Whereas, The impact of COVID-19 has been evident in primary care physician and specialist offices throughout the nation; and

Whereas, Government shutdowns and mandates have decreased the patient volume seen in physicians’ offices as well as the volume of elective procedures (including inpatient and outpatient surgeries); and

Whereas, In areas with a large proportion of Medicaid patients, the volume of patients needed to maintain practice viability could be as much as three times more than that in other areas; and

Whereas, Daily patient volume has remained low throughout the pandemic; and

Whereas, Currently uncompensated physician workload in this pandemic has increased because patient panel responsibility has remained unchanged; and

Whereas, Federal, state, and commercial payers function primarily as fee-for-service; and

Whereas, Uniformly decreased patient visits (services) across the nation leads to increased savings (revenue) for federal, state, and commercial payers; therefore be it

RESOLVED, That our American Medical Association continue to advocate for and educate members about practice viability issues (Directive to Take Action); and

RESOLVED, That our AMA work with private payers to encourage them to pass along savings generated during the pandemic to patients (Directive to Take Action); and

RESOLVED, That our AMA advocate that all plans follow medical loss ratio requirements and, as appropriate and with particular mindfulness of the public health emergency, issue rebates to patients (Directive to Take Action); and

RESOLVED, That our AMA urge health plans to offer practices per-patient-per-month fees for 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)