

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Report of AMA-YPS Reference Committee

Kyle P. Edmonds, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report B: State Medical Society Representation in the AMA-YPS Assembly
2. Report C: Specialty Society Representation and Outreach
3. Report D: AMA-YPS Internal Operating Procedures
4. Resolution 4: Ranked-Choice Voting in AMA Elections
5. Resolution 5: Supporting Permanent Reimbursement of Acute Hospital Care at Home

RECOMMENDED FOR ADOPTION AS AMENDED

6. Resolution 1: Any Willing Provider
7. Resolution 2: Prosthodontic Coverage After Oncologic Reconstruction
8. Resolution 3: Non-Physician Practitioners Oversight and Training

RECOMMENDED FOR FILING

9. Report A: Governing Council Activities/Action Plan Update

RECOMMENDED FOR ADOPTION

(1) REPORT B: STATE MEDICAL SOCIETY REPRESENTATION IN THE AMA-YPS ASSEMBLY

RECOMMENDATION:

Recommendations in Report B be adopted and the remainder of the Report be filed.

The Governing Council recommends that the following statements be adopted and that the remainder of the report be filed.

1. The YPS Governing Council will continue to monitor progress toward filling available representative slots and identify additional engagement opportunities as appropriate.
2. The YPS Governing Council will continue to reach out to eligible state societies that have not sent a representative or designated less than the allotted number of representatives for the AMA-YPS Assembly.
3. The YPS Governing Council will continue to communicate with YPS representatives and members to highlight the work accomplished during the Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS.

No comments were provided concerning the strategy to increase representation and promote engagement among state medical societies in the AMA Young Physicians Section (YPS) Assembly. Your Reference Committee recommends that Report B be adopted and the remainder of the report be filed.

(2) REPORT C: SPECIALTY SOCIETY REPRESENTATION AND OUTREACH

RECOMMENDATION:

Recommendations in Report C be adopted and the remainder of the Report be filed.

The Governing Council recommends that the following statements be adopted and that the remainder of the report be filed.

1. The YPS Governing Council will continue to monitor progress toward filling available representative slots and identify additional engagement opportunities as appropriate.
2. The YPS Governing Council will continue to connect with specialty societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative or designated less than the allotted number of representatives.
3. The YPS Governing Council will continue to communicate with YPS representatives and members to highlight the work accomplished during Section

4. Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS.
5. The YPS Governing Council will reach out to the American Contact Dermatitis Society, American Hernia Society, and American Society of Regional Anesthesia and Pain Medicine to notify these specialty societies of their eligibility for representation in the AMA-YPS Assembly.

No commentary was offered in the online forum regarding the plan to expand specialty society representation and involvement in the AMA-YPS Assembly. Your Reference Committee recommends that Report C be adopted and the remainder of the report be filed.

(3) REPORT D: AMA-YPS INTERNAL OPERATING PROCEDURES

RECOMMENDATION:

Recommendations in Report D be adopted and the remainder of the Report be filed.

The Governing Council recommends:

That the changes put forth by the Ad Hoc Committee on Internal Operating Procedures in Report D be adopted.

No comments were provided in the online forum regarding the proposed modifications to the AMA-YPS Internal Operating Procedures (IOP). The Reference Committee wishes to note that YPS representatives will have an opportunity to vote on amendments to the IOP language during the 2023 Annual YPS Assembly meeting.

Your Reference Committee recommends that Report D be adopted.

(4) RESOLUTION 4: RANKED-CHOICE VOTING IN AMA ELECTIONS

RECOMMENDATION:

Resolution 4 be adopted.

RESOLVED, That our AMA amend its bylaws to use ranked-choice voting for all elections within the House of Delegates and the Sections. (Modify Bylaws)

Commentary was generally supportive for the use of ranked-choice voting. Online forum comments noted that ranked-choice voting could better reflect the will of the House of Delegates and promote fairness in elections. However, there was limited testimony concerning the appropriateness of ranked-choice voting for the AMA Sections, and it was noted that each section should be allowed to have their own election process.

Although concerns were raised about implementing ranked-choice voting among the AMA Sections, your Reference Committee believes that there could be overall value in implementing this system.

Therefore, your Reference Committee recommends that Resolution 4 be adopted.

(5) RESOLUTION 5: SUPPORTING PERMANENT
REIMBURSEMENT OF ACUTE HOSPITAL CARE AT
HOME

RECOMMENDATION:

Resolution 5 be adopted.

RESOLVED, That our AMA advocate for policy making the reimbursement of Home Hospital permanent as currently enabled through the temporary Centers for Medicare & Medicaid Services Acute Hospital Care at Home waiver (Directive to Take Action); and be it further

RESOLVED, That our AMA support legislation that promotes parity between the reimbursement for Home Hospital care and traditional inpatient care amongst all payors (Directive to Take Action); and be it further

RESOLVED, That our AMA support efforts to promote the sustainability and growth of Home Hospital, including those encouraging research and innovation in the home-based acute care space (Directive to Take Action); and be it further

RESOLVED, That this resolution be immediately forwarded for consideration at the 2023 Annual Meeting of the AMA House of Delegates. (Directive to Take Action)

Online commentary was very supportive of establishing permanent reimbursement for acute hospital care at home programs while promoting the sustainability and growth for this delivery model. Although a question was raised over the need to immediately forward this resolution, online comments indicated that presenting this resolution at the 2023 Annual Meeting of the AMA House of Delegates would allow sufficient time for necessary legislative efforts.

Therefore, your Reference Committee recommends that Resolution 5 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(6) RESOLUTION 1: ANY WILLING PROVIDER

RECOMMENDATION A:

Resolution 1 be amended by deletion:

~~RESOLVED, The American Medical Association shall develop and advocate for model "Any Willing Provider" legislation nationwide, enabling all physicians to build successful practices and deliver quality patient care (Establish New HOD Policy); and be it further~~

~~RESOLVED, The American Medical Association shall lobby for federal regulations or legislation mandating insurers to implement "Any Willing Provider" policies as a prerequisite for participating in federally-supported programs (Directive to Take Action); and be it further~~

RESOLVED, The American Medical Association will work with state and national organizations, including insurance companies, to promote and support the adoption of "Any Willing Provider" laws, and will monitor the implementation of these laws to ensure that they are having a positive impact on access to quality healthcare. (Directive to Take Action)

RECOMMENDATION B:

Resolution 1 be adopted as amended.

RESOLVED, The American Medical Association shall develop and advocate for model "Any Willing Provider" legislation nationwide, enabling all physicians to build successful practices and deliver quality patient care (Establish New HOD Policy); and be it further

RESOLVED, The American Medical Association shall lobby for federal regulations or legislation mandating insurers to implement "Any Willing Provider" policies as a prerequisite for participating in federally-supported programs (Directive to Take Action); and be it further

RESOLVED, The American Medical Association will work with state and national organizations, including insurance companies, to promote and support the adoption of "Any Willing Provider" laws, and will monitor the implementation of these laws to ensure that they are having a positive impact on access to quality healthcare. (Directive to Take Action)

Limited commentary identified some benefits and consequences of any willing provider laws. Additionally, it was noted that more information is needed to better understand the impact of any willing provider laws on patients, physicians and the health care system.

Your Reference Committee wishes to note that the AMA previously drafted the Physician Fair Process Protections Act. This model bill calls for a sufficient network of physicians and other providers to support access to care, allowances for limiting provider network size when needed, and due process for physicians who are terminated from or denied participation in a provider network.

Accordingly, your Reference Committee believes that this model bill addresses the intent of the first and second Resolve clauses. Your Reference Committee recommends that Resolution 1 be adopted as amended.

(7) **RESOLUTION 2: PROSTHODONTIC COVERAGE AFTER ONCOLOGIC RECONSTRUCTION**

RECOMMENDATION A:

The first Resolve in Resolution 2 be amended by addition and deletion:

RESOLVED, That our AMA work with appropriate stakeholders to advocate: (a) that prosthodontic reconstruction (including dental implants) after orofacial reconstruction secondary to oncologic resection be covered by all insurers, (b) that such coverage, shall include treatment which, in the opinion of the treating physician is medically necessary to return optimize the patient's to a more normal appearance and function to their original form as much as possible, and (c) that such insurability be portable, i.e. not denied as a pre-existing condition if the patient's insurance coverage changes before treatment has been initiated or completed (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve in Resolution 2 be deleted:

~~**RESOLVED**, That our AMA work with the Centers for Medicare & Medicaid Services to expand coverage of head and neck cancer treatment and reconstruction to include appropriate prosthodontic reconstruction (including dental implants) as part of the reconstructive journey (Directive to Take Action); and be it further~~

RECOMMENDATION C:

The third Resolve in Resolution 2 be deleted:

~~**RESOLVED**, That our AMA advocate for appropriate funding for prosthodontic reconstruction (including dental implants) for head and neck cancer patients that have undergone resection and reconstruction. (Directive to Take Action)~~

RECOMMENDATION D:

Resolution 2 be adopted as amended.

RESOLVED, That our AMA work with appropriate stakeholders to advocate: (a) that prosthodontic reconstruction after orofacial reconstruction secondary to oncologic resection be covered by all insurers, (b) that such coverage, shall include treatment which, in the opinion of the treating physician is medically necessary to return the patient to a more normal appearance and function and (c) that such insurability be portable, i.e. not denied as a pre-existing condition if the patients insurance coverage changes before treatment has been initiated or completed (Directive to Take Action); and be it further

RESOLVED, That our AMA work with the Centers for Medicare & Medicaid Services to expand coverage of head and neck cancer treatment and reconstruction to include appropriate prosthodontic reconstruction (including dental implants) as part of the reconstructive journey (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for appropriate funding for prosthodontic reconstruction (including dental implants) for head and neck cancer patients that have undergone resection and reconstruction. (Directive to Take Action)

Online forum commentary was supportive of improving reimbursement for prosthodontic reconstruction following head and neck cancer treatment. One comment indicated that the current language may unintentionally result in labeling a patient's appearance and function. Another comment noted that the language in the first Resolve clause already addresses similar coverage and reimbursement issues noted in the second and third Resolve clauses.

Your Reference Committee concurs with the concerns raised in the online forum, and proffered an amendment. Further, your Reference Committee believes that the language in the first Resolve adequately addresses coverage and reimbursement for prosthodontic reconstruction, and the remaining Resolve clauses are not needed.

Therefore, your Reference Committee recommends that Resolution 2 be adopted as amended.

(8) **RESOLUTION 3: NON-PHYSICIAN PRACTITIONERS
OVERSIGHT AND TRAINING**

RECOMMENDATION A:

Resolution 3 be amended by deletion:

~~RESOLVED, That the AMA reaffirm that non-physician providers are invaluable members of a physician-led team and essential to ensuring access to high-quality, efficient, cost-effective and evidence-based healthcare (Reaffirm HOD Policy); and be it further~~

~~RESOLVED, That the AMA advocate for non-physician providers to participate in standardized training following completion of their degree program, which includes graduated responsibility consistent with milestones determined by an accredited medical board within their specialty~~

~~area of practice, and is suitable for practicing under protocol agreements or without direct physician supervision (New HOD Policy); and be it further~~

~~RESOLVED, That the AMA recognize the significant variability in training and experiences of non-physician providers through the use of the term “practicing to the top of training” (New HOD Policy); and be it further~~

~~RESOLVED, That the AMA advocate for the pay structure for non-physician providers be commensurate to that of physician graduate medical education (GME) without detracting funding from GME funds necessary to maintain and expand current programs (Directive to Take Action); and be it further~~

~~RESOLVED, That the AMA encourage oversight and regulation of non-physician providers by regulatory bodies comprised of individuals with equivalent and higher levels of training, including state composite medical boards (Directive to Take Action).~~

RECOMMENDATION B:

Resolution 3 be adopted as amended.

RESOLVED, That the AMA reaffirm that non-physician providers are invaluable members of a physician-led team and essential to ensuring access to high-quality, efficient, cost-effective and evidence-based healthcare (Reaffirm HOD Policy); and be it further

RESOLVED, That the AMA advocate for non-physician providers to participate in standardized training following completion of their degree program, which includes graduated responsibility consistent with milestones determined by an accredited medical board within their specialty area of practice, and is suitable for practicing under protocol agreements or without direct physician supervision (New HOD Policy); and be it further

RESOLVED, That the AMA recognize the significant variability in training and experiences of non-physician providers through the use of the term “practicing to the top of training” (New HOD Policy); and be it further

RESOLVED, That the AMA advocate for the pay structure for non-physician providers be commensurate to that of physician graduate medical education (GME) without detracting funding from GME funds necessary to maintain and expand current programs (Directive to Take Action); and be it further

RESOLVED, That the AMA encourage oversight and regulation of non-physician providers by regulatory bodies comprised of individuals with equivalent and higher levels of training, including state composite medical boards. (Directive to Take Action)

Mixed commentary was received for Resolution 3. The overall sentiment of the online forum comments was that the AMA should support the efforts of organizations with jurisdiction over non-physician providers rather than advocate on specific issues such as training and pay.

Although comments were supportive of standardized training and oversight, concerns were expressed that the language in the second Resolve clause implies that physician supervision was not required for non-physician providers. Further, many commenters felt

1 that the advocating for the specifics of a post-graduate training program may not be
2 appropriate and could be beyond the purview of the AMA.

3
4 Online comments noted that the third Resolve clause was ambiguous and more
5 clarification was needed.

6
7 Many online comments expressed opposition to calls for AMA advocacy efforts related to
8 the pay structure for non-physician providers as noted in the fourth Resolve clause.
9 Comments indicated that determining the pay structure for non-physician providers was
10 beyond the scope of the AMA.

11
12 Though online comments did not oppose the first Resolve, it was noted that this clause
13 was a reaffirmation of AMA policy and not essential.

14
15 While your Reference Committee recognizes the concerns noted in the online forum, it
16 believes that oversight and regulation of non-physician providers by the appropriate
17 regulatory bodies should be encouraged. Therefore, your Reference Committee
18 recommends that Resolution 3 be adopted as amended.

RECOMMENDED FOR FILING

(9) REPORT A: GOVERNING COUNCIL ACTIVITIES/ACTION
PLAN UPDATE

RECOMMENDATION:

Report A be filed.

Report A provides a compilation of activities accomplished by the AMA-YPS since the June 2022 Assembly meeting. Updates on AMA-YPS objectives are organized under four main categories: focus; communications; leadership development; and AMA-YPS active participation. No commentary was provided during the online forum. Therefore your Reference Committee recommends that Report A be filed.

- 1 This concludes the report of the AMA-YPS Reference Committee. I would like to thank
- 2 Tiffani Bell-Washington, MD; Charles Lopresto, DO; Kate Sayeed, MD; and Jennifer Stall,
- 3 MD.

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