WHEREAS, Pillars of the American Medical Association are the betterment of public health, sustainability and satisfaction of physicians’ practices, and equity in healthcare; and

WHEREAS, The AMA is actively engaged in advocacy, largely through interaction with governmental legislative bodies, other organizations, and the efforts of its members; and

WHEREAS, Despite the best efforts to date and a Congress that may potentially have a more bipartisan view on the health care system deficiencies, with some piecemeal progress on some issues, there has not been successful legislation on the major issues; and

WHEREAS, A 2018 survey showed that 69 percent of Americans favor congressional action to limit consolidation of healthcare and 60 percent view purchasing of independent practices as a threat to affordable care; and

WHEREAS, The AMA Morning Rounds is available through the AMA’s website to the public without charge, but policy only states we should inform legislators of this fact (AMA Policy G-640.045); and

WHEREAS, The AMA recognizes it must “employ a variety of tactics to advocate CMS adoption of AMA policy positions,” but this policy applies only to interaction with government (AMA Policy D-330.993); and

WHEREAS, The AMA recognizes the resource of patient navigators to empower patients though primarily referring to navigating the current healthcare system and not larger aspects of advocacy (AMA Policy H-373.994); and

WHEREAS, “Our AMA: (1) believes that better-informed and more active citizens will result in better legislators, better government, and better healthcare” (AMA Policy G-640.020); and

WHEREAS, As many organizations focus on amplifying the voices of patients to advocate for better access to affordable, equitable, quality care, there is also a need to empower patients as advocates for access to care, safety and other issues; and

WHEREAS, There is a need to educate medical students, residents, and fellows not only about healthcare systems, but also in the need for, and nature of, advocacy and avenues whereby they may participate in the betterment of healthcare, thereby as they go forward into the profession; therefore be it
RESOLVED, That our American Medical Association accelerate advocacy efforts via educational actions directed towards the general population, medical students, residents, and fellows (Directive to Take Action); and be it further

RESOLVED, That our AMA sponsor development of text, oral, and video presentations about the state of health care and the avenues for advocacy suitable for wide dissemination (Directive to Take Action); and be it further

RESOLVED, That our AMA expand direct to the public advocacy efforts (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the American Association of Medical Colleges to add education in advocacy to curricula at its member medical colleges (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage residency and fellowship programs to incorporate advocacy education into their programs (Directive to Take Action).

Fiscal Note: TBD

Received: 4/30/2023

References:

RELEVANT AMA POLICY

Helping to Better Inform Legislators on Medical Matters G-640.045

Our AMA will inform members of Congress and their staff that *AMA Morning Rounds* is available through our website to the public without charge.

Citation: Res. 605, I-14

Explanation of Public-Private Partnerships that Exist between Government and the AMA D-330.993

Our AMA: (1) continues to employ a variety of tactics to advocate CMS adoption of AMA policy positions; (2) continues to work cooperatively with CMS, when possible, to achieve its policy objectives; (3) when advocacy efforts directed at CMS fall short of achieving AMA policy objectives, the AMA continue to seek congressional action, including oversight hearings and enactment of legislation; and (4) use appropriate legal means, including suing CMS, when appropriate and warranted.

Citation: BOT Rep. 17, A-99; Reaffirmed: CLRPD Rep. 1, A-09; Reaffirmed: BOT Rep. 09, A-19

Patient Navigation Programs H-373.994

1. Our AMA recognizes the increasing use of patient navigator and patient advocacy services to help improve access to care and help patients manage complex aspects of the health care system. In order to ensure that patient navigator services enhance the delivery of high-quality patient care, our AMA supports the following guidelines for patient navigator programs:

a) The primary role of a patient navigator should be to foster patient empowerment, and to provide patients with information that enhances their ability to make appropriate health care choices and to receive medical care with an enhanced sense of confidence about risks, benefits, and responsibilities.

b) Patient navigator programs should establish procedures to ensure direct communication between the navigator and the patient's medical team.

c) Patient navigators should refrain from any activity that could be construed as clinical in nature, including interpreting test results or medical symptoms, offering second opinions, or making treatment recommendations. Patient navigators should provide a supportive role for patients and, when necessary, help them understand medical information provided by physicians and other members of their medical care team.

d) Patient navigators should fully disclose relevant training, experience, and credentials, in order to help patients understand the scope of services the navigator is qualified to provide.

e) Patient navigators should fully disclose potential conflicts of interest to those whom they
serve, including employment arrangements.

2. Our AMA will work with the American College of Surgeons and other entities and organizations to ensure that patient navigators are free of bias, do not have any role in directing referrals, do not usurp the physician’s role in and responsibility for patient education or treatment planning, and act under the direction of the physician or physicians primarily responsible for each patient's care.

3. Policy provisions for patient navigators are also relevant for community health workers and other non-clinical public health workers.

Citation: CMS Rep. 7, I-11; Appended: CMS Rep. 7, I-15

Political Action Committees and Contributions G-640.020

Our AMA: (1) believes that better-informed and more active citizens will result in better legislators, better government, and better health care; (2) encourages AMA members to participate personally in the campaign of their choice and strongly supports physician/family leadership in the campaign process; (3) opposes legislative initiatives that improperly limit individual and collective participation in the democratic process; (4) supports AMPAC’s policy to adhere to a no Rigid Litmus Test policy in its assessment and support of political candidates; (5) encourages AMPAC to continue to consider the legislative agenda of our AMA and the recommendations of state medical PACs in its decisions; (6) urges members of the House to reaffirm their commitment to the growth of AMPAC and the state medical PACs; (7) will continue to work through its constituent societies to achieve a 100 percent rate of contribution to AMPAC by members; (8) calls upon all candidates for public office to refuse contributions from tobacco companies and their subsidiaries; and (9) calls upon all candidates for public office to refuse contributions from any organization that opposes evidence-based public health measures to reduce firearm violence.