

BOR Action on BOG Resolutions Now Available

A summary of Board of Regents (BOR) actions on Board of Governors (BOG) resolutions debated at the November 2020 ACP Board of Regents (BOR) remote meeting is available below. Resolutions initiated by ACP members and endorsed by a chapter council and the BOG become ACP policy when adopted by the BOR.

If you have an idea you'd like to suggest to ACP, consider submitting a resolution to your Governor or local ACP chapter. Visit your [ACP chapter website](#) for more information on how to contact your Governor or chapter staff about proposing a resolution.

1 Board of Regents Actions Taken on BOG Resolutions, November 7-8, 2020, Remote Meetings

2 3 **Adopted and referred for implementation:** *(Lines 164-180; 34-57; 182-188; and 59-161)*

4 3-S19. Allowing Patients Covered under Federal Health Insurance Programs to be Able to Use Prescription
5 Drug Coupons and Co-pay Cards

6 4-S19. Developing Policy on Provisions of Inducements that Encourage Utilization of Allied Healthcare
7 Services and Practitioners without Exception

8 7-S19. Enhancing the Ability for Clinicians to Provide Advance Care Planning Services to Medicare
9 Beneficiaries by Removing Cost Burdens

10 3-F19. Recommending the Initial Referral Appointment with an Internal Medicine Subspecialist Be
11 Conducted by a Physician

12 4-F19. Ensuring that ACP Guidelines Incorporate the Potential Adverse Effects of Polypharmacy

13 10-F19. Optimizing Data Coming from Pharmacy Benefit Manager Systems to Improve Drug Pricing Transparency

14 1-F20. Advocating for Visitation and Support of Hospitalized Individuals with Intellectual and
15 Developmental Disabilities or a Physician Defined Need

16 2-F20. Studying the Impact of the SARS-CoV-2 Pandemic and Developing Policy to Insure Safe Operation
17 of Post-Acute Care Services, Long-term Care and Residential Facilities during Healthcare Emergencies

18 6-F20. Creating a Multi-Partisan Commission to Examine the U.S. Preparations for and Response to the
19 COVID-19 Pandemic to Inform Future Efforts

20 7-F20. Promoting Policy Standards for Workplace Violence Prevention and Management

21 8-F20. Studying the Impact of and Advocating for Assistance with the Public Service Loan Forgiveness Program

22 9-F20. Developing Public Policies to Protect All Essential Workers during Public Health Crises

23 12-F20. Supporting the Mental Health of Medical Students

24 25 **Adopted as a reaffirmation:** *(Lines 191-200)*

26 5-F20. Defining Physician Practice Styles in ACP Policy

27 13-F20. Updating ACP Policy to Define Ownership of Patient Medical Records

28
29 The Board of Regents

30 **VOTED:** *to approve, as a Consent Calendar, the recommendations regarding the disposition of each of*
31 *the 15 resolutions adopted at the Fall 2020 Board of Governors Virtual Meeting:*

32 33 **BOG Recommendations for Adoption/Implementation with Amendments:**

34 ***7-S19. Enhancing the Ability for Clinicians to Provide Advance Care Planning Services to Medicare***
35 ***Beneficiaries by Removing Cost Burdens***

36 ***(RRC referral recommendation: Coding and Payment Policy Subcommittee (CPPS) with input as needed***
37 ***from Medical Practice and Quality Committee [MPQC])***

38

39 *RESOLVED, that the Board of Regents strongly advocates for CMS and other insurers to entirely*
40 *remove any cost-sharing requirement for codes 99497 and 99498.*

41
42 **3-F19. Recommending the Initial Referral Appointment with an Internal Medicine Subspecialist Be**
43 **Conducted by a Physician**
44 **(RRC referral recommendation: Council of Subspecialty Societies [CSS] with input from MPQC)**

45
46 *RESOLVED, that the Board of Regents work collaboratively through the CSS and existing*
47 *relationships with member societies that, when requested by the referring physician and other*
48 *than in circumstances where it would result in significant delays in care adversely impacting*
49 *patient outcomes, the initial referral encounters with internal medicine subspecialty consultants*
50 *be conducted by a physician, rather than by an advanced practice practitioner.*

51
52 **4-F19. Ensuring that ACP Guidelines Incorporate the Potential Adverse Effects of Polypharmacy**
53 **(RRC referral recommendation: Clinical Guidelines Committee)**

54
55 *RESOLVED, that the Board of Regents advocates for and works with stakeholders and guideline*
56 *developers to ensure that ACP treatment guidelines incorporate the potential adverse effects of*
57 *polypharmacy and reduce the burden of medication overload.*

58
59 **1-F20. Advocating for Visitation and Support of Hospitalized Individuals with Intellectual and**
60 **Developmental Disabilities or a Physician Defined Need**
61 **(RRC referral recommendation: Ethics, Professionalism, and Human Rights Committee [EPHRC] with**
62 **input from Health and Public Policy Committee [HPPC])**

63
64 *RESOLVED, that the Board of Regents advocates that hospitals/health care systems revise their*
65 *“No Visitors” policy to allow persons with cognitive or intellectual deficits and/or developmental*
66 *disabilities or a physician defined need to have a designated support person while in their*
67 *institution.*

68
69 **2-F20. Studying the Impact of the SARS-CoV-2 Pandemic and Developing Policy to Insure Safe**
70 **Operation of Post-Acute Care Services, Long-term Care and Residential Facilities during Healthcare**
71 **Emergencies**
72 **(RRC referral recommendation: HPPC)**

73
74 *RESOLVED, that the Board of Regents reviews the impact of SARS-CoV-2 pandemic on post-acute*
75 *care services, long-term care and residential facilities to better understand the emergency needs*
76 *of such care (including managing gaps in staffing and resources) when responding to natural*
77 *disasters and public health emergencies; and be it further*

78
79 *RESOLVED, that the Board of Regents collaborates with other stakeholders in using this evidence*
80 *to develop policy and guidance for public health authorities to ensure safe operation of post-*
81 *acute care services, long-term care, and residential facilities during public health emergencies*
82 *and natural disasters, with policy recommendations to include but not be limited to:*

- 83 a) *Planning for adequate funding and access to resources*
84 b) *Planning for emergency staffing of health care and maintenance personnel*
85 c) *Planning for ensuring safe working conditions of staff*
86 d) *Planning for mitigation of the detrimental effects of increased isolation of residents*
87 *during emergencies or pandemic or something similar*

89 **6-F20. Creating a Multi-Partisan Commission to Examine the U.S. Preparations for and Response to the**
90 **COVID-19 Pandemic to Inform Future Efforts**
91 **(RRC referral recommendation: HPPC [1st clause] and the AMA Delegation [2nd clause])**

92
93 *RESOLVED, that the Board of Regents work with other appropriate organizations to advocate for*
94 *the creation of a multi-partisan commission composed of scientists, public health experts,*
95 *legislators and other stakeholders to examine the U.S. preparations for and response to the*
96 *COVID-19 pandemic, in order to inform future public policy and health systems preparedness;*
97 *and be it further*

98
99 *RESOLVED, that the Board of Regents bring forth a resolution requesting that our AMA advocate*
100 *for the creation of a multi-partisan commission composed of scientists, public health experts,*
101 *legislators and other stakeholders to examine the U.S. preparations for and response to the*
102 *COVID-19 pandemic, in order to inform future public policy and health systems preparedness.*

103
104 **7-F20. Promoting Policy Standards for Workplace Violence Prevention and Management**
105 **(RRC referral recommendation: HPPC with input from EPHRC)**

106
107 *RESOLVED, that the Board of Regents creates policy to support healthcare workers by promoting*
108 *the development of clear institutional procedures to promote workplace safety and prevent and*
109 *address workplace violence, including physical and verbal violence, sexual harassment, racism,*
110 *and other forms of discrimination; and be it further*

111
112 *RESOLVED, that such a policy recognizes the need for interprofessional collaboration and the*
113 *input from disciplines with expertise in workplace violence prevention in order to support*
114 *reduction of workplace violence to ensure a safe and supportive workplace for all.*

115
116 **8-F20. Studying the Impact of and Advocating for Assistance with the Public Service Loan Forgiveness**
117 **Program**
118 **(RRC referral recommendation: HPPC [1st & 2nd clauses] and Education Committee [3rd clause])**

119
120 *RESOLVED, that the Board of Regents study the impact of the Department of Education (DOE)*
121 *Public Service Loan Forgiveness Program on all physicians and physicians-in-training with a*
122 *current or rejected application in this program; and be it further*

123
124 *RESOLVED, that the Board of Regents partner with other relevant stakeholders to advocate on*
125 *behalf of physician trainees and physicians who have active applications in the DOE Public*
126 *Service Loan Forgiveness Program by directly interfacing with the DOE to ensure improvements*
127 *in the transparency and simplification of the approval process, and development of a fair appeals*
128 *process for rejected applications; and be it further*

129
130 *RESOLVED, that the Board of Regents work to create resources for students, trainees, and*
131 *physicians that educate them in the important details and pitfalls of the application process for*
132 *the DOE Public Service Loan Forgiveness program.*

133
134 **9-F20. Developing Public Policies to Protect All Essential Workers during Public Health Crises**
135 **(RRC referral recommendation: HPPC with input from the EPHRC)**

136

137 *RESOLVED, that the Board of Regents develop public policies to protect all essential workers*
138 *during public health crises, with a focus on marginalized and at risk populations to mitigate*
139 *adverse outcomes; and be it further*

140
141 *RESOLVED, that the Board of Regents issue a policy supporting the creation of workplace*
142 *protections for all essential workers during public health crises, to help ensure adequate*
143 *protective equipment and physical distancing in every aspect affecting occupational health*
144 *including communal housing and close quarters in the workplace.*

145
146 **12-F20. Supporting the Mental Health of Medical Students**
147 **(RRC referral recommendation: Education Committee with input from the EPHRC on the 1st and 3rd**
148 **clauses)**

149
150 *RESOLVED, that the Board of Regents advocates for medical student access to free, confidential,*
151 *and easily available non-punitive mental and behavioral health and substance use disorder*
152 *services; and be it further*

153
154 *RESOLVED, that the Board of Regents advocates for the education of medical students in the*
155 *recognition of the signs and symptoms of burnout, mental and behavioral health conditions, and*
156 *substance use disorders; and be it further*

157
158 *RESOLVED, that the Board of Regents study the opportunity to collaborate with other*
159 *stakeholders including the American Medical Association and Association of American Medical*
160 *Colleges to study the incidence of and risk and protective factors for depression and suicide*
161 *among physicians, residents, and medical students.*

162
163 **BOG Recommendations for Adoption/Implementation as a Substitute Resolution:**

164 **3-S19. Allowing Patients Covered under Federal Health Insurance Programs to be Able to Use**
165 **Prescription Drug Coupons and Co-pay Cards**
166 **(RRC referral recommendation: MPQC)**

167
168 *RESOLVED, that the Board of Regents work collaboratively through the CSS and existing*
169 *relationships with member societies that, when requested by the referring physician and other*
170 *than in circumstances where it would result in significant delays in care adversely impacting*
171 *patient outcomes, the initial referral encounters with internal medicine subspecialty consultants*
172 *be conducted by a physician, rather than by an advanced practice practitioner.*

173
174 **4-S19. Developing Policy on Provisions of Inducements that Encourage Utilization of Allied Healthcare**
175 **Services and Practitioners without Exception**
176 **(RRC referral recommendation: MPQC)**

177
178 *RESOLVED, that the Board of Regents will develop policy on provisions of inducements by all*
179 *individuals and entities that encourage utilization of their allied healthcare services and/or*
180 *healthcare practitioners, without exceptions.*

181
182 **10-F19. Optimizing Data Coming from Pharmacy Benefit Manager Systems to Improve Drug Pricing**
183 **Transparency**
184 **(RRC referral recommendation: MPQC with input from the Medical Informatics Committee [MIC])**

185

186 *RESOLVED, that the Board of Regents advocate for Pharmacy Benefit Managers to offer patient-*
187 *specific drug pricing transparency at the point of care, preferably through incorporation into EHR*
188 *systems.*

189

190 **BOG Recommendations for Reaffirmation:**

191 ***5-F20. Defining Physician Practice Styles in ACP Policy***

192

193 *RESOLVED, that the Board of Regents will officially define as policy the various types of physician*
194 *practice styles that include but are not limited to primary care physician and hospitalist.*

195

196 ***13-F20. Updating ACP Policy to Define Ownership of Patient Medical Records***

197

198 *RESOLVED, that the Board of Regents update policy to reflect that the patient medical record is*
199 *created and owned by the physician, but patients are only allowed to have a copy of those*
200 *records.*