REFERENCE COMMITTEE *A – (Medical Service)*
SUMMARY REPORT FOR THE NEW ENGLAND DELEGATION
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Please list two questions for the Candidate Interviews based on the topics represented within your reference committee.

1. What is your position on single payer and the "public option" for insurance coverage? Should Medicare age eligibility be expanded?

2.What is your position on health care price transparency, (i.e., hospital, outpatient services, medications etc) and its impact on controlling the rising costs of health care?

CONSENT CALENDAR FOR APPROVAL

CMS Report 0 3 **Medicare Coverage for Dental Services**
This is a reaffirmation of AMA Policy D-160.925. It recognizes the importance of oral health, access to affordable dental care, works with the ADA to improve access, expanding research on expanding dental coverage, effect on beneficiaries and costs and utilization. It does let the ADA take the lead as this is there area of expertise.

CMS Report 0 4 **Reclassification of Complex Rehabilitation Technology**
Complex rehabilitation technology (CRT) should reclassified as separate, distinct and adequately funded to improve access to equipment for individuals with disabilities and chronic conditions. The reclassification with adequate funding is new HOD policy and a set of new rules and regulations for CRT beyond existing durable medical equipment rules. This can be supported as long as there is accountability for costs and appropriate usage.

CMS Report 0 5 **The Impact of Pharmacy Benefit Managers on Patients and Physicians**
Pharmacy Benefit Managers (PBM) fully administer the drug benefit, including creating formularies, prior authorization for medical necessity and should be regulated by the state departments of insurance. The AMA should develop model state legislation on regulation. There should be transparency on utilization, rebate, discount and financial incentive information. In addition, prevention of non-discrimination against patients for benefit design and mental health and substance use parity. This a strong report and should be supported for full implementation.

103 (NY) **Health System Improvement Standards**
The resolution bullet points are likely all part of AMA policy, but here are consolidated. This could be in part an affirmation.

104 (NY) **Adverse Impacts of Single Specialty Independent Practice Associations**
At present most IPA's are multi-specialty, but there evidently is a trend towards single specialty IPA networks, the AMA should study the impact of this new model for IPA. This seems appropriate for study, as we need to learn about restricted networks, contracting and cost of care and impact on multi-specialty IPA physicians and patients.

107 (OH) **Investigate Medicare Part D - Insurance Company Upcharge**
It asks the AMA to investigate Medicare Part D rules that allow insurers to keep up to 5% more than their actual costs for prescriptions and are eligible for reimbursement for certain losses. This is worth studying.

108 (OH) **Congressional Healthcare Proposals**
The resolution asks to maintain choice in health care coverage, improve coverage, make new plans voluntary and not eliminate the private insurance market. This may be an affirmation of several policy positions in one resolution as AMA policy for upcoming bills in the House and Senate. It is broad and does not detail short term plans and their exemption from certain regulations.

109 (OH) Part A Medicare Payment to Physicians
This refers to an ongoing study by the AMA on "The Leading Role Physicians Play in Reducing Medicare Spending". The resolution supposes that there are significant savings to the health care system and physicians should be reimbursed for those savings. This concept is similar to existing Accountable Care Organization projects under CMS.

111 (OH) Practice Overhead Expense and the Site-of-Service Differential
This is a strong resolution with three well worded and thoughtful resolution clauses. This has been an ongoing issue for many years and needs resolution.

113 (WA/CT) Ensuring Access to Statewide Commercial Health Plans
This resolution seeks to offer Statewide Commercial Health Plans to all exchange participants and residents of a state. It also asks for fair and prompt payment, network adequacy, limitations on high deductibles, retrospective audits and reviews.

114 (WA/CT) Ensuring Access to Nationwide Commercial Health Plans
The resolution advocates for the Federal Employees Health Benefits Program insurance plan become available to everyone at appropriate premium rate and eligible for tax credits. The program should also be fair in contracting, network adequacy, medical necessity criteria and limitations on high deductable plans. This will require further study as it is unclear if these plans will be affordable and what are the present standards for the above-mentioned criteria.

115 (WI) Safety of Drugs Approved by Other Countries
The resolution asks to study the safety and efficacy of drugs approved by the European Medicines Agency (EMA) and compare to the FDA standards. It further advocates that cost reduction would be passed on to our patients and create more competition in this country. Policy already exists on standards for importation, but this is specific to the EMA. It is a Directive to Take Action.

117 (RFS) Support for Medicare Disability Coverage of Contraception for Non-Contraceptive Use
A reasonable resolution broaden coverage for FDA approved contraception for non contraceptive use.

118 (OK) Pharmaceutical Pricing Transparency
This resolution asks for more price transparency by Pharmacy Benefit Managers for the benefit of patients. The PBM industry is a complex system of price setting, rebates, discounts and profit that needs to be addressed. This resolution points to one component.

119# (Thoracic) Returning Liquid Oxygen to Fee Schedule Payment
A very specific resolution asking to remove liquid oxygen from competitive bidding and set a standard Medicare fee schedule.

120#(GA) Medicare Coverage of Hearing Aids
The resolution asks the AMA to urge CMS to cover the costs of hearing aids if a need is identified and identify vendors who produce a quality product at a reasonable cost. This is a much-needed resolution. The costs are excessive and unregulated.

121# (MI) Maintenance Hemodialysis for Undocumented Persons
This resolution asks CMS and other stakeholders to develop health care access and coverage for undocumented persons. In concept this is a worthy cause, but the logistics will be complicated and providing protection for undocumented persons at this service will require changes in immigration policy.

122# (MI) Reimbursement for Telemedicine Visits
The resolution asks for reimbursement by third party payers for real time video and non-video services that will encourage use by physicians and patients. This is and will be a component of patient care and should be supported.

123# (MSS) Standardizing Coverage of Applied Behavioral Analysis Therapy for Persons with Autism Spectrum Disorder

This resolution asks for reimbursement for Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder. The treatment is supported in the literature and endorsed by the American Academy of Child and Adolescent Psychiatry and The American Academy of Pediatrics.

124# (MSS) Increased Affordability and Access to Hearing Aids and Related Care

The resolution similar to Resolution 120 asks for increased access to hearing aids and other accessories for the elderly and support the sale of over the counter hearing aids. Both resolutions seek to change the landscape of the current hearing aid industry through appropriate regulation and affordability.

125# (NED) Mitigating the Negative Effects of High-Deductible Health Plans

As discussed at the NED meeting this resolution would exempt outpatient evaluation and management services from patient deductibles. This is a complex insurance issue, including the effects on premiums, co-payments and level of deductible that is eligible. This may require further study before implementation.

126# (NED) Ensuring Prescription Drug Price Transparency from Retail Pharmacies

This resolution amends current AMA policy H-110.991 to increase transparency in medication prices, in terms of out of pocket costs for retail, mail order and online pharmacies. It asks for legislation requiring all parties to inform patients about actual cash and formulary price. It also asks for disclosure on co-payment and actual drug costs. The resolution asks to develop state level legislation on price transparency and physician education. All of these provisions to current policy will promote the regulation of costs to patients and the health care system.

127# (NJ) Eliminating the CMS Observation Status

The "observation" versus "admit" status is a tool minimize payment at the expense of patients. The consequence of this continued practice is to place a 20 percent cost on patients who are designated as "observation status" for their hospital stay. There additional costs to the health care system with first and second level appeals. This may require study as the RUC reevaluates all E/M codes, both inpatient and outpatient.

128# (NJ) Elimination of CMS Hospital Readmission Penalties

This is a draft resolution asking for a letter from the AMA to CNS to ask for the removal of the readmission penalty and reaffirm AMA policy H-340.989 "PRO Readmission Review". This resolution addresses the negative consequences of a policy designed to increase quality but not factoring in other clinical circumstances that require readmission that are valid, needed and are not a quality of care issue.

129 # (TX) The Benefits of Importation of International Pharmaceutical Medications

RESOLVED, That our American Medical Association study the implications of prescription drug importation for personal use and wholesale prescription drug purchase across our southern and northern borders. (Directive to Take Action. This will be an important study for safety, price transparency, access and efficacy. Though not a permanent solution to the drug cost problem, it is one that is widely used by patients.

130#(TX) Notification of Generic Drug Manufacturing Changes

RESOLVED, That our American Medical Association lobby Congress to pass legislation that ensures that each patient is expressly notified at the time of dispensing by the pharmacy or pharmacy benefit manager of a change in the manufacturer of his or her generic medication. (Directive to Take Action). The need for this resolution is unclear and may lead to more patient confusion on safety and efficacy of generic equivalents.

131#(TX) **Update Practice Expense Component of Relative Value Units**
RESOLVED, That our American Medical Association pursue efforts to update resource-based relative value unit practice expense methodology so it accurately reflects current physician practice costs, with a report back at the AMA House of Delegates 2019 Interim Meeting. (Directive to Take Action)
This is a much-needed resolution with a reassessment of practice surveys and other parameters.

 # Contained in the Handbook Addendum

RESOLUTIONS FOR DISCUSSION

CMS Report 0 2 **Covering the Uninsured Under the AMA Proposal for Reform**
Expanding coverage has been a long-standing goal. To expand coverage the AMA has promoted individually selected and owned insurance, maintenance of the safety net of Medicaid and Children's Health Insurance Program coverage and employer sponsored health insurance coverage. The AMA supports improving the ACA to provide coverage for the uninsured. There are three proposals:

a. Eliminate the subsidy "cliff", expanding tax credits beyond the 400 percent of federal poverty level
b. Increase tax credits to improve affordability
c. Expand eligibility for increased cost-sharing reductions.
d. The AMA should not support single payer proposals but open to other proposals.

There is no mention of a public option that is fair, sufficient and affordable. One option would be to extend Medicare age eligibility to 55 years or younger.

CMS Report 0 6 **Preventive Prostate Cancer Screening**
The Council recommends that the AMA encourage payers to ensure coverage for prostate cancer screening when the service is deemed appropriate following informed physician-patient shared decision making. Also encourage national medical societies to promote public education on prostate cancer screening. The AMA support high value care clinical and financial incentives, including benefit design and cost sharing structures. The recommendations for Prostate Cancer screening vary and include no screening. We should be clear that the AMA is saying this is an individual physician patient decision based on the available scientific evidence.

101 (IN) **Health Hazards of High Deductible Insurance**
The resolution supports lower out of pocket costs for patients by keeping the deductable to less than 1000 dollars per person per year. This is a complicated issue of insurance, including the effect on premiums and co-payments. The 1000-dollar ceiling is to some extent arbitrary and it maybe too high for some patients. This will need to be studied further before offering support.

102 (IL) **Use of HSAs for Direct Primary Care**
The resolution asks to amend the current IRS regulations that do not allow HSA funds to be used for payment to Direct Primary Care and Medical Home practices. HSA's are generally administered through a health plan, so it should be clear that the practice is not a health plan and the health plan agree to this arrangement.

105 (NY) **Payment for Brand Medications When the Generic Medication is Recalled**
The Resolution clause is confusing as it may not be in the prevue of CMS to dictate co-payment rates on brand medications and the "Third party payers to allow reimbursement for brand medications at the lowest co-payment tier" is also unclear.

106 (NY) **Raising Medicare Rates for Physicians**

The CMS fee schedules are a product of the RUC. The resolution does not state the rate increase and if this will mean an adjustment in rates both up and down for certain codes. The resolution is vague on the details of what is seeking. This will need further elaboration from the submitter and likely will have to go to study.

110 (OH) **Establishing Fair Medicare Payer Rates**

Unclear if the assumptions are correct, that is, are "small physician practices" paid less than other practices by Medicare? This resolution will need further clarification. There are geographic modifiers and practice expense variations in setting the rate, but unclear if they pay less to smaller practices?

112 (OK) **Health Care Fee Transparency**

The resolution asks for federal legislation/regulation to require disclosure of hospital prices negotiated with insurance companies and require pharmaceutical companies to disclose drug prices in their television ads. The resolution could be stronger by asking for disclosure of hospital charges and negotiated rates. Drug prices needs further clarification in terms of price to consumers, or the health plan or the price negotiated by pharmacy benefit managers?

116 (WI) **Medicare for All**

The resolution asks the AMA to study the financial impact of a single payer Medicare insurance system on private practice, hospital care, outpatient services and the economics of the country. The CBO just issued a report on a single payer system. The Fiscal cost for the AMA to study this may be substantial but worth the investment