

The Southeast Delegation was the primary sponsor of 18 resolutions submitted for the A-2019 AMA meeting. Including resolutions co-sponsored, we were a part of 22 resolutions. Overall, the resolutions touched on a variety of areas pertinent to contemporary medical practice and brought fruitful discussion both at the Reference Committees and House of Delegates. New AMA Policy and Directives to take Action often occur yearly with our submitted resolutions. This year was no different.

Several of our resolutions reaffirmed existing policy. These included #112 Oklahoma Health Care Fee Transparency; #118 Oklahoma Pharmaceutical Pricing Transparency; #222 OK, KY, MS, WV Protecting Patients from Misleading and Potentially Harmful "Bad Drug" Ads; #434 New Jersey Change in Marijuana Classification to Allow Research and #701 Delaware Coding for Prior Authorization Obstacles. Others were Adopted in Lieu of, including #120 Georgia Medicare Coverage of Hearing Aids; #221 New Jersey Extending Medicaid Coverage to 12 Months Postpartum and #233 Georgia GME Cap Flexibility).

Nine of our resolutions were either adopted or adopted as amended, the changes to the original were generally not substantial. Resolution #127 New Jersey Eliminate the CMS Observation Status was adopted *"That our American Medical Association request, for the benefit of our patients' financial, physical and mental health, that the Centers for Medicare and Medicaid Services terminate the "48 hour observation period" and observation status in total. (Directive to Take Action)*. Resolution #415 Oklahoma Distracted Driver Legislation was adopted as amended, *"That our AMA actively lobby for legislation to decrease distracted driving injuries and fatalities by banning the use of electronic communication such as texting, taking photos or video and posting on social media while operating a motor vehicle."* The amended resolution eliminated the original second resolve. Resolution #416 Oklahoma was adopted as amended, *"That our American Medical Association actively advocate for federal legislation, regulations, programs, and policies that incentivizes states to eliminate non-medical exemptions to from mandated pediatric immunizations. (Directive to Take Action)"*, the changes were minor. Resolution #425 Georgia Distracted Driving Education and Advocacy was adopted, *"That our American Medical Association make it a priority to create a national education and advocacy campaign on distracted driving in collaboration with the Centers for Disease Control and other interested stakeholders and that our AMA explore developing an advertising campaign on distracted driving with report back to the House of Delegates at the 2019 Interim Meeting"*. Both resolves of this resolution are Directives to Take Action. Resolution #433 West Virginia Transformation of Rural Community Public Health Systems was adopted as amended, *"That our American Medical Association work with other entities and organizations interested in public health to: -Identify and disseminate concrete examples of administrative leadership and funding structures that support and optimize local, community-based rural public health -Develop an actionable advocacy plan to positively impact local, community-based rural public health including but not limited to the development of rural public health networks, training of current and future rural physicians in core public health techniques and novel funding mechanisms to support public health initiatives that are led and managed by local public health authorities - Study efforts to optimize rural public health. (Directive to Take Action)"*, the only change was to eliminate the mandate that the study be periodic. Resolution #501 VA, KS, SC, LA, MD, Am Coll. Allergy, Asthma & Immunology USP 800 was adopted as amended *"That our AMA*

*continue its compounding working group, consisting of national specialty organizations, state medical societies, relevant agencies, and other appropriate stakeholders to advocate for appropriate application of standards and to monitor policy impacting physicians”. (Directive to Take Action). Resolution 530 New Jersey Implementing Naloxone Training into Basic Life Support (BLS) Certification Programs was also adopted as amended “That our American Medical Association collaborate with the American Heart Association and other interested parties to include naloxone use in training in BLS instruction”(Directive to Take Action). Resolution 704 Delaware was adopted, “That our American Medical Association explore emerging technologies to automate the prior authorization process for medical services and evaluate their efficiency and scalability, while advocating for reduction in the overall volume of prior authorization requirements to ensure timely access to medically necessary care for patients and reduce practice administrative burdens. (Directive to Take Action).*

Several of our resolutions were referred. Resolution 219 Oklahoma Medical Marijuana License Safety was referred to the Board for further study “That our American Medical Association draft model state legislation to amend states’ prescription drug monitoring programs to include a medical marijuana license registry. (Directive to Take Action).” Similarly, Resolution 414 Oklahoma Patient Medical Marijuana Use in Hospitals was referred to the Board for further study “That our American Medical Association offer guidance to medical staffs regarding patient use of non-US Food and Drug Administration approved medical marijuana and cannabinoids on hospital property, including product use, storage in patient rooms, nursing areas and/or pharmacy, with report back to the House of Delegates at the 2019 Interim Meeting. (Directive to Take Action).” Resolution 301 VA, AACU, LS, MS American Board of Medical Specialties Advertising was referred by the House of Delegates to the Board for further study “That our American Medical Association oppose the use of any physician fees, dues, etc., for any advertising by the American Board of Medical Specialties or any of their component boards to the general public”

One resolution, Resolution #227 Alabama Controlled Substance Management was not adopted “That our American Medical Association work with the Centers for Medicare and Medicaid Services (CMS) and interested physician groups to strongly advocate for a mechanism by which physicians may be compensated for controlled substance management; and that our AMA strongly encourage CMS and private payers to recognize and establish equitable payment for controlled substance management.”

Board of Trustees Report 12 Data Used to Apportion Delegates was issued in response to a resolution from Georgia at Interim 2018, which led to the adoption of Policy G-600.016, pertaining to counting pending members for the propose of allocating delegates in the following year. The details of the final report recommendations were adopted by the House of Delegates and calls for “the Council on Constitution and Bylaws to prepare a report for the 2019 Interim Meeting that will allow the implementation of Policy G-600.016, as amended.”

Finally, CMS Report 6 Preventive Prostate Cancer Screening was based on referred Resolution A-18 #226 co-sponsored by VA, AACU, and AUA. This new AMA policy is very supportive of Preventive Prostate Cancer Screening and a few of the significant recommendations are: 1. That our American Medical Association (AMA) encourage public and private payers to ensure

*coverage for prostate cancer screening when the service is deemed appropriate following informed physician-patient shared decision-making. (New HOD Policy) 2. That our AMA encourage national medical specialty societies to promote public education around the importance of informed physician-patient shared decision-making regarding medical services that are particularly sensitive to patient values and circumstances, such as prostate cancer screening. (New HOD Policy) and 3. That our AMA amend Policy D-450.957 to change the title to read, "Clinical Guidelines and Evidence Regarding Benefits of Prostate Cancer Screening and Other Preventive Services," and to add a new subsection, "(3) encouraging scientific research to address the evidence gaps highlighted by organizations making evidence-based recommendations about clinical preventive services." (Modify Current HOD Policy)*

As mentioned earlier, A-2019 was another good year for our Southeast Delegation. The resolutions we bring to the AMA often bring new AMA policy and Directives to take Action!

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