

1997 RESOLUTIONS

An AAOS Resolution is an official statement of policy, adopted by majority vote of the AAOS Fellowship casting ballots and binding on AAOS and its Board of Directors. An AAOS Resolution is not a product of a systematic review, but rather Open Hearings and the opinions of AAOS Fellows.

Review of Previously Adopted Resolutions

Public Relation Efforts of the American Academy of Orthopaedic Surgeons Academy – R1992A

Adopted 1992; modified and retained 1997

- A. **Resolved**, that in such vital areas as health policy initiatives, public relations and education of the public, the American Academy of Orthopaedic Surgeons shall, in cooperation with affiliated musculoskeletal care givers, continue to place a high priority on representing orthopaedic surgeons as highly qualified professionals to care for the diseases of the musculoskeletal system, including the neck, back and foot; and be it further [Modify and Retain] (R1992A1)
- B. **Resolved**, that the American Academy of Orthopaedic Surgeons, as part of its ongoing reassessment and retargeting of priorities, shall appropriately fund and staff the Academy's Council on Health Policy and Practice and Committee on Public Education to carry out these priorities. [Modify and Retain] (R1992A2)

Reduced Medicare Fees for Orthopaedic Surgeons Academy - R1992B

Adopted 1992; modified and retained 1997

- A. **Resolved**, that the American Academy of Orthopaedic Surgeons shall support negotiations to eliminate inequities in physician fee schedules; and be it further [Modify and Retain] (R1992B1)
- B. **Resolved**, that the American Academy of Orthopaedic Surgeons shall advise private insurance carriers, workers' compensation boards and state Medicaid agencies not to adopt a flawed RBRVS system; and be it further [Modify and Retain] (R1992B2)
- C. **Resolved**, that the American Academy of Orthopaedic Surgeons shall make continue to express its concerns about and investigate; the legality of limitations on balanced billing; methods of updating and correcting inappropriate physician work values; the establishment of appropriate practice expense values in RBRVS, based on resource use; inappropriate values for Evaluation and Management (E & M) codes; and other potential vulnerabilities in the physician payment system; and be it further [Modify and Retain] (R1992B3)
- D. **Resolved**, that the American Academy of Orthopaedic Surgeons shall continue coalition-building with other national medical associations and public interest groups to address these serious issues. [Modify and Retain] (R1992B4)

Routine HIV Testing of Hospitalized Patients

Academy - R1992C

Adopted 1992; retained 1997

- A. **Resolved**, that the American Academy of Orthopaedic Surgeons shall adopt a policy that HIV testing of hospitalized patients should be performed in the same unrestricted manner as any other laboratory test, at the order of the attending physician without specific consent; and be it further [Retain] (R1992C1)
- B. **Resolved**, that the American Academy of Orthopaedic Surgeons shall advocate state and federal legislation consistent with this policy. [Retain] (R1992C2)

HIV-Infected Health Care Workers

Academy - R1992D

Adopted in 1992; modified and retained 1997

- A. **Resolved**, that the American Academy of Orthopaedic Surgeons shall reiterate its position that HIV-infected orthopaedic surgeons should not perform invasive surgical procedures unless the patient is informed and consents; and be it further [Modify and Retain] (R1992D1)
- B. **Resolved**, that the American Academy of Orthopaedic Surgeons shall continue to support its position that an HIV-infected orthopaedic surgeon should have his or her practice privileges determined by a local expert review panel, as recommended by CDC guidelines; and be it further [Retain] (R1992D2)
- C. **Resolved**, that the March 1991 Advisory Statement on HIV-Infected Orthopaedic Surgeons shall be reviewed and revised as appropriate. [Retain] (R1992D3)