

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-16)

Report of Reference Committee F

Gary R. Katz, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

4 RECOMMENDED FOR ADOPTION

- 6 1. Report of the House of Delegates Committee on the Compensation of the
7 Officers
- 9 2. Council on Long Range Planning and Development Report 1 – Minority Affairs
10 Section and Integrated Physician Practice Section, Five-Year Reviews
- 12 3. Resolution 606 – Promote Teen Health Week

14 RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

- 16 4. Resolution 603 – Support a Study on the Minimum Competencies and Scope of
17 Medical Scribe Utilization

19 RECOMMENDED FOR REFERRAL

- 21 5. Resolution 604 – Oppose Physician Gun Gag Rule Policy by Taking our AMA
22 Business Elsewhere
- 24 6. Resolution 602 – Equality

26 RECOMMENDED FOR REFERRAL FOR DECISION

- 28 7. Resolution 607 – Analysis of American Board of Internal Medicine (ABIM)
29 Finances

PLEASE NOTE:

The following resolutions were Recommended Against Consideration

- Resolution 601 – Sexual Orientation and Gender Identity Demographic Collection by
AMA and Other Medical Organizations
- Resolution 605 – Study of Models of Childcare Provided at Healthcare Institutions

1 (1) REPORT OF THE HOUSE OF DELEGATES COMMITTEE
2 ON THE COMPENSATION OF THE OFFICERS

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4 RECOMMENDATION:

5
6 Madam Speaker, your Reference Committee recommends
7 that the recommendations in the Report of the House of
8 Delegates Committee on the Compensation of the Officers
9 be adopted and the remainder of the Report be filed.

10
11 The Report of the House of Delegates Committee on Compensation of the Officers
12 recommends:

13
14 1. That there be no change to the current Definitions effective July 1, 2012 as they
15 appear in the Travel and Expenses Standing Rules for AMA Officers for the
16 Governance Honorarium, Per Diem for External Representation and Telephonic
17 Per Diem for External Representation except for the Governance Honorarium
18 and Per Diem amounts as recommended in 2, 3 and 4 below.

19
20 • Definition of Governance Honorarium effective July 1, 2012:

21
22 The purpose of this payment is to compensate Officers for all Chair-assigned
23 internal AMA work and related travel. This payment is intended to cover all
24 currently scheduled Board meetings, special Board or Board committee
25 meetings, task forces, subcommittees, Board orientation, development and
26 media training, Board calls, sections, councils or other internal representation
27 meetings or calls, and any associated review or preparatory work, and all
28 travel days related to all meetings as noted above.

29
30 • Definition of Per Diem for Representation effective July 1, 2012:

31
32 The purpose of this payment is to compensate for Board Chair-assigned
33 representation day(s) and related travel for Officers, excluding Board Chairs
34 and Presidents. Representation is either external to the AMA, or for
35 participation in a group or organization with which the AMA has a key role in
36 creating/ partnering/facilitating achievement of the respective organizational
37 goals such as the AMA Foundation, PCPI, etc. The Board Chair may also
38 approve a per diem for special circumstances that cannot be anticipated such
39 as weather related travel delays.

40
41 • Definition of Telephonic Per Diem for External Representation effective July
42 1, 2011:

43
44 Officers, excluding the Board Chairs and the Presidents, who are assigned as
45 the AMA representative to outside groups as one of their specific Board
46 assignments, receive a per diem rate for teleconference meetings when the
47 total of all teleconference meetings of 30 minutes or longer during a calendar
48 day equals two or more hours. Payment for these meetings requires
49 approval of the Chair of the Board.

- 1 2. That the Governance Honorarium for all Board members excluding leadership,
2 Board Chair, Board Chair-elect, President, President-elect, and Immediate Past
3 President be increased effective July 1, 2017 to \$65,000. (Directive to Take
4 Action)
- 5
- 6 3. That the Per Diem for Chair-assigned representation external to the AMA or for
7 participation in a group or organization with which the AMA has a key role in
8 creating/partnering/facilitating achievement of the respective organizational goals
9 such as the AMA Foundation, PCPI, etc., and related travel be increased
10 effective July 1, 2017 to \$1,300 per day. (Directive to Take Action)
- 11
- 12 4. That the Per Diem for Chair-assigned Telephonic Per Diem for External
13 Representation be increased effective July 1, 2017 to \$650 as defined. (Directive
14 to Take Action)
- 15
- 16 5. Except as noted above, there be no other changes to the Officers compensation
17 for the period beginning July 1, 2017. (Directive to Take Action)

18 Your Reference Committee received no testimony in opposition to the report.
19 Additionally, your Reference Committee believes that the proposed increases for each of
20 the 16 non-leadership Officers of our AMA Board of Trustees are modest and deserved
21 given their increasing representation of our AMA and that there have been no changes
22 in the compensation categories referenced since 2012.

24

25

26 (2) COUNCIL ON LONG RANGE PLANNING AND
27 DEVELOPMENT REPORT 1 - MINORITY AFFAIRS
28 SECTION AND INTEGRATED PHYSICIAN PRACTICE
29 SECTION, FIVE-YEAR REVIEWS

30

31 RECOMMENDATION:

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33 Madam Speaker, your Reference Committee recommends
34 that the recommendation in Council on Long Range
35 Planning and Development Report 1 be adopted and the
36 remainder of the Report be filed.

37

38 The Council on Long Range Planning and Development Report 1 recommends that our
39 AMA renew delineated section status for the Minority Affairs Section and the Integrated
40 Physician Practice Section through 2021 with the next review no later than the 2021
41 Interim Meeting.

42

43 Your Reference Committee received no negative testimony in response to the Council's
44 report. Your Reference Committee appreciates the cooperation of both the Minority
45 Affairs Section and the Integrated Physician Practice Section, which allowed the Council
46 to present a thorough review of the delineated section status for both constituency
47 groups. Your Reference Committee supports the recommendation of the Council.

1 (3) RESOLUTION 606 - PROMOTE TEEN HEALTH WEEK
2

3 RECOMMENDATION:

5 Madam Speaker, your Reference Committee recommends
6 that Resolution 606 be adopted.
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8 Resolution 606 calls upon our AMA to actively promote Teen Health Week 2017 and
9 encourage state medical associations and specialty medical associations across the
10 nation to join the initial efforts begun in Pennsylvania, and encourage schools and other
11 appropriate organizations to adopt, promote, and participate in Teen Health Week.
12

13 Resolution 606 further calls upon our AMA to actively advocate, through direct
14 communication with the appropriate agencies and organizations, for the development of
15 an annually recognized Teen Health Week.
16

17 Your Reference Committee heard testimony favoring adoption of this resolution.
18

19 Testimony pointed out that adolescents have special health needs not applicable to
20 either pediatric or adult patients. Good health habits formed in adolescence carry over
21 into adulthood. Adolescence is an important time-limited opportunity to positively affect
22 behaviors that contribute to chronic illness, unintended pregnancy, injury, and addiction.
23

24 Current AMA policy supports physician involvement in improving teen health. Your
25 Reference Committee agrees that observing and promoting Teen Health Week
26 nationally may benefit adolescent health.
27
28

29 (4) RESOLUTION 603 - SUPPORT A STUDY ON THE
30 MINIMUM COMPETENCIES AND SCOPE OF MEDICAL
31 SCRIBE UTILIZATION
32

33 RECOMMENDATION A:

35 Madam Speaker, your Reference Committee recommends
36 that Resolution 603 be amended by addition and deletion
37 to read as follows:
38

39 RESOLVED, That our American Medical Association
40 ~~partner with The Joint Commission and other stakeholders~~
41 ~~to study the minimum skills and competencies required of~~
42 ~~a medical scribe regarding documentation performance~~
43 ~~and clinical boundaries of study medical scribe utilization in~~
44 ~~various health care settings.~~ (Directive to Take Action)
45

46 RECOMMENDATION B:
47

48 Madam Speaker, your Reference Committee recommends
49 that Resolution 603 be adopted as amended.

1 Resolution 603 calls upon our AMA to partner with The Joint Commission and other
2 stakeholders to study the minimum skills and competencies required of a medical scribe,
3 including but not limited to documentation performance and clinical boundaries of
4 medical scribe utilization.

5
6 Your Reference Committee received testimony that was predominately opposed to
7 Resolution 603. Physicians are ultimately responsible for all patient medical records
8 whether or not medical scribes are utilized. Additionally, testimony reflected that the
9 study described specifically by the resolution could lead to onerous regulations being
10 imposed upon physicians' use of medical scribes, which may be more likely to occur in
11 some areas of the country.

12
13 Current research suggests that medical scribe utilization is increasing significantly; that
14 the use of medical scribes and their functions vary among medical specialties; and that
15 employment decisions regarding medical scribe utilization differ among types of
16 physician practices. For these reasons, your Reference Committee believes there is
17 value in our AMA compiling data in order to better understand current medical scribe
18 utilization and their roles in various health care settings.

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21 (5) RESOLUTION 604 - OPPOSE PHYSICIAN GUN GAG
22 RULE POLICY BY TAKING OUR AMA BUSINESS
23 ELSEWHERE

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25 RECOMMENDATION:

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27 Madam Speaker, your Reference Committee recommends
28 that Resolution 604 be referred.

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30 Resolution 604 calls upon our AMA to adopt policy that bars our AMA from holding
31 House of Delegates meetings in states that enact physician gun gag rule laws.

32
33 Resolution 604 further calls upon our AMA to contact governors and convention bureaus
34 of states that have enacted physician gun gag rules and inform them that our AMA will
35 no longer hold House of Delegates meetings in their state, until the restrictive physician
36 gun gag rule is repealed or struck down by the courts.

37
38 Your Reference Committee heard uniformly supportive testimony for promoting existing
39 policy on our AMA's opposition to physician gag rules of any kind. Testimony varied as
40 to whether or not our AMA should refuse to hold its meetings in states in which gun gag
41 rules have been enacted. Those in favor believed our AMA should act in accordance
42 with adopted policy and uphold the core tenets of the patient-physician relationship.
43 Some who were opposed believed that boycotts are polarizing and that our efforts could
44 better be spent educating the public about the harmful effects of gag rules. Still others
45 pointed out that a boycott will not result in any meaningful impact, as current laws and
46 regulations may change in the future.

47
48 Your Reference Committee received testimony to suggest that tying meeting venue
49 selection to a particular issue is a slippery slope that could be linked in the future to other
50 issues.

1 Your Reference Committee agrees that our AMA policy opposing gag rules is
2 appropriate and should be promoted, especially in states that have enacted gun gag
3 rules. Your Reference Committee also believes that it is impossible to predict if state
4 laws might change in the future, and that since our AMA meetings are complex events
5 that must be contracted many years ahead, very little effective impact would be realized
6 from a state boycott. Your Reference Committee recommends study to examine the
7 issue fully.

8

9

10 (6) RESOLUTION 602 - EQUALITY

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12 RECOMMENDATION:

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14 Madam Speaker, your Reference Committee recommends
15 that Resolution 602 be referred.

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17 Resolution 602 calls for all future meetings and conferences organized and/or sponsored
18 by our AMA, not yet contracted, to be held in towns, cities, counties, and states that do
19 not have discriminatory policies based on race, color, religion, ethnic origin, national
20 origin, language, creed, sex, sexual orientation, gender, gender identity and gender
21 expression, disability, or age.

22

23 Your Reference Committee received divided testimony in response to Resolution 602,
24 which is attributable to the complex nature of the resolution. On the one hand, all
25 agreed that exclusionary and discriminatory policies and practices that deny basic
26 human rights are unacceptable; however, how to respond properly can be polarizing.

27

28 Because our AMA negotiates meeting contracts years in advance subject to cancellation
29 penalties, a town, city, county, and/or state that is in harmony with our AMA's policy on
30 discrimination could potentially have a changed position by the time our AMA intends to
31 utilize the contracted venue in that territory. Conversely, a town, city, county, and/or
32 state that was overlooked intentionally because of its exclusionary policies could have
33 favorably amended its laws or ordinances.

34

35 Current AMA Policy G-630.140, "Lodging, Meeting Venues, and Social Functions" states
36 that our AMA opposes exclusionary policies based on gender, race, color, religion,
37 national origin, gender identity, or sexual orientation. Resolution 602 identifies some of
38 these same classes while adding ethnic origin, language, creed, sex, gender expression,
39 disability, and age. Your Reference Committee offers that while a combined list is more
40 extensive, our AMA policy would still have failed to identify the additional classes of
41 potential discrimination: pregnancy, parental status, employment, marital status,
42 physical features, political belief or activity, personal association, and veteran status.

43

44 Additionally, a process/procedure needs to be vetted internally to ensure we do not
45 restrict our AMA's business decisions with regard to meeting venues in unproductive or
46 costly ways.

47

48 Due to the complex issues surrounding Resolution 602, your Reference Committee
49 recommends referral of this item so a potential recommendation to amend current AMA

1 policy can appropriately reflect our AMA's opposition to all forms of exclusionary or
2 discriminatory policies or practices.

3

4

5 (7) RESOLUTION 607 - ANALYSIS OF AMERICAN BOARD
6 OF INTERNAL MEDICINE (ABIM) FINANCES

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8 RECOMMENDATION:

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10 Madam Speaker, your Reference Committee recommends
11 that Resolution 607 be referred for decision.

12

13 Resolution 607 calls upon our AMA to formally, directly, and openly ask the American
14 Board of Internal Medicine (ABIM), prior to the end of December 2016, to allow an
15 independent outside organization, representing ABIM physician stakeholders, to
16 independently conduct an open audit of the finances of both the American Board of
17 Internal Medicine (ABIM), a 501(c)(3) tax-exempt, non-profit organization, and its
18 Foundation.

19

20 Resolution 607 also calls upon our AMA to seek a formal and rapid reply from the ABIM
21 so issues of concern that currently exist between the ABIM and its Foundation and many
22 members of the AMA and the physician community at large can be addressed in a
23 timely, effective and efficient fashion.

24

25 Finally, Resolution 607 calls upon our AMA to share the response to this request, as well
26 as the results of any subsequent analysis with our AMA House of Delegates and our
27 membership at large as soon as it is available.

28

29 Your Reference Committee heard mostly supportive testimony for this resolution. Those
30 supporting it indicated that our AMA needs to speak up for its many members who are
31 directly affected by the financial practices of the American Board of Internal Medicine's
32 (ABIM) certification and maintenance of certification (MOC) practices, as Board
33 certification is not an optional expense for many physicians. While good faith efforts
34 have been made to shed light on these practices, so far individual physician voices have
35 not been heard, and it was expressed that the ABIM has not been held accountable to
36 its diplomates.

37

38 Those opposed to the resolution believe that our AMA should not interfere in another
39 organization's business, and that recent successfully completed audits of ABIM do not
40 show deviation from accepted accounting practices. It was also pointed out that
41 leadership at the ABIM has changed and that they need time to put new practices and
42 procedures in place.

43

44 Your Reference Committee agrees that our AMA should advocate for its members who
45 are concerned about excessive MOC fees that are not controllable. Your Reference
46 Committee also agrees that our AMA needs to take a firm stand to support transparency
47 in certification and MOC fees charged by all certifying boards, not just the ABIM. All
48 certifying boards need to be held accountable to their diplomates.

1 Your Reference Committee believes that the preponderance of testimony was related to
2 ethical practices by ABIM management, and that completing yet another financial audit,
3 as requested by Resolution 607, will not address these ethical concerns. Also, your
4 Reference Committee believes that adopting a specific policy about an affiliated medical
5 organization that will remain in our AMA's body of policy for at least ten years does not
6 serve our AMA well.

7
8 After carefully considering all testimony, your Reference Committee recommends that
9 the resolution be referred to our AMA Board of Trustees for decision. This course of
10 action will allow our Board of Trustees to act expeditiously, addressing the concerns
11 expressed during testimony in a manner that best serves our AMA and our Federation
12 members.

1 Madam Speaker, this concludes the report of Reference Committee F. I would like to
2 thank David H. Aizuss, MD, Anthony Armstrong, MD, A. Patrice Burgess, MD, Gary
3 Floyd, MD, Gregory Tarasidis, MD, and all those who testified before the Committee.

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