

REFERENCE COMMITTEE J (Medical Service/Medical Practice)
SUMMARY REPORT FOR THE NEW ENGLAND DELEGATION
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CONSENT CALENDAR FOR APPROVAL

- CMS 01 *Established Patient Relationships and Telemedicine***
This report is a response to a resolution which highlighted concerns that the state-based medical licensure process is an impediment to physicians who want to expand their telemedicine practice. The report concludes that the Interstate Medical Licensure Compact is the most viable approach to facilitating multistate licensure. Since not all states are members of the Compact, a recommendation is made for our AMA to encourage non-member states to join.
- CMS 02 *Addressing Financial Incentives to Shop for Lower-Cost Health Care***
Payers are increasingly implementing programs that offer financial incentives to patients when the patients choose lower cost options for health care services and items. This report recommends a set of guiding principles to payers and third-party vendors to incorporate into the design and implementation of financial incentive programs.
- CMS 03 *Improving Risk Adjustment in Alternative Payment Models***
There are fundamental problems with current risk adjustment methodologies, such as not considering the complexity of patient's disease or social risk factors that are outside of the physician's control. This report offers recommendations to avoid adverse selection of our most vulnerable patients and to ensure practice sustainability throughout payment reform.
- CMS 04 *Mechanisms to Address High and Escalating Pharmaceutical Prices***
This report recommends policies to promote reasonable pricing behavior in the pharmaceutical marketplace as an alternative to price controls. These policies include 1) the use of arbitration in determining drug pricing, 2) the use of contingent exclusivity periods for pharmaceuticals, tying the length of this period to the drug's effectiveness, 3) recommending safeguards to ensure that international drug price averages are used in a way that upholds market-based principles and preserves patient access to necessary medications.
- 801 *Reimbursement for Post-Exposure Protocol for Needlestick Injuries (MSS)***
Asks our AMA to encourage medical schools to ensure their students can be reimbursed for costs associated with needle stick injuries (NSI) sustained during clinical rotations and to encourage state societies to work with their Workers' Compensation Funds to include medical students for NSI events.
- 803* *Encourage Federal Efforts to Expand Access to Scheduled Dialysis for Undocumented People (MSS)***
Citing data that the cost effectiveness and quality of life that scheduled dialysis has over emergency dialysis, 803 asks for our AMA support to expand access to scheduled dialysis for undocumented persons with end stage renal disease. Recommended for reaffirmation.
- 804* *Protecting Seniors from Medicare Advantage Plans (IN)***
Asks our AMA to encourage the AARP and others offering Medicare Advantage Plans to simplify tools and guidelines for comparing and contrasting their plans. This issue was addressed by a BOT report at A-19 and as such, is recommended for reaffirmation.
- 807 *Addressing the Need for Low Vision Aid Devices (NED)***
This resolution asks that the AMA support legislative and regulatory actions promoting insurance coverage and funding for low vision aids.
- 808 *Protecting Patient Access to Seat Elevation and Standing Features in Power Wheelchairs (AAPMR)***
Asks that the AMA urges CMS to build a structure for the proper evaluation of need and appropriate reimbursement for such devices, and that the AMA encourage all health insurance carriers to cover said devices.

- 809* AMA Principles of Medicaid Reform (UT)**
This resolution outlines 14 principles for Medicaid reform. This resolution has been put on the reaffirmation calendar.
- 810 Hospital Medical Staff Policy (UT)**
This resolution asks that the AMA support and advocate that hospital medical staff leadership be physicians and that non-physician members of the medical staff should be non-voting.
- 811* Require Payers to Share Prior Authorization Cost Burden (MI)**
This resolution asks that the AMA reaffirm policies directed at that this principle. This resolution has been placed on the reaffirmation calendar.
- 812 Autopsy standards as condition of participation (Pathology coalition)**
This resolution asks that the AMA call upon CMS to reinstate the Autopsy Standard as a Medicare Condition of Participation for institutions.
- 813* Public reporting of PBM Rebates (Rheumatology, Oncology)**
This resolution asks that the AMA advocate that PBMs make rebate and discount report public. This is existing policy and has been put on the reaffirmation calendar.
- 814* PBM Value-Based Framework for Formulary Design (Oncology)**
This resolution asks that the AMA emphasize the importance of physicians' choice for most appropriate pharmaceuticals and asks that the AMA advocates for PBMs to use value-based decision-making that is transparent and includes applicable specialty clinical oversight when determining preference for specialty drugs.
This resolution has been put on the reaffirmation calendar.
- 815 Step Therapy (Oncology, Rheumatology, Gastroenterology, Endocrinology, and ophthalmology)**
This resolution asks the AMA to extend its advocacy for patient protections against step therapy protocols to ALL health plans and support federal legislation that would allow timely clinician-initiated exceptions to and place reasonable limits on, step therapy protocols imposed by health plans.
Recommend support.
- 816* Definition of New Patient (Georgia)**
This resolution asks that the AMA advocate for the definition of a "new patient" to represent the multitude of factors and time needed to appropriately evaluate a patient's health condition and in accordance with relevant payer guidelines.
This resolution has been put on the reaffirmation calendar.
- 817* Transparency of costs for prescription meds under Medicare Part D and Medicare Advantage plans (Georgia)**
This resolution asks that the AMA advocate for transparency of meds in Medicare Part D to patients.
This resolution has been placed on the reaffirmation calendar.

RESOLUTIONS FOR DISCUSSION

802 Ensuring Fair Pricing of Drugs Developed with the United States Government (MSS)

805 Fair Medication Pricing for Patients in United States: Advocating for a Global Pricing Standard (IMG)

The Council on Medical Service recommends adopting CMS Report 4-I-19 in lieu of these 2 resolutions. Both resolutions address the use of international price averages and indices to determine the price of prescription drugs in the US. CMS Report 4-I-19 recommends safeguards as mentioned in the Consent for Approval.

806 Support for Housing Modification Policies (MSS)

This resolution asks that the AMA support legislation for health insurance coverage of housing modification benefits for the populations who would benefit medication from such modifications.

We invite discussion. Agree that home hazards and lack of supportive devices lead to poor health outcomes, but concern is how these could be paid for, and whether the cost of the home modifications would justify the improved outcome. This may be better dealt with by delineating specific covered services.