

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
.Con	CEJA 01	Support	Adopted And The Remainder Of The Report Filed	Utilization Review, Medical Necessity Determination, Prior Authorization Decisions	<p>Based on the foregoing considerations, the Council on Ethical and Judicial Affairs recommends that paragraph 2 of D-320.977, "Utilization Review, Medical Necessity Determination, Prior Authorization Decisions," be rescinded as having been accomplished and the remainder of this report be filed:</p> <p>1. Our AMA will advocate: (a) for implementation of a federal version of a prior authorization "gold card" law, which aims to curb onerous prior authorization practices by many state-regulated health insurers and health maintenance organizations; and (b) that health plans should offer physicians at least one physician-driven, clinically-based alternative to prior authorization, including a "gold-card" or "preferred provider program."</p> <p>2. Our AMA will request that the Council on Ethical and Judicial Affairs review current ethical opinions similar to the Texas Medical Association Board of Councilors opinions regarding medical necessity determination and utilization review.</p>
.Con	CEJA 02	SUPPORT	Referred Back To CEJA	Ethical Principles for Physicians Involved in Private Equity Owned Practices	<p>In view of these deliberations, the Council on Ethical and Judicial Affairs recommends that Opinion 11.2.3, "Contracts to Deliver Health Care Services," be amended as follows and the remainder of this report be filed:</p> <p>Physicians have a fundamental ethical obligation to put the welfare of patients ahead of other considerations, including personal financial interests. This obligation requires them to that before entering into contracts to deliver health care services physicians consider carefully the proposed contract to assure themselves that the its terms and conditions of contracts to deliver health care services before entering into such contracts to ensure that those contracts do not create untenable conflicts of interests do not obviously compromise their ability to fulfill their fiduciary obligations to patients.</p> <p>Ongoing evolution in the health care system continues to bring changes to medicine, including changes in reimbursement mechanisms, models for health care delivery, restrictions on referral and use of services, clinical practice guidelines, and limitations on benefits packages. While these changes are intended to enhance quality, efficiency, and safety in health care, they can also put at risk physicians' ability to uphold professional ethical standards of informed consent and fidelity to patients and can impede physicians' freedom to exercise independent professional judgment and tailor care to meet the needs of individual patients.</p> <p>As physicians seek capital to support their practices or enter into various differently structured contracts to deliver health care services—with group practices, hospitals, health plans, or other entities—they should be mindful that while many arrangements have the potential to promote desired improvements in care, some arrangements also have the potential to impede put patients' interests at risk</p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>When contracting partnering with other entities to provide health care services, physicians should:</p> <p>(a) Carefully review the terms of proposed contracts or have a representative do so on their behalf to assure themselves that the arrangement:</p> <p>(i) Minimizes conflict of interest with respect to proposed reimbursement mechanisms, financial or performance incentives, restrictions on care or other mechanisms intended to influence physicians' treatment recommendations or direct what care patients receive, in keeping with ethics guidance.</p> <p>(ii) Does not compromise physicians' own financial well-being or ability to provide high-quality care through unrealistic expectations regarding utilization of services or terms that expose the physician to excessive financial risk.</p> <p>(iii) Allows the physician to appropriately exercise professional judgment.</p> <p>(iv) Includes a mechanism to address grievances and supports advocacy on behalf of individual patients.</p> <p>(v) Permits disclosure to patients.</p> <p>(vi) Enables physicians to participate in, if not outright control, decisions about practice staffing.</p> <p>(b) Negotiate modification or removal of any terms that unduly compromise physicians' ability to uphold ethical standards.</p> <p><u>When physicians enter into arrangements with partners who may later sell the practice, physicians should seek explicit commitments that subsequent partners will sustain fidelity to patients and respect physicians' professional ethical obligations.</u></p>
A	CMS 04	SUPPORT	Adopted And The Remainder Of The Report Filed	Bundled Payments and Medically Necessary Care	<p>1. That our American Medical Association (AMA) amend Policy H-390.849[2, 3] by addition and deletion to read as follows:</p> <p>2. Our AMA opposes bundling of payments in ways that limit <u>medically necessary care, including institutional post-acute care,</u> or otherwise interfere with a physician's ability to provide high quality care to patients.</p> <p>3. Our AMA supports payment methodologies that redistribute Medicare payments among providers based on outcomes <u>(including functional improvements, if appropriate),</u> quality and risk-adjustment measures only if measures are scientifically valid, verifiable, accurate, and based on current data <u>reliable, and consistent with national medical specialty society-developed clinical guidelines/standards.</u> (Modify HOD Policy)</p> <p>2. That our AMA amend Policy D-385.952[1, 2] by addition and deletion to read as follows: Our AMA: (1) supports alternative payment models (APMs) that link quality measures and payments to outcomes specific to vulnerable and high-risk populations, and <u>reductions in health care disparities, and functional improvements, if appropriate;</u> (2) will continue to encourage the development and implementation of physician-focused APMs that provide services to improve the health of vulnerable and high-risk populations <u>and safeguard patient</u></p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>access to medically necessary care, including institutional post-acute care. (Modify HOD Policy)</p> <p>3. That our AMA reaffirm Policy H-385.907, which supports risk stratification systems that use fair and accurate payments based on patient characteristics, including socioeconomic factors; risk adjustment systems that use fair and accurate outlier payments if spending on a patient exceeds a pre-defined threshold, and fair and accurate payments for external price changes beyond the physician's control; and accountability measures that exclude from risk adjustment methodologies any services that the physician does not deliver, order, or otherwise have the ability to influence. (Reaffirm HOD Policy)</p> <p>4. That our AMA reaffirm Policy H-385.913, which outlines goals for physician-focused APMs—including that models be designed by physicians or with significant input from physicians, provide flexibility to physicians to deliver the care patients need, limit physician accountability to aspects of spending and quality that they can reasonably influence, and avoid placing physician practices at substantial financial risk—and directs the AMA to continue working with national medical specialty societies and state medical associations to educate physicians on APMs. (Reaffirm HOD Policy)</p>
A	CMS 07	SUPPORT	Adopted And The Remainder Of The Report Filed	Reporting Multiple Services Performed During a Single Patient Encounter	<p>1. That our American Medical Association (AMA) support mechanisms to report modifiers appropriately with the least administrative burden possible, including the development of electronic health record tools to facilitate the reporting of multiple, medically necessary services supported by modifier 25. (New HOD Policy)</p> <p>2. That our AMA support comprehensive education for physicians and insurers on the appropriate use of modifier 25. (New HOD Policy)</p> <p>3. That our AMA reaffirm Policy D-70.971, which advocates for the acceptance of Current Procedural Technology (CPT®) modifiers, particularly modifier 25, and the appropriate alteration of payment based on CPT modifiers. (Reaffirm HOD Policy)</p> <p>4. That our AMA reaffirm Policy D-385.956, which directs the AMA to aggressively and immediately advocate through any legal means possible to ensure that when an evaluation and management (E/M) code is reported with modifier 25, that both the procedure and E/M codes are paid at the non-reduced, allowable payment rate. (Reaffirm HOD Policy)</p> <p>5. That our AMA reaffirm Policy H-385.944, which supports insurance company payment for E/M services and procedures performed on the same day. (Reaffirm HOD Policy)</p> <p>6. That our AMA reaffirm Policy D-70.959, which advocates that a CPT code representing a service or procedure that is covered and paid for separately should also be paid for when performed at the same time as another service or procedure. (Reaffirm HOD Policy)</p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
B	BOT 12	SUPPORT	Adopted And The Remainder Of The Report Filed	Promoting Proper Oversight and Reimbursement for Specialty Physician Extenders and Non-Physician Practitioners	<p>The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 248-A-22 and that the remainder of the report be filed.</p> <p>1. That our American Medical Association (AMA) reaffirm existing Policy H-35.965, "Regulation of Physician Assistants," and H-35.989, "Physician Assistants." (Reaffirm HOD Policy)</p> <p>2. That Policy H-360.987, "Principles Guiding AMA Policy Regarding Supervision of Medical Care Delivered by Advanced Practice Nurses in Integrated Practice" be amended by addition and deletion as follows:</p> <p>(5) Physicians should encourage Certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists shall be licensed and regulated jointly by the state medical and nursing boards explore the feasibility of working together to coordinate their regulatory initiatives and activities. (Modify Current HOD Policy)</p>
B	Res. 204	SUPPORT	Referred	Supporting Harm Reduction	<p>RESOLVED, That our American Medical Association advocate for the removal of buprenorphine from the misdemeanor crime of possession of a narcotic (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA support any efforts to decriminalize the possession of non-prescribed buprenorphine (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA amend Policy D-95.987 by addition and deletion to read as follows:</p> <p>Prevention of Drug-Related Overdose, D-95.987</p> <p>1. Our AMA: (a) recognizes the great burden that substance use disorders (SUDs) and drug-related overdoses and death places on patients and society alike and reaffirms its support for the compassionate treatment of patients with a SUD and people who use drugs; (b) urges that community-based programs offering naloxone and other opioid overdose and drug safety and prevention services continue to be implemented in order to further develop best practices in this area; (c) encourages the education of health care workers and people who use drugs about the use of naloxone and other harm reduction measures in preventing opioid and other drug-related overdose fatalities; and (d) will continue to monitor the progress of such initiatives and respond as appropriate.</p> <p>2. Our AMA will: (a) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of a drug-related overdose; and (b) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for a drug-related overdose.</p> <p>3. Our AMA will support the development and implementation of appropriate education programs for persons receiving treatment for a SUD or in recovery from a SUD and their friends/families that address harm reduction measures.</p> <p>4. Our AMA will advocate for and encourage state and county medical societies to advocate for harm reduction policies that provide civil and criminal immunity for the possession,</p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>distribution, and use of “drug paraphernalia” designed for harm reduction from drug use, including but not limited to drug contamination testing, <u>safer smoking</u>, and injection drug preparation, use, and disposal supplies.</p> <p>5. Our AMA will implement an education program for patients with substance use disorder and their family/caregivers to increase understanding of the increased risk of adverse outcomes associated with having a substance use disorder and a serious respiratory illness such as COVID-19.</p> <p>6. Our AMA will advocate for <u>supports efforts to increased access to and decriminalization of fentanyl test strips, and other drug checking supplies, and safer smoking kits</u> for purposes of harm reduction. (Modify Current HOD Policy)</p>
B	Res. 207	SUPPORT	Adopted as Amended with title change	Ground Ambulance Services and Surprise Billing New title: Insurance Coverage of Ground Ambulance Services	RESOLVED, That our American Medical Association oppose surprise billing practices for support full insurance coverage for all costs associated with ground ambulance services. (New HOD Policy)
B	Res. 212	SUPPORT with changes: Oppose the first clause (there may be some medical use of cannabis, more study required) Support second clause	AMA Policies D-95.969, H-95.952, H-95.924, 26 and H-95.936 reaffirmed in lieu of Resolution 212	Marijuana Product Safety	RESOLVED, That our American Medical Association support the policy against marijuana use, either medical or recreational, until such time scientifically valid and well-controlled clinical trials are done to assess the safety and effectiveness as any new drug for medical use, prescription or nonprescription (New HOD Policy); and be it further RESOLVED, That our AMA Council on Legislation draft state model legislation for states that have legalized “medical” or “recreational” marijuana that (1) prohibit dispensaries from selling marijuana products if they make any misleading health information and/or therapeutic claims, (2) to require dispensaries to include a hazardous warning on all marijuana product labels similar to tobacco and alcohol warnings and (3) ban the advertising of marijuana dispensaries and marijuana products in places that children frequent. (Directive to Take Action)
B	Res. 213	Support	Adopted as amended and AMA Policies H-480.937 and H-480.946 reaffirmed	Telemedicine Services and Health Equity	RESOLVED, That our American Medical Association advocate for preservation of the physician telemedicine waiver and reimbursement at parity with in-person visits beyond December 31, 2024 (Directive to Take Action); and be it further RESOLVED, That our AMA encourage policymakers to recognize <u>research to determine the scope and circumstances for underserved populations including seniors and patients with complex health conditions with the aim to ensure that these patients have the technology-use training needed to maximize the benefits of telehealth and its potential to improve health outcomes of telehealth improved health outcomes, especially for underserved populations and seniors with complex health conditions that includes how best to ensure patients have the training in the use of technology needed to maximize its benefits.</u> (New HOD Policy)

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
B	Res. 214	SUPPORT	Alternate Resolution 214 be adopted in lieu of Resolutions 214, 234, and 257	Advocacy and Action for a Sustainable Medical Care System	<p>RESOLVED, That our American Medical Association continue to strongly advocate for fair reimbursement of all segments of health care, particularly physicians, to undo inadequate payment relative to inflation (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA seek ongoing reimbursement adjustments for fair physician payment at least on an annual basis in order to match that given to hospitals, extended and ambulatory care facilities, medical device and pharmaceutical companies for rising practice costs and inflation. (Directive to Take Action)</p> <p>Alternate Resolution 214</p> <p>RESOLVED, That our American Medical Association declare Medicare physician payment reform as an urgent advocacy and legislative priority for our AMA; and be it further</p> <p>RESOLVED, That our AMA prioritize significant increases in funding for federal and state advocacy budgets specifically allocated to achieve Medicare physician payment reform to 26 ensure that physician payments are updated annually at least equal to the annual percentage increase in the Medicare Economic Index; and be it further</p> <p>RESOLVED, That our AMA Board of Trustees report back to the House of Delegates at each annual and interim meeting on the progress of our AMA in achieving Medicare payment reform until predictable, sustainable, fair physician payment is achieved.</p> <p>RESOLVED, That AMA Policy D-390.922 be amended by addition and deletion to read as follows:</p> <p>Physician Payment Reform and Equity, D-390.922 Our AMA will develop <u>implement</u> a comprehensive advocacy campaign, <u>including a sustained national media strategy engaging patients and physicians in promoting Medicare physician payment reform</u>, to achieve enactment of reforms to the Medicare physician payment system consistent with AMA policy and in accord with the principles (Characteristics of a Rational Medicare Payment System) endorsed by over 120 state and medical specialty Federation of Medicine members.</p> <p>RESOLVED, That our AMA reaffirm AMA Policy H-390-849, "Physician Payment Reform," which states, among other things, that our AMA will advocate for the development and adoption of physician payment reforms that are designed with input from the physician community, do not require budget neutrality within Medicare Part B, and are based on payment rates that are sufficient to cover the full cost of sustainable medical practice.</p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					RESOLVED, That our AMA reaffirm AMA Policy D-390.946, "Sequestration," which states, among other things, that our AMA will continue to seek positive inflation-adjusted annual physician payment updates that keep pace with rising practice costs, ensure Medicare physician payments are sufficient to safeguard beneficiary access to care, and work towards the elimination of budget neutrality requirements within Medicare Part B; as well as our AMA advocate strongly to the Administration and Congress that additional funds must be put into the Medicare physician payment system to address increasing costs of physician practices, and payment policies that allow the Centers for Medicare & Medicaid Services to retroactively adjust overestimates of volume of services.
B	Res. 217	SUPPORT	Adopted as amended with title change	<p>Increase Access to Naloxone in Schools Including by Allowing Students to Carry Naloxone in Schools</p> <p>New Title: Increase Access to Safe and Effective Overdose Reversal Medications in Educational Settings</p>	<p>RESOLVED, That our American Medical Association encourage states, including communities, and educational settings school districts therein, to adopt legislative and regulatory policies that allow schools to <u>make safe and effective overdose reversal medications</u> naloxone readily accessible to <u>school staff and teachers</u>, and students to prevent opioid overdose deaths <u>in educational settings on school campuses</u> (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA encourage states, including communities and school districts therein, to eliminate barriers that preclude students from carrying naloxone in school. (New HOD Policy)</p> <p>RESOLVED, that our AMA study and report back on issues regarding student access to safe and effective overdose reversal medications.</p>
B	Res. 218	SUPPORT	Adopted as amended with title change	<p>Hold Accountable the Regulatory Bodies, Hospital Systems, Staffing Organizations, Medical Staff Groups, and Individual Physicians Supporting Systems of Care Promoting Direct Supervision of Emergency Departments by Nurse Practitioners</p> <p>New Title: Promoting Supervision of Emergency Care Services in Emergency Departments by Physicians</p>	<p>RESOLVED, That our American Medical Association, in accordance with Centers for Medicare & Medicaid Services (CMS) Regulations and standards of practice for emergency medicine as defined by American College of Emergency Physicians and American Association of Emergency Medicine, advocate for the <u>establishment and enforcement of legislation and/or CMS regulations and the adoption of standards set by national organizations of emergency medicine physicians</u>, and hold accountable hospital systems, staffing organizations, medical staff groups, and individual physicians supporting systems of care that <u>promote direct supervision of that ensure only physicians supervise the provision of emergency care services in an emergency departments by nurse practitioners</u>. (Directive to Take Action)</p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
B	Res. 219	SUPPORT	Adopted as amended in lieu of Resolutions 222 and 261 with title change	Repealing the Ban on Physician-Owned Hospitals New Title: Physician-Owned Hospitals	<p>RESOLVED, That our American Medical Association advocate for policies that remove <u>alleviate any</u> restrictions upon physicians from owning, constructing, and/or expanding any hospital facility type in the name of patient safety, fiscal responsibility, transparency, and in acknowledgment of physicians dedication to patient care (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA advocate for the implementation of safeguards and regulations to ensure that physician-owned hospitals are operating in the best interests of patients (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage further study and research into the benefits and drawbacks <u>impact</u> of the repeal of the ban on physician-owned hospitals on the <u>access to, cost, and quality of, patient care, of physician-owned hospitals</u> and their impact on <u>patient care, competition in highly concentrated hospital markets as well as the potential impact of regulatory safeguards to ensure transparency and accountability in physician-owned hospitals</u> (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA work with policymakers to develop regulations that promote transparency and accountability in physician-owned hospitals, and protect against any potential conflicts of interest, while also fostering competition and innovation in the healthcare market (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA continue to support physician leadership in healthcare and advocate for policies that enable physicians to provide the highest quality care to their patients, including policies that remove unnecessary barriers to physician ownership of hospitals (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work to educate its members and the public on the potential benefits of physician ownership of hospitals and the need for policies that support such ownership (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA collaborate with other stakeholders, including hospital associations, patient advocacy groups, and government agencies, to develop and promote policies that support physician ownership of hospitals (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA direct the appropriate stakeholders to report back to the AMA on the progress made in implementing these resolutions, with recommendations for future action as appropriate. (Directive to Take Action)</p>
B	Res. 220	SUPPORT	Adopted as amended	Coverage of Routine Costs in Clinical Trials	RESOLVED, That our American Medical Association advocate that the Centers for Medicare and Medicaid Services require that Medicare Advantage Organizations (MAOs) pay for routine

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
				by Medicare Advantage Organizations	<p>costs for services that are provided as part of clinical trials covered under the Clinical Trials National Coverage Determination 310.1, just as the MAO would have been required to do so had the patient not enrolled in the qualified clinical trial. (Directive to Take Action)</p> <p><u>RESOLVED, That our AMA advocate for the Centers for Medicare and Medicaid Services (CMS) and Medicare Advantage Organizations (MAOs) to communicate and coordinate the payment for services associated with participation in clinical trials, covered under the Clinical Trials National Coverage Determination 310.1, and to ensure that physicians and non-physician providers are paid directly in order to eliminate the requirement that patients seek reimbursement for billed services; and be it further</u></p> <p><u>RESOLVED, That our AMA takes the position that Medicare Advantage Organizations (MAOs) and their participating physicians shall actively encourage patients to enroll in clinical trials.</u></p>
B	Res. 221	SUPPORT	Adopted as amended	In Support for Fentanyl Test Strips as a Harm Reduction and Overdose-Prevention Tool	<p>RESOLVED, That our American Medical Association amend AMA Policy D-95.987, "Prevention of Drug-Related Overdose," by addition to read as follows:</p> <ol style="list-style-type: none"> 1. Our AMA: (a) recognizes the great burden that substance use disorders (SUDs) and drug-related overdoses and death places on patients and society alike and reaffirms its support for the compassionate treatment of patients with a SUD and people who use drugs; (b) urges that community-based programs offering naloxone and other opioid overdose and drug safety and prevention services continue to be implemented in order to further develop best practices in this area; (c) encourages the education of health care workers and people who use drugs about the use of naloxone and other harm reduction measures in preventing opioid and other drug-related overdose fatalities; and (d) will continue to monitor the progress of such initiatives and respond as appropriate. <u>2. Our AMA will: advocate for the removal of fentanyl test strips (FTS) and other testing strips, devices or testing equipment used in identifying or analyzing whether a substance contains fentanyl or other adulterants from the legal definition of drug paraphernalia.</u> 3. Our AMA will: (a) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of a drug-related overdose; and (b) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for a drug-related overdose. 4. Our AMA will support the development and implementation of appropriate education programs for persons receiving treatment for a SUD or in recovery from a SUD and their friends/families that address harm reduction measures. 5. Our AMA will advocate for and encourage state and county medical societies to advocate for harm reduction policies that provide civil and criminal immunity for the possession, distribution, and use of "drug paraphernalia" designed for harm reduction from drug use, including but not limited to drug contamination testing and injection drug preparation, use, and disposal supplies. 6. Our AMA will implement an education program for patients with substance use disorder and their family/caregivers to increase understanding of the increased risk of adverse

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>outcomes associated with having a substance use disorder and a serious respiratory illness such as COVID-19.</p> <p>7. Our AMA supports efforts to increase access to fentanyl test strips and other drug checking supplies for purposes of harm reduction by supporting both legalization of, and education and training on, the use of FTS use by patients, as well as training in FTS use, by pertinent professionals. (Modify Current HOD Policy)</p>
B	Res. 222	SUPPORT	Resolution 219 adopted as amended in lieu of this resolution	Physician Ownership of Hospital Blocked by the ACA	RESOLVED, That our American Medical Association explore and report back to the House of Delegates at the 2024 Annual Meeting, the feasibility of filing judicial or legislative challenges to the ban on physician ownership of new hospitals under the relevant provisions of the Affordable Care Act. (Directive to Take Action)
C	CME 09	SUPPORT	Adopted and the remainder of the report filed	The Impact of Midlevel Providers on Medical Education	<p>The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 201-A-22 and the remainder of the report be filed:</p> <p>1. That the American Medical Association (AMA) encourage appropriate medical education accreditation organizations in allopathic and osteopathic medicine including the Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, American Osteopathic Association, and Accreditation Council for Graduate Medical Education to:</p> <p>A) Incorporate the phrase “physician-led” as a modifier for “interprofessional education” into their relevant medical education accreditation standards, where appropriate;</p> <p>B) Require education in and evaluation of competency in physician-led interprofessional health care team leadership as part of the systems-based practice competency in medical education accreditation standards. (New HOD Policy)</p> <p>2. That the AMA encourage medical educators to study how interprofessional learning and teamwork promote the development of physician leadership in team-based care. (New HOD Policy)</p> <p>3. Amend D-295.934 (2) by addition as follows: “Our AMA supports the concept that medical education should prepare students for practice in, <u>and leadership of,</u> physician-led interprofessional <u>health care</u> teams.” (New HOD Policy)</p> <p>4. That the AMA encourage medical standards-setting organizations, including the American Board of Medical Specialties and its member boards, to inform policymakers of the standards physicians are held to for independent practice in order to protect patients and that these standards make physicians the appropriate leaders of the interprofessional health care team. (Modify Current HOD Policy)</p>
C	Res. 302	SUPPORT	Adopted with title change	Antitrust Legislation Regarding the AAMC, ACGME, NRMP, and Other Relevant	RESOLVED, That our American Medical Association study alternatives to the current residency and fellowship Match process which would be less restrictive on free market competition for applicants. (Directive to Take Action)

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
				Associations or Organizations New Title: Study of the Current Match Process and Alternatives	
C	Res. 303	SUPPORT	Referred for decision	Medical School Management of Unmatched Medical Students	RESOLVED, That our American Medical Association convene a task force of appropriate AMA councils, medical education organizations, licensing and credentialing boards, government bodies, impacted communities, and other relevant stakeholders to: <ol style="list-style-type: none"> 1. Study institutional and systemic factors associated with the unmatched medical graduate status, including, but not limited to: <ol style="list-style-type: none"> a) The GME bottleneck on training positions, including the balance of entry-level position and categorical/advanced positions; b) New medical schools and the expansion of medical school class sizes; c) Race, geography, income, wealth, primary language, gender, religion, ability, and other structural factors; d) Student loan debt; e) Predatory business practices by medical schools, loan agencies, private equity, and other groups that prioritize profit over student success rates; f) The context, history, and impact of past reports on the state of undergraduate medical education, including the Flexner Report; g) The format and variations of institutional and medical organization guidance on best practices to successful matching; 2. Develop best practices for medical schools and medical organizations to support unmatched medical graduates, including, but not limited to: <ol style="list-style-type: none"> a) Tools to identify and remediate students at high risk for not matching into GME programs; b) Adequate data on student success rates (e.g., by specialty), and factors associated with success in matching; c) Medical school responsibilities to unmatched medical students and graduates; d) Outcomes-based tuition relief or reimbursement for unmatched students, wherein, unmatched students are returned some component of their tuition to ease the financial burden of being unable to practice clinical medicine; e) Transparent, equity-based solutions to address and ameliorate any inequities identified in the match process; f) Alternative, cost-neutral, graduate-level degrees with earlier graduation for students at high risk for not matching; g) Career opportunities for unmatched U.S. seniors and US-IMGs; and 3. Require transparency from stakeholders, including medical schools, about any actions taken based on the report of this task force, particularly with regard to the remediation of medical students. (Directive to Take Action)

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
E	CSAP H 01	SUPPORT	Adopted as amended and the remainder of the report filed	Oppose Scheduling of Gabapentin	<p>The Council on Science and Public Health recommends that the following be adopted and the remainder of the report be filed.</p> <p>1. That Policy D-120.927, "Oppose Scheduling of Gabapentin" be amended by addition and deletion to read as follows with recognition that several aspects of this directive have been accomplished: Our AMA will: 1. actively oppose the placement of (a) gabapentin (2-[1-(aminomethyl)cyclohexyl]acetic acid), including its salts, and all products containing gabapentin (including the brand name products Gralise and Neurontin) and (b) gabapentin enacarbil (1-[[[(1R)-1-[(2-methylpropanoyloxy)ethoxy]carbonyl]amino]methyl]cyclohexyl]acetic acid), including its salts, (including the brand name product Horizant) into schedule V or other restricted class of the Controlled Substances Act; 2. submit a timely letter to the Commissioner of Food and Drug for the proceedings assigned docket number FDA-2022-P-0149 in opposition to placement of gabapentin and gabapentin enacarbil into the schedule V of the Controlled Substance Act; and 3. study the off-label use and potential risks and benefits of gabapentin to the general population as well as to those individuals with substance use disorders. 2. affirm that given currently available data, the FDA and DEA have used the appropriate process for evaluating the safety, efficacy, and risk of misuse and dependency for gabapentin and its salts; 3. support the promotion of gabapentinoid-related research and education, particularly the risk of gabapentinoids when taken concomitantly with opioids; and the potential for gabapentinoid withdrawal, including in current clinical practice and undergraduate, graduate and post-graduate education. (Modify Current AMA Policy)</p> <p>2. That our AMA reaffirm Policies H-120.988, "Patient Access to Treatments Prescribed by Their Physicians", H-120.922, "Improved Access and Coverage to Non-Opioid Modalities to Address Pain", and H-95.922, "Substance Use and Substance Use Disorders." (Reaffirm Current AMA Policy)</p>
E	CSAP H 02	SUPPORT with changes- part d may not be appropriate in all cases	Adopted as amended and the remainder of the report filed	Improving Research Standards, Approval Processes, and Post-Market Surveillance Standards for Medical Devices	<p>The Council on Science and Public Health recommends the following be adopted, and the remainder of the report be filed:</p> <p>1. Our AMA believes that to support innovation while protecting patient safety, approval pathways for medical devices should incorporate the following principles: a. Evidence-based, measurable performance benchmarks, such as those used in the Safety and Performance Based Pathway, should be used wherever possible for classes of known, well-studied medical devices; and b. For a subset of higher risk devices receiving approval but have not completed clinical trials, time-limited approvals may be appropriate, after which the manufacturer may be required to provide post-market data to support full device approval; and</p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>c. Medical devices with known safety concerns should not be usable as predicate devices for the purposes of proving substantial equivalence. In the event safety concerns of predicate devices arise after approval has been granted, additional due diligence should be initiated as appropriate; and</p> <p>d. Approval for medical devices should include criteria for adequate performance in racialized, minoritized, or otherwise historically excluded groups <u>when feasible</u>; and</p> <p>e. Reports of adverse events for medical devices should always be available in a publicly accessible, searchable database such as the Manufacturer and User Facility Device Experience. (New HOD Policy)</p> <p>2. That Policy H-120.988, "Patient Access to Treatments Prescribed by Their Physicians", supporting a physician's right to prescribe medical devices off-label, be reaffirmed. (Reaffirm Current HOD Policy)</p>
E	Res. 502	SUPPORT	Adopted as amended	Pain Management for Long-Acting Reversible Contraception and other Gynecological Procedures	<p>RESOLVED, That our American Medical Association recognize that <u>disproportionate care the disparity in pain management has been historically present in gynecological procedures and has multifactorial causes, including insurance coverage for pain management which contributes to disparate care in gynecologic procedures compared to procedures of similarly reported pain and encourages discussion of pain control options, risks, and benefits with patients as a part of the shared decision making process</u> (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support further research into evidence-based anesthetic and anxiolytic medication options for long-acting reversible contraception procedures and other gynecological procedures, including but not limited to colposcopy, endometrial biopsy, and LEEP procedures. (New HOD Policy)</p> <p>Our AMA shall advocate for equitable insurance coverage for the placement of long-acting reversible contraceptives and other gynecological procedures, including associated pain management. (Directive to Take Action)</p>
E	Res. 504	SUPPORT	Reassigned to Ref Com B and now resolution 256 Alternate resolution 247 adopted in lieu of resolutions 247, 251, and 256	Regulating Misleading AI Generated Advice to Patients Alternate resolution title: Assessing the Intersection Between Augmented Intelligence (AI) and Healthcare	<p>RESOLVED, That our American Medical Association commence a study of the benefits and unforeseen consequences to the medical profession of GPTs, with report back to the HOD at the 2023 interim meeting (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA consider working with the Federal Trade Commission and other appropriate organizations to protect patients from false or misleading AI-generated medical advice (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage physicians to educate our patients about the benefits and risks of consumers facing generative pretrained transformers. (New HOD Policy)</p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>Alternate Resolution 247</p> <p>RESOLVED, That our American Medical Association study and develop recommendations on the benefits and unforeseen consequences to the medical profession of large language models (LLM) such as, generative pretrained transformers (GPTs), and other augmented intelligence-generated medical advice or content, and that our AMA propose appropriate state and federal regulations (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work with the federal government and other appropriate organizations to protect patients from false or misleading AI-generated medical advice (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage physicians to educate our patients about the benefits and risks of consumers facing LLMs including GPTs. (New HOD Policy)</p>
E	Res. 505	SUPPORT	Alternate resolution 505 adopted in lieu of 505 and 525	Improving Access to Opioid Antagonists for Vulnerable and Underserved Populations	<p>RESOLVED, That our American Medical Association amend Policy H-95.932, "Increasing Availability of Naloxone", by addition to read as follows: Increasing Availability of Naloxone H-95.932</p> <ol style="list-style-type: none"> 1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community-based organizations, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone delivery. 2. Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone. 3. Our AMA encourages physicians to co-prescribe naloxone to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients. 4. Our AMA encourages private and public payers to include all forms of naloxone on their preferred drug lists and formularies with minimal or no cost sharing. 5. Our AMA supports liability protections for physicians and other healthcare professionals and others who are authorized to prescribe, dispense and/or administer naloxone pursuant to state law. 6. Our AMA supports efforts to encourage individuals who are authorized to administer naloxone to receive appropriate education to enable them to do so effectively. 7. Our AMA encourages manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone with the Food and Drug Administration. 8. Our AMA supports the widespread implementation of easily accessible Naloxone rescue stations (public availability of Naloxone through wall-mounted display/storage units that also include instructions) throughout the country following distribution and legislative edicts similar to those for Automated External Defibrillators.

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>9. Our AMA supports the legal access to and use of naloxone in all public spaces regardless of whether the individual holds a prescription.</p> <p>10. Our AMA supports efforts to increase the availability, delivery, possession and use of mail-order naloxone to help prevent opioid-related overdose, especially in underserved communities and American Indian reservations. (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, That our AMA amend Policy H 420.950, "Substance Use Disorders During Pregnancy" by addition to read as follows: Substance Use Disorders During Pregnancy H 420.950 Our AMA will: (1) oppose any efforts to imply that the diagnosis of substance use disorder during pregnancy represents child abuse; (2) support legislative and other appropriate efforts for the expansion and improved access to evidence-based treatment for substance use disorders during pregnancy; (3) oppose the removal of infants from their mothers solely based on a single positive prenatal drug screen without appropriate evaluation; and (4) advocate for appropriate medical evaluation prior to the removal of a child, which takes into account (a) the desire to preserve the individual's family structure, (b) the patient's treatment status, and (c) current impairment status when substance use is suspected, <u>and (5) support universal opioid use screenings at prenatal care visits with early intervention, comprehensive naloxone use education and distribution for those who screen positive and following overdose-related emergency department visits.</u> (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, That our AMA amend D-95.987, "Prevention of Drug-Related Overdose" by addition to read as follows: Prevention of Drug-Related Overdose D-95.987 1. Our AMA: (a) recognizes the great burden that substance use disorders (SUDs) and drug-related overdoses and death places on patients and society alike and reaffirms its support for the compassionate treatment of patients with a SUD and people who use drugs; (b) urges that community-based programs offering naloxone and other opioid overdose and drug safety and prevention services continue to be implemented in order to further develop best practices in this area; (c) encourages the education of health care workers and people who use drugs about the use of naloxone and other harm reduction measures in preventing opioid and other drug-related overdose fatalities; and (d) will continue to monitor the progress of such initiatives and respond as appropriate.</p> <p>2. Our AMA will: (a) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of a drug-related overdose; and (b) <u>support the development of adjuncts and alternatives to naloxone to combat synthetic opioid-induced respiratory depression and overdose;</u> and (c) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for a drug-related overdose.</p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>3. Our AMA will support the development and implementation of appropriate education programs for persons receiving treatment for a SUD or in recovery from a SUD and their friends/families that address harm reduction measures.</p> <p>4. Our AMA will advocate for and encourage state and county medical societies to advocate for harm reduction policies that provide civil and criminal immunity for the possession, distribution, and use of “drug paraphernalia” designed for harm reduction from drug use, including but not limited to drug contamination testing and injection drug preparation, use, and disposal supplies.</p> <p>5. Our AMA will implement an education program for patients with substance use disorder and their family/caregivers to increase understanding of the increased risk of adverse outcomes associated with having a substance use disorder and a serious respiratory illness such as COVID-19.</p> <p>6. Our AMA supports efforts to increase access to fentanyl test strips and other drug checking supplies for purposes of harm reduction. (Modify Current HOD Policy)</p> <p>Alternate Resolution 505</p> <p>RESOLVED, That our AMA amend Policy H-420.950, “Substance Use Disorders During Pregnancy” by addition to read as follows: Our AMA will: <u>(1) support brief interventions (such as engaging a patient in a short conversation, providing feedback and advice) and referral for early comprehensive treatment of pregnant individuals with opioid use and opioid use disorder (including naloxone or other overdose reversal medication education and distribution) using a coordinated multidisciplinary approach without criminal sanctions;</u> (4) <u>(2) oppose any efforts to imply that a positive verbal substance use screen, a positive toxicology test, or the diagnosis of substance use disorder during pregnancy automatically represents child abuse;</u> (2) <u>(3) support legislative and other appropriate efforts for the expansion and improved access to evidence-based treatment for substance use disorders during pregnancy;</u> (3) <u>(4) oppose the filing of a child protective services report or the removal of infants from their mothers solely based on a single positive prenatal drug screen without appropriate evaluation;</u> (4) <u>(5) advocate for appropriate medical evaluation prior to the removal of a child, which takes into account (a) the desire to preserve the individual’s family structure, (b) the patient’s treatment status, and (c) current impairment status when substance use is suspected;</u> <u>(6) advocate that state and federal child protection laws be amended so that pregnant people with substance use and substance use disorders are only reported to child welfare agencies when protective concerns are identified by the clinical team, rather than through automatic or mandated reporting of all pregnant people with a positive toxicology test, positive verbal substance use screen, or diagnosis of a substance use disorder. (Modify Current HOD 9 Policy); and be it further</u></p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>RESOLVED, That our American Medical Association amend Policy H-95.932, "Increasing Availability of Naloxone", by addition to read as follows: Increasing Availability of Naloxone <u>and Other Safe and Effective Overdose Reversal Medications</u> H-95.932</p> <ol style="list-style-type: none"> 1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone <u>and other safe and effective overdose reversal medications</u>, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community-based organizations, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for <u>naloxone and other safe and effective overdose reversal medications</u> delivery. 2. Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone <u>and other safe and effective overdose reversal medications</u>. 3. Our AMA encourages physicians to co-prescribe naloxone <u>and other safe and effective overdose reversal medications</u> to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients. 4. Our AMA encourages private and public payers to include all forms of naloxone <u>and other safe and effective overdose reversal medications</u> on their preferred drug lists and formularies with minimal or no cost sharing. 5. Our AMA supports liability protections for physicians and other healthcare professionals and others who are authorized to prescribe, dispense and/or administer naloxone <u>and other safe and effective overdose reversal medications</u> pursuant to state law. 6. Our AMA supports efforts to encourage individuals who are authorized to administer naloxone <u>and other safe and effective overdose reversal medications</u> to receive appropriate education to enable them to do so effectively. 7. Our AMA encourages manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone <u>and other safe and effective overdose reversal medications</u> with the Food and Drug Administration. 8. Our AMA supports the widespread implementation of easily accessible naloxone <u>and other safe and effective overdose reversal medications</u> rescue stations (public availability of naloxone <u>and other safe and effective overdose reversal medications</u> through wall-mounted display/storage units that also include instructions) throughout the country following distribution and legislative edicts similar to those for Automated External Defibrillators. 9. Our AMA supports the legal access to and use of naloxone <u>and other safe and effective overdose reversal medications</u> in all public spaces regardless of whether the individual holds a prescription. 10. Our AMA supports efforts to increase the availability, delivery, possession and use of mail-order overdose reversal medications, including naloxone, to help prevent opioid-related overdose, especially in vulnerable populations, including but not limited to underserved

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>communities and American Indian reservation populations. (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, That our AMA amend D-95.987, "Prevention of Drug-Related Overdose" by addition to read as follows:</p> <ol style="list-style-type: none"> 1. Our AMA: (a) recognizes the great burden that substance use disorders (SUDs) and drug-related overdoses and death places on patients and society alike and reaffirms its support for the compassionate treatment of patients with a SUD and people who use drugs; (b) urges that community-based programs offering naloxone <u>and other safe and effective overdose reversal medications</u> and other opioid overdose and drug safety and prevention services continue to be implemented in order to further develop best practices in this area; (c) encourages the education of health care workers and people who use drugs about the use of naloxone <u>and other safe and effective overdose reversal medications</u> and other reference harm reduction measures in preventing opioid and other drug-related overdose fatalities; and (d) will continue to monitor the progress of such initiatives and respond as appropriate. 2. Our AMA will: (a) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of a drug- related overdose; and (b) <u>support the development of adjuncts and alternatives to naloxone to combat synthetic opioid-induced respiratory depression and overdose</u>; and (c) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for a drug related overdose. 3. Our AMA will support the development and implementation of appropriate education programs for persons receiving treatment for a SUD or in recovery from a SUD and their friends/families that address harm reduction measures. 4. Our AMA will advocate for and encourage state and county medical societies to advocate for harm reduction policies that provide civil and criminal immunity for the possession, distribution, and use of "drug paraphernalia" designed for harm reduction from drug use, including but not limited to drug contamination testing and injection drug preparation, use, and disposal supplies. 5. Our AMA will implement an education program for patients with substance use disorder and their family/caregivers to increase understanding of the increased risk of adverse outcomes associated with having a substance use disorder and a serious respiratory illness such as COVID-19. 6. Our AMA supports efforts to increase access to fentanyl test strips and other drug checking supplies for purposes of harm reduction. (Modify Current HOD Policy); and be it further <p>RESOLVED, that our AMA study the feasibility, potential methodologies, and implications of early universal screening for substance use and substance use disorders during pregnancy.</p>
E	Res. 506	SUPPORT	Reassigned to Ref Com F and now Resolution 609	Encouraging Collaboration Between Physicians and Industry	RESOLVED, That our American Medical Association augment the existing Physician Innovation Network (PIN) through the creation of advisors to specifically link physician

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
			Referred for report back	in AI (Augmented Intelligence) Development	<p>members of AMA and its associated specialty societies with companies or individuals working on augmented intelligence (AI) research and development, focusing on:</p> <ol style="list-style-type: none"> (1) Expanding recruitment among AMA physician members, (2) Advising AMA physician members who are interested in healthcare innovation/AI without knowledge of proper channels to pursue their ideas, (3) Increasing outreach from AMA to industry leaders and companies to both further promote the PIN and to understand the needs of specific companies, (4) Facilitating communication between companies and physicians with similar interests, (5) Matching physicians to projects early in their design and testing stages, (6) Decreasing the time and workload spent by individual physicians on finding projects themselves, (7) Above all, boosting physician-centered innovation in the field of AI research and development (Directive to Take Action); and be it further <p>RESOLVED, That our AMA support selection of PIN advisors through an application process where candidates are screened by PIN leadership for interpersonal skills, problem solving, networking abilities, objective decision making, and familiarity with industry. (New HOD Policy)</p>
E	Res. 508	SUPPORT	Adopted as amended	Development and Implementation of Recommendations for Responsible Media Coverage of Opioid Overdoses	<p>RESOLVED, That our American Medical Association encourage the Centers for Disease Control and Prevention, in collaboration with other public and private <u>organizations interested parties</u>, to develop recommendations or best practices for media coverage and portrayal of opioid drug overdoses, <u>including practices to prevent the spread of misinformation</u>. (New HOD Policy)</p>
E	Res. 509	SUPPORT	Adopted with title change	<p>Addressing Medical Misinformation Online</p> <p>New title: Medical and Public Health Misinformation Online</p>	<p>RESOLVED, That our American Medical Association policy D-440.915 be amended by addition and deletion to read as follows: Medical and Public Health Misinformation in the Age of Social Media <u>Online</u> D-440.915 Our AMA:</p> <ol style="list-style-type: none"> (1) encourages social media companies and organizations, <u>search engine companies, online retail companies, online healthcare companies, and other entities owning websites</u> to further strengthen their content moderation policies related to medical and public health misinformation, including, but not limited to enhanced content monitoring, augmentation of recommendation engines focused on false information, and stronger integration of verified health information; (2) encourages social media companies and organizations, <u>search engine companies, online retail companies, online healthcare companies, and other entities owning websites</u> to recognize the spread of medical and public health misinformation over dissemination networks and collaborate with relevant stakeholders to address this problem as appropriate, including but not limited to altering underlying network dynamics or redesigning platform algorithms;

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>(3) will continue to support the dissemination of accurate medical and public health information by public health organizations and health policy experts; and (4) will work with public health agencies in an effort to establish relationships with journalists and news agencies to enhance the public reach in disseminating accurate medical and public health information.</p>
E	Res. 510	SUPPORT	Adopted	Comparative Effectiveness Research	<p>RESOLVED, That our American Medical Association study the feasibility of including comparative effectiveness studies in various FDA drug regulatory processes, including comparisons with existing standard of care, available generics and biosimilars, and drugs commonly used off-label and over-the-counter (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA ask the National Institutes of Health to support and fund comparative effectiveness research for approved drugs, including comparisons with existing standard of care, available generics and biosimilars, and drugs commonly used off-label and over-the-counter. (Directive to Take Action)</p>
E	Res. 513	SUPPORT	Adopted as amended	Substance Use History is Medical History	<p>RESOLVED, That our American Medical Association support that substance use history, <u>when indicated</u>, is part of the medical history and should be documented in the medical history section of a patient's health record (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support that all medical schools train medical students to take a thorough and nonjudgmental substance use history as part of a patient's medical history (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA work with relevant <u>parties stakeholders, including experts in privacy and confidentiality</u>, to advocate for electronic health record vendors to modify their software to allow for substance use history to be documented in the past medical history and to move the substance use history from the social history section of electronic health record technology <u>with protections in place to meet privacy standards and regulations for substance use disorders records and without interfering with existing EHR screening and referral capabilities and functionality</u>. (Directive to Take Action)</p>
E	Res. 515	SUPPORT with changes- Should it be schedule 2 rather than 3	Alternative resolution 515 adopted in lieu of resolution 515	Regulate Kratom and Ban Over-The-Counter Sales	<p>RESOLVED, That our American Medical Association recommend the following:</p> <ol style="list-style-type: none"> 1. Kratom should be regulated by the FDA, and its safety and efficacy should be determined through clinical trials before it can be marketed or prescribed as a treatment for any condition. 2. Over-the-counter sales of kratom should be banned, and kratom should be available only by prescription from a licensed healthcare provider if it is deemed to have a medicinal use after proper research. 3. Individuals who are currently using kratom for pain management or other conditions should have access to appropriate medical care to manage their conditions and withdrawal symptoms, if needed.

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
					<p>4. Criminalization of kratom use should not be the intent of this resolution, and individuals who are using kratom for legitimate medical reasons should not be subject to criminal penalties although if it is banned, this does not exclude criminalization of drug trafficking.</p> <p>5. The Drug Enforcement Administration should conduct a comprehensive review of the potential for kratom abuse and dependence and consider appropriate scheduling under the Controlled Substances Act. A schedule 3 would make it unavailable over the counter but avoid criminal penalties.</p> <p>6. Research funding should be made available to study the potential therapeutic uses and risks of kratom, and to develop evidence-based guidelines for its safe use.</p> <p>7. Education and public awareness campaigns should be launched to inform healthcare providers, patients, and the general public about the potential risks and benefits of kratom and the need for caution in its use. (New HOD Policy)</p> <p>Alternative Resolution 515 RESOLVED, That our American Medical association recommend the following: 1. The safety and efficacy of kratom should be determined through research and clinical trials, and subsequently evaluated by the relevant regulatory entities for its appropriateness for over the counter sale and potential oversight via the Controlled Substances Act, before it can be marketed, purchased, or prescribed. 2. Individuals who are currently using kratom for pain management or other conditions should have access to appropriate medical care to manage their conditions and withdrawal symptoms, if needed. 3. Individuals who are using kratom only for personal use should not face criminal consequences. 4. <u>Kratom should be regulated by the FDA, and its safety and efficacy should be determined through clinical trials before it can be marketed or prescribed as a treatment for any condition (New HOD Policy); and be it further</u></p> <p>RESOLVED, That Policy H-95.934, Kratom and Its Growing Use Within the United States, be rescinded.</p>
F	Res. 601	SUPPORT	Referred for decision	Solicitation Using the AMA Brand	<p>RESOLVED, That our American Medical Association study the use of AMA branded solicitation material mailed to physicians, the impact it has on the perception of our AMA by current and potential physician members, and the merits of continuing to use these materials in future communications (Directive to Take Action); and be it further</p> <p>RESOLVED, That our American Medical Association survey our membership on the preferred method to receive third-party solicitation material (mail, phone, email, social media) and provide a method to opt-out of certain methods if not desired. (Directive to Take Action)</p>

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
F	Res. 603	SUPPORT	Referred	Environmental Sustainability of AMA National Meetings	<p>RESOLVED, That our American Medical Association commit to reaching net zero emissions for its business operations by 2030, and remain net zero or net negative, as defined by a carbon neutral certifying organization, and report annually on the AMA's progress towards implementation (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA work with appropriate stakeholders to encourage the United States healthcare system, including but not limited to hospitals, clinics, ambulatory care centers, and healthcare professionals, to decrease emissions to half of 2010 levels by 2030 and become net zero by 2050, and remain net zero or negative, as defined by a carbon neutral certifying organization, including by creating educational materials (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA evaluate the feasibility of purchasing carbon offsets for members traveling to and from Annual and Interim meetings and report back to the House of Delegates (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA evaluate the feasibility of holding future Annual and Interim meetings at Leadership in Energy and Environmental Design-certified or sustainable conference centers and report back to the House of Delegates. (Directive to Take Action)</p>
G	BOT 14	SUPPORT	Adopted and the remainder of the report filed	Advocacy of Private Practice Options for Healthcare Operations in Large Corporations	<p>The Board of Trustees recommends that the following be adopted and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) reaffirm the following policies: <ol style="list-style-type: none"> a. D-405.988, "The Preservation of the Private Practice of Medicine" b. H-385.904, "Prospective Payment Model Best Practices for Independent Private Practice" c. H-185.939, "Value-Based Insurance Design" d. D-140.951, "Establishing Ethical Principles for Physicians Involved in Private Equity Owned Practices" e. H-160.891, "Corporate Investors"; (Reaffirm HOD Policy) and 2. That our AMA will: (1) inform corporate efforts about the value of private practices to successfully participate in new "value-based" models; (2) identify and work with a corporate entity that is advancing these models to explore a two year pilot among independent private practices in which the AMA will: (a) convene physician practices in a community; (b) provide educational resources and technical assistance to practices to support their participation with the corporate entity and (c) formally evaluate the pilot for outcomes; and (3) advocate with commercial payers and health plans and federal and state payers and policymakers to support private practice through policies and models that provide adequate payment, infrastructure and data to succeed in "value-based" models. (Directive to Take Action) 3. That Policy D-160.912 be rescinded as having been accomplished by this report. (Rescind HOD Policy)

Appendix - ASRA Pain Medicine Actions and Actions by the House of Delegates
 June 2023 House of Delegates - Report Recommendations and Resolution Resolved Statements

Cmte*	Item	Recommended Action (Support, Oppose, Remain Neutral)	Action By HOD	Title	Recommendations or Resolves
G	Res. 708	Support	Withdrawn	UnitedHealthcare Comprehensive Prior Authorization for Gastrointestinal Endoscopy Procedures	<p>RESOLVED, That our American Medical Association strongly advocate with all state and federal agencies for the cancellation of UHC's 2023 blanket prior authorization policy directed at endoscopic procedures in favor of a directed utilization review of presumed outliers (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA redouble its efforts to promote state laws such as the AMA's example "Ensuring Transparency in Prior Authorization Act" (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA communicate with the various state insurance commissioners concerning UHC's prior authorization policy change, which has the potential to adversely affect access, quality, and equity of G.I. patient care. (Directive to Take Action)</p>