



## AMERICAN ASSOCIATION *of* ORIENTAL MEDICINE

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December 14, 2006

### **AMA Update Report**

**By: Rebekah Christensen, AAOM ED**

**Presented to:** AMA CPRC Task Force – December 14, 2006 – 5:15 PM PST Meeting

Call-in Number: 1-712-432-2000

Access Code: 202122

Start time: 5:15 PM PST

**Invited:** Alpha Listing

1. Dort Bigg, ED, [ACAOM](#)
2. Jim Bloomfield, Director, [CSOMA](#)
3. Rebekah Christensen, ED, [AAOM](#)
4. Lynn Eder, AAOM Staff Editor, [AAOM](#) (CPRC Secretary)
5. Lloyd Wright, Director, [AAOM](#)
6. Neal Miller, Director, [AIMS](#)
7. Will Morris, President, [AAOM](#)
8. David Patton, President, [FAOMRA](#) (Pete Gonzalez, AZ Acu Board)
9. David Sales, ED, [CCAOM](#)
10. Amy Sear, President, [FSOMA](#)
11. Betsy Smith, Associate Deputy Director, [NCCAOM](#)

### **Meeting Agenda for 12/14/06:**

1. Self Introductions (All)
2. Update Report: Rebekah Christensen
3. Establish Goals of the CPRC (All)
4. Establish Action Items (All)
5. Set date of next meeting (All)

### **Links to AMA (and related) Documents**

[Resolution 814](#)

[HR-5688](#)

[Coalition for Patient's Rights;](#)

AMA posted online [Report 21](#)

[Resolution 902](#)

[Resolution 904](#)

**Timeline of AMA (and related) Events: Note** – At this point in time, the primary focus of the AMA activities appear to be concentrated on allopathic, non-MD providers. This can provide CAM/OM practitioners a strategic advantage in addressing the myriad of AMA issues addressed by their activities before their focus turns to us. *(Their current focus on allopathic non-MD providers does not mean it couldn't turn towards our profession without notice. Thus proactive preparation for response is vital.)*

- **November 2005:** In a related action, at its November 2005 Interim Meeting, the AMA House of Delegates adopted Resolution 814, titled, "Limited Licensure Health Care Provider Training and Certification Standards."

*The SOPP is a coalition that the AMA formed to assist various physician organizations facing scope of practice "battles." The SOPP also plans to fund studies a) determining whether "allied health professionals" truly fill healthcare voids in rural and other underserved areas; and b) examining the education and training of "allied health professionals" with the goal of providing this information as a "point of comparison" to legislators.*

- **February 2006:** AMA released the Scope of Practice partnership Statement of Principals which serve as the guiding principals for Resolution 818.

- **June 6, 2006:** AMA issued a formal Press Release, dated June 8, 2006 stating:

*"...in order for patient to receive optimal quality care, their health care professionals must have the clinical education and training to provide the service they perform. Our patients deserve the highest quality care provided by health care professionals who are appropriately educated and trained to properly diagnose and treat patients based on their individual needs."*

- **June 2006:** An undated document was released by the AMA covering **Resolution 818 - Characteristics to be Studied**. AAOM gained access to the comprehensive list of characteristics to be studied under 818 governing all non-physician providers. These characteristics include: Definition of Profession, Practice Demographics, Education, State Statues on Licensure & Regulation, Professional Organizations/Journals/History, and Pertinent Bibliography.

- **June 8, 2006:** AMA released a Scope of Practice Partnership Membership listing, consisting of eight national medical (Allopathic) specialty societies, twenty-six state medical associations, and one national medical association - the AMA. A steering committee was formed consisting of seven national medical societies, six state medical associations and one national medical association – the AMA.

- **June 27, 2006:** [HR 5688 Introduced](#): **Healthcare Truth and Transparency Act of 2006 (Introduced in House)** To prohibit misleading and deceptive advertising or representation in the provision of health care services. By: Mr.

SULLIVAN (for himself, Mr. GENE GREEN of Texas, Mr. BASS, Mr. SCHWARZ of Michigan, Mr. BURGESS, Mr. BILIRAKIS, and Mr. SESSIONS) introduced the following bill; which was referred to the Committee on Energy and Commerce.

**AAOM Joins Forces:** AAOM joined forces with the [Coalition for Patient's Rights](#)

- **July 24, 2006:** AAOM formally petitioned to join the Coalition for Patient's Rights (CPR). The CPR consists of [33 national organizations](#) representing a variety of licensed health care professionals who provide a diverse array of safe, effective, and affordable health care services to millions of patients each year.
- **August 10, 2006:** The AAOM received an invitation to the next CPR meeting held in Silver Spring, Maryland, at the American Nurses Association Headquarters. To attend, it was encouraged that the AAOM Board of Directors vote to support the Joint Statement issued by the members of the CPR.
- **August 11, 2006 (Amended 8/28/06):** Based upon AAOM Member feedback to strongly oppose AMA Resolution 818 and HR 5688, the AAOM Board of Directors unanimously voted to support the [CPR Joint Statement](#). **Goal of CPR:** To counter the efforts of the AMA Scope of Practice - *To ensure that patients have access to quality healthcare provided by licensed professionals of their choice.*

**Excerpt: AMA Resolutions Unwarranted/Need for Cooperation Instead**

*In the past decade, the AMA has adopted at least seven resolutions concerning one or more of the undersigned professions that, if implemented, would restrict our practice and impede patient access to care. The resolutions have been widely ignored. The SOPP appears to signal a renewed effort, buttressed by substantial expenditures, to restrict the practice of healthcare professionals who are not physicians. It is time for the AMA and other SOPP member organizations to recognize that our members have long demonstrated that they provide high quality, safe care and do not warrant the singular and extraordinary scrutiny that the SOPP and Resolution 814 seem to contemplate. There is more than enough room – and need – for all of us. We need to work together, all of us contributing our respective expertise. This occurs every day in clinical settings, with the many different types of healthcare professionals who we represent cooperating with primary care physicians and various physician specialists. Rather than endlessly attempting to keep healthcare professionals who are not physicians from practicing to their full capability, it's time for SOPP member organizations to join us in advancing a more productive agenda. The winners will be patients.*

- **August 15, 2006:** CPR Meeting in Silver Spring, MD: Composite Members of CPR: The [undersigned organizations](#) represent a wide variety of more than 3

million healthcare professionals, providing a diverse array of safe, effective and affordable services. We are united in declaring that the Scope of Practice Partnership (SOPP) that various physician<sup>1</sup> organizations have formed, as well as American Medical Association (AMA) Resolution 814, is unnecessary actions that will impede, rather than enhance, patient access to quality care.

- **November 11-14, 2006:** AMA Interim Meeting of its House of Delegates (HOD) meeting was held. Prior to the meeting the AMA posted online [Report 21](#), which details the AMA's 2007 Strategic Plan. Note the reference on page 4 of the plan, stating: "Scope of Practice, stating: *"Our AMA will take a lead role in coordinating medicine's response to proposed scope expansions that are not warranted by non-physicians' education, training or experience. The Scope of Practice Partnership (SOPP) provides a foundation for these activities.* The American Nursing Association ([ANA](#)), the National Council for State Boards of Nursing ([NCSBN](#)) and The American Association of Nurse Anesthetists ([AANA](#)) were in attendance at the AMA meeting as observers. They reported back to the AAOM, via the CPR.
- **AMA Meeting Highlights:** As reported to AAOM by The American Association of Nurse Anesthetists (AANA): "The opening ceremonies, following awards and acknowledgements of members who have accomplished outstanding work, Dr. William G. Plested III, President of the AMA provided his speech which called for AMA to ***"Take Back the Profession"***". He urged physicians to make a renewed commitment to the profession and place a sharper focus on the issues affecting it.

He was followed by Department of Health and Human Services Secretary Michael O. Leavitt who spoke about the pay-for-performance initiative as well as the pending 5 percent cut in 2007 Medicare physician payments. Sec. Leavitt stated that if physicians don't develop quality measures then "MBAs" will.

The presentations prompted an ***Emergency Resolution introduced by the Georgia Delegation titled "Taking Back the Profession of Medicine"*** which resolves to a) accept and affirm Dr. Plested's pledge - to return the rightful prerogatives of the profession to the physicians of American and to b) write a letter to the Secretary requesting that the government cease and desist activities related to pay for performance.

The President of the AMA received a standing ovation and the meeting took the tone of AMA will take back Medicine.

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**November 11-14 2006:** The AMA's advancement of their limited licensure activities first introduced under [Resolution 814](#) and [HR-5688](#) were expanded upon through the introduction of Resolution **902** and **904**:

- [Resolution 902](#) (introduced by the American Society of Anesthesiologists – referred to Committee L) under the title: ***Need for Active Medical Board***

***Oversight of Medical Scope-of-Practice Activities by Med Level Practitioners;*** and

- ***Resolution 904*** entitled ***Diagnosis of Disease and Diagnostic Interpretation of Tests Constitutes Practice of Medicine to be Performed by or Under the Supervision of Licensed Physicians (Introduced by the College of American Pathologists and American Society of Anesthesiologists and Referred to Committee L.)***
  - **AANA Public Testimony to AMA:** The AANA has shared their [comments, presented at Hearing L](#), with the members of the CPR. These were drafted by their president, Terry C. Wicks, CRNA, MHS at Hearing L. The AANA found the Hearing L audience somewhat hostile to anyone that was not an MD. A short summary of the AANA's positions include:
    - The AANA urges American Medical Association (AMA) Reference Committee "L" to recommend withdrawal of Resolution 902 and 904. If the resolutions are not withdrawn, we request that Reference Committee "L" recommend that the AMA's House of Delegates vote against the resolutions.
    - Both Resolution 902 and Resolution 904 fail to cite any evidence demonstrating that the alleged problems cited in the resolutions actually exist and, if so, to what extent; in spite of our past requests for evidence supporting claims of professional misconduct, no such evidence has been provided. The AMA's House of Delegates should not adopt policies based on rumor or unsubstantiated or anecdotal evidence.

As a result of public testimony, the AMA HOD adopted formal positions on 902 and 904:

**AMA HOD Position - 902:** The Reference Committee heard extensive testimony on Resolution 902. The vast majority of this testimony was in general support of the spirit of the Resolution. However, there was confusion. The Reference Committee concurs with testimony that the intent of Resolution 902 is neither to create a "superboard" that would regulate the practice of all health professions, nor to have state Boards of Medicine regulate the practice of other professionals. The Reference Committee also agrees with testimony that state Boards of Medicine have the full authority to regulate those who practice medicine, even in cases where the individual whose acts constitute the practice of medicine is licensed under the authority of another state health professions board. The Reference Committee believes that it is critical for state Boards of Medicine to define and defend the practice of medicine in order to ensure that patients receive the highest quality of care. In furtherance of this priority, and due to the urgency of this issue and impending attempts at scope of practice expansions expected in the 2007 legislative session.

**AMA HOD Position - 904:** The HOD adopted the Committee L report as amended which states:

Resolved, That it shall be the policy of our AMA that a PhD clinical lab scientist or other non-physician laboratory personnel work under the supervision of a physician under their applicable scopes of work to perform a study or studies that will be the basis of a diagnostic interpretation for a specific patient;

Resolved, That it shall be the policy of our AMA that the Medicare Physician fee schedule compensate only authorized persons for the diagnostic interpretation of a specific patient and should not provide payments directly to non-physician lab personnel working under the supervision of a physician to perform a laboratory study or studies;

Resolve, That our AMA pursue all appropriate legislative, regulatory and legal actions to counter expansions of the scope of work by PhD clinical lab scientists and other non-physician laboratory personnel to authorize the independent practice of medicine by an individual who has not completed the state's requirements for licensure to engage in the practice of medicine. It was interesting that the Reference Committee added clinical lab scientists to this resolution to somewhat narrow the scope of this resolution.

- o **December 14, 2006: CPRC TASK FORCE ACTION ITEMS:**

**Collaboratively developed by CPRC Task Force:**

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