DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2022 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-22)

Report of Reference Committee G

Brandi Ring, MD, MBA, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Council on Medical Service Report 1 –Sunset Review of 2012 House Policies
2. Resolution 705 – Fifteen Month Lab Standing Orders
3. Resolution 732 – Advocacy of Private Practice Options for Healthcare Operations in Large Corporations

RECOMMENDED FOR ADOPTION AS AMENDED

4. Board of Trustees Report 18 – Addressing Inflammatory and Untruthful Online Ratings
5. Council on Medical Service Report 2 – Prospective Payment Model Best Practices for Independent Private Practice
6. Council on Medical Service Report 5 – Poverty-Level Wages and Health
7. Resolution 702 – Health System Consolidation
8. Resolution 723 – Physician Burnout
9. Resolution 724 – Ensuring Medical Practice Viability through Reallocation of Insurance Savings during the COVID-19 Pandemic
10. Resolution 726 – Payment for the Cost of Electronic Prescription of Controlled Substances and Compensation for Time Spent Engaging State Prescription Monitoring Programs
11. Resolution 727 – Utilization Review, Medical Necessity Determination, Prior Authorization Decisions
12. Resolution 729 – Protecting Physicians Wellbeing on Board Certification Applications
13. Resolution 731 – Prior Authorization Patient Autonomy

RECOMMENDED FOR ADOPTION IN LIEU OF

14. Resolution 701 – Appeals and Denials – CPT Codes for Fair Compensation
    Resolution 710 – Prior Authorization – CPT Codes for Fair Compensation
15. Resolution 716 – Discharge Summary Reform
16. Resolution 728 – Maintaining an Open and Equitable Hospital Work Environment for Specialists

Resolution 730 – Maintaining an Open and Equitable Hospital Work Environment for Specialists

RECOMMENDED FOR REFERRAL

17. Resolution 721 – Amend AMA Policy H-215.981, "Corporate Practice of Medicine"

RECOMMENDED FOR NOT ADOPTION

18. Resolution 703 – Mandating Reporting of All Antipsychotic Drug Use in Nursing Home Residents
19. Resolution 708 – Physician Burnout is an OSHA Issue
20. Resolution 717 – Expanding the AMA's Study on the Economic Impact of COVID-19

Amendments

If you wish to propose an amendment to an item of business, click here: Submit New Amendment

RECOMMENDED FOR ADOPTION

(1) COUNCIL ON MEDICAL SERVICE REPORT 1 - SUNSET REVIEW OF 2012 HOUSE POLICIES

RECOMMENDATION:

That the Recommendations in Council on Medical Service Report 1 be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Service Report 1 adopted and the remainder of the report filed.

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

Your Reference Committee heard testimony that was unanimously supportive of Council on Medical Service Report 1. We recommend the Recommendations in Council on Medical Service Report 1 be adopted and the remainder of the report be filed.

(2) RESOLUTION 705 - FIFTEEN MONTH LAB STANDING ORDERS

RECOMMENDATION:

That Resolution 705 be adopted.

HOD ACTION: Resolution 705 adopted.

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

Your Reference Committee heard limited testimony mostly in support of Resolution 705 as it expands upon the AMA's work to ease administrative burden. Testimony indicated that allowing standing laboratory orders to be active for fifteen months – rather than six – will help physicians, their patients, and staff. We agree that this would give physicians the choice and flexibility to extend their laboratory orders, if appropriate. We further note that testimony was not heard regarding the proposed fifteen-month time period compared other time periods. Therefore, your Reference Committee recommends that Resolution 705 be adopted.

(3) RESOLUTION 732 - ADVOCACY OF PRIVATE PRACTICE OPTIONS FOR HEALTHCARE OPERATIONS IN LARGE CORPORATIONS

RECOMMENDATION:

That Resolution 732 be adopted.

HOD ACTION: Resolution 732 adopted.

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).

Your Reference Committee heard limited testimony unanimously in support of Resolution 732. Testimony expressed concern regarding the extremely fragile nature of the private practice environment and the intrusion of large corporations into this health care space. It was stated that the AMA should support small business medicine and private practice models through the study of pilot programs within the rapidly growing area of internal healthcare within Fortune 500 corporations. Therefore, your Reference Committee recommends that Resolution 732 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(4) BOARD OF TRUSTEES REPORT 18 - ADDRESSING INFLAMMATORY AND UNTRUTHFUL ONLINE RATINGS

RECOMMENDATION A:

That the first Recommendation of Board of Trustees Report 18 be amended by addition and deletion as follows:

That our American Medical Association: (1) encourages physicians to take an active role in managing their online reputation in ways that can help them improve practice efficiency and patient care; (2) encourages physician practices and health care organizations to establish policies and procedures to address negative online complaints directly with patients that do not run afoul of federal and state privacy laws; ~~and~~ (3) will develop and publish educational material to help guide physicians and their practices in managing their online reputation, including recommendations for responding to negative patient reviews and clarification about how federal privacy laws apply to online reviews; and (4) will work with appropriate stakeholders to (a) consider an outlet for physicians to share their experiences and (b) potentially consider a mechanism for recourse for physicians whose practices have been affected by negative online reviews, consistent with federal and state privacy laws (Directive to Take Action).

RECOMMENDATION B:

That Board of Trustees Report 18 be adopted as amended and the remainder of the report be filed.

HOD ACTION: First Recommendation of Board of Trustees Report 18 be adopted as amended and remainder of report filed.

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

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

and clarification about how federal privacy laws apply to online reviews (Directive to Take Action).

Your Reference Committee heard testimony in support of Board of Trustees Report 18. There was concern that as written the directives did not go far enough to address physicians' experiences with navigating how to handle untruthful online reviews. We provide an amendment that addresses this, to encourage the AMA to work with appropriate stakeholders to find an outlet for physicians to share their experiences and potentially develop a mechanism for recourse for physicians whose practices have been affected by negative online reviews. We note that our amended language could encompass the potential to develop a forum or hotline as mentioned in testimony without being overly restrictive. We recommend that Board of Trustees Report 18 be adopted as amended and the remainder of the report be filed.

(5) COUNCIL ON MEDICAL SERVICE REPORT 2 - PROSPECTIVE PAYMENT MODEL BEST PRACTICES FOR INDEPENDENT PRIVATE PRACTICE

RECOMMENDATION A:

That Council on Medical Service Report 2 be amended by addition of a new Recommendation 3 (with remaining recommendations renumbered appropriately) to read as follows:

3. That our AMA identify financially viable prospective payment models and develop educational opportunities for physicians to learn and collaborate on best practices for such payment models for ~~independent private~~ physician practice, including but not limited to independent private practice. (Directive to Take Action)

RECOMMENDATION B:

That Recommendations in Council on Medical Service Report 2 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Service Report 2 adopted as amended and remainder of report filed.

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

1. That our American Medical Association (AMA) support the consideration of prospective payment elements in the development of payment and delivery reform that are consistent with AMA principles. (New HOD Policy)
2. That our AMA support the following principles to support physicians who choose to participate in prospective payment models:

a. The AMA, state medical associations, and national medical specialty societies should be encouraged to continue to provide guidance and support infrastructure that allows independent physicians to join with other physicians in clinically integrated networks, independent of any hospital system.
b. Prospective payment model compensation should incentivize specialty and primary care collegiality among independently practicing physicians.
c. Prospective payment models should take into consideration clinical data, where appropriate, in addition to claims data.
d. Governance within the model must be physician-led and autonomous.
e. Physician practices should be encouraged to work with field advisors on patient attributions and a balanced mix of payers.
f. Quality metrics used in the model should be clinically meaningful and developed with physician input.
g. Administrative burdens, such as those related to prior authorization, should be reduced for participating physicians. (New HOD Policy)

3. That our AMA reaffirm Policies H-165.844 and H-385.926, which support pluralism and the freedom of physician enterprise. (Reaffirm HOD Policy)
4. That our AMA reaffirm Policy H-385.907, which supports fair and accurate risk adjustment.
5. That our AMA reaffirm Policies H-385.913, D-478.972, D-478.995, H-478.984, H-479.980, D-480.965, H-480.946, D-480.969, and H-285.957, which collectively address the concerns raised in Resolution 122-I-21. (Reaffirm HOD Policy)

Your Reference Committee heard mixed testimony on this report, which responded to referred Resolution 122-J-21. The sponsor of the original resolution expressed dissatisfaction with the direction of the Council report and requested consideration of an amendment for a new Recommendation similar to Resolution 122-J-21. Supportive testimony noted the timeliness and need for the principles outlined in the report. The Council emphasized the wealth of AMA policy and advocacy related to best practices for prospective payment models as outlined in its report, and strongly urged adoption of its recommendations.

Your Reference Committee appreciates both perspectives and offers its amendment as a potential compromise. The recommended new amendment is consistent with the AMA policy and resources outlined in the report as well as the goals of the sponsor of Resolution 122-J-21. Your Reference Committee heard other amendments and believes they are unnecessary with the addition of the new Recommendation 3.

(6) COUNCIL ON MEDICAL SERVICE REPORT 5 - POVERTY-LEVEL WAGES AND HEALTH

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the second Recommendation of Council on Medical Service Report 5 be amended by addition and deletion to read as follows:

2. That our AMA advocate for ~~affirm that~~ federal, state, and/or local policies regarding minimum wage that ~~should~~ include plans for adjusting the minimum wage level in the future to ~~and an explanation of how these adjustments can~~ keep pace with inflation (New HOD Policy).

RECOMMENDATION B:

That Recommendation 3 in Council on Medical Service Report 5 be amended by deletion to read as follows:

3. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should be consistent with the AMA's commitment to speak against policies that create greater health inequities and be a voice for ~~our most vulnerable~~ populations who will suffer the most under such policies, further widening the gaps that exist in health and wellness in our nation. (New HOD Policy)

RECOMMENDATION C:

That Recommendation 6 in Council on Medical Service Report 5 be amended by deletion ~~addition~~ ~~to read as follows~~:

~~6. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should include an estimate of the policy's impact on factors including, but not limited to:~~
~~a. Unemployment and/or reduction in hours;~~
~~b. First-time job seekers;~~
~~c. Qualification for public assistance (e.g., food, housing, transportation, childcare, health care, etc.);~~
~~d. Working conditions;~~
~~e. Health equity, with specific focus on gender, and both minoritized and marginalized communities;~~
~~f. Income equity;~~
~~g. Local small business viability, including independent physician practices; and~~
~~h. Educational and/or training opportunities. (New HOD Policy)~~

RECOMMENDATION D:

That the Recommendations in Council on Medical Service Report 5 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Service Report 5 adopted as amended and remainder of report filed.

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

1. That our American Medical Association (AMA) affirm that poverty is detrimental to health. (New HOD Policy)

2. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should include plans for adjusting the minimum wage level in the future and an explanation of how these adjustments can keep pace with inflation. (New HOD Policy)

3. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should be consistent with the AMA's commitment to speak against policies that create greater health inequities and be a voice for our most vulnerable populations who will suffer the most under such policies, further widening the gaps that exist in health and wellness in our nation. (New HOD Policy)

4. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should be consistent with the AMA's principle that the highest attainable standard of health, in all its dimensions, is a basic human right and that optimizing the social determinants of health is an ethical obligation of a civil society. (New HOD Policy)

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

6. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should include an estimate of the policy's impact on factors including:
a. Unemployment and/or reduction in hours;
b. First-time job seekers;
c. Qualification for public assistance (e.g., food, housing, transportation, childcare, health care, etc.);
d. Working conditions;
e. Health equity, with specific focus on gender and minoritized and marginalized communities;
f. Income equity;
g. Local small business viability, including independent physician practices; and
h. Educational and/or training opportunities. (New HOD Policy)

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

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

Your Reference Committee heard testimony that was supportive of Council on Medical Service Report 5. There were several amendments offered, and we believe the language we provide here encompasses all of these changes. By adding "but not limited to" we ensure that all present and future issues are included in Recommendation 6. Your Reference Committee appreciates the language used by the Council in crafting their recommendations. The use of "affirmation" allows for flexibility in the future, which is important in addressing the nuanced issue of inflation and minimum wage. Finally, we heard testimony regarding the use of "vulnerable" in Recommendation 3. Our goal was to align the language with the recommendations in AMA's Guide to Language, Narratives, and Concepts, however, we ultimately found that use of the word "vulnerable" was redundant, so we recommend striking this language from the recommendation. Your Reference Committee recommends that the Recommendations in Council on Medical Service Report 5 be adopted as amended and the remainder of the report be filed.

(7) RESOLUTION 702 - HEALTH SYSTEM CONSOLIDATION

RECOMMENDATION A:

That Resolution 702 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association 1) ~~undertake an annual report assessing~~ study nationwide health system and hospital consolidation in order to assist policymakers and the federal government in assessing healthcare consolidation for the benefit of patients and physicians who face an existential threat from healthcare consolidation; and 2) regularly review and report back on these issues to keep the House of Delegates apprised on relevant changes that may impact the practice of medicine, with the first report no later than A-23. (Directive to Take Action)

RECOMMENDATION B:

That Resolution 702 be adopted as amended.

HOD ACTION: Resolution 702 adopted as amended.

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

Your Reference Committee heard testimony that was supportive of Resolution 702. Testimony from the Council on Medical Service underscored the importance of monitoring this issue regularly, but recommended an updated timeline, as an annual report may be too frequent to yield new results. We recommend an amendment to address this and recommend Resolution 702 be adopted as amended.

(8) RESOLUTION 723 - PHYSICIAN BURNOUT

RECOMMENDATION A:

That the first Resolve of Resolution 723 be amended by addition and deletion as follows:

~~RESOLVED, That our American Medical Association will work with the Centers for Medicare and Medicaid Services and The Joint Commission to assure that clinician, including physician, wellbeing is a component of standards for hospital certification (Directive to Take Action); and be it further~~

RESOLVED, That our AMA work with Centers for Medicare and Medicaid Services (CMS), The Joint Commission, and other accrediting bodies and interested stakeholders to add an institutional focus on physician wellbeing as an accreditation standard for hospitals, focusing on system-wide interventions that do not add additional burden to physicians (Directive to Take Action); and be it further

RECOMMENDATION B:

That the second Resolve of Resolution 723 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work with hospitals and other stakeholders to determine areas of focus on ~~clinician~~ physician wellbeing, to include the removal of intrusive questions regarding ~~clinician~~ physician physical or mental health or related treatments on initial or renewal hospital credentialing applications (Directive to Take Action).

RECOMMENDATION C:

That Resolution 723 be adopted as amended.

HOD ACTION: Resolution 723 adopted as amended.

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

RESOLVED, That our AMA work with hospitals and other stakeholders to determine areas of focus on clinician wellbeing, to include the removal of intrusive questions regarding clinician physical or mental health or related treatments on initial or renewal hospital credentialing applications (Directive to Take Action).

Your Reference Committee heard extensive testimony on Resolution 723. Testimony was generally supportive of this resolution, and there were two separate amendments that proffered substitute language for the first Resolve clause. Your Reference Committee saw merit in each of the proposed amendments and combined them for a new first Resolve clause. These amendments were considered friendly by the original author of the resolution. Your Reference Committee also recommends amending the second Resolve to change "clinician" to "physician" to keep the language consistent between the two clauses. We recommend Resolution 723 be adopted as amended.

(9) RESOLUTION 724 - ENSURING MEDICAL PRACTICE VIABILITY THROUGH REALLOCATION OF INSURANCE SAVINGS DURING THE COVID-19 PANDEMIC

RECOMMENDATION A:

That Policies H-180.975 and D-405.988 be reaffirmed in lieu of the first Resolve of Resolution 724.

RECOMMENDATION B:

That the fourth Resolve of Resolution 724 be deleted:

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

RECOMMENDATION C:

That Resolution 724 be adopted as amended.

RECOMMENDATION D:

That the title of Resolution 724 be changed to read as follows:

REALLOCATION OF INSURANCE SAVINGS DURING THE COVID-19 PANDEMIC

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

REALLOCATION OF INSURANCE SAVINGS DURING THE COVID-19 PANDEMIC

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

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

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

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

Your Reference Committee heard mixed testimony on Resolution 724. There was testimony that supported Reaffirmation of the resolution; however, we found the second and third Resolve clauses to be novel, and only recommend reaffirmation of Policy H-180.975 and D-405.988 in lieu of the first Resolve clause. There was general opposition to the fourth resolve clause, as it only applies to physicians in certain practice models and may not reflect best practices. We also recommend updating the title of Resolution 724 to align with the amended language. Your Reference Committee recommends Resolution 724 be adopted as amended.

(10) RESOLUTION 726 - PAYMENT FOR THE COST OF ELECTRONIC PRESCRIPTION OF CONTROLLED SUBSTANCES AND COMPENSATION FOR TIME SPENT ENGAGING STATE PRESCRIPTION MONITORING PROGRAMS

RECOMMENDATION A:

That the first Resolve clause of Resolution 726 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association advocate for appropriate physician ~~payment~~ incentives ~~through the resource-based relative value scale~~ to cover the expense of technology required to electronically prescribe controlled substances (Directive to Take Action); and be it further

RECOMMENDATION B:

That the second Resolve clause of Resolution 726 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate for appropriate physician ~~payment~~ incentives to cover the extra time and expense to query state prescription monitoring programs as required by law. (Directive to Take Action)

RECOMMENDATION C:

That Resolution 726 be adopted as amended.

HOD ACTION: Resolution 726 adopted as amended.

RESOLVED, That our American Medical Association advocate for appropriate physician payment through the resource-based relative value scale to cover the expense of technology required to electronically prescribe controlled substances (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for appropriate physician payment to cover the extra time and expense to query state prescription monitoring programs as required by law (Directive to Take Action).

Your Reference Committee heard mixed testimony on Resolution 726. One delegation speaking in opposition of the Resolution called for an amendment, expressing concerns that it is inappropriate to pursue payment for e-prescribing and prescription monitoring technologies through the resource-based relative value scale. Speaking in support of the Resolution, the Council on Medical Service introduced an amendment addressing this concern and establishing policy that physicians be compensated for e-prescribing of controlled substances and prescription monitoring technologies through incentive programs.

One individual commented that the second Resolve clause is redundant as prescription drug monitoring queries may be included in evaluation and management coding. Recognizing that evaluation and management billing only addresses time spent on the day of the visit and understanding that queries may occur on a day other than when the visit occurs, your Reference Committee recommends retaining this clause.

(11) RESOLUTION 727 - UTILIZATION REVIEW, MEDICAL NECESSITY DETERMINATION, PRIOR AUTHORIZATION DECISIONS

RECOMMENDATION A:

That the first Resolve clause of Resolution 727 be amended by addition and deletion to read as follows:

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

RECOMMENDATION B:

That the second Resolve clause of Resolution 727 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA ~~House of Delegates~~ advocate ~~adopt a similar policy to Texas's "gold card" law (House Bill 3459)~~ that health plans should offer physicians at least one physician-driven, clinically-based alternative to prior authorization, including a "gold-card" or "preferred provider program." (New HOD Policy) (Directive to Take Action); and be it further

RECOMMENDATION C:

That the third Resolve clause of Resolution 727 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA request that the Council on Ethical and Judicial Affairs ~~devise~~ review current ethical opinions similar to the Texas Medical Association ~~TMA~~ Board of Councilors' opinions regarding medical necessity determination and utilization review.

RECOMMENDATION D:

That Resolution 727 be adopted as amended.

HOD ACTION: Resolution 727 adopted as amended.

RESOLVED, That our American Medical Association advocate for implementation of a federal version of Texas' "gold card" law (House Bill 3459), which aims to curb onerous

prior authorization practices by many state-regulated health insurers and health maintenance organizations; and be it further

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

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

Your Reference Committee heard testimony that was generally supportive of Resolution 727. Those speaking in favor stated that the Resolution is responsive to the increasing and excessive use of prior authorization programs by health plans, presents practical safeguards against physician burnout while promoting care access, and will be helpful for state delegations. Supporting the Resolution, the Council on Medical Service (CMS) proposed amendments to make the policy more broadly applicable, while retaining the spirit of the ask. Acting in support of multiple avenues for prior authorization reform, your Reference Committee adopts the amendments proposed by CMS, which eliminate references to a specific state program and highlight relevant principles.

One delegation in opposition to this Resolution supported the first two Resolve clauses but raised concerns about whether involvement of the Council on Ethical and Judicial Affairs (CEJA) is necessary. Your Committee notes that while the House of Delegates may not direct the Council on Ethical and Judicial Affairs (CEJA) to issue an opinion, it may request that CEJA review existing opinions and determine if further action is necessary.

The Reference Committee reviewed the TMA opinions which are as follows:

1. Medical Necessity Determination: (a) the determination of medical necessity is the practice of medicine, it is not a benefit determination; (b) whether or not a proposed treatment is medically necessary should be decided in a manner consistent with generally accepted standards of medical practice that a prudent physician would provide to a patient for the purposes of preventing, diagnosing or treating an illness, injury, disease or its symptoms. This is true even if the physician making the medical necessity determination is making those decisions on behalf of a managed care organization; (c) a physician must not permit financial mechanisms to interfere with his/her determination as to whether a treatment is medically necessary.
2. Utilization Review: The physician who performs utilization review is obligated to review the request for treatment with the same standard of care as would be required by the profession in the community in which the patient is being treated and that review should be considered the practice of medicine. (Directive to Take Action).

Therefore, your Reference Committee recommends requesting CEJA review this and other relevant current opinions. We recommend Resolution 727 be adopted as amended.

(12) RESOLUTION 729 - PROTECTING PHYSICIAN WELLBEING ON BOARD CERTIFIED APPLICATIONS

RECOMMENDATION A:

That the first Resolve of Resolution 729 be amended by addition and deletion to read as follows:

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

RECOMMENDATION B:

That the second Resolve of Resolution 729 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate that the ~~ABMS, AOA, and NBPS constituent boards'~~ 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

RECOMMENDATION C:

That the third Resolve of Resolution 729 be amended by addition and deletion to read as follows:

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

RECOMMENDATION D:

That Resolution 729 be adopted as amended.

RECOMMENDATION E:

That the title of Resolution 729 be changed to read as follows:

PROTECTING PHYSICIAN WELLBEING ON APPLICATIONS FOR BOARD CERTIFICATION

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 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).

Your Reference Committee heard limited, supportive testimony for Resolution 729 and appreciation for all the work being done by the AMA on the issue of physician burnout. A friendly amendment was offered with broader language as there was concern that the specific listing of organizations would potentially exclude other legitimate physician credentialing bodies now and/or in the future. The Council on Medical Education expressed strong agreement with the amended language. Testimony also specifically expressed support for the third Resolve clause which advocates limiting physician health inquiries to current impairment. Accordingly, your Reference Committee recommends that Resolution 729 be adopted as amended.

(13) RESOLUTION 731 - PRIOR AUTHORIZATION - PATIENT AUTONOMY

RECOMMENDATION A:

That Resolution 731 be amended by addition and deletion to read as follows:

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 ~~all~~ advocacy for prior authorization reforms (Directive to Take Action).

RECOMMENDATION B:

That Resolution 731 be adopted as amended.

HOD ACTION: Resolution 731 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).

Your Reference Committee heard ample testimony in support of this Resolution. One delegation proposed an amendment to state that physicians also have access to an electronic prior authorization system, which received support. We offer a clarifying amendment to strike “all.” Your Reference Committee recommends Resolution 731 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(14) RESOLUTION 701 - APPEALS AND DENIALS – CPT CODES FOR FAIR COMPENSATION
RESOLUTION 710 – PRIOR AUTHORIZATION – CPT CODES FOR FAIR COMPENSATION

RECOMMENDATION:

That Alternate Resolution 701 be adopted in lieu of Resolutions 701 and 710.

RESOLUTION 701 – FAIR REIMBURSEMENT FOR ADMINISTRATIVE BURDENS

RESOLVED, That our American Medical Association will continue its strong state and federal legislative advocacy efforts to promote legislation that streamlines the prior authorization process and reduces the overall volume of prior authorizations for physician practices (Directive to Take Action); and be it further

RESOLVED, That our AMA will continue partnering with patient advocacy groups in prior authorization reform efforts to reduce patient harms, including care delays, treatment abandonment, and negative clinical outcomes (Directive to Take Action); and be it further

RESOLVED, That our AMA will oppose inappropriate payer policies and procedures that deny or delay medically necessary drugs and medical services (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for fair reimbursement of established and future CPT codes for administrative burdens related to (a) the prior authorization process or (b) appeals or denials of services (visits, tests, procedures, medications, devices, and claims), whether pre- or post-service denials (Directive to Take Action).

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

Resolution 701
RESOLVED, That our American Medical Association support the creation of CPT codes for consideration by the CPT® Editorial Panel to provide adequate compensation for administrative work involved in successfully appealing denials of services (visits, tests, procedures, medications, devices, and claims), whether pre- or post-service denials, that

reflect the actual time expended by physicians and healthcare practices to advocate on behalf of patients, appeal denials, and to comply with insurer and legal requirements and that compensate physicians fully for the time, effort, and legal risks inherent in such work (Directive to Take Action); and be it further

RESOLVED, That our AMA support the creation of CPT codes for consideration by the CPT Editorial Panel for primary, secondary, and tertiary appeals to independent review organizations (IROs), state and federal regulators, and ERISA plan appeals, including codes for appeals, reconsiderations, and other forms of appeals of adverse determination (Directive to Take Action); and be it further

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

Resolution 710
RESOLVED, That our American Medical Association include in any model legislation and as basis for all advocacy, fair compensation based on CPT codes for appeal of wrongfully denied services, including those for prior authorization reforms and that CPT codes must fully reflect the aggregated time and effort expended by physician practices (Directive to Take Action); and be it further

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

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

Testimony on Resolutions 701 and 710 was robust and mixed.

Speakers in favor of the proposed Resolutions cited the appreciable time and cost burden faced by physician practices as a result of improper claim denials and the prior authorization process. Testimony noted that prior authorization is a key contributor to physician burnout, and supporters recommended that AMA address these prior authorization burdens from multiple angles, including compensating physicians for the time and effort spent on such administrative work through novel CPT codes.

Speakers offered testimony in opposition to the Resolutions and offered four main arguments. First, the CPT Editorial Panel Chair and others noted that the CPT Editorial Panel is the only proper forum for the development of CPT codes, and it is inappropriate for the HOD to advocate for such codes (H-70.919). Second, multiple speakers indicated that existing HOD policy (H-385.951) addresses this issue. Third, the Board of Trustees and the Council on Medical Service (CMS) noted that advocacy for compensation for prior authorization could undermine AMA's ongoing prior authorization reform advocacy efforts.

Fourth, CMS cited practical challenges acknowledged in prior CMS reports—for example, the existence of a CPT code does not guarantee payment. The Council on Legislation proposed substitute language that reinforces AMA's prior authorization reform advocacy, coalition building efforts, and commitment to oppose payer practices that stand in the way of medically necessary care.

Your Reference Committee appreciates the extensive debate on this issue. Your Reference Committee recognizes AMA's active involvement in advocacy efforts to reform prior authorization and acknowledges recent state and federal legislative momentum in this area. Your Committee also recognizes that existing AMA policy could more effectively promote fair reimbursement for work related to prior authorization. Specifically, current AMA policy does not call for advocacy to promote reimbursement for administrative work using existing CPT codes. Hearing the ample testimony, your Reference Committee attempts to incorporate all considerations within the amended language and recommends Alternate Resolution 701 be adopted in lieu of Resolution 701 and Resolution 710.

(15) RESOLUTION 716 - DISCHARGE SUMMARY REFORM

RECOMMENDATION:

That Alternate Resolution 716 be adopted in lieu of Resolution 716.

RESOLVED, That our AMA coordinate with interested stakeholders to develop a model discharge summary that 1) is concise but informational; 2) promotes excellent and safe patient care; and 3) improves coordinated discharge planning (Directive to Take Action).

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

RESOLVED, That our American Medical Association coordinate with the American Hospital Association with input from the Centers for Medicare and Medicaid Services and other professional organizations as appropriate to revive the concise discharge summary that existed prior to electronic medical records for the sake of much improved patient care and safety (Directive to Take Action); and be it further

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

Your Reference Committee heard testimony that was generally supportive of Resolution 716. We proffer a substitute resolution that combines the language of both original resolve clauses and makes the resolution more actionable. We chose not to include the amendment proffered during testimony in regards to artificial intelligence and health IT, as we believe these stakeholders are encompassed in the new language we provide. Keeping this language broad will allow for flexibility as action on this issue develops over

time. Your Reference Committee recommends that Alternate Resolution 716 be adopted in lieu of Resolution 716.

(16) RESOLUTION 728 - MAINTAINING AN OPEN AND EQUITABLE HOSPITAL WORK ENVIRONMENT FOR SPECIALISTS
RESOLUTION 730 – MAINTAINING AN OPEN AND EQUITABLE HOSPITAL WORK ENVIRONMENT FOR SPECIALISTS

RECOMMENDATION:

That Alternate Resolution 728 be adopted in lieu of Resolutions 728 and 730.

RESOLUTION 728 – MAINTAINING AN OPEN AND EQUITABLE HOSPITAL WORK ENVIRONMENT

RESOLVED, That our AMA 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.

~~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 and 730.

Resolution 728
RESOLVED, That our American Medical Association take 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).

Resolution 730
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 credentialled 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).

Your Reference Committee heard generally supportive testimony on Resolutions 728 and 730 acknowledging that the trend toward specialty hospitalists has marginalized community/independent specialists in the inpatient setting and constrained access to inpatient hospital consultations by independent physicians. Concerns were raised about closed referral status in regard to access to care, equity and not-for-profit status, as well as the impact of teaching institutions on community care. Testimony also expressed preference for the language in the second resolve of Resolution 730. The Council on Medical Service noted existing policy H-230.951, Economic Discrimination in the Hospital Practice Setting, that opposes policies that limit a physician's access to hospital services based on the number and type of referrals made, the number of procedures performed, the use of any and all hospital services or employment affiliation; and recognizes that physician onboarding, credentialing and peer review should not be tied in a discriminatory manner to hospital employment status. The authors stated that the urgency of this issue is increasing despite our existing policy. Your Reference Committee concurs and recommends that Alternate Resolution 728 be adopted in lieu of Resolutions 728 and Resolution 730.

RECOMMENDED FOR REFERRAL

(17) RESOLUTION 721 - AMEND AMA POLICY H-215.981, "CORPORATE PRACTICE OF MEDICINE"

RECOMMENDATION:

That Resolution 721 be referred.

HOD ACTION: Resolution 721 referred.

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

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

Your Reference Committee heard testimony that was supportive of the spirit of this resolution, but overwhelmingly supported referral. We concur as we believe this needs to be studied further to examine the impact on all practice types. For these reasons, your Reference Committee recommends Resolution 721 be referred.

RECOMMENDED FOR NOT ADOPTION

(18) RESOLUTION 703 - MANDATING REPORTING OF ALL ANTIPSYCHOTIC DRUG USE IN NURSING HOME RESIDENTS

RECOMMENDATION:

That Resolution 703 not be adopted.

HOD ACTION: Resolution 703 not adopted.

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

Our AMA will: (1) meet with the Centers for Medicare & Medicaid Services (CMS) for a determination that acknowledges that antipsychotics can be an appropriate treatment for dementia-related psychosis if non-pharmacologic approaches have failed and will ask CMS to cease and desist in issuing citations or financial penalties for medically necessary and appropriate use of antipsychotics for the treatment of dementia-related psychosis; ~~and~~ (2) ask CMS to discontinue the use of antipsychotic medication as a factor contributing to the Nursing Home Compare rankings, unless the data utilized is limited to medically inappropriate administration of these medications; and (3) require the reporting of all antipsychotic drugs used and the diagnoses for which they are prescribed. (Modify Current HOD Policy)

Your Reference Committee heard testimony that was mixed, but generally opposed to Resolution 703. There was concern that the amendment proffered to existing policy by the authors of this resolution did not address the crux of this issue, which is the ability of physicians to use correct diagnosis codes. There was also concern about unintended consequences and that this may adversely affect institutions and add administrative burdens to physicians. In addition, there was a lack of clarity on who the reporting body will be and how this will be utilized. For these reasons, we recommend that Resolution 703 not be adopted.

(19) RESOLUTION 708 - PHYSICIAN BURNOUT IS AN OSHA ISSUE

RECOMMENDATION:

That Resolution 708 not be adopted.

HOD ACTION: Resolution 708 not adopted.

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

Your Reference Committee heard testimony that was generally opposed to Resolution 708. There was unanimous support for addressing physician burnout, but there was concern about inviting Occupational Safety and Health Administration (OSHA) oversight into physician practices as the solution. There was testimony provided by the United States Public Health Service on behalf of the Centers for Disease Control and Prevention to highlight that physician burnout does not fit into the current definition of repetitive stress/strain injury under OSHA regulations, as that category is defined as injuries "to the musculoskeletal and nervous systems that may be caused by repetitive tasks, forceful exertions, vibrations, mechanical compression, or sustained or awkward positions." The United States Public Health Service also recommended this may be more appropriate under the General Duty Clause instead. There were several recommendations for reaffirmation, but given that the AMA does not have specific policy on OSHA oversight, we didn't feel this was appropriate. Furthermore, as Addressing Physician Burnout is included as a pillar in the AMA's Rescue Plan for America's Doctors, your Reference Committee believes that the issue of physician burnout will continue to be a top priority for the AMA. Due to concerns raised during testimony regarding OSHA oversight generally and the specific focus of this resolution on OSHA, we recommend that Resolution 708 not be adopted.

(20) RESOLUTION 717 - EXPANDING THE AMA'S STUDY ON THE ECONOMIC IMPACT OF COVID-19

RECOMMENDATION:

That Resolution 717 not be adopted.

HOD ACTION: Resolution 717 not adopted.

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

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

In-person testimony on Resolution 717 was limited to the author and the Council on Medical Service. There was limited online testimony in support of the resolution. Testimony from the authors emphasized the need to be proactive with the lessons learned from the COVID-19 pandemic. The Council appreciated the intent and provided compelling testimony in person and online that the AMA's Advocacy unit has been tracking and reporting on changes in the health care sector since the start of the pandemic.

Ongoing AMA work was summarized by the Council on Medical Service and includes:

(1) a COVID-19 impact survey administered to physicians in July and August of 2020 (COVID-19 Financial Impact on Physician Practices. 2020.);
(2) analysis and continued monitoring of changes in Medicare physician spending (Changes in Medicare Physician Spending During the COVID-19 Pandemic. American Medical Association Policy Research Perspectives, 2021);
(3) analysis and continued monitoring of changes in National Health Expenditures estimates from the Centers for Medicare & Medicaid Services;
(4) analysis and continued monitoring of changes in consumer spending for health care and physician services from the Bureau of Economic Analysis;
(5) analysis and continued monitoring of changes in employment in health care and physician offices from the Bureau of Labor Statistics; and
(6) general monitoring of the Economics, Health Services Research and trade literature for studies on the impacts of COVID-19.

The Council further noted that the studies called for in the Resolve clauses are wide-ranging and that it is difficult to isolate the impact of COVID-19 from other changes occurring in health care and the economy. For these reasons, your Reference Committee concurs that the AMA has addressed and continues to monitor the economic impact and long-term recovery of the COVID-19 pandemic on healthcare and recommends that Resolution 717 not be adopted.

Mister Speaker, this concludes the report of Reference Committee G . I would like to thank Barbara Arnold, MD, Shawn Baca, MD, Kaitlyn Dobesh, MD, Don Lee, MD, Laura Shea, MD, Joey Whelihan, MD, and all those who testified before the Committee.

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