

Reference Committee highlights

Reference Committee on Amendments to the Constitution and Bylaws

- The AMA adopted recommendations from Board of Trustees Report 18, which examines the actions of individual pharmacists and pharmacy chains when dispensing medication. The recommendations state that when a pharmacist or pharmacy chain refers a patient to an alternative dispensing source, the prescription should be returned to the patient and the prescribing physician should be notified of the referral.
- After an impassioned debate on the ethics behind physicians' use of placebos in clinical practice, the AMA adopted a recommendation from CEJA Report 2 emphasizing that physicians maintain patients' trust by avoiding even the appearance of deception, and by properly informing patients before using a placebo, and that physicians do not need to identify the placebo or secure explicit consent immediately before using one.
- The AMA concluded a four-year effort to revise its bylaws by voting to accept numerous measures that update and simplify them.

Reference Committee F

- The AMA voted to implement the 2007 Strategic Plan. It outlines the association's integral commitments in six major areas considered especially relevant to members: health care environment, clinical excellence, physician practice viability, health of the public, physician education and professionalism, and a sustainable AMA. The plan also incorporates the new, simplified mission and vision statements outlined in Board of Trustees Report 22.
- The AMA voted to revise its mission and vision statements. The AMA's new, simplified mission is to promote the art and science of medicine and the betterment of public health. Its core values are: (1) leadership and service; (2) excellence in all we do; and (3) integrity and ethical behavior. Our new vision is to be an essential part of the professional life of every physician.
- The AMA voted to educate medical societies and their AMA-member physicians about the available methods for administrative and judicial appeals of Recovery Audit Contractors (RACs) overpayment recoveries. The AMA will also define common appeal scenarios and methods of appeals, provide technical support on appeals and seek to consolidate cases for appeal with assistance of state medical societies via the AMA Litigation Center. The AMA will continue to oppose the RAC pilot projects and reaffirm existing policy D-390.972.

- The AMA voted that all meetings and conferences organized and/or primarily sponsored by our AMA be held in a town, city, county or state that has enacted comprehensive legislation requiring smoke-free work sites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances justify an exception to this policy. The AMA will also encourage state and local medical societies, national medical specialty societies and other health organizations to adopt a similar policy.

Reference Committee J

- The AMA voted to review the appropriate scope of required health insurance benefits for such benefits to qualify for purposes of tax credit or other federal subsidy. The AMA will also review the financing of health care and/or insurance coverage for those with chronic illness or who are experiencing catastrophic health expenses. In addition, the AMA will conduct new tax credit simulations on varying components of its proposal to expand health insurance coverage and choice.
- The AMA voted to strongly urge the Centers for Medicare & Medicaid Services to amend codification of the Deficit Reduction Act [42 CFR 435.407 (a)] to specify that the state Medicaid agency's record of payment for the birth of an individual in a U.S. hospital is satisfactory documentary evidence of both identity and citizenship.
- The AMA voted to work with state medical associations, employer coalitions, physician billing services and other appropriate groups to evaluate on an annual basis and recommend standards for "payer measures" for the insurance industry and government payers to be publicly reported for consumers that may include information about several measures.
- The AMA resolved to urge the Food and Drug Administration (FDA) to conduct surveys for purity and dosage accuracy of all compounded "bioidentical hormone" formulations; require mandatory reporting by drug manufacturers, including compounding pharmacies, of adverse events related to the use of compounded "bioidentical hormone" preparations; and create a registry of adverse events related to the use of compounded "bioidentical hormone" preparations. The AMA further resolved to request that the FDA require the inclusion of uniform patient information, such as warnings and precautions, in packaging of compounded bioidentical hormone products. In addition, the AMA will urge the FDA to prohibit the use of the term "bioidentical hormones" unless the preparation has been approved by the FDA.

Reference Committee K

- The AMA adopted recommendations from Council on Medical Service Report 6 that any physician payer, clearinghouse, vendor or other entity that collects and uses or warehouses electronic medical records and claims data adhere to a series of principles. Among those principles are that electronic medical records data remain accessible to authorized users for the purposes of treatment, public health, patient safety, quality improvement and research, and that anyone seeking to access and use individually identifiable clinical data obtain physician or patient permission to do so. The AMA also will continue to monitor the economic implications of the secondary sale and use of nonidentifiable, aggregate data.
- The AMA approved policy on several aspects of abusive practices by insurers, including opposing the development of tiered, narrow or restructured networks inappropriately driven by economic criteria. The AMA also voted to study and educate physicians on the practice of network repricing and silent rental networks. In addition, the AMA resolved to explore the feasibility of participating in legal action designed to address arbitrary and abusive economic profiling of physicians.
- The AMA adopted recommendations from Council on Medical Education Report 1 in support of increased diversity—including race, ethnicity, gender, sexual orientation/gender identity, socioeconomic origin and disability—across all specialties in the physician work force. The AMA also will work to obtain full restoration and protection of federal Title VII funding and similar state funding programs that support physician training, recruitment and retention in geographically underserved areas.

Reference Committee L

- The AMA approved policy to assume a leadership role in collaborating with other interested organizations, including national medical specialty societies, the American Public Health Association, the Center for Science in the Public Interest and the AMA Alliance, to discuss ways to finance a comprehensive national program for the study, prevention and treatment of obesity, as well as public health and medical programs that serve vulnerable populations. The AMA also will encourage state medical societies to collaborate with interested state and local organizations to discuss those same goals. In addition, the AMA will continue to monitor and support state and national policies and regulations that encourage healthy lifestyles and promote obesity prevention.
- After considerable and impassioned testimony, the AMA referred for decision a resolution to organize programs that would educate the public about the looming access-to-care crisis that will result from inadequate Medicare physician rates and projected steep cuts in Medicare payments. The AMA endorsed current policy to petition the Centers for Medicare & Medicaid Services to improve the accuracy of the Geographic Payment Cost Indices through the use of accurate practice costs and timely data.
- Recognizing an opportunity to enhance the AMA's principles on pay-for-performance by developing guidelines to protect physicians against economic credentialing and similar practices, delegates voted to refer a resolution to oppose any congressional action that would institute a pay-for-performance program and a resolution to reject pay-for-performance as economic credentialing. Both resolutions will be considered together for a report back to the House of Delegates at the 2007 Annual Meeting.