Your Reference Committee recommends the following consent calendar for acceptance:

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

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

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

RECOMMENDED FOR REFERRAL

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

RECOMMENDED FOR REFERRAL FOR DECISION

7. Resolution 607 – Analysis of American Board of Internal Medicine (ABIM) 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
REPORT OF THE HOUSE OF DELEGATES COMMITTEE
ON THE COMPENSATION OF THE OFFICERS

RECOMMENDATION:

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

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

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

   • Definition of Governance Honorarium effective July 1, 2012:
     The purpose of this payment is to compensate Officers for all Chair-assigned internal AMA work and related travel. This payment is intended to cover all currently scheduled Board meetings, special Board or Board committee meetings, task forces, subcommittees, Board orientation, development and media training, Board calls, sections, councils or other internal representation meetings or calls, and any associated review or preparatory work, and all travel days related to all meetings as noted above.

   • Definition of Per Diem for Representation effective July 1, 2012:
     The purpose of this payment is to compensate for Board Chair-assigned representation day(s) and related travel for Officers, excluding Board Chairs and Presidents. Representation is either external to the AMA, or for participation in a group or organization with which the AMA has a key role in creating/partnering/facilitating achievement of the respective organizational goals such as the AMA Foundation, PCPI, etc. The Board Chair may also approve a per diem for special circumstances that cannot be anticipated such as weather related travel delays.

   • Definition of Telephonic Per Diem for External Representation effective July 1, 2011:
     Officers, excluding the Board Chairs and the Presidents, who are assigned as the AMA representative to outside groups as one of their specific Board assignments, receive a per diem rate for teleconference meetings when the total of all teleconference meetings of 30 minutes or longer during a calendar day equals two or more hours. Payment for these meetings requires approval of the Chair of the Board.
2. That the Governance Honorarium for all Board members excluding leadership, Board Chair, Board Chair-elect, President, President-elect, and Immediate Past President be increased effective July 1, 2017 to $65,000. (Directive to Take Action)

3. That the Per Diem for Chair-assigned representation external to the AMA or for participation in a group or organization with which the AMA has a key role in creating/partnering/facilitating achievement of the respective organizational goals such as the AMA Foundation, PCPI, etc., and related travel be increased effective July 1, 2017 to $1,300 per day. (Directive to Take Action)

4. That the Per Diem for Chair-assigned Telephonic Per Diem for External Representation be increased effective July 1, 2017 to $650 as defined. (Directive to Take Action)

5. Except as noted above, there be no other changes to the Officers compensation for the period beginning July 1, 2017. (Directive to Take Action)

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

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

RECOMMENDATION:

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

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

Your Reference Committee received no negative testimony in response to the Council’s report. Your Reference Committee appreciates the cooperation of both the Minority Affairs Section and the Integrated Physician Practice Section, which allowed the Council to present a thorough review of the delineated section status for both constituency groups. Your Reference Committee supports the recommendation of the Council.
(3) RESOLUTION 606 - PROMOTE TEEN HEALTH WEEK

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 606 be adopted.

Resolution 606 calls upon our AMA to actively promote Teen Health Week 2017 and encourage state medical associations and specialty medical associations across the nation to join the initial efforts begun in Pennsylvania, and encourage schools and other appropriate organizations to adopt, promote, and participate in Teen Health Week.

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

Your Reference Committee heard testimony favoring adoption of this resolution.

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 603 be adopted as amended.
Resolution 603 calls upon our AMA to partner with The Joint Commission and other stakeholders to study the minimum skills and competencies required of a medical scribe, including but not limited to documentation performance and clinical boundaries of medical scribe utilization.

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

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

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

RECOMMENDATION:

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

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

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

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

Your Reference Committee received testimony to suggest that tying meeting venue selection to a particular issue is a slippery slope that could be linked in the future to other issues.
Your Reference Committee agrees that our AMA policy opposing gag rules is appropriate and should be promoted, especially in states that have enacted gun gag rules. Your Reference Committee also believes that it is impossible to predict if state laws might change in the future, and that since our AMA meetings are complex events that must be contracted many years ahead, very little effective impact would be realized from a state boycott. Your Reference Committee recommends study to examine the issue fully.

(6) RESOLUTION 602 - EQUALITY

RECOMMENDATION:

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

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

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

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

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

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

Due to the complex issues surrounding Resolution 602, your Reference Committee recommends referral of this item so a potential recommendation to amend current AMA
policy can appropriately reflect our AMA’s opposition to all forms of exclusionary or discriminatory policies or practices.

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

RECOMMENDATION:

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

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

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

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

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

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

Your Reference Committee agrees that our AMA should advocate for its members who are concerned about excessive MOC fees that are not controllable. Your Reference Committee also agrees that our AMA needs to take a firm stand to support transparency in certification and MOC fees charged by all certifying boards, not just the ABIM. All certifying boards need to be held accountable to their diplomates.
Your Reference Committee believes that the preponderance of testimony was related to ethical practices by ABIM management, and that completing yet another financial audit, as requested by Resolution 607, will not address these ethical concerns. Also, your Reference Committee believes that adopting a specific policy about an affiliated medical organization that will remain in our AMA's body of policy for at least ten years does not serve our AMA well.

After carefully considering all testimony, your Reference Committee recommends that the resolution be referred to our AMA Board of Trustees for decision. This course of action will allow our Board of Trustees to act expeditiously, addressing the concerns expressed during testimony in a manner that best serves our AMA and our Federation members.
Madam Speaker, this concludes the report of Reference Committee F. I would like to thank David H. Aizuss, MD, Anthony Armstrong, MD, A. Patrice Burgess, MD, Gary Floyd, MD, Gregory Tarasidis, MD, and all those who testified before the Committee.

David H. Aizuss, MD
California

Gary Floyd, MD
Texas

Anthony Armstrong, MD
Ohio

Gregory Tarasidis, MD
South Carolina

A. Patrice Burgess, MD
Idaho

Gary R. Katz, MD, MBA
Ohio
Chair