

**POLICY PROCEEDINGS¹ OF THE JUNE 2022 MEETING OF THE
AMA ORGANIZED MEDICAL STAFF SECTION**

RESOLUTIONS

**1. Maintaining an Open and Equitable Hospital Work Environment for Specialists
Introduced by Matt Gold, MD**

OMSS Action: Resolution 1 adopted as amended:

RESOLVED, That our American Medical Association takes the position that there should be equal visibility of and access to inpatient consults for credentialed and privileged community /independent specialty physicians as well as for hospital-employed specialty physicians (New HOD Policy); and be it further

RESOLVED, That our AMA advocate that hospitals engage community/independent specialty physicians available on the medical staff for observation, inpatient, and emergency department coverage and that the parties negotiate mutually satisfactory payment terms and service agreements for such service (Directive to Take Action).

HOD Action: Alternate Resolution 728 adopted in lieu of Resolutions 728 (OMSS version) and 730 (PPPS version):

MAINTAINING AN OPEN AND EQUITABLE HOSPITAL WORK ENVIRONMENT

RESOLVED, That our American Medical Association support equal promotion of and access to inpatient consults for credentialed and privileged community/independent specialty physicians on par with hospital-employed specialty physicians (New HOD Policy); and be it further

RESOLVED, That our AMA advocate that hospitals that employ specialty physicians also equitably support having community/independent specialty physicians, if credentialed, be available for observation, inpatient, and emergency department consultation coverage and that the parties negotiate mutually satisfactory payment terms and service agreements for such service to enable physician and patient choice (Directive to Take Action).

**2. Promoting Proper Oversight and Reimbursement for Specialty Physician Extenders and Non-Physician Practitioners
Introduced by Timothy G. Abrahamson, MD**

OMSS Action: Resolution 2 adopted as amended:

RESOLVED, That our AMA work with state medical boards to improve oversight and coordination of the work done with physician extenders and non-physician practitioners (Directive to Take Action); and be it further

RESOLVED, That our AMA adopt the position that Boards of Medical Examiners or its equivalent in each state should have oversight of cases involving specialty care as boards

¹ Proceedings determined from Annotated Reference Committee Reports and are subject to change until such time as the House of Delegates Proceedings are finalized.

with oversight over physician extenders and non-physician practitioners do not have the training to oversee specialty care (New HOD Policy); and be it further

RESOLVED, That our AMA adopt the position that in each state the Board of Medical Examiners or its equivalent should have oversight over physician extenders and non-physician practitioners if billing independently or in independent practice as their respective oversight boards do not have experience providing accurate oversight for specialty care (New HOD Policy).

HOD Action: Resolution 248 referred.

3. Protecting Physician Wellbeing on Board Certification Applications Introduced by Kim Templeton, MD

OMSS Action: Resolution 3 adopted as amended:

RESOLVED, That our American Medical Association will work with the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), and the National Board of Physicians and Surgeons (NBPS) and their constituent boards to assure that physicians wellbeing is a primary concern (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that the ABMS, AOA, and NBPS constituent boards' focus on physician wellbeing be demonstrated by the removal of intrusive questions regarding physician physical or mental health (including substance misuse) or related treatments on board certification applications (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that any questions on ABMS, AOA, and NBPS constituent board certification applications related to physician health be limited to only inquiries about current impairment (Directive to Take Action).

HOD Action: Resolution 729 adopted as amended with a change in title:

Protecting Physician Wellbeing on Applications for Board Certification

RESOLVED, That our American Medical Association work with physician board certifying organizations to assure that physicians wellbeing is a primary concern (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that the focus of physician board certifying organizations on physician wellbeing be demonstrated by the removal of intrusive questions regarding physician physical or mental health (including substance misuse) or related treatments on board certification applications (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that any questions on physician board certifying applications related to physician health be limited to only inquiries about current impairment (Directive to Take Action).

4. Clarification of Healthcare Physician Identification: Consumer Truth & Transparency
Introduced by Matthew Vo, MD

OMSS Action: Resolution 4 adopted as amended:

RESOLVED, That our American Medical Association will advocate for legislation that would establish clear legal definitions for use of words or terms “physician,” “surgeon,” “medical doctor,” “doctor of osteopathy,” “M.D.” , “D.O.,” or any other allopathic or osteopathic medical specialist (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate “Truth & Transparency” legislation that would combat medical title misappropriation; that such legislation would require non-physician healthcare practitioners to clearly and accurately state their level of training, credentials, licensing board, and practice qualifications in all professional interactions with patients including hospital and other health care facility identifications, as well as in advertising and marketing materials; and that such legislation would prohibit non-physician healthcare practitioners from using any identifying terms (i.e. doctor, -ologist) that can mislead the public (Directive to Take Action).

HOD Action: Resolution 249 adopted as amended in lieu of Resolution 245:

Resolution 249:

RESOLVED, That our American Medical Association will advocate for legislation that would establish clear legal definitions for use of words or terms “physician,” “surgeon,” “medical doctor,” “doctor of osteopathy,” “M.D.” , “D.O.,” or any other allopathic or osteopathic medical specialist (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for “Truth & Transparency” legislation that would combat medical title misappropriation; that such legislation would require non-physician healthcare practitioners to clearly and accurately state their level of training, credentials, and board licensure in all professional interactions with patients including hospital and other health care facility identifications, as well as in advertising and marketing materials; and that such legislation would prohibit non-physician healthcare practitioners from using any identifying terms (i.e. -ologist) that can mislead the public (Directive to Take Action).

Resolution 245:

RESOLVED, That our American Medical Association independently, or in coordination with any other appropriate medical organizations that have similar policy regarding the use of the term “physician,” develop and implement a sustained and wide-reaching public relations campaign to utilize the term “physician” and discontinue use of the term “provider.” (Directive to Take Action)

5. Creation of United Nations Dr. Saul Hertz Theranostic Nuclear Medicine International Day
Introduced by Alan Klitzke, MD

OMSS Action: Resolution 5 adopted as amended:

RESOLVED, That our American Medical Association advocate and participate with the United States Mission to the United Nations to create and introduce a United Nations

General Assembly Resolution for the creation of a new United Nations International Day of recognition, marking March 31 as: “Dr. Saul Hertz Theranostic Nuclear Medicine Day,” commemorating the day the first patient was treated with therapeutic radionuclide therapy on that day in 1941, marking the advent of theranostic medicine (Directive to Take Action).

HOD Action: Resolution 624 adopted in lieu of Resolution 604:

Resolution 624:

RESOLVED, That our American Medical Association advocate and participate with the United States Mission to the United Nations to create and introduce a United Nations General Assembly Resolution for the creation of a new United Nations International Day of recognition, marking March 31 as: “Dr. Saul Hertz Theranostic Nuclear Medicine Day,” commemorating the day the first patient was treated with therapeutic radionuclide therapy on that day in 1941, marking the advent of theranostic medicine (Directive to Take Action).

Resolution 604:

RESOLVED, That our American Medical Association support the efforts of the American College of Nuclear Medicine to create and introduce a United Nations General Assembly (UNGA) Resolution for the creation of a new International Day of recognition with the suggested name of “International Radionuclide Therapy Day.” (Directive to Take Action)

**6. Opposition to Criminalization of Physicians’ Medical Practice
Introduced by Massachusetts Medical Society**

OMSS Action: Resolution 6 adopted:

RESOLVED, That our American Medical Association affirms that government and other third-party interference in evidence-based medical care compromises the physician-patient relationship and may undermine the provision of quality healthcare (Directive to Take Action); and be it further

RESOLVED, That our AMA opposes any government regulation or legislative action which would criminalize physicians for providing evidence-based medical care within the accepted standard of care according to the scope of a physician’s training and professional judgment (New HOD Policy).

HOD Action: AMA Policies D-125.997, H-270.959, H-160.954, and H-160.946 reaffirmed in lieu of Resolution 250.

**7. Virtual Attendance at AMA Meetings
Introduced by Massachusetts Medical Society**

OMSS Action: Resolution 7 adopted as amended:

RESOLVED, That our American Medical Association expand the format of Section meetings to include official participation via virtual, as well as in-person, attendance at Section Meetings, with procedures to include voting as well as testimony and educational presentations, and ensure equity and full access to meaningful interaction of those accredited but not physically present starting at the Interim 2022 Meeting (Directive to Take Action); and be it further

RESOLVED, That our AMA study the experience of Sections that include virtual participation in business meetings with voting privileges, with the goal of expanding House of Delegates meetings to include virtual participation with those privileges as an option to in-person attendance at its meeting and reference committees, and report back to the HOD by Interim 2023 (Directive to Take Action).

HOD Action: Resolution 623 not adopted.

**8. Physician Medical License Use in Clinical Supervision
Introduced by Massachusetts Medical Society**

OMSS Action: Resolution 8 adopted as amended:

RESOLVED, That our American Medical Association work with relevant regulatory agencies to ensure physicians receive written notification when their license is being used to document “supervision” of non-physician practitioners (Directive to Take Action); and be it further

RESOLVED, That our AMA oppose mandatory physician supervision of non-physician practitioners as a condition for physician employment (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for the right of physicians to deny participation in “supervision” of any non-physician practitioner with whom they have concerns for patient safety and/or clinical care (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that physicians be able to report unsafe care provided by non-physician practitioners to the appropriate regulatory board with whistleblower protections for the physician and their employment (Directive to Take Action).

HOD Action: Resolution 217 adopted as amended in lieu of Resolution 251. Resolves 2-6 of Resolution 217 referred for decision. Resolves 1-3 of Resolution 251 referred for decision.

Resolution 217:

RESOLVED, That our American Medical Association oppose mandates from employers to supervise non-physician providers as a condition for physician employment and in physician employment contracts (New HOD Policy); and be it further

RESOLVED, That our AMA work with relevant regulatory agencies to ensure physicians are notified in writing when their license is being used to “supervise” non-physician providers (Directive to Take Action); and be it further

RESOLVED, That our AMA conduct a systematic study to collect and analyze publicly available physician supervision data from all sources to determine how many allied health professionals are being supervised by physicians in fields which are not a core part of those physicians’ completed residencies and fellowships (Directive to Take Action); and be it further

RESOLVED, That our AMA study the impact scope-of practice advocacy by physicians has had on physician employment and termination (Directive to Take Action); and be it further

RESOLVED, That our AMA study the views of patients on physician and non-physician care to identify best practices in educating the general population on the value of physician-led care, and study the utility of a physician-reported database to track and report institutions that replace physicians with non-physician providers in order to aid patients in seeking physician-led medical care (Directive to Take Action); and be it further

RESOLVED, That our AMA work with relevant stakeholders to commission an independent study comparing medical care provided by physician-led health care teams vs. care provided by unsupervised non-physician providers, which reports on the quality of health outcomes, cost effectiveness, and access to necessary medical care, and to publish the findings in a peer-reviewed medical journal. (Directive to Take Action)

Resolution 251:

RESOLVED, That our American Medical Association work with relevant regulatory agencies to ensure physicians receive written notification when their license is being used to document “supervision” of non-physician practitioners (Directive to Take Action); and be it further

RESOLVED, That our AMA oppose mandatory physician supervision of non-physician practitioners as a condition for physician employment (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for the right of physicians to deny participation in “supervision” of any non-physician practitioner with whom they have concerns for patient safety and/or clinical care (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that physicians be able to report unsafe care provided by non-physician practitioners to the appropriate regulatory board with whistleblower protections for the physician and their employment (Directive to Take Action).

ACTIONS ON OMSS GOVERNING COUNCIL REPORT

The following report was presented by John Spurlock, MD, Chair.

Report A: OMSS Handbook Review – House of Delegates Resolutions & Reports

Refer to [annotated House of Delegates reference committee reports](#) for final adopted language.

1. Resolution 102 – Bundling Physician Fees with Hospital Fees

OMSS Action: OMSS Delegate instructed to support Resolution 102.

HOD Action: Resolution 102 placed on Reaffirmation Calendar.

2. Resolution 113 – Prevention of Hearing-Loss-Associated-Cognitive-Impairment Through Earlier Recognition and Remediation

OMSS Action: OMSS Delegate instructed to support Resolution 113.

HOD Action: Alternate Resolution 113 adopted in lieu of Resolutions 113, 114, and 119.

3. Resolution 202 – AMA Position on All Payer Database Creation

OMSS Action: OMSS Delegate be instructed to support Resolution 202.

HOD Action: AMA Policy H-255.964 reaffirmed in lieu of Resolution 202.

4. Resolution 205 – Insurers and Vertical Integration

OMSS Action: OMSS Delegate be instructed to support Resolution 205.

HOD Action: Resolution 205 not adopted .

5. Resolution 211 – Repeal or Modification of the Medicare Appropriate Use Criteria (AUC) Program

OMSS Action: OMSS Delegate be instructed to support Resolution 211.

HOD Action: Alternate Resolution 211 adopted in lieu of Resolution 211.

6. Resolution 212 – Medication for Opioid Use Disorder in Physician Health Programs

OMSS Action: OMSS Delegate be instructed to support Resolution 212.

HOD Action: Resolution 212 adopted as amended.

7. Resolution 217 – Preserving the Practice of Medicine

OMSS Action: OMSS Delegate be instructed to support amendment to Resolution 217.

HOD Action: Resolution 217 adopted in lieu of Resolution 251. Resolves 2-6 of Resolution 217 referred for decision. Resolves 1-3 of Resolution 251 referred for decision.

8. Resolution 218 – Expedited Immigrant Green Card Visa for J-1 Visa Waiver Physicians

OMSS Action: OMSS Delegate be instructed to support Resolution 218.

HOD Action: Resolution 218 adopted as amended in lieu of Resolution 229.

9. Resolution 219 – Due Process and Independent Contractors

OMSS Action: OMSS Delegate instructed to support Resolution 219.

HOD Action: Resolution 219 adopted.

10. Resolution 222 – To Study the Economic Impact of Mid-Level Provider Employment in the United States of America

OMSS Action: OMSS Delegate instructed to support amendment to Resolution 222.

HOD Action: Resolution 222 adopted as amended.

11. Resolution 225 – Public Listing of Medical Directors for Nursing Facilities

OMSS Action: OMSS Delegate be instructed to support Resolution 225.

HOD Action: Resolution 225 adopted.

12. Resolution 241 – Unmatched Graduate Physician Workforce

OMSS Action: OMSS Delegate instructed to support Resolution 241.

HOD Action: Resolution 241 not adopted.

13. Resolution 243 – Appropriate Physician Payment for Office-Based Services

OMSS Action: OMSS Delegate instructed to support Resolution 243

HOD Action: Alternate Resolution 240 adopted in lieu of Resolutions 240, 242, 243, and 253.

14. Resolution 244 – Prohibit Reversal of Prior Authorization

OMSS Action: OMSS Delegate instructed to support Resolution 244.

HOD Action: Resolution 244 placed on Reaffirmation Calendar.

15. CME Report 02 – An Update on Continuing Board Certification

OMSS Action: OMSS Delegate instructed to support CME Report 02.

HOD Action: Recommendations in CME Report 02 adopted as amended and the remainder filed.

16. CME Report 05 – Education, Training, and Credentialing of Non-Physician Health Care Providers and Their Impact on Physician Education and Training

OMSS Action: OMSS Delegate instructed to listen on CME Report 05.

HOD Action: CME Report 05 adopted as amended.

17. BOT Report 15 – Addressing Public Health Disinformation

OMSS Action: OMSS Delegate instructed to Listen on BOT Report 15.

HOD Action: BOT Report 15 adopted.

18. Resolution 407 – Study of Best Practices for Acute Care of Patients in the Custody of the Law

OMSS Action: OMSS Delegate instructed to support Resolution 407.

HOD Action: Resolution 407 adopted as amended.

19. Resolution 503 – Pharmacy Benefit Managers and Drug Shortages

OMSS Action: OMSS Delegate instructed to support Resolution 503.

HOD Action: Alternate Resolution 503 adopted in lieu of Resolution 503.

20. Resolution 514 – Oppose Petition to the DEA and FDA on Gabapentin

OMSS Action: OMSS Delegate instructed to support Resolution 514.

HOD Action: Resolution 514 adopted as amended with a change in title.

21. BOT Report 11 – Procedure for Altering the Size or Composition of Section Governing Councils

OMSS Action: OMSS Delegate instructed to support BOT Report 11.

HOD Action: BOT Report 11 not adopted.

22. Resolution 609 – Surveillance Management System for Organized Medicine Policies and Reports

OMSS Action: OMSS Delegate instructed to support Resolution 609.

HOD Action: Resolution 609 referred.

23. Resolution 610 – Making AMA Meetings Accessible

OMSS Action: OMSS Delegate instructed to support amendment to Resolution 610.

HOD Action: First, third, and fourth resolves of Resolution 610 adopted as amended. Second resolve in Resolution 610 referred.

24. Resolution 615 – Anti-Harassment Training

OMSS Action: OMSS Delegate instructed to seek referral for Resolution 615.

HOD Action: Resolution 615 adopted.

25. Resolution 619 – Focus and Priority for the AMA House of Delegates

OMSS Action: OMSS Delegate instructed to seek referral for Resolution 619.

HOD Action: Resolution 619 referred.

26. Resolution 702 – Health System Consolidation

OMSS Action: OMSS Delegate instructed to support Resolution 702.

HOD Action: Resolution 702 adopted as amended.

27. Resolution 704 – Employed Physician Contracts

OMSS Action: OMSS Delegate instructed to support Resolution 704.

HOD Action: Resolution 704 placed on Reaffirmation Calendar.

28. Resolution 706 – Government Imposed Volume Requirements for Credentialing

OMSS Action: OMSS Delegate instructed to support Resolution 706.

HOD Action: Resolution 706 placed on Reaffirmation Calendar.

29. Resolution 709 – Physician Well-Being as an Indicator of Health System Quality

OMSS Action: OMSS Delegate instructed to support Resolution 709.

HOD Action: Resolution 709 placed on Reaffirmation Calendar.

30. Resolution 714 – Prior Authorization Reform for Specialty Medications

OMSS Action: OMSS Delegate instructed to support Resolution 714.

HOD Action: Resolution 714 placed on Reaffirmation Calendar.

31. Resolution 716 – Discharge Summary Reform

OMSS Action: OMSS Delegate instructed to support Resolution 716.

HOD Action: Alternate Resolution 716 adopted in lieu of Resolution 716.

32. Resolution 719 – System Wide Prior Authorization Delays and Effects on Patient Care Access

OMSS Action: OMSS Delegate instructed to support Resolution 719.

HOD Action: Resolution 719 placed on Reaffirmation Calendar.

33. Resolution 722 – System Wide Prior Authorization Delays and Effects on Patient Care Access

OMSS Action: OMSS Delegate instructed to support Resolution 722.

HOD Action: Resolution 722 placed on Reaffirmation Calendar.

34. Resolution 723 – Physician Burnout

OMSS Action: OMSS Delegate instructed to support Resolution 723.

HOD Action: Resolution 723 adopted as amended.

35. Resolution 725 – Compensation to Physicians for Authorizations and Preauthorizations

OMSS Action: OMSS Delegate instructed to support Resolution 725.

HOD Action: Resolution 725 placed on Reaffirmation Calendar.
