

American College of Preventive Medicine

Policy Committee Report October 2004

Chair: Mark Johnson
Vice Chair: Chris Armstrong

Staff: Mike Barry

Since reporting to the Board in February 2004, the ACPM Policy Committee and policy staff have focused on: (1) developing a long-term legislative strategy to strengthen preventive medicine residency funding, (2) advocating for FDA regulation of tobacco products and marketing, (3) reviewing and commenting on the proposed Medicare rules governing new preventive benefits, (4) revising ACPM's draft position statement on hospital privileges for preventive medicine physicians, (5) participating in the 2004 Annual Meeting of the AMA House of Delegates and appointing new ACPM delegates, and (6) developing a comparison of the 2004 presidential candidates' health proposals.

Advocacy for Preventive Medicine Residency Training

ACPM has continued targeted advocacy aimed at assuring and bolstering funding for preventive medicine residency (PMR) training programs. ACPM's focus has been on developing a long-range legislative strategy to establish a line-item in the federal discretionary budget devoted to PMR training, a la the Children's Hospitals Graduate Medical Education Fund legislation in 1999. ACPM's efforts to date have included reviewing a legislative history of the children's hospitals GME approach, forming a small planning subcommittee, forging alliances with partners, preparing an outline of a legislative strategy, and conducting calls and visits to Capitol Hill to meet with staff of targeted congressional members. ACPM has also developed a two-page proposal and legislative language to fund a study of the public health physician workforce, the results of which could support ACPM's line-item strategy. (See Attachments A and B for the outline of ACPM's approach and the proposed workforce study.)

ACPM also continues to advocate for funding under HRSA's Title VII health professions education programs. ACPM has submitted testimony to the House and Senate Labor-HHS-Education appropriation subcommittees, sent numerous letters to appropriators, and met with committee staff. The House FY 2005 spending bill, while restoring much of the funding for PMR training programs eliminated in the president's proposed budget, reduces funding for public health, preventive medicine and dental public health programs by 24 percent (to \$7.0 million) from FY 2004 levels. Action on the Senate side was more favorable to preventive medicine, as the Appropriations Committee passed a Labor-HHS-Ed bill that included \$9.1 million under the preventive medicine/public health/dental line item, the same amount appropriated in FY '04. The differences between the two bills will be worked out by a House-Senate conference committee, likely after the elections. DHHS and many other federal government agencies are operating under a continuing resolution.

FDA Regulation of Tobacco

ACPM over the past few months was actively engaged in advocating for FDA authority to regulate the sale and marketing of tobacco. Led by resistance from tobacco state lawmakers and the tobacco industry, however, a House-Senate conference committee rejected the measure. The Senate had previously voted to authorize FDA regulation, but the House Republican leadership strongly opposed the measure. The approval of FDA regulation by the Senate in July was the first time that either side of Congress has voted to grant FDA authority over tobacco products, offering an historic opportunity to adopt what has long been a legislative priority for the public health community and ACPM. ACPM's advocacy included membership action alerts, calls and visits to conference committee members' offices, and developing an advocacy center on ACPM's web site devoted to the issue.

Proposed Medicare Rules Governing Prevention

ACPM worked with the Partnership for Prevention (PfP) and the American Academy of Family Physicians on a joint response to the Centers for Medicare and Medicaid Services (CMS) regarding its recently proposed rules to establish coverage and payment under Medicare for preventive physical examinations, diabetes screening, and cardiovascular screening. The comments emphasized that the implementation of the new benefits should focus on preventive services that are of proven benefit in improving health outcomes. The three organizations further recommended that the list of targeted preventive services be aligned with those recommended by the U.S. Preventive Services Task Force or those services found to be effective through Medicare's national coverage determination process. Based on their review of the proposed rule, ACPM and the other groups were concerned that the Welcome to Medicare Visit would be allowed to revert to a comprehensive, routine physical exam in which the opportunity to offer Medicare beneficiaries preventive services would be lost. Steve Woolf, MD, FACPM, prepared the comments on behalf of the three organizations.

Hospital Privileges

Pursuant to a directive by the Board, the Policy Committee has developed a statement that recommends those hospital privileges that should be granted to physicians trained in preventive medicine. The statement has undergone several revisions. The latest draft (Attachment C) is being considered by the Policy Committee and likely will be recommended to the Board for adoption in lieu of existing ACPM Policy 2004-009 (C) at its November 7 meeting.

AMA House of Delegates

ACPM was active at the AMA House of Delegates 2004 Annual Meeting in June. ACPM submitted two resolutions on physical activity and the built environment and on AMA meeting venues. Neither resolution was adopted by the HOD. ACPM also advocated for several public health-related resolutions sponsored by other organizations, particularly around obesity prevention, which were adopted by the HOD. Following the meeting, ACPM's long-time Delegate Mike Parkinson announced his decision to step down as delegate. ACPM President Bob Harmon has since appointed Drs. Fred Nobrega and Jim Tacci to be ACPM's delegate and alternate delegate, respectively. Dr. Tacci replaces Erica Frank in that role.

Comparison of Presidential Candidates Health Proposals

ACPM developed a side-by-side comparison of the health care proposals of the two 2004 presidential candidates, which was made available on ACPM's web site. The objective, non-partisan chart compares each candidate's positions across a variety of dimensions—such as health insurance coverage, costs and financing, quality of care, and disease prevention. ACPM also prepared an analysis of the candidates' positions compared to the College's principles for health reform [ACPM Policy 2003-085(F)].

Continuing / New Business

- ACPM, primarily through the efforts of the Prevention Practice Committee (PPC), has acted on a charge from the Board to review ACPM's policies and ensure that ACPM policy remains current. This summer and fall, the PPC reviewed ten policy statements adopted prior to 2000 and made recommendations to the Board on actions needed to keep the policies current (see Prevention Policy Committee report). ACPM will undertake this process once a year to keep its policies up to date, with responsibility in the future likely being shared between both the Policy and Prevention Practice Committees.
- See Attachment D for a list of ACPM policies adopted and action taken since the February Board meeting.
- The Policy Committee, at the request of the Board, agreed at its February 2004 meeting to consider developing a position statement on antimicrobial resistance. This issue will be discussed again with the committee during its November 7 meeting.
- The ACPM Executive Committee has decided to discontinue the ACPM Open Policy Forum at the annual meeting. The conference planning committee is reserving a slot for an ACPM Town Hall meeting to address internal ACPM policy and strategic issues, if the need arises.

ACPM Policy Committee Report, November 2004
LIST OF ATTACHMENTS

- Attachment A** Outline of ACPM's legislative strategy for funding PMR programs
- Attachment B** ACPM's proposal for a DHHS-funded study of the PH physician
workforce
- Attachment C** Recommended hospital privileges for preventive medicine physicians
(draft)
- Attachment D** ACPM's policy compendium for 2004

Attachment A

Outline of ACPM's legislative strategy for funding PMR programs

ESSENTIAL ELEMENTS OF DRAFT PMR RESIDENCY FUNDING PROPOSAL

1. Medicare GME funding structure as model
2. Children's Hospital GME funding through HRSA as process
3. DGME funding requested at national average per-resident amount (approx \$70,000) for MPH and Practicum years of program. Medicare already supports clinical year.
4. IME funding requested at national average multiplier of DGME (approx 2.5) only for Practicum year of program; could be split if MPH and Practicum years split.
5. All funding (DGME and IME) to flow to sponsor of program.

Attachment B
**ACPM's proposal for a DHHS-funded study of the public health
physician workforce**

Training Public Health Physicians

The problem:

- Public health physicians are a critical component of the federal, state and local public health infrastructure needed for public health preparedness.
- There is no generally agreed upon model for training physicians for public health careers. The CDC trains physicians, as well as other professionals, in the Epidemiology Intelligence Service (EIS). This involves a heavy emphasis on applied epidemiology but little training in other public health competencies. Preventive medicine residencies involve three years of training and lead to eligibility for board certification in one of three preventive medicine specialty areas (Public Health/General Preventive Medicine; Occupational Medicine; or Aerospace Medicine).
- While preventive medicine is the only specialty that trains physicians in public health, these residency programs provide limited exposure to public health agencies (typically one-to-three months) compared to the level needed to be fully prepared to meet today's public health challenges. Physicians who are hired into public health positions often need to learn the required skills on the job through trial and error. This results in a lag time during which mistakes are made and public health effectiveness suffers.
- Residency training in preventive medicine and public health is generally not eligible for Medicare graduate medical education (GME) funding because it does not involve direct patient care. Consequently, there are few of these residency programs and few trainees. Many of the training positions are not filled because there is no money to pay salaries. There are currently 355 filled training positions in preventive medicine residencies. However, fill rates typically average only about 70 percent. The result is approximately 200-250 physicians per year graduating from these programs.
- There has been no post 9-11 analysis of the number of public health physicians needed for a rebuilt public health infrastructure and the number of training programs and residency positions that are needed to meet this need.
- The new emphasis on public health preparedness has created a need for physicians with a set of skills that have not been fully defined or incorporated into residency training.

Proposed solution:

Step 1

Congress should fund a study by the Department of Health and Human Services to answer 4 questions:

- What knowledge and skills are needed by public health physicians?
- How should training programs be designed to prepare physicians for public health careers?
- How many training programs are needed?
- How should this training be funded?

A DHHS study would require approximately 12 months and \$1,000,000 to complete.

Step 2

Congress should use this study as the basis for legislation to:

- Fund the number of training programs needed to prepare an adequate public health physician workforce.
- Instruct either CDC or HRSA to work with medical educators and public health officials to design and create these training programs using the model recommended.

Suggested Language

- (A) IN GENERAL-The Secretary shall conduct, or contract with a non governmental agency to conduct, a study to determine: What knowledge and skills are needed by public health physicians; what type of training program would prepare physicians for public health careers; how many training programs are needed to maintain an adequate public health physician workforce; and how these training programs should be funded.
- (B) REPORT- The Secretary shall ensure that, not later than 12 months after the date of the enactment of this Act, the study required in subparagraph (A) is completed and a report describing the findings made in the study is submitted to the congress.
- (C) APPROPRIATIONS- For the purpose of conducting the study in subparagraph A there are appropriated \$1,000,000 for fiscal year 2005.

Attachment C
Recommended hospital privileges for preventive medicine
physicians (draft)

ACPM Policy 2004-__ (F)
Hospital Privileges for Preventive Medicine Physicians

It is appropriate for those holding American Board of Preventive Medicine (ABPM) certification to obtain hospital privileges in order to deliver certain services to communities, hospital patients and hospital populations. The American College of Preventive Medicine (ACPM) deems that the requirements for specialty certification in Preventive Medicine are sufficient for granting hospital privileges.

As with all other specialists, the specific procedures approved for a physician by a hospital credentials committee should be based on the physician's specialty training and experience. Physicians obtaining ABPM certification have special training in population-based medicine that is unique to this specialty. The ABPM provides certification in three areas: public health and general preventive medicine, aerospace medicine, and occupational medicine.

The "Core Privileges" listed below are skills common to all three categories. The "Supplemental Privileges" should be granted on an individual basis depending on the specific clinical experience and training of the applicant for hospital privileges.

CORE PRIVILEGES

Preventive medicine physicians have unique training and skills that should enable them to access hospital records, data, and committee processes for a variety of population-based functions, such as comprehensive epidemiological and clinical investigation and consultation for the prevention and control of communicable, chronic, and occupational disease, disability, and premature death; evaluation, consultation, diagnosis, and assessment of disease and injury risk; and treatment and intervention planning for individuals and population groups.

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Specific population-based interventions include:

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- Application of epidemiologic and biostatistical methods
- Interpretation of health care, injury, and infectious disease data
- Surveillance programs for diseases and injuries
- Investigation of epidemics and other health-related events
- Clinical and laboratory evaluations of individuals and groups
- Travel medicine consultation and clinical services
- Hospital infection control programs
- Prescription and administration of mass immunizations and medications to control epidemics
- Disease contact tracking programs
- Individual and group education
- Immunization programs
- Disease and injury risk assessment of individuals and groups
- Disease screening and health risk assessment programs
- Interventions to modify or eliminate individual and group risk for disease and injury

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- Application of biologic, behavioral, and environmental approaches to health promotion and disease and injury prevention
- Assessment of effectiveness of interventional programs
- Assessment of risks, development, and evaluation of primary, secondary, and tertiary prevention programs for individuals and groups for the following diseases and conditions:
 - Communicable diseases
 - Tropical diseases
 - Injuries
 - Falls and disability in the elderly
 - Epidemics and unusual occurrences of diseases, disability, and premature death
 - Diseases of travelers
 - Chronic diseases
 - Cancer
 - Nosocomial infections
 - Diseases of lifestyle

SUPPLEMENTAL PRIVILEGES

In addition, many preventive medicine physicians have additional training and expertise that enable them to perform the following functions.

Assessment, preliminary diagnosis, and initial treatment or stabilization of:

- Myocardial infarction
- Cardiac dysrhythmia
- Fluid and electrolyte disorders (all age groups)
- Heat-related illness
- Burns
- Shock
- Fractures
- Penetrating wounds
- Depressed level of consciousness and coma
- Abdominal surgical emergencies (all age groups)
- Appendicitis
- Gastrointestinal disorders
- Respiratory disorders
- Psychosis and potential suicide
- Poisoning
- Urinary tract infection
- Testicular torsion
- Hernia

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- Urinary calculi
- Pulmonary insufficiency
- Penetrating eye injuries
- Iritis
- Glaucoma
- Dermatitis and other skin conditions
- Drug overdose

Diagnostic or therapeutic procedures:

- Cardio-pulmonary resuscitation
- Endotracheal intubation (emergency)
- Lumbar puncture
- Arterial blood gas sampling
- Initial interpretation of electrocardiogram before consultant confirmation
- Initial interpretation of chest, abdominal, skull, facial bone, and extremity x-rays before consultant confirmation
- Incision and drainage of superficial abscesses
- Preparation and interpretation of potassium hydroxide and saline mounts for pathogens
- Incision and drainage of thrombosed external hemorrhoids
- Bladder catheterization
- Removal of corneal foreign body
- Preparation and interpretation of Gram stains for pathogens
- Performance of Pap smears
- Performance of pelvic examination
- Splinting or stabilizing spine and extremity fractures
- Performance of fluorescein stain for conjunctival lesions
- Suture closure of 1° layer wounds
- Eye irrigation
- Local infiltration anesthesia
- Intravenous infusion
- Venipuncture

Comprehensive examination, diagnosis, and management of:

- Uncomplicated gynecologic problems, including vaginitis and sexually transmitted disease, contraception advice, prescription of oral contraceptives, and screening pelvic examination
- Uncomplicated internal medicine problems, including cardiac disease, arthritis, gastrointestinal disease, hepatic disease, infectious disease, hypertension, anemia, pulmonary disease, renal disease, diabetes, neurologic disease and thyroid disease
- Uncomplicated dermatologic problems, not to include psoriasis or malignancy, but including acne, verrucae, herpes simplex, seborrhea, dyshidrosis, scabies, pediculosis,

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cold injury, immersion dermatitis, plantar warts, corns, calluses, and excisional punch biopsy

- Uncomplicated orthopedic problems including muscle strain, sprains, low back pain, bursitis, tendonitis, and minor musculoskeletal trauma
- Uncomplicated otolaryngologic problems, including otitis media and externa, cerumen occlusion of canal, pharyngitis, laryngitis, removal of nasal or auditory canal foreign body, nosebleed, and rhinitis
- Uncomplicated urologic problems, including cystitis, prostatitis, epididymitis, and sexually-transmitted disease

Assessment, preliminary diagnosis, and initial treatment or stabilization of:

- Decompression sickness
- Pregnancy
- Pelvic pain
- Pelvic inflammatory disease
- Threatened, incomplete, and completed abortion
- Ruptured tubal ectopic pregnancy

Diagnostic or therapeutic procedures:

- Pulmonary function testing
- Audiometry

Comprehensive examination, diagnosis, and management of:

- Uncomplicated behavioral problems, including crisis intervention, short-term individual counseling for difficulty with interpersonal relationships or adapting to authority, and problems related to substance use and abuse
- Uncomplicated environmental or occupationally-related problems, including heat, and noise exposure screening and monitoring
- Uncomplicated ophthalmologic problems, including conjunctivitis, visual acuity testing, corneal abrasion, and conjunctival foreign body
- Routine, uncomplicated prenatal care, up to 20 weeks gestation
- Uncomplicated pediatric problems, including well child care, pediatric preventive care counseling, otitis, bronchitis, pneumonia, asthma, gastroenteritis and viral exanthemas

Other functions, including:

- Disaster preparedness design and management
- Implementation of disaster relief efforts
- Application of group behavior modification techniques
- Advanced epidemiologic biostatistical methods
- Interventional drug or vaccine studies

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- Assessment of risks, development, and evaluation of primary, secondary, and tertiary prevention programs for individuals and groups for the following diseases and conditions:
 - Chemical dependence
 - Occupational and environmental diseases

- Quality assurance programming
- Design of patient safety systems and interventions
- Disease and demand management
- Medical guidance to discharge planning and case management programming
- Wellness and alternative medicine programming
- Liaison with public health, regulatory and public safety (homeland security) agencies and programs

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Attachment D
ACPM Policy Compendium 2004

YEAR	NUMBER	TYPE	TITLE	SOURCE	EFFECTIVE	EXPIRATION
2004	001	H	Sign-on letter in support of mental health benefits parity law	AMA/Federation of Medicine	1/29/2004	1/29/2009
2004	002	H	Sign-on letter to Congress urging co-sponsorship of STOP Stroke Act	STOP Stroke Act Coalition	1/29/2004	1/29/2009
2004	003	H	Sign-on letter to President and Congress urging increased PH funding through Section 550 budget allocation	Coalition for Health Funding	1/29/2004	1/29/2005
2004	004	H	Sign-on letter to Congress in support of S. 1807, the Gun Show Loophole Closing Act of 2003	Coalition to Stop Gun Violence/DAHI	2/23/2004	2/23/2009
2004	005	H	Comments to FDA Re: Food Labeling: Health Claims; Dietary Guidance	CSPI	2/20/2004	2/20/2009
2004	006	H	Partners for Effective Tobacco Policy's 2004 legislative priorities	Partners for Effective Tobacco Policy Coalition	2/25/2004	2/25/2005
2004	007	H	Endorsement of statement calling for international ban on asbestos	Collegium Ramazzini	3/2/2004	3/2/2009
2004	008	C	ACPM Resolution: Condemning Recent Attacks on Lesbian, Gay, Bisexual, and Transgender and HIV-Related Research	ACPM	2/20/2004	2/20/2009
2004	009	C	ACPM Resolution: standards for hospital privileging of preventive medicine physicians	ACPM	2/20/2004	2/20/2009
2004	010	H	Sign-on letter to Congress urging adequate funding for Function 550/AHRQ	Friends of AHRQ	3/2/2004	3/2/2005
2004	011	H	Endorsement of HPNEC brochure for FY 2005	HPNEC	3/5/2004	3/5/2005
2004	012	H	Support for Harkin/Feinstein amendment to FY 2005 Budget Resolution	Coalition for Health Funding	3/9/2004	3/9/2005
2004	013	H	Endorsement of Consensus Statement on Methylmercury and Public Health	Physicians for Social Responsibility	3/8/2004	3/8/2009
2004	014	H	Sign-on letter to Senate in support of S.720 "Patient Safety and Quality Improvement Act of 2003"	AMA/Federation of Medicine	3/10/2004	3/10/2009
2004	015	H	Sign-on letter to HHS Secretary calling for adequate funding of smoking cessation quitlines network	Partners for Effective Tobacco Policy Coalition	3/16/2004	3/16/2009
2004	016	H	Sign-on letter to House/Senate L/HHS/E Appropriators requesting appropriations for NCBDDD/CDC	External Partners Group for NCBDDD	4/9/2004	4/9/2005
2004	017	H	Sign-on letter to Bayer urging compliance with FDA proposal to ban Baytril,a fluoroquinolone antibiotic used in poultry	Environmental Defense covertheuninsuredweek.org	4/30/2004	4/30/2009
2004	018	H	Supporter of Cover the Uninsured Week 2004	(RWJ)	4/6/2004	4/6/2005
2004	019	H	Endorse written testimony to Sen L/HHS/E approp subcom in support of CDC's Folic Acid Education Campaign	National Council on Folic Acid	3/29/2004	3/29/2005

YEAR	NUMBER	TYPE	TITLE	SOURCE	EFFECTIVE	EXPIRATION
2004	020	H	Sign-on letter to House urging co-sponsor of H.Res.575-NCAA end alcohol promotion in College Sports	Coalition for the Prevention of Alcohol Problems	3/25/2004	3/25/2009
2004	021	H	Sign-on letter to House Speaker in support of Genetic Information Nondiscrimination Act [S. 1053]	Genetic Alliance	4/1/2004	4/1/2009
2004	022	H	Sign-on letter to Inter-Agency Committee on Underage Drinking	Coalition for the Prevention of Alcohol Problems	4/15/2004	4/15/2009
2004	023	H	Sign-on letter to Sen. Ag. Committee urging improvements to WIC program	CSPI	4/12/2004	4/12/2009
2004	024	H	Sign-on letter to House/Senate Appropriators urging highest possible 302b allocations for L-HHS-E Subcommittee	Coalition for Health Funding	5/3/2004	5/3/2005
2004	025	I	ACPM testimony for record on FY 2005 appropriations for consideration by the House L-HHS-E Subcommittee	ACPM	4/29/2004	4/29/2005
2004	026	H	Sign-on letter to Congress in opposition to the proposal to reprogram FY 2004 bioterrorism preparedness funds	APHA	5/26/2004	5/26/2005
NOT POLICY			ACPM comments on the ASHP draft, "the Use of Aspirin for Prevention of Coronary Heart Disease"	American Society of Health-System Pharmacists		
2004	027	I	ACPM letter to Senate in support of giving Secretary of HHS authority to approve Medicare coverage of preventive medical services	ACPM	6/4/2004	6/4/2009
2004	028	H	Sign-on letter to Congress on public health and the US-Central American Free Trade Agreement	Center for Policy Analysis on Trade and Health	6/1/2004	6/1/2009
2004	029	H	Sign-on letter to House Judiciary Committee Chairman urging renewal or strengthening of the current assault weapons ban	Doctors Against Handgun Injury	6/16/2004	6/16/2005
2004	030	H	Sign-on letter to House urging adequate funding for Title VII health profession programs and Title VIII nursing programs	Health Professions and Nursing Education Coalition	6/18/2004	6/18/2005
2004	031	H	Sign-on letter to Senate in support of S.720 "Patient Safety and Quality Improvement Act"	AMA Federation	6/18/2004	6/18/2005
2004	032	I	ACPM letter to Senate in support of S.2558 "Healthy Lifestyles and Prevention America Act"	ACPM	6/30/2004	6/30/2009
2004	033	H	Endorsement of Ecological Society of America's Peer Review Position Statement	Ecological Society of America	7/6/2004	7/6/2009
2004	034	H	Sign-on letter to Congress in support of increased funding for the CDC in FY 2005	CDC Coalition	7/6/2004	7/6/2005
2004	035	H	Sign-on letter to Senate urging sufficient funding for HRSA programs in FY 2005	Friends of HRSA	7/6/2004	7/6/2005
NOT POLICY			ACPM comments on the USPSTF draft, "Screening for Glaucoma"	USPSTF		

YEAR	NUMBER	TYPE	TITLE	SOURCE	EFFECTIVE	EXPIRATION
2004	036	H	Sign-on letter to Congress in support of providing the FDA with effective authority over tobacco products	Partners for Effective Tobacco Policy	7/14/2004	7/14/2009
2004	037	H	Endorsement of NEETF's position statement, "Health Professionals and Environmental Health Education"	National Environmental Health and Training Foundation	7/19/2004	7/19/2009
2004	038	H	Sign-on letter to Congress urging new funding in FY 2005 for National Children's Study	March of Dimes	6/25/2004	6/25/2005
2004	039	H	Sign-on letter supporting a National Coverage Determination for tobacco cessation counseling services under Medicare	Partners for Effective Tobacco Policy	7/23/2004	7/23/2009
2004	040	J	ACPM press release commending expanded coverage of preventive services under Medicare	Partnership for Prevention	7/29/2004	7/29/2009
2004	041	H	Sign on letter to Senate leaders supporting A Coordinated Environmental Health Network	Trust for America's Health	8/18/2004	8/18/2009
2004	042	F	ACPM Position Statement: Physical Activity Counseling in the Adult Primary Care Setting	ACPM Prevention Practice Committee	8/19/2004	8/19/2006
2004	043	H	Sign on letter to Sen. Specter urging increased support in FY '05 for the Prevention Block Grant	ASTHO	8/19/2004	8/19/2005
NOT POLICY			ACPM 2004 Presidential election candidates' comparison, comparison to ACPM position, and press release	ACPM	8/26/2004	
2004	044	H	Sign on letters to House and Senate in support of the DeWine/Kennedy amendment re FDA tobacco regulation	Partners for Effective Tobacco Policy	9/7/2004	9/7/2005
2004	045	H	Letter to House Energy and Commerce Committee leadership to move H.R. 663, "Patient Safety and Quality Improvement Act"	AMA/Federation of Medicine	9/20/2004	9/20/2005
2004	046	I	ACPM letter to Congress urging passage of the DeWine/Kennedy FDA tobacco amendment	ACPM	9/23/2004	9/23/2005
2004	047	G	ACPM/PfP/AAFP comments on Medicare rule - new preventive services	Partnership for Prevention	9/23/2004	9/23/2009
2004	048	H	Sign-on letter to Senate urging members to retain the health professions funding incl. in Senate Approp. Com. Bill	HPNEC	9/27/2004	9/27/2005
2004	049	A	ACPM Practice Policy Statement: Hepatitis C Screening	ACPM Prevention Practice Committee	9/30/2004	9/30/2007