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Date: Nov 24th, 2023

To
Benjamin W. Eidem, MD, FASE

Subject: 2023 Interim American Medical Association HOD meeting Summary Report

Dear Dr Eidem:

This is a brief summary of the 2023 Interim AMA HOD meeting that ran from Nov10th-14th, 2023 at Baltimore Inner harbor. Approximately 95% of delegates attended the meeting. The mood was somewhat somber given the looming 3.37% Medicare cuts that are to go into effect in Jan, 2024 that was announced by the Government on 11/2/23.

This meeting is organized first into caucuses which are made up by organ system from subspecialty societies and the other half of delegates are from state associations. ASE currently has two delegates which allows us considerable latitude in leveraging in the services of AMA on many topics that you are well aware of.

At the assembly, there is first the collection of resolutions that may be sent in by any delegate from either state associations or subspecialty societies for consideration. The reference committees' function much like congressional hearings, where each resolution is presented by its advocate to a committee and anybody that is attending the hearings can stand up and comment upon. Controversial topics take long periods discussion. These resolutions are then worked through by the reference committee and are recommended for adoption or not adoption or are rewritten, revised, or consolidated with multiple resolutions. The reference committees also hear reports from various societies of the AMA, usually on topics that were reports from previous meetings.

The cardiovascular medicine caucus gives us an opportunity to directly meet with delegates from ACC, other subspecialties societies such as SCAI, ASNC, HRS, American Heart Association, etc. This gives us a good cross section of how other organizations are viewing these issues. There is also a subspecialties service (SSS) caucus which encompasses all subspecialty societies that meets multiple times throughout the meetings. Dr Rahko, Irene Butler and I attended these meetings and they give you another cross-sectional flavor as to what other subspecialties societies are interested in and concerned about.

Though there were a limited number of resolutions pertinent to cardiology community broadly and to ASE in particular, there were many interesting and important resolutions which were discussed. We will provide a summary of the meeting below:

Friday, 11/10/23:
There was a great discussion and urgency to stop Medicare physician pay cuts, reform the Medicare payment system, right size prior authorization, reduce physician burnout and protect patients from inappropriate scope of practice expansions.

The need to stop the 3.37% Medicare physician pay cut set for Jan 2024 and enact broader Medicare reforms to ensure that the 65 million Americans who rely on it have continued access to high-quality physician care.

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Saturday, 11/11/23 and Sunday, 11/12/23:

Meeting of reference committees as follows:

- Reference Committee on Amendments to Constitution & Bylaws, which covers the **AMA constitution, bylaws and medical ethics matters**.
- Reference Committee B, which covers **legislation**
- Reference Committee C, which covers **medical education**.
- Reference Committee F, which covers **AMA governance and finance**.
- Reference Committee J, which covers **medical service, practice and insurance**.
- Reference Committee K, which covers **science and public health**.

Monday, 11/12/23:

 # Reference Committee C

Resolution 316 dealt with recognizing Specialty Certifications for physicians. AMA was encouraged continued advocacy to federal and state legislatures, federal and state regulators, physician credentialing organizations, hospitals, and other interested parties to define physician board certification as the medical profession establishing specialty-specific standards for knowledge and skills, using an independent assessment process to determine the acquisition of knowledge and skills for initial certification and recertification.
This might be relevant to ASE as there has been recent discussion regarding creation of a new certification examination called American Board of Cardiovascular Medicine, and move away from ABIM's MOC. There is no representation from NBE with the creation of this new examination (ACC, HRS, HFSA and SCAI are part of the discussion)

Council on Medical Education Report 03 discussed ensuring Equity in Interview processes for entry to Undergraduate and Graduate Medical Education

Resolution 305 that addresses Physician burnout and shortages was recommended for referral or decision.

 # Reference Committee F:

Report of the House of Delegates Committee on the Compensation of the officers recommended the following compensation structure be adopted:

That the President honorarium be increased by 3% and that the President-Elect, Immediate Past-President, Chair and Chair-Elect honoraria be increased by 2% effective July 1, 2024. These increases result in the following Honoraria:

POSITION	GOVERNANCE HONORARIUM
President	$298,865
Immediate Past President	$290,659
President-Elect	$290,659
Chair	$285,886
Chair-Elect	$211,630

Resolution 606 that healthcare related fraud has increased in recent years. Although individuals from various backgrounds have been affected, it was noted that the elderly population has been particularly vulnerable to fraudulent healthcare related events. In addition, marginalized and minoritized populations were disproportionately

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impacted due to factors such as language barriers. This resolution encourages that there be on-going patient and physician education on recognizing and avoiding healthcare related scams.

 # Reference Committee on Amendments to Constitution and Bylaws:

Item BOT 1 states that AMA re-examine the representation of employed physicians within the medical organizations and report back at the 2024 Annual Meeting.

Item BOT 10 asks AMA to continue to strongly oppose any encroachment of administrators upon the medical decision making of attending physicians that is not in the best interest of patients.

CEJA report 1 addresses "Professionalism in the Use of Social Media". *This might be of interest to ASE as we have a lot of social media presence.*
Social media-internet-enabled communication technologies—enable individual medical students and physicians to have both a personal and a professional presence online. Social media can foster collegiality and camaraderie within the profession as well as provide opportunities to disseminate public health messages and other health communication widely. However, use of social media by medical professionals can also undermine trust and damage the integrity of patient-physician relationships and the profession as a whole, especially when medical students and physicians use their social media presence to promote personal interests. Physicians and medical students should be aware that they cannot realistically separate their personal and professional personas entirely online and should curate their social media presence accordingly. Folks should follow ethics guidance regarding confidentiality, privacy, and informed consent. They recommend use of privacy settings to safeguard personal information and content, but to be aware that once on the Internet, content is likely there permanently. They recommend to disclose any financial interests related to their social media content, including, but not limited to, paid partnerships and corporate sponsorships. When using social media platforms to disseminate medical health care information, ensure that such information is useful and accurate. In addition, one should likewise ensure to the best of their ability that non-health-related information is not deceptive.

CEJA report 2 addresses research handling of deidentified patient data. As members of health care institutions, physicians should follow existing and emerging regulatory safety measures to protect patient privacy; practice good data intake, including collecting patient data equitably to reduce bias in datasets; answer any patient questions about data use in an honest and transparent manner to the best of their ability in accordance with HIPAA. Health care systems should adopt policies and practices that provide patients with transparent information regarding the high value that health care institutions place on protecting patient data; the reality that no data can be guaranteed to be permanently anonymized, and that risk of re-identification does exist; how patient data may be used and by whom; the importance of de-identified aggregated data for improving the care of future patients. Physicians who collect or store patient information electronically, whether on stand-alone systems in their own practice or through contracts with service providers, must choose a system that conforms to acceptable industry practices and standards with respect to restriction of data entry and access to authorized personnel; capacity to routinely monitor/audit access to records; measures to ensure data security and integrity; and policies and practices to address record retrieval, data sharing, third-party access and release of information, and disposition of records in keeping with ethics guidance. Also, describe how the confidentiality and integrity of information is protected if the patient requests. *This might be of interest to us due to the Image Guide Registry.*

Resolution 1 sponsored by ACC requested that AMA conduct a comprehensive study defining the appropriate role of digital interaction between patients and their doctors, including models for compensation.

Resolution 4 was very controversial with a lot of testimony. This was in regards to reconsideration of Medical Aid in Dying (MAID) rather than the term Physcian-Assisted Suicide. Mixed testimony was heard, with a significant amount of testimony both in 44 support and in opposition. Resolve 1 was adopted. The Reference Committee

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recommended resolves 2 and 3 not be adopted and alternative resolve 4 be adopted until evidence-based information can be evaluated.

 # Supplemental Report of Reference Committee on Amendments to Constitution and Bylaws:
There was a significant amount of mixed and emotional testimony regarding Directives of Election Task Force reports 1 and 2. Testimony was generally supportive of some of the recommendations with a few recommendations which were referred and remainder recommended for adoption.

 # Reference Committee K:

BOT Report 5 dealt with continued and on-going follow-up of the mental health crisis

BOT Report 14 encourages health departments and local governments to partner with police departments, fire departments, and other public safety entities and organizations to make firearm safe storage devices accessible (available at low or no cost) in communities in collaboration with schools, hospitals, clinics, physician offices, and through other interested stakeholders.

CSAPH Report 1 gave an update of drug shortages in 2023. As drug shortages are growing and continue to impede patient care, the Council was commended for their recommendations that highlight the need for diversifying drug manufacturing and supply chains, as well as opposing practices such as pharmacy benefits manager formulary restrictions that worsen drug shortages. An amendment was offered to specify considerations of medication formulations for coverage during a shortage to not hinder treatment for certain populations, such as children who may need liquid formulations over tablets and capsules.
It was felt that we need to support activities which may lead to the stabilization of the generic drug market by non-profit or public entities such as government-operated manufacturing of generic drugs, manufacturing or purchasing of the required active pharmaceutical ingredients, or fill-finish. It encourages government entities to stabilize the generic drug supply market by piloting innovative incentive models for private companies which do not create artificial shortages for the purposes of obtaining said incentives.

CSAPH report 2 strongly opposes the use of race, ethnicity, genetic ancestry, sexual orientation, or gender identity as the basis for genetic testing recommendations, or as exclusion criteria for the insurance coverage of genetic tests.

CSAPH report 6 deals with Cannabis marketing practices especially regarding health-risks of cannabis to children and potential health-risks to people who are pregnant or lactating.

Resolution 902 directs that AMA advocate that FDA use its authority to require that pharmaceuticals that received approval using surrogate endpoints demonstrate direct clinical benefit in post-market trials, of appropriate size and scope for its relevant patient population, as a condition of continued approval.

Resolution 904 deals with Universal return to play protocols. AMA encourages interested parties to: (a) establish a standard, universal protocol for return-to-play recovery for collegiate and professional athletes; (b) promote additional evidence-based studies on the effectiveness of a universal protocol for evaluation and post-injury management course at the collegiate and professional level; (c) support national and state efforts to minimize the consequences of inadequate recovery windows for collegiate and professional athletes.

Resolution 906 dealt with LGBQ+ inclusive safe sex practices. AMA urges television broadcasters and online streaming services, producers, sponsors, and any associated social media outlets to encourage education about heterosexual and LGBTQ+ inclusive safe sexual practices, including but not limited to condom use and abstinence, in television or online programming of sexual encounters, and to accurately represent the consequences of unsafe sex.

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Resolution 922 is to do with prescription drug shortages and pharmacy inventories. There was significant support for this resolution based on significant challenges to practice from the limitation of prescription transfers, including inability of patients to access medication and increased administration time for physicians and their staff to find medications at pharmacies. However, testimony was heard from multiple speakers about the complexity of this issue surrounding state laws, recent DEA regulations, and retail pharmacy policies, and requested further study to guide policy, and therefore was referred for further study.
The following important resolutions have been recommended for referral: BOT report 3- Update on Climate Change and Health, Resolution 915 - Social Media Impact on Youth Mental Health 6 25. Resolution 922 - Prescription Drug Shortages and Pharmacy Inventories.

Tuesday, 11/14/23

Reference Committee J:

Resolution 801 stressed AMA support lowering out-of-pocket maximums in insurance plans including but not limited to ERISA plans, other forms of employer-sponsored insurance, plans offered on the ACA marketplace, TRICARE, and any other public or private payers and asked that AMA oppose Direct Member Reimbursement plans, where patients pay the full retail costs of a prescription drug that they may then be reimbursed for, due to their potential to expose patients to significant out-of-pocket costs.

Resolution 805 deals with physician education regarding medication reconciliation and emphasized how vital appropriate medication reconciliation is to patient safety. Additionally, testimony indicated that this is not an issue around the education of physicians, but rather the challenges that can occur for physicians working toward medication reconciliation. These challenges are especially burdensome when electronic health records are dissimilar.

Resolution 814 deals with providing parity for Medicare facility fee which deals with site neutrality and inflationary fee updates. The testimony was very mixed on this complex issue with three different fee schedules. Supportive testimony emphasized that, in order to preserve independent physician practices, services provided in hospitals and physician practices must be paid equally. The Council explained that AMA's advocacy supports site neutrality and recognizes that achieving parity is best accomplished by increases in physician payment, underscoring that most policy proposals addressing problematic pay differentials would actually reduce payments for all sites to rates paid at the least costly setting, usually by lowering payments for all sites to Medicare physician fee schedule rates. Instead, the Council stated that our AMA strongly advocate for site-neutral payments that do not lower total Medicare payments and urges Congress to allocate additional funds into the payment system through legislation which provides an inflation-based payment update. As this is such an important matter, it was referred for decision.

Resolution 816 directed AMA to appoint an ad hoc committee or task force, composed of physicians from specialties who routinely provide gender affirming care, payers, community advocates, and state Medicaid directors and/or insurance commissioners, to identify issues with physician payment and reimbursement for gender-affirming care and recommend solutions to address these barriers to care.

Resolution 802 dealt with improving hospital charity care practices recommended AMA advocate for legislation and regulations that require nonprofit hospitals to notify and screen all patients for financial assistance according to their own eligibility criteria prior to billing. This was referred for decision.

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Reference Committee B:

BOT 6 report deals with good Samaritan statute. The HOD felt more needs to be done to support strong protections of physicians responding as Good Samaritans, regardless of location within the United States and regardless of the type of medical emergency they are called upon to address.

Resolution 234 addresses pharmacy benefit manager control of treating disease states recommends AMA to take a strong public stance (which may include immediate legal or policy action) against allowing payors and pharmacy benefit managers to divert patients to their own care teams for medical care and medication prescribing.

Resolution 235 prevent imminent payment cuts and ensure sustainability of Medicare program. HOD directed AMA work towards achieving the highest sustainable annual Medicare payment increases possible, whether tied to the MEI, the CPI, or some other 20 relevant measure of inflation that is sufficient to ensure that Medicare beneficiaries can receive robust access to care and that medical practices do not continue to encounter economic challenges as a result of insufficient payment updates; and that AMA immediately create and disseminate, in major news outlets, a press release outlining the current problems within the Medicare system and how it will affect access to care with a call to action to help those with Medicare keep their physicians and the high-quality care they deserve.

Resolution 207 dealt with scope of practice and access and in particular impacts on-site physician requirement in ED. HOD directs AMA develop model state legislation and support federal and state legislation or regulation requiring all facilities that imply the provision of emergency medical care have the real-time, on-site presence of a physician, and on-site supervision of non-physician practitioners (e.g., physician assistants and advanced practice nurses) by a licensed physician with training and experience in emergency medical care whose primary duty is dedicated to patients seeking emergency medical care in that emergency department. This has been referred.

Resolution 227 is to do with reforming Stark law's blanket self-referral ban. HOD directs that AMA recognize the substantial impact of Stark law's unequal restrictions on independent physicians, contributing to the growing trend of hospital consolidation, which has led to negative consequences of restricted access to care and inflated costs; and support comprehensive Stark law reform aimed at rectifying the disparities by ending the blanket ban on self-referral practices, particularly in the context of capitated, risk-adjusted payment programs such as Medicare Advantage and Medicaid managed care; and that AMA be committed to advocating for equitable and balanced Stark law reform that fosters fair competition, incentivizes innovation, and facilitates the delivery of high-quality, patient-centered care. This is referred due to factually conflicting testimony.
There was a lot of testimony regarding resolution 233 to do with corporate practice of medicine which was referred for further study.

Resolution 208 is to do with encouraging oversight and regulation of non-physician providers by regulatory bodies comprised of individuals with equivalent and higher levels of training, including state composite medical boards.

In summary, there was a huge volume of resolutions presented but the vast majority of them did not have direct impact on ASE and the vast majority did not have direct impact on cardiovascular disease or medical imaging. However, resolutions 814 and 235 regarding site neutrality and Medicare payment cuts respectively impacts all of us and need to be watched closely. We will be following these resolutions intently at the annual AMA 2024 meeting, and will provide updates accordingly.

Again, it was our pleasure to serve ASE by attending the interim AMA 2023 meeting. Not only do we have the ability to interact on issues directly but also it is also vital to maintain our delegate status so that the society can maintain all the advantages particularly at the RUC committee where we can have direct access and not have to

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go through associations such as ACC. We also want to particularly acknowledge the outstanding support of Irene Butler and her tireless efforts to maintain the advocacy committee and at the same time maintain our presence at AMA. Irene has made multiple important contacts with AMA personnel and other subspecialty societies that are invaluable to ASE. She is very knowledgeable about policy, and is extremely well respected. She also has the historic knowledge of how these policies affect RUC process.

Please feel free to contact us if you have questions or need additional information. Irene Butler has all of the details if you so desire to explore any of these substantial reports or resolutions.

Sincerely,

Kamu Maganti, MD, FASE
Peter Rahko, MD, FASE
Irene Butler, MA

cc: Robin Wiegerink, MNPL, CEO of ASE
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