POLICY PROCEEDINGS OF THE 2023 ANNUAL MEETING OF THE AMA PRIVATE PRACTICE PHYSICIANS SECTION

RESOLUTIONS

1. Vertical Consolidation in Healthcare – Markets or Monopolies  
   Introduced by Roxanne Tyroch, MD

PPPS Action:  Current policy reaffirmed in lieu of Resolution 1:

RESOLVED, That our American Medical Association advocate quickly for legislative action toward identify more cautious and reasonable measures of vertical consolidation and thresholds for antitrust enforcement in the health care industry for immediate use (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate at the federal level to remedy existing antitrust violations under such more equitable thresholds, as such mergers and acquisitions have destabilized the industry and contributed to the departure of physicians from private practice into employed settings (Directive to Take Action).

2. Physician Owned Hospitals  
   Introduced by Roxanne Tyroch, MD

PPPS Action:  Alternate Resolution 2 be adopted in lieu of Resolutions 2, 5, and 6:

RESOLVED, That our American Medical Association study the patient selection practices of both physician-owned and non-physician-owned hospitals to better understand the impact of hospital ownership status on access to care through:

1. A thorough review of the existing literature;
2. Analyzing patient characteristics across both physician-owned and non-physician-owned hospitals to elucidate whether there are any meaningful differences between these 2 populations. This study should take into account that half of physician-owned hospitals are community hospitals and half are specialty hospitals focused on cardiac, orthopedic, or surgical care;
3. Proposing solutions if there are meaningful differences in these patient populations to ensure equitable access to care (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association conduct a comprehensive study into the impact of Section 1877 of the Social Security Act, the Physician Self-Referral Law (also called the Stark Law), on physician-owned hospitals and market-wide consolidation, including the following:

1. Analyzing the impact that restrictions on physician-owned hospitals enacted by the Stark Law have had on patient access to care, in terms of both cost and quality;
2. Examining the impact of the Stark Law on physician practices, especially those that are integrated or affiliated with physician-owned hospitals;
3. Understanding the extent to which the Stark Law has driven market consolidation and, in doing so, impacted healthcare costs, quality, and patient access to care;

1 Proceedings determined from Annotated Reference Committee Reports and are subject to change until such time as the House of Delegates Proceedings are finalized.
4. Proposing alternative approaches to the Stark Law, including consideration of repeal of relevant provisions, that would promote competition and improve patient access to high-quality care (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association study the impact of Section 6001 of the Patient Protection and Affordable Care Act on physician hospital ownership and physicians’ empowerment to advocate for the health and wellbeing of their patients (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association report the initial findings of studies into Section 1877 of the Social Security Act and/or Section 6001 of the Patient Protection and Affordable Care Act to the House of Delegates by Annual 2024 (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association work with interested state medical associations to monitor hospital markets, including rural, state, and regional markets, and review the impact of the repeal of the ban on physician-owned hospitals on patients, physicians, and hospital prices (Directive to Take Action).

HOD Action: Resolution 219 be adopted as amended in lieu of Resolutions 222 and 261:

RESOLVED, That our American Medical Association advocate for policies that remove restrictions upon physicians from owning, constructing, and/or expanding any hospital facility type (Directive to Take Action); and be it further

RESOLVED, That our AMA study and research the impact of the repeal of the ban on physician-owned hospitals on the access to, cost, and quality of patient care, and the impact on competition in highly concentrated hospital markets (New HOD Policy); and be it further

RESOLVED, That our AMA continue to support physician leadership in healthcare and advocate for policies that enable physicians to provide the highest quality care to their patients, including policies that remove unnecessary barriers to physician ownership of hospitals (Directive to Take Action); and be it further

RESOLVED, That our AMA work to educate its members and the public on the potential benefits of physician ownership of hospitals and the need for policies that support such ownership (Directive to Take Action); and be it further

RESOLVED, That our AMA collaborate with other stakeholders to develop and promote policies that support physician ownership of hospitals (Directive to Take Action).

3. Alignment of Specialty Designations for Advanced Practice Providers With Their Supervising Physicians

Introduced by M. Zuhdi Jasser, MD

PPPS Action: Resolution 3 adopted as amended:

RESOLVED, That our American Medical Association create a national task force that will make recommendations for the best process for advanced practice providers (APPs) to develop specialty designations or an associated apprenticeship process that is parallel to the specialties of the physicians that supervise them (Directive to Take Action); and be it further
RESOLVED, That our American Medical Association study and report back at Interim 2023 on the economic impact to medical practices of specialty switching by advanced practice providers (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association study and report back at the 2023 Interim Meeting about possible options on how advanced practice providers can best be obligated to stay in a specialty tract (Directive to Take Action).

HOD Action: Resolution 239 adopted as amended in lieu of Resolution 262 with a change of title:

PHYSICIAN ASSISTANT AND NURSE PRACTITIONER MOVEMENT BETWEEN SPECIALTIES

RESOLVED, That our American Medical Association study the movement of nonphysician health care professionals, such as physician assistant and nurse practitioners, between specialties (Directive to Take Action); and be it further

4. Proper Use of Overseas Virtual Assistants in Medical Practice
   Introduced by Carolynn Francavilla, MD

PPPS Action: Resolution 4 adopted as amended:

RESOLVED, That our American Medical Association supports the concept that properly trained overseas virtual assistants are an acceptable way to staff administrative roles in medical practices (New HOD Policy); and be it further

RESOLVED, That our AMA study and offer formal guidance for physicians on how best to utilize overseas virtual assistants in such a way as to ensure protections for physicians, practices, and patient outcomes (Directive to Take Action).

HOD Action: Resolution 726 adopted as amended:

RESOLVED, That our American Medical Association supports the concept that properly trained overseas virtual assistants are an acceptable way to staff administrative roles in medical practices (New HOD Policy); and be it further

RESOLVED, That our AMA study and offer formal guidance for physicians on how best to utilize overseas virtual assistants to ensure protections of patients, physicians, practices, and equitable employment in communities served, in a manner consistent with appropriate compliance standards (Directive to Take Action).

5. Repealing the Ban on Physician-Owned Hospitals
   Introduced by Dan Choi, MD

PPPS Action: Alternate Resolution 2 be adopted in lieu of Resolutions 2, 5, and 6:
RESOLVED, That our American Medical Association study the patient selection practices of both physician-owned and non-physician-owned hospitals to better understand the impact of hospital ownership status on access to care through:

4. A thorough review of the existing literature;
5. Analyzing patient characteristics across both physician-owned and non-physician-owned hospitals to elucidate whether there are any meaningful differences between these 2 populations. This study should take into account that half of physician-owned hospitals are community hospitals and half are specialty hospitals focused on cardiac, orthopedic, or surgical care;
6. Proposing solutions if there are meaningful differences in these patient populations to ensure equitable access to care (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association conduct a comprehensive study into the impact of Section 1877 of the Social Security Act, the Physician Self-Referral Law (also called the Stark Law), on physician-owned hospitals and market-wide consolidation, including the following:

5. Analyzing the impact that restrictions on physician-owned hospitals enacted by the Stark Law have had on patient access to care, in terms of both cost and quality;
6. Examining the impact of the Stark Law on physician practices, especially those that are integrated or affiliated with physician-owned hospitals;
7. Understanding the extent to which the Stark Law has driven market consolidation and, in doing so, impacted healthcare costs, quality, and patient access to care;
8. Proposing alternative approaches to the Stark Law, including consideration of repeal of relevant provisions, that would promote competition and improve patient access to high-quality care (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association study the impact of Section 6001 of the Patient Protection and Affordable Care Act on physician hospital ownership and physicians’ empowerment to advocate for the health and wellbeing of their patients (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association report the initial findings of studies into Section 1877 of the Social Security Act and/or Section 6001 of the Patient Protection and Affordable Care Act to the House of Delegates by Annual 2024 (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association work with interested state medical associations to monitor hospital markets, including rural, state, and regional markets, and review the impact of the repeal of the ban on physician-owned hospitals on patients, physicians, and hospital prices (Directive to Take Action).

HOD Action: Resolution 219 be adopted as amended in lieu of Resolutions 222 and 261:

RESOLVED, That our American Medical Association advocate for policies that remove restrictions upon physicians from owning, constructing, and/or expanding any hospital facility type (Directive to Take Action); and be it further

RESOLVED, That our AMA study and research the impact of the repeal of the ban on physician-owned hospitals on the access to, cost, and quality of patient care, and the impact on competition in highly concentrated hospital markets (New HOD Policy); and be it further

RESOLVED, That our AMA continue to support physician leadership in healthcare and advocate for policies that enable physicians to provide the highest quality care
to their patients, including policies that remove unnecessary barriers to physician ownership of hospitals (Directive to Take Action); and be it further

RESOLVED, That our AMA work to educate its members and the public on the potential benefits of physician ownership of hospitals and the need for policies that support such ownership (Directive to Take Action); and be it further

RESOLVED, That our AMA collaborate with other stakeholders to develop and promote policies that support physician ownership of hospitals (Directive to Take Action).


Introduced by Dan Choi, MD

PPPS Action: Alternate Resolution 2 be adopted in lieu of Resolutions 2, 5, and 6:

RESOLVED, That our American Medical Association study the patient selection practices of both physician-owned and non-physician-owned hospitals to better understand the impact of hospital ownership status on access to care through:

7. A thorough review of the existing literature;
8. Analyzing patient characteristics across both physician-owned and non-physician-owned hospitals to elucidate whether there are any meaningful differences between these 2 populations. This study should take into account that half of physician-owned hospitals are community hospitals and half are specialty hospitals focused on cardiac, orthopedic, or surgical care;
9. Proposing solutions if there are meaningful differences in these patient populations to ensure equitable access to care (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association conduct a comprehensive study into the impact of Section 1877 of the Social Security Act, the Physician Self-Referral Law (also called the Stark Law), on physician-owned hospitals and market-wide consolidation, including the following:

9. Analyzing the impact that restrictions on physician-owned hospitals enacted by the Stark Law have had on patient access to care, in terms of both cost and quality;
10. Examining the impact of the Stark Law on physician practices, especially those that are integrated or affiliated with physician-owned hospitals;
11. Understanding the extent to which the Stark Law has driven market consolidation and, in doing so, impacted healthcare costs, quality, and patient access to care;
12. Proposing alternative approaches to the Stark Law, including consideration of repeal of relevant provisions, that would promote competition and improve patient access to high-quality care (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association study the impact of Section 6001 of the Patient Protection and Affordable Care Act on physician hospital ownership and physicians’ empowerment to advocate for the health and wellbeing of their patients (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association report the initial findings of studies into Section 1877 of the Social Security Act and/or Section 6001 of the Patient Protection and Affordable Care Act to the House of Delegates by Annual 2024 (Directive to Take Action); and be it further
RESOLVED, That our American Medical Association work with interested state medical associations to monitor hospital markets, including rural, state, and regional markets, and review the impact of the repeal of the ban on physician-owned hospitals on patients, physicians, and hospital prices (Directive to Take Action).

**HOD Action:** Resolution 219 be adopted as amended in lieu of Resolutions 222 and 261:

RESOLVED, That our American Medical Association advocate for policies that remove restrictions upon physicians from owning, constructing, and/or expanding any hospital facility type (Directive to Take Action); and be it further

RESOLVED, That our AMA study and research the impact of the repeal of the ban on physician-owned hospitals on the access to, cost, and quality of patient care, and the impact on competition in highly concentrated hospital markets (New HOD Policy); and be it further

RESOLVED, That our AMA continue to support physician leadership in healthcare and advocate for policies that enable physicians to provide the highest quality care to their patients, including policies that remove unnecessary barriers to physician ownership of hospitals (Directive to Take Action); and be it further

RESOLVED, That our AMA work to educate its members and the public on the potential benefits of physician ownership of hospitals and the need for policies that support such ownership (Directive to Take Action); and be it further

RESOLVED, That our AMA collaborate with other stakeholders to develop and promote policies that support physician ownership of hospitals (Directive to Take Action).

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**7. Health System Consolidation—Revisited**

*Introduced by Dan Choi, MD*

**PPPS Action:** Resolution 7 adopted as amended with a change in title:

**HEALTH SYSTEM CONSOLIDATION**

RESOLVED, That our American Medical Association commit to undertaking an annual report assessing nationwide health system and hospital consolidation in order to assist policymakers and the federal government in assessing rapidly evolving and accelerating healthcare consolidation for the benefit of patients and physicians who face an existential threat from healthcare consolidation (Directive to Take Action); and be it further

RESOLVED, That an AMA annual report on nationwide hospital consolidation will be modeled after the “Competition in health insurance: A comprehensive study of U.S. Markets” in its comprehensiveness to include for example such data and analyses as:

1. A review of the current level of hospital and/or health system consolidation at the level of all metropolitan statistical areas, state, and national markets;
2. A list of all mergers and acquisition transactions valued above a set threshold amount resulting in hospital and/or health system consolidation;
3. Analyses of how each transaction has changed or is expected to change the level of competition in the affected service and geographic markets;
4. Analyses of healthcare costs and prices have changed in affected markets after a large consolidation transaction has taken place (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association report the initial findings of this study to the House of Delegates by Annual 2024 (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association report the findings of this study to its members and stakeholders, including policymakers and legislators, to inform future healthcare policy (Directive to Take Action).

HOD Action: Resolution 727 adopted as amended:

RESOLVED, That our American Medical Association assess and report on nationwide health system and hospital consolidation, as well as payer consolidation, to assist policymakers and the federal government (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association report the initial findings of this study to the House of Delegates by Annual 2024 (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association report the findings of this study to its members and stakeholders, including policymakers and legislators, to inform future healthcare policy (Directive to Take Action).
The following report was presented by Barbara Hummel, MD, Chair.


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
   PPPS Action: PPPS Delegate instructed to reject report components and ask to reconsider.
   HOD Action: CEJA Report 02 adopted.

2. CEJA Report 02 – Ethical Principles for Physicians Involved in Private Equity Owned Practices
   PPPS Action: PPPS Delegate instructed to support CEJA Report 02.
   HOD Action: CEJA Report 02 referred.

3. Resolution 006 – Ensuring Privacy as Large Retail Settings Enter Healthcare
   PPPS Action: PPPS Delegate instructed to strongly support Resolution 006.
   HOD Action: Resolution 006 adopted as amended.

4. CMS Report 04 – Bundled Payments and Medically Necessary Care
   PPPS Action: PPPS Delegate instructed to support CMS Report 04.

5. CMS Report 07 – Reporting Multiple Services Performed During a Single Patient Encounter
   PPPS Action: PPPS Delegate instructed to strongly support CMS Report 07.

   PPPS Action: PPPS Delegate instructed to strongly support Resolution 108.
   HOD Action: Resolution 108 referred.

7. Resolution 111 – Potential Negative Consequences of Accountable Care Organizations (ACOs)
   PPPS Action: PPPS Delegate instructed to listen on Resolution 111.
   HOD Action: Current policy reaffirmed in lieu of Resolution 111.
8. **Resolution 119 – Rescinding the Medicare Three-Day Hospital Inpatient Requirement for Nursing Home Admission**

   **PPPS Action:** PPPS Delegate instructed to support Resolution 119.
   
   **HOD Action:** Resolution 119 adopted as amended.

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

   **PPPS Action:** PPPS Delegate instructed to support BOT Report 12.
   
   **HOD Action:** BOT Report 12 adopted.

10. **Resolution 213 – Telemedicine Services and Health Equity**

    **PPPS Action:** PPPS Delegate instructed to strongly support Resolution 213.
    
    **HOD Action:** Resolution 213 adopted as amended.

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

    **PPPS Action:** PPPS Delegate instructed to strongly support Resolution 219.
    
    **HOD Action:** Resolution 219 adopted as amended in lieu of Resolutions 222 and 261 with a change in title.

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

    **PPPS Action:** PPPS Delegate instructed to strongly support Resolution 222.
    
    **HOD Action:** Resolution 219 adopted as amended in lieu of Resolutions 222 and 261 with a change in title.

13. **Resolution 231 – Equitable Interpreter Services and Fair Reimbursement**

    **PPPS Action:** PPPS Delegate instructed to strongly support Resolution 231.
    
    **HOD Action:** AMA policies reaffirmed in lieu of Resolution 231.

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

    **PPPS Action:** PPPS Delegate instructed to support Resolution 234.
    
    **HOD Action:** Alternate Resolution 214 adopted in lieu of Resolutions 214, 234, and 257.

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

    **PPPS Action:** PPPS Delegate instructed to listen on Resolution 237.
    
    **HOD Action:** Resolution 237 adopted in lieu of Resolution 263.
16. Resolution 239 – Creating an AMA Task Force Dedicated to the Alignment of Specialty Designations for Advanced Practice Providers with Their Supervising Physicians

PPPSS Action: PPPS Delegate instructed to strongly support Resolution 239.

HOD Action: Resolution 239 adopted as amended in lieu of Resolution 262 with a change in title.

17. Resolution 242 – Peer to Peer Reviewer Must Be of Same Specialty as Physician Requesting Procedure

PPPSS Action: PPPS Delegate instructed to support Resolution 242.

HOD Action: Current policy reaffirmed in lieu of Resolution 242.

18. Resolution 253 – Appropriate Compensation for Non-Visit Care (Remote or Care of Coordination)

PPPSS Action: PPPS Delegate instructed to support Resolution 253.

HOD Action: Current policy reaffirmed in lieu of Resolution 253.

19. Resolution 257 – AMA Efforts on Medicare Payment Reform

PPPSS Action: PPPS Delegate instructed to strongly support Resolution 257 and join as co-sponsor.

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

20. CME Report 09 – The Impact of Midlevel Providers on Medical Education

PPPSS Action: PPPS Delegate instructed to support CME Report 09.


21. Resolution 604 – Speakers Task Force to Review and Modernize the Resolution Process

PPPSS Action: PPPS Delegate instructed to listen on Resolution 604.

HOD Action: Resolution 604 adopted.

22. BOT Report 14 – Advocacy of Private Practice Options for Healthcare Operations in Large Corporations

PPPSS Action: PPPS Delegate instructed to strongly support BOT Report 14.


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

PPPSS Action: PPPS Delegate instructed to support CMS Report 08.

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

PPPS Action: PPPS Delegate instructed to support Resolution 715.

HOD Action: Resolution 715 referred.

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

PPPS Action: PPPS Delegate instructed to support Resolution 716.

HOD Action: Resolution 716 adopted.