Resolution 224 might unintentionally be overly broad. Your Reference Committee believes that language from AMA policy H-5.998, Public Funding of Abortion Services, captures the intent and spirit of Resolution 224 while addressing the concerns raised about the second Resolve. For these reasons, your Reference Committee recommends that substitute Resolution 224 be adopted with a change in title.

(13) RESOLUTION 225 - DRAFT CLINICAL QUALITY MEASURES NON-RECOMMENDED PSA-BASED SCREENING

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 225 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association continue to advocate for inclusion of relevant specialty societies and their members in guideline and performance measure development, including in technical expert panels charged with developing performance measures against the Centers for Medicare & Medicaid Services’ utilization of measures and screenings recommendations derived without input from medical expertise that is relevant to the disease state or health condition. (New HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 225 be adopted as amended.

HOD ACTION: Resolution 225 adopted as amended.

Resolution 225 asks that our American Medical Association advocate against the Centers for Medicare & Medicaid Services’ utilization of measures and screenings recommendations derived without input from medical expertise that is relevant to the disease state or health condition (New HOD Policy); and that our AMA work with the federal government, specialty societies, and other relevant stakeholders to develop guidelines and clinical quality measures for the prevention or early detection of disease, such as prostate cancer, based on rigorous review of the evidence which includes expertise from any medical specialty for which the recommendation may be relevant to ultimately inform shared decision making. (Directive to Take Action)

Your Reference Committee heard mixed testimony on Resolution 225. Speakers recognized the importance of robust clinician input during guideline and measure development and the challenges faced by patients and clinicians when there are competing or conflicting guidelines. Testimony also suggested that existing AMA policy covers these important goals. Your Reference Committee also heard that in advocacy on MACRA implementation, your AMA is already calling for CMS to rely on specialties
as it develops quality measures. It was suggested that the first Resolve of Resolution 225 be amended to reflect this ongoing advocacy and clarify what that advocacy is for (reliance on medical specialty expertise when developing quality measures) rather than what the advocacy is against. Your Reference Committee agrees and therefore recommends that Resolution 225 be adopted as amended.

(14) RESOLUTION 214 - AMA SUPPORT FOR STATE MEDICAL SOCIETIES’ EFFORTS TO IMPLEMENT MICRA-TYPE LEGISLATION

RECOMMENDATION A:


RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 214 be referred.


Resolution 214 asks that our American Medical Association continue to support state medical societies’ efforts to implement MICRA-type legislation (New HOD Policy), and engage its leadership and staff, those of the national medical specialty societies, and other stakeholder organizations to provide resources and technical assistance to efforts throughout the federation to defeat no fault medical liability legislation. (Directive to Take Action)

Your Reference Committee heard that the first Resolve of Resolution 214 is well covered by existing AMA policies H-435.967, H-435.968, H-435.969, H-435.983, H-435.975, and H-435.978, as well as past and ongoing AMA advocacy activities on medical liability reform.

Your Reference Committee heard mixed testimony on the second Resolve of Resolution 214. Testimony was presented that administrative compensation systems may be more dependable and less stressful for all parties, and that at least one association has called for pilot testing of models including administrative compensation systems. Your Reference Committee also heard testimony that administrative compensation systems may increase reporting to the National Practitioner Databank and increase overall health care costs while doing nothing to improve the quality of care. Your Reference Committee also heard from one state with experience advocating against administrative compensation system legislative proposals that the methodology behind such systems are risky and poorly thought out. Your AMA Council on Legislation indicated an interest in studying this proposal further, noting that your AMA Advocacy Resource Center is