

REFERENCE COMMITTEE B (Legislation)
Summary Report for the New England Delegation
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Consent Calendar for Approval

BOT 12

Advocacy for Seamless Interface Between Physician Electronic Health Records, Pharmacies and Prescription Drug Monitoring Programs

Referral of Resolution 212-A-17

Currently EHR vendors spend considerable time on ensuring programs meet administrative needs. Vendors may become more flexible and addressing other patient/provider issues if regulatory pressure is reduced.

Currently, 44 states can share PDMP information across state lines. Increasing use of state PDMP programs. However, use of EPCS has seen slow progress due to regulation requiring two-factor authentication. Not all systems understand or can satisfy EPCS requirements and has therefore delayed implementation. EPCS process does not always align with e-prescription workflow.

AMA has requested EPCS modify regulation in order to reduce barriers to EPCS adoption. AMA also believes further studies needed to evaluate the variations in how EPCS systems handle initial dosing.

AMA continues to identify best practices in designing PDMPs to identify risk. However, identifying best practices poses challenges given the variety of EHR systems in the market. To help resolve some of these issues, the AMA advocates for consistent and sufficient appropriations to support state efforts to maintain and improve state-based PDMPs.

RECOMMENDATIONS

The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 212-A-17, and that the remainder of the report be filed:

1. AMA advocate for a federal study to evaluate the use of PDMPs to improve pain care as well as treatment for substance use disorders. This would include identifying how PDMPs can distinguish team-based care from uncoordinated care, misuse, or “doctor shopping,” as well as help coordinate care for a patient with a substance use disorder or other condition requiring specialty care. (Directive to Take Action)
2. That our AMA urge EHR vendors to increase transparency of custom connections between their products and PDMP software. (Directive to Take Action)
3. That our AMA support state-based pilot studies of best practices to integrate EHRs, EPCS and PDMPs as well as efforts to identify burdensome state and federal regulations that prevent such integration from occurring. (New HOD Policy)

BOT 15

Advanced Practice Registered Nurse Compact

For Information, policy adopted at I-17 meeting, calling for AMA to convene an in person meeting of relevant physician stakeholders to create a consistent national strategy to effectively oppose effort to grant independent practice to non-physician practitioners.

Resultant summit held on March 20, 2018 at AMA headquarters in Chicago. William Kobler, MD, member, AMA Board of Trustee and chair of the SOPP served as chair of the Summit.

RECOMMENDATION

The Board of Trustees recommends that Policy H-35.988(2), “Independent Practice of Medicine by Advanced Practice Registered Nurses,” be rescinded and that the remainder of this report be filed. (Rescind HOD Policy)

BOT 16***Protection of Clinician-Patient Privilege***

The BOT recommends that Policy H-315.983 be amended in lieu of Resolution 237-A-17 and the remainder of the report be filed: Policy H-315.983, “Patient Privacy and Confidentiality” Added “and (e) That the HIPAA of 1996 be the minimal standard for protecting clinician-patient privilege, regardless of where care is received.

BOT 17***Evaluating Actions by Pharmacy Benefit Manager and Payer Policies on Patient Care***

Adoption of policy D-120.935 at I-17 meeting, directing AMA to:

- (1) Take steps to implement AMA Policies H-120.947 and D-35.981 that prescriptions must be filled as ordered by physicians or other duly authorized/licensed persons, including the quantity ordered.
- (2) Work with pharmacy benefit managers, payers, relevant pharmacy associations, and stakeholders to:
 - (a) Identify the impact on patients of policies that restrict prescriptions to ensure access to care and urge that these policies receive the same notice and public comment as any other significant policy affecting the practice of pharmacy and medicine, and
 - (b) Prohibit pharmacy actions that are unilateral medical decisions; and
- (3) Report back at the 2018 Annual Meeting on actions taken to preserve the purview of physicians in prescription origination.

This report summarizes actions taken by AMA to preserve physician autonomy, highlights relevant AMA policy, and presents policy recommendations.

RECOMMENDATIONS

The Board of Trustees recommends that the following recommendations be adopted and that the remainder of the report be filed:

1. AMA urge the National Association of Boards of Pharmacy and Federation of State Medical Boards to support having national pharmacy chains, health insurance companies and PBMs testify at state-level public hearings by state/pharmacy boards, respectively, on whether their policies to restrict the prescribing/dispensing of opioid analgesics are in conflict with state law governing the practice of medicine and pharmacy, respectively.
2. AMA oppose specific dose or duration limits on pharmacologic therapy that are not supported by medical evidence and clinical practice. (New HOD Policy)
3. AMA reaffirm Policy H-95.990, “Drug Abuse Related to Prescribing Practices,” which supports cooperative relationships with law enforcement, regulatory agencies, pharmacists and other professional groups as necessary to identify situations where a person is attempting to obtain a prescription for fraudulent or otherwise illegal means. (Reaffirm HOD Policy)
4. AMA reaffirm Policy H-95.932, “Increasing Availability of Naloxone,” which supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including but not limited to collaborative practice.

BOT 18***Medical Liability Coverage Through the Federal Tort Claims Act***

HOD 1 referred Resolution 214-A-17, “Medical Liability Coverage Through the Federal Tort Claims Act,” or report back at the 2018 Annual Meeting.

The New York Delegation submitted a resolution at A-17 asking that the AMA seek legislation that would lead to malpractice insurance coverage through the Federal Tort Claims Act (FTCA) for all physicians who participate in Medicare and/or Medicaid and all federal insurance plans. The BOT reported that this is not recommended because extension of the FTCA to such broad classes of physicians nationwide risks nullifying hard fought gains in tort reform achieved at the state level, among other problems.

BOT 19***Health Information Technology Principles***

In lieu recommendation of Resolution 218-I-17, and the remainder of this report be filed:

1. That the following policies be reaffirmed:

H-480.971, "The Computer-Based Patient Record"

D-478.972, "EHR Interoperability"

D-478.973, "Principles for Hospital Sponsored Electronic Health Records"

D-478.994, "Health Information Technology"

D-478.995, "National Health Information Technology"

D-478.996, "Information Technology Standards and Costs" (Reaffirm HOD Policy)

2. That our AMA promote the development of effective electronic health records (EHRs) in accordance with the following health information technology (HIT) principles.

Effective HIT should:

1. Enhance physicians' ability to provide high quality patient care;

2. Support team-based care;

3. Promote care coordination;

4. Offer product modularity and configurability;

5. Reduce cognitive workload;

6. Promote data liquidity;

7. Facilitate digital and mobile patient engagement; and

8. Expedite user input into product design and post-implementation feedback. (New HOD Policy)

3. That our AMA utilize HIT principles to:

1. Work with vendors to foster the development of usable EHRs;

2. Advocate to federal and state policymakers to develop effective HIT policy;

3. Collaborate with institutions and health care systems to develop effective institutional HIT policies;

4. Partner with researchers to advance our understanding of HIT usability; and

5. Educate physicians about these priorities so they can lead in the development and use of future EHRs that can improve patient care. (New HOD Policy)

BOT 41***Augmented Intelligence in Health Care***

As a leader in American medicine, our AMA has a unique opportunity to ensure that the evolution of augmented intelligence (AI) in medicine benefits patients, physicians, and the health care community. To that end our AMA will seek to:

1. Leverage its ongoing engagement in digital health and other priority areas for improving patient outcomes and physicians' professional satisfaction to help set priorities for health care AI.

2. Identify opportunities to integrate the perspective of practicing physicians into the development, design, validation, and implementation of health care AI.

3. Promote development of thoughtfully designed, high-quality, 1 clinically validated health care AI that:

a. is designed and evaluated in keeping with best practices in user-centered design, particularly for physicians and other members of the health care team;

b. is transparent;

c. conforms to leading standards for reproducibility;

d. identifies and takes steps to address bias and avoids introducing or exacerbating health care disparities including when testing or deploying new AI tools on vulnerable populations; and

e. safeguards individuals' privacy interests and preserves the security and integrity of personal information.

4. Encourage education for patients, physicians, medical students, other health care professionals, and health administrators to promote greater understanding of the promise and limitations of health care AI.

5. Explore the legal implications of health care AI, such as issues of liability or intellectual property, and advocate for appropriate professional and governmental oversight for safe, effective, and equitable use of and access to health care AI.

(New HOD Policy)

- 201** ***Removing Barriers to Obesity Treatment***
Asking AMA to work with state and specialty society to identify states that restrict providers from delivering the standard of care in obesity treatment and lobby state medical societies to remove out of date restrictions at the state and federal level.
- 202** ***Universal and Standardized Protocol for EHR Data Transition***
Ask that AMA seek legislation or regulation to require the Office of the National Coordinator for Health Information Technology to establish standard protocols around EHR vendor's process on data transition in order to reduce common barriers such as high cost and loss of patient information.
- 203** ***Updating Federal Food Policy to Improve Nutrition and Health***
This resolution asks the AMA to amend policy D-440.978 "Culturally Responsive Dietary and Nutritional Guidelines" by addition of "recognize that lactose intolerance is a common and normal condition among many Americans...often manifesting in childhood", modify the National School Lunch Act to eliminate the requirement of children producing documentation of disability, and recommend to USDA and HHS to clearly state that meat and dairy products are optional and not required.
- 204** ***Opposition to Mandated Policies in HER for Licensure***
Recommendation: The Mass Medical Society was publicly opposed to this legislation.

The State of Massachusetts requires that 1 on or after January 1, 2015, a renewing full licensee must demonstrate proficiency in the use of electronic health records, as required by [M.G.L. c. 112, § 2](#) and [243 CMR 2.06\(2\)\(d\)](#); and

AMA adopt a policy that provides that no physician should be denied a medical license on the grounds of failure to use an electronic health record or failure to demonstrate proficiency in use of an electronic health record.
- 206** ***Appropriate Use of Telehealth Services***
Ask AMA to work with stakeholders to ensure telehealth services are provided and organized within a medical home and these services be required to report quality measures. Also requesting collection of quality of care, patient satisfaction and outcome data to determine the quality of care that is administered.
- 208** ***Prior Authorization Requirements for Post-Op Opioids***
Recommendation:
This is an emerging but very poorly defined area of importance. This resolution lacks a clear focus that might point to something actionable.

AMA should strongly oppose prior authorization requirements for postoperative analgesia equivalent to five days or less so as to prevent patient suffering.
- 209** ***Substance Use Disorder During Pregnancy***
Recommend: Approve. Criminalization of substance use disorder does not help.

...reaffirm Policy H-420.969 (#4) so as to oppose any legislation that seeks to specifically penalize women who are diagnosed with a substance abuse disorder during pregnancy
...oppose any efforts to imply that the diagnosis of substance abuse disorder during pregnancy represents child abuse
...support legislation for the expansion and improved access to evidence-based treatment for substance abuse disorders during pregnancy without mandating any specific form of therapy.

210

Banning the Sale of Bump Stocks

Recommend Approve: Does not interfere with recreational use of guns. These are weapons of war.

...support legislation that blocks the sale of any device or modification, including but not limited to bump stocks, that functionally converts a firearm into a weapon that mimics fully-automatic operation

...support legislation that would ban the sale and/or ownership of high capacity magazines or clips and high-speed-high-destruction rounds.

211

Clarification from US Department of Regarding Federal Enforcement of Marijuana Laws

Recommend Approve: If marijuana is legalized in a state then physicians should be involved in research on the effects on health. Decriminalization in some jurisdictions can facilitate studies of higher quality than we have previously seen.

AMA will seek clarification from the US DOJ about possible federal prosecution of physicians who participate in a state operated marijuana program for medical use and based on that clarification, provide guidance to physicians.

213

Utilization Review

AMA seek legislation/regulation that requires insurance companies, peer review organizations and the CMS to use the review criteria that existed at the time that services were provided when making their determinations.

Recommend Approve: Similar to malpractice setting where a physician should not be judged by standards other than those contemporaneous with the allegations.

214

Strengthening the Background Check System for Firearms

AMA support legislation that requires a waiting period and background checks prior to the purchase of all firearms, including the person-to-person transfer, internet sales, and interstate transactions of all firearms.

Recommend Approve: Does not deter use of firearms for legitimate purposes.

216

FDA Conflict of Interest

AMA advocate that the Food and Drug Administration place a greater emphasis on a candidate's conflict of interest when selecting members for advisory committees

AMA advocate for a reduction in conflict of interest waivers granted to Advisory Committee candidates.

217

Reforming the Orphan Drug Act

Requesting the AMA close loopholes that allow for abuse of the intended purpose of the ODA to promote therapies targeting rare diseases, increase transparency of development cost, post approval regulation and overall earnings of pharmaceuticals with ODA designation. Also to have the AMA support modifications to the exclusivity period of "orphan drugs" to increase patient access.

218

Considering Feminine Hygiene Products as Medical Necessities

Ask that the AMA encourage the IRS to classify feminine hygiene products as a medical necessity in order to be designated as required for prevention, treatment, or diagnosis of a medical condition.

Recommend: clarity on how this designation will improve access to feminine hygiene products.

- 220** *Ban on Semi-Automatic Assault Weapons and High Capacity Ammunition Magazines*
Urge Congress to pass legislation to ban the sale, transfer, manufacture, and importation of assault weapons and high-capacity ammunition magazines to the American public.
- Recommend Approve: Weapons of war for military purposes.
- 221** *Maintaining Validity and Comprehensiveness of U.S. Census Data*
AMA to support adequate funding for the U.S. Census to ensure accuracy given current challenges such as lack of leadership and insufficient funding. May be beneficial to ask for a specific type of support as the terminology is not clear on what type of support the authors are seeking.
- 223** *Treating Opioid Use Disorder in Hospitals*
AMA Opioid Task Force should work together with the American Hospital Association and other relevant organizations to develop recommendations and an implementation plan to encourage hospitals to treat opioid use disorder as a chronic disease, including
- identifying patients with this condition;
 - providing opioid agonist or partial agonist therapy in inpatient, obstetric and emergency department settings;
 - establishing appropriate discharge plans; and
 - participating in community-wide systems of care for patients affected by this chronic disease
- AMA's Opioid Task Force should collaborate with relevant organizations to seek federal funding to assist hospitals and their communities to coordinate care for patients with the chronic disease of opioid use disorder.
- 224** *Legalization of Interpharmacy Transfer of Electronic Controlled Substance Prescriptions*
AMA advocate for the federal legalization of interpharmacy transfers of valid electronic prescriptions for Schedule II-V medications.
- 225** *Pharmacy Benefit Managers Impact on Patients*
227 *An Optional National Prescription Drug Formulary*
242 *Pharmacy benefit Managers and Compounded Medications*
Requesting the AMA gather more data on the medication therapy management in order to determine impact PBMs have on access to medications, patient outcomes and physician-patient relationship. Also requesting a membership survey to determine clawbacks and DIR fees to guide advocacy efforts. This has a \$160,000 fiscal note. Maybe consider other ways to fund this resolution.
- This resolution asks that the AMA develop a set of principles for a NPD formulary designed to lower prescription drug prices with a report back to AMA HOD at I-18
- Ask AMA to amend policy H-125.986 by addition of language to request support of Congressional action to ensure reimbursement policies established by PBMs are based on medical need and encourage FTC and FDA to monitor PBM's policies. In return, to take action if these policies advantage PBM pharmacies who hold economic interest.
- 226** *Model State Legislation for Routine Preventive Prostate Cancer Screening for Men Age 55-69*
AMA should develop model state legislation for screening of asymptomatic men ages 55-69 for prostate cancer after informed discussion between patients and their physician without annual deductible or co-pay.
- 228** *Medicare Quality Incentives*
Requesting AMA work with HHS to incentivize small groups and more senior physicians as a means to defer against penalties and bonuses for continued practice to alleviate work force shortages.

- 230** ***Opposition to Funding Cuts for Programs that Impact the Health of Populations***
Ask AMA to advocate that Congress, WH and senior cabinet official ensure funding remains in place without restrictions or rules in order to support those groups/individuals affected by forces and systems that negatively impact their social deterrents of health.
- 231** ***Online Controlled Drugs***
AMA advocate for changes to laws and regulations to help the DEA and FDA to better regulate and control the online sales and distribution of controlled substances that lack a valid prescription.
- 233** ***Support for Reauthorization of the Supplemental Nutrition Assistance Program***
Request AMA lobby Congress to reauthorize the 2018 Farm Bill to preserve the SNAP program. Also calls for AMA to reaffirm Policy D-150.975 and H-150.937 to remove sugar-sweetened beverages and replace calorie-rich, nutrient-poor food with nutrient dense food within SNAP
- 234** ***Support for Primary care Enhancement Act***
246 ***Support for Patients and Physicians in Direct Primary care***
Asking AMA to lobby Congress to pass the Primary Care Enhancement Act that will expand access to high-functioning primary care services including DPC that is currently designated as health plan through the IRS prohibiting patients from funding an HSA or pay for services with pre-tax funds
- Ask the AMA to advocate for change in laws to allow direct primary care membership fees be paid by pre-tax funds and allow patients to seek care by a specialist contracted with insurance plan without penalty. Currently DPC referrals to specialists contracted with insurance will not be covered by insurance plans.
- 235** ***Hospital Consolidation***
Request the AMA to oppose future hospital mergers and to avoid excessive hospital cost inflation in highly concentrated hospital markets and that the AMA study the risk and benefit of hospital rate setting commissions in acquisitions in similar markets.
- 237** ***Safe and Efficient E-Prescribing***
AMA study current e-prescribing processes and make recommendations to improve these processes to make them as safe as possible for patients and as efficient as possible for prescribers.
- 238** ***Reform and Pharmaceutical Pricing: Negotiated Payment Schedules***
Ask AMA to support legislation to modify the Hatch-Waxman Act and the Biosimilars Act that will replace time –specific patent protections with negotiated payment schedule and indefinite exclusivity as a means to balance incentives for innovation with rewards for value delivered.
- 241** ***Accuracy and Accountability of Physician Compensation Reporting by Drug and Device Companies***
Ask AMA to adopt policy requiring reported compensation under the Physician Payment Sunshine Act be accompanied with receipts sign by physician and remove the public reporting online until reported compensation is validated. AMA to advocate for a \$1000 fine per occurrence, if not validated.
- 243** ***Report Health Care Provider Sex Crimes to Law Enforcement***
Ask AMA to work with Federation of States medical Boards to adopt “model public health code language” requiring state medical boards to report sex crimes to law enforcement.
- 244** ***Increasing the Legal Age of Purchasing Ammunition and Firearms from 18 to 21***
Amend policy H-145.985, “Ban on Handguns and Automatic Repeating Weapons,” by addition and deletion to read as follows:
It is the policy of the AMA to:

- (1) Support interventions pertaining to firearm control, especially those that occur early in the life of the weapon (e.g., at the time of manufacture or importation, as opposed to those involving possession or use).
- (a) mandatory inclusion of safety devices on all firearms, whether manufactured or imported into the United States, including built-in locks, loading indicators, safety locks on triggers, and increases in the minimum pressure required to pull triggers;
- (b) bans on the possession and use of firearms and ammunition by unsupervised youths under the age of 18 and bans of purchases of firearms and ammunition from licensed and unlicensed dealers to those under the age of 21.
- (c) the imposition of significant licensing fees for firearms dealers;
- (d) the imposition of federal and state surtaxes on manufacturers, dealers and purchasers of handguns and semiautomatic repeating weapons along with the ammunition used in such firearms, with the attending revenue earmarked as additional revenue for health and law enforcement activities that are directly related to the prevention and control of violence in U.S. society; and
- (e) mandatory destruction of any weapons obtained in local buy-back programs.
- (2) Support legislation outlawing the Black Talon and other similarly constructed bullets.
- (3) Support the right of local jurisdictions to enact firearm regulations that are stricter than those that exist in state statutes and encourage state and local medical societies to evaluate and support local efforts to enact useful controls.

245 *Opposed NCOIL Attempts to Stop Physician Dispensing*

Ask the AMA to oppose the NCOIL's "Model Act" that would limit or end physician dispensing and limit reimbursement of patients injured at work

248 *Opposition to Firearm Concealed Carry Reciprocity*

Vigorously oppose "concealed carry reciprocity" federal legislation that would require all states to recognize concealed carry firearm permits granted by other states and that would allow citizens with concealed gun carry permits in one state to carry guns across state lines into states that have stricter laws.

250 *Clarification of Guidelines for Online Prescribers*

Support national efforts to amend federal law and regulations to allow for the e-prescribing of controlled substances including mental health when patient-physician relationship has been established.

Consent Calendar for Denial

205 *Augment Intelligence*

AMA develop Augmented Intelligence (AI) policy that reflects the principle that all patients should have 24-7 access to primary care physicians who can see the medical records of the patients

That AI should be funded as an enhancement of the primary care medical home so that patients who really need AI can benefit from the technology and such that AI does not become a requirement that must be incorporated into the care of every patient.

Recommend Not Approve: The connection between AI and 24-7 access not clear.

Consent Calendar for Discussion
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BOT 14 Integration of Drug Price Information into Electronic Medical Records/Barriers to Price Transparency/Bidirectional Communication for HER Software and Pharmacies/Health Plan, Pharmacy, Electronic Health Records Integration

Referral of Resolution 219-A-17

Asked the AMA to support the incorporation of estimated patient out-of-pocket drug costs into

EMR and collaborate with stakeholders in order to reduce patient cost burden.

There is mixed evidence on whether providing prescribers with cost information at the point of prescribing results in significant changes to prescribing behavior, overall costs, or improvements to medication adherence.

RECOMMENDATION

The Board of Trustees recommends that the following be adopted in lieu of Resolutions 219-A-17, 203-I-17, 205-I-17, and 213-I-17, and that the remainder of the report be filed.

1. AMA reaffirm Policies H-110.988, “Controlling the Skyrocketing Costs of Generic Prescription Drugs,” H-110.997, “Cost of Prescription Drugs,” D-155.987, “Price Transparency,” H-110.987, “Pharmaceutical Costs,” and H-110.991, “Price of Medicine;” (Reaffirm HOD Policy)
2. That our AMA collaborate with other interested stakeholders to explore (a) current availability and accessibility of EHR, pharmacy and payer functionalities that enable integration of price, insurance coverage, formulary tier and drug utilization management policies, and patient cost information at the point of care, (b) at what levels barriers exist to this functionality or access, and (c) what is currently being done to address these barriers; (Directive to Take Action)
3. That our AMA collaborate with other interested stakeholders to develop and implement a strategic plan for improving the availability and accessibility of real-time prescription cost information at the point of care. (Directive to Take Action)

207 ***Quality Improvement Requirements***

Asking AMA to develop a quality improvement initiative that would allow quality improvement requirements accepted by specialty board certification to also qualify for requirement needed for payers, hospitals, and licensing agencies.

212 ***Value-Based Payment System***

236 ***Reducing MIPS Reporting Burden***

247 ***Opposed Replacement of the Merit-Based Incentive Payment System with the Voluntary Value Program***

Request the AMA repeal portions of MIPS and APM that requires physician’s to be in compliance in order to receive Medicare payment, advocate for reduced administrative burden of compliance with VBP, and ensure these programs are evidence based.

Response to MedPAC announced proposal to drop MIPS due to inability to fulfill its goals. Requesting AMA work with MedPAC and CMS to replace MIPS with a voluntary reporting system that has less of a regulatory and paperwork burden along with more physician input. Also requesting to shortening the data reporting burden in the meantime.

Ask for AMA to oppose replacement of MIPS with VVP and study opposition to determine where improvements to MIPS are needed.

215 ***Regulations of Hospital Advertising***

Whereas, The Supreme Court has upheld an FTC ruling which invalidated the long-standing AMA ban on physician and hospital advertising, making an immediate outright prohibition of hospital advertising unlikely; therefore be it

AMA advocate for regulations which promote responsible hospital and medical advertising.

Recommendation: This might be a compromise but it is, nevertheless, a difficult area to regulate.

219

Improving Medicare Patients' Access to Kidney Transplantation

AMA

...work with professional and patient centered organizations to advance patient and physician-directed coordinated care for End Stage Renal Disease (ESRD) patients
...actively oppose the "Dialysis PATIENTS Demonstration Act of 2017" (S. 2065) (HR 4143)
HOD receive a report back at the 2018 Interim Meeting regarding our AMA actions in opposing the PATIENTS Act

Recommendation: Approve but looking for subspecialty expertise on this topic.

222

Evidence Based Treatment in Substance Abuse Treatment facilities (REVISED)

AMA should advocate for legislation that eliminates barriers to, increases funding for, and requires access to opioid agonist or partial agonist therapy at all certified drug treatment facilities.

Recommendation: Agonist therapy, although proven, needs help from organized medicine to be a standard in any clinical setting.

229

Green Card Backlog for Immigrant Doctors on H-1B Visa

AMA will work with the US OIG, the Veterans Affairs Administration, United States Citizenship and Immigration Services and the Executive Branch of the United States Government to create a separate path to obtain green cards and citizenship for physicians which would allow these physicians to work unrestricted and allow them to work within the Veterans Affairs Hospital network to address the current and expected future physician shortage in these institutions.

Recommendation: Approve but looking for comments.

232

Recording Law Reform

AMA draft model state legislation requiring consent of all parties to the recording of a physician-patient conversation.

Recommendation: Approve

239

Treating Opioid Use Disorder in Hospitals

AMA adopt a policy in favor of hospitals in the United States treating opioid use disorder with medications approved by the FDA for that purpose (buprenorphine, methadone and naltrexone) along with appropriate counseling AMA advocate for legislation, standards, policies and funding to support hospitals in the United States treating opioid use disorder with medications approved by the FDA for that purpose (buprenorphine, methadone and naltrexone) along with appropriate counseling AMA work together with relevant organizations such as the AHA, Joint Commission and the American Society of Addiction Medicine to develop and promote a model hospital policy that would assist hospitals in addressing opioid use disorder as a chronic disease by:

- a) ensuring that medical and other clinical staff are educated about evidence-based treatment of opioid use disorder in order to appropriately advise and treat their patients,
- b) providing patient education about and access to all three FDA-approved medications (buprenorphine, methadone and naltrexone) in emergency and inpatient settings, and buprenorphine and methadone in obstetric settings,
- c) maintaining use of these medications for patients already on them,
- d) initiating use of these medications for assenting patients affected by the disease,
- e) establishing comprehensive discharge plans for ongoing medical and behavioral treatment in the community, and
- f) participating in the development of community-wide systems of care for patients with opioid use disorder to facilitate discharge planning.

Recommendation: Agonist therapy, although proven, needs help from organized medicine to be a standard in any clinical setting. Language could be improved, e.g. why just counselling?

Treating Opioid Use Disorder in Treatment Facilities

AMA adopt a policy that recognizes the use of buprenorphine or methadone as effective treatment for opioid use disorder, and encourages the appropriate use of medication and non-medication-based treatment

AMA advocate for legislation to eliminate barriers and require access to all three FDA-approved medications (buprenorphine, methadone and naltrexone) at all legally certified drug treatment facilities, and advocate for standards, policies and funding to support access to these medications at treatment facilities

AMA conduct a campaign to increase awareness on the part of providers, treatment programs, and the public that AMA recognizes the use of buprenorphine or methadone as effective treatment for opioid use disorder.

Recommendation: Agonist therapy, although proven, needs help from organized medicine to be a standard in any clinical setting.

Support Any Willing Provider Legislation

AMA draft and promote model state legislation which:

1. Allows any patient covered by a specific managed care organization to choose to receive medical care from a physician licensed in that state willing to agree to the terms of that managed care organization's contract, and
2. Allows a physician licensed in that state willing to agree to the terms of a specific managed care organization's contract to participate in delivering medical services to the patients covered by that managed care organization without being mandated to accept any specific type of insurance or managed care organizations contract.

Recommendation: Approve.