



ARMA

ARIZONA MEDICAL ASSOCIATION

**COMPENDIUM OF
HOUSE OF DELEGATES ADOPTED POLICIES
AND
BIOETHICAL OPINIONS**

(REVISED – JUNE 5, 2010)

ArMA COMPENDIUM

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House Adopted Policy

1.000 - Arizona Health Care Cost Containment System (AHCCCS)

1.100 - **Arizona Health Care Cost Containment System:** ArMA staff continue to monitor the AHCCCS program and evaluate data, with emphasis on quality of care, fiscal accountability and some recognition of the cumbersome eligibility standards presently in law, as well as the difficulties experienced by providers. (Sub. Res. 6-83; Readopted 22-87, 31-91, Amended 49-95, Amended 46-99, Readopted 42-03, 49-07)

1.101 - **Immigrant Health Care:** ArMA support state legislation to allow legal immigrants who have not yet obtained U.S. citizenship to receive medical benefits under AHCCCS. (Res. 25-97; Amended 39-01; Amended 41-05; Readopted 40-09)

1.102 - **AHCCCS Continuity of Care:** ArMA lobby to promote continuity of care for Arizona Health Care Cost Containment System patients and their families with their AHCCCS physician of choice. (Res. 21-01; Readopted 21-05, 25-09)

1.103 - **AHCCCS Coverage for Chronically Ill or Disabled Children:** ArMA support legislative changes to create continuous AHCCCS eligibility for treatment of defined selected conditions such as hemophilia, spina bifida, traumatic brain injury and other genetic, developmental or traumatic conditions. (Amended Res. 5-06; Readopted 21-10)

1.104 – **AHCCCS Payment Rewarding Excellence:** ArMA participate with the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program, in an attempt to develop a payment methodology rewarding excellence in patient care that is acceptable to the physicians represented by ArMA and support efforts to obtain new funding for the AHCCCS program which rewards excellence rather than redistributing existing funds. (Amended Res. 25-07)

1.105 – **Hospice Services by AHCCCS:** That ArMA strongly support reinstating hospice care as a benefit covered by the Arizona Health Care Cost Containment System. (Res. 3-10)

2.000 - AMERICAN MEDICAL ASSOCIATION (AMA)

2.101 - **National Physician Cooperation:** That our AMA work with other large organizations representing broad physician interests (such as the American Osteopathic Association and the National Medical Association) to develop, when possible, single policies and action plans representing organized medicine. (Res. 9-97; Readopted 26-01; Amended 38-05, Readopted 37-09)

2.102 - **Bioethics and Medicine's Future:** ArMA, through its AMA Delegation, ask the American Medical Association to develop effective and ongoing forums to formulate appropriate bioethical responses to future changes in medicine's biology, technologies, and information systems and report periodically back to the AMA House of Delegates at each subsequent session the progress in developing and implementing this activity. (Res. 11-97; Amended 36-01; Readopted 29-05, 30-09)

2.103 - **Unified Membership in the Core Organization:** ArMA vigorously oppose mandatory AMA membership as a condition for belonging to other medical societies and also vigorously oppose any effort to discourage dynamic local medical societies. (Res. 12-01; Readopted 19-05, 23-09)

2.104 - **AMA Communication with State Medical Association Leadership:** That ArMA's delegation to the American Medical Association introduce a resolution requesting that AMA leadership and staff be instructed to contact specific state medical association leadership prior to producing any advertising that targets health care issues in that state. (Res. 19-10)

2.105 – **Direct Patient Payment:** ArMA, through its AMA delegation, urge the American Medical Association to address the issue of direct patient payment variances and encourage free market forces. (Amended Res. 2-07)

2.106 - AMA Task Force on Membership and Relevance: Requests AMA form a task force of decision makers from national specialty societies, state medical associations and the AMA to develop an immediate strategy to regenerate interest in AMA membership by addressing the most pressing ways the AMA can demonstrate its relevance to the physicians of this country prior to the end of 2009. (Res. 2-09)

2.107 – AMA Membership: 1)Over the next 5 years, the AMA set as its highest membership priority a goal of attaining at least half of all US; 2)The AMA participate with members of the Western Mountain States Conference in a pilot project designed to achieve this goal of increasing physician membership in AMA by offering an optional additional benefit to members of the state medical association so that AMA membership is available for an amount that exceeds applicable state dues by no more than \$150; 3)The AMA Board of Trustees explore and report back to the House of Delegates at the I-09 meeting other options for attaining this goal and report at each annual meeting the results of the WMSC experience and any other pilot projects or options which are developed to increase AMA membership as a product of this resolution. (Res. 3-09)

2.108 – Follow-on-Biologic Medications: That pharmaceutical companies should be allowed to make follow-on biologic medications available to physicians and their patients in a reasonable period of time with a reasonably predictable pathway to bring them to market and the AMA advocate for enactment of federal law that would establish a pathway for follow-on biologic medications to be allowed on the market, with two guiding principles: 1) a reasonable time frame for FDA exclusivity and patent expiration with a straightforward regulatory process for follow-on biologic competitors to be brought to market, and 2) the protection of patient safety in both the original branded products and all follow-on products that are brought to market. (Res. 4-09)

3.000 - ANIMAL EXPERIMENTATION

3.100 - Anti-Vivisection Legislation: ArMA is supportive of medical research, including animal models with appropriate safeguards, to further medical knowledge. (Res. 14-61; Readopted 39-91, 36-95, Amended 42-99, 38-03, 45-07)

4.000 - ARIZONA MEDICAL ASSOCIATION (ArMA)

4.100 - Requests for Contributions: ArMA will not make contributions to organizations outside the federation of medicine (county societies, specialty societies and the AMA), which policy may be altered at the discretion of ArMA's Executive Committee. (Res. 1-83; Readopted 25-87, 34-91, 33-95, 31-99; Amended 49-03, Readopted 56-07)

4.101 - International Medical Graduate Participation in Medical Societies: ArMA and its component county medical societies seek to identify qualified and interested International Medical Graduates and encourage their involvement in committee activities and leadership positions. (Res. 15-91; Readopted 48-95, Amended 45-99, Readopted 41-03, 48-07)

4.102 - Conflict of Interest for ArMA Leadership: A Statement of Policy on Conflict of Interest (on file at the Association's office) adopted for use by ArMA to be immediately provided to the newly-elected Board of Directors (and all future Board members) for signature. (Res. 1-97; Readopted 24-01, 22-05, 26-09)

4.103 - College of Medicine Increases: ArMA will work to minimize tuition increases for University of Arizona College of Medicine students in order to keep student education debt low enough that students will stay and practice in all Arizona locations, metropolitan and rural and that ArMA work with the Legislature and Board of Regents to create incentives to encourage medical students to remain in Arizona or return to Arizona after post-graduate training. (Amended Res. 14-02; Readopted 18-06, 24-10)

4.104 - Expert Witness Programs of National Specialty Societies: ArMA's Executive Committee should review the key elements of the existing expert witness programs of the American Congress of OB/GYN, American Association of Orthopaedic Surgeons, American Academy of Neurology, American Association of Neurological Surgeons, American College of Radiology and others and encourage state specialty societies to establish like programs within their societies. (Amended Res. 8-06; Amended and Readopted 40-10)

4.105 – **Honorary ArMA Membership:** ArMA’s House of Delegates elects Todd B. Taylor, M.D., as an Honorary Member of the Arizona Medical Association as provided in the Association’s bylaws, Chapter II Membership, Section 3. Classes of Membership, (F) Honorary Members.(Res. 24-07)

4.106 – **Honorary ArMA Membership:** ArMA’s House of Delegates elects Richard H. Carmona, M.D., as an honorary member of the Arizona Medical Association as provided in the Association’s bylaws, Chapter II Membership, Section 3. Classes of Membership, (F) Honorary Members.(Res. 28-07)

4.107 – **ArMA Dues Changes:** ArMA’s House of Delegates directs the Board of Directors to evaluate the current dues structure and examine the need for an appropriate dues increase for adoption by the House in June, 2008, in compliance with our bylaws which require four weeks’ advance notice for consideration. (Amended Res. 29-07)

4.108 – **Dues Change Recommendation:** ArMA’s annual active membership dues will be increased by \$50 from the current rate of \$375 to \$425. (Res. 3-08)

4.109 – **Dues Change Recommendation:** That ArMA’s annual active membership dues be increased by no more than \$25, from \$425 to \$450, effective dues year 2011. (Amended Res. 2-10)

4.110 – **Commendation of ArMA Leadership:** That ArMA membership recognize and commend the efforts of Dr. Beth Purdy, President, and Dr. Gary Figge, President-elect, accompanied by ArMA staff in taking the time and making the effort to travel to Washington, D.C., on two separate occasions over the past year to meet with our legislators individually to convey the concerns of Arizona physicians. (Res. 11-10)

4.111 – **Increasing ArMA Membership:** That ArMA create a power point presentation and/or literature for hospital administrators, physician-employers and hospital meetings which includes the accomplishments of ArMA that specifically benefit physicians and hospitals to encourage them to include payment of ArMA dues as a benefit to employed physicians and to encourage broader ArMA membership. (Res. 20-10)

5.000 - CLINICAL DECISIONS

5.100 – **Opposition to Compulsory Use of Generic Drugs:** The Arizona’s physicians go on record as opposing compulsory generic prescribing as not in the best interests of good patient care. (Sub. Res. 1-67; Readopted 44-91, 38-95, Retitled and Amended 43-99, Readopted 39-03, 46-07)

5.101 – **Clinical Decisions in the Best Interests of Patients:** ArMA strongly feels that clinical decisions regarding care which is in the best interest of patients should be decided by physicians and should not be compromised because of fiscal considerations. (Res. 18-87; Readopted 28-91; Referred to ArMA’s Executive Committee as Res. 57-95 with report back in 1996; Readopted 25-96, Amended 30-00; Readopted 23-04; Retitled and Amended 37-08)

5.102 – **Discharge from Acute Care Institutions to Non-Acute Care Facilities:** ArMA strongly endorses the position that no transfer from an acute care institution to a non-acute care facility be considered appropriate or allowed without a legible discharge summary and proof of acceptance from the receiving attending physician. (Amended Res. 14-98; Readopted 21-02; Amended 35-06; Readopted 34-10)

6.000 - DEATH AND DYING

6.100 – **End of Life Issues and Planning:** That the role of physician leadership in end of life issues and planning, and, thus, continued patient trust, will best be served by the following:

(1) Arizona physicians becoming fully informed of state law, which provides for health care power of attorney, living wills, advance directives, do-not-resuscitate orders and surrogate decision making where patients may lack such capacity; (2) Whenever possible, Arizona physicians should fully discuss advance directives with their patients prior to the medical need for a medical power of attorney, living will or do not resuscitate order; (3) That this patient decision-making process should have as a priority its accomplishment in the physician’s office at all levels of traditional and managed patient care; (4) That the Arizona College of Medicine be encouraged to continue its curriculum dealing with death and dying;

(5) That physicians are made aware of the importance of the diagnosis and treatment of depression in end of life care. (6) That Arizona physicians be afforded full knowledge, with ethical and legal support, as to the proper use of pain medication for the terminally ill patient and, if indicated, that necessary permissive pharmaceutical legislation be secured; (7) That Arizona physicians become more informed regarding usage of the hospice system. That hospice is supported by Medicare and the insurance industry, and that 90 percent of hospice care is presently accomplished in a family home setting; (8) That the Arizona Medical Association continue its dialogue with the Arizona Nurses' Association and the Critical Care Nurses' Association with consideration of their representation on the Committee on Bioethics; (9) That our patients' legislators and the responsible media be informed as to the traditional use of medication administered to the terminal patient for primary pain control, which may well have as a secondary effect an earlier patient demise, but that this ethical therapy by the physician is clearly differentiated from any proposed physician-assisted suicide or active euthanasia. ArMA's Committee on Bioethics will continue to evaluate and develop policies on end of life issues and planning. (Amended Res. 20-96; Amended 26-00; Amended 32-04; Amended 39-08)

7.000 - HEALTH INSURANCE

7.100 – Financial Assistance for Provision of "Legally-Mandated" Health Care Services: ArMA seek, through its Congressional Delegation and the American Medical Association, legislation which would require the federal government to provide financial support to any individuals, organizations, and institutions providing legally-mandated health care services to foreign nationals and other persons not covered under a national health care program and the ArMA AMA delegation request by submission of a resolution to the annual 2010 AMA House of Delegates the continuation of the mandated federal funding for non resident health care. (Res. 5-94; Readopted 33-98, 27-02, 24-06; Amended and Readopted 46-10)

7.101 – Health Savings Accounts: ArMA fully endorse the Health Savings Account concept and recognize that the inclusion of this concept is a necessary option in any credible plan of medical insurance reform. (Res. 12-94; Readopted 34-98, 28-02; Amended 37-06; Readopted 35-10)

7.102 – Health Insurance and Tax Law Changes: ArMA endorses legislation: 1) providing for the elimination of underwriting requirements that create artificial barriers to small business insurance pools; 2) eliminating pre-existing condition exclusions that permit insurers to skim off artificial "communities" of the health for insurance coverage; 3) guaranteeing portability of insurance when a job change occurs; 4) making insurance premiums tax deductible; 5) creating tax credits to help low-income families purchase medical insurance; 6) promoting individual responsibility and liberty; and 7) guaranteeing rights of physicians and patients to contract privately. (Amended Res. 13-94; Readopted 35-98, 29-02, 25-06, 27-10)

7.103 – Arizona's Uninsured, Underinsured and Uninsurable Population: ArMA urges the Arizona Legislature to immediately address the problem of the uninsured, underinsured and uninsurable. (Sub. Res. S-1-90; Amended 29-94; Amended 47-98; Readopted 29-02, 31-06, 32-10)

7.104 – Mandatory Full Disclosure by Insurance Companies: ArMA recommends to the Arizona Department of Insurance that it more closely monitor mandatory full disclosure of coverage, in terms of cost, compliance of coverage and relationship of coverage to current medical and hospital costs, so that the patient clearly understands his coverage. (Amended Res. 10-74; Readopted 50-91, 41-95, 35-99, 32-03, 39-07)

7.105 – Compensation for Increased Physician Expenses Incurred When Dealing With Managed Care: ArMA, through its AMA Delegation, ask the American Medical Association to seek recognition by payers that there are direct increased expenses to physicians who contract with managed care and that appropriate codes and modifiers be developed to allow physicians to be reasonably compensated for the increased expenses and the burden of interacting with managed care on behalf of patients. (Res. 15-97; Readopted 27-01, 23-05, 27-09)

7.106 – Tax Deductions for Purchase of Health Insurance: ArMA seek legislation to provide state tax deductions for the individual purchase of health insurance, to the extent equal to the benefit enjoyed by employers and, through its AMA Delegation, request the American Medical Association to seek comparable tax benefits from the Congress. (Res. 17-97; Amended 37-01; Readopted 30-05, Amended 31-09)

7.107 – 30-Day Rule and Health Plan Payment: ArMA work to strengthen the powers of the Arizona Department of Insurance in the late payment arena in (but not limited to) the following areas: a) standardization of physician reporting of late payments to the Department of Insurance by fax to a designated agent in the Department; b) expansion of powers of the Department to fine, sanction or suspend entities or their intermediaries that are consistently reported for late payments; c) establishment of greater risk pool amounts for entities to show ability to pay off claims in Arizona before they are allowed to sell policies; and d) requirement for third party administrative bonding of companies that present themselves as intermediaries. (Amended Res. 17-98; Readopted 24-02, 21-06; Amended and Readopted 43-10)

7.108 – Action on Phone Authorization Delays: ArMA inform the Arizona Department of Insurance of common phone authorization delays and urge it to investigate and act within its regulatory powers to end these abuses through standards, fines and/or other appropriate methods and work with health plans, pharmacies and the media to reassure patients of appropriate response in an emergency and when pre-authorization may not be necessary. (Amended Res. 27-98; Readopted 26-02, 23-06)

7.109 – Payment for Physician Services: ArMA work to convince, or seek legislation to require, health plans to offer actuarially sound payments to physicians. (Amended Res. 20-99, referred to the Executive Committee for inclusion in the deliberations of the committee established under Adopted Amended 7-99; Amended 46-03, 53-07)

7.110 – Insurance Credentialing: ArMA encourage insurance companies to expedite the credentialing process for physicians, including residents. (Amended Res. 4-00; Readopted 16-04, 21-08)

7.111 – Preauthorization as a Guarantee for Payment: That ArMA work with involved parties and the Arizona Department of Insurance to develop a system whereby providers can be assured that authorization for services will also serve as verification of the financial responsibility of the third party payer or managed care company to pay for the authorized treatment or diagnostic procedure. (Res. 9-00; Readopted 17-04, 22-08)

7.112 – Insurance Coverage for Contraceptives: ArMA, in cooperation with the Arizona Section of the American College of Obstetricians and Gynecologists, seek to increase the insurance coverage for contraceptives through education, negotiation, regulation, or other appropriate means to achieve this goal. (Amended Res. 15-00; Readopted 18-04, 23-08)

7.113 – Direct Physician Payment for Non-Contracted Emergency Services: ArMA seek legislation to require direct payment to non-contracted physicians for emergency medical care. (Res. 12-06; Amended and Readopted 41-10)

7.114 – Direct Physician Payment for Non-Contracted Emergency Services: ArMA work with the Arizona Department of Insurance to ensure direct payment to physicians providing non-contracted emergency care. (Amended Res. 9-07)

7.115 – Preventing Medication Regimen Change: ArMA will pursue legislation prohibiting changes in a medication regimen due to change in the patient's health insurance company or pharmacy benefit manager or formulary change without written notification to both the patient and prescribing physician and that any changes in a medication regimen due to change in the patient's health insurance company or pharmacy benefit manager or formulary change not be effective for at least 90 days after such notification and ArMA communicate with the health insurance carriers and pharmacy benefit managers in the state of Arizona, expressing its concern about the potential deleterious effects of coverage-mandated changes in a patient's medication regimen and soliciting cooperation in solving this problem. (Amended Res. 6-10)

7.116 – **Department of Insurance Review:** ArMA meet with officials from the Arizona Department of Insurance to discuss the strengths and flaws of health insurance regulation in Arizona and report by the 2008 ArMA House of Delegates, including, if necessary, calls for action on information found. (Amended Res. 8-07)

7.117 – **Standardize Managed Care Contracts:** ArMA will work to achieve the use of a standardized contract format by all payors for physician services including the introduction of legislation if necessary. (Amended Res. 17-07)

7.118 – **Payment Terminology:** ArMA undertake a program to change the terminology used regarding physician compensation from “reimbursement” to “payment” and through its AMA delegation urge the American Medical Association to adopt a policy to change the terminology used in compensating physicians from “reimbursement” to “payment.” (Amended Res. 19-07)

7.119 – **Private Contracting and Balance Billing:** A. That: (1) the Arizona Medical Association support the right of physicians to contract directly with their patients; (2) the Arizona Medical Association, through its AMA Delegation, continue to support the position that the AMA pursue legislation to remove current legal and regulatory barriers to private contracting with patients, including those that ban balance billing of patients covered by government or private insurance; (3) the Arizona Medical Association actively educate physicians concerning their right to become nonparticipating physicians, to opt out of Medicare and to decline to sign or to terminate contracts with insurance companies; the mechanisms for doing so; the advantages in doing so; and the ethical pitfalls and conflicts of interest inherent in third-party contracts; and (4) the Arizona Medical Association urge the AMA to undertake such educational activities on a national level. (Amended Res. 7-08)

7.120 – **Level Playing Field:** The Arizona Medical Association strongly supports the elimination of contract language that contains "best price clauses" or contracts that allow for "silent PPO networks" that negatively impact physician payment." (Amended Res. 15-08)

8.000 - HEALTH POLICY

8.100 – **Health System Reform:** ArMA supports health reform with a pluralistic, competitive system which includes fee-for-service, managed care organizations, and any other systems which can provide competent, scientific medical care to the citizens of Arizona. (Res. 14-94; Readopted 36-98, 30-02, 26-06, 28-10)

8.101 – **ArMA Health Reform Principles:** ArMA will continue the process of articulating principals in health reform including, but not limited to, medical liability, cost of defensive medicine and sustainable growth rate reimbursement reform, and share those principles with the membership, and will perform due diligence to ensure that these principles represent a consensus of the position of the membership. The Arizona AMA delegation will bring forward the issues of medical liability, cost of defensive medicine and sustainable growth rate reimbursement reform at the upcoming AMA meeting in June 2009. (Res. 9-09)

8.102 – **Social Security Number:** ArMA opposes the use of the Social Security Number as a universal identifier. (Sub. Res. 13-76; Readopted 52-91, 43-95, Amended 44-99, Readopted 40-03, 47-07)

8.103 – **Health Care Cost Containment:** ArMA (1) affirm its position to participate in all reasonable cost control efforts concerning provision of health care without reduction in availability of quality medical care; (2) support and encourage the concept of teaching cost effectiveness in all residency training programs in Arizona; and (3) resist, expose and reject any efforts to curtail costs by reducing quality of care and availability of care as unreasonable efforts to compromise standards of medical excellence. (Sub. Res. 10-78; Readopted 61-91, 45-95, 37-99, 34-04, 41-07)

8.104 – Treatment of Mental Illness by Primary Care Physicians: ArMA will encourage discussion the appropriate governmental agencies to promote delivery of mental health services through acute care plans, such that all physicians licensed by ARS Title 32 Chapters 13 or 17 who choose to do so are able to access a full armamentarium of psychiatric treatment for their patients, with full provision of funding for psychiatric medications, laboratory monitoring, and all other recognized psychiatric treatments, available through acute care plans. (Amended Res. 26-98; Readopted 25-02, 22-06; Amended and Readopted 44-10)

8.105 – Principles of Patient-Centered Formularies: ArMA support the development of a unified process for rational, patient-center formulary management. (Res. 19-99; Amended 45-03, Readopted 52-07)

8.106 – Availability of Hospital Emergency Department On-Call Specialists: ArMA work in cooperation with other medical specialty societies, the Arizona Hospital & Healthcare Association, and other interested parties in studying the issue of availability of hospital emergency department on-call specialists in light of the current healthcare environment and the requirements of the Emergency Medical Treatment and Labor Act; and ArMA in cooperation with other medical specialty societies, the Arizona Hospital & Healthcare Association, and other interested parties develop and promote appropriate solutions to the dwindling availability of on-call specialists to hospital emergency departments in Arizona. (Res. 22-99; Readopted 21-03, 33-07)

8.107 – Managed Care Responsibility for Follow-up Care after Emergency Department Consultation: ArMA work in cooperation with medical specialty societies and other interested parties in encouraging the State Legislature to consider adopting legislation that would clearly delineate the responsibilities of managed care plans, including the Arizona Department of Health Services' regional behavioral health authorities, for the immediate care and necessary follow-up care provided by and reimbursement to non-contracted providers caring for patients acquired through emergency department consultation and/or in situations where a contracted provider cannot be secured in a timely manner regardless of the health-care setting. (Amended Res. 23-99; Amended 48-03; Readopted 55-07)

8.108 – Diabetes Monitoring and Teaching: ArMA endorse the concept of longitudinal care in managing diabetes and other chronic diseases and continue to explore ways to encourage insurance companies to provide coverage for all aspects of diabetic patient education. (Amended Res. 23-96; Amended 28-00; Readopted 21-04, 24-08)

8.109 – Labor Epidural/Spinal Analgesia: ArMA endorses the policy that labor epidural/spinal analgesic procedures should be a medical decision made between a woman in labor and her physician. (Amended Res. 24-96; Amended 29-00; Readopted 22-04; Amended 36-08)

8.110 – ICD-Coding: The Arizona Medical Association believes it is the responsibility of each physician ordering lab work to provide legible diagnosis appropriate to that request; but that it is the responsibility of the individual lab providers to perform their own ICD coding, as needed. (Res. 3-00, Readopted 15-04; Retitled and Amended 33-08)

8.111 – Medical Home: ArMA supports the concept of the “medical home” and appropriate funding for the provision of health care in coordination with primary care and other physicians and care providers and the maintenance of an accessible, comprehensive central medical record that contains all pertinent information about the patient while preserving confidentiality. (Amended Res. 5-08)

8.112 – Amendment to Duty to Report Statute: ArMA support, and work for, a statutory or regulatory provision that will allow duly constituted committees of organized medicine the freedom to explore diverse areas of medicine with colleagues without triggering mandatory reporting. (Amended Res. 17-01; Readopted 20-05, 24-09)

8.113 – **Funding for Trauma Care:** ArMA work with other groups, who believe a strong Arizona trauma center is needed, to find additional resources to fund trauma centers; consider resources to fund trauma care, such as legislative referendums raising cigarette taxes, or other dedicated taxes earmarked for trauma care; and identify and work with federal entities to identify federal resources to support trauma services for the military, immigrants and terror incidents. (Res. 10-02; Readopted 16-06, 23-10)

8.114 – **Health Care Payment for Undocumented Persons:** ArMA work with our congressional delegation to provide federal liability indemnification for emergency care of undocumented aliens. (Res. 11-02; Readopted 17-06; Amended and Readopted 42-10)

8.115 – **Treatment of Chronic Pain with Opioids:** ArMA (1) reinstate the ad hoc committee on pain management to consider community-based initiatives designed to build statewide consensus on adequate documentation for patients managed with opioid medication, from among experts in pain medicine, addiction medicine, government, pharmacies and primary care specialties; (2) if that committee finds that physician practice or patient care will be enhanced by the widespread use of such documentation guidelines, the committee recommend to ArMA that development of consensus guidelines for documentation be supported by ArMA and that the product of this effort and its purpose be made available to all Arizona physicians using all available ArMA resources; and (3) if the committee finds that physician practice or patient care will be enhanced by the widespread use of such documentation guidelines and such guidelines are developed, ArMA elicit and disseminate to its members comment from the Arizona Medical Board and the State DEA office on the documentation guidelines. (Amended Res. 19-03; Readopted 59-07)

8.116 – **Guidelines for the Ethical Management of Pain:** That ArMA continue its efforts to create Arizona safe harbor pain guidelines and documentation templates with the DEA and Arizona Medical Board. (Res. 8-05, Amended 17-09)

8.117 – **Generic Laboratory & Radiology Requisitions:** ArMA work with laboratory and radiology providers and insurers to develop standardized lab requisition and radiology request forms to be accepted by all providers of these services statewide. (Res. 18-02; Readopted 19-06, 25-10)

8.118 – **Convening a Task Force about the Ordering Physician’s Responsibility to Report Test Results to Patients:** ArMA will form a task force of various specialty societies and physicians to evaluate optimal methods for the communication of clinical test results to patients and their primary care physicians. (Res. 8-09)

8.119 – **Cancer Registries:** ArMA encourages physicians to actively participate in cancer registries. (Amended Res. 9-03; Amended 58-07)

8.120 – **The Role of Community Physicians:** ArMA strive to support private practice physicians through public education, advocacy and convening payers, hospitals and physicians to enhance the ability of community-based, private physicians to meet the needs of their patients. The Arizona AMA delegation will introduce a resolution to the June 2008 AMA House of Delegates urging the AMA to create a mechanism for the representation within the AMA of the specific interests of community physicians and physicians in private practice. (Amended 6-08)

8.121 – **Medical Records and Referred House of Delegates Resolution Updates:** ArMA staff prepare a report about the fate of 15-05 for the ArMA Board of Directors for discussion or distribution at one of the Board’s next two meetings; and that resolutions that are referred by the House of Delegates should be subject to report to the following year’s House of Delegates. (Res. 12-07)

8.122 – **Arizona Medical Records Law:** ArMA work to educate physicians about the simplest and easiest method to comply with Title 32, Chapter 32, Article 1, Arizona Revised Statutes Section 32-3210, Medical Records; Protocol; Unprofessional Conduct; Corrective Action; Exemption. (Amended Res. 13-07)

8.123 – **Electronic Medical Records:** That the Arizona Medical Association’s AMA Delegation will introduce a resolution to the June 2008 American Medical Association House of Delegates urging the AMA to exert leadership in the development of a national program of electronic medical records; and the AMA be urged to work with insurers, the health care industry, government agencies and others to ensure that electronic medical records programs be secure, HIPPA-compliant, uniform, readily available, user friendly, interoperable and affordable for physicians and other providers of health care. (Amended 10-08)

8.124 – **E-Prescribing:** That the Arizona Medical Association encourages the President, Executive Branch and Congress of the United States to work closely with the Drug Enforcement Agency (DEA) to develop a workable regulation that will allow the electronic prescribing of all prescribable controlled substances; and through its AMA delegation, urge the American Medical Association to encourage the President, Executive Branch and Congress of the United States to work closely with the Drug Enforcement Agency (DEA) to develop a workable regulation that will allow the electronic prescribing of all prescribable controlled substances. (Amended 11-08)

8.125 – **Vaccine Pricing Practices:** ArMA will aggressively work with the Arizona Department of Insurance to ensure:

1. Payment for vaccines by insurance carriers, based on realistic costs as determined by local and national survey data;
2. Use of the Centers for Disease Control’s price list for private purchases as the best source for vaccine purchase price;
3. Establish a method to monitor payments for vaccines, especially when new vaccines are introduced and when manufacturers raise prices, to assure these are reflected in compensatory increases in payments to physicians; and ArMA will discuss with Arizona health insurance companies the need for them to provide reasonable, current vaccine fee schedules based on realistic costs as determined by local and national survey data. (Amended Res.10-10)

8.126 – **Pricing of Vaccines:** ArMA support the efforts of the Arizona Chapter, American Academy of Pediatrics to discuss with insurance company medical directors new vaccines and prices transparency in prices with a goal of improving immunization rates in our state. (Res. 16-05, Amended 21-09)

8.127 – **Food and Drug Administration:** Arizona’s congressional delegation be urged to support legislation that would ensure adequate input into all Food and Drug Administration regulations by practicing physicians. (Res. 13-74; Readopted 51-91, 42-95, 36-99, 33-03, 40-07)

9.000 – HIV/AIDS

9.100 – AIDS-HIV Infection: ArMA recommends and supports a public health program: (1) to identify the HIV positive people in Arizona through HIV case contact identification by supporting legislation mandating testing of exposed contacts and requiring education to prevent transmission or acquisition of the HIV; (2) to protect the uninfected patient from an infected physician or other provider by strict universal barrier precautions as recommended by the American Medical Association and the CDC; (3) to protect the physician or other provider from the infected patient through strict universal barrier precautions; (4) to educate and win the cooperation of asymptomatic HIV-infected people to prevent the further spread of the virus by guaranteeing confidentiality and providing medical care and early treatment for AIDS as medically indicated as well as a public education program stressing the importance of identifying HIV carriers to prevent the spread of HIV infections and to promote the ethical responsibility of all to stop the epidemic; (5) to encourage physicians to incorporate risk-taking histories as a routine part of their practice and, based on these assessments, offer HIV testing to their patients; (6) to continue to use scientific data in developing its policies to prevent transmission of HIV infection; and (7) to continue its policy that, due to the AIDS epidemic, patients, physicians and other health care workers should be encouraged to volunteer for HIV testing whenever they feel an exposure may have occurred and that such testing should occur within uniform regulatory criteria. (Amended Res. 14-92; Readopted 29-96, Res. 18-00; Amended 29-04; Readopted 27-08)

9.101 – **HIV/AIDS, Hepatitis C and Other Blood Borne Pathogens:** ArMA recognizes that HIV/AIDS, Hepatitis C and other blood borne pathogens present a serious health threat in Arizona and elsewhere and encourages its members to (a) recommend early screening for the HIV/AIDS and Hepatitis C viruses

whenever any patient engages in high risk activities; and (b) recognize the public health risks of these diseases and encourage their patients to refrain from engaging in high risk activities. (Res. 8-03; Amended 57-07)

9.102 – Position of the Arizona Medical Association Regarding HIV Infection and Acquired Immune Deficiency Syndrome (AIDS):

I. Testing

A. Routine

1. Blood and blood product donors.
2. Organ and tissue donors.
3. Donors of semen or ova for artificial insemination or in vitro fertilization.
4. Banked breast milk donors.
5. Other body fluids or parts used in medical research, therapy, or transplantation to other persons.
6. Prenatal testing.

B. Voluntary

Physicians are urged to routinely assess behavioral factors that may increase patient risk of blood borne infections or sexually transmitted diseases.

1. Individuals in high risk groups: gay/bisexual men, intravenous drug users sharing needles, recipients of blood and blood products between 1977 and 1985, prostitutes and individuals who have multiple sex partners, infants born to HIV-infected mothers and rape and sexual abuse victims
2. Individuals presenting with multiple signs and/or symptoms suggesting HIV infection.
3. Individuals incurring significant exposure to blood or body fluids containing blood, which occurred in spite of the utilization of standard precautions. Testing of such individuals should begin immediately and be repeated at three months and at six months.
4. Individuals diagnosed with tuberculosis.
5. Individuals diagnosed with sexually transmitted diseases.
6. Individuals in high risk groups prior to routinely receiving live vaccine (measles, mumps, rubella, oral polio, yellow fever or oral typhoid). Measles vaccine is recommended for use following exposure to disease when the patient is susceptible.
7. All those who desire to be tested.

Physicians should be aware that free anonymous testing is available through local health departments.

C. Partner Identification/Notification

ArMA strongly supports aggressive identification, notification and education of partners by HIV infected individuals, their physicians, and state and local health departments. ArMA urges the Arizona Department of Health Services to continually monitor, evaluate and encourage voluntary contact notification and education and supports adequate funding of this activity by the legislature.

II. Informed Consent/Confidentiality/Insurance

A. Physicians should be familiar with the provisions of the written or oral informed consent statutes and complementary rules.

B. Physicians should inform their patients that positive results are reportable to health authorities and become part of the medical record to which non-health personnel may have access.

C. Physicians should inform their patients that there may be legal, social, and economic ramifications of engaging in the testing process.

D. Patients should be advised of the difference between "confidentiality" where information is protected by statutory authority and "anonymity" where the patient's name is unknown.

E. ArMA urges physicians to adhere to the provisions of ARS 36-664 and 36-665 concerning the release of confidential communicable disease information.

F. ArMA supports the Department of Insurance established anti-discrimination guidelines and encourages that patients be advised of these protections against discrimination.

III. Counseling

Counseling of patients who test positive for HIV is a legal requirement and should include:

A. How the disease is spread and means to avoid further disease transmission.

B. Partner (contact) notification, with the advice that assistance is available from the local health department.

C. Information on the course of the disease.

D. The legal, social, and economic ramifications of the disease and the testing process.

E. The medical benefits of early intervention and treatment for HIV infection and associated opportunistic infections.

IV. Standard Precautions

A. ArMA recommends the continued use of standard precautions both in the hospital and office settings as well as careful and cautious disposal of medical sharps.

B. ArMA recommends that the use of barrier protection be consistent with the expected route and degree of exposure. Gloves are generally sufficient unless aerosolization or splattering of blood or body fluids is routinely expected.

V. Reporting - Use of Data

A. HIV infections including AIDS are defined as a communicable disease by the Arizona Department of Health Services and, as such, are reportable (R9-6-701). ArMA strongly supports timely and complete reporting.

B. Cases of AIDS, suspect cases, and suspect carrier reports are required. "Suspect carrier" means a person without clinical symptoms of the disease but who tests positive for HIV by culture, antigen, antibodies, or viral genetic sequence detection.

VI. Education

A. The Arizona Department of Health Services will work with other education providers (i.e., AIDS Education Training Center and The American Red Cross) to ensure that the educational needs of the professional and lay communities are met.

B. AIDS related educational seminars should be available for all Arizona physicians. ArMA feels that it is the responsibility of every physician to become educated and keep abreast of the latest medical and scientific evidence on this subject.

C. ArMA should work with the Arizona Department of Health Services, local health departments and the area health education centers to disseminate information to all involved medical professional organizations.

D. Public education efforts must be directed primarily towards those currently infected with HIV to teach them how to avoid spreading HIV to others and those individuals who are not infected with HIV to teach them how to remain HIV negative and should be organized and coordinated by the Arizona Department of Health Services.

VII. Treatment Recommendations

A. ArMA encourages every physician to share in the responsibility of care of HIV infected individuals.

B. Current scientific advances have indicated that treatment for some asymptomatic HIV positive individuals is beneficial and available.

C. Should a physician be unable to treat HIV infected patients, the physician must refer that patient to one who will provide necessary care; and, when appropriate, make a reasonable effort to ensure the continuity of care and orderly transfer of records to the patient's new treating physician.

D. Consistent with state and federal law, a physician must inform another physician to whom he/she refers a patient with HIV disease of the patient's diagnosis.

E. ArMA should support efforts to increase available funding for the prevention and treatment of patients with HIV infections. (Res. 11-91; Amended 47-95, Referred to Executive Committee as Res. 51-99 for review and revision as necessary; Amended 6-01; Readopted 34-05, 35-09)

10.000 HOSPITAL RELATIONSHIPS

10.100 – **Hospital Involvement:** ArMA supports the appointment of medical staff members to hospital governing boards. (Adopted Res. 1-84; Amended 13-88, Readopted 29-92, Amended 38-96, Readopted 22-00; Amended 31-04, 28-08)

10.101 – **Hospital Medical Staff Self-Governance:** ArMA believes that the organizational and structural mechanism best suited to protecting patients' interests is the self-governing medical staff and ArMA supports essentials of self-governance for hospital medical staffs which, at a minimum, include: 1) initiation, development and adoption of medical staff bylaws, rules and regulations; 2) approval or disapproval of amendments to the medical staff bylaws, rules and regulations; 3) selection and removal of medical staff officers; 4) establishment and enforcement of criteria and standards for medical staff membership; 5) establishment and maintenance of patient care standards; and 6) accessibility to a use of independent legal counsel. (Amended Res. 16-89; Amended 33-93, Readopted 33-97, 33-01, 26-05 and 29-09)

10.102 – **Medical Staff Structure:** ArMA reaffirms existing policy supporting the self-governing hospital medical staff and opposes elimination of the requirements for such in the Centers for Medicare and Medicaid Services Conditions of Participation for hospitals. (Amended Res. 16-10)

10.103 – **Medical Staff Responsibility for Patient Care:** ArMA continues to support the concept of the medical staff responsibility for quality of care of hospitalized patients. (Res. 7-83; Readopted 23-87, 32-91, 31-95, 29-99, 27-03 and 36-07)

10.104 – **Physician Members on Boards of Directors of Hospitals:** ArMA urge the governing boards of all Arizona hospitals to provide voting membership on the governing board to the chief or president of the medical staff and additional staff physicians as appropriate. (Amended Res. 15-66; Readopted 43-91, 37-95; Sub. Res. 13-67; Readopted 45-91; Amended 51-95, Combined and Amended as Res. 47-99, Readopted 43-03 and 50-07)

10.105 – **Open Staff Policy in Arizona Hospitals:** ArMA opposes any action by any community hospital or group of hospitals, which would, by action or implication, interfere with the present successful "open staff" policy in effect in the community hospitals of Arizona and will lend its continued support and encouragement to the programs of hospitals practicing "open staff" policy. (Amended Res. 23-67; Readopted 46-91, 39-95, 33-99, 30-03 and 38-07)

10.106 – **Corporate Compliance Resolution:** ArMA opposes any requirement that physicians sign hospital corporate compliance policies in order to obtain hospital privileges. (Amended Res. 15-99, Readopted 20-03, 32-07)

10.107 – **Voluntary Error Reporting System:** ArMA help create, and create support for, legislation to build an anonymous, voluntary, low-cost, non-discoverable hospital error reporting system. (Res. 11-05, 18-09)

10.108 – **Hospitalists:** ArMA firmly believes in the doctor-patient relationship; strongly condemns any attempt to prevent qualified physicians from seeing their patients, billing for their services and being appropriately compensated for that care; opposes mandatory, rather than voluntary, use of hospitalists; and believes the use of hospitalists should only be with the consent of the patient. (Res. 6-02; Amended 33-06; Referred to Executive Committee as Res. 33-06)

11.000 - LEGISLATIVE/ELECTION POLICIES

11.100 – **Commitment to and Support of ArMPAC:** ArMA reaffirms its support of the Arizona Medical Political Action Committee and dedicates itself to the continuation and growth of the political action movement in Arizona. (Res. 6-82; Readopted, 1986, 1990, Readopted 28-94, Amended 46-98, Readopted 36-02, 30-06, 31-10)

11.101 – **ArMA Policy for Proposed Legislation:** ArMA will implement a policy encouraging specialty societies and individual physicians considering legislation that would impact other physicians to submit their proposals to ArMA for evaluation prior to having legislation introduced in order to evaluate consistency with existing ArMA policy and possible impact on patient care. Any legislation introduced on behalf of a specialty society or physician without having been first submitted to and evaluated by ArMA will generally be opposed by ArMA in its legislative advocacy and if, after evaluation of a specialty society proposal, it is determined that issues exist that must be addressed, ArMA will convene the interested parties to attempt to resolve conflicts. (Amended Res. 13-08)

11.102 – **Limitations on Physician Practice:** ArMA's AMA delegation will introduce a resolution at the AMA 2008 annual meeting requesting that, with the intent of improving patient care and promoting interspecialty collaboration, the AMA seek to develop a process for national specialty groups to encourage their state affiliates to work through the state medical association prior to the introduction of any state legislation that seeks to regulate or restrict the practice of other physician groups or specialties. (Amended Res. 12-08)

11.103 – **Increasing the Homestead Exemption:** That ArMA, in partnership with other interested organizations, pursue increasing the homestead exemption in Arizona. (Res. 8-10)

12.000 - MEDICARE

12.100 – **Medicare Pilot Project:** That federal mechanisms be established to preclude the future implementation of demonstration or pilot programs without the consent of the Governor and congressional delegation, with significant input from the Medicare beneficiaries and the provider community to be impacted. (Amended Res. 17-99, Amended 44-03, Readopted 51-07)

12.101 – **Medicare Advantage Program Budget Reduction:** That ArMA's AMA delegation will introduce a resolution urging the AMA to express our grave concerns to President Bush and the Congress that a veto concerning the budget reduction in the Medicare Advantage Program with a corresponding increase in Medicare physician fee schedule would be an egregious error." (Amended Res. 17-08)

12.102 – **Permanent Fix for the Sustainable Growth Rate Formula:** ArMA will: 1) fight for a permanent fix to the Sustainable Growth Rate; 2) do everything possible to ensure all of Arizona's congressional delegation know that ArMA considers a permanent fix to the Sustainable Growth Rate to be a priority of the highest order and 3) seek the support of every specialty society in Arizona for this position. (Res. 17-10)

13.000 - NON-PHYSICIAN PROVIDERS

13.100 – **Lay Midwifery:** ArMA 1) affirm it is not in the best medical interests of women and their newborns to be delivered by non-medical personnel; and 2) reaffirm its endorsement of certified nurse midwives as appropriate providers of obstetrical care. (Amended Res. 21-93; Readopted 30-97, Amended 40-01; Readopted 31-05, 32-09)

13.101 – **Physical Therapy:** ArMA 1) strongly opposes any effort by any group to inhibit or disallow the ability of physicians to hire physical therapists, and 2) encourages and supports curricula in which physical therapists are educated to the patient and professional benefits inherent in a physician-directed relationship. (Res. 10-86; Readopted 18-90, 25-94, 41-98, 34-02, 28-06, 30-10)

13.102 – **Laser Surgery:** The Arizona Medical Association adopts as policy the following definition of "surgery" from the American College of Surgeons Statement ST-11: "Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed or manipulated by closed reductions for major dislocations or fractures or otherwise altered by mechanical, thermal, light-based, electromagnetic or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs and the central nervous system also is considered to be surgery (this does not include the administration by nursing personnel of some injections, subcutaneous, intramuscular and intravenous, when ordered by a physician). All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife or scalpel." Further, ArMA adopts as policy AMA policy H-475.983, which states that patient safety and quality of care are paramount and, therefore, patients should be assured that individuals who perform these types of surgery are licensed physicians (defined as doctors of medicine or osteopathy) who meet appropriate professional standards. (Res. 18-91; Readopted 28-95, 27-99, 25-03; Referred to Executive Committee as Res. 25-03 for review and revision as necessary; Amended 9-08)

13.103 – **Physician Supervision of Paramedical Specialists:** ArMA continue to support the concept that a physician be involved in the supervision of all professionally related paramedical specialists. (Res. 10-83, Readopted 24-87, 33-91, 32-95, 30-99, 28-03, 37-07)

13.104 – **Optometrists and the Use of Drugs:** ArMA shall actively oppose any legislation, the purpose of which is to directly or indirectly extend to optometrists the authority to practice medicine or surgery. (Sub. Res. 4-77; Readopted 56-91, Amended 52-95, Res. 40-99, 36-03 and 43-07)

13.105 – **Use of Term "Medical:** ArMA seek to limit or eliminate the use of the terms modifying the titles of non-MD/DO providers that would mislead the patient into believing they were dealing with a medical doctor. (Amended Res. 23-07)

14.000 – ORGAN/TISSUE DONATIONS

14.100 – **Tissue and Organ Donors:** ArMA encourage education of physicians, hospital personnel, lay groups and the general public to improve the donation of tissue and organs for transplant. (Res. 4-82; Readopted, 1986; Res. 20-90, Res. 26-94 and 42-98; Referred to ArMA's Ad Hoc Public Health Committee for study and report back, as Res. 40-02, Amended 3-03, Readopted 30-07)

15.000 - PATIENT RIGHTS

15.100 – **The Right of All Patients to Purchase Medical Care:** ArMA urge the government not to interfere with the right of contract between patients and physicians, and that this include the right of patients to pay and physicians to accept a mutually agreeable fee. (Res. 14-05, 20-09)

15.101 – **Patient Rights in the Health Care Environment:** ArMA adopts the following patient right principles: (1) The ability of patients to freely choose and continue to see the physician of their own choice. (2) The ability of patients to obtain standardized information about all health plans offered in the state; and directs ArMA's Committee on Legislative and Governmental Affairs to review the provisions of the Norwood-Dingell Bill. (Amended Res. 22-96; Amended 27-00, Readopted 33-04, 29-08)

15.102 – **Elimination of Intrusion into the Doctor/Patient Relationship and Protection of Patient Confidentiality:** ArMA strongly supports the sanctity of the doctor/patient relationship; believes no physician should ever be compelled to betray the private trust inherent in this relationship; believes medical records should remain private and inviolate; believes medical information should never be shared outside of the physicians engaged in direct patient care without the written consent of the patient; and believes medical information should not be entered into a non-clinical networked computer system without the explicit consent of the patient, unless the information is collected for research or tracking purposes and contains no patient identifying information. (Amended Res. 15-98; Readopted 22-02, 20-06, 26-10)

16.000 - PHYSICIAN PARTICIPATION IN EXECUTIONS

16.100 – **Physician Participation in Legal Executions:** ArMA supports the AMA's position (cited as 32.010S in the 1990-91 AMA Policy Compendium Supplement) by opposing any and all attempts by state law, rules or regulations which would require physician participation in executions, except for the legal determination and certification of death. (Amended Res. 4-92; Readopted 26-96, 16-00, 19-04, Amended 34-08)

17.000 - PHYSICIAN RECOGNITION

17.100 – **Commendation of Physicians in Public Service:** ArMA commends those physicians who have committed their time, talent and financial resources to campaign for and serve in public office or in US uniformed services. (Res. 15-89; Readopted 32-93, 32-97, 32-01, 25-05, Retitled and Amended 28-09)

18.000 - PUBLIC HEALTH

18.100 – **Universal Immunization Access:** The Arizona Medical Association will continue 1) to actively work with interested parties to develop and enact the means whereby affordable vaccines are made available to physicians' offices creating greater access to immunizations for primary immunization programs 2) to educate providers with respect to Arizona's immunization efforts and (3) to inform citizens about the importance of immunizations. (Amended Res. 11-92; Readopted 27-96, 17-00, 20-04; Amended 35-08)

18.101 – **Endorsement of the Standards for Pediatric Immunization Practices:** ArMA endorses the National Standards for Pediatric Immunization Practices as published by the American Academy of Pediatrics. (Amended Res. 3-93; Readopted 28-97, 29-01; Amended 39-05; Readopted 38-09)

18.102 – **Routine Childhood Immunizations:** ArMA work to ensure that all insurers, health maintenance organizations and managed care companies that cover immunizations for children provide and pay at a reasonable rate, in a timely fashion, for routine childhood immunizations in compliance with the annual Recommended Childhood Immunization Schedule jointly issued by the American Academy of Pediatrics, the American Academy of Family Practice and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. (Amended Res. 21-99, Amended 47-03, Readopted 54-07)

18.103 – **"Smoke Free" Educational Programs:** That ArMA 1) encourage departments of education to expand health education programs that emphasize the beneficial results of remaining free of the use of tobacco products and are targeted specifically at 8 to 18 year olds, a group highly susceptible to persuasion by tobacco industry advertising; 2) promote the use of appropriate educational films and educational programs that have demonstrated reductions in tobacco use by young people; and 3) work with appropriate organizations to maintain a list of physicians and others recommended as speakers for local radio and television to discuss the ill effects of tobacco usage and to advocate a tobacco-free society. (Res. 5-86; Readopted 16-90, 24-94, 40-98, 35-02; Amended 39-06; Readopted 37-10)

18.104 – **Tobacco Product Sales:** ArMA urges the strict enforcement of laws prohibiting the sale of tobacco products to minors. (Res. 6-86; Readopted 17-90, 31-94, 45-98, 35-02, 29-06; Amended and Readopted 47-10)

18.105 – **Tobacco Policy:** ArMA's policy on tobacco states:

I. That ArMA actively participate in reaching the objective set forth in Healthy People 2000 " to increase to at least 75 percent the proportion of primary care providers who routinely advise cessation and provide assistance and follow-up for all of their tobacco using patients." To this end, the Arizona Medical Association will undertake activities to:

- A. sponsor continuing education workshops which provide training on smoking cessation; and
- B. provide ongoing information updates on cessation intervention and training opportunities via established communication avenues.

II. That ArMA actively participate in the Arizona Tobacco-Free Coalition and commit to work cooperatively with voluntary agencies and advocacy groups that are active on anti-tobacco issues.

III. That ArMA support anti-tobacco legislative efforts aimed at reducing minors' access to tobacco and reducing the number of people who choose to smoke. Specifically, the Arizona Medical Association will:

- A. support and promote passage of youth and tobacco measures which mandate:
 - the licensure of tobacco retailers at state and/or local governmental level
 - a ban on free sampling of tobacco
 - a ban on sales of unpackaged tobacco
 - restrictions on sale of tobacco through vending machines; and

IV. That ArMA participate in efforts to increase tobacco counter-advertising. Specifically, the Arizona Medical Association will:

- A. support and encourage physicians to work with consumer and professional groups in their efforts to generate tobacco counter-advertising;
- B. encourage physicians to publicly express disapproval of tobacco advertisements by attaching a visible label to all magazines in clinics and hospitals; and
- C. create a physician speakers' bureau to make public presentations on tobacco issues.

V. That ArMA reaffirm past actions on smoking and health. Specifically, the Arizona Medical Association will:

- A. actively encourage the establishment of smoke-free hospitals in Arizona; and
- B. work with other organizations to urge all school districts to become smoke-free.

VI. That ArMA support initiatives to abolish the sale of tobacco products in health-related organizations, including drug stores.

VII. That ArMA support education efforts providing public information on the dangers of indoor air pollution resulting from "secondhand" tobacco smoke.

VIII. That ArMA strongly encourage adults, who work with and act as role models for young people, to avoid the use of all tobacco products, especially while in the presence of those young people. (Amended Res. 4-91; Readopted 24-95, Referred to Executive Committee as Res. 49-99 for review and revision as necessary, Readopted 5-01; Amended 33-05; Readopted 34-09))

18.106 – **Reinstatement of Mandatory Helmet Laws:** ArMA actively support, legislatively, the passage of mandatory helmet laws in Arizona (Res. 20-87; Readopted 29-91, 30-95, 28-99, 26-03 and 35-07)

18.107 – **Mass Destruction:** ArMA will help national, state and county health departments with their efforts to prepare for any events of mass destruction. (Amended Res. 8-01; Readopted 18-05, 22-09)

18.108 – **Childhood Obesity:** ArMA supports efforts to: 1) Identify all children at risk for obesity by calculating Body Mass Index percentile at well-child visits; 2) Follow American Academy of Pediatrics guidelines for assessment of obese children for medical complications and employ preventive strategies such as 5-2-1-0 counseling (5 servings of fruits and vegetables - 2 or fewer hours screen time - 1 hour of physical activity - no sweetened beverages daily) as part of routine pediatric care; 3) Encourage schools and child care facilities to adopt best practices aligned with expert recommendations for nutrition and physical activity; 4) Advocate for insurance companies to provide adequate coverage and payment for services provided by physicians and other healthcare professionals that support the expert recommendations for prevention, assessment and management of childhood obesity; to cover nutrition/dietician services for children; and to maintain a sufficient nutrition/dietician network skilled in working with children and youth. (Res. 14-10)

18.109 – **Disaster Planning:** ArMA continue to develop and refine readily available information for office-based physicians as to their role in various disaster situations. (Res. 18-07)

18.110 – **Emergency System Crisis:** ArMA's Executive Committee develop a program to draw to the attention of the public, regulators, government officials, legislators and the governor, the continuing decay of the emergency care system in our state and urge action on all fronts to seek ways to address this escalating crisis. (Amended Res. 20-07)

18.111 – **ArMA Support Reduction in Air Pollution:** ArMA support finding effective solutions to air pollution. (Res. 29-03; Amended 60-07)

18.112 – **Tax Credit to Disadvantaged Area Medical Practices:** That ArMA actively support federal legislation to grant federal income tax credit to medical practices established in disadvantaged communities and areas of critical physician need; and state legislation to grant state income tax credit to physicians who establish medical practices in disadvantaged communities and areas of critical physician need. (Amended Res. 4-73; Readopted 49-91, 40-95, 34-99, 31-03; Amended 44-07)

18.1143 – **Food Safety Concerns:** ArMA encourage the promotion of physician and public education concerning food safety and food borne illness, including food selection, storage, handling and preparation and the ArMA Ad Hoc Public Health Committee continue to work with appropriate agencies, such as Arizona Department of Health Services, to promote food safety. (Amended Res. 3-07)

18.114 – **Non-Physician Clinics in Retail Settings:** ArMA recommend that all episodic care clinics encourage patients to establish care with a primary care physician to ensure continuity of care. (Amended Res. 3-06; Amended and Readopted 39-10)

18.115 – **Retail Medical Clinics:** That the Arizona Medical Association work with the American Medical Association to request appropriate state and federal agencies to regulate ventures between store-based clinics and the stores in which they are located with an emphasis on the inherent conflicts of interest in such relationships, patients' welfare and risk and professional liability concerns and the Arizona Department of Health Services be urged to ensure that its licensing division has applied and will continue to apply the same standards to retail clinics as to other outpatient treatment center licensees as are appropriate to their limited scope of practice. (Amended Res. 2-08)

18.116 – **Recognition and Appropriate Testing for Valley Fever:** ArMA support the education of physicians and the public about the recognition and appropriate testing and its interpretation of coccidioidomycosis to ensure early intervention and treatment. (Amended Res. 16-07)

19.000 - PUBLIC POLICY

19.100 – **Health Care Legislation:** That any health care commission or panel designed and mandated by the Arizona Legislature include a practicing physician recommended by the Arizona Medical Association and licensed in Arizona as a full voting member. (Res. 2-84; Readopted 14-88, 30-92, Amended 39-96, Amended 33-00; Readopted 25-04, 25-08)

19.101 – **Foreign Language Requirements:** ArMA continue to monitor activity regarding modification or elimination of the Policy Guidance on Implementing Federal Executive Order 13166 (which requires the provision of translators for any given language in physicians' offices at the expense of the physicians) and report to the Board of Directors as appropriate. (Res. 3-01; Amended 32-05, 33-09)

19.102 – **Duty-Free Medical Equipment and Supplies Donated to Foreign Countries:** ArMA will work with the Arizona state government, the Arizona-Sonora Border Commission and the U.S. Border Health Commission to develop a mechanism allowing for duty-free donations of medical supplies and equipment to Mexico intended for the care of the medically underserved and not for resale or profit. (Res. 5-04, Amended 30-08)

19.103 – **Scientific Integrity:** ArMA will continue to urge the federal government to use only sound medical science to formulate public health decisions to safeguard scientific integrity in federal policymaking. (Res. 8-04; Amended 31-08)

19.104 – **Expert Witness Testimonial Abuse:** 1) ArMA develop standards of professionalism that encompass guidelines for impartial and fair testimony, reasonable compensation for that testimony and professional relations with colleagues and ArMA's Executive Committee pursue means to hold expert witnesses accountable for their testimony and work with the Arizona Medical Board and the Legislature as needed to develop and implement a regulatory program. (Res. 2-05; Amended 16-09)

19.105 – **Protecting Physicians' Due Process Rights:** ArMA declares that physicians shall refrain from enabling any process that deprives a colleague of procedural or substantive due process and that engaging in sham peer review shall constitute unethical conduct. (Amended Res. 2-06; Amended and Readopted 38-10)

19.106 – **Sham Peer Review Education:** ArMA educate physicians about the existence, characteristics and legal implications of sham peer review and how physicians involved in peer review can make the system work in a fair and just manner and through its AMA delegation, urge the American Medical Association to address the issue of sham peer review. (Res. 15-07)

19-107 – **Peer Review; Best Practices:** ArMA will work to ensure that hospital peer review be unbiased so that it shall only be used to make valid clinical decisions that improve patient care. (Amended Res. 13-10)

19-108 – **Restoring the Independence of the Office of U. S. Surgeon General:** ArMA will inform the Arizona congressional delegation and other organizations such as the Arizona Osteopathic Medical Association, the Arizona Public Health Association and the Arizona Nursing Association about the need to strengthen the Office of the United States Surgeon General; and through its AMA delegation, urge the AMA to:

- call for the Office of the United States Surgeon General to be independent in order to fulfill his/her highest calling to promote the health and welfare of all people and not be subject to the ideology of politics and instead be guided solely by science and the integrity of his/her calling as a physician;
- support the return of the Office of the United States Surgeon General to its esteemed position as the "nation's doctor;"
- support independent budget authority for the Office of the United States Surgeon General

(Res. 4-08)

20.000 - REGULATION/LICENSURE

20.100 – **Arizona Licensure Uniformity:** ArMA supports medical licensure by examination or reciprocity based on documented adequate medical education, knowledge, skill and competency; opposes discrimination in medical licensure, hospital staff appointments and re-credentialing of privileges based upon graduation from a medical school outside the United States and Canada; and opposes any legislative policies or actions that foster discrimination based on graduation from a medical school outside the United States and Canada. (Res. 13-90; Readopted 23-94, 39-98, 32-02, 27-06, 29-10)

20.101 – **Arizona Medical Board Confidentiality:** ArMA work with the Arizona Medical Board and the Legislature and consider development of legislation, if necessary, that would protect the anonymity of both patients and physicians at Arizona Medical Board meetings to ensure the reputation of the physician will survive should resolution be found in favor of the physician. (Amended Res. 19-94; Readopted 37-98, 31-02; Amended 38-06; Readopted 36-10)

20.102 – **Review of the Arizona Medical Board:** ArMA shall periodically convene an impartial group of physicians to review the Arizona Medical Board's activities relative to disciplinary action for physicians and report their findings to ArMA's Board of Directors along with any recommendations for changes. (Res. 23-97; Amended 38-01; Readopted 40-05, 39-09)

20.103 – **Arizona Medical Board; Physician Advocacy:** ArMA continue to monitor the activities of the Arizona Medical Board and to advocate that all appropriate due process be accorded physicians involved in Arizona Medical Board investigations. (Amended Res. 10-00, Amended 28-04; Readopted 26-08)

20.104 – **Arizona Medical Board:** ArMA establish a task force to review the current system for adjudicating complaints by the Arizona Medical Board and determine if system changes can be implemented that would improve due process and reduce the need for legal representation at the initial stages of investigation. (Amended Res. 21-07)

20.105 – **Arizona Medical Board:** That ArMA shall continue to work collaboratively with the Arizona Medical Board on issues of due process through a joint committee to develop solutions satisfactory to both parties. (Amended Res. 18-08)

20.106 – **Elimination of Non-Disciplinary Actions from Arizona Medical Board Website:** ArMA's House of Delegates supports and encourages efforts to remove non-disciplinary actions from the Arizona Medical Board website. (Res. 12-09)

20.107 – **Encouraging Arizona State Board of Nursing Website to List Advance Practice Nurses' Information:** Supports efforts to encourage the Arizona State Board of Nursing to list on its website the same categories of information for advanced practice nurses as are listed on the Arizona Medical Board website for physicians and physician assistants. (Res. 15-09)

20.108 – **Removing Barriers to Physician Recruitment:** ArMA work with the Arizona Medical Board to determine if current licensing requirements can be modified without compromising patient safety and care. (Amended Res. 6-06; Readopted 22-10)

20.109 – **Diagnostic Imaging:** ArMA investigate and address the increasing costs of diagnostic imaging services. (Amended Res. 22-07)

20.111 – **Arizona Medical Board CAM Guidelines:** ArMA shall refer the Arizona Medical Board's guidelines for use of complementary of alternative medicine (CAM) to an appropriate body or committee within the organization to solicit input or testimony about concerns from physicians in Arizona and will contact the Arizona Medical Board to determine how the CAM Guidelines will be used by the Board, its investigators and consultants and communicate its findings to the ArMA membership. (Res. 14-08)

20.112 – **ArMA Support of Industry Sponsored Continuing Medical Education:** The ArMA AMA Delegation will oppose the adoption of Report 1 of The AMA Council on Ethical and Judicial Affairs entitled “Industry Support of Professional Education in Medicine” and will introduce a resolution to the 2008 AMA Annual meeting indicating ArMA’s support for Continuing Medical Education (CME) in the form of unrestricted grants. (Amended Res. 20-08)

21.000 - TERMINATION OF PREGNANCY

21.100 – **ArMA’s Position on Abortion:** ArMA reaffirms its position of "no position" on abortion. (Amended Res. No. 3-97; Readopted 25-01; Amended 37-05; Readopted 36-09)

22.000 - TORT REFORM/LIABILITY

22.100 – **Professional Liability Concerns:** ArMA exert all appropriate efforts on a local and national level to correct the inequities of the current tort system. (Sub. Res. 14-90; Amended 30-94, Readopted 44-98; Amended 38-02; Readopted 32-06, 33-10)

22.101 – **Federal Preemption of Certain States:** ArMA urge the AMA to support medical malpractice tort reform on the federal level that will establish a national maximum cap on non-economic damage awards that preempt state constitutional, statutory, regulatory, and/or common laws that do not allow a cap on such awards or set limits which exceed the federal maximum. (Amended Res. 17-95; Readopted 25-99, 23-03 and 34-07)

22.102 – **Tort Reform:** ArMA 1) increase its efforts in organizing physicians to promote and secure liability reform in Arizona through appropriate legislation; 2) keep its members current on the status of federal liability reform efforts; and 3) encourage Congressional support of federal liability reform to develop a realistic proposal, i.e., allowing flexibility in limits on non-economic damages, as soon as possible. (Amended Res. 7-03; Readopted 31-07)

22.103 – **Professional Liability Insurance:** In view of the severe and escalating difficulty in obtaining affordable professional liability insurance, the Arizona Medical Association shall take a leadership role seeking public awareness and involvement of key individuals, organizations and regulatory bodies to identify and implement solutions. (Amended Res. 11-04; Amended 32-08)

22.104 - **Liability Protection for Volunteer Physicians:** ArMA and the component county and specialty societies shall ask state legislators and the Governor to establish a mechanism to protect physicians who provide free care to the uninsured from liability lawsuits when performing volunteer work within their scope of training and experience. (Amended Res. 35-04; Amended 40-08)

22.105 – **Arizona Medical Liability Reform:** ArMA’s House of Delegates favors continuing efforts aimed at meaningful, comprehensive tort. (Res. 13-05; Retitled and Amended 19-09)

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Bioethical Opinions

1.0 - **Termination of Life:** ArMA opposes the participation of a physician in the termination of a patient's life by the administration of any agent or the use of any means to terminate a patient's life. (Adopted 6/8/91)

2.0 - **Physician-Assisted Suicide:** ArMA opposes enactment of any type of Federal or State legislation that would require a physician to provide the medicines, techniques, or advice necessary for a patient to pursue a course of suicide, or which would require a physician who is unwilling to participate in suicide to refer the patient to a physician who would be willing to do so. (Adopted 6/8/91)

[Guidelines adopted in 1990 regarding ArMA's Committee on Bioethics and its opinions, to which the committee continues to adhere during its deliberations, etc., are:

"The functions of the Committee on Bioethics are to (1) develop and implement bioethical educational programs to the benefit of the public, the community of health care providers, and the profession; (2) review Association policies and positions of other organizations with respect to their bioethical considerations; (3) selectively accept requests for bioethic reviews; (4) coordinate bioethical research among Arizona's physicians; (5) communicate with the Arizona Bioethics Network or its successor; and (b) respond to committee assignments and referrals from the House of Delegates.

"The committee shall be comprised of physicians with consultants being appointed by the chair when deemed appropriate. During its deliberations, the committee shall take into consideration the opinions of the Council on Ethical and Judicial Affairs of the American Medical Association. All committee reports, which may or may not require action, shall be arrived at by a two-thirds majority of a quorum and shall be presented to the Board of Directors as majority reports; minority reports will be presented to the Board when offered.

"Formal Opinions of the Committee shall be arrived at by consensus and submitted to the House of Delegates for action. The committee on Reports and Resolutions shall either recommend acceptance or rejection of each Formal Opinion, but shall not amend or alter same. The House of Delegates may either accept or reject each Formal Opinion, but shall not amend or alter same."

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