Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION AS AMENDED

1. Resolution 1 – Prior Authorization – CPT Codes for Fair Compensation
2. Resolution 2 – CPT Denials / Service / Preauthorization Denials
4. Resolution 4 – Patient Privacy During Public Health Emergencies
(1) RECOMMENDATION A:

The first Resolve in Resolution 1 be amended by addition and deletion:

RESOLVED, That our American Medical Association support and create the creation of CPT codes to provide adequate compensation for administrative work involved in prior authorizations, including pre-certifications and prior notifications, that reflects the actual time expended by physicians and healthcare practices to advocate on behalf of patients and to comply with insurer requirements and that compensates physicians fully for the time, effort, and legal risks inherent in such work (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve in Resolution 1 be amended by addition:

RESOLVED, That our AMA support the creation of CPT codes developed for prior authorizations that fully reflect the aggregated time and effort involved in prior authorization, including multiple contracts, wait time on the phone, chat, or other platforms preferred by payers or their agents, among other costs to physician practice (New HOD Policy);

RECOMMENDATION C:

The third Resolve in Resolution 1 be amended by addition and deletion:

RESOLVED, That our American Medical Association will advocate for include fair compensation based on CPT codes for prior authorization in any model legislation and as a basis for all advocacy for prior authorization reforms (Directive to Take Action).

RECOMMENDATION D:

Resolution 1 be adopted as amended.
RESOLVED, That our American Medical Association support and create CPT codes to provide adequate compensation for administrative work involved in prior authorizations, including pre-certifications and prior notifications, that reflects the actual time expended by physicians and healthcare practices to advocate on behalf of patients and to comply with insurer requirements and that compensates physicians fully for the time, effort, and legal risks inherent in such work (Directive to Take Action); and be it further

RESOLVED, that CPT codes developed for prior authorizations fully reflect the aggregated time and effort involved in prior authorization, including multiple contracts, wait time on the phone, chat, or other platforms preferred by payers or their agents, among other costs to physician practice (New HOD Policy); and be it further

RESOLVED, That our American Medical Association will include fair compensation based on CPT codes for prior authorization in any model legislation and as a basis for all advocacy for prior authorization reforms (Directive to Take Action).

Your Reference Committee heard testimony in nearly universal support of the establishment of CPT coding that could better account for the day-to-day workload of physicians, particularly as they relate to the onerous prior authorization process. Committee members agreed that such codes would be beneficial to practice, however members also agreed with testimony that the resolution’s existing language could be construed to require that the AMA directly interfere in the CPT creation process. As such, the Committee believed altering that language to show support for the creation of such codes and advocating for them would be more appropriate.

Your Reference Committee also considered Resolution 1 in light of guidance from the AMA Speakers as to the urgency/priority of items of business to be discussed at the June 2021 Special Meeting of the House of Delegates. Ultimately, the Committee did not believe an advocacy directive for improving CPT coding met the threshold for priority action before the House during the June meeting. As such, the Committee recommends that Resolution 1 be adopted as amended but not transmitted to the House of Delegates until a future meeting.

(2) RESOLUTION 2 – CPT DENIALS / SERVICE / PREAUTHORIZATION DENIALS

RECOMMENDATION A:

The first Resolve in Resolution 2 be amended by addition and deletion:
RESOLVED, That our American Medical Association support and create the creation of CPT codes to provide adequate compensation for administrative work involved in successfully appealing wrongful denials of services (visits, tests, procedures, medications, devices, and claims), whether pre- or post-service denials, that reflect the actual time expended by physicians and healthcare practices to advocate on behalf of patients, appeal wrongful denials, and to comply with insurer and legal requirements and that compensate physicians fully for the time, effort, and legal risks inherent in such work (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve in Resolution 2 be amended by addition and deletion:

RESOLVED, That our AMA create support the creation of CPT codes for primary, secondary, and tertiary appeals to independent review organizations (IROs), state and federal regulators, and ERISA plan appeals, including codes for appeals, reconsiderations, and other forms of appeals of adverse determination (Directive to Take Action); and be it further

RECOMMENDATION C:

The third Resolve in Resolution 2 be amended by addition and deletion:

RESOLVED, That our American Medical Association will include advocate for fair compensation based on CPT codes for appeal of wrongfully denied services in any model legislation and as a basis for all advocacy for prior authorization reforms (Directive to Take Action).

RECOMMENDATION D:

Resolution 2 be adopted as amended with title change:

Appeals and Denials – CPT Codes for Fair Compensation

RESOLVED, That our American Medical Association support and create CPT codes to provide adequate compensation for administrative work involved in successfully appealing wrongful denials of services (visits, tests, procedures, medications, devices, and claims), whether pre- or post-service denials, that reflect the actual time expended by physicians and healthcare practices to advocate on behalf of patients, appeal wrongful denials, and to comply with insurer and legal requirements and that compensate physicians fully for the time, effort, and legal risks inherent in such work (Directive to Take Action); and be it further
RESOLVED, That our AMA create CPT codes for primary, secondary, and tertiary appeals to independent review organizations (IROs), state and federal regulators, and ERISA plan appeals, including codes for appeals, reconsiderations, and other forms of appeals of adverse determination (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association will include fair compensation based on CPT codes for appeal of wrongfully denied services in any model legislation and as a basis for all advocacy for prior authorization reforms (Directive to Take Action).

Your Reference Committee heard testimony indicating support for this resolution with many noting that it served as an appropriate complement to Resolution 1. Similar to Resolution 1, testimony also reflected concern that the AMA is not in a position to create CPT codes for any purpose and that it should remain removed from the process. As such, your Reference Committee believed the best approach was to, again, clarify the language so that the AMA would be tasked with supporting the creation of new CPT codes as well as take additional advocacy action as appropriate to ensure fair compensation for physicians.

As with Resolution 1, due to restrictions placed on resolutions for consideration at the June 2021, the Committee is not able to recommend that Resolution 2 be forwarded to the House of Delegates at this time and instead recommends the adoption of amended Resolution 2 with transmittal to the House of Delegates at a future meeting.

(3) RESOLUTION 3 – ENFORCEMENT OF ADMINISTRATIVE SIMPLIFICATION REQUIREMENTS - CMS

RECOMMENDATION A:

The first Resolve in Resolution 3 be amended by addition and deletion:

RESOLVED, That our American Medical Association strongly disapproves of the failure by the National Standards Group at the Centers for Medicare and Medicaid Services Office of Burden Reduction to effectively enforce the HIPAA administrative simplification requirements as required by the law and its failure to impose financial penalties for non-compliance by health plans is clearly unacceptable (New HOD Policy); and be it further

RECOMMENDATION B:

The second Resolve in Resolution 3 be amended by addition and deletion:

RESOLVED, That our AMA strongly disapproves of the National Standards Group at the Centers for Medicare and Medicaid Services Office of Burden Reduction practices of closing complaints without further investigation and ignoring overwhelming evidence
that contradicts health plan assertions is unacceptable
(New HOD Policy); and be it further

RECOMMENDATION C:

The third Resolve in Resolution 3 be amended by addition and deletion:

RESOLVED, That our American Medical Association will advocate that there is for parity in the enforcement of the HIPAA Privacy Rule and the HIPAA Administrative Simplification requirements and that it government agencies impose penalties on health plan violations of HIPAA with the same zest it does to providers for violations of MIPS (Directive to Take Action).

RECOMMENDATION D:

Resolution 3 be adopted as amended.

RESOLVED, That our American Medical Association strongly disapproves of the failure by the National Standards Group at the Centers for Medicare and Medicaid Services Office of Burden Reduction to effectively enforce the HIPAA administrative simplification requirements as required by the law and its failure to impose financial penalties for non-compliance by health plans (New HOD Policy); and be it further

RESOLVED, That our AMA strongly disapproves of the National Standards Group at the Centers for Medicare and Medicaid Services Office of Burden Reduction practices of closing complaints without further investigation and ignoring overwhelming evidence that contradicts health plan assertions (New HOD Policy); and be it further

RESOLVED, That our American Medical Association will advocate that there is parity in the enforcement of the HIPAA Privacy Rule and the HIPAA Administrative Simplification requirements and that it imposes penalties on health plan violations of HIPAA with the same zest it does to providers for violations of MIPS (Directive to Take Action).

Your Reference Committee heard testimony in support of Resolution 3, though with the recognition that the use of “strongly disapproves” in the first and second Resolves should be substituted and added to with language that more specifically frames the issue in terms of new AMA policy.

The Committee additionally considered the third Resolve’s linking of HIPAA administrative simplification requirements and MIPS to be potentially confusing. Through testimony and debate, the Committee appreciated the intent of the Resolve to push for fair treatment, irrespective of federal regulatory or administrative body, however the Committee believed the intent could be made stronger by distilling the message, that of fair play, to a declarative statement rather than a comparative one. The Committee also believed broadening the statement gives it more authority and applicability.

After considering the restrictions placed on resolutions to be considered at the June 2021 Special Meeting of the House of Delegates, the Committee does not believe that the issue at
hand, parity and fair action in assigning penalties, is one that meets the threshold established
for urgency/priority. It is the sense of the Committee that the issue, while important and worthy,
is unlikely to change substantively in the next six months and thus is unlikely to warrant
immediate action. As such, your Reference Committee is not able to recommend Resolution
3 be forwarded to the House of Delegates at this time and instead recommends adoption of
Resolution 3 as amended, with transmittal to the House of Delegates deferred to a future
meeting.

(4) RESOLUTION 4 – PATIENT PRIVACY DURING PUBLIC
HEALTH EMERGENCIES

RECOMMENDATION A:

The first Resolve in Resolution 4 be amended by addition
and deletion:

RESOLVED, That our American Medical Association
oppose condemns the use of patient/customer information
collected by retail pharmacies for COVID-19 vaccination
scheduling and/or the vaccine administration process for
commercial marketing or future patient recruiting
purposes, especially any targeting based on medical
history or conditions (New HOD Policy); and be it further

RECOMMENDATION B:

Resolution 4 be adopted as amended with a title change:

Preventing Inappropriate Use of Patient Protected Medical
Information in the Vaccination Process

RECOMMENDATION C:

Resolution 4 be transmitted immediately to the House of
Delegates for consideration at the June 2021 Special
Meeting.

RESOLVED, That our American Medical Association oppose the use of patient/customer
information collected by retail pharmacies for vaccination scheduling and/or the vaccine
administration process for commercial marketing or future patient recruiting purposes,
especially any targeting based on medical history or conditions (New HOD Policy); and be it
further

RESOLVED, That our AMA oppose the sale of medical history data and contact information
accumulated through the scheduling or provision of government-funded vaccinations to third
parties for use in marketing or advertising (New HOD Policy).

Your Reference Committee heard testimony strongly supporting this resolution though with
some concerns that merely opposing actions of pharmacy chains or other actors was beyond
the realm of actions that the AMA could meaningfully take as opposition would be unlikely to
address the issue at hand. Your Reference Committee agreed, arguing that framing the issue
in terms of new AMA policy would yield better results and thus use of the term “condemn”
would make for a stronger statement of policy.

The Committee also heard requests to strengthen the title to make it more descriptive of the
ultimate goal of the resolution, to keep healthcare companies from inappropriately using
vaccines against a pandemic as an opportunity to improve marketing and customer targeting,
particularly given that during the COVID-19 pandemic it has been far more common for people
seeking a vaccination to get it through a retail pharmacy or other institutional setting than
through their personal physician. The Committee agreed with testimony that while placing
additional barriers to getting vaccines is counterproductive, using vaccines as part of a
marketing attempt to lure patients away from their established physicians would be worrying.
Finally, your Reference Committee believed that this topic is sufficiently urgent/priority to
warrant immediate transmittal of amended Resolution 4 to the House of Delegates for
consideration at the June 2021 Special Meeting.