

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

2
3 **Adopted and referred for implementation:** *(Lines 166-182; 34-57; 184-190; and 59-163)*

- 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 192-203)*

- 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***
37 ***needed 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)***

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*
50 *consultants 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*
66 *developmental disabilities or a physician defined need to have a designated support person*
67 *while in their 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-*
75 *acute care services, long-term care and residential facilities to better understand the*
76 *emergency needs of such care (including managing gaps in staffing and resources) when*
77 *responding to natural disasters and public health emergencies; and be it further*

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

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

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

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

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

105
106 **7-F20. Promoting Policy Standards for Workplace Violence Prevention and Management**
107 **(RRC referral recommendation: HPPC with input from EPHRC)**

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

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

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

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

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

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

135
136 **9-F20. Developing Public Policies to Protect All Essential Workers during Public Health Crises**
137 **(RRC referral recommendation: HPPC with input from the EPHRC)**

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

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

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

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

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

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

164
165 **BOG Recommendations for Adoption/Implementation as a Substitute Resolution:**

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

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

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

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

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

187

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

191

192 **BOG Recommendations for Reaffirmation:**

193 ***5-F20. Defining Physician Practice Styles in ACP Policy***

194

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

198

199 ***13-F20. Updating ACP Policy to Define Ownership of Patient Medical Records***

200

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