DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2023 Annual 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-23)

Report of Reference Committee G

Ezequiel Silva III MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

1. Board of Trustees Report 14 – Advocacy of Private Practice Options for Health Care Operations in Large Corporations
3. Resolution 701 – Reconsideration of the Birthday Rule
4. Resolution 703 – Tribal Health Program Electronic Health Record Modernization
5. Resolution 714 – Improving Hospice Program Integrity
6. Resolution 716 – Transparency and Accountability of Hospitals and Hospital Systems
7. Resolution 724 – Rural Hospital Payment Models

RECOMMENDED FOR ADOPTION AS AMENDED

11. Resolution 702 – Providing Reduced Parking for Patients
12. Resolution 704 – Interrupted Patient Sleep
14. Resolution 709 – Hospital Bans on Trial of Labor After Cesarean
15. Resolution 713 – Redesigning the Medicare Hospice Benefit
16. Resolution 719 – Care Partner Access to Medical Records
17. Resolution 721 – Use of Artificial Intelligence for Prior Authorization
18. Resolution 726 – Proper Use of Overseas Virtual Assistants in Medical Practice
19. Resolution 727 – Health System Consolidation

RECOMMENDED FOR ADOPTION IN LIEU OF

21. Resolution 711 – Doctors’ Risk for Termination of Liability Coverage or Medical
   Privileges Consequent to Dobbs
22. Resolution 718 – Insurance Coverage of FDA Approved Medications and Devices
23. Resolution 720 – Prior Authorization Costs, AMA Update to CMS
24. Resolution 723 – Vertical Consolidation in Health Care – Markets or Monopolies

RECOMMENDED FOR REFERRAL

25. Resolution 710 – Protect Patients with Medical Debt Burden
   Resolution 712 – Medical Bankruptcy – A Unique Feature in the USA
26. Resolution 715 – Published Metrics for Hospitals and Hospital Systems
27. Resolution 722 – Expanding Protections of End-of-Life Care
28. Resolution 725 – The Economics of Prior Authorization

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

29. Resolution 705 – Aging and Dementia Friendly Health Systems
30. Resolution 728 – Discharge Consolidated Clinical Document Architecture (C-CDA) Minimum Data Set Content and Order Priority

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

(1) BOARD OF TRUSTEES REPORT 14 - ADVOCACY OF PRIVATE PRACTICE OPTIONS FOR HEALTHCARE OPERATIONS IN LARGE CORPORATIONS

RECOMMENDATION:

The recommendations in Board of Trustees Report 14 be adopted and the remainder of the report be filed.

HOD ACTION: The recommendations in Board of Trustees Report 14 adopted and the remainder of the report filed.

The Board of Trustees recommends that the following be adopted and the remainder of the report be filed:

1. That our American Medical Association (AMA) reaffirm the following policies:
   b. H-385.904, “Prospective Payment Model Best Practices for Independent Private Practice”
   d. D-140.951, “Establishing Ethical Principles for Physicians Involved in Private Equity Owned Practices”
   e. H-160.891, “Corporate Investors”; (Reaffirm HOD Policy) and

2. That our AMA will: (1) inform corporate efforts about the value of private practices to successfully participate in new “value-based” models; (2) identify and work with a corporate entity that is advancing these models to explore a two year pilot among independent private practices in which the AMA will: (a) convene physician practices in a community; (b) provide educational resources and technical assistance to practices to support their participation with the corporate entity and (c) formally evaluate the pilot for outcomes; and (3) advocate with commercial payers and health plans and federal and state payers and policymakers to support private practice through policies and models that provide adequate payment, infrastructure and data to succeed in “value-based” models. (Directive to Take Action)

3. That Policy D-160.912 be rescinded as having been accomplished by this report. (Rescind HOD Policy)

Your Reference Committee heard unanimous testimony in support of Board of Trustees Report 14. Testimony noted that private practices can be useful to corporate entities without being acquired or owned and further noted that this pilot program is welcomed. Your Reference Committee recommends that the recommendations in Board of Trustees Report 14 be adopted and the remainder of the report be filed.
The recommendations in Council on Medical Service Report 01 be adopted and the remainder of the report be filed.

HOD ACTION: The recommendations in Council on Medical Service Report 01 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 the report be filed.

Your Reference Committee heard limited supportive testimony on Council on Medical Service Report 01. Your Reference Committee recommends that the recommendations in Council on Medical Service Report 01 be adopted and filed.

RESOLUTION 701 - RECONSIDERATION OF THE BIRTHDAY RULE

RECOMMENDATION:

Resolution 701 be adopted.

HOD ACTION: Resolution 701 adopted.

RESOLVED, That our American Medical Association (AMA) support evidence-based legislation that support a parent, or guardian's, choice of their dependent’s health insurance plan under the event of multiple insurers (New HOD Policy); and be it further

RESOLVED, That our AMA amend Policy H-190.969: “Delay in Payments Due to Disputes in Coordination of Benefits” by addition to read as follows:

Delay in Payments Due to Disputes in Coordination of Benefits, H-190.969

Our AMA:
(1) urges state and federal agencies to exercise their authority over health plans to ensure that beneficiaries’ claims are promptly paid and that state and federal legislation that guarantees the timely resolution of disputes in coordination of benefits between health plans is actively enforced;
(2) includes the “birthday rule” as a last resort only after parents/guardians have been allowed a choice of insurer and have failed to choose, and the “employer first rule” in any and all future AMA model legislation and model medical service agreements that contain coordination of benefits information and/or guidance on timely payment of health insurances claims;
(3) urges state medical associations to advocate for the inclusion of the
“employer first rule”, and “birthday rule” as a last resort only after parents/guardians have been allowed a choice of insurer and have failed to choose, in state insurance statutes as mechanisms for alleviating disputes in coordination of benefits;
(4) includes questions on payment timeliness in its Socioeconomic Monitoring System survey to collect information on the extent of the problem at the national level and to track the success of state legislation on payment delays;
(5) continues to encourage state medical associations to utilize the prompt payment provisions contained in the AMA Model Managed Care Medical Services Agreement and in AMA model state legislation;
(6) through its Advocacy Resource Center, continue to coordinate and implement the timely payment campaign, including the promotion of the payment delay survey instrument, to assess and communicate the scope of payment delays as well as ensure prompt payment of health insurance claims and interest accrual on late payments by all health plans, including those regulated by ERISA; and
(7) urges private sector health care accreditation organizations to (a) develop and utilize standards that incorporate summary statistics on claims processing performance, including claim payment timeliness, and (b) require accredited health plans to provide this information to patients, physicians, and other purchasers of health care services. (Modify Current HOD Policy)

Testimony on Resolution 701 was unanimously supportive. Speakers discussed the importance for the AMA to support parent’s choice for their child’s insurance and the necessity for coordination of insurance benefits. Therefore, your Reference Committee recommends the adoption of Resolution 701.

RESOLUTION 703 - TRIBAL HEALTH PROGRAM
ELECTRONIC HEALTH RECORD MODERNIZATION

RECOMMENDATION:
Resolution 703 be adopted.

HOD ACTION: Resolution 703 adopted.

RESOLVED, That our American Medical Association support adequate funding for electronic health record modernization and maintenance costs for Tribal and Urban Indian Health Programs with active self-governance compacts and contracts with the Indian Health Service. (New HOD Policy)

Your Reference Committee heard testimony that supporting the modernization and maintenance of electronic health records as important to patient care. Tribal and Urban Indian Health Programs may not have received federal funding for EHR modernization in the past and operate with limited ability to communicate with other health care record management systems. For example, the system has difficulty communicating with immunization information systems. Your Reference Committee also heard testimony from the Council on Medical Service stating that past influxes of federal funding for EHRs have at times caused patient harm and increased burden on physicians, and therefore, they were in support of the resolution. Your Reference Committee recommends Resolution 703 be adopted.
(5) RESOLUTION 714 - IMPROVING HOSPICE PROGRAM

INTEGRITY

RECOMMENDATION:

Resolution 714 be adopted.

HOD ACTION: Resolution 714 adopted.

RESOLVED, That our American Medical Association advocate that the Centers for Medicare & Medicaid Services (CMS) use its existing authority to limit certification of additional hospices in counties where growth in hospice programs is out of line with established need by implementing a temporary targeted moratorium based on federal and state data, allowing for appropriate exceptions to ensure continued access to care (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that CMS strengthen investigation prior to approval of initial hospice certification applications and, for those new hospices approved but identified as high risk, require enhanced scrutiny and/or survey frequency (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that CMS use its existing authority to prohibit the sale or transfer of Medicare hospice certification numbers for a specified timeframe (similar to the 36-month change of ownership prohibition in the Medicare home health program), allowing for appropriate exceptions to ensure continued access to care (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that CMS restrict Medicare privileges for non-operational hospices, including through voluntary termination of the provider agreement, deactivation of billing privileges, and revocation of Medicare enrollment (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that CMS regulatory efforts aimed at weeding out fraud, waste, and abuse be refocused on integrity and quality indicators that impact patient care – rather than technical errors and retrospective chart audits focused on questioning eligibility – and avoid blunt instruments that burden high-performing programs, divert time and resources from patient care, and risk driving smaller providers from the market and/or putting rural or frontier hospice programs at a disadvantage. (Directive to Take Action)

Your Reference Committee heard unanimously supportive testimony in support of Resolution 714. It is important for the AMA to call on the Centers for Medicare and Medicaid Services to refocus their efforts to combat fraud and abuse with the proliferation of hospice programs. Testimony noted that allowing fraud and abuse to continue is not only harmful for patients, but also harms hospice programs and facilities operating with integrity. Your Reference Committee recommends Resolution 714 be adopted.
RESOLUTION 716 - TRANSPARENCY AND ACCOUNTABILITY OF HOSPITALS AND HOSPITAL SYSTEMS

RECOMMENDATION:

Resolution 716 be adopted.

HOD ACTION: Resolution 716 be adopted.

RESOLVED, That our American Medical Association identify options for developing and implementing processes – including increased transparency of physicians complaints made to the Equal Employment Opportunity Commission and The Joint Commission – for tracking and monitoring physician complaints against hospitals and hospital systems and report back with recommendations for implementing such processes, including potential revisions to the Health Care Quality Improvement Act of 1986 to include monetary penalties for institutions performing bad faith peer reviews. (Directive to Take Action)

Testimony on Resolution 716 was primarily supportive. Speakers discussed the importance of ensuring that complaints are not only filed, but that they are investigated and that entities are penalized when a complaint be substantiated. Testimony also indicated how vital information on workplace complaints is for physicians who are considering new employment. The Council on Legislation testified that AMA addresses the concern of this resolution and suggested reaffirmation. However, due to significant and compelling testimony, your Reference Committee recommends that Resolution 716 be adopted.
(7) RESOLUTION 724 - RURAL HOSPITAL PAYMENT MODELS

RECOMMENDATION:

Resolution 724 be adopted.

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


Testimony on Resolution 724 was unanimously supportive. Speakers indicated the necessity of guaranteeing that rural hospitals are adequately funded to ensure they remain open to serve their communities. Testimony also discussed the importance of adequate payment to not only ensure that rural hospitals remain open, but that they are able to provide important services. Due to the overwhelming and compelling support for this resolution, your Reference Committee recommends that Resolution 724 be adopted.
RECOMMENDED FOR ADOPTION AS AMENDED

(8) COUNCIL ON MEDICAL SERVICE REPORT 05 - PRESCRIPTION DRUG DISPENSING POLICIES

RECOMMENDATION A:

Council on Medical Service Report 05 be amended by addition of a new Recommendation.

6. That our AMA support the development, implementation and/or use of electronic or other means of communication to provide cost/benefit information of various prescribing quantities at the point of care allowing physicians to make the best decisions with their patients regarding prescribed medication quantities. (New HOD Policy)

RECOMMENDATION B:

The recommendations in Council on Medical Service Report 05 be adopted as amended and the remainder of the report be filed.

HOD ACTION: The recommendations in Council on Medical Service Report 05 adopted as amended and the remainder of the report filed.

The Council on Medical Service recommends that the following be adopted in lieu of Resolution 237-A-22, and that the remainder of the report be filed:

1. That our American Medical Association (AMA) support the development and implementation of clear guidelines and mechanisms to indicate that the quantity of a prescription should be dispensed only as written using such language as “dispense quantity as written” or “no change in quantity.” (New HOD Policy)

2. That our AMA amend Policy H-185.942, to read as follows:

   1. Our AMA supports the protection of the patient-physician relationship from interference by payers and Pharmacy Benefit Managers (PBMs) via various utilization control mechanisms, including medication and testing and treatment supply quantity limits.

   2. Our AMA will work with third party payers and PBMs to ensure that if they use quantity limits for prescription drugs or testing and treatment supplies, an exceptions process must be in place to ensure that patients can access higher or lower quantities of prescription drugs or testing and treatment supplies if medically necessary, and that any such process should place a minimum burden upon patients, physicians and their staff.
3. Our AMA supports interested states legislative efforts and federal action and will develop model state legislation to ensure that third party payers or PBMs that institute quantity limits for prescription drugs or testing and treatment supplies include an exceptions process so that patients can access higher or lower quantities of prescription drugs or testing and treatment supplies if medically necessary, including provisions such as the following…

(Amend AMA Policy)

3. That our AMA reaffirm Policy H-320.953, which defines the term “medical necessity” as referenced in the suggested amended policy H-185.942 (above) in recommendation two.

(Reaffirm AMA Policy)

4. That our AMA reaffirm Policy H-120.952, which ensures that the quantity of a medication dispensed to patients is of adequate supply, not overregulated, and that receiving the medication is not an undue burden on the patient or the prescribing physician. (Reaffirm AMA Policy)

5. That our AMA reaffirm Policy D-120.934, which ensures that prescriptions must be filled as ordered, including the quantity, and that PBMs and payers restrict policies that impact patient access to prescription medications. (Reaffirm HOD Policy)

The testimony on Council on Medical Service Report 05 was unanimously supportive with one proffered amendment. Testimony noted the importance of patients and physicians’ ability to collaboratively decide the appropriate quantity of medication dispensed to a patient. Testimony was offered that cautioned the overreach of Pharmacy Benefit Managers (PBMs) into Electronic Health Records. Testimony explained the importance of ensuring that PBMs are not involved in the decision regarding the quantity of medication dispensed. Therefore, your Reference Committee recommends that CMS Report 05 be adopted as amended and the remainder of the report be filed.

(9) COUNCIL ON MEDICAL SERVICE REPORT 08 - IMPACT OF INTEGRATION AND CONSOLIDATION ON PATIENT AND PHYSICIANS

RECOMMENDATION A:

The sixth recommendation in Council on Medical Service Report 08 be deleted.

6. That our AMA rescind Policy D-215.984. (Rescind HOD Policy)

RECOMMENDATION B:

Council on Medical Service Report 08 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Council on Medical Service Report 08 adopted as amended and the remainder of the report filed.
The Council on Medical Service recommends that the following recommendations be adopted, and the remainder of the report be filed:

1. That our American Medical Association (AMA) continue to monitor the impact of hospital-physician practice and hospital-hospital mergers and acquisitions on health care prices and spending, patient access to care, potential changes in patient quality outcomes, and physician wages and labor. (New HOD Policy)

2. That our AMA continue to monitor how provider mix may change following mergers and acquisitions and how non-compete clauses may impact patients and physicians. (New HOD Policy)

3. That our AMA broadly support efforts to collect relevant information regarding hospital-physician practice and hospital-hospital mergers and acquisitions in states or regions that may fall below the Federal Trade Commission (FTC)/Department of Justice review threshold. (New HOD Policy)

4. That our AMA encourage state and local medical associations, state specialty societies, and physicians to contact their state attorney general with concerns of anticompetitive behavior. (New HOD Policy)

5. That our AMA encourage physicians to share their experiences with mergers and acquisitions, such as those between hospitals and/or those between hospitals and physician practices, with the FTC via their online submission form. (New HOD Policy)

6. That our AMA rescind Policy D-215.984. (Rescind HOD Policy)

Your Reference Committee heard testimony that was generally supportive of Council on Medical Service Report 08. Testimony supported the deletion of the sixth recommendation of the report to encourage continued study on the topic of consolidation by the Council.

Although testimony was heard in conjunction with Resolution 723 and Resolution 727, your Reference Committee considered these items individually when preparing our recommendations.

Your Reference Committee notes that testimony was overwhelmingly in favor of the AMA continuing work on the issues of consolidation as well as mergers and acquisitions. Testimony indicated that the House of Delegates looks forward to additional reports from the Council on Medical Service regarding this issue.

Your Reference Committee recommends that the recommendations in Council on Medical Service Report 08 be adopted as amended and the remainder of the report be filed.

Health System Consolidation D-215.984
Our AMA will: (1) 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 the 2023 Annual Meeting.

(10) COUNCIL ON MEDICAL SERVICE REPORT 09 - FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CARE

RECOMMENDATION A:

Council on Medical Service Report 09 be amended by addition of a new Recommendation 3 with subsequent renumbering.

3. That our AMA advocate for regular updates to the Medicaid FQHC Prospective Payment System that at least keep pace with inflation. (New HOD Policy)

RECOMMENDATION B:

The recommendations in Council on Medical Service Report 09 be adopted as amended and the remainder of the report be filed.

HOD ACTION: The recommendations in Council on Medical Service Report 09 adopted as amended and the remainder of the report filed.

The Council on Medical Service recommends that the following be adopted and that the remainder of the report be filed:

1. That our American Medical Association (AMA) support certification requirements and other policies that reduce the administrative burden for physicians practicing in Federally Qualified Health Center (FQHCs). (New HOD Policy)

2. That our AMA support sufficient federal funding to maintain the operation and costs associated with establishing and operating a FQHC, FQHC “Look-Alike”, or Outpatient Tribal Facility. (New HOD Policy)

3. That our AMA reaffirm Policy H-465.994, which supports efforts to develop and implement proposals and programs to improve the health of rural communities. (Reaffirm HOD Policy)

4. That our AMA reaffirm Policy D-390.923, which advocates for the authorization of Chronic Care Management reimbursement for all physicians, including those practicing in FQHCs or Rural Health Clinics. (Reaffirm HOD Policy)

5. That our AMA reaffirm Policies H-160.947 and H-35.965, which both advocate for the support of state and local medical societies in identifying and working to prevent laws that may allow for non-physicians (e.g., nurse practitioners, physician assistants) to operate with the supervision of a physician. (Reaffirm HOD Policy)
Testimony on CMS Report 09 was unanimously supportive. Speakers expressed the importance of supporting physicians practicing in rural areas and the importance of Federally Qualified Health Centers (FQHCs) to support these and other underserved communities. Testimony indicated that FQHCs enable physicians to provide healthcare to communities that are severely underserved and are vital for public health efforts. Therefore your Reference Committee recommends that the recommendation in CMS Report 09 be adopted as amended and the remainder of the report be filed.

(11) RESOLUTION 702 - PROVIDING REDUCED PARKING FOR PATIENTS

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association work with relevant stakeholders to recognize parking fees as a barrier to patient care and encourage mechanisms to reduce parking costs for patients and trainees.

RECOMMENDATION B:

Resolution 702 be adopted as amended.

HOD ACTION: Resolution 702 adopted as amended.

Testimony was supportive of the spirit of Resolution 702. There was concern noted that the resolution mentioned fees for trainee parking when this was not noted in the title or the whereas clauses. Further testimony encouraged broadening this resolution to make it inclusive of family members, volunteers, and others who may be burdened with high parking fees. Subsequent testimony supported these amendments. There was mention of validating parking as opposed to reducing fees, but your Reference Committee did not find this compelling after testimony that mentioned the burden this would place on private practices.

The amendments proffered in this resolution are consistent with the research presented in the whereas clauses. Your Reference Committee recognizes that this is an access to care issue and, therefore, recommends Resolution 702 be adopted as amended.
(12) RESOLUTION 704 - INTERRUPTED PATIENT SLEEP

RECOMMENDATION A:

The first Resolve of Resolution 704 be amended by deletion to read as follows:

RESOLVED, That our American Medical Association encourage physicians, trainees, inpatient care teams, and hospital administration to reduce the number of patient sleep interruptions as much as possible, including considering the impact of circadian and environmental factors on sleep, to only those interruptions which are necessary and cannot be performed at another time (New HOD Policy); and be it further

RECOMMENDATION B:

The second Resolve of Resolution 704 be amended by deletion to read as follows:

RESOLVED, That our AMA support efforts to improve quality, duration, and timing of inpatient sleep. (New HOD Policy)

RECOMMENDATION C:

Resolution 704 be adopted as amended.

HOD ACTION: Resolution 704 adopted as amended.

RESOLVED, That our American Medical Association encourage physicians, trainees, inpatient care teams, and hospital administration to reduce the number of patient sleep interruptions as much as possible, including considering the impact of circadian and environmental factors on sleep, to only those interruptions which are necessary and cannot be performed at another time (New HOD Policy); and be it further

RESOLVED, That our AMA support efforts to improve quality, duration, and timing of inpatient sleep. (New HOD Policy)

Testimony on Resolution 704 was supportive of the spirit of the resolution. There was agreement that optimizing sleep for patients in the hospital is beneficial and supports timely healing and well-being.

We heard compelling testimony that this needs to apply to all patients, not just inpatients. We recommend amendments to address this and make the resolution more generalizable to all patients.
Your Reference Committee has chosen to keep the language of this resolution broad. Given the complexities of different clinical scenarios it is preferable to give flexibility to local governance in the clinical setting and the language presented here accomplishes this. Based on testimony heard, we were cautious about being overly prescriptive in the amended language. Therefore, your Reference Committee recommends Resolution 704 be adopted as amended.

(13) RESOLUTION 706 - REVISION OF H-185.921, REMOVAL OF AMA SUPPORT FOR APPLIED BEHAVIOR ANALYSIS

RECOMMENDATION A:

The third Resolve of Resolution 706 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA amend Policy H-185.921 to read as follows:

Standardizing Coverage of Evidence-Based Treatments for Neurodivergent Individuals Applied Behavioral Analysts Therapy for Persons with Autism Spectrum Disorder, H-185.921

Our AMA support coverage and reimbursement for evidence-based treatments and treatment of services for neurodivergent individuals, including, but not limited to, Applied Behavior Analysis Therapy. (Modify Current HOD Policy)

RECOMMENDATION B:

Resolution 706 be adopted as amended.

RECOMMENDATION C:

The Title of Resolution 706 be changed.

CARING FOR NEURODIVERGENT PATIENTS

HOD ACTION: Resolution 706 adopted as amended with a change in title:

CARING FOR NEURODIVERGENT PATIENTS

RESOLVED, That our American Medical Association support research toward the evaluation and the development of interventions and programs for autistic individuals (New HOD Policy); and be it further
RESOLVED, That our AMA work with relevant stakeholders to advocate for a comprehensive spectrum of primary and specialty care that recognizes the diversity and personhood of individuals who are neurodivergent, including people with autism (Directive to Take Action); and be it further

RESOLVED, That our AMA amend Policy H-185.921, “Standardizing Coverage of Applied Behavioral Analysis Therapy for Persons with Autism Spectrum Disorder” by addition and deletion as follows:

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<tr>
<th>Standardizing Coverage of Applied Behavioral Analysis Therapy for Persons with Autism Spectrum Disorder, H-185.921</th>
</tr>
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<tbody>
<tr>
<td>Our AMA support coverage and reimbursement for evidence-based treatment of services for Autism Spectrum Disorder including, but not limited to, Applied Behavior Analysis Therapy. (Modify Current HOD Policy)</td>
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Testimony on Resolution 706 was mixed. Speakers expressing support for the resolution spoke on the importance of expanding the AMA’s support of treatment for Autism Spectrum Disorder (ASD) to be inclusive of practices beyond Applied Behavior Therapy (ABA). Testimony also discussed the harm that some autistic individuals who have received ABA report negative outcomes, while others have not. The testimony also discussed the complexity of ASD and its treatments. Speakers discussed that ABA has evolved in practice since its initial implementation and that current practices have improved. Additionally, speakers acknowledged the evidence on the potential negative implications of ABA is still evolving. Some speakers suggested referral of this resolution while others offered amendments to the third resolve. In order to fully acknowledge the complex and ever-evolving field of ASD and its therapies, it is important to support research as indicated in the first resolve clause. Therefore, your Reference Committee recommends Resolution 706 be adopted as amended.

(14) RESOLUTION 709 - HOSPITAL BANS OF TRIAL OF LABOR AFTER CESAREAN

RECOMMENDATION A:

The first resolve of Resolution 709 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association support the elimination of broad hospital-based restrictions that prevent physicians from offering a trial of labor after cesarean to their patients when medically appropriate and appropriate resources are available. (New HOD Policy)

RECOMMENDATION B:

Resolution 709 be adopted as amended.

RECOMMENDATION C:
The **Title of Resolution 709** be changed:

**ACCESS TO TRIAL OF LABOR AFTER CESAREAN**

**HOD ACTION:** Resolution 709 **adopted as amended**-with a change in title:

**ACCESS TO TRIAL OF LABOR AFTER CESAREAN**

RESOLVED, That our American Medical Association support the elimination of broad hospital-based restrictions that prevent physicians from offering a trial of labor after cesarean to their patients when medically appropriate (New HOD Policy); and be it further

RESOLVED, That our AMA encourage hospitals to establish clear and transparent policies on trial of labor after cesarean in order to improve the process of patient-physician shared decision-making. (New HOD Policy)

The testimony on Resolution 709 was generally supportive with the proffered amendments. A speaker indicated agreement with the spirit of the resolution, but expressed concern that there may be unintended downstream impacts on rural maternity care facilities. Speakers indicated the importance of patient autonomy to make the decision to attempt a Trial of Labor after Cesarean (TOLAC) following consultation with their physician and against blanket bans in hospitals. Testimony also addressed the importance of ensuring that facilities have adequate resources to support patients in case adverse events occur during a TOLAC. Your Reference Committee recommends that Resolution 709 be adopted as amended.
RESOLUTION 713 - REDESIGNING THE MEDICARE HOSPICE BENEFIT

RECOMMENDATION A:

The second Resolve clause of Resolution 713 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate for a reformed Medicare hospice benefit that may incorporates the following components:

1) Hospice eligibility should not be based solely on a specified prognosis or life expectancy but rather on patients’ needs; patients with unclear prognoses should be able to access hospice services if their need is otherwise established.

2) Patients must continue to have an open choice of hospice providers.

3) Hospice services, including telehealth or telemedicine, should be provided by a full, physician-led interdisciplinary team.

4) Patients and their caregivers should receive adequate support using home- or facility-based hospice services, identified by a thorough assessment of their social determinants of health. This would incorporate 24-hour a day care for beneficiaries with very limited life expectancy who lack around the clock caregivers.

5) Patients should have concurrent access to disease-directed treatments along with palliative services.

6) Payments to hospices should be sufficient to support the quality, experience, scope, and frequency of care that beneficiaries deserve throughout the later stages of serious illness as dictated by their physical, psychological, social, spiritual, and practical needs.

7) The hospice benefit should be consistent, including with regard to the quality and intensity of services, regardless of which Medicare program or entity pays for services.

8) Metrics for health provider accountability should focus on those aspects of care and experience that matter most to patients, families, and caregivers.

(Directive to Take Action)

RECOMMENDATION B:

Resolution 713 be adopted as amended.

HOD ACTION: Resolution 713 adopted as amended.
RESOLVED, That our American Medical Association advocate for a 21st century evolution of the Medicare hospice benefit that meets the quadruple aim of health care; advances health equity; and improves access, support, and outcomes for seriously ill patients across all geographies, including underserved and low-resource communities (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for a reformed Medicare hospice benefit that incorporates the following components:

1) Hospice eligibility should not be based solely on a specified prognosis or life expectancy but rather on patients’ needs; patients with unclear prognoses should be able to access hospice services if their need is otherwise established.

2) Patients must continue to have an open choice of hospice providers.

3) Hospice services, including telehealth or telemedicine, should be provided by a full, physician-led interdisciplinary team.

4) Patients and their caregivers should receive adequate support using home- or facility-based hospice services, identified by a thorough assessment of their social determinants of health. This would incorporate 24-hour a day care for beneficiaries with very limited life expectancy who lack around the clock caregivers.

5) Patients should have concurrent access to disease-directed treatments along with palliative services.

6) Payments to hospices should be sufficient to support the quality, experience, scope, and frequency of care that beneficiaries deserve throughout the later stages of serious illness as dictated by their physical, psychological, social, spiritual, and practical needs.

7) The hospice benefit should be consistent, including with regard to the quality and intensity of services, regardless of which Medicare program or entity pays for services.

8) Metrics for health provider accountability should focus on those aspects of care and experience that matter most to patients, families, and caregivers. (Directive to Take Action)

Testimony on Resolution 713 was mixed, especially regarding subpoints (1) and (5) of the second resolve clause. We heard testimony in support of striking subpoint (5) but did not find this compelling as there are other disease-directed therapies, such as dialysis, that need to be considered. We note that “concurrent access” does not compel treatment. Your Reference Committee recommends amendments to subpoint (5) that address the concerns raised, but is not overly prescriptive to avoid limiting other needed care. We recommend additional amendments to the resolve clause and subpoint (1) to broaden the language and provide additional flexibility referenced in testimony. Therefore, your Reference Committee recommends that Resolution 713 be adopted as amended.
RECOMMENDATION A:

The first Resolve clause of Resolution 719 be amended by addition to read as follows:

RESOLVED, That our American Medical Association advocate that electronic health records (EHR) vendors offer simplified procedures for granting proxy access and revocation to care partners (or caregivers) to the electronic health record, including online registration with multifactor authentication to promote security, rather than requiring in person registration (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve clause of Resolution 719 be amended by addition to read as follows:

RESOLVED, That our AMA advocate that vendors develop a simple mechanism for noting and displaying care partner names and contact information in the Electronic Health Record (EHR), along with privacy settings that allow patients to grant proxy access and revocation to selected portions of their records, including easy to understand information on use of this information and a user-friendly consent mechanism (Directive to Take Action); and be it further

RECOMMENDATION C:

The third Resolve clause of Resolution 719 be deleted.

RESOLVED, That our AMA support and encourage Congress to modernize Health Insurance Portability and Accountability Act (HIPAA) laws to ensure that HIPAA rules for preserving the privacy of patient and associated data also cover third party applications' access to electronic health records (EHRs). (New HOD Policy)

RECOMMENDATION D:

Resolution 719 be adopted as amended.

HOD ACTION: Resolution 719 adopted as amended.
RESOLVED, That our American Medical Association advocate that electronic health records (EHR) vendors offer simplified procedures for granting proxy access to care partners (or caregivers) to the electronic health record, including online registration with multifactor authentication to promote security, rather than requiring in person registration (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that vendors develop a simple mechanism for noting and displaying care partner names and contact information in the Electronic Health Record (EHR), along with privacy settings that allow patients to grant proxy access to selected portions of their records, including easy to understand information on use of this information and a user-friendly consent mechanism (Directive to Take Action); and be it further

RESOLVED, That our AMA support and encourage Congress to modernize Health Insurance Portability and Accountability Act (HIPAA) laws to ensure that HIPAA rules for preserving the privacy of patient and associated data also cover third party applications’ access to electronic health records (EHRs). (New HOD Policy)

Testimony was supportive of the first two resolve clauses of Resolution 719. Testimony noted that patients should be able to revoke access to care records. There were questions on the feasibility of the third resolve clause. Testimony noted that more regulation was needed for third-party applications as some data is not considered private health information under HIPAA. Your Reference Committee recommends striking the third resolve clause to address this concern. Your Reference Committee recommends Resolution 719 be adopted as amended.

(17) RESOLUTION 721 - USE OF ARTIFICIAL INTELLIGENCE FOR PRIOR AUTHORIZATION

RECOMMENDATION A:

Resolution 721 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association advocate for greater regulatory oversight of the use of artificial intelligence for review of patient claims and prior authorization requests, including whether insurers are using a thorough and fair process that: (1) is based on accurate and up-to-date clinical criteria derived from national medical specialty society guidelines and peer reviewed clinical literature; (2) includes reviews by doctors and other health care professionals who are not incentivized to deny care and with expertise for the service under review; and (3) requires that such reviews include human examination of patient records prior to a care denial. (Directive to Take Action)
RECOMMENDATION B:

Resolution 721 be adopted as amended.

RECOMMENDATION C:

Title of Resolution 721 be changed to read as follows:

USE OF AUGMENTED INTELLIGENCE FOR PRIOR AUTHORIZATION

HOD ACTION: Resolution 721 adopted as amended with change in title:

USE OF AUGMENTED INTELLIGENCE FOR PRIOR AUTHORIZATION

RESOLVED, That our American Medical Association advocate for greater regulatory oversight of the use of artificial intelligence for review of patient claims, including whether insurers are using a thorough and fair process that includes reviews by doctors and other health care professionals with expertise for the service under review, and that such reviews include human examination of patient records prior to a care denial. (Directive to Take Action)

Your Reference Committee heard testimony about the reliance on augmented intelligence in health plans’ utilization management programs, particularly for prior authorization and claim denials. This is a highly concerning issue that merits additional policy to guide American Medical Association (AMA) advocacy. The Council on Medical Service proposed friendly amendments to acknowledge that payors utilize augmented intelligence algorithms for both prior authorization and claim adjudication, and to clarify that they are based on valid clinical criteria. The Council on Legislation and others testified in support of the Council on Medical Service’s proposed amendments. Your Reference Committee also heard testimony that the resolution and the title used “artificial intelligence”, but existing AMA policy uses “augmented intelligence.” The language has been amended to be consistent with existing AMA policy. Your Reference Committee recommends Resolution 721 be adopted as amended.
RESOLUTION 726 - PROPER USE OF OVERSEAS VIRTUAL ASSISTANTS IN MEDICAL PRACTICE

RECOMMENDATION A:

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

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 of patients, physicians, practices, and equitable employment in communities served, and patient outcomes, in a manner consistent with appropriate compliance standards.

RECOMMENDATION B:

Resolution 726 be adopted as amended.

HOD ACTION: Resolution 726 adopted as amended.

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

Testimony for Resolution 726 was mostly supportive. Speakers indicated that virtual assistants provide practices with cost-effective solutions to fill roles in their practices that are often difficult to fill with local individuals. Testimony also highlighted the particular importance of these assistants in small practices that may struggle to meet a budget allowing them to stay in practice. Speakers indicated the need to ensure that communities are not negatively impacted should practices choose to hire virtual assistants instead of community members. Additionally, concerns around the privacy of data was also expressed. Amendments were proffered to resolve each concern, and therefore your Reference Committee recommends that Resolution 726 be adopted as amended.
RECOMMENDATION A:

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

RESOLVED, That our American Medical Association commit to undertaking an annual assess and report on assessing nationwide health system and hospital consolidation, as well as payer 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

RECOMMENDATION B:

The second Resolve of Resolution 727 be deleted.

RESOLVED, That our 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 data an 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 changes in affected markets after a large consolidation transaction has taken place (Directive to Take Action); and be it further

RECOMMENDATION C:

Resolution 727 be adopted as amended.

HOD ACTION: Resolution 727 adopted as amended.
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 our 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 data 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 changes in affected markets after a large consolidation transaction has taken place (Directive to Take Action); and be it further

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

Testimony on Resolution 727 was generally supportive with some speakers questioning the prescriptive nature of the resolution language. There was testimony in opposition to an annual report on this subject, as it would be overly cumbersome and of questionable practicality. Supportive testimony centered around the timely and needed nature of the report requested in this resolution. Speakers highlighted the need for data on consolidation within health systems and payers and the issues that physicians face operating in increasingly consolidated systems. The Council on Medical Service spoke to concerns surrounding the availability of the requested data in the resolution and echoed sentiments around the concern regarding its prescriptive nature. In order to balance the need for a report on this topic and concerns regarding the feasibility of the submitted resolution, your Reference Committee recommends Resolution 727 be adopted as amended.
RECOMMENDED FOR ADOPTION IN LIEU OF

(20) RESOLUTION 707 - EXPEDITING REPAIRS FOR POWER AND MANUAL WHEELCHAIRS

RECOMMENDATION:

Alternate Resolution 707 be adopted in lieu of Resolution 707.

RESOLVED, That our AMA support health insurance coverage to eliminate barriers for patients to obtain wheelchair repair; ensure that repairs and services are safe, affordable, timely, and support mobility and independence for those who utilize power and manual wheelchairs; eliminate unnecessary paperwork and prior authorization requirements for basic repairs, including proof of continuous need; cover temporary rental of a substitute wheelchair when repairs require the primary wheelchair to be taken out of the home; and would include preventive maintenance and transporting the wheelchair between the patient’s home and the repair facility (New HOD Policy); and be it further

RESOLVED, That our AMA identify procedures for obtaining changes to Medicare and other payers’ current policies on repairing wheelchairs (Directive to Take Action); and be it further

RESOLVED, That our AMA support suppliers of power and manual wheelchairs providing preventive maintenance and repair services for wheelchairs they supply to patients and permits consumers to perform self-repairs as permitted by the manufacturer and when it does not void the warranty. (New HOD Policy)

HOD ACTION: Alternate Resolution 707 adopted in lieu of Resolution 707

RESOLVED, That our American Medical Association encourage all payors to improve the process of and reduce barriers to patients obtaining wheelchair repairs for patient-owned power and manual wheelchairs, to ensure that repairs and services are safe, affordable, and timely, and support mobility and independence for those who utilize power and manual wheelchairs (New HOD Policy); and be it further

RESOLVED, That our AMA encourage all payors to eliminate unnecessary paperwork including requiring prior authorization for basic repairs and proof of continuous need for patient-owned power and manual wheelchairs (New HOD Policy); and be it further
RESOLVED, That our AMA encourage all payors to add coverage and payment for
(1) temporary rental of a substitute wheelchair when repairs require the primary
wheelchair to be taken out of the home;
(2) preventive maintenance; and
(3) travel to and from the patient’s home when the patient cannot transport the
wheelchair to a repair facility (New HOD Policy); and be it further

RESOLVED, That our AMA encourage all suppliers of power and manual wheelchairs to
service wheelchairs they supply to patients and to permit consumers to perform simple
self-repairs and have access to necessary parts. (New HOD Policy)

Your Reference Committee heard testimony recognizing the critical importance of access
to and insurance coverage of wheelchairs as patients rely on wheelchairs to maintain
mobility and quality of life. Testimony from the Council on Medical Service appreciates
that this resolution addresses the issue of wheelchair repairs – a topic currently
unaddressed in AMA policy. The Council offered substitute language to streamline the
resolution. The Council also proposed adding an additional resolve clause stating that our
AMA shall identify the insurer procedural changes needed to enable coverage for
wheelchair repairs, which acknowledges that this is a new policy pursuit that may require
new advocacy strategies. Additionally, there was conflicting testimony on self-repair of
wheelchairs due to risk of injury and voiding the warranty. Your Reference Committee
amended the language to be supportive of self-repairs that are permitted by the
manufacturer and will not void the warranty. Therefore, your Reference Committee
recommends Alternate Resolution 707 be adopted in lieu of Resolution 707.
RESOLUTION 711 - DOCTORS' RISK FOR TERMINATION OF LIABILITY COVERAGE OR MEDICAL PRIVILEGES CONSEQUENTIAL TO DOBBS

RECOMMENDATION A:

Policy D-5.999(6) be amended by addition to read as follows:

Preserving Access to Reproductive Health Services D-5.999

Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, fertility preservation, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients; (6) opposes the imposition of criminal and civil penalties or other retaliatory efforts, including adverse medical licensing actions and the termination of medical liability coverage, against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; and (8) will advocate for legal protections for medical students and physicians who cross state lines to receive education in or deliver reproductive health services, including contraception and abortion. (Modify AMA Policy)
RECOMMENDATION B:

Alternate Resolution 711 be adopted in lieu of Resolution 711.

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

RESOLVED, That the American Medical Association work with medical liability insurers and medical care facilities to discourage the termination of liability coverage or clinical privileges of any physician who has been charged with a crime arising from the provision of evidence-based healthcare. (Directive to Take Action)

Testimony on Resolution 711 was mixed, but primarily supportive. Speakers indicated the need for physician protection against consequences when practicing in the everchanging legal landscape surrounding abortion. Testimony noted the importance for ensuring that physicians are able to practice evidence-based care when indicated and legal in their state. Testimony indicated strong and unanimous opposition to the criminalization of abortion care and against any adverse impacts. The Council on Medical Service and other speakers indicated support for the spirit of the resolution but had concerns around the wording of the resolve and encouraged the amendment of existing policy. Your reference committee recommends adoption of alternate Resolution 711 in lieu of Resolution 711.

(22) RESOLUTION 718 - INSURANCE COVERAGE OF FDA APPROVED MEDICATIONS AND DEVICES

RECOMMENDATION A:

Policy H-100.991 be amended by addition to read as follows:

RESOLVED, That our American Medical Association amend Policy H-100.991 by addition to read as follows:

Drug and Device Availability, H-100.991
Our AMA urges the Department of Health and Human Services HHS, as well as all other health plans, to consider all drugs and devices approved by the Food and Drug Administration FDA for marketing as eligible for reimbursement. (Modify AMA Policy)

RECOMMENDATION B:

Alternate Resolution 718 be adopted in lieu of Resolution 718.

HOD ACTION: Alternate Resolution 718 adopted in lieu of Resolution 718
RESOLVED, That our American Medical Association support prohibiting the use of the rationale for denial that a medication or device is experimental by insurance companies where such medication or device has been approved by the United States Food and Drug Administration for one year or longer and has peer-reviewed evidence supporting its use in the manner in which it was prescribed. (New HOD Policy)

Your Reference Committee heard testimony supportive of the resolution that would give patients access to medical devices that would be eligible for reimbursement, upon Food and Drug Administration (FDA) approval. The Council of Medical Service testified that they believe that the goal of Resolution 718 could be more efficiently accomplished by simply expanding the scope of Policy H-100.991 to include medical devices and to include all types of health plans – not just those regulated by the Department of Health and Human Services (HHS). Your Reference Committee agreed with the Council to amend H-100.991 instead of adopting Res 718.

(23) RESOLUTION 720 - PRIOR AUTHORIZATION COSTS, AMA UPDATE TO CMS

RECOMMENDATION:

Alternate Resolution 720 be adopted in lieu of Resolution 720.

RESOLVED, That our AMA continue to conduct research on the costs associated with prior authorization by utilizing AMA and other data sources. (Directive to Take Action)

HOD ACTION: Alternate Resolution 720 adopted in lieu of Resolution 720

RESOLVED, That our American Medical Association include the costs associated with prior authorization in the practice expense data and methodology information submitted to the Centers for Medicare & Medicaid Services. (Directive to Take Action)

Testimony acknowledged bold AMA efforts to address prior authorization burdens and has included fixing prior authorization as a pillar of the AMA Recovery Plan for Physicians. Your Reference Committee heard conflicting testimony on the benefits and risks of quantifying practice costs of prior authorization. The Council on Medical Service expressed support for the underlying intent of this resolution, which is to bolster our AMA’s multi-pronged advocacy on this issue with additional information capturing the administrative costs associated with this process. However, the Council notes that the practice expense survey referenced in the resolution is, after years of preparation, already out in the field. As such, it is not feasible to add survey questions regarding prior authorization costs to the survey. Your Reference Committee agrees with suggested substitute language offered by the Council on Medical Service, which offers an alternate approach to further research on this topic.
Alternate Resolution 723 be adopted in lieu of Resolution 723.

RESOLVED, That our American Medical Association advocate against anticompetitive business practices that have the potential to adversely affect the physician patient relationship, to result in higher costs or decreased quality of care, or are not in the best interest of patients, the public and/or physicians (Directive to Take Action); and be it further

RESOLVED, That our AMA support efforts to increase transparency, review, and enforcement of laws with respect to vertical mergers that have the potential to negatively impact the health care industry (New HOD Policy); and be it further

RESOLVED, That our AMA work with all appropriate stakeholders to create model legislation to prohibit anticompetitive business practices within the health care sector. (Directive to Take Action)

HOD ACTION: Alternate Resolution 723 adopted in lieu of Resolution 723

RESOLVED, That our American Medical Association advocate to address the issue of potential antitrust violations as a result of vertical consolidation in the health care industry (Directive to Take Action); and be it further

RESOLVED, That our American Medical Association advocate to address the June 30, 2020, Vertical Merger Guidelines’ impact on the physician sector, to prevent anticompetitive mergers, acquisitions, and monopolies/oligopolies. (Directive to Take Action)

Your Reference Committee heard testimony that was supportive of Resolution 723. There was testimony heard from the authors that they wished to strike the original second resolve clause. There was additional testimony in support of the alternate language presented here. The alternate language proffered captures the intent of the resolution and provides a clear direction on actions the AMA can take to address consolidation in health care. We heard strong testimony in support of the AMA taking steps to proactively address these issues. Therefore, your Reference Committee recommends that Alternate Resolution 723 be adopted in lieu of Resolution 723.
RECOMMENDED FOR REFERRAL

(25) RESOLUTION 710 - PROTECT PATIENTS WITH MEDICAL DEBT BURDEN
RESOLUTION 712 - MEDICAL BANKRUPTCY - A UNIQUE FEATURE IN THE USA

RECOMMENDATION:

Resolutions 710 and 712 be referred.

HOD ACTION: Resolutions 710 and 712 referred

RESOLUTION 710
RESOLVED, That our American Medical Association work with the appropriate national organizations to address the medical debt crisis by advocating for robust policies at the federal and state level that prevent medical debt, help consumers avoid court involvement, and ensure that court involved cases do not result in devastating consequences to patients’ employment, physical health, mental wellbeing, housing, and economic stability. (Directive to Take Action)

RESOLUTION 712
RESOLVED, That our American Medical Association study the causes of medical bankruptcy in the United States and draft a report for presentation at the 2024 Annual House of Delegates meeting, with such report to include recommendations to the House of Delegates to severely reduce the problem of medical debt. (Directive to Take Action)

Testimony was supportive of the spirit of both Resolution 710 and 712. Your Reference Committee recommends considering these items in tandem, as they are related. Although we agree with testimony that this issue is timely and crucial for our patients, it would be best served by a comprehensive study to develop appropriate policies. Testimony noted that the topic is complicated and nuanced and needs to be studied further so the most optimal and actionable policy can be crafted. During testimony, the Council on Medical Service supported referral of both items and indicated the Council would be willing to study this issue if it was assigned to them.

Your Reference Committee recommends that Resolution 710 and Resolution 712 be referred.

(26) RESOLUTION 715 - PUBLISHED METRICS FOR HOSPITALS AND HOSPITAL SYSTEMS

RECOMMENDATION:

Resolution 715 be referred.

HOD ACTION: Resolution 715 referred
RESOLVED, That our American Medical Association identify transparency metrics, such as physician retention and physician satisfaction, that would apply to hospitals and hospital systems and report back with recommendations for implementing appropriate processes to require the development and public release of such transparency metrics. (Directive to Take Action)

Testimony on Resolution 715 was mixed. Speakers indicated the need for transparency in hospitals’ and hospital systems’ treatment of physicians. Testimony indicated that this resolution could assist in collecting physician turnover data and allow for greater physician awareness when selecting employment. The Board of Trustees testified about the AMA’s ongoing efforts in the Joy in Medicine program, which incentivizes hospitals and hospital systems efforts to improve the physician experience. However, while other speakers agreed to the importance of this topic, concern was expressed surrounding potential unintended adverse consequences of collecting and reporting this information. Testimony discussed the complexity of these types of reporting and questioned the feasibility of the resolution. Finally, testimony indicated that this topic needs to be further investigated and that corporate entities and other large employers of physicians could, and potentially should, be included in the entities from which information is collected. To allow for a more in depth understanding of the topic presented in this resolution, your Reference Committee recommends that Resolution 715 be referred.

(27) RESOLUTION 722 - EXPANDING PROTECTIONS OF END-OF-LIFE CARE

RECOMMENDATION:

Resolution 722 be referred.

HOD ACTION: Resolution 722 referred.

RESOLVED, That our American Medical Association:
(1) recognizes that healthcare, including end of life care like hospice, is a human right;
(2) supports the education of medical students, residents and physicians about the need for physicians who provide end of life healthcare services;
(3) supports the medical and public health importance of access to safe end of life healthcare services and the medical, ethical, legal and psychological principles associated with end-of-life care;
(4) supports education of physicians and lay people about the importance of offering medications to treat distressing symptoms associated with end of life including dyspnea, air hunger, and pain;
(5) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to end-of-life care;
(6) supports shared decision-making between patients and their physicians regarding end-of-life healthcare;
(7) opposes limitations on access to evidence-based end of life care services;
(8) opposes the imposition of criminal and civil penalties or other retaliatory efforts against physicians for receiving, assisting in, referring patients to, or providing end of life healthcare services. (New HOD Policy)
Testimony on Resolution 722 was mixed. There was testimony supporting reaffirmation of clauses 1-6 and concern with the wording of clauses 7-8. Your Reference Committee heard testimony that questioned how to define “end-of-life care” and believes this resolution should be referred for further study. Your Reference Committee also heard testimony that “end-of-life care” is defined differently state by state and those differences need to be considered. Finally, your Reference Committee heard testimony questioning the legal implications of clauses 7 and 8, as well as some of the amendments offered. Therefore, your Reference Committee recommends Resolution 722 be referred.

(28) RESOLUTION 725 - THE ECONOMICS OF PRIOR AUTHORIZATION

RECOMMENDATION:

Resolution 725 be referred.

HOD ACTION: Resolution 725 referred.

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)

Our AMA acknowledges the critical need to address prior authorization burdens and has included fixing prior authorization as a pillar of the AMA Recovery Plan for Physicians. Your Reference Committee heard testimony requesting greater drug price transparency as well as requests for the reduction in the number of prior authorizations. However, the Council of Medical Service inquired what costs would be assessed. Further, the title of the resolution describes the economics of prior authorization, but the resolve alludes to only the costs of prescription drugs. Due to the various issues that this poses, your Reference Committee recommends that this resolution be referred to better assess avenues for collecting such data and uses of such data.
RECOMMENDED FOR REAFFIRMATION IN LIEU OF

(29) RESOLUTION 705 - AGING AND DEMENTIA FRIENDLY HEALTH SYSTEMS

RECOMMENDATION:

Policies H-280.944 and H-280.945 be reaffirmed in lieu of Resolution 705.

HOD ACTION: Policies H-280.944 and H-280.945 reaffirmed in lieu of Resolution 705

RESOLVED, That our American Medical Association lobby Congress, state legislatures and appropriate organizations to expand community and home-based services to promote and support "aging in place" (Directive to Take Action); and be it further

RESOLVED, That our AMA develop educational resources for all health care professionals about ways that successful outcomes have been achieved to appropriately support patients as they age including those with dementia both in their homes as well as in health care systems. (Directive to Take Action)

Your Reference Committee heard testimony that was supportive of the spirit of this resolution; however, compelling testimony from the Council on Medical Service directed our attention to a recent Council report on this topic. Council on Medical Service Report 4-I-21 established Policy H-280.944 and reaffirmed Policy H-280.945. Your Reference Committee agrees with testimony that this is an important and timely issue; however, it is clear that the AMA has policy to address these concerns. Testimony noted that accessing these services in rural areas is especially challenging and your Reference Committee would encourage the AMA to explore ways to improve rural access to aging and dementia services.

Your Reference Committee believes this resolution is addressed by these policies and recommends Policies H-280.944 and H-280.945 be adopted in lieu of Resolution 705.

Financing of Home and Community-Based Services H-280.944

Our AMA supports: (1) federal funding for payment rates that promote access and greater utilization of home and community-based services (HCBS); (2) policies that help train, retain, and develop an adequate HCBS workforce; (3) efforts to simplify state plan amendments and Medicaid waivers to allow additional state flexibility to offer HCBS; (4) that Medicaid’s Money Follows the Person demonstration program be extended or made permanent; (5) cross-agency and federal-state strategies that can help improve coordination among HCBS programs and streamline funding and the provision of services; (6) HCBS programs tracking protocols and outcomes to make meaningful comparisons across states and identify best practices; and (7) that the Centers for Medicare and Medicaid Services and private insurers extend flexibility to implement innovative programs including but not limited to hospital at home programs.
Financing of Long-Term Services and Supports H-280.945

Our AMA supports:

(1) policies that standardize and simplify private LTCI to achieve increased coverage and improved affordability;
(2) adding transferable and portable LTCI coverage as part of workplace automatic enrollment with an opt-out provision potentially available to both current employees and retirees;
(3) allowing employer-based retirement savings to be used for LTCI premiums and LTSS expenses, including supporting penalty-free withdrawals from retirement savings accounts for purchase of private LTCI;
(4) innovations in LTCI product design, including the insurance of home and community-based services, and the marketing of long-term care products with health insurance, life insurance, and annuities;
(5) permitting Medigap plans to offer a limited LTSS benefit as an optional supplemental benefit or as separate insurance policy;
(6) Medicare Advantage plans offering LTSS in their benefit packages;
(7) permitting Medigap and Medicare Advantage plans to offer a respite care benefit as an optional benefit;
(8) a back-end public catastrophic long-term care insurance program;
(9) incentivizing states to expand the availability of and access to home and community-based services; and
(10) better integration of health and social services and supports, including the Program of All-Inclusive Care for the Elderly.

(30) RESOLUTION 728 - DISCHARGE CONSOLIDATED CLINICAL DOCUMENT ARCHITECTURE (C-CDA) MINIMUM DATA SET CONTENT AND ORDER PRIORITY

RECOMMENDATION:


RESOLVED, That our American Medical Association support use of standardized minimum data set content such as the standardized Consolidated Clinical Document Architecture (C-CDA) for use in an electronic discharge summary with electronic health record vendors and health information exchanges, with inclusion of the following elements:

Discharge Consolidated Document Architecture (C-CDA) Minimum Data-Set Content and Order Priority
1. Discharge summary narrative (aka hospital course)
2. Discharge medications
3. Allergies
4. Admission diagnosis
5. Discharge diagnosis
6. Procedures – including interventional radiology, cardiac catheterization, and operative procedures
7. Diagnostic imaging – advanced imaging, for example: MRI, CT, PET, nuclear imaging, ultrasound, echo, and venous Doppler
8. Laboratory – first and last laboratory result for every test recommended, rare tests – which are performed only once – included (e.g., ANA rheumatoid test)
9. Consultations
10. Assessment and plan (includes future orders for follow-up with primary care physician and diagnostic tests)
11. Problem list.

Testimony on Resolution 728 was extremely limited, with one speaker indicating concern with the use of “support” in the resolve. There was no testimony received from the author. Therefore, your Reference Committee recommends that Policies D-160.913, D-478.973, and D-478.996 be reaffirmed in lieu of Resolution 728.

DISCHARGE SUMMARY REFORM D-160.913
Our AMA will 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.

PRINCIPLES FOR HOSPITAL SPONSORED ELECTRONIC HEALTH RECORDS D-478.973
1. Our AMA will promote electronic health record (EHR) interoperability, data portability, and health IT data exchange testing as a priority of the Office of the National Coordinator for Health Information Technology (ONC).
2. Our AMA will work with EHR vendors to promote transparency of actual costs of EHR implementation, maintenance and interface production.
3. Our AMA will work with the Centers for Medicare and Medicaid Services (CMS) and ONC to identify barriers and potential solutions to data blocking to allow hospitals and physicians greater choice when purchasing, donating, subsidizing, or migrating to new EHRs.
4. Our AMA will advocate that sponsoring institutions providing EHRs to physician practices provide data access and portability to affected physicians if they withdraw support of EHR sponsorship.
This concludes the report of Reference Committee G. I would like to thank Gary Dillehay, MD, Theodore Jones, MD, Don Lee, MD, Thomas G. Peters, MD, R. Brent Wright, MD, MMM, Sherif Zaafran, MD, and all those who testified before the Committee.

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American Society of Transplant Surgeons

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