

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 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-24)

Report of Reference Committee G

Yasser Zeid, MD, URPS, FACOG, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:
2

3 **RECOMMENDED FOR ADOPTION**

- 4 1. BOT Report 30 - Proper Use of Overseas Virtual Assistants in Medical Practice
- 5 2. CMS Report 1 – Sunset Review of 2014 House Policies
- 6 3. CMS Report 6 – Economics of Prescription Medication Prior Authorization
- 7 4. Resolution 701 – Opposition to the Hospital Readmission Reduction Program
- 8 5. Resolution 706 – Automatic Pharmacy-Generated Prescription Requests
- 9 6. Resolution 707 – Alternative Funding Programs
- 10 7. Resolution 709 – Improvements to Patient Flow in the U.S. Healthcare System
- 11 8. Resolution 718 – Transparency at the Pharmacy Counter

12 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 13 9. BOT Report 29 - Transparency and Accountability of Hospitals and Hospital
14 Systems
- 15 10. CMS Report 5 – Patient Medical Debt
- 16 11. Resolution 702 – The Corporate Practice of Medicine, Revisited
- 17 12. Resolution 703 – Upholding Physician Autonomy in Evidence-Based Off-Label
18 Prescribing and Condemning Pharmaceutical Price Manipulation
- 19 13. Resolution 704 – Pediatric Readiness in Emergency Departments
- 20 14. Resolution 705 – 20 Minute Primary Care Visits
- 21 15. Resolution 708 – Medicolegal Death Investigations
- 22 16. Resolution 710 – The Regulation of Private Equity in the Healthcare Sector
- 23 17. Resolution 712 – Full Transparency – Explanation of Benefits
- 24 18. Resolution 714 – Automatic Downcoding of Claims
- 25 19. Resolution 716 – Impact of Patient Non-adherence on Quality Score
- 26 20. Resolution 719 – Support Before, During, and After Hospital Closure or
27 Reduction in Services
- 28

29 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 30 21. Resolution 711 – Insurer Accountability When Prior Authorization Harms Patients
- 31 Resolution 720 – The Hazards of Prior Authorization
- 32 22. Resolution 721 – Developing Physician Resources to Optimize Practice
33 Sustainability
- 34 Resolution 717 – Mentorship to Combat Prior Authorization
- 35

- 1 **Amendments**
- 2 **If you wish to propose an amendment to an item of business, click here: [Submit](#)**
- 3 **[New Amendment](#)**

RECOMMENDED FOR ADOPTION

- 1 (1) BOT REPORT 30: PROPER USE OF OVERSEAS
2 VIRTUAL ASSISTANTS IN MEDICAL PRACTICE
3

4 **RECOMMENDATION:**
5

6 **Madam Speaker, your Reference Committee**
7 **recommends that Board of Trustees Report 30 be**
8 **adopted and the remainder of the report be filed.**
9

10 **HOD ACTION: Recommendations in Board of**
11 **Trustees Report 30 adopted and the remainder of**
12 **the Report filed.**
13

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

- 16 1. That Our American Medical Association (AMA) reaffirm the following policies
17 a. H-385.951 – Remuneration for Physician Services
18 b. H-180.944 – Plan for Continued Progress Toward Health Equity
19 c. H-135.932 – Light Pollution: Adverse Health Effects of Nighttime Lighting
20 (Reaffirm HOD Policy)
21 2. That Policy H-200.947 be amended to read as follows: “Our AMA: (1) supports
22 the 15 concept that properly trained ~~overseas~~ virtual assistants, in the U.S. or
23 overseas, are an acceptable way to staff administrative roles in medical
24 practices; and (2) will ~~study and offer formal guidance for physicians on how best~~
25 ~~to utilize overseas virtual assistants to ensure protection of patients, physicians,~~
26 ~~practices, and equitable employment in communities served, in a manner~~
27 ~~consistent with appropriate compliance standards~~ create and publish educational
28 materials for medical practices that offer formal guidance on how best to utilize
29 virtual assistants to ensure protection of patients, physicians, virtual assistants
30 and practices.” (Modify Current HOD Policy).
31

32 Your Reference Committee heard supportive testimony on Board of Trustees Report
33 30. Testimony was unanimously supportive of the report as written, including from the
34 authors of the original resolution on which the report was based. Specifically, testimony
35 cited the improvement of the engagement of their staff and the overall benefit it
36 provided to her clinic. Therefore, your Reference Committee recommends that the
37 Recommendations in Board of Trustees Report 30 be adopted and the remainder of
38 the report filed.

1 (2) CMS REPORT 1 – SUNSET REVIEW ON 2014 HOUSE
2 POLICIES
3

4 **RECOMMENDATION A:**
5

6 **Madam Speaker, your Reference Committee recommends**
7 **that Recommendations in the Council on Medical Service**
8 **Report 1 be adopted and the remainder of the report be**
9 **filed.**

10
11 **HOD ACTION: Recommendations in the Council on Medical**
12 **Service Report 1 adopted and the remainder of the report**
13 **filed.**
14

15
16 The Council on Medical Service recommends that the House of Delegates policies that
17 are listed in the appendix to this report be acted upon in the manner indicated and the
18 remainder of this report be filed.
19

20 Your Reference Committee heard limited supportive testimony on Council on Medical
21 Service Report 1. The Council accepted the editorial change to remove gendered
22 language in the reviewed policies. Your Reference Committee recommends that the
23 recommendations in Council on Medical Service Report 1 be adopted, and the
24 remainder of the report be filed.
25

26 (3) CMS REPORT 6 – ECONOMICS OF PRESCRIPTION
27 MEDICATION PRIOR AUTHORIZATION
28

29 **RECOMMENDATION:**
30

31 **Madam Speaker, your Reference Committee**
32 **recommends that Recommendations in Council on**
33 **Medical Service Report 6 be adopted and the**
34 **remainder of the report be filed.**
35

36 **HOD ACTION: Recommendations in the Council on**
37 **Medical Service Report 6 adopted and the**
38 **remainder of the report filed.**
39

40 The Council on Medical Service recommends that the following be adopted in lieu of
41 Resolution 725-A-23, and the remainder of the report be filed:
42

- 43 1. That our American Medical Association (AMA) support working with payers and
44 interested parties to ensure that prior authorization denial letters include at a
45 minimum (1) a detailed explanation of the denial reasoning, (2) a copy of or
46 publicly accessible link to any plan policy or coverage rules cited or used as part
47 of the denial, and (3) what rationale or additional documentation would need to
48 be provided to approve the original prescription and alternative options to the
49 denied medication. (New HOD Policy)

- 1 2. That our AMA amend Policy H-120.919 to read as follows:
2 That our AMA will: (1) continue to support efforts to publish implement a ~~Real-~~
3 ~~Time Prescription Benefit (RTPB)~~ Real-Time Benefit Tool (RTBT) standard that
4 meets the needs of all physicians and other prescribers, utilizing any electronic
5 health record (EHR), and prescribing on behalf of any insured patient; (2) support
6 efforts to ensure that provider-facing and patient facing RTBT systems align; and
7 (3) advocate that all payers (i.e., public and private prescription drug plans) be
8 required to implement and keep up to date an ~~RTPB~~ RTBT standard tool that
9 integrates with all EHR vendors, and that any changes that must be made to
10 accomplish ~~RTPB~~ RTBT tool integration be accomplished with minimal disruption
11 to EHR usability and cost to physicians and hospitals; (4) advocate that RTBT
12 systems provide a justification for why prior authorization is required and include
13 approved/covered alternative prescription medications; and (35) develop and
14 disseminate educational materials that will empower physicians to be prepared to
15 optimally utilize ~~RTPB~~ tools RTBT and other health information technology tools
16 that can be used to enhance communications between physicians and
17 pharmacists to reduce the incidence of prescription abandonment; (6) advocate
18 that payers honor coverage information that is based on a RTBT at the time of
19 prescription and that prior authorization approvals should be valid for the duration
20 of the prescribed/ordered treatment; and (7) continue to advocate for the
21 accuracy and reliability of data provided by RTBTs and for vendor neutrality to
22 ensure that it is supportive to physician efforts. (Modify Current HOD Policy)
23
- 24 3. That our AMA Policy H-110.963, which addresses the regulation and monitoring
25 of third-party Pharmacy Benefit Managers (PBMs) in an effort to control
26 prescription drug pricing. (Reaffirm HOD Policy)
27
- 28 4. That our AMA reaffirm Policy H-125.979, which outlines advocacy efforts to
29 ensure that physicians have access to real-time formulary data when prescribing.
30 (Reaffirm HOD Policy)
31
- 32 5. That our AMA reaffirm Policy H-320.945, which details opposition to the abuse of
33 prior authorization and the requirement for payers to accurately report denials
34 and approvals. (Reaffirm HOD Policy)
35
- 36 6. That our AMA reaffirm Policy H-125.986, which outlines the AMA's position that
37 certain actions from PBMs interfere with physician practice and may impact the
38 patient-physician relationship. (Reaffirm HOD Policy)
39
- 40 7. That our AMA reaffirm Policy D-120.933, which encourages the gathering of data
41 to better understand the impact that PBM actions may lead to an erosion of the
42 patient-physician relationship. (Reaffirm HOD Policy)
43

44 Your Reference Committee heard supportive testimony on Council on Medical
45 Service Report 6. Testimony indicated the importance of ensuring that information on
46 prior authorization denials is available to patients and physicians, particularly to
47 prevent delays in care. A delegation indicated support for the report but
48 recommended clarification that the Real-Time Benefit Tool systems should be
49 uniform. Based on testimony your Reference Committee believes that the inclusion
50 of "standard" adequately addresses this concern, and the addition of additional

1 language would be redundant. Based on the supportive testimony heard for this
2 report, your Reference Committee recommends that the recommendations in
3 Council on Medical Service Report 6 be adopted, and the remainder of the report be
4 filed.

5
6 (4) RESOLUTION 701 – OPPOSITION TO THE HOSPITAL
7 READMISSIONS REDUCTION PROGRAM

8
9 **RECOMMENDATION:**

10
11 **Madam Speaker, your Reference Committee**
12 **recommends that Resolution 701 be adopted.**

13
14 **HOD ACTION: Resolution 701 adopted.**

15
16 RESOLVED, that our American Medical Association oppose the Hospital Readmissions
17 Reduction Program. (New HOD Policy)

18
19 Your Reference Committee heard supportive testimony on Resolution 701. Delegations
20 explained that the Hospital Readmissions Reduction Program (HRRP) is not supported
21 by research and that the program has been linked with worse patient outcomes and
22 increased readmissions. The Council on Medical Service testified that the removing of
23 this program would require Congressional action and that this may not be the best use of
24 AMA advocacy capital. However, compelling testimony was provided regarding the harm
25 that the HRRP causes and therefore your Reference Committee recommends the
26 adoption of Resolution 701.

27
28 (5) RESOLUTION 706 – AUTOMATIC PHARMACY-
29 GENERATED PRESCRIPTION REQUESTS

30
31 **RECOMMENDATION:**

32
33 **Madam Speaker, your Reference Committee**
34 **recommends that Resolution 706 be adopted.**

35
36 **HOD ACTION: Resolution 706 adopted.**

37
38 RESOLVED, that our American Medical Association advocates that pharmacy-
39 generated requests for changes to a prescription (quantity dispensed, refills, or
40 substitutions) clarify whether these requests are generated by the patient or patient's
41 surrogates, or automatically by the pharmacy. (Directive to Take Action)

42
43 Your Reference Committee heard exclusively supportive testimony of Resolution 706.
44 Multiple delegations testified to the importance of ensuring that physicians and patients
45 have accurate information about prescriptions, including automatically generated refill
46 requests. Testimony reflected that these automatic refills have the potential to cause
47 patient harm should a patient unintentionally take too much of a medication or for a
48 duration longer than intended by the physician. Therefore, your Reference Committee
49 recommends Resolution 706 be adopted.

1 (6) RESOLUTION 707 – ALTERNATIVE FUNDING
2 PROGRAMS
3

4 **RECOMMENDATION:**

5
6 **Madam Speaker, your Reference Committee**
7 **recommends that Resolution 707 be adopted.**

8
9 **HOD ACTION: Resolution 707 adopted.**

10
11 **RESOLVED**, that our American Medical Association will educate employers, benefits
12 administrators, and patients on alternative funding programs (AFPs) and their negative
13 impacts on patient access to treatment and will advocate for legislative and regulatory
14 policies that would address negative impacts of AFPs. (Directive to Take Action)

15
16 Your Reference Committee heard supportive testimony of Resolution 707. Multiple
17 delegations indicated the significant harms that come from Alternative Funding
18 Programs (AFPs). Specifically, testimony outlined that AFPs can cause significant
19 delays in patients receiving medications, or in some cases prevent patients from
20 accessing medications altogether. Your Reference Committee heard testimony
21 suggesting referral of this item due to the complexity and novelty of AFPs. Additional
22 concern was voiced that the AMA may not be the appropriate body to educate on this
23 issue. However, a significant amount of testimony indicated the necessity of addressing
24 this issue and explained that the AMA has similar ongoing education efforts on related
25 drug pricing topics. Therefore, your Reference Committee believes that your AMA is the
26 appropriate body to educate and advocate on this issue. Additionally, testimony reflected
27 the urgency of this issue and the potential harm that could come if AMA action was
28 delayed by referral of this resolution. Therefore, your Reference Committee
29 recommends the adoption of Resolution 707.

30
31 (7) RESOLUTION 709 – IMPROVEMENTS TO PATIENT
32 FLOW IN THE U.S. HEALTHCARE SYSTEM
33

34 **RECOMMENDATION:**

35
36 **Madam Speaker, your Reference Committee**
37 **recommends that Resolution 709 be adopted.**

38
39 **HOD ACTION: Resolution 709 adopted.**

40
41 **RESOLVED**, that our American Medical Association work with relevant stakeholders and
42 propose recommendations to appropriate entities to improve patient flow and access to
43 care throughout multiple environments in the U.S. healthcare system. (Directive to Take
44 Action)

45
46 Your Reference Committee heard testimony that was supportive of Resolution 709 and
47 outlined that delayed patient flow throughout the U.S. health care system adversely affects
48 patient care and can threaten optimal outcomes. Testimony for the referral of this item
49 was heard from a few delegations, however, a number of delegations indicated that this
50 issue is one of significant relevance and importance. Specifically, testimony indicated that

1 efforts in this area are already underway and that the AMA has the opportunity to join a
2 wide variety of stakeholders to improve patient flow in the health care system. Due to the
3 supportive testimony, your Reference Committee recommends Resolution 709 be
4 adopted.

5
6 (8) RESOLUTION 718 – TRANSPARENCY AT THE
7 PHARMACY COUNTER

8
9 **RECOMMENDATION:**

10
11 **Madam Speaker, your Reference Committee**
12 **recommends that Resolution 718 be adopted.**

13
14 **HOD ACTION: Resolution 718 adopted.**

15
16 RESOLVED, that our American Medical Association advocate for legislation or
17 regulation that mandates that pharmacies, whether physical or mail-order, must inform
18 patients about their prescriptions, to include at a minimum:

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

24
25 Your Reference Committee heard supportive testimony on Resolution 718. Testimony
26 explained the importance of ensuring that patients can access full information about their
27 prescriptions when picking them up at the pharmacy. Additionally, testimony explained
28 that patients are often not notified of prescription changes until they are at the pharmacy.
29 Based on this testimony, your Reference Committee recommends the adoption of 718.

RECOMMENDED FOR ADOPTION AS AMENDED

1
2 (9) BOT REPORT 29 – TRANSPARENCY AND
3 ACCOUNTABILITY OF HOSPITALS AND HOSPITAL
4 SYSTEMS

RECOMMENDATION A:

5
6
7
8 **Madam Speaker, your Reference Committee**
9 **recommends that the second Resolved clause of**
10 **Board of Trustees Report 29 be amended by**
11 **addition to read as follows:**

12
13 **2. That the following policy statement be adopted**
14 **to supersede Policy H-200.971, “Transparency and**
15 **Accountability of Hospitals and Hospital**
16 **Systems,”:**

17 **a. The AMA supports and facilitates**
18 **transparent reporting of final**
19 **determinations of physician complaints**
20 **against hospitals and health systems**
21 **through publicly accessible channels such**
22 **as the Joint Commission Quality Check**
23 **reports to include periodic report back to**
24 **the HOD with the first update to be given at**
25 **A-25 (New HOD Policy).**

26
27 **b. The AMA will develop educational**
28 **materials on the peer review process and**
29 **advocate on behalf of doctors who have**
30 **been subject to bad-faith peer review,**
31 **including information about what**
32 **constitutes a bad-faith peer review and**
33 **what options physicians may have in**
34 **navigating the peer review process**
35 **(Directive to Take Action).**

RECOMMENDATION B:

36
37
38
39 **Madam Speaker, your Reference Committee**
40 **recommends that Board of Trustees Report 29 be**
41 **adopted as amended and the remainder of the**
42 **report be filed.**

43
44 **HOD ACTION: Recommendations in Board of**
45 **Trustees Report 29 adopted as amended and the**
46 **remainder of the report filed.**

1 The Board of Trustees recommends:
2

3 1. The following policies be reaffirmed:

- 4 a. Policy H-405.950, "Preserving the Practice of Medicine"
- 5 b. Policy H-225.950, "Principles for Physician Employment"
- 6 c. Policy H-225.952, "The Physician's Right to Exercise Independent
7 Judgement in All Organized Medical Staff Affairs"
- 8 d. Policy H-230.965, "Immunity from Retaliation Against Medical Staff
9 Representatives by Hospital Administrators"
- 10 e. Policy H-435.942, "Fair Process for Employed Physicians"
- 11 f. Policy H-375.962, "Legal Protections for Peer Review"
- 12 g. Policy D-375.987, "Effective Peer Review"
- 13 h. Policy H-375.960, "Protection Against External Peer Review Abuses"
14 (Reaffirm HOD policy); and

15 2. That the following policy statement be adopted to supersede Policy H-200.971,
16 "Transparency and Accountability of Hospitals and Hospital Systems,":

- 17 a. The AMA supports transparent reporting of final determinations of physician
18 complaints against hospitals and health systems through publicly accessible
19 channels such as the Joint Commission Quality Check reports (New HOD
20 Policy).
- 21 b. The AMA will develop educational materials on the peer review process,
22 including information about what constitutes a bad-faith peer review and what
23 options physicians may have in navigating the peer review process (Directive to
24 Take Action).

25 3. That the title of Policy H-200.971, "Transparency and Accountability of Hospitals and
26 Hospital Systems," be changed to:

- 27 a. "Transparent Reporting of Physician Complaints Against Hospitals and Health
28 Systems"

29 4. That the remainder of this report be filed.
30

31 Your Reference Committee heard supportive testimony on Board of Trustees Report 29.
32 Testimony outlined the importance of this issue and the need to ensure that
33 transparency in hospital complaint systems is improved. Additionally, testimony indicated
34 that this is a method that could help to dissuade gender bias in hospital settings.
35 Testimony indicated a desire to have the AMA provide legal defense for impacted
36 physicians, however while the AMA is able to advocate on behalf of physicians, but is
37 not able to provide legal defense to a physician. Finally, testimony indicated that AMA
38 efforts should not only support but also facilitate efforts, and that physicians should be
39 defended if they are subjected to bad-faith peer reviews. Therefore, your Reference
40 Committee recommends that the recommendation in Board of Trustees Report 29 be
41 adopted as amended and the remainder of the report be filed

1 (10) CMS REPORT 5 – PATIENT MEDICAL DEBT

2
3 **RECOMMENDATION A:**

4
5 **Madam Speaker, your Reference Committee**
6 **recommends that Recommendation 2 in Council on**
7 **Medical Service Report 5 be amended by addition**
8 **to read as follows:**

9
10 **2. That our AMA support innovative efforts to address**
11 **medical debt for patients, including requirements to**
12 **offer sliding-scale, interest-free payment plans before**
13 **collection or litigation activities and public and private**
14 **efforts to eliminate medical debt, such as purchasing**
15 **debt with the intent of cancellation. (New HOD Policy)**

16
17 **RECOMMENDATION B:**

18
19 **Madam Speaker, your Reference Committee**
20 **recommends that Council on Medical Service Report 5**
21 **be adopted as amended and the remainder of the report**
22 **be filed.**

23
24 **HOD ACTION: recommends that council on medical**
25 **service report 5 adopted as amended and the remainder**
26 **of the report be filed.**

27
28 **2. That our AMA support innovative efforts to address**
29 **medical debt for patients, including requirements to**
30 **offer sliding-scale, interest-free payment plans before**
31 **collection or litigation activities and public and private**
32 **efforts to eliminate medical debt, such as purchasing**
33 **debt with the intent of cancellation. (New HOD Policy)**

34
35 The Council on Medical Service recommends that the following recommendations be
36 adopted in lieu of Resolution 710-A-23 and Resolution 712-A-23, and the remainder of
37 the report be filed:

- 38
39 1) That our American Medical Association (AMA) encourage health care
40 organizations to manage medical debt with patients directly, considering several
41 options including but not limited to discounts, payment plans with flexibility and
42 extensions as needed, or forgiveness of debt altogether, before resorting to third-
43 party debt collectors or any punitive actions. (New HOD Policy)
- 44
45 2) That our AMA supports innovative efforts to address medical debt for patients,
46 including public and private efforts to eliminate medical debt. (New HOD Policy)
- 47
48 3) That our AMA support amending the Fair Debt Collection Practices Act to include
49 hospitals and strengthen standards within the Act to provide clarity to patients
50 about whether their insurance has been or will be billed, which would require

1 itemized debt statements to be provided to patients, thereby increasing
2 transparency, and prohibiting misleading representation in connection with debt
3 collection. (New HOD Policy)
4

5 4) That our AMA opposes wage garnishments and property liens being placed on
6 low-wage patients due to outstanding medical debt at levels that would preclude
7 payments for essential food and housing. (New HOD Policy)
8

9 5) That our AMA support patient education on medical debt that addresses
10 dimensions such as:

- 11 a. Patient financing programs that may be offered by hospitals, physicians
12 offices, and other non-physician provider offices;
- 13 b. The ramifications of high interest rates associated with financing programs
14 that may be offered by a hospital, physician's office, or other non-physician
15 provider's office;
- 16 c. Potential financial aid available from a patient's hospital and/or physician's
17 office; and
- 18 d. Methods to reduce high deductibles and cost-sharing. (New HOD Policy)
19

20 Your Reference Committee heard testimony in support of Council on Medical Service
21 Report 5. The authors of the resolutions that spurred the creation of this report supported
22 Council on Medical Service Report 5 as written. There were a handful of amendments
23 proposed and the Council defended their report recommendations as written. A delegation
24 proffered an amendment to ensure that medical debt is not included in credit reports and
25 the removal of the requirement that the debt level precludes payments for essential food
26 or housing. However, the Council provided compelling testimony to defend these positions
27 and explained that these qualifiers ensure that patients who can pay medical bills are held
28 accountable while ensuring that no patient is denied basic necessities. Your Reference
29 Committee found the following amendment compelling and recommends that it be
30 incorporated into the report; "requirements to offer sliding-scale, interest-free payment
31 plans before collection or litigation activities and", as well as "such as purchasing debt with
32 the intent of cancellation." The Council was amendable to this amendment. Your
33 Reference Committee recommends that the recommendations in Council on Medical
34 Service Report 5 be adopted as amended and the remainder of the report be filed.

1 (11) RESOLUTION 702 – THE CORPORATE PRACTICE OF
2 MEDICINE, REVISITED
3

4 **RECOMMENDATION A:**
5

6 **Madam Speaker, your Reference Committee recommends**
7 **that Resolution 702 be amended by addition to read as**
8 **follows:**
9

10 **RESOLVED, That our American Medical Association revisit**
11 **the concept of restrictions on the corporate practice of**
12 **medicine, including, but not limited to, private equities, hedge**
13 **funds and similar entities, review existing state laws and**
14 **study needed revisions and qualifications of such restrictions**
15 **and/or allowances, in a new report that will study and report**
16 **back by Annual 2025 with recommendations on how to**
17 **increase competition, increase transparency, support**
18 **physicians and physician autonomy, protect patients, and**
19 **control costs in already consolidated health care markets;**
20 **and to inform advocacy to protect the autonomy of physician-**
21 **directed care, patient protections, medical staff employment**
22 **and contract conflicts, and access of the public to quality**
23 **health care, while containing health care costs.**
24

25 **RECOMMENDATION B:**
26

27 **Madam Speaker, your Reference Committee recommends**
28 **that Resolution 702 be adopted as amended.**
29

30 **HOD ACTION: Resolution 702 adopted as amended.**
31

32 RESOLVED, that our American Medical Association revisit the concept of restrictions on
33 the corporate practice of medicine, including private equities, hedge funds and similar
34 entities, review existing state laws and study needed revisions and qualifications of such
35 restrictions and/or allowances, in a new report to our House of Delegates by Annual
36 2025 that will inform advocacy to protect the autonomy of physician-directed care,
37 patient protections, medical staff employment and contract conflicts, and access of the
38 public to quality healthcare, while containing healthcare costs. (Directive to Take Action)
39

40 Your Reference Committee heard supportive testimony of Resolution 702. One delegation
41 highlighted a situation in which the number of physicians at a hospital was decreased due
42 to the ownership by a private equity entity. The physicians went on strike and the private
43 equity firm removed their ownership stake in the hospital as a result. One delegation
44 proffered two amendments to expand the scope of the study requested by the resolution
45 authors to include physician autonomy and increased transparency. Therefore, your
46 Reference Committee recommends that Resolution 702 be adopted as amended.

1 (12) RESOLUTION 703 – UPHOLDING PHYSICIAN
2 AUTONOMY IN EVIDENCE-BASED OFF-LABEL
3 PRESCRIBING AND CONDEMNING PHARMACEUTICAL
4 PRICE MANIPULATION
5

6 **RECOMMENDATION A:**

7
8 **Madam Speaker, your Reference Committee**
9 **recommends that the first Resolve of Resolution 703**
10 **be amended by deletion to read as follows:**

11
12 **RESOLVED, that our American Medical Association**
13 **(AMA) advocates for transparency, accountability, and**
14 **fair pricing practices in pharmaceutical pricing,**
15 **~~opposing differential pricing or medications~~**
16 **~~manufactured by the same company with the same~~**
17 **~~active ingredient, without clear clinical necessity;~~ and**
18 **be it further**

19
20 **RECOMMENDATION B:**

21 **Madam Speaker, your Reference Committee**
22 **recommends that the second Resolve of Resolution**
23 **703 be amended by addition and deletion to read as**
24 **follows:**

25
26 **RESOLVED, that our AMA condemns interference with**
27 **a physician's ability to prescribe clinically appropriate**
28 **medication ~~one medication over another with the same~~**
29 **~~active ingredient~~ without risk of harassment,**
30 **prosecution, or loss of their medical license, and calls**
31 **on regulatory authorities to investigate and take**
32 **appropriate action against such practices. (New HOD**
33 **Policy)**

34
35 **RECOMMENDATION C:**

36
37 **Madam Speaker, your Reference Committee**
38 **recommends that Resolution 703 be adopted as**
39 **amended.**

40
41 **RECOMMENDATION D:**

42
43 **The Title of Resolution 703 be changed:**

44
45 **UPHOLDING PHYSICIAN AUTONOMY IN EVIDENCE-**
46 **BASED OFF-LABEL PRESCRIBING**

47
48 **HOD ACTION: Resolution 703 adopted as amended with**
49 **a title change.**

1 RESOLVED, that our American Medical Association advocates for transparency,
2 accountability, and fair pricing practices in pharmaceutical pricing, opposing differential
3 pricing of medications manufactured by the same company with the same active
4 ingredient, without clear clinical necessity (Directive to Take Action); and be it further

5
6 RESOLVED, that our AMA condemns interference with a physician's ability to prescribe
7 one medication over another with the same active ingredient, without risk of harassment,
8 prosecution, or loss of their medical license, and calls on regulatory authorities to
9 investigate and take appropriate action against such practices. (New HOD Policy)

10
11 Your Reference Committee heard testimony in support of Resolution 703. Testimony
12 was supportive of both resolved clauses, but primarily focused on the second resolved.
13 The Council on Medical Service testified against opposing differential pricing in the first
14 resolved clause as this could have negative impacts on patient access to medication in
15 some situations. An additional delegation indicated support for the Council's amendment
16 as it negated potential issues with differential pricing in cases when it may be warranted
17 due to the patient's diagnosis. The majority of testimony focused on the importance of
18 ensuring that physicians have the autonomy to prescribe medications off-label when it is
19 clinically appropriate and supported by evidence. Testimony indicated concern that only
20 referring to the active ingredient in a medication may ignore differences in medication
21 formulation beyond the active ingredient, however, this concern is addressed with the
22 proffered amendment to refer to clinically appropriate medication. Finally, in order to
23 ensure that the resolution title is an accurate reflection of the resolution itself, your
24 Reference Committee recommends the adoption of Resolution 703 as amended with a
25 title change.

26
27 (13) RESOLUTION 704 – PEDIATRIC READINESS IN
28 EMERGENCY DEPARTMENTS

29
30 **RECOMMENDATION A:**

31
32 **Madam Speaker, your Reference Committee**
33 **recommends that the second Resolve of**
34 **Resolution 704 be amended by deletion to read**
35 **as follows:**

36
37 **RESOLVED, that our American Medical**
38 **Association (AMA) work with appropriate state**
39 **and national organizations to advocate for the**
40 **development and implementation of regional**
41 **and/or state pediatric-ready facility recognition**
42 **programs.**

43
44 **RECOMMENDATION B:**

45
46 **Madam Speaker, your Reference Committee**
47 **recommends that Resolution 704 be adopted**
48 **as amended.**

49
50 **HOD ACTION: Resolution 704 adopted as amended.**

1 RESOLVED, that our American Medical Association reaffirm H-130.939 acknowledging
2 the importance of pediatric readiness in all emergency departments with awareness of
3 the guidelines for Pediatric Readiness in the Emergency Department and stand ready to
4 care for children of all ages (Reaffirm HOD Policy); and be it further

5
6 RESOLVED, that our AMA work with appropriate state and national organizations to
7 advocate for the development and implementation of regional and/or state pediatric-
8 ready facility recognition programs. (Directive to Take Action)

9
10 Your Reference Committee heard supportive testimony on Resolution 704 outlining that
11 pediatric needs are nuanced and must be addressed separately from adult needs. Further
12 testimony highlighted that this initiative would be especially beneficial to rural areas as a
13 voluntary recognition program. The Council on Medical Service suggested a friendly
14 amendment to strike “regional and/or state” in order to ensure that standards are
15 predictable for those seeking recognition. The amendment was supported by the original
16 authors of the resolution. Your Reference Committee recommends that Resolution 704 be
17 adopted as amended.

18
19 (14) RESOLUTION 705 – 20 MINUTE PRIMARY CARE VISITS

20
21 **RECOMMENDATION A:**

22
23 **Madam Speaker, your Reference**
24 **Committee recommends that**
25 **Resolution 705 be adopted.**

26
27 **RECOMMENDATION B:**

28
29 **The Title of Resolution 705 be changed:**

30
31 **TIME-LIMITED DIRECT PATIENT CARE**

32
33 **HOD ACTION: Resolution 705 adopted with**
34 **a title change.**

35
36 RESOLVED, that our American Medical Association ask that the appropriate AMA
37 Council conduct a study of the adverse effects of direct patient care time limitations on
38 the quality of care provided, as well as on patient and physician dissatisfaction, with a
39 report back at the next AMA Annual Meeting. (Directive to Take Action)

40
41 Your Reference Committee heard supportive testimony on Resolution 705. Several
42 delegations provided testimony in support of the resolution and that this issue spans
43 beyond impacting only primary care. The Council on Medical Service requested the
44 authors of the original resolution provide more background information on what they would
45 like to see in the requested study, as there was only one whereas clause included in the
46 resolution, and the language in the resolved clause is vague. To ensure that the title of
47 this resolution accurately reflects the broad scope of the resolution, a title change was
48 proffered. Your Reference Committee recommends that Resolution 705 be adopted with
49 a title change.

1 (15) RESOLUTION 708 – MEDICOLEGAL DEATH
2 INVESTIGATIONS
3

4 **RECOMMENDATION A:**
5

6 **Your Reference Committee recommends that the**
7 **first Resolved clause of Resolution 708 be amended**
8 **by deletion to read as follows:**
9

10 **RESOLVED, that our American Medical Association**
11 **supports the independent authority of physicians**
12 **practicing forensic pathology to provide accurate**
13 **and transparent postmortem assessments and death**
14 **investigation reporting in a manner free from undue**
15 **influence (New HOD Policy); and be it further**
16

17 **RECOMMENDATION B:**
18

19 **Your Reference Committee recommends Resolution**
20 **708 be adopted as amended.**
21

22 **HOD ACTION: Resolution 708 adopted as amended.**
23

24 RESOLVED, that our American Medical Association supports the independent authority
25 of physicians practicing forensic pathology to provide accurate and transparent
26 postmortem assessments and death investigation reporting in a manner free from undue
27 influence (New HOD Policy); and be it further
28

29 RESOLVED, that our AMA advocate with state and federal governments to ensure laws
30 and regulations do not compromise a physician's ability to use their medical judgement
31 in the reporting of postmortem assessments and medicolegal death investigations.
32 (Directive to Take Action)
33

34 Your Reference Committee heard overwhelmingly supportive testimony of Resolution
35 708. Testimony explained the importance of ensuring that physicians are not unduly
36 influenced by external factors when participating in a postmortem assessment. A
37 number of delegations testified that this concept is important not only for physicians
38 practicing forensic pathology but also in other situations like pediatric and obstetric death
39 investigations. Testimony from the original authors indicated support for broadening the
40 resolution beyond only those practicing forensic pathology. Specifically, testimony
41 indicated that influence may come in the form of politics or administration and that all
42 physicians should be able to participate in postmortem assessment in a manner they
43 feel is accurate and appropriate for the situation. Therefore, your Reference Committee
44 recommends the adoption of Resolution 708 as amended.

1 (16) RESOLUTION 710 – THE REGULATION OF PRIVATE
2 EQUITY IN THE HEALTHCARE SECTOR
3

4 **RECOMMENDATION A:**
5

6 **Madam Speaker, your Reference Committee**
7 **recommends that the first Resolved clause of**
8 **Resolution 710 be amended by addition to read as**
9 **follows:**

10
11 **RESOLVED, That our American Medical Association**
12 **propose appropriate guidelines for the use of private**
13 **equity in healthcare, ensuring that physician autonomy**
14 **and operational authority in clinical care is preserved**
15 **and protected (Directive to Take Action); and be it**
16 **further**

17 **RECOMMENDATION B:**
18

19 **Madam Speaker, your Reference Committee**
20 **recommends that the second Resolved clause of**
21 **Resolution 710 be amended by addition and deletion to**
22 **read as follows:**

23
24 **4. Our AMA will work with ~~the state and~~ federal**
25 **government and other interested parties to develop and**
26 **advocate for regulations pertaining to **corporate control****
27 **of practices ~~private equity~~ in the healthcare sector such**
28 **that physician autonomy in clinical care is preserved**
29 **and protected. (Modify Current HOD Policy)**
30

31 **RECOMMENDATION C:**
32

33 **Madam Speaker, your Reference Committee**
34 **recommends that Resolution 710 be adopted as**
35 **amended.**
36

37 **HOD ACTION: Resolution 710 adopted as amended.**
38

39 RESOLVED, that our American Medical Association propose appropriate guidelines for
40 the use of private equity in healthcare, ensuring that physician autonomy in clinical care
41 is preserved and protected (Directive to Take Action); and be it further
42

43 RESOLVED, that our AMA modify policy H-215.981, Corporate Practice of Medicine, by
44 addition:

45 4. Our AMA will work with the federal government and other interested parties to develop
46 and advocate for regulations pertaining to the use of private equity in the healthcare
47 sector such that physician autonomy in clinical care is preserved and protected. (Modify
48 Current HOD Policy)

1 Your Reference Committee heard supportive testimony on Resolution 710 and highlighted
2 that private equity contracts with physicians often do not protect physician autonomy to
3 make decisions regarding care for patients. There were three friendly amendments
4 proposed to broaden the language and expand the resolution to cover all corporate
5 practice of medicine entities, not just private equity firms. Therefore, your Reference
6 Committee recommends that Resolution 710 be adopted as amended.

7
8 (17) RESOLUTION 712 – FULL TRANSPARENCY –
9 EXPLANATION OF BENEFITS

10
11 **RECOMMENDATION A:**

12
13 **Madam Speaker, your reference committee**
14 **recommends that Resolution 712 be amended by**
15 **addition and deletion to read as follows:**

16
17 **RESOLVED, that our American Medical Association**
18 **advocate that the minimum information included in an**
19 **legislation and regulations that mandate that**
20 **explanation of benefits, whether sent to the patient or**
21 **the physician practice, includes including the actual**
22 **CPT codes billed, DRG-codes, CPT descriptions, and**
23 **optional consumer-friendly descriptions; and EOB**
24 **must list the actual allowed amount, patient**
25 **responsibilities (copay, deductible, coinsurance), non-**
26 **covered and denied amounts with specific X12 reason**
27 **codes in consumer-friendly explanations, what criteria**
28 **is used for coverage and non-coverage, and includes**
29 **detailed explanation on how to appeal, including**
30 **contact information for plan administrator, applicable**
31 **laws governing the plan benefits, and contact**
32 **information to submit external complaints, in a manner**
33 **that protects patient privacy. (Directive to Take Action)**

34
35 **RECOMMENDATION B:**

36
37 **Madam Speaker, your Reference Committee**
38 **recommends that Resolution 712 be adopted as**
39 **amended.**

40
41 **HOD ACTION: Resolution 712 adopted as amended.**

42
43 **RESOLVED, that our American Medical Association will advocate legislation and**
44 **regulations that mandate that explanation of benefits, whether sent to the patient or the**
45 **physician practice, including the actual CPT codes billed, DRG-codes, CPT descriptions,**
46 **and optional consumer-friendly descriptions; and EOB must list the actual allowed**
47 **amount, patient responsibilities (copay, deductible, coinsurance), non-covered and**
48 **denied amounts with specific X12 reason codes in consumer-friendly explanations, what**
49 **criteria is used for coverage and non-coverage, and includes detailed explanation on**
50 **how to appeal, including contact information for plan administrator, applicable laws**

1 governing the plan benefits, and contact information to submit external complaints.
2 (Directive to Take Action)

3
4 Your Reference Committee heard supportive testimony on Resolution 712. The author
5 testified that the resolution serves to modify the electronic standard for the Explanation
6 of Benefits (EOB) and that paper EOBs should be subject to the same requirements as
7 the electronic version. An individual testified that this information is critical in the fight
8 against denials and underpayments, especially given how heavily billing is outsourced.
9 The Council on Medical Service proffered an amendment to increase the actionability of
10 this resolution. Testimony was supportive of the Council's amendment. Testimony was
11 heard outlining potential concerns around patient privacy and ensuring that sensitive
12 information was not shared on the EOB without patient consent. Accordingly, your
13 Reference Committee recommends that Resolution 712 be adopted as amended.

14
15 (18) RESOLUTION 714 – AUTOMATIC DOWNCODING OF
16 CLAIMS

17
18 **RECOMMENDATION A:**

19
20 **Madam Speaker, your Reference Committee recommends**
21 **that the first Resolved of Resolution 714 be amended by**
22 **addition and deletion to read as follows:**

23
24 **RESOLVED, that our American Medical Association**
25 **vigorously oppose health plans using exclusively ~~relying~~**
26 **~~on~~ software, algorithms, or other methodologies, other**
27 **than manual ~~excluding~~ review of the patient's medical**
28 **record, to deny or downcode evaluation and management**
29 **services, ~~other than~~ except correct coding protocol**
30 **denials, based solely on the Current Procedural**
31 **Terminology/Healthcare Common Procedure Coding**
32 **System codes, International Classification of Diseases,**
33 **10th revision, codes, and/or modifiers submitted on the**
34 **claim (New HOD Policy)**

35
36 **RECOMMENDATION B:**

37
38 **Madam Speaker, your Reference Committee recommends**
39 **that the fourth Resolved of Resolution 714 be amended by**
40 **addition and deletion to read as follows:**

41
42 **RESOLVED, That our AMA further evaluate what**
43 **legislative and/or legal action is needed to ~~prevent~~ bar**
44 **insurers from automatic downcoding and to provide**
45 **transparency on all methodology of processing claims.**

46
47 **RECOMMENDATION C:**

48
49 **Madam Speaker, your Reference Committee recommends**
50 **that Resolution 714 be adopted as amended.**

HOD ACTION: Resolution 714 adopted as amended.

RESOLVED, that our American Medical Association vigorously oppose health plans exclusively relying on software, algorithms, or other methodologies excluding review of the patient's medical record to deny or downcode evaluation and management services, other than correct coding protocol denials, based solely on the Current Procedural Terminology/Healthcare Common Procedure Coding System codes, International Classification of Diseases, 10th Revision, codes, and/or modifiers submitted on the claim (New HOD Policy); and be it further

RESOLVED, that our AMA support that, after review of the patient's medical record and determination that a lower level of evaluation and management code is warranted, the explanation of benefits, remittance advice documents, or other claim adjudication notices provide notice that clearly indicates a service was downcoded using the proper claim adjustment reason codes and/or remittance advice remark codes (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for legislation to provide transparency and prohibit automated denials, other than National Correct Coding Initiative denials, or downcoding of evaluation and management services based solely on the Current Procedural Terminology/Healthcare Common Procedure Coding System codes, International Classification of Diseases, 10th Revision, codes, or modifiers submitted on the claim (Directive to Take Action); and be it further

RESOLVED, that our AMA further evaluate what legislative and/or legal action is needed to prevent insurers from automatic downcoding and to provide transparency on all methodology of processing claims. (Directive to Take Action)

Your Reference Committee heard testimony in support of Resolution 714. The authors testified that in recent years technology has been leveraged to automatically downcode simply based on a diagnosis code without viewing the patient record. One delegation testified that downcoding is tantamount to the illegal practice of medicine. Additionally, several members testified with examples of how insurers' downcoding practices are arbitrary and capricious. Testimony stressed that insurers should be held accountable for downcoding practices. Your Reference Committee amended the resolved clause to accurately reflect all testimony heard. Testimony was received to amend the resolution to indicate a stronger stance against downcoding and to ensure that payers are not able to utilize a loophole of non-exclusive use of software and algorithms. Therefore, your Reference Committee recommends Resolution 714 be adopted as amended.

1 (19) RESOLUTION 716 – IMPACT OF PATIENT NON-
2 ADHERENCE ON QUALITY SCORES
3

4 **RECOMMENDATION A:**

5
6 **Madam Speaker, your Reference Committee**
7 **recommends that Resolution 716 be amended**
8 **by deletion to read as follows:**
9

10 **RESOLVED, that our American Medical**
11 **Association study the issue of patients and**
12 **parents not adhering to ~~primary care~~**
13 **physicians' recommendations such as**
14 **preventive screenings and vaccinations**
15 **resulting in a deficiency of quality metrics by**
16 **~~primary care~~ physicians for which the**
17 **physicians are penalized, identify equitable and**
18 **actionable solutions, and report back at Annual**
19 **2025. (Directive to Take Action)**
20

21 **RECOMMENDATION B:**

22
23 **Madam Speaker, your Reference Committee**
24 **recommends that Resolution 716 be adopted as**
25 **amended.**
26

27 **HOD ACTION: Resolution 716 adopted as amended.**
28

29 RESOLVED, that our American Medical Association study the issue of patients and
30 parents not adhering to primary care physicians' recommendations such as preventive
31 screenings and vaccinations resulting in a deficiency of quality metrics by primary care
32 physicians for which the physicians are penalized, identify equitable and actionable
33 solutions, and report back at Annual 2025. (Directive to Take Action)
34

35 Your Reference Committee heard supportive testimony of Resolution 716. Testimony
36 from delegations and individuals indicated the importance of ensuring physicians are not
37 penalized for patient decisions. However, a significant amount of testimony explained
38 that this is an issue beyond primary care and amendments were proffered to expand the
39 resolution to indicate that this problem persists in more than just primary care settings.
40 Testimony explained that physicians should be allowed to present medical advice and
41 then respect their patient's choices. Additionally, testimony outlined the importance of
42 ensuring that reporting metrics are contextualized and do not unduly or inequitably
43 impact physicians who are practicing medically appropriate care. Therefore, your
44 Reference Committee recommends the adoption of Resolution 716 as amended.

1 (20) RESOLUTION 719 – SUPPORT BEFORE, DURING, AND
2 AFTER HOSPITAL CLOSURE OR REDUCTION IN
3 SERVICES
4

5 **RECOMMENDATION A:**
6

7 **Madam Speaker, your Reference Committee**
8 **recommends that the first resolved clause of**
9 **Resolution 719 be amended by addition to read as**
10 **follows:**
11

12 **RESOLVED, that our American Medical Association**
13 **will work with appropriate federal and state bodies to**
14 **assure that whenever there is a threatened, or actual,**
15 **hospital closure a process be instituted to safeguard**
16 **the continuity of patient care and preserve the**
17 **physician-patient relationship. Such a process should:**

18 **a) Assure adequate capacity exists in the immediate**
19 **service area surrounding the hospital closure,**
20 **including independent health resources, physicians,**
21 **and support personnel to provide for the citizens of**
22 **that area;**

23 **b) Allow that in said circumstances, restrictive**
24 **covenants, records access, and financial barriers**
25 **which prevent the movement of physicians and their**
26 **patients to surrounding hospitals should be waived for**
27 **an appropriate period of time; ~~(Directive to Take~~**
28 **Action); and be it further**

29 **c) Ensure financial reserves exist, and are sufficient to**
30 **cover any previous contractual obligations to**
31 **physicians, e.g., medical liability tail coverage**
32 **(Directive to Take Action); and be it further**
33

34 **RECOMMENDATION B:**
35

36 **Madam Speaker, your Reference Committee**
37 **recommends that the second resolved clause of**
38 **Resolution 719 be amended by addition to read as**
39 **follows:**
40

41 **RESOLVED, that our AMA will proactively offer**
42 **support to physicians, residents and fellows, patients,**
43 **and civic leaders affected by threatened or actual**
44 **healthcare facility closures, change in ownership, or**
45 **significant reductions in services via provision of**
46 **information, resources, and effective, actionable**
47 **advocacy. (Directive to Take Action)**
48

49 **RECOMMENDATION C:**

1 **Madam Speaker, your Reference Committee**
2 **recommends that Resolution 719 be adopted as**
3 **amended.**

4
5 **HOD ACTION: Resolution 719 adopted as**
6 **amended.**

7
8 RESOLVED, that our American Medical Association will work with appropriate federal
9 and state bodies to assure that whenever there is a threatened, or actual, hospital
10 closure a process be instituted to safeguard the continuity of patient care and preserve
11 the physician-patient relationship. Such a process should:

- 12 a) Assure adequate capacity exists in the immediate service area surrounding
13 the hospital closure, including independent health resources, physicians, and
14 support personnel to provide for the citizens of that area;
15 b) Allow that in said circumstances, restrictive covenants, records access, and
16 financial barriers which prevent the movement of physicians and their patients to
17 surrounding hospitals should be waived for an appropriate period of time
18 (Directive to Take Action); and be it further

19
20 RESOLVED, that our AMA will proactively offer support to physicians, residents and
21 fellows, patients, and civic leaders affected by threatened or actual healthcare facility
22 closures or significant reductions in services via provision of information, resources, and
23 effective, actionable advocacy. (Directive to Take Action)

24 Your Reference Committee heard supportive testimony on Resolution 719. Specifically,
25 delegations testified that this kind of support has been offered in certain states with
26 success for both patients and physicians. Specifically, delegations offered examples of
27 state support allowing physicians to negotiate for essential items such as medical liability
28 tail coverage after a hospital closure or reduction in services. Testimony from
29 delegations and individuals indicated support for amendments to outline assurances that
30 employers have the resources necessary to meet contractual obligations with physicians
31 and that the support be expanded to hospitals that are experiencing a change in
32 ownership. Testimony explained that a hospital change in ownership can have many of
33 the same negative impacts on physicians as a closure. To ensure that contractual
34 obligations to physicians are met and that support is extended to hospitals experiencing
35 ownership changes, your Reference Committee recommends the adoption of Resolution
36 719 as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

1 (21) RESOLUTION 711 – INSURER ACCOUNTABILITY
2 WHEN PRIOR AUTHORIZATION HARMS PATIENTS
3 RESOLUTION 720 – THE HAZARDS OF PRIOR
4 AUTHORIZATION
5

6 **RECOMMENDATION A:**

7 **Madam Speaker, your Reference Committee**
8 **recommends that Resolution 711 be amended by**
9 **addition to read as follows:**

10
11 **RESOLVED, that our American Medical Association**
12 **advocate for increased legal accountability of**
13 **insurers and other payers when delay or denial of**
14 **prior authorization leads to patient harm, including**
15 **but not limited to the prohibition of mandatory pre-**
16 **dispute arbitration regarding prior authorization**
17 **determinations and limitation on class action**
18 **clauses in beneficiary contracts. (Directive to Take**
19 **Action)**

20
21 **RECOMMENDATION B:**

22
23 **Madam Speaker, your Reference Committee**
24 **recommends that amended Resolution 711 be**
25 **adopted in lieu of Resolution 720.**

26
27 **HOD ACTION: Resolution 711 adopted in lieu of**
28 **Resolution 720.**

29
30 RESOLVED, that our American Medical Association advocate for increased legal
31 accountability of insurers and other payers when delay or denial of prior authorization
32 leads to patient harm, including but not limited to the prohibition of mandatory pre-
33 dispute arbitration and limitation on class action clauses in beneficiary contracts.
34 (Directive to Take Action)

35
36 RESOLVED, that our American Medical Association advocates that low-cost
37 noninvasive procedures that meet existing standard Medicare guidelines should not
38 require prior authorization (Directive to Take Action); and be it further

39
40 RESOLVED, that our AMA support that physicians be allowed to bill insurance
41 companies for all full time employee hours required to obtain prior authorization (New
42 HOD Policy); and be it further

43
44 RESOLVED, that our AMA support that patients be allowed to sue insurance carriers
45 which preclude any and all clauses in signed contracts should there be an adverse
46 outcome as a result of an inordinate delay in care. (New HOD Policy)

1 Your Reference Committee heard testimony in favor of holding insurers accountable for
2 patient harm caused by prior authorization. Several delegations testified to prior
3 authorization causing care delays, adverse events, bottlenecks to access, costs to
4 private practices and physician burnout, all noting that prior authorization is a hurdle to
5 the practice of medicine and ultimately hurts patients. One individual testified how the
6 unsustainable levels of prior authorization led them to abandon their sub-specialty. Other
7 testimony called out the current lack of legislative and regulatory teeth to combat these
8 insurer practices. Your Reference Committee heard mixed testimony about combining
9 Resolutions 711 and 720. The Council of Medical Service recommended adopting
10 Resolution 711 in lieu of Resolution 720. The AMA has existing policies that cover the
11 first and second resolve clauses of Resolution 720 which are related to prior
12 authorization payment for and volume reduction. Testimony was received that
13 Resolution 711 and the final resolved clause in Resolution 720 are exceptionally similar
14 and sufficient to address the concerns at hand. A substitute resolution was proffered;
15 however, it did not receive supportive testimony as it was said to be too general and
16 already covered by AMA policy. Additionally, while supportive of the Resolution as a
17 whole, there was mixed testimony as to the arbitration clause in Resolution 711 due to
18 concerns about adverse consequences to physicians. An amendment was proffered to
19 address this concern by specifying arbitration referenced is specific to prior authorization
20 determinations. Overall, testimony was supportive of the amended Resolution 711 and
21 indicated support for the intent of Resolution 720 but had concerns with the specifics.
22 Therefore, your Reference Committee recommends that Resolution 711 be adopted as
23 amended and in lieu of Resolution 720.
24

- 25 (22) RESOLUTION 721 – DEVELOPING PHYSICIAN
26 RESOURCES TO OPTIMIZE PRACTICE
27 SUSTAINABILITY
28 RESOLUTION 717 – MENTORSHIP TO COMBAT PRIOR
29 AUTORIZATION
30

31 **RECOMMENDATION:**

32
33 **Madam Speaker, your Reference Committee**
34 **recommends that Resolution 721 be adopted**
35 **in lieu of Resolution 717.**
36

37 **HOD ACTION: Resolution 721 adopted in lieu of**
38 **Resolution 717.**
39

40 RESOLVED, that our American Medical Association develop a toolkit for physicians as a
41 means to reduce excessive healthcare costs as well as improve physician practice
42 sustainability and wellbeing, with a report back by Annual 2025. (Directive to Take
43 Action)

44
45 RESOLVED, Resolved, that our American Medical Association study the development of
46 a template for a mentorship program for early career physicians as a means to reduce
47 excessive healthcare costs, with a report back by Annual 2025 (Directive to Take
48 Action); and be it further
49

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

4
5 RESOLVED, that our AMA work with affected stakeholders, including government
6 legislators and regulators, pharmaceutical and business interests, healthcare systems,
7 and patient representatives as well as physicians on substitution of mentorship for
8 frequent prior authorization requests. (Directive to Take Action)

9
10 Your Reference Committee heard testimony outlining support for the development of
11 resources for physicians to reduce healthcare costs and improve sustainability and
12 wellbeing. While testimony was supportive of the concept of both Resolution 721 and
13 717, concern was expressed that the language of 717 was inappropriately focused only
14 on early career physicians and that the focus should be broader. Additional concerns
15 were expressed that the specificity of Resolution 717 could have adverse
16 consequences. Specifically, a number of individuals testified to the potential that
17 adopting Resolution 717 could indicate the AMA's approval or acknowledgement of the
18 necessity of prior authorization. Your Reference Committee believes that Resolution 721
19 did not indicate support for prior authorization nor place the burden of excessive health
20 care costs on physicians. In order to avoid these potential consequences, testimony
21 overwhelmingly indicated support for the adoption of 721 instead of 717. Therefore, your
22 Reference Committee recommends Resolution 721 be adopted in lieu of Resolution 717.

- 1 Madam Speaker, this concludes the report of Reference Committee G. I would like to
- 2 thank Rosalynn Conic, MD, PhD, MPH, Janine Fogarty, MD, Peter Hollman, MD, AGSF,
- 3 Robert Kramer, MD, FAAOS, Brian Privett, MD, Kim Yu, MD, FAAFP, and all those who
- 4 testified before the Committee.

Rosalynn Conic, MD, PhD, MPH
Resident and Fellow Section
American Academy of Physical
Medicine and Rehabilitation

Robert Kramer, MD, FAAOS
American Society for Surgery of the
Hand

Janine Fogarty, MD (Alternate)
New York

Brian Privett, MD
Iowa

Peter Hollmann, MD, AGSF
Rhode Island

Kim Yu, MD, FAAFP
American Academy of Family
Physicians

Yasser Zeid, MD, URPS, FACOG
Texas
Chair