AMA People and Elections
CMA President, James Hinsdale, MD, of San Jose was successful in his bid for election to the AMA Council on Medical Service.

American Academy of Pediatrics Delegate, Carol Berkowitz, MD, of Rancho Palos Verdes was successful in her bid for election to the AMA Council on Medical Education.

Debra Judelson, MD, of Beverly Hills was unsuccessful in her bid from the floor of the House of Delegates for election to the AMA Council on Science and Public Health.

UC Davis medical student, and former CMA student trustee, Ryan Ribeira was elected Delegate from the AMA Medical Student Section to the AMA-HOD, and Stanford medical student Raymond Tsai was elected Speaker for the AMA Medical Student Section.

CMA Past President, Robert Hertzka, MD, of San Diego announced his candidacy for re-election to the AMA Council on Medical Service in June 2012.

The California Delegation and Pacific RIM Caucus recognized Rebecca Patchin, MD, for her many outstanding contributions on behalf of all physicians through her work in AMA leadership, including serving as Chair of both the AMA Council on Medical Education and the AMA Board of Trustees.

The California Delegation and Pacific RIM Caucus recognized Richard Pan, MD, for his contributions to organized medicine as he concluded his term on the AMA Council on Medical Education, which he chaired, and for his service in the California State Assembly to which he was elected in November 2010.

CALIFORNIA RESOLUTIONS

1. Health Plan Coverage for Smoking Cessation: Reaffirmed existing policy in lieu of a California resolution which asked the AMA to: (1) continue to support state legislation that would require health care service plan contracts to include coverage for tobacco cessation services, including counseling and both prescription and non-prescription medications approved by the Food and Drug Administration for tobacco cessation, without copayment, co-insurance or deductible; and (2) urge that counseling and pharmacotherapy for smoking cessation be specifically included in implementation of the new federal regulations requiring health plans to fully cover preventive services. (Res. 103)

2. Mental Health Care in Underrepresented Ethnic Population: Reaffirmed existing policy in lieu of a California resolution which asked the AMA to support public health campaigns and partnerships between county departments of mental health and underserved ethnic communities that include: (1) outreach and education programs that include partnerships among community leaders, organizations and patient advocacy groups to reduce stigma and increase access; (2) culturally sensitive approaches to mental health care delivery to reduce mistrust of the mental health system; (3) early intervention mental health programs; (4) a shared public health campaign with local medical and nursing schools; and (5) collaboration with other government and community stakeholders to share best practices. (Res. 401)

3. Mercury Emissions from Cement Plants: Adopted a California resolution which asks the AMA to support: (1) the Environmental Protection Agency’s national mercury emissions standards for cement kilns at limits based on the latest pollution control technology; and (2) modern and strict source monitoring of mercury emissions from cement plants. (Res. 501)
4. **Surface Transportation Policy and Air Quality:** Reaffirmed existing policy in lieu of a California resolution which asked the AMA to encourage reduction of air pollution in relation to the nation’s transportation and railroad systems due to the related public health impacts. (Res. 502)

5. **Regulation of Alternative Medications:** Reaffirmed existing policy in lieu of a California resolution which asked the AMA to: (1) support the policy that the manufacturers of alternative medications, including homeopathic drugs, be required to do studies that prove the efficacy of their products; and (2) urge the US Congress to give the Food and Drug Administration authority and funding to regulate alternative medications, including homeopathic remedies. (Res. 503)

**OTHER KEY ACTIONS:**

1. **Pay for Value:** Adopted as amended Council on Medical Service Report 4 which provides background on the Medicare payment modifier legislated by the ACA and other value-based payment initiatives, highlights relevant policy, summarizes federal and AMA activity on the geographic adjustments, and presents recommendations to support payment methodologies that redistribute Medicare payments among providers based on outcomes, quality and risk-adjustment measures only if measures are scientifically valid, verifiable and accurate. It also recommends reaffirming AMA policies that affirm that the use of geographic variations under the Medicare payment schedule should reflect only valid and demonstrable differences in physician practice costs.

The report recommends that the AMA: (1) support payment methodologies that redistribute Medicare payments among providers based on outcomes, quality and risk adjustment measures only if measures are scientifically valid, verifiable, accurate, and based on current data; (2) amend Policy H-400.988 to read as follows: "...geographic variations under a Medicare payment schedule should reflect only valid and demonstrable differences in physician practice costs, especially liability premiums, with other non-geographic practice cost index (GPCI)-based adjustments as needed to remedy demonstrable access problems in specific geographic areas"; and (3) amend Policy H-400.984 to read as follows: “Our AMA will work to ensure that the most current, valid and reliable data are collected and applied in calculating accurate geographic practice cost indices and in determining geographic payment areas for use in the new Medicare physician payment system.” (CMS Report 4)

2. **Covering the Uninsured and Individual Responsibility:** Adopted as amended Council on Medical Service Report 9 which reviews AMA policy and advocacy efforts pertaining to covering the uninsured and individual responsibility, summarizes the history of requiring individual responsibility, outlines alternatives to requiring individual responsibility, and presents several policy recommendations, in lieu of a series of resolutions regarding individual responsibility for health insurance coverage which included a resolution sponsored by the American College of Physicians and endorsed by California and other Delegations.

The report recommends that the AMA: (1) reaffirm Policy H-165.920, which supports a system of individually selected and owned health insurance; (2) reaffirm Policy H-165.865, which supports principles for health insurance tax credits and other subsidies; (3) reaffirm Policy H-165.852 in support of health savings accounts; (4) reaffirm Policy H-165.842, which supports the principle that health insurance coverage of high-risk patients be subsidized through direct risk-based subsidies such as high-risk pools, risk adjustment, and reinsurance, rather than through indirect methods that rely heavily on market regulation; (5) reaffirm Policy H-165.856, which established principles for health insurance market regulation; (6) reaffirm Policy H-165.848, which supports individual responsibility to obtain a minimum level of catastrophic and preventive coverage; (7) reaffirm Policy H-165.838, which states that the AMA is committed to achieving the enactment of health system reforms that include health insurance coverage for all Americans, and insurance market reforms that expand choice of affordable coverage, and are consistent with AMA policies concerning pluralism, freedom of choice, freedom of practice, and universal access for patients; and (8) reaffirm Policy D-165.966, which advocate that state governments be given the freedom to develop and test different models for covering the uninsured. (CMS Report 9)
3. **Correcting the Practice Expense Component of GPCI**: Referred a resolution which asks the AMA: (1) insist that the Centers for Medicare & Medicaid Services (CMS) immediately correct the error of including total office expenses instead of only rent/occupancy costs in weighting the Practice Expense component of the Geographic Practice Cost Indices, and that CMS properly weight all components of the Medicare Economic Index using surveys of physician practice expenses such as the AMA’s own Physician Practice Information Survey, Medical Economics surveys, and/or Medical Group Management Association yearly surveys of detailed physician practice expenses including rent and percentage of rent with regard to total practice expenses; and (2) lobby for legislation to require CMS to use actual practice expense survey data for determination of any practice expense weighting and for any expense differences or indices that could potentially be used for any geographic adjustment of Medicare payments. (Res. 106)

4. **NRMP All-In-Policy**: Adopted as amended a resolution introduced by the Resident and Fellow Section which asks the AMA to work with the NRMP, and other residency match programs, in revising Match policy, including the secondary match or scramble process to create more standardized rules for all candidates including application timelines and requirements. (Res. 330)

5. **Support for Imposing Taxes on Sugar-Sweetened Soft Drinks**: Referred a resolution which asks the AMA to: (1) support the adoption of a state tax on sugar-sweetened soft drinks with a substantial portion of the revenue from these taxes to be earmarked for the prevention and treatment of obesity; (2) work for and encourage all levels of the Federation and other interested groups to pass a tax on sugar sweetened beverage at the municipal and state levels; and (3) work with its national partners and Federation members on developing and implementing a national strategy to pass municipal and state taxes on sugar sweetened beverages. (Res. 417)

6. **Reimbursement for Office-Based Surgery Facility Fees**: Adopted a substitute resolution which asks the AMA to adopt policy that urges third party payers to include facility fee payments for procedures using more than local anesthesia in accredited office-based surgical facilities. (Res. 716)