

The Southeastern Delegation states submitted a total of 23 resolutions. Of these, 12 were adopted or adopted as amended, 6 referred, 3 not adopted and 2 placed on reaffirmation calendar.

Gun violence was the top issue. The AMA HOD Reaffirmed policies that focused on reducing death and injuries from gun-related violence. Banning the sale of bump stocks, requiring background checks for firearms, a ban on semi-automatic weapons and high capacity ammunition magazines and a resolution on reducing gun violence in America. Increasing the age to 21 for the purchase of firearms and opposition to concealed carry reciprocity were both adopted. The board will be reviewing and creating a report to determine the need for permitting of rapidly-firing semi-automatic firearms, studying options to remove firearms from those with mental health issues, looking at the background check system and evaluating the possible need for a ban on the sale and ownership of all assault type weapons. One policy that did pass after much debate was the requirement for all guns to be registered. This issue was particularly contentious and will likely be back for review at a future meeting.

There is an emerging trend of practices becoming acquired by venture capital, private equity or corporate investors and this issue was looked at in detail. Essentially, the AMA will study (and report back by annual 2019) the effects on the healthcare marketplace of the acquisition of practices by one of the methods noted above. This is a topic that we should all monitor closely as it has potential negative longitudinal effects on our patients and our profession as a whole.

Gender pay equality has been an issue for a long time and the AMA HOD voted to request the AMA to create and disseminate a report outlining its position in favor of gender pay equality for all physicians and advocate this position. In addition, the AMA will help to educate physicians regarding their rights, empower all genders to negotiate equitable compensation and work toward advancing women in medicine. This issue is vital, especially as many medical school classes are comprised of 50% or more of women. We must follow up on the progress of this issue at each meeting.

The ongoing and evolving opioid epidemic resulted in many resolutions. The conclusions were: that the AMA will advocate for legislation to eliminate barriers to, increase funding for, and require access to all appropriate FDA-approved medication therapies used by licensed clinics or facilities. Furthermore, the AMA will work to develop a campaign to increase public awareness for the medical treatment of substance-use disorders with medication-assisted treatment as a first-line treatment for this chronic disease. Also, the AMA HOD called for the AMA Opioid Task Force to work with the American Hospital Association and other relevant organizations to identify best practices being used by hospitals and others to treat opioid-use disorders as a chronic disease - including identifying patients with this condition.

Reports concerning improving affordability and competition in the health care plan exchanges were approved. New policy was adopted that opposes the sale of individual health insurance policies that do

not guarantee pre-existing condition protection and coverage of essential health benefits (with the exception of insurance plans of three months or shorter). The policy notes that the coverage of essential health benefits is linked to protections against annual and lifetime limits, and out-of-pocket expenses. The AMA also adopted policies that support providing adequate funding for and expansion of outreach efforts to increase public awareness of advanced premium tax credits, expanding eligibility for premium tax credits up to 500% of the federal poverty level, providing young adults with enhanced premium tax credits while maintaining the current premium tax credit structure (which is related to income), encouraging state innovation to maximize the number of individuals covered and stabilize health insurance premiums without undercutting any existing patient protections, AND establishing a permanent federal reinsurance program.

Additionally, the following important resolutions were discussed as noted:

- Policies regarding out-of-network provision of services payment and last-minute physician exclusion from a health care plan, especially for "no cause" were also addressed.
- Several issues concerning Medicaid were addressed including opposition to Medicaid eligibility lockout and opposition to a Medicaid work requirement was reaffirmed.
- The concept of a prudent layperson's standard for payment of E.R. services was reaffirmed.
- The AMA also adopted several policies regarding AI (Augmented Intelligence).
- The AMA also adopted policy demanding that physician compensation be based on objective, gender-neutral criteria.
- The Delegates adopted new policy that states that "Health equity, defined as optimal health for all, is a goal toward which our AMA will work by advocating for health care access, research and data collection, promoting equity in care, increasing health workforce diversity, influencing determinants of health, and voicing and modeling commitment to health equity."
- Precision Medicine should have a place in the developing Alternative Payment Models and the Delegates approved a report from the Council on Medical Service and the recommended policies.
- Several resolutions dealing with the high cost of prescription drugs, pharmacy benefit managers, and an optional national prescription drug formulary were referred for study with a report back.

Finally, a resolution on Vector Borne Diseases, specifically tick borne diseases asking the AMA to study the epidemic and issue a position paper was referred while the third resolved asking the AMA to advocate for local, state and national research, education, reporting and tracking on vector-borne diseases was adopted.