Resolution No. 1

Introduced By: **NDMA Council**

Subject: **Interstate Licensure Compact**

Whereas, medical licensure can be a cumbersome and time-consuming process for physicians practicing in or moving among multiple states; and

Whereas, improving the efficiency and time required to license a physician can expedite placement of a physician who is needed to care for patients especially in high demand practice and shortage areas; and

Whereas, an interstate physician licensure compact could positively impact the mobility of physicians in meeting patient demand for access to healthcare; and

Whereas, the Federation of State Medical Boards developed an Interstate Medical Licensure Compact, that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients; and

Whereas, the Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act; and

Whereas, the Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located; and

Whereas, state medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact; and

Whereas, to become a member state of the Compact, the Interstate Medical Licensure Compact must be adopted by the state legislature.

Therefore, Be It Resolved By the 2014 House of Delegates of the North Dakota Medical Association that NDMA encourage the North Dakota Board of Medical Examiners to consider and propose adoption of the Interstate Medical Licensure Compact.

Resolution No. 2

Introduced By: **ND Chapter of American College of Emergency Physicians**

Subject: **Assault Against a Health Care Providers**

Whereas, the American Medical Association supports increased protection against violence toward healthcare providers, including the apprehension and prosecution of persons who commit acts of assault on healthcare providers performing in a professional capacity; and

Whereas, the increase in population in North Dakota has brought an increase in crime and assaults in the workplace against health care providers; and

Whereas, violence in a healthcare setting is becoming more widespread, accounting for 60% of workplace assaults; and

Whereas, current North Dakota Law provides for Class C Felony classification for assault against an emergency department worker in the performance of the member's duties; and

Whereas, these additional protections should be extended to all health care providers engaged in official duties.

Therefore, Be It Resolved By the 2014 House of Delegates of the North Dakota Medical Association that the North Dakota Medical Association, seek legislation that provides for a class C felony assault classification when a person willfully or negligently causes physical injury to a healthcare provider when the person knows or has reason to know that the victim is a healthcare provider engaged in official duties.

Resolution 3

Introduced By: **NDMA Council**

Subject: **Safe Injection Practices**

Whereas, the use of safe injection practices through the use of sterile techniques is a fundamental obligation of healthcare practitioners in the protection of patients against the transmission of infectious disease; and

Whereas, the failure of healthcare practitioners in North Dakota to utilize safe injection practices have been proven to result in the transmission of infectious disease; and

Whereas, the impact on individuals who were infected has been severe, the confidence in the healthcare system to safeguard patients has been compromised, and the impact on public health has been great.

Therefore, Be It Resolved By the 2014 House of Delegates of the North Dakota Medical Association that the North Dakota Medical Association encourage safe injection techniques be promoted and maintained in all hospitals, clinics, private practices, nursing homes, and other medical care settings in North Dakota; and

Be It Further Resolved that the North Dakota Medical Association encourage healthcare practitioner licensing boards to require safe injection practices training upon initial licensure and annual thereafter by means of an approved program that meets the guidelines of the centers for disease control; and that such training will be documented by each agency, institution, or office where healthcare practitioners are employed.

Resolution No. 4

Introduced By: **Commission on Ethics**

Subject: **Disrespect and Derogatory Conduct in the Patient-Physician Relationship**

Whereas, the American Medical Association has affirmed principles regarding patient rights in E-10.01 Fundamental Elements of the Patient-Physician Relationship; and

Whereas, the American Medical Association has affirmed principles regarding Physician and patient conduct in Ethical Opinion 9.123, "Disrespect and Derogatory Conduct in the Patient-Physician Relationship"; and

Whereas, the relationship between patients and physicians is based on trust and should serve to promote patients' well-being while respecting their dignity and rights. Trust can be established and maintained only when there is mutual respect; and

Whereas, physicians recognize the importance of patient autonomy, including a patient's right to choose his or her physician. Physicians further recognize the importance of ensuring that each patient has an identified physician responsible for the patient's care; and

Whereas, patients who use inappropriate language or actions toward physicians seriously undermine the integrity of the patient-physician relationship and there needs to be appropriate institutional mechanisms to address abusive behaviour by patients, appropriate psychiatric referral or consultation as a part of the treatment plan if the abusive conduct is a consequence of a mental disorder and an appropriate mechanism to ensure continuity of care for a patient who persistently declines care from the responsible health care provider.

Therefore, Be It Resolved By the 2014 House of Delegates of the North Dakota Medical Association that the NDMA will encourage health care organizations to develop best practices for attending to abusive patients and encourage development of guidelines for health care providers to follow in non-life threatening situations when they encounter patients who verbally abuse or threaten physical abuse

Resolution No. 5

Introduced By: **NDMA Council**

Subject: **Behavioral Health**

Whereas, one in four adults (approximately 61.5 million Americans) experience a mental illness in a given year; and one in 17 adults (about 13.6 million Americans) live with a serious mental illness such as schizophrenia, major depression or bipolar disorder; and

Whereas, serious mental illness costs America $193.2 billion in lost earnings per year and mood disorders such as depression are the third most common cause of hospitalization; and

Whereas, suicide is the tenth leading cause of death in the United States (more common than homicide) and is the third leading cause of death for ages 15 to 24 years, resulting in approximately 100 deaths by suicide per day in the United States; and

Whereas, approximately 60 percent of adults received no mental health services in the previous year; and

Whereas, the treatment of mental illness is effective in saving and improving lives and when there is the opportunity to get proper treatment, then recovery to a productive life is possible.

Therefore, Be It Resolved By the 2014 House of Delegates of the North Dakota Medical Association that NDMA advocate in the 2015 legislative session to significantly increase funding to the ND Department of Human Services so as to increase and improve the delivery of mental health services throughout our state.

Resolution No. 6

Introduced By: **Robert Beattie, MD**
NDMA Delegate to the American Medical Association

Subject: **Support of Iowa Medical Society Resolution to the AMA House of Delegates on Access and Equity in Telemedicine**

Whereas, the North Dakota Medical Association is a member of an AMA regional caucus founded in 1943 called the North Central Medical Conference; and

Whereas, the North Central Medical Conference is comprised of the following state**s**: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin; and

Whereas, the Iowa Medical Society Delegation will introduce a resolution on the subject of *Access and Equity in Telemedicine Payments* at the American Medical Association House of Delegates 2014 Interim Meeting (Appendix A), urging the AMA to establish policy that there should be no geographic adjustment in payments for telemedicine, and lobby Congress to require the Centers for Medicare & Medicaid Services (CMS) to: 1) pay for telemedicine services for patients who have problems accessing physician specialties that are in short supply in areas that are not federally determined "shortage" areas, if that area can show a shortage of those physician specialists; and 2) eliminate geographic adjustments for telemedicine payment to providers; and

Whereas, the Iowa Medical Society Delegation has requested the North Dakota Medical Association support the resolution.

Therefore, Be It Resolved By the 2014 House of Delegates of the North Dakota Medical Association that the North Dakota Medical Association support the introduction of the resolution *Access and Equity in Telemedicine Payments* at the American Medical Association House of Delegates 2014 Interim Meeting (Appendix A).

Appendix A

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution ___
(I-14)

Introduced by: Iowa Delegation

Subject: Access and Equity in Telemedicine Payments

Referred to:

Whereas, All Americans deserve access to quality health care, including telemedicine if they are not able to easily access health care locally; and

Whereas, Physician specialty availability is shrinking to dangerous levels in some areas of the country, especially after 5:00 p.m.; and

Whereas, Medicare reimbursement for telemedicine is not available in areas that are not considered "shortage" designated areas, defined as rural Health Professional Shortage Areas (HPSAs) as those located in rural census tracts as determined by the Office of Rural Health Policy (ORHP) of the Health Resources and Services Administration (HRSA) where ''rural'' includes certain geographic areas located in rural census tracts within Metropolitan Statistical Areas (MSAs) allowing for broader inclusion of sites within HPSAs as telehealth originating sites; and

Whereas, Many areas of the country have shortages of some specialists even in those not designated as shortage areas, e.g., Metropolitan Statistical Areas; and

Whereas, Centers for Medicare & Medicaid Services (CMS) policy is that telemedicine payment for the physician is to be paid according to the geographic location where the physician is located; and

Whereas, Cost of telemedicine equipment is no different from one geographic area to another; and

Whereas, Practice costs for telemedicine are primarily based on the provider's time; and

Whereas, Paying higher telemedicine rates to out-of-state physicians could exacerbate shortages of physicians in states with lower payment rates; and

Whereas, Physician time and work should not be devalued geographically; therefore, be it

RESOLVED, The AMA will establish as policy that there should be no geographic adjustment in payments for telemedicine, and lobby Congress to require the Centers for Medicare & Medicaid Services (CMS) to: 1) pay for telemedicine services for patients who have problems accessing physician specialties that are in short supply in areas that are not federally determined "shortage" areas, if that area can show a shortage of those physician specialists; and 2) eliminate geographic adjustments for telemedicine payment to providers.

Resolution No. 7

Introduced By: **Robert Beattie, MD**
NDMA Delegate to the American Medical Association

Subject: **Support of Iowa Medical Society Resolution to the AMA House of Delegates on Price Transparency**

Whereas, the North Dakota Medical Association is a member of an AMA regional caucus founded in 1943 called the North Central Medical Conference; and

Whereas, the North Central Medical Conference is comprised of the following states: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin; and

Whereas, the Iowa Medical Society Delegation will introduce a resolution on the subject of *Price Transparency* at the American Medical Association House of Delegates 2014 Interim Meeting (Appendix A), urging the AMA to: 1) develop an educational program by early 2015 for physicians that would make healthcare price and reimbursement site differences clear; and 2) work with the Center for Healthcare Transparency (CHT), the Health Care Cost Institute (HCCI), and the Centers for Medicare & Medicaid Services (CMS) to make their websites easier to access and use, and make their data for hospital and physician prices and payments more accurate and useful for physicians, purchasers, and patients; and

Whereas, the Iowa Medical Society Delegation has requested the North Dakota Medical Association support the resolution.

Therefore, Be It Resolved By the 2014 House of Delegates of the North Dakota Medical Association that the North Dakota Medical Association support the introduction of the resolution *Price Transparency* at the American Medical Association House of Delegates 2014 Interim Meeting (Appendix A).

Appendix A

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution ___
(I-14)

Introduced by: Iowa Delegation

Subject: Price Transparency

Referred to:

Whereas, Physicians are being asked to be more cost-conscious by many different payers, including our government; and

Whereas, Patients are increasingly facing more cost-sharing in health insurance products, including the Affordable Care Act public exchange products; and

Whereas, Physicians are asked to help patients avoid financial harm by choosing their tests and treatments wisely; healthcare prices, depending on site of care, can vary ten-fold or more; and

Whereas, There is a lack of transparency regarding healthcare prices and costs; and

Whereas, The Centers for Medicare & Medicaid Services (CMS) has published data on hospital and physician payments but the figures are not complete or accurate, and websites are very difficult to navigate and find usable data; and

Whereas, The Center for Healthcare Transparency (CHT) and Health Care Cost Institute (HCCI) will be publishing transparent data on healthcare costs soon; and

Whereas, Physicians who might be making decisions on where they may choose to practice (such as hospital-employment vs. independent practice) have had little information on the differences in reimbursement for different sites of care; and

Whereas, Physicians in Accountable Care Organizations (ACOs) need to know the prices of many different services and the differences in cost for sites of care; therefore, be it

RESOLVED, That our AMA will: 1) develop an educational program by early 2015 for physicians that would make healthcare price and reimbursement site differences clear; and 2) work with the Center for Healthcare Transparency (CHT), the Health Care Cost Institute (HCCI), and the Centers for Medicare & Medicaid Services (CMS) to make their websites easier to access and use, and make their data for hospital and physician prices and payments more accurate and useful for physicians, purchasers, and patients.