

**POLICY PROCEEDINGS¹ OF THE 2023 ANNUAL MEETING OF THE
AMA ORGANIZED MEDICAL STAFF SECTION**

RESOLUTIONS

**0. Mattress Safety in the Hospital Setting
Introduced by Matt Gold, MD and David Welsh, MD**

OMSS Action: Resolution 0 adopted as amended at Interim 2022 and resubmitted to the House of Delegates:

RESOLVED, That our American Medical Association work with the accrediting bodies and interested stakeholders to make sure all possible appropriate care and maintenance measures be undertaken to mitigate infection related to hospital bed and mattress use (Directive to Take Action).

HOD Action: Resolution 428 adopted as amended:

RESOLVED, That our American Medical Association work with the accrediting bodies, health care professional organizations, and interested parties to make sure all possible appropriate care and maintenance measures be undertaken to mitigate infection related to hospital bed and mattress use (Directive to Take Action).

**1. Ensuring Medical Staff Leaders Can Continue in Elected Leadership Positions Whether or Not They Continue to Have Contact With the Medical Facility
Introduced by Matthew Vo, MD**

OMSS Action: Resolution 1 referred to OMSS Governing Council for action:

RESOLVED, That our American Medical Association will make clear and inform medical staffs everywhere that their bylaws need to be updated to reflect that elected medical staff leaders must be allowed to serve out their term as leaders of the medical staff, whether their contract(s) with the facility get renewed (Directive to Take Action).

**2. Active AMA Involvement in Legislation That is Potentially Harmful to Physicians and Patients in States
Introduced by Matthew Vo, MD**

OMSS Action: Current policy reaffirmed in lieu of Resolution 2:

RESOLVED, That our American Medical Association will play a more active role in assisting states' medical associations and societies in addressing potentially harmful legislation (Directive to Take Action).

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

3. Supporting Efforts to Strengthen Medical Staffs Through Collective Bargaining and/or Unionization
Introduced by Matthew Vo, MD

OMSS Action: Alternate Resolution 3 adopted in lieu of Resolution 3 and Resolution 6:

RESOLVED, That our American Medical Association reevaluate the various efforts to achieve collective bargaining and/or unionization for physicians nationally (Directive to Take Action); and be it further

RESOLVED, that our American Medical Association develop a specific program of assistance, including education in the process of collective actions and potentially financial assistance, to be available through a process of application, review, and approval for organizers of such collective action (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association request CEJA to review the advisory restricting collective action in section 1.2.10 of its Code of Medical Ethics to allow for more flexibility on the part of physicians who have exhausted other non-disruptive methods for reform (Directive to Take Action).

HOD Action: Resolution 016 adopted as amended with a change in title:

Supporting Efforts to Strengthen Medical Staffs Through Collective Actions and/or Unionization

RESOLVED, That our American Medical Association reevaluate the various efforts to achieve collective actions and/or unionization for physicians nationally (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association request CEJA to review the advisory restricting collective action in section 1.2.10 of its Code of Medical Ethics to allow for more flexibility on the part of physicians who have exhausted other non-disruptive methods for reform (Directive to Take Action).

4. Rural Hospital Payment Models
Introduced by Oklahoma

OMSS Action: Resolution 4 adopted:

RESOLVED, That our American Medical Association urgently collaborate with appropriate stakeholders to protect health care delivery in underserved, rural communities and work to preserve the economic viability of rural sole community hospitals which are the primary lines of healthcare defense in rural America (Directive to Take Action); and be it further

RESOLVED, That our AMA study alternative rural hospital payment models for feasibility, including a patient-centered payment model and standby capacity payments for essential services, in helping preserve rural community hospitals financially and preserving access to care for patients (Directive to Take Action); and be it further

RESOLVED, that our AMA reaffirms policies H-465.979, H-200.972, H-465.990, and H-465.994 (Directive to Take Action).

HOD Action: Resolution 724 adopted:

RESOLVED, That our American Medical Association urgently collaborate with appropriate stakeholders to protect health care delivery in underserved, rural communities and work to preserve the economic viability of rural sole community hospitals which are the primary lines of healthcare defense in rural America (Directive to Take Action); and be it further

RESOLVED, That our AMA study alternative rural hospital payment models for feasibility, including a patient-centered payment model and standby capacity payments for essential services, in helping preserve rural community hospitals financially and preserving access to care for patients (Directive to Take Action); and be it further

RESOLVED, that our AMA reaffirms policies H-465.979, H-200.972, H-465.990, and H-465.994 (Directive to Take Action).

**5. Advocate to The Joint Commission to Redefine the Term “Provider”
Introduced by Oklahoma**

OMSS Action: Resolution 5 adopted as amended with a change in title:

Advocate to the Centers for Medicare and Medicaid Services and The Joint Commission to Redefine the Term “Provider” and Not Delete the Term “Licensed Independent Practitioner”

RESOLVED, That our American Medical Association request a meeting with the Center for Medicare and Medicaid services (CMS), and The Joint Commission to discuss the definition of terms used in CMS Conditions of Participation, and in TJC Standards (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association advocate that in state and federal rules and regulations and legislation that the use the term “providers” not be used to refer to “physicians” as consistent with AMA policy H-405.968 (Directive to Take Action); and be it further,

RESOLVED, that our American Medical Association encourage the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission not to delete the term and definition of “licensed independent practitioner” (Directive to Take Action).

HOD Action: Current policy reaffirmed in lieu of Resolution 260.

**6. Enabling Physician Advocacy
Introduced by Matthew D. Gold, MD**

OMSS Action: Alternate Resolution 3 adopted in lieu of Resolution 3 and Resolution 6:

RESOLVED, That our American Medical Association reevaluate the various efforts to achieve collective bargaining and/or unionization for physicians nationally (Directive to Take Action); and be it further

RESOLVED, that our American Medical Association develop a specific program of assistance, including education in the process of collective actions and potentially financial assistance, to be available through a process of application, review, and approval for organizers of such collective action (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association request CEJA to review the advisory restricting collective action in section 1.2.10 of its Code of Medical Ethics to allow for more flexibility on the part of physicians who have exhausted other non-disruptive methods for reform (Directive to Take Action).

HOD Action: Resolution 016 adopted as amended with a change in title:

Supporting Efforts to Strengthen Medical Staffs Through Collective Actions and/or Unionization

RESOLVED, That our American Medical Association reevaluate the various efforts to achieve collective actions and/or unionization for physicians nationally (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association request CEJA to review the advisory restricting collective action in section 1.2.10 of its Code of Medical Ethics to allow for more flexibility on the part of physicians who have exhausted other non-disruptive methods for reform (Directive to Take Action).

7. Advocacy Education Towards a Sustainable Medical Care System Introduced by Matthew D. Gold, MD

OMSS Action: Resolution 7 referred to OMSS Governing Council for action:

RESOLVED, That our American Medical Association accelerate advocacy efforts via educational actions directed towards the general population, medical students, residents, and fellows (Directive to Take Action); and be it further

RESOLVED, That our AMA sponsor development of text, oral, and video presentations about the state of health care and the avenues for advocacy suitable for wide dissemination (Directive to Take Action); and be it further

RESOLVED, That our AMA expand direct to the public advocacy efforts (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the American Association of Medical Colleges to add education in advocacy to curricula at its member medical colleges (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage residency and fellowship programs to incorporate advocacy education into their programs (Directive to Take Action).

**8. The Economics of Prior Authorization
Introduced by Matthew D. Gold, MD**

OMSS Action: Resolution 8 adopted as amended:

RESOLVED, That our American Medical Association advocate to the federal government that third party payors and surrogates include economic information on the net costs of medications denied prior authorization and, where applicable, comparative net costs of alternative approved or suggested medications for each rejected prior authorization (Directive to Take Action).

HOD Action: Resolution 725 referred.

**9. Reducing the Risk of Danger Associated with E-Scooters
Introduced by Matthew Vo, MD**

OMSS Action: Current policy reaffirmed in lieu of Resolution 9:

RESOLVED, That our American Medical Association endorse stronger regulations for limiting scooter availability, stricter helmet and alcohol use policies, improved infrastructure, and more awareness campaigns teaching the public about the risks and dangers of e-scooters (Directive to Take Action).

**10. Managing Conflict of Interest Inherent in New Payment Models—Patient Disclosure
Introduced by Connie DiMari, MD**

OMSS Action: Resolution 10 referred to OMSS Governing Council for action:

RESOLVED, That our American Medical Association seek legislation requiring complete disclosure of potential conflicts of interest by:

1. All insurance plans: Medicare (Medicare Advantage), Medicaid, and commercial insurers;
2. Employers of physicians (for example, accountable care organizations in the Medicare Shared Savings Program);
3. Pharmacy benefit managers;

(Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that disclosure of potential conflicts of interest are to be written in plain language and detail the following:

1. The type of physician incentive arrangement, whether withhold, bonus, or capitation;
2. The percentage of the withhold or bonus as the intensity of the incentives clearly effect the extent of the physician's conflict of interest;
3. The amount and type of stop-loss protection;
4. A breakdown of capitation payments by the percentages for primary care, specialty care, hospital care, or other services;

5. Whether physicians are at significant risk for services not personally provided by them;
6. The possibility of a reduction in care that has a positive expected benefit but is not deemed cost-effective;
7. Disclosure of “shared” savings that may be earned by the individual physician from limiting patient options, access to specialist referrals, diagnostic tests and treatment;

(Directive to Take Action).

11. Establishing a Formal Definition of “Employed Physician” Introduced by Employed Physicians Caucus

OMSS Action: Resolution 11 adopted as amended:

RESOLVED, That our American Medical Association adopt the following as its definition of “employed physician”:

An employed physician is any physician, not in training, who derives compensation, financial or otherwise, from a contractual relationship with a practice, hospital, or other funding entity and has no direct controlling interest in the entity” (New HOD Policy).

HOD Action: Resolution 017 adopted as amended:

RESOLVED, That our American Medical Association adopt the following as its definition of “employed physician”:

An employed physician is any physician who derives compensation, financial or otherwise, from a contractual relationship with a practice, hospital, or other funding entity and has no direct controlling interest in the entity” (New HOD Policy).

12. Enabling Sections of the American Medical Association Introduced by Matthew D. Gold, MD

OMSS Action: Resolution 12 adopted :

RESOLVED, That the American Medical Association Section meetings be held officially over no less than two calendar days in anticipation of general House of Delegates meetings, unless otherwise determined by a given individual section (New HOD Policy).

HOD Action: Resolution 607 adopted as amended:

RESOLVED, That the American Medical Association Sections will be given an option to meet officially over no less than two calendar days in anticipation of general House of Delegates meetings, unless otherwise determined by a given individual section (New HOD Policy).

13. Rescinding the Medicare Three-Day Hospital Inpatient Requirement for Nursing Home Admission
Introduced by John Luster, MD

OMSS Action: Resolution 13 adopted as amended:

RESOLVED, That our American Medical Association request a stakeholders meeting with the Centers for Medicare and Medicaid Services to advocate that the Medicare three-day hospital inpatient requirement for skilled nursing facility admissions be immediately rescinded for uniformity and safety for all Medicare recipients (Directive to Take Action).

HOD Action: Resolution 119 adopted as amended:

RESOLVED, That our American Medical Association advocate that the Medicare three-day hospital inpatient requirement for skilled nursing facility admissions be immediately rescinded for uniformity and safety for all Medicare recipients (Directive to Take Action).

ACTIONS ON OMSS GOVERNING COUNCIL REPORT

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

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

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

1. CEJA Report 01 – Utilization Review, Medical Necessity, Determination, Prior Authorization Decisions

OMSS Action: OMSS Delegate instructed to support CEJA Report 01.

HOD Action: CEJA Report 02 adopted.

2. CEJA Report 02 – Ethical Principles for Physicians Involved in Private Equity Owned Practices

OMSS Action: OMSS Delegate instructed to strongly support CEJA Report 02.

HOD Action: CEJA Report 02 referred.

3. CMS Report 04 – Bundled Payments and Medically Necessary Care

OMSS Action: OMSS Delegate instructed to support CMS Report 04.

HOD Action: CMS Report 04 adopted.

4. BOT Report 12 – Promoting Proper Oversight and Reimbursement for Specialty Physician Extenders and Non-Physician Practitioners

OMSS Action: OMSS Delegate instructed to support BOT Report 12.

HOD Action: BOT Report 12 adopted.

5. Resolution 209 – Purchased and Referred Care Expansion

OMSS Action: OMSS Delegate instructed to support Resolution 209.

HOD Action: Resolution 209 adopted as amended.

6. Resolution 213 – Telemedicine Services and Health Equity

OMSS Action: OMSS Delegate instructed to support Resolution 213.

HOD Action: Resolution 213 adopted as amended.

7. Resolution 218 – Hold Accountable the Regulatory Bodies, Hospital Systems, Staffing Organizations, Medical Staff Groups, and Individual Physicians Supporting Systems of Care Promoting Direct Supervision of Emergency Departments by Nurse Practitioners

OMSS Action: OMSS Delegate instructed to support Resolution 218.

HOD Action: Resolution 218 adopted as amended.

8. Resolution 219 – Repealing the Ban on Physician-Owned Hospitals

OMSS Action: OMSS Delegate instructed to support Resolution 219.

HOD Action: Resolution 219 adopted as amended in lieu of Resolutions 222 and 261 with a change in title.

9. Resolution 222 – Physician Ownership of Hospital Blocked by the ACA

OMSS Action: OMSS Delegate instructed to support Resolution 222.

HOD Action: Resolution 219 adopted as amended in lieu of Resolutions 222 and 261 with a change in title.

10. Resolution 233 – Dobbs-EMTALA Medical Emergency

OMSS Action: OMSS Delegate instructed to strongly support Resolution 233.

HOD Action: Current policy reaffirmed in lieu of Resolution 233.

11. Resolution 237 – Prohibiting Covenants Not-To-Compete in Physician Contracts

OMSS Action: OMSS Delegate instructed to strongly support Resolution 237.

HOD Action: Resolution 237 adopted in lieu of Resolution 263.

12. Resolution 234 – Medicare Physician Fee Schedule Updates and Grassroots Campaign

OMSS Action: OMSS Delegate instructed to strongly support Resolution 234.

HOD Action: Alternate Resolution 214 adopted in lieu of Resolutions 214, 234, and 257.

13. Resolution 257 – AMA Efforts on Medicare Payment Reform

OMSS Action: OMSS Delegate instructed to strongly support Resolution 257.

HOD Action: Alternate Resolution 214 adopted in lieu of Resolutions 214, 234, and 257.

14. CME Report 07 – Management and Leadership Training in Medical Education

OMSS Action: OMSS Delegate instructed to support CME Report 07.

HOD Action: Recommendations in CME Report 07 adopted in lieu of Resolution 318.

15. Resolution 316 – Physician Medical Conditions and Questions on Applications for Medical Licensure, Specialty Boards, and Institutional Privileges

OMSS Action: OMSS Delegate instructed to support Resolution 316.

HOD Action: Resolution 316 adopted as amended.

16. Resolution 318 – Fostering Pathways for Resident Physicians to Pursue MBA Programs in Order to Increase the Number of Qualified Physicians for Healthcare Leadership Positions

OMSS Action: OMSS Delegate instructed to support Resolution 318.

HOD Action: Recommendations in CME Report 07 adopted in lieu of Resolution 318.

17. Resolution 321 – Corporate Compliance Consolidation

OMSS Action: OMSS Delegate instructed to support Resolution 321.

HOD Action: Resolution 321 adopted as amended.

18. CSAPH Report 06 – Study of Best Practices for Acute Care of Patients in the Custody of Law Enforcement or Corrections

OMSS Action: OMSS Delegate instructed to support CSAPH Report 06.

HOD Action: Recommendations in CSAPH Report 06 adopted as amended in lieu of Resolution 432.

19. Resolution 405 – Amendment to AMA Policy “Firearms and High-Risk Individuals H-145.972” to Include Medical Professionals as a Party Who Can Petition the Court

OMSS Action: OMSS Delegate instructed to support Resolution 405.

HOD Action: Resolution 405 adopted as amended.

20. Resolution 429 – Promoting the Highest Quality of Healthcare and Oversight for Those Involved in the Criminal Justice System

OMSS Action: OMSS Delegate instructed to support Resolution 429.

HOD Action: Resolution 429 adopted as amended.

21. CMS Report 08 – Impact of Integration and Consolidation on Patients and Physicians

OMSS Action: OMSS Delegate instructed to support CMS Report 08.

HOD Action: CMS Report 08 adopted as amended.

22. CMS Report 09 – Federally Qualified Health Centers and Rural Health Care

OMSS Action: OMSS Delegate instructed to support CMS Report 09.

HOD Action: CMS Report 09 adopted as amended.

23. Resolution 709 – Hospital Bans on Trial of Labor After Cesarean

OMSS Action: OMSS Delegate instructed to support Resolution 709.

HOD Action: Resolution 709 adopted as amended.

24. Resolution 711 – Doctors’ Risk for Termination of Liability Coverage or Medical Privileges Consequent to Dobbs

OMSS Action: OMSS Delegate instructed to support Resolution 711.

HOD Action: Alternate Resolution 711 adopted in lieu of Resolution 711.

25. Resolution 715 – Published Metrics for Hospitals and Health Systems

OMSS Action: OMSS Delegate instructed to support Resolution 715.

HOD Action: Resolution 715 referred.

26. Resolution 716 – Transparency and Accountability of Hospitals and Health Systems

OMSS Action: OMSS Delegate instructed to support Resolution 716.

HOD Action: Resolution 716 adopted.
