8-S17. Advocating for the Integration of Artificial Intelligence Technology in Electronic Health Records

RESOLVED, that the Board of Regents, in partnership with the Office of the National Coordinator for Health Information Technology, advocate for the integration of artificial intelligence technologies to support accurate and useful clinical documentation in EHRs that supports the clinician’s cognitive processes and conveys the patient’s full story, and to support the automated extraction of clinical data from EHRs for purposes that rely on structured and coded data.

The Board of Governors recommends that the Board of Regents adopt Resolution 8-S17 as amended.

Resolution 2-F17. Developing ACP Policy for Appropriate Use of Step Therapy

RESOLVED, that the Board of Regents develops policy for appropriate use of step therapy and defines medically justifiable exemptions; and be it further

RESOLVED, that the Board of Regents will support legislation that aligns with ACP policy on step therapy.

The Board of Governors recommends that the Board of Regents adopt Resolution 2-F17 as amended.

Resolution 3-F17. Updating ACP Policy on Drug Formularies and Pharmacy Benefit Managers to Increase Transparency of Drug Cost and Rebate Incentives

RESOLVED, that the Board of Regents updates ACP policy on drug formularies and pharmacy benefit managers (PBM) and supports legislative and regulatory measures that would increase transparency for PBMs by requiring them to disclose at least once a year as well as when there is a price increase in the wholesale acquisition cost, the aggregate amount of rebates and discounts they receive from manufacturers; and be it further

RESOLVED, that the Board of Regents advocates for legislation that would require transparency in the cost to the plan and the cost to the patient.

The Board of Governors recommends that the Board of Regents adopt Resolution 3-F17 as amended.

Resolution 4-F17. Developing ACP Policy to Address the Problem of Non-Medical Switching of Medications by Insurance Companies and Pharmacy Benefit Managers

RESOLVED, that the Board of Regents develop policy that will address the problem of non-medical switching of medications by insurance companies and pharmacy benefit managers and that ACP supports legislation on the new policy.

The Board of Governors recommends that the Board of Regents adopt Resolution 4-F17 as amended.
Resolution 5-F17. Advocating to Remove Falls from the List of Hospital-Acquired Conditions (HACs) with Financial Penalties to Promote Mobility

RESOLVED, that the Board of Regents urges CMS to remove falls from the list of hospital-acquired conditions (HACs) with financial penalties; and be it further

RESOLVED, that the Board of Regents asks CMS that early mobility be considered as a performance measure to be tested and validated.

The Board of Governors recommends that the Board of Regents refer Resolution 5-F17 for study.

Resolution 6-F17. Allowing Claimants to Verify Credentials of Physicians Reviewing Disability Claims

RESOLVED, that the Board of Regents will advocate that claimants be allowed to verify the credentials of the physicians reviewing their disability claims.

The Board of Governors recommends that the Board of Regents adopt Resolution 6-F17 as amended.

Resolution 8-F17. Addressing the Impact of and Establishing Guidelines for Electronic Patient–Physician Communication Methods

RESOLVED, that the Board of Regents initiates an evaluation of the extent and impact of electronic communication methods on patient care, access, privacy, quality and physician burnout; and be it further

RESOLVED, that the Board of Regents creates “reasonable expectation” guidelines for electronic patient-physician communication that can be a basis for patients, physicians, and institutions to reference; and be it further

RESOLVED, that the Board of Regents develops and makes available to ACP members a “patient guide to communication with your health care team” that can be distributed to patients and their families by their physician offices.

The Board of Governors recommends that the Board of Regents adopt Resolution 8-F17 as amended.

Resolution 10-F17. Developing ACP Policy on Physician Impairment and Rehabilitation Towards Re-integration

RESOLVED, that the Board of Regents develops a policy statement that endorses the rehabilitation and “safe reintegration of the recovering physician back into the workforce” as recommended by the Federation of State Medical Boards Policy on Physician Impairment
RESOLVED, that the Board of Regents includes in such a policy statement that state physician health programs must meet a minimum set of standards that facilitate (1) the appropriate referral of impaired physicians to confidential treatment programs, (2) non-punitive and clearly protected approaches to treating impaired physicians (including physicians voluntarily seeking confidential assistance and/or therapy), and (3) the retention of medical licensing after compassionate rehabilitation and re-integration into the physician workforce; and thereby provide clear and specific guidance that necessarily expands upon existing ethical guidance on physician impairment [ACP 2012, AMA 2016]; and be it further

RESOLVED, that the Board of Regents develops a strategy to promote education for the medical community, healthcare organizations, the general public, and state policymakers on physician impairment towards a more holistic and compassionate perspective that supports rehabilitation towards re-integration of our affected physician colleagues; and be it further

RESOLVED, that the Board of Regents advocates for a modernization of state licensure practices that focuses more on the functional impact of mental health diagnoses in physicians and limits additional administrative requirements so that it does not isolate prior or current mental health considerations from other medical considerations in the reporting process.

The Board of Governors recommends that the Board of Regents adopt Resolution 10-F17 as amended.

Resolution 11-F17. Developing Guidance to Support ACP Members in States that Have Legalized Physician Aid in Dying (PAD)

RESOLVED, that the Board of Regents develop guidance to support ACP members in states that have legalized Physician Aid in Dying (PAD); and be it further

RESOLVED, that the Board of Regents request a systematic review of best practices in advanced care planning (including goals of care discussions), provision of palliative care in advanced disease, and compassionate patient-centered end of life care, and use this information to develop educational resources.

The Board of Governors recommends that the Board of Regents adopt Resolution 11-F17 as amended.

Resolution 12-F17. Amending ACP Policy for a National Medical Tort System Based on 1975 MICRA of California and 2003 MMTRA of Texas

RESOLVED, that the Board of Regents amends ACP policy for a national medical tort system based on 1975 Medical Injury Compensation Reform Act (MICRA) of California and 2003 Medical Malpractice Tort Reform Act (MMTRA) of Texas; and be it further
RESOLVED, that the Board of Regents will lobby for a national medical tort reform law that limits non-economic damages to $250,000 without allowing for adjustment for inflation but allows for unlimited economic and punitive damages, restricts contingency fees charged by attorneys, and in cases deemed frivolous, holds the plaintiff responsible for legal expenses incurred by the defendant.

The Board of Governors recommends that the Board of Regents refer Resolution 12-F17 for study.


RESOLVED, that the Board of Regents should advocate for the U.S. Department of Health and Human Services to take urgent steps to lower the price of medications for low-income populations, including invoking 28. U.S.C. (§)1498 to obtain direct acting antivirals to treat HCV at a cost which will make them accessible to the Medicaid populations.

The Board of Governors recommends that the Board of Regents adopt Resolution 13-F17.

Resolution 14-F17. Adopting ACP Policy Protecting Access to Essential Reproductive Health Services including Contraceptive Services and Abortion

RESOLVED, that the Board of Regents adopt specific policy stating that access to comprehensive reproductive health services (including contraceptive services and abortion) is essential to overall health; and be it further

RESOLVED, that the Board of Regents adopt specific policy stating that legislation restricting access to reproductive health services (including contraceptive services and abortion) without valid medical justification jeopardizes health.

The Board of Governors recommends that the Board of Regents adopt Resolution 14-F17 as amended.

Resolution 15-F17. Advocating for LCME and AOA COCA Policy Regarding Parental Leave for Medical Students

RESOLVED, that the Board of Regents advocates that the LCME and the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) establish policy regarding parental leave and also recommend that this minimize the financial impact on medical students.

The Board of Governors recommends that the Board of Regents adopt Resolution 15-F17 as amended.
Resolution 18-F17. Updating ACP Policy to Oppose Purchasing of Tobacco Products by Individuals under the Age of 21

RESOLVED, that the Board of Regents will update its policy to oppose purchasing of tobacco products, including electronic cigarettes, by individuals under the age of 21; and be it further

RESOLVED, that the Board of Regents will support legislation to raise the legal age to purchase tobacco products, including electronic cigarettes, to 21.

The Board of Governors recommends that the Board of Regents adopt Resolution 18-F17.

Resolution 19-F17. Requesting an Investigation of Possible Fraudulent Activities Related to Misuse of Mental Health and Substance Abuse Treatment Policies

RESOLVED, that the Board of Regents will send a letter to Congress, and any other agency deemed appropriate, asking them to investigate possible fraudulent activities related to addiction treatment and misuse of laws for mental health parity and substance abuse treatment, including but not limited to patient brokering, unnecessary testing, and inappropriate marketing.

The Board of Governors recommends that the Board of Regents adopt Resolution 19-F17.