

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2016 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

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:

2
3 **RECOMMENDED FOR ADOPTION**

- 4
5 1. Report of the House of Delegates Committee on the Compensation of the
6 Officers
7
8 2. Council on Long Range Planning and Development Report 1 – Minority Affairs
9 Section and Integrated Physician Practice Section, Five-Year Reviews
10
11 3. Resolution 606 – Promote Teen Health Week
12

13 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 14
15 4. Resolution 603 – Support a Study on the Minimum Competencies and Scope of
16 Medical Scribe Utilization
17

18 **RECOMMENDED FOR REFERRAL**

- 19
20 5. Resolution 604 – Oppose Physician Gun Gag Rule Policy by Taking our AMA
21 Business Elsewhere
22
23 6. Resolution 602 – Equality
24

25 **RECOMMENDED FOR REFERRAL FOR DECISION**

- 26
27 7. Resolution 607 – Analysis of American Board of Internal Medicine (ABIM)
28 Finances

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
3

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 **HOD ACTION: Report of the House of Delegates**
12 **Committee on the Compensation of the Officers adopted.**
13

14 The Report of the House of Delegates Committee on Compensation of the Officers
15 recommends:
16

- 17 1. That there be no change to the current Definitions effective July 1, 2012 as they
18 appear in the Travel and Expenses Standing Rules for AMA Officers for the
19 Governance Honorarium, Per Diem for External Representation and Telephonic
20 Per Diem for External Representation except for the Governance Honorarium
21 and Per Diem amounts as recommended in 2, 3 and 4 below.
22

- 23 • Definition of Governance Honorarium effective July 1, 2012:
24

25 The purpose of this payment is to compensate Officers for all Chair-assigned
26 internal AMA work and related travel. This payment is intended to cover all
27 currently scheduled Board meetings, special Board or Board committee
28 meetings, task forces, subcommittees, Board orientation, development and
29 media training, Board calls, sections, councils or other internal representation
30 meetings or calls, and any associated review or preparatory work, and all
31 travel days related to all meetings as noted above.
32

- 33 • Definition of Per Diem for Representation effective July 1, 2012:
34

35 The purpose of this payment is to compensate for Board Chair-assigned
36 representation day(s) and related travel for Officers, excluding Board Chairs
37 and Presidents. Representation is either external to the AMA, or for
38 participation in a group or organization with which the AMA has a key role in
39 creating/ partnering/facilitating achievement of the respective organizational
40 goals such as the AMA Foundation, PCPI, etc. The Board Chair may also
41 approve a per diem for special circumstances that cannot be anticipated such
42 as weather related travel delays.
43

- 44 • Definition of Telephonic Per Diem for External Representation effective July
45 1, 2011:
46

47 Officers, excluding the Board Chairs and the Presidents, who are assigned as
48 the AMA representative to outside groups as one of their specific Board
49 assignments, receive a per diem rate for teleconference meetings when the
50 total of all teleconference meetings of 30 minutes or longer during a calendar

1 day equals two or more hours. Payment for these meetings requires
2 approval of the Chair of the Board.
3

- 4 2. That the Governance Honorarium for all Board members excluding leadership,
5 Board Chair, Board Chair-elect, President, President-elect, and Immediate Past
6 President be increased effective July 1, 2017 to \$65,000. (Directive to Take
7 Action)
8
- 9 3. That the Per Diem for Chair-assigned representation external to the AMA or for
10 participation in a group or organization with which the AMA has a key role in
11 creating/partnering/facilitating achievement of the respective organizational goals
12 such as the AMA Foundation, PCPI, etc., and related travel be increased
13 effective July 1, 2017 to \$1,300 per day. (Directive to Take Action)
14
- 15 4. That the Per Diem for Chair-assigned Telephonic Per Diem for External
16 Representation be increased effective July 1, 2017 to \$650 as defined. (Directive
17 to Take Action)
18
- 19 5. Except as noted above, there be no other changes to the Officers compensation
20 for the period beginning July 1, 2017. (Directive to Take Action)
21

22 Your Reference Committee received no testimony in opposition to the report.
23 Additionally, your Reference Committee believes that the proposed increases for each of
24 the 16 non-leadership Officers of our AMA Board of Trustees are modest and deserved
25 given their increasing representation of our AMA and that there have been no changes
26 in the compensation categories referenced since 2012.
27

28
29 (2) COUNCIL ON LONG RANGE PLANNING AND
30 DEVELOPMENT REPORT 1 - MINORITY AFFAIRS
31 SECTION AND INTEGRATED PHYSICIAN PRACTICE
32 SECTION, FIVE-YEAR REVIEWS
33

34 RECOMMENDATION:
35

36 Madam Speaker, your Reference Committee recommends
37 that the recommendation in Council on Long Range
38 Planning and Development Report 1 be adopted and the
39 remainder of the Report be filed.
40

41 **HOD ACTION: Council on Long Range Planning and**
42 **Development Report 1 adopted.**
43

44 The Council on Long Range Planning and Development Report 1 recommends that our
45 AMA renew delineated section status for the Minority Affairs Section and the Integrated
46 Physician Practice Section through 2021 with the next review no later than the 2021
47 Interim Meeting.
48

49 Your Reference Committee received no negative testimony in response to the Council's
50 report. Your Reference Committee appreciates the cooperation of both the Minority

1 Affairs Section and the Integrated Physician Practice Section, which allowed the Council
2 to present a thorough review of the delineated section status for both constituency
3 groups. Your Reference Committee supports the recommendation of the Council.
4

5
6 (3) RESOLUTION 606 - PROMOTE TEEN HEALTH WEEK
7

8 RECOMMENDATION:
9

10 Madam Speaker, your Reference Committee recommends
11 that Resolution 606 be adopted.
12

13 **HOD ACTION: Resolution 606 adopted.**
14

15 Resolution 606 calls upon our AMA to actively promote Teen Health Week 2017 and
16 encourage state medical associations and specialty medical associations across the
17 nation to join the initial efforts begun in Pennsylvania, and encourage schools and other
18 appropriate organizations to adopt, promote, and participate in Teen Health Week.
19

20 Resolution 606 further calls upon our AMA to actively advocate, through direct
21 communication with the appropriate agencies and organizations, for the development of
22 an annually recognized Teen Health Week.
23

24 Your Reference Committee heard testimony favoring adoption of this resolution.
25

26 Testimony pointed out that adolescents have special health needs not applicable to
27 either pediatric or adult patients. Good health habits formed in adolescence carry over
28 into adulthood. Adolescence is an important time-limited opportunity to positively affect
29 behaviors that contribute to chronic illness, unintended pregnancy, injury, and addiction.
30

31 Current AMA policy supports physician involvement in improving teen health. Your
32 Reference Committee agrees that observing and promoting Teen Health Week
33 nationally may benefit adolescent health.
34

35
36 (4) RESOLUTION 603 - SUPPORT A STUDY ON THE
37 MINIMUM COMPETENCIES AND SCOPE OF MEDICAL
38 SCRIBE UTILIZATION
39

40 RECOMMENDATION A:
41

42 Madam Speaker, your Reference Committee recommends
43 that Resolution 603 be amended by addition and deletion
44 to read as follows:
45

46 RESOLVED, That our American Medical Association
47 ~~partner with The Joint Commission and other stakeholders~~
48 ~~to study the minimum skills and competencies required of~~
49 ~~a medical scribe regarding documentation performance~~

1 ~~and clinical boundaries of study~~ medical scribe utilization in
2 various health care settings. (Directive to Take Action)

3

4 RECOMMENDATION B:

5

6 Madam Speaker, your Reference Committee recommends
7 that Resolution 603 be adopted as amended.

8

9 **HOD ACTION: Resolution 603 adopted as amended.**

10

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

15

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

22

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

29

30

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

34

35 RECOMMENDATION:

36

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

39

40 **HOD ACTION: Resolution 604 referred.**

41

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

44

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

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

10
11 Your Reference Committee received testimony to suggest that tying meeting venue
12 selection to a particular issue is a slippery slope that could be linked in the future to other
13 issues.

14
15 Your Reference Committee agrees that our AMA policy opposing gag rules is
16 appropriate and should be promoted, especially in states that have enacted gun gag
17 rules. Your Reference Committee also believes that it is impossible to predict if state
18 laws might change in the future, and that since our AMA meetings are complex events
19 that must be contracted many years ahead, very little effective impact would be realized
20 from a state boycott. Your Reference Committee recommends study to examine the
21 issue fully.

22
23
24 (6) RESOLUTION 602 - EQUALITY

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26 RECOMMENDATION:

27
28 Madam Speaker, your Reference Committee recommends
29 that Resolution 602 be referred.

30
31 **HOD ACTION: Resolution 602 referred.**

32
33 Resolution 602 calls for all future meetings and conferences organized and/or sponsored
34 by our AMA, not yet contracted, to be held in towns, cities, counties, and states that do
35 not have discriminatory policies based on race, color, religion, ethnic origin, national
36 origin, language, creed, sex, sexual orientation, gender, gender identity and gender
37 expression, disability, or age.

38
39 Your Reference Committee received divided testimony in response to Resolution 602,
40 which is attributable to the complex nature of the resolution. On the one hand, all
41 agreed that exclusionary and discriminatory policies and practices that deny basic
42 human rights are unacceptable; however, how to respond properly can be polarizing.

43
44 Because our AMA negotiates meeting contracts years in advance subject to cancellation
45 penalties, a town, city, county, and/or state that is in harmony with our AMA's policy on
46 discrimination could potentially have a changed position by the time our AMA intends to
47 utilize the contracted venue in that territory. Conversely, a town, city, county, and/or
48 state that was overlooked intentionally because of its exclusionary policies could have
49 favorably amended its laws or ordinances.

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

9
10 Additionally, a process/procedure needs to be vetted internally to ensure we do not
11 restrict our AMA's business decisions with regard to meeting venues in unproductive or
12 costly ways.

13
14 Due to the complex issues surrounding Resolution 602, your Reference Committee
15 recommends referral of this item so a potential recommendation to amend current AMA
16 policy can appropriately reflect our AMA's opposition to all forms of exclusionary or
17 discriminatory policies or practices.

18
19
20 (7) RESOLUTION 607 - ANALYSIS OF AMERICAN BOARD
21 OF INTERNAL MEDICINE (ABIM) FINANCES

22
23 RECOMMENDATION:

24
25 Madam Speaker, your Reference Committee recommends
26 that Resolution 607 be referred for decision.

27
28 **HOD ACTION: Resolution 607 adopted as amended.**

29
30 RESOLVED, That our American Medical Association, prior to
31 the end of December 2016, formally, directly and openly ask
32 the American Board of Internal Medicine (ABIM) if they would
33 allow an independent outside organization, representing ABIM
34 physician stakeholders, to independently conduct an open audit
35 of the finances of both the American Board of Internal Medicine
36 (ABIM), a 501(c)(3) tax-exempt, non-profit organization, and its
37 Foundation (Directive to Take Action); and be it further

38
39 RESOLVED, That in its request, our AMA seek a formal and
40 rapid reply from the ABIM so that issues of concern that
41 currently exist between the ABIM and its Foundation and many
42 members of the AMA and the physician community at large can
43 be addressed in a timely, effective and efficient fashion
44 (Directive to Take Action); and be it further

45
46 RESOLVED, That our American Medical Association (AMA)
47 share the response to this request, as well as the results of any
48 subsequent analysis with our AMA House of Delegates and our
49 membership at large as soon as it is available- (Directive to
50 Take Action); and be it further

1 RESOLVED, That the AMA call on the American Board of
2 Medical Specialties and its component specialty boards to
3 provide the physicians of America with financial transparency,
4 independent financial audits and enhanced mechanisms for
5 communication with and feedback from their diplomate
6 physicians (Directive to Take Action).
7

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

14
15 Resolution 607 also calls upon our AMA to seek a formal and rapid reply from the ABIM
16 so issues of concern that currently exist between the ABIM and its Foundation and many
17 members of the AMA and the physician community at large can be addressed in a
18 timely, effective and efficient fashion.

19
20 Finally, Resolution 607 calls upon our AMA to share the response to this request, as well
21 as the results of any subsequent analysis with our AMA House of Delegates and our
22 membership at large as soon as it is available.

23
24 Your Reference Committee heard mostly supportive testimony for this resolution. Those
25 supporting it indicated that our AMA needs to speak up for its many members who are
26 directly affected by the financial practices of the American Board of Internal Medicine's
27 (ABIM) certification and maintenance of certification (MOC) practices, as Board
28 certification is not an optional expense for many physicians. While good faith efforts
29 have been made to shed light on these practices, so far individual physician voices have
30 not been heard, and it was expressed that the ABIM has not been held accountable to
31 its diplomates.

32
33 Those opposed to the resolution believe that our AMA should not interfere in another
34 organization's business, and that recent successfully completed audits of ABIM do not
35 show deviation from accepted accounting practices. It was also pointed out that
36 leadership at the ABIM has changed and that they need time to put new practices and
37 procedures in place.

38
39 Your Reference Committee agrees that our AMA should advocate for its members who
40 are concerned about excessive MOC fees that are not controllable. Your Reference
41 Committee also agrees that our AMA needs to take a firm stand to support transparency
42 in certification and MOC fees charged by all certifying boards, not just the ABIM. All
43 certifying boards need to be held accountable to their diplomates.

44
45 Your Reference Committee believes that the preponderance of testimony was related to
46 ethical practices by ABIM management, and that completing yet another financial audit,
47 as requested by Resolution 607, will not address these ethical concerns. Also, your
48 Reference Committee believes that adopting a specific policy about an affiliated medical
49 organization that will remain in our AMA's body of policy for at least ten years does not
50 serve our AMA well.

1 After carefully considering all testimony, your Reference Committee recommends that
2 the resolution be referred to our AMA Board of Trustees for decision. This course of
3 action will allow our Board of Trustees to act expeditiously, addressing the concerns
4 expressed during testimony in a manner that best serves our AMA and our Federation
5 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.

David H. Aizuss, MD
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