Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

1. Resolution 1 – Mentorship to Combat Prior Authorization

**RECOMMENDED FOR ADOPTION AS AMENDED**

2. Resolution 3 – Transparency at the Pharmacy Counter—Let Patients Own Their Prescriptions

**RECOMMENDED FOR ADOPTION IN LIEU OF**

3. Resolution 2 – Change Healthcare Security Lapse—The FBI Must Investigate

**RECOMMENDED FOR REFERRAL**

4. Resolution 5 – Getting On With the Times—Expanding PPPS Inclusivity Via Hybrid Meetings and Voting

**RECOMMENDED FOR NOT ADOPTION**

5. Resolution 4 – Rebuke and Appeal CMS Interoperability and Prior Authorization Final Rule
RECOMMENDED FOR ADOPTION

(1) RESOLUTION 1 – MENTORSHIP TO COMBAT PRIOR AUTHORIZATION

RECOMMENDATION:

Resolution 1 be adopted and immediately forwarded for consideration at the 2024 Annual Meeting of the AMA House of Delegates

Resolved, that our American Medical Association study the development of a template for a mentorship program for early career physicians as a means to reduce excessive healthcare costs, with a report back by Annual 2025 (Directive to Take Action); and be it further

Resolved, that our AMA develop modules of education centered on the economics of utilization of testing, pharmaceuticals, and procedures in various categories of common and exceptional medical care (Directive to Take Action); and be it further

Resolved, that our AMA work with affected stakeholders, including government legislators and regulators, pharmaceutical and business interests, healthcare systems, and patient representatives as well as physicians on substitution of mentorship for frequent prior authorization requests (Directive to Take Action).

Your Reference Committee heard support for Resolution 1, both for the promotion of mentorship opportunities and the notion of using mentorship as a method for addressing burdens caused by prior authorization. The Committee considered that while some logistical considerations would have to be factored into a nationwide program, particularly given that the entire country does not uniformly spend in the same ways with some areas spending much more than others, the effort to put together a program to help younger physicians benefit from experience of those more practiced in efficient testing, which in turn could reduce the justification for prior authorization, would be worthwhile. Your Reference Committee thus recommends that Resolution 1 be adopted and immediately forwarded to the House of Delegates.
RECOMMENDED FOR ADOPTION AS AMENDED

(2) RESOLUTION 3 – TRANSPARENCY AT THE PHARMACY COUNTER—LET PATIENTS OWN THEIR PRESCRIPTIONS

RECOMMENDATION A:

The resolve in Resolution 3 be amended by addition and deletion to read as follows:

Resolved, that our American Medical Association advocate for legislation or regulation that mandates that pharmacies, whether physical or mail order, must inform patients about their prescriptions, to include at a minimum: the actual dose, duration, and number of units prescribed (number of pills, days of treatment, grams of cream, etc.), as well as the option of purchasing the prescribed medications out of pocket and to provide the associated out of pocket costs when insurance does not cover or covers only part of the prescribed regimen as well as provide a reason for dispensing deviations from the prescribed dose, duration, and number of units including a reference to insurance-imposed limits or pharmacy-imposed limits whenever relevant

a) The dosage and schedule of treatments as written by the prescriber
b) Any restriction or alteration of the prescriber’s intent due to third party or pharmacy intervention, with the stated justification
c) Details of other avenues to obtain the original prescription, including out of pocket options, with comparative costs (Directive to Take Action).

RECOMMENDATION B:

Resolution 3 be adopted as amended with a change in title to read:

TRANSPARENCY AT THE PHARMACY COUNTER

RECOMMENDATION C:

Alternate Resolution 3 be immediately forwarded for consideration at the 2024 Annual Meeting of the AMA House of Delegates.
Resolved, that our American Medical Association advocate for legislation that mandates that pharmacies, whether physical or mail order, must inform patients about the actual dose, duration, and number of units prescribed (number of pills, days of treatment, grams of cream, etc.), as well as the option of purchasing the prescribed medications out of pocket and to provide the associated out of pocket costs when insurance does not cover or covers only part of the prescribed regimen as well as provide a reason for dispensing deviations from the prescribed dose, duration, and number of units including a reference to insurance-imposed limits or pharmacy-imposed limits whenever relevant (Directive to Take Action).

Your Reference Committee appreciated that Resolution 3 is attempting to address an issue that the Committee agrees is very much in need of attention. Generally, the Committee found itself fully in support of Resolution 3, though it did believe that restructuring the resolve clause and editing it slightly could improve its chances at the House of Delegates. Having heard no testimony against it, your Reference Committee thus recommends that Resolution 3 be adopted as amended and immediately advanced to the House of Delegates for consideration at the 2024 Annual Meeting.
RECOMMENDED FOR ADOPTION IN LIEU OF

(3) RESOLUTION 2 – CHANGE HEALTHCARE SECURITY LAPSE—THE FBI MUST INVESTIGATE

RECOMMENDATION A:

That Alternate Resolution 2 be adopted in lieu of Resolution 2:

Resolved, that our American Medical Association seek a directed investigation by appropriate authorities of the Change Healthcare cybersecurity breach that defines the cause, so as to minimize the change of a future breach, as well as to determine any penalties for negligence, should that be a factor in the current episode (Directive to Take Action); and be it further

Resolved, that our AMA monitor all ongoing investigations of the Change Healthcare cybersecurity breach with a report back at Interim 2024 with recommendations as to further action the AMA itself should pursue (Directive to Take Action).

RECOMMENDATION B:

Alternate Resolution 2 be immediately forwarded for consideration at the 2024 Annual Meeting of the AMA House of Delegates.

Resolved, that our American Medical Association issue a formal public request that the Federal Bureau of Investigation investigate Change Healthcare’s cybersecurity incident and issue a public report and the cause of the security breach, determining whether it is preventable and how (Directive to Take Action); and be it further

Resolved, that our AMA convene a workgroup on legal issues arising from the Change Healthcare breach, including but not limited to resultant interruption of business practices, increase in the costs of electronic transactions, increase in liability and financial losses and report back at Interim 2024 on the feasibility to pursue legal action on behalf of private practice physicians and possibly in collaboration with the American Hospital Association (Directive to Take Action).

Your Reference Committee considered during deliberations on Resolution 2 that the House of Delegates has already accepted a resolution for the Annual 2024 meeting, Res. 008 – “Consolidated Health Care Market”, that would direct the AMA to investigate the possibility of filling a class action lawsuit against Optum, United Health Group, and Change Health to attempt to address damages caused by the Change Healthcare breach as well as investigate the practices of Optum, of which Change Healthcare is a
component of their business. The sense of the Committee was generally in support of
efforts to protect practices against these types of widespread attacks, particularly by
encouraging alternate billing pathways and other logistical solutions that can help to
create fewer points of vulnerability for practices needing reimbursement.

The Committee also was aware that there are, at this time, several federal agencies
already looking into the causes, vulnerabilities, and possible solutions to the attack,
including ways to make practices whole. Given that, the Committee was doubtful that a
new workgroup would be beneficial. Understanding how many members of the PPPS
have been affected by the attack, however, the Committee believed that some action
was warranted with the goal of giving the House of Delegates multiple options for action.
The Committee thus urges the PPPS Delegate and Alternate Delegate to support Res.
008 at the House of Delegates and recommends that Alternate Resolution 2 be adopted
by the Section in lieu of Resolution 2 and immediately advanced to the House of
Delegates.
RECOMMENDED FOR REFERRAL

(4) RESOLUTION 5 – GETTING ON WITH THE TIMES—EXPANDING PPPS INCLUSIVITY VIA HYBRID MEETINGS AND VOTING

RECOMMENDATION:

Resolution 5 be referred.

Resolved, that our Private Practice Physicians Section adopts hybrid meetings and hybrid voting beginning with the 2024 Interim Meeting (Directive to Take Action); and be it further

Resolved, that our Private Practice Physicians Section Internal Operating Procedures and other governing documents be amended to effect these changes (Directive to Take Action).

Upon review of Resolution 5, your Reference Committee found itself in agreement that it would behoove the Private Practice Physician Section to work toward a hybrid meeting solution for future meetings of the Section. Given that private practice physicians are particularly vulnerable to the opportunity costs of attending an in-person meeting instead of seeing patients, efforts should be undertaken to improve the ability of more future members to participate without negatively affecting their practices. The Committee also considered that increased membership is a core goal of the Section and methods to help it do so should be given high priority.

The Committee also considered that the transition to a hybrid meeting is a costly and complex one, involving significant infrastructure investment and personnel costs. The Committee understands those costs could prove too high to bear at the present time. Nevertheless, given the mandate to expand membership in the Section, the Committee ultimately agreed that movement toward a hybrid meeting is in the best interest of the PPPS.

Understanding that decisions about how Section Business Meetings are conducted are largely outside the scope of the House of Delegates, your Reference Committee thus recommends that Resolution 5 be referred to the Private Practice Physicians Section Governing Council with instructions to report back to the Section Assembly by the 2024 Interim Meeting on a plan for movement toward a hybrid meeting structure.
RECOMMENDED FOR NOT ADOPTION

(5) RESOLUTION 4 – REBUKE AND APPEAL CMS INTEROPERABILITY AND PRIOR AUTHORIZATION FINAL RULE

RECOMMENDATION:

Resolution 4 be not adopted.

Resolved, that our American Medical Association conducts an independent cost analysis of the CMS Interoperability and Prior Authorization Final Rule of 2024 and determine whether it is allowable and appropriate for the AMA to file a federal lawsuit for one or more violations of the Administrative Procedure Act for exceeding delegated authority under HIPAA administrative simplification requirements (Directive to Take Action); and be it further

Resolved, that, as a potential claim for relief in the event it initiates a lawsuit as described in the foregoing Resolution or in such other lawsuit as our AMA may initiate to address the concerns expressed in these Resolutions, the AMA shall determine whether it is allowable and appropriate to demand that courts direct the Centers for Medicare and Medicaid Services to rewrite regulations under the CMS Interoperability and Prior Authorization Final Rule of 2024 to comply with applicable laws while advocating the principles enumerated in AMA and Medical Society of the State of New York policies (Directive to Take Action); and be it further

Resolved, that our AMA report back at Interim 2024 on the progress of the implementation of this resolution and subsequently at each Annual Meeting (Directive to Take Action).

Your Reference Committee heard feedback from the AMA Office of the General Counsel (OGC) as well as the AMA Advocacy Resource Center (ARC) raising some concerns about Resolution 4 as it was originally written. As the business units responsible for ensuring the AMA’s legal compliance and its federal legislative and regulatory relations, they presented considerations for the Committee to ensure that any direction Resolution 4 would promote at the House of Delegates complied not only with law, but also with the AMA’s larger strategic operations. Neither business unit has ultimate authority over the Private Practice Physicians Section’s policy content, however the Committee takes their feedback seriously.

The Committee considered that, per the advisement of ARC and OGC, some components of Resolution 4 may be lacking in the technical expertise necessary to direct legal action as well regulatory interactions with the United States Health and Human Services Department. After deliberations, the Committee believed that while Resolution 4 is addressing an issue that is not only at the heart of AMA strategic priorities surrounding fixing prior authorization, in its current form the resolution presents some legitimate and potentially unfavorable challenges to larger AMA legal and federal regulatory operations.
Your Reference Committee thus recommends that Resolution 4 be not adopted. The Committee would, however, welcome the opportunity to connect with the author of the resolution and share the feedback from the Advocacy Resource Center and the Office of the General Counsel and encourage that Resolution 4 be redrafted and resubmitted at a future meeting with that feedback taken into account.
Doctor Chair, this concludes the report of the Private Practice Physicians Section Reference Committee. I would like to thank Drs. Connie DiMari, Matthew Gold, and Shalini Shah, as well as all those who testified before the Committee.

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Chair, PPPS Reference Committee

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