

1 **Board of Regents Actions Taken on BOG Resolutions, November 18-19, 2017, Meeting**

2
3 Adopted and referred for implementation (See lines 31-94; 140-170):

4 8-S17. Advocating for the Integration of Artificial Intelligence Technology in Electronic Health Records

5 8-F17. Addressing the Impact of and Establishing Guidelines for Electronic Patient – Physician
6 Communication Methods

7 10-F17. Developing ACP Policy on Physician Impairment and Rehabilitation Towards Re-integration

8 13-F17. Invoking Patent Law to Make Direct Acting Antivirals Accessible to Medicaid Populations

9 15-F17. Advocating for LCME and AOA COCA Policy Regarding Parental Leave for Medical Students

10 18-F17. Updating ACP Policy to Oppose Purchasing of Tobacco Products by Individuals under the Age of 21

11 19-F17. Requesting an Investigation of Possible Fraudulent Activities Related to Misuse of Mental
12 Health and Substance Abuse Treatment Policies

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14 Adopted as BOR-amended and referred for implementation (See lines 97-103; 173-188):

15 2-F17. Developing ACP Policy for Appropriate Use of Step Therapy

16 11-F17. Developing Guidance to Support ACP Members in States that Have Legalized Physician Aid in
17 Dying (PAD)

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19 Adopted BOR substitute language and referred for implementation (See lines 191-200):

20 14-F17. Adopting ACP Policy Protecting Access to Essential Reproductive Health Services including
21 Contraceptive Services and Abortion

22
23 Referred for study and report back (See lines 106-137):

24 4-F17. Developing ACP Policy to Address the Problem of Non-Medical Switching of Medications by
25 Insurance Companies and Pharmacy Benefit Managers

26 3-F17. Updating ACP Policy on Drug Formularies and Pharmacy Benefit Managers to Increase
27 Transparency of Drug Cost and Rebate Incentives

28 6-F17. Allowing Claimants to Verify Credentials of Physicians Reviewing Disability Claims

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31 The Board of Regents

32 ***Voted:*** to approve, as a Consent Calendar, recommendations regarding the disposition of the following
33 resolutions adopted at the Fall 2017 Board of Governors (BOG) Meeting:

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35 ***Resolution 8-S17. Advocating for the Integration of Artificial Intelligence Technology in***
36 ***Electronic Health Records (Adopted and referred to the Medical Informatics Committee for***
37 ***implementation):***

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

43
44 ***Resolution 8-F17. Addressing the Impact of and Establishing Guidelines for Electronic Patient–***
45 ***Physician Communication Methods (Adopted and referred for implementation as follows:)***

46 ***1st resolved clause: Medical Practice and Quality Committee with input from Ethics,***
47 ***Professionalism, and Human Rights Committee, Medical Informatics Committee, and the ACP***
48 ***Wellness Task Force***

49 **2nd resolved clause: Ethics, Professionalism, and Human Rights Committee with input from Medical**
50 **Practice and Quality Committee, Medical Informatics Committee, and the ACP Wellness Task Force**

51 **3rd resolved clause: Patient Partnership in Healthcare Committee with input from Education and**
52 **Publication Committee and the Ethics, Professionalism, and Human Rights Committee**

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

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

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

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65 ***Resolution 13-F17. Invoking Patent Law to Make Direct Acting Antivirals Accessible to Medicaid***
66 ***Populations (Adopted and referred to the Health and Public Policy Committee for implementation):***

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

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72 ***Resolution 15-F17. Advocating for LCME and AOA COCA Policy Regarding Parental Leave***
73 ***for Medical Students (Adopted and referred to the Education and Publication Committee for***
74 ***implementation):***

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

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80 ***Resolution 18-F17. Updating ACP Policy to Oppose Purchasing of Tobacco Products***
81 ***by Individuals under the Age of 21 (Adopted and referred to the Health and Public Policy Committee***
82 ***for implementation):***

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

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

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88 ***Resolution 19-F17. Requesting an Investigation of Possible Fraudulent Activities Related to Misuse of***
89 ***Mental Health and Substance Abuse Treatment Policies (Adopted and referred to the Health and***
90 ***Public Policy Committee for implementation):***

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

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97 The Board of Regents extracted Resolution 2-F17 from the Consent Calendar to discuss. Following
98 discussion, the Board of Regents

99 VOTED: to approve a motion to adopt and refer the 1st resolved clause to the Medical Practice and
100 Quality Committee for implementation, and not adopt the 2nd resolved clause.

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

102 *RESOLVED, that the Board of Regents develops policy for appropriate use of step therapy and*
103 *defines medically justifiable exemptions.*

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106 The Board of Regents extracted Resolution 3-F17 from the Consent Calendar to discuss. Following
107 discussion, the Board of Regents

108 VOTED: to approve a motion to refer the 1st resolved clause to the Medical Practice and Quality
109 Committee for study and report back, and not adopt the 2nd resolved clause.

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

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

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120 The Board of Regents extracted Resolution 4-F17 from the Consent Calendar to discuss. Following
121 discussion, the Board of Regents

122 VOTED: to approve a motion to refer to the Medical Practice and Quality Committee for study and report
123 back.

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

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

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131 The Board of Regents extracted Resolution 6-F17 from the Consent Calendar to discuss. Following
132 discussion, the Board of Regents

133 VOTED: to approve a motion to refer to the Medical Practice and Quality Committee for study and report
134 back.

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

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

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140 The Board of Regents extracted Resolution 10-F17 from the Consent Calendar to discuss. Following
141 discussion, the Board of Regents

142 VOTED: to approve a motion to adopt and refer for implementation as follows:

143 1st and 2nd resolved clauses: Ethics, Professionalism, and Human Rights Committee with input from Health
144 and Public Policy Committee, Education and Publication Committee, and Membership staff

145 3rd resolved clause: Education and Publication Committee with input from the ACP Wellness Task Force,
146 Executive Office/Public Relations, and Patient Partnership in Healthcare Committee

147 4th resolved clause: Health and Public Policy Committee with input from the ACP Wellness Task Force

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

150 *RESOLVED, that the Board of Regents develops a policy statement that endorses the*
151 *rehabilitation and “safe reintegration of the recovering physician back into the workforce” as*
152 *recommended by the Federation of State Medical Boards Policy on Physician Impairment [FSMB*
153 *2011], considering also opportunities to partner with other professional organizations*
154 *representing physicians to develop such a policy statement [AMA 2016]; and be it further*

155 *RESOLVED, that the Board of Regents includes in such a policy statement that state physician*
156 *health programs must meet a minimum set of standards that facilitate (1) the appropriate*
157 *referral of impaired physicians to confidential treatment programs, (2) non-punitive and clearly*
158 *protected approaches to treating impaired physicians (including physicians voluntarily seeking*
159 *confidential assistance and/or therapy), and (3) the retention of medical licensing after*
160 *compassionate rehabilitation and re-integration into the physician workforce; and thereby*
161 *provide clear and specific guidance that necessarily expands upon existing ethical guidance on*
162 *physician impairment [ACP 2012, AMA 2016]; and be it further*

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

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

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173 The Board of Regents extracted Resolution 11-F17 from the Consent Calendar to discuss. Following
174 discussion, the Board of Regents

175 VOTED: to approve a motion to amend the 2nd resolved clause, then adopt and refer Resolution
176 11-F14 for implementation as follows:

177 1st resolved clause: Ethics, Professionalism, and Human Rights Committee with input from the Patient
178 Partnership in Healthcare Committee

179 2nd resolved clause: Ethics, Professionalism, and Human Rights Committee with input from Education
180 and Publication Committee and the Patient Partnership in Healthcare Committee

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

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

185 *RESOLVED, that the Board of Regents assess the literature and resources on best practices in*
186 *advanced care planning (including goals of care discussions), provision of palliative care in*
187 *advanced disease, and compassionate patient-centered end of life care, and develop educational*
188 *resources should these be inadequate.*

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The Board of Regents extracted Resolution 14-F17 from the Consent Calendar to discuss. Following discussion, the Board of Regents *VOTED: to approve a motion to adopt substitute language for Resolution 14-F17 and refer to Health and Public Policy Committee for implementation with input from the Ethics, Professionalism, and Human Rights Committee.*

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

RESOLVED, that the Board of Regents develop policy recommending that access to comprehensive reproductive health services including all medically-accepted forms of contraception and abortion is assured.