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**HOUSE ACTION: RESOLUTION 204: FOLLOWING SUBSTITUTE RESOLUTION  
ADOPTED WITH CHANGE IN TITLE IN LIEU OF RESOLUTIONS 204, 206, 210 AND 211.**

Resolved, that our American Medical Association immediately formulate legislation for an additional payment option in Medicare fee for service that allows patients and physicians to freely contract, without penalty to either party, for a fee that differs from the Medicare payment schedule and in a manner that does not forfeit benefits otherwise available to the patient. This legislative language shall be available to our AMA members no later than September 30, 2010.

**Resolution 418, "Tobacco-Free School Environment,"** was introduced by the Oklahoma Delegation. The resolution called upon the AMA to support and advocate for a tobacco-free school environment as the cornerstone of a comprehensive policy intended to prevent and reduce tobacco addiction in young people. It also calls upon the AMA to support the adoption of tobacco-free school laws or policies that incorporate the guidelines developed by the Centers for Disease Control and Prevention for school-based health programs to prevent tobacco use and addiction. Lastly, the resolution calls upon the AMA to urge its Federation members to collaborate with students, parents, school officials and members of the community to establish tobacco free schools.

**HOUSE ACTION: RESOLUTION 418 ADOPTED AS AMENDED.**

**Resolution 604, "Representation in the House of Delegates,"** was introduced by the Alabama, Arkansas, Delaware, Florida, Georgia, New Jersey, Oklahoma, South Carolina, and Tennessee Delegations; American Association of Neurological Surgeons, American Society of General Surgeons, and Congress of Neurological Surgeons. The resolution asked that the number/apportionment of delegates and alternate delegates from societies in our American Medical Association House of Delegates not be lowered from current levels for the next 5 years.

**HOUSE ACTION: RESOLUTION 604 NOT ADOPTED.**

**AMA Special Highlights**

Frustrations over the near-constant threat of huge Medicare pay cuts helped motivate the AMA House of Delegates to adopt policies supporting more Medicare participation and payment flexibility during the Association's Annual Meeting in Chicago. As the Senate was still attempting to move its physician pay bill, delegates on June 14 adopted a resolution calling on the AMA to write its own bill to allow additional Medicare fee-for-service payment options. The bill would permit patients and physicians to contract freely for payments that differ from the Medicare fee schedule, while still allowing patients to use Medicare benefits. About two-thirds of delegates supported the resolution. Under current Medicare rules, physicians can contract privately with Medicare patients only if the doctors opt out of the program completely for two years, during which time neither they nor their patients can claim any money from Medicare for care those physicians provided. Balance-billing, asking a patient to pay the difference between Medicare fees and the cost of providing the care, is also strictly limited to doctors who don't accept Medicare assignment. Delegates also sought additional flexibility in Medicare participation. The house adopted policy calling for elimination of "any restrictions, including timing, on physicians' ability to determine their Medicare participation status." Currently, doctors choose whether to enroll on an annual basis, sometimes without knowing the new fee schedule.

The AMA House of Delegates adopted policy at the organization's Annual Meeting in June recommending that e-cigarettes be classified as drug delivery devices that are subject to regulation by the Food and Drug Administration. In addition, state legislatures should prohibit the sale of e-cigarettes and all other nicotine devices that are not FDA-approved, and the products should be covered by smoke-free laws, the policy says. The FDA said it detected diethylene glycol, a chemical used in antifreeze that is toxic to humans, during examination of a small sample of cartridges from two leading e-cigarette brands. In several other samples, the agency identified

1 carcinogens in the cartridges, including nitrosamines, which can be found in tobacco smoke. The  
2 Association moved in favor of the greater public health, adopting policy that recommends  
3 prohibiting smoking in multiunit housing. Delegates also adopted policy that advocates for a  
4 tobacco-free school environment as defined by the Centers for Disease Control and Prevention.  
5 The CDC definition prohibits tobacco smoking, and use of spit or chewing tobacco, by students,  
6 faculty, staff and visitors in school buildings, on school grounds and in school buses or other  
7 vehicles that transport students. The tobacco ban also applies to off-campus, school-sponsored  
8 events.  
9

10 The American Medical Association is boosting its efforts to reduce obesity by tackling the price  
11 disparity between nutritious and unhealthy foods, and addressing inaccuracies on nutritional  
12 labels. The AMA House of Delegates approved several nutrition-related policies, including one  
13 that urges the Food and Drug Administration to use more precise processes to measure fat content  
14 in foods. Delegates at the Annual Meeting in June also called on the FDA to include the most  
15 accurate nutritional information on food labels. FDA nutrition labeling requirements allow trans  
16 fat or saturated fat content to be reported as zero if the food product contains less than 0.5 grams  
17 per serving. That means someone eating a product labeled "trans fat-free" could be consuming as  
18 much as 20% to 25% of his or her recommended daily allowance of trans fat, said Ryan Ribeira,  
19 regional medical student alternate delegate. The American Heart Assn. recommends limiting trans  
20 fat intake to less than 1% of total daily calories. Citing a price gap between nutritious foods and  
21 calorie-dense, nutrition-poor products, delegates also adopted policy that supports efforts to lessen  
22 the cost disparity. The policy calls on the AMA to encourage the expansion of existing programs  
23 that aim to improve nutrition and reduce obesity. But even when individuals can afford healthy  
24 food, delegates noted, it is not always clear what products are the most nutritious. To help  
25 consumers make better food choices, delegates asked the AMA to support implementation of a  
26 uniform nutritional rating system in the U.S. The system should be evidence-based, developed  
27 without food industry influence, applicable to nearly all foods and easily understood by  
28 consumers. It should also permit relative comparisons of different foods. The house action came  
29 as the Dept. of Agriculture and the Dept. of Health and Human Services issued preliminary  
30 recommendations June 15 in the 2010 Dietary Guidelines Advisory Committee Report. The report  
31 said a disconnect exists between dietary recommendations and what Americans consume.  
32 Americans eat too much added sugars, solid fats, refined grains and sodium, it said. The  
33 guidelines recommend that people reduce calorie consumption, increase physical activity and shift  
34 food intake patterns to a more plant-based diet, while eating only moderate amounts of lean meats,  
35 poultry and eggs. The guidelines, updated every five years, will be released at the end of the year.  
36 Government task forces and committees addressing certain diseases should include physicians who  
37 have expertise in those illnesses, according to policy adopted June 15 by the American Medical  
38 Association House of Delegates at the organization's Annual Meeting.  
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40 The House of Delegates directed the AMA to push for a raft of measures, including penalties for  
41 wrongly delayed payments, aimed at improving the performance of the Medicare administrative  
42 contractors that manage physician enrollment and process and pay claims. The house adopted an  
43 AMA Council on Medical Service report that calls for better staffing and improved training at the  
44 firms and asks the Centers for Medicare & Medicaid Services to list publicly the standards used to  
45 measure contractors' performance. The Medicare Prescription Drug, Improvement and  
46 Modernization Act of 2003 ordered a transition from 43 contractors to 15, a change that delegates  
47 said has produced slow claims-processing, enrollment snafus and long customer-service waits.  
48 Delegates also said CMS should return the deadline for enrolling in the Provider Enrollment and  
49 Chain of Ownership System, known as PECOS, to Jan. 3, 2011. The agency said the deadline had  
50 to be pushed up to July 6 to comply with the health system reform law. The house also said CMS  
51 should play fair with physicians whose Medicare billing privileges are deactivated on a

1 technicality, such as a wrong office address. Doctors should get paid for the care they provided  
2 during the time their privileges were deactivated, delegates said.

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4 **Election Results:**

5 **On Tuesday, June 15<sup>th</sup>, 2010 the AMA House of Delegates inaugurated** Winter Park, Fla.,  
6 internist Cecil B. Wilson, MD, as the 165th president of the AMA. Peter W. Carmel, MD, a  
7 pediatric neurosurgeon from New York City, was named president-elect after a three-way race for  
8 the office against Edward L. Langston, MD, and Joseph M. Heyman, MD. Dr. Carmel won a  
9 runoff against Dr. Heyman. Elected to the AMA Board of Trustees were Albuquerque, N.M.,  
10 oncologist Barbara L. McAneny, MD; Philadelphia family physician Stephen R. Permut, MD;  
11 Pittsburgh critical care physician and internist Carl A. Sirio, MD; and Meredith C. Williams, a  
12 medical student at Baylor College of Medicine in Houston. Lexington, Ky., infectious disease  
13 physician Ardis Dee Hoven, MD, became board chair. Greenwood Village, Colo., psychiatrist  
14 Jeremy A. Lazarus, MD, was re-elected speaker. Hollidaysburg, Pa., orthopedic surgeon Andrew  
15 W. Gurman, MD, was re-elected vice speaker. Lexington, Ky., emergency physician Steven J.  
16 Stack, MD, was named secretary. Robert M. Wah, MD, an obstetrician-gynecologist from  
17 McLean, Va., is board chair-elect.

18 **Also on Tuesday, the House elected** Naples, Florida dermatologist Cyndi Yag-Howard, MD, and re-  
19 elected St. Paul, Minn., pediatric cardiologist Blanton Bessinger, MD, MBA, and Columbus, Ohio,  
20 ophthalmologist Charles J. Hickey, MD, to the AMA Council on Constitution and Bylaws.

21  
22 To the AMA Council on Medical Education, **the House re-elected** David E. Swee, MD, a New Jersey  
23 professor of family medicine and associate dean for education at the University of Medicine and  
24 Dentistry of New Jersey-Robert Wood Johnson Medical School.

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26 To the AMA Council on Medical Service, **the House elected** Paul A. Wertsch, MD, a Wisconsin family  
27 physician, and re-elected Wichita, KS, internal medicine physician Donna Sweet, MD, and Greenville,  
28 N.C., pediatrician Charles Wilson, MD. The House also elected New York resident Erick Eiting, MD to  
29 the resident/fellow position.

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31 **Delegates elected** Robert A. Gilchick, MD, a San Diego, CA, general preventative medicine physician,  
32 and re-elected Lee Morisy, MD, a Memphis, TN, surgeon to the AMA Council on Science and Public  
33 Health.

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35 **2010 Interim Meeting – November 5-9, 2010**

36 The 2010 Interim Meeting was held in San Diego, California. All OSMA AMA Delegates attended the  
37 Interim Meeting. The following Alternate delegates attended the Interim Meeting: Jenny Boyer, MD,  
38 Diane Heaton, MD, and Dana Stone, MD. Several Specialty Society delegates represented Oklahoma  
39 at the Interim Meeting, including M. Dewayne Andrews, MD, AMA Section on Medical Schools;  
40 Norman Dunitz, MD, American Association of Hip & Knee Surgeons; Jane Fitch, MD, American  
41 Society of Anesthesiologists; Jean Forsberg, MD, College of American Pathologists; Robert McCaffree,  
42 MD, American College of Chest Physicians; and Mayo Gilson, MD, American College of Physician  
43 Executives. Mary Ann McCaffree, MD represented Oklahoma as a member of the AMA Board of  
44 trustees. The Medical Student Section was represented by Julia Edwards, Charles Gill, and Jonathan  
45 Weaver.

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47 **The following are highlights from the Interim Meeting:**

48 During the meeting, physicians from every state and specialty set policies that shape the actions of the  
49 AMA on issues of most importance to the nation's doctors and their patients.

50 The House of Delegates adopted a series of principles regarding the establishment and operation of  
51 accountable care organizations (ACO), one of the new payment and delivery models established under

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1 the Affordable Care Act. The guidelines state that the goals of an ACO are to increase access to care,  
2 improve the quality of care and ensure the efficient delivery of care.

3  
4 The House asked the AMA Board to provide further clarity regarding non-physicians who may be  
5 performing invasive procedures, including the use of fluoroscopy, interventional pain management  
6 procedures and other treatments. Delegates also adopted new policy that, in academic environments, the  
7 AMA only support payment models for non-physician practitioners that do not interfere with graduate  
8 medical training.

9  
10 The House directed the AMA to give priority to a legislative and grassroots campaign to adopt the  
11 Medicare Patient Empowerment Act. It would let Medicare patients keep their benefits when they  
12 privately contract with any physician of their choice.

13  
14 Among ethical issues considered, the House adopted new policy that outlines a number of  
15 considerations physicians should weigh in using social media. These include using privacy settings to  
16 safeguard personal information, considering separating personal and professional content online, and  
17 recognizing that actions online and content posted can negatively affect their reputations.

18  
19 The House weighed in on public health issues by extending support for universal influenza vaccination  
20 of health care workers to include seasonal and H1N1 influenza. It also urged that marijuana's status as a  
21 federal Schedule I controlled substance be reviewed to facilitate clinical research and development of  
22 cannabinoid-based medicines.

23  
24 In addition, the House voted to support a requirement that athletes participating in school or youth  
25 sports who are suspected of having a concussion should not return to play or practice without a  
26 physician's written approval. They also asked the AMA to support legislation requiring the use of  
27 helmets by youths 17 and younger while skiing or snowboarding.

28  
29 After some cities tried to levy taxes on college tuition, including medical school tuition, the House  
30 adopted new policy opposing such taxes.

31  
32 On AMA governance issues, the House voted to require that endorsements of nominations of officials  
33 for public office be considered and approved by the entire Board of Trustees. The House referred two  
34 business items to the Board for review: the future of the Interim Meeting, particularly whether it should  
35 be combined with the National Advocacy Conference and held in Washington, D.C each year, and  
36 whether to study if the AMA should be transformed into an "organization of organizations."

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38 **CONCLUSION:**

39 The 2011 AMA Annual Meeting will be held June 18-22, 2011 in Chicago. Resolutions for the AMA  
40 Annual Meeting need to be sent to the AMA by May 11<sup>th</sup>. The Interim Meeting will be held in New  
41 Orleans, Louisiana, November 12-15, 2011.

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43 Respectfully submitted,

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46 Bruce L. Storms, MD, Chair