CONSENT CALENDAR FOR APPROVAL

BOT  Reports 06 - Electronically Prescribed Controlled Substances
Discuss current barriers including state laws, two factor authentication, verification to EPCS and AMAs, advocacy to address substitution for some DEA regulations including easing requirement on biometric devices. AMA advocates that utilizing Hospital Credentialing as one factor in verification to decrease the barriers. AMA advocated DEA addressing Identity proofing measures, Audit requirements, and PDM interoperability. AMA also met with HIT. AMA will continue DEA and CMS advocacy. Comprehensive approach to EPCS

201  Improving FDA Expedited Approval
The FDA created Fast Track Pathway for early approval for breakthrough therapies, which have increased having a mean approval time of less than a year. This resolution calls for Stakeholder group to design and implement via legislation that these drugs be given a 5 year timeline to verify expedited drug benefit.

202  Sexual Assault Survivors’ Right
AMA Advocate for convening a stakeholder group, creating model legislation for the legal protection of the rights of Sexual Assault Survivors including the Right to an exam (+forensic) at no charge and access to the results of any examination prior to disposal of results

203  Bidirectional Communication for EHR Software and Pharmacies
AMA convene a stakeholder group to encourage Bidirectional Communication between EHR Software and Pharmacies for accuracies of patient medications

204a  EHR Vendors Responsible for Health Information Technology
The AMA petition CMS Require EHR to meet all current certification requirements be as approved by ONC’s HIT Certification and EHR vendors be financially penalized for all technology not meeting standards

205a Health Plan, Pharmacy, Electronic Health Records Integration
Calls for Health Plans to make patient cost information readily available to patients, physicians and that health plans, EHR vendors, and pharmacies integrate technology so that providers have real-time access to covered medications.

206  Defending Federal Nutrition Programs
AMA opposes legislation that eliminates or reduces access to childhood Nutrition

207  Redistribution of Unused Prescription Drugs to Pharmacy
AMA work with Stakeholders to develop model legislation to fund this
214 APRN Compact
Resolution aims to convene a meeting to develop strategy to address APRN Compact

215 Relieve Burden for Living Organ Donors
AMA support federal and state laws to relieve burdens from Donor including time off from work.

216 Relationship with US Department of Health and Human Services
AMA Continues to advocate policies that are important to patients and physicians and promote physician leadership in health care

218 Health Information Technology Principles
Reaffirms HIT policies including one new HOD policy, the cost of maintaining and upgrading technology should be acknowledge in reimbursement

219 Certified EMR Companies’ Practice of Charging Fees for regulatory Compliance
Calls for EMR Vendors to absorb software updates

220 Preserving Protections of Americans with Disabilities Act of 1990
AMA opposes legislation amending the Disability ACT

222 The Clinical Use of Home Apnea Test
HSAT not be use as a screening test for Obstructive Sleep Apnea

223 Treating Opioid Use Disorder in Correctional Facilities
AMA advocate for Opioid addiction treatment in Correctional facilities

224 Modernizing Privacy Regulations for Addiction Treatment Adjustment
AMA advocates for legislation that balances patient protection with the need for physicians to fully collaborate for treatment

226 Prescription Drug Importation for Personal Use
AMA advocate for personal purchase of drugs from Canada

RESOLUTIONS FOR DISCUSSION

208 Increased Use of Body-Worn Cameras by Law Enforcement-
Calls AMA to advocate for officers to wear Body camera

209 Government Mandated Sequester-
AMA advocate for the removal of the sequester

210 Merit-Based Incentive Payment System and Small Practices
Small groups defines as 5 or less be exempt from MIPS
Small Groups number of patients determines risk, there are exemptions
Only 15% of Clinicians are a part of APM as CMS describes them (Not speaking about MA Plans which contain just over 30% of the Medicare Beneficiaries)
Exclusive State Control of Methadone Clinics

This resolutions advocate state autonomy because of different reporting requirement in federal verse state clinics, patient’s potential for multiple visit at more than one clinic and abuse. AMA advocate for complete state control of Methadone clinics, provides autonomy regarding rules and regulations.

Barriers to Transparency

AMA work with states to advocate for physicians to have the ability to discuss pricing and health care cost without negative consequences without gag clauses.

AMA works with states to prevent health insurance companies from developing contracts that prohibit discounts to the un-insured or the underinsured. One piece of this is the notion that some insurers believe that overall health insurance care cost increase without copays or other out of pocket cost, and patients may have increase visits when OOP is absent.

Regulations Regarding Medical Tool and Instruments Repair

Resolution calls for AMA to opposes rules (possibly being considered by FDA) regarding repairs to DME Medical Instruments that are not based on objective scientific data, specifically utilization of refurbished DME tools by non-factory authorized personnel.

House of Representative Bill HR 2077, restoring the Patient’s Voice Act of 2017

The AMA supports (HR2077) which calls for the ERISA to provide an exceptions process for any medication step therapy and that the medication be granted no later than 3 days after the request. It mentions an expedited review process of 24 hours.

Oppose Inclusion of Medicare Part B Drugs in QPP/MIPS Payment Adjustments

AMA advocates that Part B drugs not be included in QPP/MIPS Problems Variation in Risk adjustment may unduly penalize some Docs

a. What? Payment for Drug incorporated in quality as an efficiency measure, How does practitioner choice influence choice of drug, more importantly how does Patient risk drive cost ( Provider based decision and patient driven factors ) solution

b. Who? Impacts Oncology, Rheum, Ophthalmology

c. Part B Drugs represent over 21 Billion dollars of the Nearly 600 Billion

d. How these Physicians are paid?

   i. Part B Drugs Professional Fee is based on ASP (Average Sales Price + 6%