

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 724
(A-22)

Introduced by: Texas

Subject: Ensuring Medical Practice Viability Through Reallocation of Insurance Savings During the COVID-19 Pandemic

Referred to: Reference Committee G

- 1 Whereas, The impact of COVID-19 has been evident in primary care physician and specialist
2 offices throughout the nation; and
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4 Whereas, Government shutdowns and mandates have decreased the patient volume seen in
5 physicians' offices as well as the volume of elective procedures (including inpatient and
6 outpatient surgeries); and
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8 Whereas, In areas with a large proportion of Medicaid patients, the volume of patients needed
9 to maintain practice viability could be as much as three times more than that in other areas; and
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11 Whereas, Daily patient volume has remained low throughout the pandemic; and
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13 Whereas, Currently uncompensated physician workload in this pandemic has increased
14 because patient panel responsibility has remained unchanged; and
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16 Whereas, Federal, state, and commercial payers function primarily as fee-for-service; and
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18 Whereas, Uniformly decreased patient visits (services) across the nation leads to increased
19 savings (revenue) for federal, state, and commercial payers; therefore be it
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21 RESOLVED, That our American Medical Association continue to advocate for and educate
22 members about practice viability issues (Directive to Take Action); and
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24 RESOLVED, That our AMA work with private payers to encourage them to pass along savings
25 generated during the pandemic to patients (Directive to Take Action); and
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27 RESOLVED, That our AMA advocate that all plans follow medical loss ratio requirements and,
28 as appropriate and with particular mindfulness of the public health emergency, issue rebates to
29 patients (Directive to Take Action); and
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31 RESOLVED, That our AMA urge health plans to offer practices per-patient-per-month fees for
32 innovative practice models to improve practice sustainability. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/09/22

RELEVANT AMA POLICY

Insurance Industry Antitrust Exemption H-180.975

It is the policy of the AMA (1) to continue efforts to have the insurance industry be more responsive to the concerns of physicians, including collective negotiations with physicians and their representatives regarding delivery of medical care;

(2) to continue efforts to have the insurance industry be more responsive to the concerns of physicians and their representatives regarding reasonable requests for appropriate information and data;

(3) to analyze proposed amendments to the McCarran-Ferguson Act to determine whether they will increase physicians' ability to deal with insurance companies, or increase appropriate scrutiny of insurance industry practices by the courts; and

(4) to continue to monitor closely and support appropriate legislation to accomplish the above objectives.

Citation: BOT Rep. DD, I-91; Reaffirmed: Res. 213, I-98; Reaffirmation A-00; Reaffirmation I-00; Reaffirmation A-01; Reaffirmation I-03; Reaffirmed: BOT Rep. 10, I-05; Reaffirmation A-06; Reaffirmation A-08; Reaffirmed: BOT action in response to referred for decision Res. 201, I-12; Reaffirmed: Res. 206, A-19

Domestic Disaster Relief Funding D-130.966

1. Our American Medical Association lobby Congress to a) reassess its policy for expedited release of funding to disaster areas; b) define areas of disaster with disproportionate indirect and direct consequences of disaster as "public health emergencies"; and c) explore a separate, less bureaucratic process for providing funding and resources to these areas in an effort to reduce morbidity and mortality post-disaster.

2. Our AMA will lobby actively for the recommendations outlined in the AMA/APHA Linkages Leadership Summit including: a) appropriate funding and protection of public health and health care systems as critical infrastructures for responding to day-to-day emergencies and mass causality events; b) full integration and interoperable public health and health care disaster preparedness and response systems at all government levels; c) adequate legal protection in a disaster for public health and healthcare responders and d) incorporation of disaster preparedness and response competency-based education and training in undergraduate, graduate, post-graduate, and continuing education programs.

Citation: (Res. 421, A-11; Reaffirmation A-15)