Resolution 1-S20. Supporting Standard-of-Care Treatment for Opioid Use Disorder among Patients within and Recently Released from Correctional Facilities

(Sponsor: Maryland Chapter; Co-sponsor: Council of Resident/Fellow Members)

WHEREAS, Resolution 26-S05 reaffirms the ACP's position for ethical treatment and protection of human rights for those in U.S. Detention Centers; and

WHEREAS, ACP supports identification and voluntary treatment of inmates with opioid use disorder. Specifically, that prisons should identify and offer services to addicted inmates six months prior to their discharge into the community; and [15]

WHEREAS, the opioid crisis is at an all-time high, with a near tripling of overdose-related deaths between 1999-2014, an estimated 64,070 overdose-related deaths in 2016,[1,2] and an estimated economic burden of prescription-opioid overdoses calculated at $78.5 billion in 2013; and [3,4]

WHEREAS, over half of incarcerated persons suffer from addiction[5] and in the two weeks following their release, former prisoners are 129 times more likely to die from overdose than members of the general population; and [6,7]

WHEREAS, robust evidence shows that medication-assisted treatment in correctional facilities has been shown to reduce overdose deaths[12,13] and decrease recidivism,[8–11] yet the majority of correctional facilities in the United States do not offer programs for people addicted to opioids; and

WHEREAS, the inability to access medical treatment with such established benefits is an unacceptable violation of prisoners' right to basic health care. Prisons and jails that deny access to medications could be violating the U.S. Constitution's 8th and 14th amendments;[14] therefore be it

RESOLVED, that the Board of Regents reaffirm its endorsement of treatment for opioid-addicted patients, with a focus on early and sustained treatment and transition to ongoing addiction support post release; and be it further

RESOLVED, that the Board of Regents specifically endorse the importance of medication-assisted therapy for opioid-addicted individuals recently released from correctional facilities; and be it further

RESOLVED, that the Board of Regents publically support providing standard of care medication-assisted and behavioral intervention-assisted treatment for individuals currently incarcerated and suffering from opioid use disorder regardless of release date.

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Resolution 2-S20. Removing Barriers to Prescribe Buprenorphine for Opioid Use Disorder

(Sponsor: Council of Student Members; Co-sponsor: Council of Resident/Fellow Members)

WHEREAS, one of ACP's goals is to advocate responsible positions on individual health and on public policy relating to health care for the benefit of the public, our patients, the medical profession, and our members (1); and

WHEREAS, the opioid crisis was declared a nationwide public health emergency in 2017 (2); and

WHEREAS, the 2018 National Survey on Drug Use and Health reports 10.3 million people or 3.7% of the U.S. population is afflicted with opioid misuse (3); and

WHEREAS, several effective medications are now available for treating opioid use disorder but many patients who could benefit do not receive them (4); and

WHEREAS, the use of buprenorphine and buprenorphine/naloxone combination is an effective outpatient treatment for opioid use disorder with outcomes comparable to those of methadone programs (5); and

WHEREAS, under the Drug Addiction Treatment Act of 2000, physicians are required to complete an eight-hour training to qualify for a waiver to prescribe and dispense buprenorphine (6); and

WHEREAS, most prescription drugs, including opioids themselves, do not require a waiver or additional training; and

WHEREAS, the waiver requirement remains a barrier to buprenorphine access and implies medical uncertainty despite evidence to the contrary; and

WHEREAS, as of October 2019, only 74,547 physicians (less than 10% of prescribers) received a buprenorphine waiver, with the majority of physicians limited to treating 30 patients (7); and

WHEREAS, other barriers besides the training requirement can factor into a physician's decision to prescribe buprenorphine and must also be addressed; and

WHEREAS, there are no educational standards for trainees to receive addiction medicine training; and

WHEREAS, ACP's 2017 position paper on substance use disorder policy encourages policies that increase the number of buprenorphine prescribers (8); therefore be it

RESOLVED, that the Board of Regents advocates to decrease barriers for physicians to prescribe buprenorphine to treat opioid use disorder by recommending the removal of the mandatory training requirement under the Drug Addiction Treatment Act of 2000; and be it further

RESOLVED, that the Board of Regents work with AAMC and ACGME to establish medical student and resident training on medication-assisted treatment for opioid use disorder.

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Resolution 3-S20. Supporting the Establishment of Safe Consumption Sites as a Harm Reduction Approach for Improving the Health of Individuals Suffering from Substance Use Disorders

(Sponsor: Massachusetts Chapter)

WHEREAS, the ACP views opioid use disorder as a treatable chronic medical condition that should be treated through the expansion of evidence-based public and individual health initiatives to promote recovery [2018 ACP Policy Compendium, p 33]; and

WHEREAS, the ACP endorses harm reduction strategies such as syringe exchange and diversion programs to mitigate the dangers of substance use among individuals who are not yet in recovery [Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs: An American College of Physicians Position Paper]; and

WHEREAS, numerous studies have shown safe consumption sites to reduce mortality and reduce harm to individuals suffering from opioid use disorders [1, 2, 3]; and

WHEREAS, the ACP recognizes that our country is currently facing an overdose crisis of unprecedented proportions [2018 ACP Policy Compendium, p 31]; and

WHEREAS, in the setting of such a crisis all harm reduction approaches should be utilized to keep individuals suffering from opioid use disorder alive until they are able to enter treatment and recovery; therefore be it

RESOLVED, that the Board of Regents issue a policy supporting the establishment of safe consumption sites as a harm reduction approach to reducing the mortality associated with opioid use disorder.

References:

1. Supervised injection services: what has been demonstrated? A systematic literature review. Drug Alcohol Depend. 2014 Dec 1;145:48-68.
2. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. Lancet. 2011 Apr 23;377(9775):1429-37.
3. Estimated drug overdose deaths averted by North America's first medically-supervised safer injection facility. PLoS One. 2008 Oct 7;3(10):e3351.

Resolution 4-S20. Studying the Impact of and Advocating for Assistance with the Public Service Loan Forgiveness Program

(Sponsor: Council of Resident/Fellow Members; Co-sponsor: Council of Early Career Physicians and Council of Student Members)

WHEREAS, more than 70% of those graduating medical school report education related debt, with a median debt of $200,000 [1]; and

WHEREAS, more than 40% of those students in debt plan, at graduation, to enter loan repayment programs, the most popular of which is the Department of Education Public Service Loan Forgiveness (PSLF) [1]; and

WHEREAS, educational debt is associated with increased life stress and may be a factor in the choice of practice type and specialty choice [2]; and

WHEREAS, as of 2019, less than 1% of submitted loan forgiveness applications were approved [3], likely related in part to lack of guidance from the Department of Education (DOE) [4,5]; and

WHEREAS, refinancing loans with a private lender will disqualify borrowers for PSLF and consolidating loans with government lenders resets the PSLF payment schedule, increasing the number of payments needed to qualify; and

WHEREAS, current borrowers of medical school debt are in a precarious position, forced to hold on to higher interest loans with the government despite growing uncertainty surrounding their ability to have their loans forgiven even while working in a not-for-profit setting; and

WHEREAS, current borrowers of medical school debt are in a precarious position, forced to hold on to higher interest loans with the government despite growing uncertainty surrounding their ability to have their loans forgiven even while working in a not-for-profit setting [6]; therefore be it

RESOLVED, that the Board of Regents study the impact of the DOE Public Service Loan Forgiveness Program on all physicians and physicians-in-training with a current or rejected application in this program; and be it further

RESOLVED, that the Board of Regents partner with other relevant stakeholders to advocate on behalf of physician trainees and early career physicians who have active applications in the DOE Public Service Loan Forgiveness Program by directly interfacing with the DOE to ensure improvements in the transparency and simplification of the approval process, and development of a fair appeals process for rejected applications; and be it further

RESOLVED, that the Board of Regents work to create resources for students, trainees, and early career physicians that educate them in the important details and pitfalls of the application process for the DOE Public Service Loan Forgiveness program.

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Resolution 5-S20. Defining Physician Practice Styles in ACP Policy

(Sponsor: Florida Chapter)

WHEREAS, the umbrella of internal medicine is comprised of many different clinical disciplines; and

WHEREAS, the practice of medicine allows for internists to focus on various practice styles; and

WHEREAS, several societies have arisen to address the needs of various branches of internal medicine; and

WHEREAS, many corporate systems do not properly define inpatient vs outpatient care in an attempt to control the flow of patients; and

WHEREAS, corporate systems are trying to steal patients by conflating primary care with inpatient care; and

WHEREAS, hospitalists are focused on inpatient care; and

WHEREAS, primary care physicians focus on outpatient and inpatient care; and

WHEREAS, primary care physicians have many roles and provide longitudinal care in a comprehensive fashion; and

WHEREAS, no specific policy or definition has been codified to elucidate the responsibilities of various physician types; and

WHEREAS, this issue will become increasingly important as more physicians become employed and lose their identity with their professional home; and

WHEREAS, the ACP is the premier organization for internal medicine; and

WHEREAS, properly defining responsibilities and practice styles can help to reinvigorate the identity of physician types; and

WHEREAS, it is important for ACP to take the lead on defining primary care; therefore be it

RESOLVED, that the Board of Regents will officially define as policy the various types of physician practice styles that include but are not limited to primary care physician and hospitalist.

Resolution 6-S20. Creating an Evidenced-Based Rating System for Members of the Legislative and Executive Branches of U.S. Government

(Sponsor: Florida Chapter; Co-sponsor: District of Columbia Chapter)

WHEREAS, elected officials look to the ACP for guidance on healthcare related issues; and

WHEREAS, the ACP membership needs resources to help understand how decisions made by elected officials can adversely affect the practice of medicine; and

WHEREAS, the ACP is the premier organization to best understand and represent the practice of internal medicine; and

WHEREAS, healthcare is one of the top priorities for both elected officials and their constituents; and

WHEREAS, the ACP is best equipped to understand how decisions made by elected officials will affect the practice of medicine; therefore be it

RESOLVED, that the Board of Regents create an evidence-based rating system for the members of the legislative and executive branches of national government as it relates to the goals and policies of the ACP; and be it further

RESOLVED, that the Board of Regents makes this information available to the membership of the ACP.

Resolution 7-S20. Promoting Policy Standards for Workplace Violence Prevention and Management

(Sponsor: Council of Early Career Physicians; Co-sponsors: Council of Resident/Fellow Members, Council of Student Members, Colorado, Connecticut, Georgia, and Mississippi Chapters)

WHEREAS, workplace violence, a form of workplace trauma, includes "adversity in the work environment through harassment, bullying, threats, and assault in the workplace" [1,2], including but not limited to systemic racism [3], sexual harassment and other forms of discrimination, as well as physical violence, such as homicide [4,5]; and

WHEREAS, the American College of Physicians' position paper on the hidden curriculum addresses workplace violence in the clinical learning environment [6], but does not address workplace violence involving the patient or their caregivers as perpetrators, with the physician or healthcare professional as the victim; and

WHEREAS, the ACP Ethics Manual does not cover workplace violence perpetrated by patients and caregivers against physicians and healthcare professionals [7], which constitutes 9% of workplace injury incidents in healthcare, and furthermore, one-third of these are perpetrated by patients [8,9]; and

WHEREAS, in a 2014 survey of hospitals, violence perpetrated by patients in the workplace accounted for 75% of aggravated assaults and 93% of all assaults against employees [10,11]; and

WHEREAS, workplace violence in healthcare settings is likely underreported [10]; and

WHEREAS, a Charter of Professionalism for Health Care Organizations [12] states that, "Organizations should monitor the well-being of their employees and provide resources both to improve their general health and to relieve those who suffer disproportionately...and provide resources for those who struggle" [13]; and

WHEREAS, ACP identifies among its 2018-2020 strategic goals "supporting healthy lives for physicians" and inclusivity as a priority theme of the College [14]; and

WHEREAS, standards for workplace violence prevention and management in health care have been published by the Occupational Safety and Health Administration (OSHA) [15] and the Joint Commission [16], however, their adoption and implementation in hospitals and healthcare systems is not standard due to a lack of familiarity with and/or voluntary nature of such guidelines [10] (only 14 hospitals participate in OSHA's Voluntary Protection Program [8,17]); and

WHEREAS, the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 7141) introduced to Congress in November 2018 stipulates that hospitals would be required to implement plans to prevent violence, and that hospitals could face fines for not reporting incidents to OSHA [18]; and

WHEREAS, healthy lives of physicians are threatened by workplace violence perpetrated by patients and caregivers, including a fourfold higher risk of healthcare workers requiring time away from work as a result of violence compared to other types of injury [9,19]; therefore be it

RESOLVED, that the Board of Regents creates policy to support physicians by promoting the development of clear institutional procedures that prevent and address workplace violence, in alignment with OSHA and Joint Commission standards, for example mandatory reporting of injury cases to OSHA and root cause analyses of reported workplace violence, including physical and verbal violence, sexual harassment, racism, and other forms of discrimination; and be it further

RESOLVED, that such a policy also includes addressing a need for interdisciplinary collaboration (e.g. with nursing and other health professional organizations, along with relevant non-medical disciplines with expertise in workplace violence prevention) to support reduction of workplace violence for everyone to have a safe and supportive workplace environment; and be it further

RESOLVED, that the Board of Regents include in such a policy statement: (1) support for legislation that addresses workplace violence perpetrated against physicians; (2) strongly recommend that hospitals and healthcare systems implement clearly written and transparent institutional policy regarding workplace violence; and (3) identify high-quality, competency-based education for healthcare worker and bystander training (e.g. skills in de-escalation), either through third-party organizations or as a service developed by the ACP, with the aim of promoting rapid identification and response to impending workplace violence and systematic management of instances of workplace violence when they occur [20].

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Resolution 8-S20. Seeking Federal Protection for Doctors that Administer Vaccines

(Sponsor: Florida Chapter; Co-Sponsors: District of Columbia and Southern California I)

WHEREAS, vaccines have been proven to save lives and are an effective means of infection prevention; and

WHEREAS, data has proven multiple times that vaccines are not linked with autism or other serious illness; and

WHEREAS, many groups persist in unfounded anti vaccine rhetoric; and

WHEREAS, these groups are becoming increasingly more widespread and hostile; and

WHEREAS, these groups are harassing medical professionals in the course of their duties; and

WHEREAS, physicians have been assaulted by anti-vaccine groups, such as the attack on Dr. Richard Pan in California; and

WHEREAS, these groups have organized and coordinated their efforts to disrupt modern science; and

WHEREAS, one of these groups has a Facebook page "Inundate the ACIP" to systematically protest and disrupt the CDC held meeting of the Advisory Committee of Immunization Practices (1); and

WHEREAS, the repeated activities required increased security at these meetings; and

WHEREAS, these groups are using scare tactics and threats to interfere with physicians who give vaccines including posting defamatory statements on social media; and

WHEREAS, the FACE or Freedom of Access to Clinic Entrances Act protects physicians who provide reproductive services from being blockaded, attacked or disrupted and created a national task force to handle these issues (2); and

WHEREAS, no such specific regulation exists to protect vaccine providers; and

WHEREAS, the possibility of more disruptive and possibly fatal attacks may occur; therefore be it

RESOLVED, that the Board of Regents seeks federal protection for doctors who give vaccines which includes but is not limited to seeking similar legislation to the Freedom of Access to Clinic Entrances Act for vaccine providers.

References:

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Resolution 9-S20. Readdressing the Issue of Hospital Patient Status

(Sponsor: Tennessee Chapter)

WHEREAS, it has become increasingly difficult for patients to qualify for inpatient status as insurers designate higher levels of acuity to meet inpatient requirements. Patients requiring IV diuretics for acute heart failure, IV steroids for COPD exacerbations, of continuous vasoactive drips for cardiac dysrhythmias, for instance, no longer meet requirements for inpatient hospitalization; and

WHEREAS, financial penalties create pressure for hospitals to designate more patients, even some with critical illness, as observation status; and

WHEREAS, hospitals are forced to employ teams of utilization reviewers to navigate an increasingly complicated statusing process, further increasing health care costs; and

WHEREAS, observation status forces patients to pay significantly more for hospital based services and medications; and

WHEREAS, this overly complex system, driven by insurers, negatively impacts patients, physicians, hospitals, and health care systems; therefore be it

RESOLVED, that the Board of Regents advocates for support of decreased complexity of inpatient and observation status, and recommends a transparent, consistent reimbursement of appropriate care; and be it further

RESOLVED, that the Board of Regents promotes development of clinical diagnostic standards for inpatient and observation status.

Resolution 10-S20. Advocating for Coverage of Mental Health Counselor and Marriage and Family Therapist Services under Medicare

(Sponsor: Montana Chapter)

WHEREAS, the population of older adults in the United States is expected to nearly double over the next 20 years, such that those 65 and older will increase from 13 percent to 20 percent of the population; and

WHEREAS, if the prevalence of mental health disorders among older adults remains unchanged, over the next 20 years the number of older adults with mental health and/or substance disorders will nearly double from about 8 million to about 15 million people; and

WHEREAS, Medicare presently recognizes psychologists, clinical social workers, and psychiatric nurses to provide covered mental health services; and

WHEREAS, mental health counselors and marriage and family therapists have equivalent education and training to clinical social workers, but are not eligible to serve Medicare beneficiaries; and

WHEREAS, recognition of mental health counselors and marriage and family therapists would increase the pool of eligible mental health professionals in the Medicare program by over 120,000 licensed practitioners; and

WHEREAS, legislation has been introduced previously toward this end in the 113th and 114th Congress, and currently in the 116th Congress as the "Mental Health Access Improvement Act of 2019" (HR.945/S.286); therefore be it

RESOLVED, that the Board of Regents advocates for the passage of federal regulation and/or legislation to mandate Medicare coverage of mental health counselor and marriage and family therapist services.

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S.286 – Mental Health Access Improvement Act of 2019. Retrieved from https://www.congress.gov/bill/116th-congress/senate-bill/286?q=%7B%22search%22%3A%5B%22s.286%22%5D%7D&s=1&r=1

Resolution 11-S20. Updating ACP Policy to Define Ownership of Patient Medical Records

(Sponsor: Florida Chapter; Co-sponsor: District of Columbia Chapter)

WHEREAS, physicians create a patient's medical record as an interpretation of the patient's symptoms and physical findings; and

WHEREAS, debate continues as to who is entitled to those medical records; and

WHEREAS, the physician becomes the custodian of record to maintain those records; and

WHEREAS, patients, insurance companies, and multiple other entities may require copies of those records; and

WHEREAS, a cost may be incurred to copy those records that can be onerous to many practices; and

WHEREAS, the patients may not fully understand what they are legally entitled to; and

WHEREAS, many state statutes define the physician as the owner of the medical records; and

WHEREAS, employed physicians may be put in a conflicted situation where the employer is trying to control the records created by the physician; and

WHEREAS, the intellectual property of the physician needs to be respected; therefore be it

RESOLVED, that the Board of Regents update policy to reflect that the patient medical record is created and owned by the physician, but patients are only allowed to have a copy of those records.

Resolution 12-S20. Seeking Licensing and Civil Liability Requirements for Insurance Company Medical Directors

(Sponsor: Florida Chapter)

WHEREAS, physicians who practice evidenced based medicine should be the most appropriate decision maker for the patient they are treating; and

WHEREAS, physicians must maintain a license commensurate with the standard of care of that state; and

WHEREAS, physicians who make decisions that violate standard of care can be reported by the board and may lose their license to practice medicine; and

WHEREAS, physicians are at risk for civil liability if they perform negligently; and

WHEREAS, insurance companies may make treatment decisions on financial considerations; and

WHEREAS, medical directors are not always licensed in the state the patient is in; and

WHEREAS, a physician not licensed in the state may be subject to discipline by the board of that state for practicing medicine without a license; and

WHEREAS, little to no recourse is available for patients who have treatments denied by insurance companies; therefore be it

RESOLVED, that the Board of Regents seek requirements for medical directors of insurance companies to be licensed in the state that the patient they are making decisions for is located in; and be it further

RESOLVED, that the Board of Regents seek the requirement for medical directors to be held civilly liable for the decisions they make that deny treatment to patients.

Resolution 13-S20. Modifying ACP Policy and Enhancing FDA Standards for Generic Drugs

(Sponsor: District of Columbia Chapter)

WHEREAS, ACP Missions and Goals include establishing and promoting the highest clinical standards, to be the foremost comprehensive education and information resource for all internists, to advocate responsible positions on individual health and public policy for the benefit of the public and our patients, and to unify the many voices of Internal Medicine and its subspecialties for the benefit of our patients; and

WHEREAS, ACP has clinical guidelines (1)(2) regarding the role of generic drugs in clinical practice that appropriately aim to educate physicians and patients that most generic drugs perform adequately, cost less than brand name drugs, and should be prescribed whenever possible; and

WHEREAS, current ACP policy states a generic drug is generally identical to the brand name drug and to other generic versions of the same drug; and

WHEREAS, the FDA requires generic drugs (3) to contain the same active ingredient, strength, dosage form and route of administration as the brand name drug (pharmaceutical equivalence) and similar bioavailability of the active ingredient to the brand name drug (bioequivalence), there is no required testing of the excipients and other compounds used to manufacture generic drugs for bioequivalence and side effects; and

WHEREAS, the FDA acknowledges physical differences (size, shape, color) in the appearance of a generic drug from the brand name or alternate generic drug can negatively affect acceptance and use of generic drugs by both patients and physicians, the FDA issued a final guidance for manufacturers that generic drugs have similar size and shape to the brand name and alternate generic drugs which they call "patient-focused equivalence". This is only a guidance and not a requirement as it allows manufacturers to provide justifications to not follow the guidance and does not apply to generic drugs already on the market -- loopholes which greatly diminish the relevance of this guidance; and

WHEREAS, the FDA has recalled many generic drugs (valsartan, irbesartan, losartan, and OTC ranitidine) manufactured in China due to concerns about excipient impurities and foreign substances posing serious risks to patients; and

WHEREAS, the FDA has established the Current Good Manufacturing Practices (CGMP's) as the main regulatory standard for human pharmaceuticals, due to budgetary and other constraints, the FDA is not able to inspect all manufacturing plants worldwide and mostly relies on the public and industry self-reporting -- thus causing understandable angst among physicians and patients alike regarding the true safety of generic drugs manufactured in foreign countries and this lack of oversight also likely underestimates the scope of generic drugs with adverse side effects; and

WHEREAS, it is important that physicians and patients are made aware that generic drugs are not exact copies of either brand name or alternate generic drugs and that individual differences in human pharmacogenomics, bioavailability of active ingredients and excipients as well as minimally regulated foreign manufacturing processes can all affect therapeutic effects of and side effects of generic drugs; and

WHEREAS, the broad nature of ACP policy describing generics as generally identical to brand name and alternate generic drugs complicates the ability of physicians, when clinically appropriate, to seek insurance overrides for patients to continue or switch to a brand name drug or switch to an alternate generic drug; therefore be it

RESOLVED, that the Board of Regents modify existing ACP policy to emphasize that generic drugs should only be prescribed when safe and clinically appropriate; and be it further

RESOLVED, that the Board of Regents modify existing ACP policy to explicitly state strong support for physicians seeking insurance company approval of brand name or alternate generic drugs when there is clinical evidence (including recalls) supporting the need for such substitutions and when physicians and/or patients express concerns about generic drugs manufactured in foreign countries without undue administrative burdens on physicians and undue financial burdens on patients; and be it further

RESOLVED, that the Board of Regents modify existing ACP policy to explicitly acknowledge that generic drugs may not necessarily be therapeutically equivalent to brand name or alternate generic drugs due to the differences in excipients and other compounds used to manufacture them; and be it further

RESOLVED, that the Board of Regents calls upon the FDA to ensure that when compared to the relevant brand name drugs and alternate generic drugs, all generic drugs currently on the market as well as those to be manufactured in the future must have the same pharmaceutical and bioequivalence of active ingredients as well as bioequivalence of excipients and other compounds used in manufacturing, and the same "patient-focused equivalence" (size, shape, color) of physical attributes. A very high bar must be set for any rare exceptions that are allowed; and be it further

RESOLVED, that the Board of Regents calls for increased funding for the FDA to ensure that the FDA has enough manpower and resources to inspect all drug manufacturing plants worldwide in a timely fashion so that the FDA can directly assess compliance with CGMP's without needing to rely on the public and industry self-reporting.

Notes

1. Choudhry NK, Denberg TD, Qaseem A for the Clinical Guidelines Committee of the American College of Physicians. Improving adherence to therapy and clinical outcomes while containing costs: opportunities from the greater use of generic medications: best practice advice from the clinical guidelines committee of the American College of Physicians. Ann Intern Med. 2016;164(1):41-49.
2. Summary for Patients. Ann Intern Med. 2016;164(1):41-49.
3. U.S. Food and Drug Administration. Guidance, Compliance, & Regulatory Information. Product-Specific Guidances for Generic Drug Development.
   7/22/2019

References

Facts about the Current Good Manufacturing Practices (CGMPs) / FDA.pdf
Generic Drugs/Questions and Answers/ FDA.pdf
From our perspective/The Importance of the Physical Characteristics of Generic Drugs/FDA pdf
Generics are cheap and popular, but some might not be as safe as you'd expect, *The Washington Post*

Resolution 14-S20. Supporting the Use of Fentanyl Test Strips as a Measure of Harm Reduction in Opioid Use Disorder

(Sponsor: Massachusetts Chapter)

WHEREAS, the ACP views opioid use disorder as a treatable chronic medical condition that should be treated through the expansion of evidence-based public and individual health initiatives to promote recovery [2018 ACP Policy Compendium, p 33]; and

WHEREAS, the ACP endorses several harm reduction strategies to mitigate the dangers of substance use [Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs: An American College of Physicians Position Paper]; and

WHEREAS, Fentanyl test strip is one of the measures to reduce death related to an accidental overdose. There are some studies done to assess the awareness, use pattern and outcome of the fentanyl test strip. These studies have been shown that individuals with opioid use disorder want to use fentanyl test strip to avoid accidental overdose [1, 2, 3, 4]; and

WHEREAS, the ACP recognizes that our country is currently facing an overdose crisis of unprecedented proportions [2018 ACP Policy Compendium, p 31]; and

WHEREAS, given the current crisis, it is of utmost importance to utilize every harm reduction measure to minimize the death related to accidental overdoses; therefore be it

RESOLVED, that the Board of Regents issue a policy supporting the establishment of a channel to educate the affected population and increase the use of fentanyl test strips as a harm reduction approach in reducing the morbidity and mortality associated with opioid use disorder.

References:

1. Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States. Peiper NC1, Clarke SD1, Vincent LB2, Ciccarone D3, Kral AH1, Zibbell JE42.
2. Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs: a qualitative study. Goldman JE1, Waye KM1, Periera KA1, Krieger MS1, Yedinak JL1, Marshall BDL2.
3. High willingness to use rapid fentanyl test strips among young adults who use drugs. Krieger MS1, Yedinak JL1, Buxton JA2,3, Lysyshyn M2,4, Bernstein E5,6, Rich JD1,7, Green TC1,5,6,7, Hadland SE5,6, Marshall BDL8.
4. Use of rapid fentanyl test strips among young adults who use drugs. Krieger MS1, Goedel WC1, Buxton JA2, Lysyshyn M3, Bernstein E4, Sherman SG5, Rich JD6, Hadland SE4, Green TC7, Marshall BDL8.

Resolution 15-S20. Supporting the Mental Health of Medical Students

(Sponsor: Council of Student Members; Co-sponsor: Council of Early Career Physicians, Council of Resident/Fellow Members, and District of Columbia Chapter)

WHEREAS, ACP currently has policy on providing mental health services in Graduate Medical Education (Resolution 10-F07) but not Undergraduate Medical Education; and

WHEREAS, one of ACP's goals is to serve the professional needs of the membership, support healthy lives for physicians, and advance internal medicine as a career; and

WHEREAS, burnout and depression are highly prevalent in practicing physicians (1, 2) and arise as early as medical school, with a 2016 meta-analysis reporting depression or depressive symptoms in 27.2% of medical students but only 15.7% of those students seeking psychiatric treatment (3); and

WHEREAS, medical students experience burnout and depression at a much higher rate than those in the same age cohort in the general population (4) despite beginning medical school with a lower rate of burnout and depression symptoms (5); and

WHEREAS, burnout and depression in medical students can associate with negative outcomes such as career choice regret (6), increased rate of medical errors as residents (7-9), and increased risk for a suicide attempt (10); and

WHEREAS, while both the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation standards state that a medical school has in place an effective system of counseling for medical students, the implementation and effectiveness of these programs vary (11, 12); therefore be it

RESOLVED, that the Board of Regents advocates for medical student access to free, confidential, and easily available stigma-free mental health and substance use disorder services; and be it further

RESOLVED, that the Board of Regents advocates for the education of medical students in the recognition of the signs and symptoms of burnout and depression; and be it further

RESOLVED, that the Board of Regents study the opportunity to collaborate with other stakeholders including the American Medical Association and Association of American Medical Colleges to study the incidence of and risk and protective factors for depression and suicide among physicians, residents, and medical students.

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2. Schanafelt TD, et al. Changes in burnout and satisfaction with work-life integration in physicians and the general US working population between 2011 and 2017. *Mayo Clin. Proc.* (2019)
3. Rotenstein LS, et al. Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: A systematic review and meta-analysis. *JAMA* (2016)
4. Goebert D, et al. Depressive symptoms in medical students and residents: A multischool study. *Acad. Med.* (2009)

5. Brazeau CM, et al. Distress among matriculating medical students relative to the general population. *Acad. Med.* (2014). PMID: 25250752.
6. Dyrbye LN, et al. Association of clinical specialty with symptoms of burnout and career choice regret among US resident physicians. *JAMA* (2018)
7. West CP, et al. Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study. *JAMA* (2008). PMID: 16954486.
8. Fahrenkopf AM, et al. Rates of medication errors among depressed and burnt out residents: a prospective cohort study. *BMJ.* (2008) PMID: 18258931.
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12. https://osteopathic.org/wp-content/uploads/2018/02/com-continuing-accreditation-standards.pdf

Resolution 16-S20. Seeking Legislation to Limit Campaign Contributions by Insurance Companies

(Sponsor: Florida Chapter)

WHEREAS, healthcare has become a tremendously political issue; and

WHEREAS, the insurance companies are required to have a minimum amount of their premiums for healthcare services; and

WHEREAS, many insurance companies use their budget for non-healthcare services such as advertising, marketing and lobbying; and

WHEREAS, evidence has shown that in many states, insurance companies spend well over $26 million in one year to influence the political landscape; and

WHEREAS, the obligation of insurance companies should be to pay for healthcare services and not unduly influence the political process in favor of their self-interests; and

WHEREAS, the ACP has always supported the rights of patients for access to care and proper coverage; and

WHEREAS, personal contributions to political campaigns are limited; and

WHEREAS, many groups can give large amounts through many different channels; and

WHEREAS, diversion of insurance premiums to non-healthcare services prevents patients from getting the care they need; therefore be it

RESOLVED, that the Board of Regents seeks legislation that would limit campaign contributions by any insurance company to the limits set forth for individual contributions to any political activity, including individual campaigns or political action committees on the state and federal levels.

Resolution 17-S20. Creating Clinical Policy for Medical Marijuana and Associated Substances

(Sponsor: Florida Chapter; Co-sponsor: Southern California I Chapter)

WHEREAS, the ACP advocates that more study is needed on the effects of medical marijuana and associated substances; and

WHEREAS, many states are currently passing laws allowing legal medical marijuana and associated substances; and

WHEREAS, many states are legalizing marijuana and associated substances; and

WHEREAS, some studies suggest medical benefits of THC and CBD components within medical marijuana; and

WHEREAS, CBD oil is being sold over the counter with increasing popularity but is not regulated; and

WHEREAS, confusion exists as to the utility of CBD and medical marijuana; and

WHEREAS, there is a paucity of guidance on proper dosing and utility of medical marijuana and associated substances; and

WHEREAS, indicated conditions are determined by the legislature in each state; and

WHEREAS, indications vary from state to state; and

WHEREAS, the ACP is highly regarded for its thoughtful consideration of evidence and well researched policy papers and clinical guidelines; and

WHEREAS, many physicians will encounter patients who are using medicinal or legalized marijuana and associated substances to treat various conditions; and

WHEREAS, the opportunity exists for the ACP to guide clinicians in this area; therefore be it

RESOLVED, that the Board of Regents create a clinical policy and associated policy paper regarding the risks and benefits, as well as possible proper treatment guidelines for medicinal marijuana and associated substances.

Resolution 18-S20. Formalizing the Residency Program Closure Process and Preventing Hardships for Trainees

(Sponsor: Council of Resident/Fellow Members; Co-sponsor: Council of Early Career Physicians)

WHEREAS, the closing of Hahnemann University Hospital disrupted the training of 571 residents and fellows, including those who had signed contracts after The Match of 2019, with minimal notice given to these trainees;[1] and

WHEREAS, Hahnemann sent letters to incoming residents stating their jobs were not in jeopardy in April 2019, but by June 26th, announced that the hospital was shutting down;[2] and

WHEREAS, CMS requires residents to be at the closing institution on the day of closing in order for federal funding to transfer to a receiving hospital, which prevents residents who have found a new program to transfer immediately and creates a barrier to their integration into a new program;[3,4] and

WHEREAS, fifty-five residents on J-1 visas faced potential deportation as a result of the sudden hospital closure due to their visa status requiring minimal gaps in their employment;[5] and

WHEREAS, closures similar to that of Hahnemann have nearly occurred and may occur in the future necessitating a re-evaluation of how the Accreditation Council for Graduate Medical Education (ACGME) and the Centers for Medicare and Medicaid Services handles such closures as to not jeopardize the health of our patients or the training of our future physicians;[6] and

WHEREAS, The National Resident Matching Program has a government protected monopoly over the entire residency labor market forcing vulnerable residents into a multiyear agreement with a single hospital with several roadblocks, as seen in this Hahnemann example, to transfer to another program;[7] therefore be it

RESOLVED, that the Board of Regents work with the ACGME, CMS, and other relevant stakeholders to create a formal and transparent residency program closure process, delineating a hospital's responsibility to prevent hardships for trainees including, but not limited to, a reasonable amount of notice to trainees, attempts to relocate trainees prior to closure, allowing trainees to start work at their accepting institution at a reasonable time before the day of closing, and assistance in filing for visa extensions; and be it further

RESOLVED, that the Board of Regents collaborate with ACGME to study the impact of an annual financial health assessment as part of its accreditation process for all hospitals where trainees may rotate as part of their common program requirements.

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2. Philly's hospital's unexpected closure leaves residents scrambling. https://www.acepnow.com/article/philly-hospitals-unexpected-closure-leaves-residents-scrambling/. Updated 8/14/19. Accessed 10/14/19.

3. What residents need to know about the Hahnemann University Hospital closure. https://www.aamc.org/news-insights/what-residents-need-know-about-hahnemann-university-hospital-closure. Updated 07/18/19. Accessed 10/14/19.
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Resolution 19-S20. Achieving Carbon Neutrality by 2030 at ACP

(Sponsor: Oregon Chapter; Co-Sponsors: BOG Class of 2022, District of Columbia, Maine, Massachusetts, Montana, New Jersey Northern, Puerto Rico, and Washington Chapters)

WHEREAS, ACP has had robust policy on the health impacts of climate change and the importance of pursuing reduction of greenhouse gas emissions for human health (1, 3); and

WHEREAS, the Paris Climate Accords found that greenhouse gas emissions must be substantially curbed to hold the global average temperature increase to "well below" 2° C (and the more ambitious target of 1.5 ° C above preindustrial levels) (6); and

WHEREAS, the Intergovernmental Panel on Climate Change has indicated we need to reduce greenhouse gas emissions by 40-50% of 2010 levels by 2030 in order to pursue limiting global warming to no more than 1.5 ° C and that, globally, current plans for greenhouse gas reductions by 2030 will actually result in a global temperature rise of 3° C by 2100 which will continue to rise thereafter (4); and

WHEREAS, under one scenario, cumulative carbon dioxide emissions could cause the global average temperature to reach the threshold of 2 °C (3.6 °F) above preindustrial levels by 2045 (18); and

WHEREAS, the EPA estimates that 30% of the health care sector's energy use could be reduced without compromising care quality and the healthcare industry is being called upon to reduce their energy consumption and GHG emissions (13,17); and

WHEREAS, ACP has developed a robust toolkit for individual physicians to help their practices reduce energy consumption and greenhouse gas emission, as well as assisting their institutions to do this same work (12); and

WHEREAS, Pennsylvania, where the College headquarters are located, has recently made a commitment to join the Mid-Atlantic and New England States in the Regional Greenhouse Gas Initiative (RGGI.org) in order to reduce carbon emission in production of electricity (15, 16); and

WHEREAS, tools now exist for individuals, companies and organizations to measure and monitor their own greenhouse gas emissions (7, 5, 11); and

WHEREAS, there are now easily available Certified Emission offsets for individuals, institutions and organizations (7,8, 9); and

WHEREAS, ACP is recognized as a leader in the House of Medicine on matters of evidence based public health policy on climate change, being amongst the first to develop policy alerting and educating physicians and the public of the health hazards associated with climate change (1, 2, 10, 14); and

WHEREAS, ACP now has the opportunity to lead physician organizations in joining other healthcare stakeholders in making progress on reducing contributions to global warming by addressing the College's current contribution to greenhouse gas emissions (11); therefore be it

RESOLVED, that the Board of Regents ask the College to measure and monitor the carbon footprint of the operation of ACP as an organization, including the Philadelphia and Washington offices, events

and travel, but not the operation of chapters or membership, and then develop a plan to move the College toward carbon neutrality by 2030 by reducing its energy consumption and its greenhouse gas emissions, and by appropriate utilization of certified carbon offsets where reduction is not possible; and be it further

RESOLVED, that the Board of Regents will encourage individual chapters to lower their carbon footprints through the development of a chapter toolkit.

References:

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Resolution 20-S20. Supporting Late Career and Retiring Physicians

(Sponsor: BOG Class of 2021)

WHEREAS, Resolution 1-F12 "Exploring the Benefits of Establishing an ACP Council of Retired Physicians" was adopted as amended to read "Resolved, the BOR explores the benefits of establishing a mechanism for ACP to engage retired physicians and to develop an agenda of interest and relevance to our retired members; and

WHEREAS, it is a strategic priority of the College to be the foremost source of education and information for internists; and

WHEREAS, a survey of late career physicians in 2016 showed that they would find value in an educational program designed by ACP and led by physicians and were interested in a program designed by ACP to help them transition from full time employment to part time or full retirement (1); and

WHEREAS, focus groups held in 2017 identified loss of identity and meaningful work as barriers to retirement that could be addressed by awareness of various opportunities available to them as retirees (3)(4); and

WHEREAS, currently 10,000 individuals turn 65 years of age each day and are living longer and holding productive lives and contributing to society (2); therefore be it

RESOLVED, that the Board of Regents establish a retired/retiring physician subcommittee; and be it further

RESOLVED, that the Board of Regents query the existing staff/committee structure for opportunities specifically appropriate for retired physicians, with possible outreach specifically to retired physicians who were previously in active leadership roles in the college; and be it further

RESOLVED, that the Board of Regents create a central link for resources related to retiring physicians on ACP online including guidance and tools for those preparing for retirement.

References:

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3. Cohn D, Taylor P. Baby boomers Approach 65 - Glumly. Dec 20, 2010. Pew Research Center.
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Resolution 21-S20. Creating a Stipend for Independent, Self-Employed and Private Practice Physicians

(Sponsor: Florida Chapter)

WHEREAS, the ACP has been encouraging representation on the BOG from small, independent, self-employed and private practice physicians; and

WHEREAS, independent, self-employed and private practice physicians should be considered those who derive their income from a self or small group owned physician office and not as an employee of a larger health system; and

WHEREAS, the income from such a practice model is usually derived from seeing patients in the office; and

WHEREAS, under the current fee for service model of payment, such physicians will not usually receive income if they are not in the office seeing patients; and

WHEREAS, the financial burden of serving on the Board of Governors (BOG) to physicians in this practice model creates barriers to service; and

WHEREAS, the financial burden is over and above the actual financial cost of travel, housing and meal expenses; and

WHEREAS, the financial burden can result in several thousand dollars per day of lost revenue by not being in the office; and

WHEREAS, the long-term effects on such a practice model can lead to patients leaving the practice; and

WHEREAS, physicians in this practice model serving on the BOG are volunteering their time with significant financial loss; and

WHEREAS, the ACP needs to ensure adequate representation from all aspects of membership; therefore be it

RESOLVED, that the Board of Regents create an appropriate stipend for members of the Board of Governors who are independent, self-employed or private practice physicians, not with the intent to fully make them whole but to offset a portion of lost income.

Resolution 22-S20. Compensating Chapters when Hosting the ACP Internal Medicine Meeting

(Sponsor: Florida Chapter; Co-sponsor: District of Columbia Chapter)

WHEREAS, chapters are called upon to host the ACP Internal Medicine Meeting; and

WHEREAS, individual chapters rely on vendors for financial support in order to sustain a viable budget; and

WHEREAS, many vendors will exhibit at the ACP Internal Medicine Meeting; and

WHEREAS, many vendors are reluctant to also exhibit at the state meeting during the same year as a result of budgetary constraints; and

WHEREAS, the financial impact to chapters can be detrimental to their state meetings; and

WHEREAS, it is of critical importance for national ACP to support its chapters; therefore be it

RESOLVED, that the Board of Regents compensate and share a portion of the revenue generated at the ACP Internal Medicine Meeting with the host chapter.

Resolution 23-S20. Creating Platinum and Diamond Chapter Excellence Award Levels

(Sponsor: Florida Chapter)

WHEREAS, the chapter excellence awards were created to recognize certain standards; and

WHEREAS, the tiers have enabled chapters to identify areas that need improvement; and

WHEREAS, the tier system was created to address financial concerns and budgetary needs; and

WHEREAS, many chapters have already received the current highest level of gold tier; and

WHEREAS, additional levels may encourage greater chapter improvement; therefore be it

RESOLVED, that the Board of Regents create a platinum level award with a $7,500 incentive and a diamond level award with a $10,000 incentive.