

## Highlights of the 2023 Interim Meeting of the AMA

### CC&B:

The BoT is reexamining the representation of employed physicians at the AMA and will release a report at the 2024 Annual Meeting.

The AMA reaffirmed its support for the physicians' autonomy in medical decision making.

The HoD passed a resolution opposing the inappropriate use of health records in criminal proceedings.

A CEJA report regarding physician use of social media for product promotion was referred back to CEJA as being potentially too restrictive.

The HoD decided not to change AMA policy opposing physician-assisted suicide.

There was much discussion about reform to AMA elections, but most of the recommended reforms were referred back.

### Refcom K Public Health:

BoT Report called for protecting the rights of incarcerated people to abstain from work assignments, even during a pandemic.

BoT Report encouraged health departments and local governments to partner with public safety entities to provide safe gun storage at little or no cost.

BoT Report update on climate change and health was referred

CSAPH issued a report calling for the AMA to encourage research into sustainable practices in the OR setting.

The HoD voted to refer a CSAPH report recommending that HPV vaccines be mandated for school attendance.

CSAPH issued a report encouraging additional funding to study practices to reduce violence in healthcare settings.

A CSAPH report provided an update on drug shortages and specifically recommended that insurers not prefer drugs that are in short supply when equivalent drugs are more readily available.

A CSAPH Report encouraged the enactment of alternatives to criminalization of public intoxication and support for the regulation of sobering centers.

CSAPH issued a report encouraging state regulation of various aspects of cannabis advertising.

A CSAPH Report on precision medicine and health equity, including several recommendations regarding genetics research, was referred back because of concerns about misuse of such research and worsening of inequities.

### Refcom F:

The HoD renewed delineated section status of the Women's Physicians Section through 2028.

The HoD voted to continue the Online Forum trial through A-2024.

The HoD encouraged relevant parties to educate patients and physicians on healthcare-related scams.

#### Refcom C (Medical Education):

There was a call for expansion of compassionate leave policies for medical students and physicians so as to be nondiscriminatory.

The HoD called for the expansion of health insurance options for medical students, including alternatives to the institutionally offered health insurance plans that are often mandated.

#### Refcom J (Medical Service)

The HoD approved a resolution to create a task force to reduce barriers to gender-affirming care, mainly through assuring adequate payment.

A CMS Report called for insurance companies to collect patients' cost-sharing responsibilities and pay physicians the full, allowable amount for services provided

A CMS Report called for improvements to network adequacy, with another resolution calling for the pursuit of "Any Willing Provider" legislation

A resolution called for more research into the adequacy of medical translator services and, in particular, called for insurers to pay for such services.

A resolution called for not-for-profit hospitals to be held to the same standards as for-profit institutions with regard to FTC competition policy enforcement.

The HoD passed a resolution, which originated in NY, to restrict the use of virtual credit cards as payment from insurers and to reduce fees associated with electronic funds transfers

There was a resolution calling for elimination of the site of service differential currently enjoyed by hospital-affiliated facilities. This resolution was referred for decision.

#### Refcom C (Legislation)

A BoT Report called for model principles on Good Samaritan protections for physicians

A resolution called for our AMA to take a public stand against allowing payors and pharmacy benefit managers to divert patients to their own health care teams

A resolution called for the AMA prioritize opposition to impending cuts in Medicare payments

A resolution asked that the AMA partner with interested parties to ensure that patients in nursing homes have access to all medically appropriate care, including psychotropics, and that the AMA continue its existing policy to oppose the criminalization of medical practice

A resolution called for Medical Advantage plans to be required to pay for out-of-network care that patients receive through clinical trials

A resolution called on the AMA to do a study, and create resources for states, on the implications of *Rutledge, Attorney General Of Arkansas v. Pharmaceutical Care Management Association*, in reference to potentially allowing more successful challenges to the actions of healthcare plans protected by the Employee Retirement Income Security Act of 1974 (ERISA) when the quality of care or healthcare outcomes are questioned.

A resolution called for Emergency Rooms to be staffed full-time by an on-site physician (not necessarily trained in Emergency Medicine) with appropriate consideration for limited rural exceptions

A resolution calling for reform of the Stark Law's blanket ban on self-referral was surprisingly referred despite seemingly overwhelming testimony in favor.