

## Southeastern Delegation Resolution Committee Report I-18

At the interim meeting in November the SE delegation submitted a total of 16 resolutions plus two reports that were generated from the Board of Trustees as a result of resolutions at A-18.

### 16 resolutions

- 1 Adopted
- 2 Referred
- 5 Adopted as amended
- 6 Reaffirmed
- 1 Placed on Reaffirmation calendar
- 1 Not adopted

2 prior resolutions (Georgia and NJ) were Adopted as amended.

Overall, the SE delegation had 13/16 (81%) adopted, adopted as amended or reaffirmed. This is very good and in line with prior meetings. However, the large number of resolutions written by the SE that were reaffirmed may be an opportunity for the SE to collaborate and communicate more prior to meetings so that items that change policy or have a directive to take action can be coordinated better. I would suggest that we ask the SE board members if they would like to communicate resolutions early in the process to see how we can work together. The resolutions committee may be able to spearhead this effort. I do realize that some of the resolutions come from each state's house of delegates, even when they know that the AMA already has policy. I propose that resolutions that represent a new policy or a directive to take action be vetted through the entire SE delegation leadership. In this way, we can create the best possible resolutions with the highest percentage of success.

### Important issues:

- Reference committee B
  - Addressing Surgery Performed by Optometrists-Adopted. Supports legislation prohibiting optometrists from performing surgical procedures.
  - Eliminating Barriers to Automated External Defibrillator Use-Adopted. Supports the use of AED anyone attempting to aid a sudden cardiac arrest victim.
  - 206-Repealing Potential Penalties Associated with MIPS and 231- Reducing the Regulatory Burden in Health Care were referred. These should be monitored as they address the unreasonable penalties physicians face in the MIPS program and other government regulations that are mandated.
  - Reimbursement for Services Rendered During Pendency of Physicians Credentialing Application. Adopted. AMA develop model state legislation for physicians being credentialed to treat patients and retroactively receive payments if they become credentialed.
- Reference committee C

- Prevention of Physician and Medical Student Suicide. Adopted. Requests LCME and ACGME to collect data to identify patterns that could predict suicide.
- Competency of Senior Physicians. This was a contentious issue that looked at physicians as they age (they were stating 65 years old) and some guiding principles to help in the evaluation process. The testimony was mixed as competency is not a strict target. This item was referred and should be monitored.
- Board Certifying Bodies. This resolution focused on the possibility of an opportunity for competition within the recertification process and was based on the Department of Justice, Anti-trust division's work on MOC in Maryland. The amended resolution essentially watered down the intention. However, an annual report will be available from the CME in June.
- Reference Committee F
  - Data Used to Apportion Delegates. Adopted as Amended. This resolution looks at giving states and specialties who add members late in the year a mechanism to increase their delegation sizes without waiting a full year after a member joins. It also adds a "pending member" category that can be added to the number of active AMA members for the December 31 count.
  - Training Physicians in the Art of Public Forum. Adopted as amended. The AMA will offer a live educational session at least annually for AMA members to develop their public speaking skills.
- Reference Committee J
  - The Site of Service Differential (CMS report). AMA supports Medicare payment policies for outpatient services that are site-neutral without lowering total Medicare payments. This report looks to level the playing field between outpatient settings in terms of payments for services rendered.
  - Prior Authorization Relief in Medicare Advantage Plans. Adopted as amended. Essentially works toward decreasing prior authorization necessity and improving transparency in the process.
- Reference Committee K
  - Increased Access to Identification Cards for the Homeless Population. Adopted. Supports legislation that reduces the cost of obtaining identification cards for the homeless.
  - Comprehensive Breast Cancer Treatment. Adopted. This policy states that the AMA believes that reconstructive surgery after breast cancer treatment should be considered reconstructive and not aesthetic surgery and should be covered by insurance.
  - Ban on Tobacco Flavoring Agents with Respiratory Toxicity. Adopted as amended. Encourages the FDA to prohibit the use of flavoring agents in tobacco products including electronic delivery systems.