

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-22)

Preliminary Document of Reference Committee G

Pursuant to Policy D-600.956, adopted at the November 2021 Special Meeting, commentary submitted to the online member forums will be used to generate a preliminary document to inform the discussion at the in-person reference committee hearings.

1 The following items are under consideration by Reference Committee G:

- 2
- 3 1. BOT Report 18 – Addressing Inflammatory and Untruthful Online Ratings
- 4 2. CMS Report 01 – Council on Medical Service Sunset Review of 2012 House
- 5 Policies
- 6 3. CMS Report 02 – Prospective Payment Model Best Practices for Independent
- 7 Private Practice
- 8 4. CMS Report 05 – Poverty-Level Wages and Health
- 9 5. Resolution 701 – Appeals and Denials – CPT Codes for Fair Compensation
- 10 6. Resolution 702 – Health System Consolidation
- 11 7. Resolution 703 – Mandating Reporting of All Antipsychotic Drug Use in Nursing
- 12 Home Residents
- 13 8. Resolution 704 – Employed Physician Contracts
- 14 9. Resolution 705 – Fifteen Month Lab Standing Orders
- 15 10. Resolution 706 – Government Imposed Volume Requirements for Credentialing
- 16 11. Resolution 707 – Insurance Coverage for Scalp Cooling (Cold Cap) Therapy
- 17 12. Resolution 708 – Physician Burnout is an OSHA Issue
- 18 13. Resolution 709 – Physician Well-Being as an Indicator of Health System Quality
- 19 14. Resolution 710 – Prior Authorization – CPT Codes for Fair Compensation
- 20 15. Resolution 711 – Reducing Prior Authorization Burden
- 21 16. Resolution 712 – The Quadruple Aim – Promoting Improvement in the Physician
- 22 Experience of Providing Care
- 23 17. Resolution 713 – Enforcement of Administrative Simplification Requirements –
- 24 CMS
- 25 18. Resolution 714 – Prior Authorization Reform for Specialty Medications
- 26 19. Resolution 715 – Prior Authorization – CPT Codes for Fair Compensation
- 27 20. Resolution 716 – Discharge Summary Reform
- 28 21. Resolution 717 – Expanding the AMA’s Study on the Economic Impact of
- 29 COVID-19
- 30 22. Resolution 718 – Degradation of Medical Records
- 31 23. Resolution 719 – System-Wide Prior and Post-Authorization Delays and Effects
- 32 on Patient Care Access
- 33 24. Resolution 720 – Mitigating the Negative Impact of Step Therapy Policies and
- 34 Nonmedical Switching of Prescription Drugs on Patient Safety
- 35 25. Resolution 721 – Amend AMA Policy H-215.981, “Corporate Practice of
- 36 Medicine”
- 37 26. Resolution 722 – Eliminating Claims Data for Measuring Physician and Hospital
- 38 Quality
- 39 27. Resolution 723 – Physician Burnout
- 40 28. Resolution 724 – Ensuring Medical Practice Viability through Reallocation of
- 41 Insurance Savings during the COVID-19 Pandemic

- 1 29. Resolution 725 – Compensation to Physicians for Authorizations and Pre-
2 Authorizations
- 3 30. Resolution 726 - Payment for the Cost of Electronic Prescription of Controlled
4 Substances and Compensation for Time Spent Engaging State Prescription
5 Monitoring Programs
- 6 31. Resolution 727 – Utilization Review, Medical Necessity Determination, Prior
7 Authorization Decisions
8

1 (1) BOARD OF TRUSTEES REPORT 18 - ADDRESSING
2 INFLAMMATORY AND UNTRUTHFUL ONLINE RATINGS
3

4 The Board of Trustees recommends that the following recommendation be adopted in lieu
5 of Resolution 702-Jun-21 and the remainder of the report be filed:
6

7 That our American Medical Association: (1) encourages physicians to take an active role
8 in managing their online reputation in ways that can help them improve practice efficiency
9 and patient care; (2) encourages physician practices and health care organizations to
10 establish policies and procedures to address negative online complaints directly with
11 patients that do not run afoul of federal and state privacy laws; and (3) will develop and
12 publish educational material to help guide physicians and their practices in managing their
13 online reputation, including recommendations for responding to negative patient reviews
14 and clarification about how federal privacy laws apply to online reviews.
15

16 Your Reference Committee reviewed online testimony for this report. Testimony on BOT
17 Report 18 was mostly supportive of the recommendations contained within the report.
18 There was testimony from one individual that suggested the directives to take action are
19 insufficient and do not go far enough. The suggestion was made to add a fourth
20 recommendation that includes more proactive regulatory agency advocacy with the aim
21 to facilitate physicians' abilities to rebut or refute false statements about care provided
22 when that care was disclosed by and misrepresented by a patient or a patient's
23 estate/power of attorney.
24

25 (2) COUNCIL ON MEDICAL SERVICE REPORT 1 - SUNSET
26 REVIEW OF 2012 HOUSE POLICIES
27

28 The Council on Medical Service recommends that the House of Delegates policies that
29 are listed in the appendix to this report be acted upon in the manner indicated and the
30 remainder of this report be filed.
31

32 Your Reference Committee reviewed online testimony for this report. Testimony on
33 Council on Medical Service Report 1 was limited to one comment from a state delegation,
34 which was supportive.
35

36 (3) COUNCIL ON MEDICAL SERVICE REPORT 2 -
37 PROSPECTIVE PAYMENT MODEL BEST PRACTICES
38 FOR INDEPENDENT PRIVATE PRACTICE
39

40 The Council on Medical Service recommends that the following be adopted in lieu of
41 Resolution 122-J-21, and the remainder of the report be filed:

- 42 1. That our American Medical Association (AMA) support the consideration of
43 prospective payment elements in the development of payment and delivery reform that
44 are consistent with AMA principles. (New HOD Policy)
- 45 2. That our AMA support the following principles to support physicians who choose to
46 participate in prospective payment models:
 - 47 a. The AMA, state medical associations, and national medical specialty societies
48 should be encouraged to continue to provide guidance and support
49 infrastructure that allow independent physicians to join with other physicians in
50 clinically integrated networks, independent of any hospital system.

- 1 b. Prospective payment model compensation should incentivize specialty and
2 primary care collegiality among independently practicing physicians.
- 3 c. Prospective payment models should take into consideration clinical data,
4 where appropriate, in addition to claims data.
- 5 d. Governance within the model must be physician-led and autonomous.
- 6 e. Physician practices should be encouraged to work with field advisors on patient
7 attributions and a balanced mix of payers.
- 8 f. Quality metrics used in the model should be clinically meaningful and
9 developed with physician input.
- 10 g. Administrative burdens, such as those related to prior authorization, should be
11 reduced for participating physicians. (New HOD Policy)
- 12 3. That our AMA reaffirm Policies H-165.844 and H-385.926, which support pluralism
13 and the freedom of physician enterprise. (Reaffirm HOD Policy)
- 14 4. That our AMA reaffirm Policy H-385.907, which supports fair and accurate risk
15 adjustment.
- 16 5. That our AMA reaffirm Policies H-385.913, D-478.972, D-478.995, H-478.984, H-
17 479.980, D-480.965, H-480.946, D-480.969, and H-285.957, which collectively
18 address the concerns raised in Resolution 122-I-21. (Reaffirm HOD Policy)

19
20 **Your Reference Committee heard online testimony on this report. Testimony on Council**
21 **on Medical Service Report 2 was limited to one comment from an individual and one**
22 **comment from state delegation. Both were supportive of the recommendations in CMS**
23 **Report 2.**

24
25 (4) COUNCIL ON MEDICAL SERVICE REPORT 5 -
26 POVERTY-LEVEL WAGES AND HEALTH
27

28 The Council on Medical Service recommends that the following be adopted in lieu of
29 Resolution 203-N-21 and that the remainder of the report be filed:
30

- 31 1. That our American Medical Association (AMA) affirm that poverty is detrimental to
32 health. (New HOD Policy)
- 33
- 34 2. That our AMA affirm that federal, state, and/or local policies regarding minimum wage
35 should include plans for adjusting the minimum wage level in the future and an explanation
36 of how these adjustments can keep pace with inflation. (New HOD Policy)
- 37
- 38 3. That our AMA affirm that federal, state, and/or local policies regarding minimum wage
39 should be consistent with the AMA's commitment to speak against policies that create
40 greater health inequities and be a voice for our most vulnerable populations who will suffer
41 the most under such policies, further widening the gaps that exist in health and wellness
42 in our nation. (New HOD Policy)
- 43
- 44 4. That our AMA affirm that federal, state, and/or local policies regarding minimum wage
45 should be consistent with the AMA's principle that the highest attainable standard of
46 health, in all its dimensions, is a basic human right and that optimizing the social
47 determinants of health is an ethical obligation of a civil society. (New HOD Policy)
- 48

1 5. That our AMA affirm that federal, state, and/or local policies regarding minimum wage
2 should include an explanation of how variations in geographical cost of living have been
3 considered. (New HOD Policy)

4
5 6. That our AMA affirm that federal, state, and/or local policies regarding minimum wage
6 should include an estimate of the policy's impact on factors including:

- 7 a. Unemployment and/or reduction in hours;
8 b. First-time job seekers;
9 c. Qualification for public assistance (e.g., food, housing, transportation, childcare, health
10 care, etc.);
11 d. Working conditions;
12 e. Health equity, with specific focus on gender and minoritized and marginalized
13 communities;
14 f. Income equity;
15 g. Local small business viability, including independent physician practices; and
16 h. Educational and/or training opportunities. (New HOD Policy)

17
18 7. That our AMA reaffirm Policy D-440.922, which states that the AMA will enhance
19 advocacy and support for programs and initiatives that strengthen public health systems
20 to address health inequities and the social determinants of health. (Reaffirm HOD Policy)

21
22 8. That our AMA reaffirm Policy H-165.822, which encourages coverage pilots to test the
23 impacts of addressing certain non-medical, yet critical health needs, for which sufficient
24 data and evidence are not available, on health outcomes and health care costs. (Reaffirm
25 HOD Policy)

26
27 Your Reference Committee reviewed online testimony for this report. Testimony on
28 Council on Medical Service Report 5 was supportive. There was testimony from one
29 individual and one delegation. Both comments were supportive of the recommendations
30 in the report and both offered an amendment to add to the list in Recommendation 6. The
31 first amendment proffered by an individual recommended adding "Access to Public Health
32 Services" to the list included in Recommendation 6. A second, separate amendment was
33 also proffered from a delegation to add "Inflation" to the list included in Recommendation
34 6.

35
36 (5) RESOLUTION 701 - APPEALS AND DENIALS - CPT
37 CODES FOR FAIR COMPENSATION

38
39 RESOLVED, That our American Medical Association support the creation of CPT codes for
40 consideration by the CPT® Editorial Panel to provide adequate compensation for
41 administrative work involved in successfully appealing denials of services (visits, tests,
42 procedures, medications, devices, and claims), whether pre- or post-service denials, that
43 reflect the actual time expended by physicians and healthcare practices to advocate on
44 behalf of patients, appeal denials, and to comply with insurer and legal requirements and
45 that compensate physicians fully for the time, effort, and legal risks inherent in such work
46 (Directive to Take Action); and be it further

47
48 RESOLVED, That our AMA support the creation of CPT codes for consideration by the
49 CPT Editorial Panel for primary, secondary, and tertiary appeals to independent review
50 organizations (IROs), state and federal regulators, and ERISA plan appeals, including

1 codes for appeals, reconsiderations, and other forms of appeals of adverse determination
2 (Directive to Take Action); and be it further

3
4 RESOLVED, That our AMA advocate for fair compensation based on CPT codes for
5 appeal of denied services in any model legislation and as a basis for all advocacy for prior
6 authorization reforms. (Directive to Take Action)

7
8 Your Reference Committee reviewed online testimony for this resolution. Testimony on
9 Resolution 701 was mixed. There were several comments in support of the resolution and
10 one in opposition. The individual speaking in opposition noted concern that even if
11 adopted, CPT codes may not be reimbursed and may create more administrative work to
12 bill for the code if it does get reimbursed. There was a suggestion by an individual to
13 amend existing policy in lieu of creating a new policy and a suggestion by another
14 individual to consider the overlap with and potential reaffirmation of Policy H-70.919. We
15 also highlight testimony from an individual that states that HOD policy is not the
16 appropriate avenue for recommending CPT codes. Instead, these must be petitioned via
17 the CPT Editorial Panel process, as noted by the individual providing testimony. Finally,
18 there was a suggested amendment to strike the word “successfully” from the first Resolve
19 clause. We note that Resolution 701 shares similarities with Resolutions 710, 715, and
20 725.

21
22 (6) RESOLUTION 702 - HEALTH SYSTEM
23 CONSOLIDATION

24
25 RESOLVED, That our American Medical Association undertake an annual report
26 assessing nationwide health system and hospital consolidation in order to assist
27 policymakers and the federal government in assessing healthcare consolidation for the
28 benefit of patients and physicians who face an existential threat from healthcare
29 consolidation. (Directive to Take Action)

30
31 Your Reference Committee reviewed online testimony for this resolution. Testimony on
32 Resolution 702 was limited to one comment from an individual and one from a delegation.
33 Both were supportive.

34
35 (7) RESOLUTION 703 - MANDATING REPORTING OF ALL
36 ANTIPSYCHOTIC DRUG USE IN NURSING HOME
37 RESIDENTS

38
39 RESOLVED, That American Medical Association Policy D-120.951, “Appropriate Use of
40 Antipsychotic Medications in Nursing Home Patients,” be amended by addition and
41 deletion to read as follows:

42
43 Our AMA will: (1) meet with the Centers for Medicare & Medicaid Services (CMS)
44 for a determination that acknowledges that antipsychotics can be an appropriate
45 treatment for dementia-related psychosis if non-pharmacologic approaches have
46 failed and will ask CMS to cease and desist in issuing citations or financial
47 penalties for medically necessary and appropriate use of antipsychotics for the
48 treatment of dementia-related psychosis; and (2) ask CMS to discontinue the use
49 of antipsychotic medication as a factor contributing to the Nursing Home Compare
50 rankings, unless the data utilized is limited to medically inappropriate

1 administration of these medications; and (3) require the reporting of all
2 antipsychotic drugs used and the diagnoses for which they are prescribed. (Modify
3 Current HOD Policy)
4

5 There was no online testimony provided for Resolution 703. Your Reference Committee
6 will be prepared to hear live testimony on this resolution at the Reference Committee
7 hearing.
8

9 (8) RESOLUTION 704 - EMPLOYED PHYSICIAN
10 CONTRACTS
11

12 RESOLVED, That our American Medical Association advocate in support of all employed
13 physicians receiving all rights and due process protections afforded all other members of
14 the medical staff. (New HOD Policy)
15

16 Your Reference Committee reviewed online testimony for this resolution. Testimony on
17 Resolution 704 was mixed. There was one comment from an individual and one comment
18 from a state delegation supporting the resolution, in addition to a suggestion by an
19 individual to refer Resolution 704, as there could be potential legal concerns that are not
20 addressed by the resolution. The individual recommending referral shared concerns that
21 restrictive covenants complicate due process because of additional legal layers that may
22 supersede medical staff bylaws. There were two other posts by individuals supporting
23 referral of Resolution 704.
24

25 (9) RESOLUTION 705 - FIFTEEN MONTH LAB STANDING
26 ORDERS
27

28 RESOLVED, That our American Medical Association advocate the Centers for Medicare
29 and Medicaid Services to allow standing laboratory orders to be active for fifteen (15)
30 months. (Directive to Take Action)
31

32 Your Reference Committee reviewed online testimony for this resolution. Testimony on
33 Resolution 705 was limited to one comment from a delegation in support of the resolution
34 as written.
35

36 (10) RESOLUTION 706 - GOVERNMENT IMPOSED VOLUME
37 REQUIREMENTS FOR CREDENTIALING
38

39 RESOLVED, That our American Medical Association create guidelines and standards for
40 evaluation of government-imposed volume requirements for credentialing that would
41 include at least the following considerations:

- 42 (a) the evidence for that volume requirement;
- 43 (b) how many current practitioners meet that volume requirement;
- 44 (c) how difficult it would be to meet that volume requirement;
- 45 (d) the consequences to that practitioner of not meeting that volume requirement;
- 46 (e) the consequences to the hospital and the community of losing the services of the
47 practitioners who can't meet that volume requirement; and
- 48 (f) whether volumes of similar procedures could also reasonably be used to satisfy such
49 a requirement. (Directive to Take Action)
50

1 Your Reference Committee reviewed online testimony for this resolution. Testimony on
2 Resolution 706 was mixed, but mostly opposed to the resolution as written. All testimony
3 was provided by individuals. Two posts suggested this needs to be studied further; another
4 post opposed the resolution, and one post suggested that overlap with Policy H-230.953
5 should be reviewed for redundancy.
6

7 (11) RESOLUTION 707 - INSURANCE COVERAGE FOR
8 SCALP COOLING (COLD CAP) THERAPY
9

10 RESOLVED, That our American Medical Association advocate for and seek through
11 legislation and/or regulation, universal insurance coverage for Scalp Cooling (Cold Cap)
12 Therapy (Directive to Take Action); and be it further
13

14 RESOLVED, That our AMA work with consumer and advocacy groups to challenge
15 insurers on medical necessity denials for Scalp Cooling (Cold Cap) Therapy and
16 encourage appeals to independent third-party reviewers. (Directive to Take Action)
17

18 There was no online testimony provided for Resolution 707. Your Reference Committee
19 will be prepared to hear live testimony on this resolution at the Reference Committee
20 hearing.
21

22 (12) RESOLUTION 708 - PHYSICIAN BURNOUT IS AN OSHA
23 ISSUE
24

25 RESOLVED, That our American Medical Association seek legislation/regulation to add
26 physician burnout as a Repetitive Strain (Stress) Injury and subject to Occupational Safety
27 and Health Administration (OSHA) oversight. (Directive to Take Action)
28

29 Your Reference Committee reviewed online testimony for this resolution. Testimony on
30 Resolution 708 was mixed, but generally opposed the resolution as written. There were
31 posts from two individuals and one state delegation in opposition to the resolution and one
32 delegation that commented in support. Con testimony highlighted the fear of more
33 government entanglements with physician practices. The delegation offering pro
34 testimony suggested this could be a creative solution to compel institutions to preemptively
35 address burnout.
36

37 (13) RESOLUTION 709 - PHYSICIAN WELL-BEING AS AN
38 INDICATOR OF HEALTH SYSTEM QUALITY
39

40 RESOLVED, That our American Medical Association support policies that acknowledge
41 physician well-being is both a driver and an indicator of hospital and health system quality
42 (New HOD Policy); and be it further
43

44 RESOLVED, That our AMA promote dialogue between key stakeholders (physician
45 groups, health-system decision makers, payers, and the general public) about the
46 components needed in such a quality-indicator system to best measure physician and
47 organizational wellness (Directive to Take Action); and be it further
48

1 RESOLVED, That our AMA (with appropriate resources) develop the expertise to be
2 available to assist in the implementations of effective interventions in situations of
3 suboptimal physician wellness. (Directive to Take Action)

4
5 Your Reference Committee reviewed online testimony for this resolution. Testimony on
6 Resolution 709 was mixed, but generally supportive. There were two posts from
7 individuals suggesting reaffirmation of existing policy, a suggested amendment from a
8 state delegation to add “while maintaining physician privacy” to the end of the second
9 Resolve clause, and three posts from three separate delegations that support the
10 resolution.

11
12 (14) RESOLUTION 710 - PRIOR AUTHORIZATION - CPT
13 CODES FOR FAIR COMPENSATION

14
15 RESOLVED, That our American Medical Association include in any model legislation and
16 as basis for all advocacy, fair compensation based on CPT codes for appeal of wrongfully
17 denied services, including those for prior authorization reforms and that CPT codes must
18 fully reflect the aggregated time and effort expended by physician practices (Directive to
19 Take Action); and be it further

20
21 RESOLVED, That our AMA evaluate and propose a CPT code for consideration by the
22 CPT® Editorial Panel to account for administrative work involved in prior authorizations
23 that reflects the actual time expended by physician practices to advocate on behalf of
24 patients and to comply with insurer requirements (Directive to Take Action); and be it
25 further

26
27 RESOLVED, That our AMA evaluate and propose a CPT code for consideration by the
28 CPT® Editorial Panel to account for administrative work that reflects the actual time
29 expended by physician practices and their billing vendors involved in successfully
30 appealing wrongful pre- and post-service denials. (Directive to Take Action)

31
32 There was no online testimony provided for Resolution 710, however, this resolution is
33 similar to Resolution 701, which received mixed testimony. This topic is also addressed in
34 Resolutions 715 and 725. Your Reference Committee will be prepared to hear live
35 testimony on this resolution at the Reference Committee hearing.

36
37 (15) RESOLUTION 711 - REDUCING PRIOR
38 AUTHORIZATION BURDEN

39
40 RESOLVED, That our American Medical Association seek regulation and legislation that:
41 • restricts insurance companies from requiring prior authorizations for generic
42 medications;
43 • contains disincentives for insurers demanding unnecessary prior authorizations,
44 including payments to physicians’ practices for inappropriate prior authorizations;
45 • requires payment be made to the physician practice for services related to prior
46 authorization when those services do not coincide with a visit; and
47 • ensures a requirement for an independent external review organization to review
48 disputes involving prior authorizations and require insurer payments be made to the

1 practice when the review organization agrees with the physician practice. (Directive to
2 Take Action)

3
4 Your Reference Committee reviewed online testimony for this resolution. Testimony on
5 Resolution 711 was mostly supportive of the resolution. Two individuals supported the
6 resolution as written. There was one amendment proffered by a state delegation that
7 suggested striking “inappropriate” in the second bullet point, “when those services do not
8 coincide with a visit” in the third bullet point, and “when the review organization agrees
9 with the physician practice” in the fourth bullet point.

10
11 (16) RESOLUTION 712 - THE QUADRUPLE AIM -
12 PROMOTING IMPROVEMENT IN THE PHYSICIAN
13 EXPERIENCE OF PROVIDING CARE
14

15 RESOLVED, That to the *Triple Aim* which was established by Dr. Berwick and the Institute
16 of Healthcare Improvement, our American Medical Association adopt a fourth goal:
17 namely the goal of improving physicians’ experience in providing care. (Directive to Take
18 Action)

19
20 Your Reference Committee reviewed online testimony for this resolution. Testimony on
21 Resolution 712 was mixed, but overall supportive of the spirit of the resolution. There were
22 three posts from individuals in support of reaffirmation of Policy H-405.955, which already
23 asks for a quadruple aim of “improving the work-life balance of physicians and other health
24 care providers” and two in support of reaffirmation of H-480.939, which addresses the use
25 of augmented intelligence with consideration to the physician experience in achieving the
26 quadruple aim, one post from an individual encouraging others to watch the debate on this
27 item, and three posts from state delegations in support of the importance of both the goals
28 of the Quadruple Aim and this resolution as written.

29
30 (17) RESOLUTION 713 - ENFORCEMENT OF
31 ADMINISTRATIVE SIMPLIFICATION REQUIREMENTS -
32 CMS
33

34 RESOLVED, That our American Medical Association take the position that the failure by
35 the National Standards Group at the Centers for Medicare and Medicaid Services Office
36 of Burden Reduction to effectively enforce the HIPAA administrative simplification
37 requirements as required by the law and its failure to impose financial penalties for non-
38 compliance by health plans is clearly unacceptable (New HOD Policy); and be it further
39

40 RESOLVED, That our AMA take the position that the National Standards Group at the
41 Centers for Medicare and Medicaid Services Office of Burden Reduction practices of
42 closing complaints without further investigation and ignoring overwhelming evidence that
43 contradicts health plan assertions is also unacceptable (New HOD Policy); and be it further
44

45 RESOLVED, That our AMA advocate for enhanced reinforcement of the HIPAA
46 Administrative Simplification requirements for health plans. (Directive to Take Action)
47

48 Your Reference Committee reviewed online testimony for this resolution. Testimony on
49 Resolution 713 was limited to one post from a delegation in support of the resolution as
50 written.

1
2 (18) RESOLUTION 714 - PRIOR AUTHORIZATION REFORM
3 FOR SPECIALTY MEDICATIONS
4

5 RESOLVED, That our American Medical Association encourage Congress and the
6 President to issue a moratorium on the specialty medicine prior authorization process for
7 one year to allow further study (New HOD Policy); and be it further
8

9 RESOLVED, That our AMA work with other stakeholders to encourage pharmaceutical
10 companies and other entities that offer assistance programs to increase eligibility for their
11 assistance programs. (Directive to Take Action)
12

13 There was no online testimony provided for Resolution 714. Your Reference Committee
14 will be prepared to hear live testimony on this resolution during the Reference Committee
15 hearing.
16

17 (19) RESOLUTION 715 - PRIOR AUTHORIZATION - CPT
18 CODES FOR FAIR COMPENSATION
19

20 RESOLVED, That our American Medical Association support the creation of CPT codes
21 to provide adequate compensation for administrative work involved in prior authorizations,
22 including pre-certifications and prior notifications, that reflects the actual time expended
23 by physicians and healthcare practices to advocate on behalf of patients and to comply
24 with insurer requirements and that compensates physicians fully for the time, effort, and
25 legal risks inherent in such work (New HOD Policy); and be it further
26

27 RESOLVED, That our AMA advocate for CPT codes to be developed for prior
28 authorizations to fully reflect the aggregated time and effort involved in prior authorization,
29 including multiple contracts, wait time on the phone, chat, or other platforms preferred by
30 payers or their agents, among other costs to physician practice (New HOD Policy); and
31 be it further
32

33 RESOLVED, That our AMA advocate for fair compensation based on CPT codes for prior
34 authorization in any model legislation and as a basis for all advocacy for prior authorization
35 reforms. (Directive to Take Action)
36

37 Your Reference Committee reviewed online testimony for this resolution. Testimony on
38 Resolution 715 was limited and mixed. There was one post from an individual in support
39 of the resolution as written, one post from an individual encouraging review of Policy H-
40 70.919 for reaffirmation, and one post from a state delegation suggesting a clerical
41 amendment to the second Resolve clause in order to change "multiple contacts" to
42 "multiple contracts." We note that Resolution 715 shares similarities with Resolutions 701,
43 710 and 725.
44

45 (20) RESOLUTION 716 - DISCHARGE SUMMARY REFORM
46

47 RESOLVED, That our American Medical Association coordinate with the American
48 Hospital Association with input from the Centers for Medicare and Medicaid Services and
49 other professional organizations as appropriate to revive the concise discharge summary

1 that existed prior to electronic medical records for the sake of much improved patient care
2 and safety (Directive to Take Action); and be it further
3

4 RESOLVED, That our AMA internally develop a model hospital discharge summary in
5 such a manner as to be concise but informational, include to promote excellent, safe
6 patient care and improve coordinated discharge planning. This model use shall be
7 promoted to our AMA and federation of medicine colleagues. (Directive to Take Action)
8

9 Your Reference Committee reviewed online testimony for this resolution. Testimony on
10 Resolution 716 was mixed, but mostly supportive of the resolution as written. There were
11 posts from three individuals and one state delegation in support of the resolution, and one
12 post from an individual opposed to the resolution. Con testimony raised concerns that
13 trying to make discharge summaries “concise” could result in poor documentation.
14

15 (21) RESOLUTION 717 - EXPANDING THE AMA'S STUDY
16 ON THE ECONOMIC IMPACT OF COVID-19
17

18 RESOLVED, That our American Medical Association work with relevant organizations and
19 stakeholders to study the economic impact and long-term recovery of the COVID-19
20 pandemic on healthcare institutions in order to identify and better understand which
21 groups of physicians, patients and organizations may have been disproportionately
22 affected by the financial burdens of the COVID-19 pandemic (Directive to Take Action);
23 and be it further
24

25 RESOLVED, That our AMA work with relevant organizations and stakeholders to study
26 the overall economic impact of office closures, cancellations of elective surgeries and
27 interruptions in patient care, as well as the economic impact of utilizing telemedicine for
28 an increasing percentage of patient care. (Directive to Take Action)
29

30 Your Reference Committee reviewed online testimony for this resolution. Testimony on
31 Resolution 717 was mixed. There were posts from two delegations and one individual in
32 support of the resolution as written. The AMA Council on Medical Service pointed out
33 potential financial concerns and the potential for a high fiscal note with limited ability to get
34 clear data due to the inability to separate COVID-19 changes from economic or other
35 changes and highlighted existing AMA efforts in these areas, and one post from a state
36 delegation in support of the resolution with an amendment to the first Resolve clause, to
37 add the phrase “physician practices and” in addition to other healthcare institutions
38 addressed by this resolution.
39

40 Ongoing AMA work was summarized by the Council on Medical Service and includes: a
41 [COVID-19 impact survey](#) administered to physicians in July and August of 2020; analysis
42 and continued monitoring of changes in [Medicare physician spending](#); analysis and
43 continued monitoring of changes in [National Health Expenditures estimates](#) from the
44 Centers for Medicare & Medicaid Services; analysis and continued monitoring of changes
45 in consumer spending for health care and physician services from the Bureau of Economic
46 Analysis; analysis and continued monitoring of changes in employment in health care and
47 physician offices from the Bureau of Labor Statistics; and general monitoring of the
48 Economics, Health Services Research and trade literature for studies on the impacts of
49 COVID-19.
50

1 (22) RESOLUTION 718 - DEGRADATION OF MEDICAL
2 RECORDS
3

4 RESOLVED, That our American Medical Association publish available data about the
5 amount of time physicians spend on data entry versus direct patient care, in order to inform
6 patients, insurers, and prospective primary care physicians about the real expectations of
7 the medical profession. (Directive to Take Action)

8
9 Your Reference Committee reviewed online testimony for this resolution. Testimony on
10 Resolution 718 was mostly supportive, with posts from two delegations and one individual
11 in support of the resolution as written and one post from an individual in opposition.
12 Testimony in opposition questioned the cost of this ask, as well as why the resolution was
13 only directed at “prospective PCPs” and not all medical students.
14

15 (23) RESOLUTION 719 - SYSTEM WIDE PRIOR AND POST-
16 AUTHORIZATION DELAYS AND EFFECTS ON PATIENT
17 CARE ACCESS
18

19 RESOLVED, That our American Medical Association encourage and advocate health care
20 insurers and Medicare/Medicaid Products to ensure that the systems of communication
21 for prior authorization include: live personnel access, simplification of website navigation,
22 immediate response with confirmation number and an expedient decision for
23 authorizations. (Directive to Take Action)

24
25 Your Reference Committee reviewed online testimony for this resolution. Testimony on
26 Resolution 719 was limited to one post from a state delegation in support of the resolution.
27

28 (24) RESOLUTION 720 - MITIGATING THE NEGATIVE
29 IMPACT OF STEP THERAPY POLICIES AND
30 NONMEDICAL SWITCHING OF PRESCRIPTION DRUGS
31 ON PATIENT SAFETY
32

33 RESOLVED, That our American Medical Association adopt policy supporting the
34 recommendations of the American College of Physicians with respect to insurance step
35 therapy and nonmedical drug switching policies, including:

- 36 a) All step therapy and medication switching policies should aim to minimize care
37 disruption, harm, side effects and risks to the patient;
38 b) All step therapy and nonmedical drug switching policies should be designed with
39 patients at the center, while accounting for unique needs and preferences;
40 c) All step therapy and nonmedical drug switching protocols should be designed with
41 input from frontline physicians and community pharmacists; feature transparent,
42 minimally burdensome processes that consider the expertise of a patient’s physician;
43 and include a timely appeals process; and
44 d) Data concerning the effectiveness and potential adverse consequences of step
45 therapy and nonmedical drug switching programs should be made transparent to the
46 public and studies by policymakers. Alternative strategies to address the rising cost of
47 prescription drugs that do not inhibit patient access to medications should be explored.
48 (New HOD Policy)
49

1 Your Reference Committee reviewed online testimony for this resolution. Testimony on
2 Resolution 720 was limited to one post from an individual and one post from a state
3 delegation. All testimony provided was supportive of the resolution as written.
4

5 (25) RESOLUTION 721 - AMEND AMA POLICY H-215.981,
6 "CORPORATE PRACTICE OF MEDICINE"
7

8 RESOLVED, That our American Medical Association amend policy H-215.981, "Corporate
9 Practice of Medicine," by addition to read as follows:

10
11 4. Our AMA acknowledges that the corporate practice of medicine has led to the erosion
12 of the physician-patient relationship, erosion of physician-driven care and created a
13 conflict of interest between profit and training the next generation of physicians. (Modify
14 Current HOD Policy)
15

16 Your Reference Committee reviewed online testimony for this resolution. Testimony on
17 Resolution 721 was mixed, but generally supportive. There were three posts from
18 delegations in support of the resolution and one post from an individual suggesting referral
19 of this item for further study. Con testimony noted that the wording of the amendment is
20 ineffective and does not fit within the original policy this resolution seeks to amend. The
21 individual recommending referral specifically proposed a report to update the HOD on the
22 AMA's monitoring of the corporate practice of medicine.
23

24 (26) RESOLUTION 722 - ELIMINATING CLAIMS DATA FOR
25 MEASURING PHYSICIAN AND HOSPITAL QUALITY
26

27 RESOLVED, That our American Medical Association (AMA) collaborate with the U.S.
28 Centers for Medicare and Medicaid Services (CMS) and other appropriate stakeholders
29 to ensure physician and hospital quality measures are based on the delivery of care in
30 accordance with established best practices; and be it further
31

32 RESOLVED, That our AMA collaborate with CMS and other stakeholders to eliminate the
33 use of claims data for measuring physician and hospital quality.
34

35 Your Reference Committee reviewed online testimony for this resolution. Testimony on
36 Resolution 722 was mixed, but generally supportive of the concept of the resolution.
37 There was concern about outright elimination of the use of claims data and there were
38 two amendments proposed to address this. The first was proposed by an individual to
39 add "when other means of capturing data that is less burdensome to physicians and
40 patients exist" to the end of the second Resolve clause. This amendment was supported
41 by the author of the resolution as well as one other individual. The second amendment
42 was proposed by the AMA Council on Medical Service and recommended a one word
43 change to the second Resolve clause, to strike "eliminate" and replace it with "improve."
44

45 (27) RESOLUTION 723 - PHYSICIAN BURNOUT
46

47 RESOLVED, That our American Medical Association will work with the Centers for
48 Medicare and Medicaid Services and The Joint Commission to assure that clinician,
49 including physician, wellbeing is a component of standards for hospital certification; and
50 be it further

1
2 RESOLVED, That our AMA work with hospitals and other stakeholders to determine areas
3 of focus on clinician wellbeing, to include the removal of intrusive questions regarding
4 clinician physical or mental health or related treatments on initial or renewal hospital
5 credentialing applications.

6
7 Your Reference Committee reviewed online testimony for this resolution. Testimony on
8 Resolution 723 was mixed, but overall supportive of the spirit of the resolution. There were
9 posts from three individuals in opposition to the resolution, three delegations in support of
10 the resolution, and one delegation and one individual in support of the concept of
11 addressing physician burnout and the importance of physician well-being in general.
12 Individual testimony opposed to the resolution is concerned about the lack of clarity and
13 questioned the feasibility of monitoring both employee and non-employee physician well-
14 being. Individuals speaking in opposition to the resolution also suggest referral as a
15 potential option. The author of the resolution responded to testimony provided and
16 suggested removing the first Resolve clause to address the concerns stated.

17
18 (28) RESOLUTION 724 - ENSURING MEDICAL PRACTICE
19 VIABILITY THROUGH REALLOCATION OF INSURANCE
20 SAVINGS DURING THE COVID-19 PANDEMIC
21

22 RESOLVED, That our American Medical Association continue to advocate for and
23 educate members about practice viability issues; and be it further

24
25 RESOLVED, That our AMA work with private payers to encourage them to pass along
26 savings generated during the pandemic to patients; and be it further

27
28 RESOLVED, That our AMA advocate that all plans follow medical loss ration requirements
29 and, as appropriate and with particular mindfulness of the public health emergency, issue
30 rebates to patients; and be it further

31
32 RESOLVED, That our AMA urge health plans to offer practices per-patient-per-month fees
33 for innovative practice models to improve practice sustainability.

34
35 Your Reference Committee reviewed online testimony for this resolution. Testimony on
36 Resolution 724 was limited to posts from one individual and one delegation. Both posts
37 were in support of the resolution. The individual testimony highlighted the financial
38 struggles faced by solo and small group practices during the COVID-19 pandemic due to
39 the sharp decline in patient visits and revenue, especially those practices that see a large
40 population of Medicaid patients.

41
42 (29) RESOLUTION 725 - COMPENSATION TO PHYSICIANS
43 FOR AUTHORIZATIONS AND PRE-AUTHORIZATIONS
44

45 RESOLVED, That our American Medical Association support legislation that requires
46 insurance and managed care companies, including companies managing governmental
47 insurance plans (“payers”), to compensate physicians for the time physicians and their
48 staff spend on authorization and preauthorization procedures. Such compensation shall
49 be paid in full by payers to physicians without deductible, coinsurance, or copayment
50 billable to patients; thus, patients will not bear the burden for such processes imposed by

1 payers. Physicians shall bill payers for time spent physicians and their staff in performing
2 such tasks at a rate commensurate with that of the most highly trained professionals.
3 Payers shall pay physicians promptly upon receiving such a bill with significant interest
4 penalties assessed for delay in payment. Billable services for authorization and
5 preauthorization include, but are not limited to, time spent filling out forms, making
6 telephone calls (including time spent negotiating phone trees and hold time), documenting
7 in the patient's medical record, communicating with the patient, altering treatment plans
8 (such as changing medications to comply with formularies), printing, copying, and faxing.

9
10 Your Reference Committee reviewed online testimony for this resolution. Testimony on
11 Resolution 725 was supportive of the resolution as written. There were posts from three
12 individuals and two delegations supporting the resolution as written and one suggestion
13 from an individual to combine this with Resolution 701 for a more comprehensive policy.
14 We note that Resolution 725 also shares similarities with Resolutions 710 and 715, in
15 addition to Resolution 701. There was one post from an individual suggesting these
16 ancillary costs are already worked into payment, but wanted more information to confirm
17 that was the case. Individual testimony shared personal stories and challenges with the
18 prior authorization process.

19
20 (30) RESOLUTION 726 - PAYMENT FOR THE COST OF
21 ELECTRONIC PRESCRIPTION OF CONTROLLED
22 SUBSTANCES AND COMPENSATION FOR TIME
23 SPENT ENGAGING STATE PRESCRIPTION
24 MONITORING PROGRAMS

25
26 RESOLVED, That our American Medical Association advocate for appropriate physician
27 payment through the resource-based relative value scale to cover the expense of
28 technology required to electronically prescribe controlled substances; and be it further

29
30 RESOLVED, That our AMA advocate for appropriate physician payment to cover the extra
31 time and expense to query state prescription monitoring programs as required by law.

32
33 Your Reference Committee reviewed online testimony for this resolution. Testimony on
34 Resolution 726 was unanimously supportive of the resolution as written. Testimony was
35 provided by one individual and two delegations.

36
37 (31) RESOLUTION 727 - UTILIZATION REVIEW, MEDICAL
38 NECESSITY DETERMINATION, PRIOR
39 AUTHORIZATION DECISIONS

40
41 RESOLVED, That our American Medical Association advocate for implementation of a
42 federal version of Texas' "gold card" law (House Bill 3459), which aims to curb onerous
43 prior authorization practices by many state-regulated health insurers and health
44 maintenance organizations; and be it further

45
46 RESOLVED, That our AMA adopt a similar policy to Texas' "gold card" law (House Bill
47 3459); and be it further
48

1 RESOLVED, That our AMA Council on Ethical and Judicial Affairs devise ethical opinions
2 similar to the TMA Board of Councilors' opinions regarding medical necessity
3 determination and utilization review.

4
5 Your Reference Committee reviewed online testimony for this resolution. Testimony on
6 Resolution 727 was generally supportive. There were posts from one individual and two
7 delegations in support of the resolution as written and one post from an individual
8 supporting the first Resolve clause and opposing the second and third Resolve clauses
9 due to unclear policy language for the AMA to adopt in Resolve two, and Resolve three
10 asking CEJA to adopt a specific ethical opinion instead of asking for a CEJA opinion on
11 this topic.