of graduates not beginning their GME the year they graduated has remained very stable around 3%. . . “The primary goal of public GME support . . . is to produce trained physicians to meet the country’s health care needs and not to fulfill the personal preferences of individual graduates for the specialties of their choice. . .” It was **adopted as amended**.

4. Council on Medical Education Report 4 – Resident and Fellow Compensation and Health Care System Value. This 8 page report recommended that “our AMA encourages teaching institutions to base resident salaries on the residents’ level of training as well as local economic factors. . .” It was **adopted as amended**.

5. Council on Medical Education Report 5 –Accountability and Transparency in Graduate Medical Education Funding. This 8 page report discussed “recent calls, benefits, potential barriers, and differing measures” of the above. It “encouraged transparency of GME funding. . .” It was **adopted as amended**.

6. Council on Medical Education Report 6 – Telemedicine in Graduate Medical Education. This 12 page report recommended that our AMA “support incorporating telemedicine in the education of medical students, residents, fellow, and practicing physicians . . . collaborate with appropriate stakeholders to reduce barriers. . . (and) include core competencies in telemedicine in undergraduate medical education and graduate medical education . . .” It was **adopted as amended**.

7. Resolution 309 - Continuing Medical Education Pathway for Recertification. This resolution, with seven sponsors, asked our AMA to “call for the immediate end of any mandatory, recertifying examination . . . that our AMA support a recertification process based on high quality, appropriate CME material . . .” It was **adopted** after multiple amendments.

8. Resolution 312 – Specialty Board Report Cards. This resolution asked our AMA to “evaluate. . . by the June 2017 Annual Meeting an analysis report card comparing ABIM (American Board of Internal Medicine) and NSPAS. . .” It was **not adopted**.

9. Resolution 315 – MOC and MOL vs. Board Certification, CME and Lifelong

*Commitment to Learning.* This resolution asked our AMA to “oppose discrimination by any hospital or employer . . . which results in the restriction of a physician’s right to practice without interference . . . due to a lack of recertification or participation in MOL, MOC program, or due to a lapse of a time-limited board certification.” It was **referred**.

### **Reference Committee D – Public Health**

1. Council on Science and Public Health Report 1 –CSAPH Sunset Review of 2006 House Policies. It was adopted as amended.

H-470.977 – Use of Protective Headgear During Equestrian Activities.  
Sunset as the Professional Association of Therapeutic Horsemanship International requires all participants to wear protective headgear as of 2012.

2. Council on Science and Public Health Report 6 – Delaying School Start Time to Alleviate Adolescent Sleep Deprivation. This 14 page report asked our AMA to “encourage school districts to aim for the start of middle schools and high schools to be no earlier than 8:30am. . .” It was **adopted as amended**.

3. Council on Science and Public Health Report 7 – Preventing Violent Acts Against Health Care Providers. This 17 page report noted that there are approximately 25,000 workplace assaults annually and that more than 2/3 occur in health care and social service settings including 154 U.S. hospital-based shootings between 2000 and 2011. The report discussed: workplace violence prevention plans, training in workplace violence prevention, patient record flags, magnetometers in hospitals, and strengthening criminal penalties. It recommended to “encourage physicians to participate in training to prevent and respond to workplace violence threats . . .” It was **adopted as amended**.

4. Resolution 403 – Policies on Intimacy and Sexual Behavior in Residential Aged-Care Facilities. This resolution asked our AMA to “urge long-term care facilities . . . to adopt policies and procedures on intimacy and sexual behavior . . .(and) provide staff with in-service training. . .” It was **adopted**.

5. Resolution 406 – Research the Effects of Physical or Verbal Violence Between Law Enforcement Officers and Public Citizens on Public Health Outcomes. This resolution asked our AMA to “study the public health effects of physical or verbal violence between law enforcement officers and public citizens, particularly within ethnic and racial minority communities.” It was **adopted as amended**.

6. Resolution 407 – Tobacco Products in Pharmacies and Healthcare Facilities. This resolution asked our AMA to “support the position that the sale of any tobacco or vaporized nicotine products be prohibited where healthcare is delivered or where prescriptions are filled.” It was **adopted as amended**.

7. Resolution 411 – Protecting Children from Excess Sound Exposure and Hearing Loss. This resolution asked our AMA to “require that manufacturers label toys with the level of sound produced and/or a warning . . .” It was **adopted as amended**.

8. Resolution 419 – Opposition to Quarantine for Zika Patients. This resolution asked our AMA to “oppose quarantine measures for Zika-infected patients.” It was **adopted as amended**.

9. Resolution 425 – Oppose Efforts to Stop, Weaken or Delay FDA’s Authority to Regulate All Tobacco Products. This resolution asked our AMA the above. It was **adopted as amended**.

10. Late resolution 1011 - Gun Violence as a Public Health Crisis - This resolution asks that our AMA “immediately make a public statement that gun violence represents a public health crisis which requires a comprehensive public health response and solution” and that our AMA “actively lobby Congress to lift the gun violence research ban”. It was **adopted**.

### **Reference Committee E – Science and Technology**

1. Council on Science and Public Health Report 3 – The Precision Medicine Initiative. This 12 page report reviewed the objectives of the PMI, initiatives enabling the PMI, physician involvement in cohort program recruitment, and challenges and unanswered questions for physicians. It recommended that the AMA work with the PMI. It was **adopted**.

2. Council on Science and Public Health Report 5 – An Expanded Definition of Women’s Health. This 16 page report discussed sex differences in health and disease, social and environmental sex differences that affect health, and women as research participants. It asked our AMA to ‘recognize the term ‘women’s health’ as inclusive of all health conditions for which there is evidence that women’s risks, presentations, and / or responses to treatments are different from those of men. . . “ It was **adopted as amended**.

3. Resolution 503 – Cost-Effective Technologies as a Solution to Wandering Patients with Alzheimer’s Disease and Other Related Dementias. This resolution asked our AMA to “support the use of evidence-based cost-effective technologies . . .” It was **adopted**.

4. Resolution 508 – Banning the Use of Gasoline-Powered Leaf Blowers. This resolution asked our AMA to “call upon the EPA and the manufacturers of gas leaf blowers to develop guidelines that would dramatically reduce the toxic emissions and noise level of gas leaf blowers . . .” Current policy was **reaffirmed** in lieu of 508.

5. Resolution 511 – Transparency in Television Advertising of Unregulated Mediations and Medical Devices. First resolve already exists. Second resolve asked that “all advertisements for health care related products not approved by the FDA include evidence-based information about the risks and benefits of the product.” It was **adopted as amended**.

### **Reference Committee F – AMA Finance and Governance**

1. Board of Trustees Report 1 – Annual Report. For the 15<sup>th</sup> consecutive year, the Association’s “consolidated financial results” were positive, and reserves increased to over \$500 million. It was **filed**.

2. Board of Trustees Report 4 - Annual Dues. There will not be a change in the dues levels for 2017. It was **adopted**.

3. Board of Trustees Report 16 – Creation of the AMA Super PAC. The Board recommended that “creation of a Super PAC should not be pursued.” It was **referred**.

4. Board of Trustees Report 17 – Physician Entrepreneur Academy. The “AMA’s creation of a physician-entrepreneur speaker series, the development of an online to connect physicians with entrepreneurs, and sponsorship of MATTER is a demonstration of our commitment to making entrepreneurial education and opportunities available to our members.” It was **adopted**.

5. Board of Trustees Report 18 – Increasing Collaboration Between The Physicians and the Public to Address Problems in Health Care Delivery. This report includes the “creation of a Citizens Advisory Group.” It was **adopted**.

6. Resolution 602 – Protection of Physician’s Personal Information. This resolution asked our AMA to “work with the FSMB to standardize the publically available data on the State Medical Boards websites to protect the personal data of physicians and to decrease the risk of identity theft.” It was **adopted**.

7. Resolution 603 – A More Efficient AMA House of Delegates Interim Meeting. This resolution presented a revised schedule for the Interim Meeting, including that “the meeting be shortened by one full day, ending at the third day of the meetings.” It was **withdrawn**.

8. Resolution 606 – Amending AMA Meeting Policy. This resolution asked our AMA that “AMA Policy G-600.130 be amended by deletion of the fourth item that states our AMA will reaffirm its well-established practice of returning to Hawaii every four to five years for the AMA House of Delegates Interim Meeting.” It was **adopted**.

## **Reference Committee G – Medical Practice**

1. Board of Trustees Report 20 - Principles for Measuring and Rewarding Physician Performance. This 17 page report discussed the use of objective, well-validated, and clinically important measures of quality, ensure accurate and timely assessment of these measures, include physicians in both primary care and medical specialties, provide for timely review of reports by involved physicians prior to public release, ensure that reports related to the public can be easily and accurately interpreted, make appropriate use of risk adjustment and statistical methods . . . use appropriate incentives, and promote and facilitate the adoption of information technology (IT) tools including electronic health records (EHRs) . . .” It was **adopted**.
2. Board of Trustees Report 21 – De-Linkage of Medical Staff Privileges from Hospital Employment Contracts. This 9 page report included a model employment agreement, a model state legislation, a model medical staff bylaws and two detailed appendices. It was **adopted**.
3. Council on Medical Service Report 5 – Virtual Supervision of “Incident to” Services. This 6 page report reviewed levels of physician supervision and the 2016 Medicare Physician Payment Schedule Final Rule. It identified nine principles to “enable virtual supervision of ‘incident to’ services that require direct supervision.” It was **adopted as amended**.
4. Council on Medical Service Report 6 – Physician Communication and Care Coordination During Patient Hospitalization. This 7 page report reviewed models promoting physician communication and payment for inter-professional consultations and future health information technology and tele-health solutions. It was **adopted as amended**.
5. Council on Medical Service Report 7 – Prior Authorization Simplification and Standardization. This 8 page report reviewed administrative burden and prior authorization research; state legislative activity; prior authorization best practices principles, and alternatives; prior authorization automation: standard electronic transactions portals; compensation for prior authorization; and prior authorization issue priority. It was **adopted as amended**.
6. Council of Medical Service Report 10 – Medication “Brown Bagging.” This 6 page report reviewed “buy and bill,” benefits of “brown bagging,” and risks of “brown bagging.” “Brown bagging” is the “practice of patients bringing their own medications into their physicians’ offices or into hospitals for administration in those settings.” This report reaffirmed AMA policies and recommended requirements for “brown bagging.” It was **adopted as amended**.

7. Resolution 702 – Study of Current Trends in Clinical Documentation. This resolution asked our AMA to “study how modern clinical documentation requirements, methodologies, systems, and standards have affected the quality and content of clinical documentation. . .” It was **adopted as amended**.

8. Resolution of 705 – Retail Health Clinics. This resolution asked our AMA to “ensure the study of patient care delivery within retail health clinics to ensure patient safety . . .” It was **referred**.

9. Resolution 706 – Conflict of Interest Disclosure Exemptions for Non-Reimbursed Medical Staff and Faculty. This resolution asked our AMA House of Delegates to “adopt policy stipulating that conflict of interest disclosure information be eliminated from all re-credentialing activities for physicians who do not hold specified leadership, budgeting or purchasing-related positions or responsibilities within health care institutions.” It was placed on the **reaffirmation** calendar.

10. Resolution 708 – Clinical Pathways. This resolution asked our AMA to “support the development of transparent, collaboratively constructed clinical pathways .” It was **adopted as amended**.

### **Informational Reports**

1. Board of Trustees Report 5 – Update on Corporate Relationships. This 16 page report noted that the Board “continues to evaluate the Corporate Relations Team (CRT) review process to balance risk assessment with the need for external collaborations that advance the AMA’s strategic focus.” The appendix reviewed the corporate review process and a summary of corporate review recommendations for 2015.

2. Board of Trustees Report 7 – Redefining the AMA’s Position on ACA and Health Care Reform – Update. This 3 page report reviewed repeal and replacement of the SGR, pay-for-performance, repeal and replace the independent payment advisory board (IPAB), support for medical savings accounts, flexible savings accounts, the Medicare Patient Empowerment Act, steps to lower health care cost, and repeal non-physician provider non-discrimination provisions of the ACA.

3. Board of Trustees Report 8 – AMA Performance, Activities and Status in 2015. This 5 page report reviewed professional satisfaction and practice sustainability, improving health outcomes, accelerating change in medical education (ACE), advocacy on behalf of the profession, publishing, innovation, communicating with physicians, and EVP compensation.

4. Board of Trustees Report 14 – Patient Matching. This 8 page report reviewed numerous, ongoing efforts to improve patient matching including privacy and security

concerns, costs, current patient matching solutions, unique patient identifier (UPI), biometrics, data algorithms, and advocacy on patient matching’

5. Board of Trustees Report 25 – AMA Policy on Direct to Consumer Advertising. There will be a full report at the 2016 Interim Meeting.

6. Board of Trustees Report 26 – Demographic Report of the HOD and AMA Membership. This 4 page report noted that almost half of AMA members are under the e of 40 while 1/3 of AMA delegates are aged 60-69. Also, 2/3 of AMA members are men, 1/3 are women.

7. CEJA Report 5 – Judicial Function of CEJA. This 2 page report summarized CEJA Activities from April, 2015 to March, 2016.

8. Speakers Report 1 – Recommendations for Policy Reconciliation. This 4 page report included policies to be rescinded in full, outdated references to be deleted from policy statements, and correcting references to the Joint Commission.

We greatly appreciate the opportunity to represent the AAPM&R to the AMA. We thank Dr. Leon Reinstein, Delegation Chair, for his assistance via email during and after the meeting.

Susan L. Hubbell, M.D.  
AAPM&R Delegate to the AMA

Mohammed Agha, M.D.  
AAPM&R Delegate to the  
Young Physicians Section  
and Alternate Delegate to AMA

Carlo Milani, M.D.  
AAPM&R Delegate to the  
Resident and Fellow Section and  
Delegate to AMA

