

1 l) attribution processes should emphasize voluntary agreements between
2 patients and physicians, minimize the use of algorithms or formulas,
3 provide attribution information to physicians in a timely manner, and include
4 formal mechanisms to allow physicians to verify and correct attribution data
5 as necessary; and
6

7 m) include ongoing evaluation processes to monitor the success of the
8 reforms in achieving the goals of improving patient care and increasing the
9 value of health care services.

10
11 2. Our AMA opposes bundling of payments in ways that limit care or otherwise
12 interfere with a physician's ability to provide high quality care to patients.
13

14 3. Our AMA supports payment methodologies that redistribute Medicare payments
15 among providers based on outcomes, quality and risk-adjustment measures only
16 if measures are scientifically valid, verifiable, accurate, and based on current data.
17

18 4. Our AMA will continue to monitor health care delivery and physician payment
19 reform activities and provide resources to help physicians understand and
20 participate in these initiatives.
21

22 5. Our AMA supports the development of a public-private partnership for the
23 purpose of validating statistical models used for risk adjustment.
24

25 (12) RESOLUTION 234 – PERMITTING THE DISPENSING OF
26 STOCK MEDICATIONS FOR POST DISCHARGE
27 PATIENT USE AND THE SAFE USE OF MULTI-DOSE
28 MEDICATIONS FOR MULTIPLE PATIENTS
29

30 **RECOMMENDATION A:**

31
32 **Resolve 2 of Resolution 234 be amended by addition**
33 **and deletion to read as follows:**
34

35 **RESOLVED, That our AMA work with the Food and Drug Administration,**
36 **national specialty societies, state medical societies and/or other interested**
37 **parties to advocate for legislative and regulatory language that permits the**
38 **practice of using multi dose medications, such as eye drops, bottles**
39 **injectables and topical medications post-operatively in accordance with safe**
40 **handling and dispensing protocols that help ensure patient safety, minimize**
41 **duplicate patient costs, and reduce medication waste. (Directive to Take**
42 **Action)**
43

44 **RECOMMENDATION B:**

45
46 **Resolution 234 be adopted as amended.**
47

48 **HOD ACTION: Resolution 234 adopted as amended.**
49

1 RESOLVED, That our American Medical Association work with national specialty
 2 societies, state medical societies and/or other interested parties to advocate for legislative
 3 and regulatory language that permits the practice of dispensing stock-item medications to
 4 individual patients upon discharge in accordance with labeling and dispensing protocols
 5 that help ensure patient safety, minimize duplicated patient costs, and reduce medication
 6 waste (Directive to Take Action); and be it

7
 8 RESOLVED, That our AMA work with the Food and Drug Administration, national specialty
 9 societies, state medical societies and/or other interested parties to advocate for legislative
 10 and regulatory language that permits the practice of using multi dose eye drop bottles
 11 post-operatively in accordance with safe handling and dispensing protocols that help
 12 ensure patient safety, minimize duplicated patient costs, and reduce medication waste.

13
 14 Your Reference Committee heard overwhelmingly positive testimony on Resolution 234.
 15 Your Reference Committee heard that regulations governing the ability to dispense the
 16 remaining portion of topical stock-item medications for post-discharge use can be unclear
 17 or appear overly burdensome, and that many facilities do not allow the practice. Your
 18 Reference Committee heard testimony that, as a result of current regulations, patients
 19 may need to purchase duplicate agents for post-discharge use, increasing patient cost
 20 and creating medication waste. Your Reference Committee heard testimony that this is an
 21 issue that impacts many specialties, including, but not limited to, ophthalmologists. Your
 22 Reference Committee agrees and is recommending an amendment that broadens the
 23 Second Resolved. Further, your Reference Committee heard testimony that our AMA has
 24 no existing policy on this specific issue. Your Reference Committee, therefore,
 25 recommends that Resolution 234 be adopted as amended.

26
 27 (13) RESOLUTION 240 – RANSOMWARE PREVENTION AND
 28 RECOVERY

29
 30 **RECOMMENDATION A:**

31
 32 **Resolved 1 of Resolution 240 be amended by addition**
 33 **and deletion to read as follows:**

34
 35 **RESOLVED, That our American Medical Association work with other**
 36 **stakeholders to seek legislation or regulation that supports resources funds**
 37 **assistance to cover cyberattack prevention and recovery expenses for**
 38 **physician practices, hospitals, and healthcare entities to ensure continuity**
 39 **of optimal patient care (Directive to Take Action); and be it further**

40
 41 **RECOMMENDATION B:**

42
 43 **Resolution 240 be adopted as amended.**

44
 45 **HOD ACTION: Resolution 240 adopted as amended.**

46
 47 RESOLVED, That our AMA work with other stakeholders to seek legislation or regulation
 48 that funds assistance to cover cyberattack prevention and recovery expenses for
 49 physician practices, hospitals, and healthcare entities to ensure continuity of optimal
 50 patient care (Directive to Take Action); and be it further