

**POLICY PROCEEDINGS¹ OF THE JUNE 2022 MEETING OF THE
AMA PRIVATE PRACTICE PHYSICIANS SECTION**

RESOLUTIONS

0. Joseph Heyman, MD, Memorial Resolution

PPPS Action: Resolution 0 adopted:

RESOLVED, That our American Medical Association acknowledge with deep gratitude and sincere appreciation the lifelong work performed by Joseph Heyman, MD, in service of the practice of medicine; and be it further

RESOLVED, That our AMA extend its heartfelt condolences to the family of Joseph Heyman, MD, and adopt this resolution as an expression of deepest respect for our colleague and dear friend and our grief at his passing.

HOD Action: Resolution 0 adopted.

**1. Advocacy of Private Practice Options for Healthcare Operations in Large Corporations
Introduced by Zuhdi Jasser, MD**

PPPS Action: Resolution 1 adopted as amended:

RESOLVED, That our American Medical Association study the best method to create pilot programs which advance the advocacy of private practice and small business medicine within the rapidly growing area of internal healthcare within Fortune 500 corporations in American with a report back at Annual 2023 (Directive to Take Action); and be it further

RESOLVED, That our AMA use proposals for the advocacy of small business medicine and private practice models in healthcare as a pilot project in the development of advocacy programs within major leading corporations like Amazon and Walmart which are currently entering the healthcare service market with internalized models of healthcare in the complete absence of more diverse private practice (small business) options (Directive to Take Action); and be it further

RESOLVED, That our AMA prioritize advocacy efforts that emphasize small private practice utilization within the investment and business efforts of Fortune 500 corporations that are currently seeking to enter into the healthcare industry (Directive to Take Action).

HOD Action: Resolution 732 adopted.

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

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

PPPS Action: Resolution 2 adopted as amended:

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 support having community/independent and employed specialty physicians if credentialed available for observation, inpatient, and emergency department coverage thus ensuring that physician referrals and consults be based on physician and patient choice (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).

3. Prior Authorization – Patient Autonomy Introduced by Alex Shteynshlyuger, MD

PPPS Action: Resolution 3 adopted as amended:

RESOLVED, That our American Medical Association will advocate that patients should be given access to an electronic prior authorization system by their health plans with the ability to monitor the electronic prior authorization process in any model legislation and as a basis for all advocacy for prior authorization reforms (Directive to Take Action).

HOD Action: Resolution 731 adopted as amended:

RESOLVED, That our American Medical Association will advocate that patients and physicians should be given access to an electronic prior authorization system by their health plans with the ability to monitor the electronic prior authorization process in any model legislation and as a basis for advocacy for prior authorization reforms (Directive to Take Action).

4. Outsourcing of Administrative And Clinical Work to Different Time Zones – An Issue of Equity, Diversity, and Inclusion
Introduced by Alex Shteynshlyuger, MD

PPPS Action: Resolution 4 not adopted:

RESOLVED, That our American Medical Association support the policy and advocates for national legislature that health plans implement 24-hour availability for their support services staffed by outsources employees to allow local day shift work schedules for their own outsourced employees in different time zones and provider employees located in similar time zones (Directive to Take Action); and be it further

RESOLVED, That our AMA will advocate for fair treatment of outsourced employees in vastly different time zones by health plans (Directive to Take Action).

5. Physician Payment Reform & Equity
Introduced by the Private Practice Physicians Section

PPPS Action: Resolution 5 adopted as amended:

RESOLVED, That our American Medical Association define Physician Payment Reform and Equity (PPR & E) as “improvement in physician payment be Medicare and other third-party payers so that physician reimbursement covers current office practice expenses at rates that are fair and equitable, and that said equity include annual updates in payment rates” (New HOD Policy); and be it further

RESOLVED, That our AMA place Physician Payment Reform & Equity as the advocacy priority of our organization (Directive to Take Action); and be it further

RESOLVED, That our AMA use multiple resources, including, but not limited to elective, legislative, regulatory, and lobbying efforts, to advocate for an immediate increase in Medicare physician payments to help cover the expense of office practices (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for a statutory annual update in such payments that would equal or exceed the Medicare Economic Index or the Consumer Price Index, whichever is most advantageous in covering the continuously inflating costs of running an office practice (Directive to Take Action); and be it further

RESOLVED, That our AMA establish a Task Force appointed by the Board of Trustees to outline a specific set of steps that are needed to accomplish the goals of Physician Payment Reform & Equity and report back to the HOD at each subsequent Annual meeting regarding their progress on meeting the goals of Physician Payment Reform & Equity (PPR&E) until PPR&E is accomplished (Directive to Take Action).

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

Alternate Resolution 240:

RESOLVED, That our American Medical Association develop a comprehensive advocacy campaign to achieve enactment of reforms to the Medicare physician payment system consistent with AMA policy and in accord with the principles (Characteristics of a Rational Medicare Payment System) endorsed by over 120 state

and medical specialty Federation of Medicine members (Directive to Take Action); and be it further

RESOLVED, That our AMA reaffirm AMA Policy H-390.489, Physician Payment Reform, which states, among other things, that our AMA will advocate for the development and adoption of physician payment reforms that are designed with input from the physician community, not require budget neutrality within Medicare Part B, and be based on payment rates that are sufficient to cover the full cost of sustainable medical practice (Directive to Take Action); and be it further

RESOLVED, That our AMA reaffirm AMA Policy D-390.946, Sequestration, which states, among other things, that our AMA will continue to seek positive inflation-adjusted annual physician payment updates that keep pace with rising practice costs, ensure Medicare physician payments are sufficient to safeguard beneficiary access to care, work towards the elimination of budget neutrality requirements within Medicare Part B, advocate strongly to the current administration and Congress that additional funds must be put into the Medicare physician payment system to address increasing costs of physician practices, and advocate for payment policies that allow the Centers for Medicare and Medicaid Services to retroactively adjust overestimates of volume of services (Directive to Take Action).

Resolution 240:

RESOLVED, That our American Medical Association define Physician Payment Reform and Equity (PPR & E) as “improvement in physician payment by Medicare and other third-party payers so that physician reimbursement covers current office practice expenses at rates that are fair and equitable, and that said equity include annual updates in payment rates” (Directive to Take Action); and be it further

RESOLVED, That our AMA place PPR & E as the single highest advocacy priority of our organization (Directive to Take Action); and be it further

RESOLVED, That our AMA use every resource at its disposal (including but not limited to elective, legislative, regulatory, and lobbying efforts) to advocate for an immediate increase in Medicare physician payments to help cover the expense of office practice (Directive to Take Action); and be it further

RESOLVED, That in addition to an immediate increase in Medicare physician payments, our AMA advocate for a statutory annual update in such payments that would equal or exceed the Medicare Economic Index or the Consumer Price Index, whichever is most advantageous in covering the continuously inflating costs of running an office practice (Directive to Take Action); and be it further

RESOLVED, That our AMA establish a Task Force appointed by the Board of Trustees to outline a specific set of steps that are needed to accomplish the goals of PPR & E and report back to the HOD at the 2022 Interim Meeting regarding that plan (Directive to Take Action); and be it further

RESOLVED, That our AMA Board of Trustees report back to the HOD at each subsequent meeting regarding their progress on meeting the goals of PPR & E, until PPR & E is accomplished. (Directive to Take Action)

Resolution 242:

RESOLVED, That our American Medical Association immediately launch and sustain a well-funded comprehensive public awareness and advocacy campaign, that

includes paid advertising, social and earned media, and patient and physician grassroots, to prevent/mitigate future Medicare payment cuts and lay the groundwork to pass federal legislation that reforms the current Medicare physician payment system by incorporating annual inflation updates, eliminating/replacing or revising budget neutrality requirements, offering a variety of payment models and incentives to promote value-based care and safeguarding access to high-quality care by advancing health equity and reducing disparities. (Directive to Take Action)

Resolution 243:

RESOLVED, That our American Medical Association advocate for improvement in physician payment by Medicare and other third-party payers so that physician reimbursement covers current office practice expenses at rates that are fair and equitable, and that said equity include annual updates in payment rates to account for increased costs of running a medical practice. (Directive to Take Action)

Resolution 253:

RESOLVED, That our American Medical Association define Physician Payment Reform and Equity (PPR & E) as “improvement in physician payment by Medicare and other third-party payers so that physician reimbursement covers current office practice expenses at rates that are fair and equitable, and that said equity include annual updates in payment rates” (New HOD Policy); and be it further

RESOLVED, That our AMA place Physician Payment Reform & Equity as the advocacy priority of our organization (Directive to Take Action); and be it further

RESOLVED, That our AMA use multiple resources, including but not limited to elective, legislative, regulatory, and lobbying efforts, to advocate for an immediate increase in Medicare physician payments to help cover the expense of office practices (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for a statutory annual update in such payments that would equal or exceed the Medicare Economic Index or the Consumer Price Index, whichever is most advantageous in covering the continuously inflating costs of running an office practice (Directive to Take Action); and be it further

RESOLVED, That our AMA establish a Task Force appointed by the Board of Trustees to outline a specific set of steps that are needed to accomplish the goals of Physician Payment Reform & Equity and report back to the HOD at each subsequent Annual meeting regarding their progress on meeting the goals of Physician Payment Reform & Equity (PPR&E) until PPR&E is accomplished (Directive to Take Action).

**6. Stakeholder Engagement in Medicare Administrative Contractor Policy Processes
Introduced by Olga Kromo, MD**

PPPS Action: Resolution 6 adopted as amended:

RESOLVED, That our American Medical Association opposes Medicare Administrative Contractors (MACs) using Local Coverage Articles (LCAs) that could have the effect of restricting coverage or access without providing data and evidentiary review or without

issuing associated Local Coverage Determinations (LCDs) and following required stakeholder processes (New HOD Policy); and be it further

RESOLVED, That our AMA advocate and work with the Centers for Medicare and Medicaid Services (CMS) to ensure no LCAs that could have the effect of restricting coverage or access are issued by MACs without the MAC providing public data, decision criteria, and evidentiary review and allowing comment, or without an associated LCD and the required LCD stakeholder review and input process, through the modernization requirement of the 21st Century Cures Act (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate to CMS that the agency immediately invalidate any LCAs that are identified as potentially restricting coverage or access and that were issued without the MACs providing public data, decision criteria, and evidentiary review, or that were issues without an associated LCD and the required stakeholder processes, and that CMS require MACs to restart those processes taking any such proposed changes through CLDs and associated requirements for stakeholder engagement, public data, and evidentiary review (Directive to Take Action); and be it furth

RESOLVED, That our AMA advocate that Congress and the Department of Health and Human Services consider clarifying language that reinstates a role for local Carrier Advisory Committees in review processes going forward, addressing unintended outcomes of changes in the 21st Century Cures Act that allowed local CACs to be left without a voice or purpose (Directive to Take Action).

HOD Action: Resolution 254 adopted as amended:

RESOLVED, That our American Medical Association opposes Medicare Administrative Contractors (MACs) using Local Coverage Articles (LCAs) that could have the effect of restricting coverage or access without providing data and evidentiary review or without issuing associated Local Coverage Determinations (LCDs) and following required stakeholder processes (New HOD Policy); and be it further

RESOLVED, That our AMA advocate and work with the Centers for Medicare and Medicaid Services (CMS) to improve the instructions to MACs regarding development of local coverage policies in such a manner as to prevent LCAs that could have the effect of restricting coverage or access from being adopted without the MAC providing public data, decision criteria, and evidentiary review and allowing comment, or without an associated LCD and the required LCD stakeholder review and input process (Directive to Take Action); and be it further

RESOLVED, That our AMA work with specialty and state medical societies and other interested stakeholders to identify LCAs that potentially restrict coverage or access and that were issued without the MACs providing opportunity for stakeholder input, public data, decision criteria, and evidentiary review and advocate that CMS require MACs to revise the policies by taking any such proposed changes through an appropriate stakeholder engagement, public data, and evidentiary review (Directive to Take Action).

7. Complexity of the US Healthcare System – AMA Communications Introduced by Alex Shteynshlyuger, MD

PPPS Action: Resolution 7 referred to PPPS Governing Council:

RESOLVED, That our American Medical Association will include in all its internal and external communications, where relevant, statistics (including reference to the source of data such as the Annual Report on Self-Insured Group Health Plans from the Department of Labor and the Kaiser Family Foundation (FFF) Medicare Advantage in 2021: Enrollment Update and Key Trends) that objectively clarifies the complexity of the US healthcare system, including the number of health plans in the United States (private, Medicare Advantage, Medicaid, others) which testifies to the complexity of the system within which physician practices operate and which contributes to the significant administrative burden and burnout, in the absence of uniform laws, rules and standards. Relevance should be defined as when the complexity of the health US healthcare insurance system contributes to the problems and concerns being communicated or addressed by the AMA (Directive to Take Action); and be it further

RESOLVED, That our AMA will communicate and encourage local medical societies and other organizations that have representation in the House of Delegates to adopt these practices in their outreach (Directive to Take Action).

8. AMA Advocacy Philosophy – Speak Softly and Carry a Big Stick Introduced by Alex Shteynshlyuger, MD

PPPS Action: Resolution 8 not adopted:

RESOLVED, That our American Medical Association will officially adopt, in spirit and practice, as its guiding approach in all its advocacy efforts the philosophy expressed by the ancient West African proverb "speak softly and carry a big stick; you will go far." (New HOD Policy); and be it further

RESOLVED, That our American Medical Association AMA will instruct the AMA Litigation Center to aggressively pursue the AMA members' collective legal rights and to seek remedies related to violations of physician's rights by state and federal laws and policies; violations of due process by governmental agencies, and violations of fair business practices by health plans and other organizations through litigation, including class-action litigation (Directive to Take Action).

9. Judicial Enforcement of Physician Rights – CMS Violations of the Law Introduced by Alex Shteynshlyuger, MD

PPPS Action: Resolution 9 not adopted:

RESOLVED, That our American Medical Association (AMA) will instruct the AMA Litigation Center to aggressively pursue the AMA member legal rights and to seek remedies related to Administrative Procedure Act violations by CMS, HHS and other governmental agencies, and violations of the HIPAA Administrative Simplification requirements by CMS/HHS and health plans through litigation, including class-action litigation (Directive to Take Action).

**10. CPT Licensing Categories for Licensees Imposing Fees on Physicians
Introduced by Alex Shteynshlyuger, MD**

PPPS Action: Resolution 10 referred to PPPS Governing Council:

RESOLVED, That our American Medical Association consider creating additional pricing categories for CPT licensees that (1) engage in sending virtual and physical credit, debit, or other payment cards themselves or employ business associates that do so, (2) impose fees on ERA and/or EFT transactions themselves or employ business associates that do so (Directive to Take Action); and be it further

RESOLVED, That the AMA conducts a tri-annual survey of healthcare practices to determine the rates that medical practices pay for processing credit, debit, or other payment cards that are used by health plans to pay for provided medical care (Directive to Take Action);

RESOLVED, That our AMA will advocate against unfair business practices that harm physicians and patients (Directive to Take Action).

**11. Resolution on Transparency and Accuracy of Credentials at Each Encounter
Introduced by Private Practice Physicians Section**

PPPS Action: Late Resolution 1 not adopted:

RESOLVED, That our AMA 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 “physicians” and discontinue the use of the term “provider” (Directive to Take Action); and be it further

RESOLVED, That our AMA supports requiring that badges worn within any facility providing medical services should identify the individual by their professional credentials (New HOD Policy).

ACTIONS ON PPPS GOVERNING COUNCIL REPORT

The following report was presented by Zuhdi Jasser, MD, Chair.

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

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

1. Resolution 105 – Health Insurance that Fairly Compensates Physicians

PPPS Action: PPPS Delegate instructed to support Resolution 105.

HOD Action: Resolution 105 placed on Reaffirmation Calendar.

2. Resolution 110 – Private Payor Payment Integrity

PPPS Action: PPPS Delegate instructed to support Resolution 110.

HOD Action: Resolution 110 not adopted.

3. Resolution 207 – Physician Tax Fairness

PPPS Action: PPPS Delegate be instructed to listen on Resolution 207.

HOD Action: Resolution 207 not adopted.

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

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

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

5. Resolution 223 – National Drug Shortages of Lidocaine and Saline Preparations

PPPS Action: PPPS Delegate instructed to support Resolution 223.

HOD Action: Resolution 223 adopted as amended.

6. Resolution 238 – COVID-19 Economic Injury Disaster Loan (EIDL) Forgiveness for Physician Groups of Five or Fewer Physicians

PPPS Action: PPPS Delegate be instructed to support Resolution 238.

HOD Action: Alternate Resolution 238 adopted as amended in lieu of Resolution 238.

7. Resolution 239 – Virtual Services When patients Are Away From Their Medical Home

PPPS Action: PPPS Delegate instructed to support Resolution 239.

HOD Action: AMA Policies H-480.946, H-480.963, and D-480.969 reaffirmed in lieu of Resolution 239.

8. Resolution 240 – Physician Payment Reform & Equity (PPR&E)

PPPS Action: PPPS Delegate instructed to amend third and fifth clauses.

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

9. Resolution 242 – Public Awareness and Advocacy Campaign to Reform the Medicare Physician Payment System

PPPS Action: PPPS Delegate instructed to support Resolution 242.

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

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

PPPS Action: PPPS Delegate instructed to support Resolution 243

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

11. Resolution 244 – Prohibit Reversal of Prior Authorization

PPPS Action: PPPS Delegate instructed to support Resolution 244.

HOD Action: Resolution 244 placed on Reaffirmation Calendar.

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

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

HOD Action: CME Report 05 adopted as amended.

13. BOT Report 18 – Addressing Inflammatory and Untruthful Online Ratings

PPPS Action: PPPS Delegate instructed to support BOT Report 18.

HOD Action: BOT Report 18 adopted as amended.

14. CMS Report 02 – Prospective Payment Model Best Practices for Independent Private Practice

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

HOD Action: Recommendations in BOT Report 18 adopted as amended and the remainder of the report filed.

15. Resolution 701 – Appeals and Denials – CPT Codes for Fair Compensation

PPPS Action: PPPS Delegate instructed to support Resolution 701.

HOD Action: Alternate Resolution 701 adopted in lieu of Resolutions 701 and 710.

16. Resolution 702 – Health System Consolidation

PPPS Action: PPPS Delegate instructed to support Resolution 702.

HOD Action: Resolution 702 adopted as amended.

17. Resolution 704 – Employed Physician Contracts

PPPS Action: PPPS Delegate instructed to support Resolution 704.

HOD Action: Resolution 704 placed on Reaffirmation Calendar.

18. Resolution 710 – Prior Authorization – CPT Codes for Fair Compensation

PPPS Action: PPPS Delegate instructed to seek amendment to match Resolution 715.

HOD Action: Alternate Resolution 701 adopted in lieu of Resolutions 701 and 710.

19. Resolution 711 – Reducing Prior Authorization Burden

PPPS Action: PPPS Delegate instructed to support Resolution 711.

HOD Action: Resolution 711 placed on Reaffirmation Calendar.

20. Resolution 715 – Prior Authorization – CPT Codes for Fair Compensation

PPPS Action: PPPS Delegate instructed to seek amendment to Res. 710 to mirror Res. 715.

HOD Action: Alternate Resolution 701 adopted in lieu of Resolutions 701 and 710.

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

PPPS Action: PPPS Delegate instructed to support Resolution 719.

HOD Action: Resolution 719 placed on Reaffirmation Calendar.

22. Resolution 724 – Ensuring Medical Practice Viability Through Reallocation of Insurance Savings During the COVID-19 Pandemic

PPPS Action: PPPS Delegate instructed to support Resolution 724.

HOD Action: Resolution 724 adopted as amended with a change in title.

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

PPPS Action: PPPS Delegate instructed to support Resolution 725.

HOD Action: Resolution 725 placed on Reaffirmation Calendar.

24. Resolution 727 – Utilization Review, Medical Necessity Determination, Prior Authorization Decisions

PPPS Action: PPPS Delegate instructed to support Resolution 727.

HOD Action: Resolution 727 adopted as amended.