

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 202
(A-24)

Introduced by: American Association of Clinical Urologists

Subject: Use of Artificial Intelligence and Advanced Technology by Third Party Payors to Deny Health Insurance Claims

Referred to: Reference Committee B

- 1 Whereas, insurers use of Artificial Intelligence (AI) and advanced technology to analyze Health
2 Insurance Claims is very frequent; and
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4 Whereas, Humana, Cigna and UnitedHealthcare are facing class actions from consumers and
5 their estates for allegedly deploying advanced technology to deny claims; and
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7 Whereas, health plans use of AI or algorithm software managed by firms such as naviHealth
8 and CareCentrix assist in coverage decisions; and
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10 Whereas, insurers are using AI and algorithms to improve their bottom line under the guise of
11 delivering better service to their policy holders; and
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13 Whereas, doctors, diagnostic companies and others are not able to deliver appropriate medical
14 care when insurance coverage is arbitrarily denied; and

15 Whereas, President Biden signed an executive order to establish AI standards in October 2023
16 which includes the responsible use of AI in Healthcare. This also requires the Department of
17 Health and Human Services (HHS) to set up a safety program to take in reports of harm or
18 unsafe health practices involving AI; and

19 Whereas, the HHS office of the National Coordinator for Health Information Technology issued
20 a rule in December 2023 requiring more transparency around AI; and

21 Whereas, the Center for Medicare and Medicaid Services (CMS) finalized rules requiring
22 Medicare Advantage Plans in 2024 to ensure they are making medical necessity determinations
23 based on the circumstances of a specific individual rather than an algorithm or software that
24 does not account for individual circumstances. Additionally, coverage denials based on medical
25 necessity determinations must be reviewed by a physician or other health care professional;
26 therefore be it

27 RESOLVED, that our American Medical Association adopt as policy that Commercial third-party
28 payors, Medicare, Medicaid, Workers Compensation, Medicare Advantage and other health
29 plans ensure they are making medical necessity determinations based on the circumstances of
30 the specific patient rather than by using an algorithm, software, or Artificial Intelligence (AI) that
31 does not account for an individual's circumstances (New HOD Policy); and be it further

- 1 RESOLVED, that our AMA adopt as policy that coverage denials based on a medical necessity
- 2 determination must be reviewed by a physician in the same specialty or by another appropriate
- 3 health care professional for non-physician health care providers. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000

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REFERENCES

1. Lopez I., Pugh T. "AI Lawsuits Against Insurers Signal Wave of Health Litigation", news.bloomberglaw.com, Feb 1, 2024, 5:05 AM EST.

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