

PPPS Governing Council Report A – HOD Handbook Review – June 2021 Special Meeting

Access full text of resolutions/reports in the [HOD meeting handbook](#).

Item #	Ref Com	Title	Proposed Policy	Governing Council Recommendation
1	A	Res. 102 – Bundling Physicians Fees with Hospital Fees (New York)	RESOLVED, That our American Medical Association oppose bundling of physician payments with hospital payments, unless the physician has agreed to such an arrangement in advance. (New HOD Policy)	Support intent
2	B	Res. 201 – Ensuring Continued Enhanced Access to Healthcare via Telemedicine and Telephonic Communication (Maryland)	RESOLVED, That our American Medical Association address the importance of at least a 365-day waiting period after the COVID-19 public health crisis is over before commencement of audits aimed at discovering the use of non-HIPAA compliant modes and platforms of telemedicine by physicians. (Directive to Take Action)	Support intent
3	B	Res. 206 – Redefining the Definition of Harm (American Academy of Pediatrics)	RESOLVED, That our American Medical Association advocate to the Office of Civil Rights to revise the definition of harm to include mental and emotional distress. Such a revision would allow additional flexibility for clinicians under the Preventing Harm Exception, based on their professional judgement, to withhold sensitive information they believe could cause physical, mental or emotional harm to the patient (Directive to Take Action); and be it further RESOLVED, That our AMA advocate that the Office of Civil Rights assemble a commission of medical professionals to help the office review the definition of harm and provide scientific evidence demonstrating that mental and emotional health is intertwined with physical health. (Directive to Take Action)	Remain neutral
4	B	Res. 210 – Ransomware and Electronic Health Records (Illinois)	RESOLVED, That our American Medical Association adopt policy acknowledging that healthcare data interruptions are especially harmful due to potential physical harm to patients and calling for prosecution to the fullest extent of the law for perpetrators of ransomware and any other malware on independent physicians and their practices, healthcare organizations, or other medical entities involved in providing direct and indirect care to patients (New HOD Policy); and be it further RESOLVED, That our AMA seek to introduce federal legislation which provides for the prosecution of perpetrators of ransomware and any other malware on any and all healthcare	Support intent

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			entities, involved in direct and indirect patient care, to the fullest extent of the law. (Directive to Take Action)	
5	B	<p>Res. 212 – ONC’s Information Blocking Regulations</p> <p>(American Academy of Dermatology, College of American Pathologists, Missouri, Alaska, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, Pennsylvania, Society for Investigative Dermatology, South Carolina, Iowa, American Society for Dermatologic Surgery)</p>	<p>RESOLVED, That our American Medical Association advocate for additional time and compliance leeway for physicians by urging the Office of the National Coordinator for Health Information Technology (ONC) to broaden and relax their current regulatory requirements based on the following critical enumerated requests:</p> <ul style="list-style-type: none"> a. Urge the ONC to strike the right balance between the demands and distress caused by the COVID-19 public health emergency (PHE) and its interoperability rule objectives. b. Urge the ONC to earnestly consult with relevant stakeholders about unintended or unforeseen consequences that may arise from the information blocking regulations. c. Urge the ONC, through an interim final rule moratorium, to delay the current applicability date of information blocking provisions until 12 months after the PHE is officially declared over, affording small and medium-sized medical practices time to recover and prepare. d. Urge the Department of Health and Human Services (HHS)’s ONC and their OIG to propose future enforcement discretion that would afford small and medium-sized medical practices further compliance flexibilities given their lack of resources. e. Call on the HHS’s ONC and OIG in future enforcement rulemaking to propose corrective action and further technical guidance rather than imposing fines or penalties. f. Urge the ONC to broaden and relax its Patient Harm Exception through subregulatory revisions that would include patients’ emotional and mental distress to the current and narrow definition of this exception. g. Call on the ONC to develop and offer more meaningful educational guidance, practical resources, and technical assistance to physician practices to help them meet their compliance efforts, patient care obligations and documentation requirements. (Directive to Take Action) 	Support intent
6	D	<p>Res. 410 – Ensuring Adequate Health Care Resources to Address the Long COVID Crisis</p> <p>(American Academy of Physical Medicine and Rehabilitation)</p>	<p>RESOLVED, That our American Medical Association support the development of an ICD-10 code or family of codes to recognize Post-Acute Sequelae of SARS-CoV-2 infection (“PASC” or “Long COVID”) as a distinct diagnosis (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA advocate for the development of immediate and long-term strategies for funding and research to address equitable access to appropriate clinical care for all individuals experiencing PASC (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA disseminate up-to-date information to physicians regarding best practices to mitigate the effects of PASC in a timely manner. (Directive to Take Action)</p>	Support intent

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7	F	<p>Res. 602 – Timely Promotion and Assistance in Advance Care Planning and Advance Directives</p> <p>(Senior Physicians Section)</p>	<p>RESOLVED, That our American Medical Association begin a low cost in-house educational effort aimed at physicians, to include relevant billing and reimbursement information, encouraging physicians to lead by example and complete their own advance directives (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage practicing physicians to voluntarily publicize the fact of having executed our own advance directives, and to share readily available educational materials regarding the importance and components of advance directives in offices and on practice websites, as a way of starting the conversation with patients and families (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, That our AMA strongly encourage all primary care physicians to include advance care planning as a routine part of their adult patient care protocols, and also to include advance directive documentation in patients’ medical records as a suggested standard health maintenance practice (Modify Current HOD Policy); and be it further</p> <p>RESOLVED, That our AMA collaborate (prioritized and made more urgent by the ongoing COVID-19 pandemic) with stakeholder groups, such as legal, medical, hospital, medical education, and faith-based communities as well as interested citizens, to promote completion of advance directives by all individuals who are of legal age and competent to make healthcare decisions (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA actively promote the officially recognized designation of April 16 as National Healthcare Decisions Day. (New HOD Policy)</p>	Support intent
8	G	<p>BOT Report 09 – Addressing Payment in Delivery in Rural Hospitals</p>	<p>RECOMMENDATION</p> <p>The Board of Trustees recommends that Resolution 703-A-19 not be adopted and that this report be filed.</p>	Support intent
9	G	<p>CMS Report 04 – Promoting Accountability in Prior Authorization</p>	<p>RECOMMENDATIONS</p> <p>The Council on Medical Service recommends that the following be adopted and that the remainder of the report be filed:</p> <p>1. That our American Medical Association (AMA) reaffirm Policy H-320.939 which states that the AMA will continue its widespread prior authorization (PA) advocacy and outreach,</p>	Support intent

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			<p>including promotion and adoption of the Prior Authorization and Utilization Management Reform Principles, the Consensus Statement on Improving the Prior Authorization Process, AMA model legislation, the Prior Authorization Physician Survey and other PA research, and educational tools aimed at reducing administrative burdens for physicians and their staff; and advocate for such decisions to be based on the direct review of a physician of the same medical specialty/subspecialty as the prescribing/ordering physician. (Reaffirm HOD Policy)</p> <p>2. That our AMA reaffirm Policies H-320.948 and H-320.961 which encourage sufficient clinical justification for any retrospective payment denial and prohibition of retrospective payment denial when treatment was previously authorized. (Reaffirm HOD Policy)</p> <p>3. That our AMA reaffirm Policy H-320.949 which states that utilization management criteria should be based upon sound clinical evidence, permit variation to account for individual patient differences, and allow physicians to appeal decisions. (Reaffirm HOD Policy)</p> <p>4. That our AMA reaffirm Policies H-285.998 and H-320.945 which underscore the importance of a clinical basis for health plans’ coverage decisions and policies. (Reaffirm HOD Policy)</p> <p>5. That our AMA reaffirm Policy H-285.939 which states that utilization review decisions to deny payment for medically necessary care constitute the practice of medicine and that medical directors of insurance entities be held accountable and liable for medical decisions regarding contractually covered medical services. (Reaffirm HOD Policy)</p> <p>6. That our AMA advocate that peer-to-peer (P2P) PA determinations must be made and actionable at the end of the P2P discussion notwithstanding mitigating circumstances, which would allow for a determination within 24 hours of the P2P discussion. (New HOD Policy)</p> <p>7. That our AMA advocate that the reviewing P2P physician must have the clinical expertise to treat the medical condition or disease under review and have knowledge of the current, evidence-based clinical guidelines and novel treatments. (New HOD Policy)</p>	

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			<p>8. That our AMA advocate that P2P PA reviewers follow evidence-based guidelines consistent with national medical specialty society guidelines where available and applicable. (New HOD Policy)</p>	
10	G	<p>CMS Report 06 – Urgent Care Centers</p>	<p>RECOMMENDATIONS</p> <p>The Council on Medical Service recommends that the following be adopted and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) reaffirm Policy D-35.985 supporting the physician-led health care team. (Reaffirm HOD Policy) 2. That our AMA reaffirm Policy H-385.926 supporting physicians’ choice of practice and method of earning a living. (Reaffirm HOD Policy) 3. That our AMA reaffirm Policy H-440.877 stating that if a vaccine is administered outside the medical home, all pertinent vaccine-related information should be transmitted to the patient’s primary care physician and the administrator of the vaccine should enter the information into an immunization registry, when one exists. (Reaffirm HOD Policy) 4. That our AMA reaffirm Policy H-385.940 advocating for fair and equitable payment of services described by Current Procedural Terminology (CPT) codes, including those for off-hour services. (Reaffirm HOD Policy) 5. That our AMA supports that any individual, company, or other entity that establishes and/or operates urgent care centers (UCCs) adhere to the following principles: <ol style="list-style-type: none"> a. UCCs must help patients who do not have a primary care physician or usual source of care to identify one in the community; b. UCCs must transfer a patient’s medical records to his or her primary care physician and to other health care providers, with the patient’s consent, including offering transfer in an electronic format if the receiving physician is capable of receiving it; c. UCCs must produce patient visit summaries that are transferred to the appropriate physicians and other health care providers in a meaningful format that prominently highlight salient patient information; d. UCCs should work with primary care physicians and medical homes to support continuity of care and ensure provisions for appropriate follow-up care are made; 	Support intent

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			<p>e. UCCs should use local physicians as medical directors or supervisors;</p> <p>f. UCCs should have a well-defined scope of clinical services, communicate the scope of services to the patient prior to evaluation, provide a list of services provided by the center, provide the qualifications of the on-site health care providers prior to services being rendered, describe the degree of physician supervision of any non-physician practitioners, and include in any marketing materials the qualifications of the on-site health care providers; and</p> <p>g. UCCs should be prohibited from using the word “emergency” or “ED” in their name, any of their advertisements, or to describe the type of care provided. (New HOD Policy)</p> <p>6. That our AMA work with interested stakeholders to improve attribution methods such that a physician is not attributed to spending for services that a patient receives at an UCC if the physician could not reasonably control or influence that spending. (New HOD Policy)</p> <p>7. That our AMA support patient education including notifying patients if their physicians are providing off-hours care, informing patients what to do in urgent situations when their physician may be unavailable, informing patients of the differences between an urgent care center and an emergency department, and asking for their patients to notify their physician or usual source of care before seeking UCC services. (New HOD Policy)</p>	
11	G	<p>Res. 702 – Addressing Inflammatory and Untruthful Online Ratings (New York)</p>	<p>RESOLVED, That our American Medical Association take action that would urge online review organizations to create internal mechanisms ensuring due process to physicians before the publication of negative reviews. (Directive to Take Action)</p>	Support intent
12	G	<p>Res. 705 – Improving the Prior Authorization Process (Arizona, Colorado)</p>	<p>RESOLVED, That our American Medical Association promote that all medication denials from insurance companies, pharmacy benefit managers or retail pharmacies provide the approved formulary alternatives in the same class of medications or the step edit requirements at the time of the denial to the prescribing physician (Directive to Take Action); and be it further</p> <p>RESOLVED, That at the time of denial by insurance companies, pharmacy benefit managers, or retail pharmacies, that our AMA advocate they be required to inform the patient of the lowest cash or discount card price for that medication. (Directive to Take Action)</p>	Support intent

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13	G	<p>Res. 706 – Prevent Medicare Advantage Plans from Limiting Care</p> <p>(American Academy of Physical Medicine and Rehabilitation)</p>	<p>RESOLVED, That our American Medical Association ask the Centers for Medicare and Medicaid Services to further regulate Medicare Advantage Plans so that Medicare guidelines are followed for all Medicare patients and that care is not limited for patients who chose an Advantage Plan (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA advocate against applying proprietary criteria to determine eligibility of Medicare patients for procedures and admissions when the criteria are at odds with the professional judgment of the patient’s physician. (Directive to Take Action)</p>	Support intent
14	G	<p>Res. 708 – Medicare Advantage Record Requests</p> <p>(Georgia)</p>	<p>RESOLVED, That our American Medical Association advocate for the relevant agencies and stakeholders to prevent Medicare Advantage plans from requesting records from practices solely to data mine for more funds and limit requests to 2% of plan participants, and otherwise advocate that the plan will reimburse the practices for their efforts in obtaining additional requested information. (Directive to Take Action)</p>	Support intent