Resolution 1-S19. Seeking Legislation to Prevent Extending Drug Patents

(Sponsor: Florida Chapter)

WHEREAS, prescription drug costs are rising; and

WHEREAS, the price of generic medications is increasing; and

WHEREAS, patients not being able to afford medications impacts their care; and

WHEREAS, pharmaceutical companies will change indications for medications to extend patents; and

WHEREAS, the chemical structure of a drug itself has not changed; and

WHEREAS, curtailing drug costs is essential for reducing health care expenditures; and

WHEREAS, allowing more medications to become generic will reduce the cost burden; therefore be it

RESOLVED, that the Board of Regents seeks legislation or lobbies appropriate regulatory agencies, in the most appropriate legal manner, to prevent an extension of a drug patent based on new indications if it does not represent a significant change in the chemical structure of the medication.

Resolution 2-S19. Preventing Pharmaceutical Companies from Rebranding Prescription Generic Medications

(Sponsor: Florida Chapter)

WHEREAS, the cost of pharmaceuticals has increased; and

WHEREAS, patients rely on low cost medications to treat their conditions in an affordable manner; and

WHEREAS, pharmaceutical companies will rebrand prescription generic medications with a new name and label them as branded generics; and

WHEREAS, this rebranding of prescription generic medications allows insurance companies and pharmacy benefit managers to charge a higher price for prescription generics; and

WHEREAS, the insurance companies and pharmacy benefit managers can exclude certain branded generics from a formulary; and

WHEREAS, these actions negatively impact patient care by preventing the patient from being able to afford prescription generic medications; therefore be it

RESOLVED, that the Board of Regents contact the appropriate government agencies and support legislation and regulations that would prevent pharmaceutical companies from rebranding prescription generic medications that are then sold as higher cost brand name prescription medications.

Resolution 3-S19. Allowing Patients Covered Under Federal Health Insurance Programs to be Able to Use Prescription Drug Coupons and Co-pay Cards

(Sponsor: District of Columbia Chapter)

WHEREAS, access to care is a priority under ACP policy; and

WHEREAS, the high cost of prescription medications is a barrier to access to care; and

WHEREAS, patients covered under commercial health insurance have access to prescription drug coupons and co-pay cards to help offset or eliminate out-of-pocket expenses for prescription medications; and

WHEREAS, patients covered under Medicare and other federal health insurance programs are denied access to prescription drug coupons and co-pay cards if they wish to use their insurance for prescription coverage; and

WHEREAS, there is an inherent sense of unfairness with this discrepancy between the potential out-of-pocket expenses for prescription medications between patients simply based on whether they have commercial health insurance or federal health insurance; and

WHEREAS, lack of access to prescription drug coupons and co-pay cards can be a real hardship to patients covered under federal health insurance programs; therefore be it

RESOLVED, that the Board of Regents develops policy supporting that patients covered under federal health insurance programs will be able to use prescription drug coupons and co-pay cards with their insurance, and lobbies the federal government to implement such policy by amending the anti-kickback statute of the Social Security Act (section 1128B)**; and be it further**

RESOLVED, that the Board of Regents will not advocate that patients covered under state insurance programs, such as Medicaid or Medi-Cal, be allowed to use prescription drug coupons and co-pay cards when using their insurance because those patients are not subject to the same potentially burdensome out-of-pocket expenses as patients covered under Medicare and other federal health insurance programs.

Resolution 4-S19. Applying Anti-Kickback Rules to all Individuals and For-Profit Companies That Provide Healthcare Services

(Sponsor: District of Columbia Chapter)

WHEREAS, the American College of Physicians has promoted policy aimed at improving the cost, safety, and appropriateness of medication prescribing to patients; and

WHEREAS, one of the American College of Physicians' Mission and Goals is to advocate for responsible positions on individual health and on public policy relating to health care for the benefit of the public and our patients; and

WHEREAS, the practice of some pharmacies to provide financial incentives to patients to receive acute care treatment in their stores may influence patients to receive medical care which is inappropriate for them and for which their patients might otherwise first check with their providers as to the appropriateness of such treatment; therefore be it

RESOLVED, that the Board of Regents will advocate for applying anti-kickback rules without any exceptions to all individuals and for-profit companies that provide any healthcare service and will lobby the appropriate government agencies to accomplish this.

Resolution 5-S19. Determining the Average Costs to Medical Practices of Use of Health Information Technology, EHR Enhancements, and Improved Interoperability, and Protecting Physicians from These Costs

(Sponsor: New York Chapter)

Please note: this resolution results from two separate resolutions that were merged into a single resolution at the request of ECBOG.

WHEREAS, the delivery of healthcare is being transformed through the use of technology, physicians need to keep up with new technology and are increasingly dependent upon it; and

WHEREAS, technology has resulted in enormous cost increases to physician practices, including transactional costs for each e-prescription, ongoing costs for the purchase, update, and maintenance of hardware, software and staff support for electronic medical records (EMR) and data sharing; and

WHEREAS, the interoperability of EMR systems is being promoted as a key priority by the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC); and

WHEREAS, EMR systems must be enhanced to improve usability and health information exchange (HIE); and

WHEREAS, CMS and all other payors benefit from the investment of costs, time, and staff needed to use EMR systems; and

WHEREAS, evaluation and management codes were not intended to support these services; and

WHEREAS, the ACP Board of Regents continues to support the use of EMR systems and the interoperability thereof; therefore be it

RESOLVED, that the Board of Regents, independently or in collaboration with other stakeholders, evaluates and makes recommendations to determine the average costs of ongoing use of electronic medical records; and be it further

RESOLVED, that the Board of Regents uses data from a study of the technological cost to practices to recommend reimbursement options that may include federal regulations to mandate third party payers reimburse physicians for these added costs; and be it further

RESOLVED, that the Board of Regents works with the ONC and CMS to include an impact statement with any new EHR requirements to protect physicians from the cost of EHR enhancements and improving interoperability, including expected impact on the workflow of practitioners and their staff and the expected cost of enhancements to physicians and to the healthcare system; and be it further

RESOLVED, that the Board of Regents explores, evaluates and supports ways to ensure that EMR vendors provide government-mandated enhancements to their systems at minimal, or no, added cost burden to physician.

Resolution 6-S19. Advocating for Group Medical Visit Reimbursement Provided via Telehealth

(Sponsor: New York Chapter)

WHEREAS, group visits have been found to be an effective way of achieving access to care for many patients; and

WHEREAS, telehealth is an effective mechanism for providing healthcare services when primary or specialty physicians are not locally available; and

WHEREAS, CMS already provides for Medicare-reimbursement for group telehealth services in kidney disease education (G0420 –G0421), diabetes self-management (G0108-G0109), and health and behavior assessment and intervention (CPT code 96150-96154); and

WHEREAS, CMS Administrator Verma has recently expanded waivers to for telehealth service requirements; and

WHEREAS, ACP supports the expanded role of telemedicine as a method of health care delivery that may enhance patient-physician collaborations, improve health outcomes, increase access to care and reduce medical costs; and

WHEREAS, the adoption of technology in a practice that furthers access and quality of health care needs to be appropriately reimbursed; therefore be it

RESOLVED, that the Board of Regents advocates for the passage of additional federal regulation and/or legislation to mandate Medicare reimbursement to physicians for group medical visits provided via telehealth as determined by the physician as a practical, efficient and effective means to improve patient care, with reimbursement provided on a per-patient basis.

Resolution 7-S19. Enhancing the Ability for Clinicians to Provide Advance Care Planning Services to Medicare Beneficiaries by Lowering Time Requirements and Removing Cost Burdens

(Sponsor: Pennsylvania Southeastern Chapter; Co-sponsors: Arizona, Maine, Massachusetts, and Puerto Rico Chapters)

WHEREAS, advance care planning is defined as making decisions about the care you would want to receive if you become unable to speak for yourself; and

WHEREAS, these decisions are very personal, based on someone's values, preferences, and discussions with loved ones; and

WHEREAS, it is often a clinician who initiates the advance care planning process with patients; and

WHEREAS, advance care planning is under-performed among primary care and subspecialty clinicians due to time constraints, lack of financial incentive, and other barriers; and

WHEREAS, advance care planning has been a paid benefit for Medicare beneficiaries since 1/1/2016 through 2 codes (99497 and 99498), the lowest of which (99497) requires a minimum of 16 minutes spent per the CMS decision to utilize "time-based billing" for these codes; and

WHEREAS, CMS has been specific in the need for some aspect of time documentation for Advance Care Planning; and

WHEREAS, many clinicians do not have adequate time available in their schedules to meet the CMS time-based billing requirements, which limits their ability to be reimbursed for the time they do devote to advance care planning discussions and creates a lack of incentive to hold these vital conversations; and

WHEREAS, many clinicians are not aware of the specifics of the CMS time-based requirements, which can lead to unintentional inaccurate billing, and the ACP educational sheet on Advance Care Planning does not specifically note the time-based requirements beyond "the first 30 minutes" that is commonly cited; and

WHEREAS, financial transparency necessitates discussing the potential cost-sharing requirement with patients during an already emotionally-charged discussion, this presents an additional disincentive for performing advance care planning; therefore be it

RESOLVED, that the Board of Regents strongly advocates for CMS and other insurers to lower the time requirements for time thresholds of codes 99497 and 99498 to 8 minutes and 16 minutes, respectively, and be it further

RESOLVED, that the Board of Regents strongly advocates for CMS and other insurers to entirely remove any cost-sharing requirement for codes 99497 and 99498.

Resolution 8-S19. Amending the Emergency Medical Treatment and Labor Act (EMTALA)

(Sponsor: New York Chapter)

WHEREAS, many patients utilize an Emergency Department for non-emergent care; and

WHEREAS, Emergency Departments are generally overcrowded; and

WHEREAS, it is a national goal to reduce healthcare costs by treating patients at the most appropriate level of care; and

WHEREAS, healthcare outcomes are optimized and costs reduced when patients have an ongoing relationship with a primary care physician; and

WHEREAS, the Emergency Medical Treatment and Labor Act requires that a patient presenting to an Emergency Department receive a medical screening examination; and

WHEREAS, many hospitals have on-site clinics and other services that could perform screening examinations efficiently and effectively; therefore be it

RESOLVED, that the Board of Regents works with congressional representatives to seek the passage of federal legislation that amends the Emergency Medical Treatment and Labor Act to permit medical screening examinations for patients presenting to the Emergency Department at defined locations on hospital grounds based on clinically appropriate criteria and under protocols that ensure that the patients' medical conditions are addressed without jeopardizing their outcomes.

Resolution 9-S19. Updating ACP Policy on the Treatment of the Opioid Epidemic

(Sponsor: Florida Chapter)

WHEREAS, the opioid epidemic is a national health crisis; and

WHEREAS, treatment requires multiple modalities; and

WHEREAS, the current state laws seem to be directed at restricting prescribing of opioids; and

WHEREAS, many rehab facilities are prohibitively expensive; and

WHEREAS, patients with addiction may not have insurance; and

WHEREAS, patients with addiction may not be able to afford rehab facilities; therefore be it

RESOLVED, that the Board of Regents updates its policy to advocate for mandatory government funding and/or insurance coverage of sufficient numbers of drug and substance abuse treatment facilities to address regional needs, that meet appropriate accreditation, quality metrics, and standards of care; and be it further

RESOLVED, that the Board of Regents supports laws that provide patient access to drug and substance abuse treatment centers; and be it further

RESOLVED, that the Board of Regents opposes laws aimed at punishment of physicians who prescribe controlled substances according to appropriate medical guidelines and standard of care.

Resolution 10-S19. Preserving Independent Medical Staffs

(Sponsor: Florida Chapter)

WHEREAS, independent medical staffs help to prevent conflict of interests between corporate owned hospitals and employed physicians; and

WHEREAS, many hospital systems are transitioning to an employed model; and

WHEREAS, limiting hospital staff privileges to employed physicians only can limit access to care; and

WHEREAS, maintaining continuity of care between a patient and a physician is beneficial to a better health outcome for the patient; and

WHEREAS, many health systems are systematically preventing physicians from seeing their patient in the hospital; and

WHEREAS, many hospital systems are limiting staff privileges to employed physicians only; therefore be it

RESOLVED, that the Board of Regents preserves independent medical staffs and supports the policy that hospitals and hospital systems should never prevent physicians from joining hospital staffs or admitting their patients solely based on economic considerations, providing they meet all other clinical and ethical requirements; and be it further

RESOLVED, that the Board of Regents sends a letter to the American Hospital Association requesting them to support the same policy.

Resolution 11-S19. Developing Policy that Encourages Institution-Based Performance Measurement for Preventable Hospital Readmissions

(Sponsor: Council of Resident Fellow Members)

WHEREAS, ACP's Mission includes goals that "establish and promote the highest clinical standards and ethical ideals" and "promote and conduct research to enhance the quality of practice… "; and

WHEREAS, the 30-day readmission rate for patients over the age of 65 on Medicare is close to 15%, with studies suggesting that at least 25% of these readmissions are likely preventable, incurring a significant additional cost to the healthcare system, not to mention the ill effect this may have on patients, families, and overall quality of care [1, 2]; and

WHEREAS, although the Centers for Medicare and Medicaid Services (CMS) now impose financial penalties on hospitals with a readmission rate above the national average with the Hospital Readmissions Reduction Program (HRRP), they have yet to accurately take into account the rate of preventable vs. non-preventable hospital readmissions [3][4]; and

WHEREAS, there exist validated and easily calculable readmission risk assessment tools such as the HOSPITAL score, designed to calculate overall readmission risk, as well as software such as SQLape that extrapolates this data and helps determine readmission preventability, tools that are currently underutilized [1, 2, 5, 6]; and

WHEREAS, institutions can determine their estimated rate of preventable readmissions by using these tools in combination with sample data analysis of their readmitted patients, and can identify specific factors that may lead to preventable readmissions within their hospital system, as demonstrated by the recent multi-center analysis titled "Transitions of Care Program", performed by the organization HOMERuN [1, 7]; therefore it be

RESOLVED, that the Board of Regents develops a policy paper that expresses support for standardized scores for readmission risk assessment, critically appraises the strengths and weaknesses of different scoring options, and outlines this process as an important component in the standard admission and discharge procedures for all institutions; and be it further

RESOLVED, that the Board of Regents collaborates with the appropriate professional organization to encourage quality and process improvement initiatives for individual institutions to determine their estimated rate of preventable readmissions.

References

1. Aubert, C.E., et al., *Simplification of the HOSPITAL score for predicting 30-day readmissions.* BMJ Qual Saf, 2017. 26(10): p. 799-805.
2. Auerbach, A.D., et al., *Preventability and Causes of Readmissions in a National Cohort of General Medicine Patients.* JAMA Intern Med, 2016. 176(4): p. 484-93.
3. (2018, April 27). Readmissions Reduction Program (HRRP). Retrieved May 5, 2018, from https://http://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html
4. Boccuti, Cristina, and Giselle Casillas. "Aiming for Fewer Hospital U-Turns: The Medicare Hospital Readmission Reduction Program." The Henry J. Kaiser Family Foundation, 16 Feb. 2018, http://www.kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/.
5. Donze, J.D., et al., *International Validity of the HOSPITAL Score to Predict 30-Day Potentially Avoidable Hospital Readmissions.* JAMA Intern Med, 2016. **176**(4): p. 496-502.
6. Robinson, R. and T. Hudali, *The HOSPITAL score and LACE index as predictors of 30 day readmission in a retrospective study at a university-affiliated community hospital.* PeerJ, 2017. **5**: p. e3137.
7. Auerbach, A.D., et al., *The Hospital Medicine Reengineering Network (HOMERuN): A learning organization focused on improving hospital care.* Academic medicine : journal of the Association of American Medical Colleges, 2014. 89(3): p. 415-420.

Resolution 12-S19. Recommending that CMS Credit MOC Participation towards Satisfying the MIPS Quality Improvement Requirement

(Sponsor: California Southern I)

WHEREAS, the ACP has initiated a "Patients before Paperwork" campaign that recognizes that administrative hassles and quality reporting burdens can contribute to physician burnout; and

WHEREAS, the ACP has made official statements on the threat that physician burnout is to both ACP members and their patients; and

WHEREAS, Centers for Medicare & Medicaid Services (CMS) is soliciting suggestions for improvement in the current Quality Payment Program (QPP) including the Merit-Based Incentive Payment System (MIPS); and

WHEREAS, physicians are asked to participate in Maintenance of Certification by the American Board of Medical Specialties (ABMS); and

WHEREAS, MIPS's goal is to improve quality of care and the goal of maintenance of certification (MOC) is to maintain/improve quality of care with emphasis on knowledge base; and

WHEREAS, both MIPS and MOC take a significant amount of time from patient care, and both have been described as increasing the hassle and stress on the practicing physician; therefore be it

RESOLVED, that the Board of Regents makes formal recommendations to CMS that MOC participation be given credit towards satisfying the quality improvement portion of MIPS.

Resolution 13-S19. Developing Policy on Optimal Economic Strategies for Improving Patient Health by Reducing Carbon Emissions

(Sponsor: Maine Chapter; Co-Sponsors: Massachusetts, Oregon, Washington and New Jersey Chapters)

WHEREAS, the American Public Health Association says the greatest threat to human health is climate change; and

WHEREAS, in May 2016 the ACP published a Climate Change and Health position paper that recognizes the problem of climate change and urges physicians to support efforts to reduce carbon emissions; and

WHEREAS, the effects of climate change are becoming increasingly obvious with our rising and warming oceans and extreme weather; and

WHEREAS, increasing temperature increases flooding and contaminates water, increases vector borne disease and decreases food security -all of which threaten human health; and

WHEREAS, the increasing temperature and wildfires cause an increase in air pollution and make respiratory illnesses such as asthma and COPD more severe; and

WHEREAS, the Intergovernmental Panel on Climate Change (IPCC) noted in October 2018 that limiting global warming to 1.5°C would require rapid, far-reaching and unprecedented changes in all aspects of society; and

WHEREAS, there are a number of economic approaches that have been proposed to address climate change including a Carbon Fee and Dividend (CFD) and Cap and Trade; and

WHEREAS, Canada has announced that it will adopt a carbon fee and dividend starting in January of 2019 for the provinces that have not already adopted this approach; and

WHEREAS, other approaches to Climate Change such as Cap and Trade might also encourage reduction in carbon emissions, but would not address the burden of the increased costs to the public as does the CFD approach; and

WHEREAS, a number of U.S. states have been participating in or are proposing legislation to participate in a Cap and Trade program; therefore be it

RESOLVED, that the Board of Regents reviews the evidence and develop policy on optimal economic strategies for improving the health of our patients by reducing carbon emissions; and be it further

RESOLVED, that the Board of Regents provides educational resources to its members on the relative value of different carbon tax policies to address the health effects of climate change.

References

Carbon Fee and Dividend: https://citizensclimatelobby.org/carbon-fee-and-dividend/
Carbon Fee and Dividend: http://harvardpolitics.com/united-states/carbon-fee-and-dividend-bipartisan-progress-towards-a-climate-change-solution/
Intergovernmental Panel on Climate Change: http://report.ipcc.ch/sr15/pdf/sr15_spm_final.pdf
Cap and Trade: https://www.arb.ca.gov/cc/capandtrade/capandtrade.htm
2018 National Climate Assessment: https://nca2018.globalchange.gov/?utm_source=fbia

Resolution 14-S19. Supporting Chapters in Effective and Influential Social Media Communication

(Sponsor: BOG Class of 2022)

WHEREAS, effective communication is vital for making ACP members aware of the many Chapter and National ACP activities; and

WHEREAS, social media is an increasingly essential part of a successful Chapter and National communication strategy; and

WHEREAS, ACP Chapter Excellence Award Criteria now include the requirement for Chapters to have "an active social media account that communicates at least monthly with members to enhance networking and community building" and "tracks metrics for social media account" if they intend to meet "Gold Level"; and

WHEREAS, Chapters are struggling with effective social media communication due to the substantial time commitment required, need for content guidelines, and variable Chapter capabilities, technologic ability, and limited staff resources; and

WHEREAS, national ACP already has policy regarding *Online Medical Professionalism* and a significant social media presence consistent with Resolution 07-S12, *Developing a Strategy to Become the Leader in use and Development of Technical Innovations in Communication, Education, and membership Outreach,* which was accepted as reaffirmation; and

WHEREAS, effective Chapter social media communication can work synergistically with national ACP's communication strategies to be the foremost information resource for all internists; therefore be it

RESOLVED, that the Board of Regents provide chapters with planning and support to develop and maintain social media infrastructure, including guidance, analytics, feedback, best practices, and plans that detail scaled levels of opportunity matched to chapter size, demographics, and resources; and be it further

RESOLVED, that the Board of Regents facilitate communication among Chapters to increase standardization in effective social media practices; and be it further

RESOLVED, that the Board of Regents consider soliciting outside expertise in developing a comprehensive synergistic social media communications plan for Chapters and National alike.

Resolution 15-S19. Reevaluating the Current ”Firewall” between the ACP C3 and C6 Divisions

(Sponsor: Florida Chapter)

WHEREAS, advocacy is vital to accomplishing the mission of the ACP; and

WHEREAS, IRS tax code has strict requirements on actions organizations can take; and

WHEREAS, the ACP has previously received a letter of clarification on the nature of the activities that can be done; and

WHEREAS, laws and requirements have changed over the past 20 years; and

WHEREAS, the current political environment requires a more aggressive approach to advocacy; and

WHEREAS, many organized medical organizations have a less restrictive posture towards advocacy; therefore be it

RESOLVED, that the Board of Regents, in consultation with appropriate legal counsel, reevaluate the current ”firewall” between the C3 and C6 divisions of the ACP with the goal of a more integrated approach to advocacy to include better advertising and promotion of the ACP Services PAC and its activities at board meetings and annual meeting, as well as a more dedicated effort toward recruitment and retention of membership; and be it further

RESOLVED, that as far as legally and strategically permissible, the Board of Regents adopt an integrated approach to advocacy that will also include more open discussion of legislative activity and political strategy at Board meetings to better engage the chapter leadership in key contact programs and congressional outreach; and be it further

RESOLVED, that the Board of Regents, in consultation with appropriate legal counsel, seek clarification from the IRS on how permissive the organization can be towards advocacy and political activity.

Resolution 16-S19. Opposing Using the USMLE Step 1 Exam as a Strict Criterion for Residency Applications

(Sponsor: District of Columbia Chapter)

WHEREAS, residency programs often rely heavily on the USMLE Step 1 exam score when evaluating applicants; and

WHEREAS, the USMLE Step 1 exam provides a reliable and objective measurement of medical school achievement across the U.S. by allowing for equal and equivalent content and student evaluation from an equal perspective; and

WHEREAS, the USMLE Step 1 exam may have a positive achievement impact for some students by teaching material prioritization, but for others causes undue anxiety and may impede learning; and

WHEREAS, the USMLE Step 1 exam may narrow the medical school curriculum as excess time may be spent on test preparation instead of on learning other important skills; and

WHEREAS, the USMLE Step 1 exam reflects an undue emphasis on fund of knowledge by rote memorization, it by nature de-emphasizes or fails to measure other equally important clinical skills, such as problem-solving and resourcefulness, which may lead to a situation in which a highly intelligent medical student achieves a top Step 1 score but does very poorly during clinical rotations due to poor communication skills with patients, lack of creative thinking, lack of empathy, etc.; and

WHEREAS, the USMLE Step 1 exam assumes all students begin at the same point of understanding and does not account for individual differences in those taking the test; and

WHEREAS, the USMLE Step 1 exam looks only at raw comprehension data and ignores different ways in which students learn. The practice of medicine is comprised not only of understanding scientific facts, but also incorporates creativity, empathy, curiosity, and resourcefulness --- all highly desirable traits in modern medicine. Programs tied to USMLE performance do not necessarily improve the human aspects of clinical medicine; therefore be it

RESOLVED, that the Board of Regents adopts policy opposing using the USMLE Step 1 exam as a strict criterion for residency applications and that such policy emphasizes clinical performance, problem solving and resourcefulness over performance on a standardized exam when evaluating candidates for residency programs; and be it further

RESOLVED, that the Board of Regents will encourage residency programs to adopt the above policy and assess applicants more globally instead of using Step 1 scores to screen out otherwise well-qualified applicants for interviews and matching.

Resolution 17-S19. Opposing Fast Track Medical Education for Non-Physician Health Care Providers

(Sponsor: District of Columbia Chapter)

WHEREAS, the American College of Physicians has a history of offering position papers on medical education and the nation's health care work force needs (e.g., "Solutions to the Challenges Facing Primary Care Medicine" ACP Policy Monograph 2009 and "Aligning GME Policy with the Nation's Health Care Work Force Needs" ACP Position Paper 2011); and

WHEREAS, the Mission and Goals of the ACP include establishing and promoting the highest clinical standards and ethical ideals, as well as to advocate responsible positions on individual health and public policy relating to health care; and

WHEREAS, a suggestion has been made at the Oct 4, 2018 MedPAC meeting that medical schools make it easier for physician assistants (and related professionals) to get an MD degree by developing "degree completion" programs that take into account physician assistant (and similar) medical experience; and

WHEREAS, undergraduate medical education is purposely rigorous in length and content with specific prerequisite requirements; and

WHEREAS, a diminution of prerequisite requirements and medical school coursework for NP's and PA's devalues the uniqueness of medical training and puts traditional medical students at a competitive and financial disadvantage; and

WHEREAS, fast-tracking NP's and PA's through medical school may have an unintended adverse effect on patient care in terms of quality, safety, and cost; therefore be it

RESOLVED, that the Board of Regents develops policy that opposes fast tracking of non-physician health care providers (NP's, PA's, etc.) through medical school and not allowing them to graduate from medical schools without fulfilling the same prerequisite requirements and curriculum requirements that traditional medical students must complete.