Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION
1. BOT Report 30 - Proper Use of Overseas Virtual Assistants in Medical Practice
2. CMS Report 1 – Sunset Review of 2014 House Policies
3. CMS Report 6 – Economics of Prescription Medication Prior Authorization
4. Resolution 701 – Opposition to the Hospital Readmission Reduction Program
5. Resolution 706 – Automatic Pharmacy-Generated Prescription Requests
6. Resolution 707 – Alternative Funding Programs
8. Resolution 718 – Transparency at the Pharmacy Counter

RECOMMENDED FOR ADOPTION AS AMENDED
9. BOT Report 29 - Transparency and Accountability of Hospitals and Hospital Systems
10. CMS Report 5 – Patient Medical Debt
11. Resolution 702 – The Corporate Practice of Medicine, Revisited
13. Resolution 704 – Pediatric Readiness in Emergency Departments
14. Resolution 705 – 20 Minute Primary Care Visits
15. Resolution 708 – Medicolegal Death Investigations
16. Resolution 710 – The Regulation of Private Equity in the Healthcare Sector
18. Resolution 714 – Automatic Downcoding of Claims
19. Resolution 716 – Impact of Patient Non-adherence on Quality Score
20. Resolution 719 – Support Before, During, and After Hospital Closure or Reduction in Services

RECOMMENDED FOR ADOPTION IN LIEU OF
21. Resolution 711 – Insurer Accountability When Prior Authorization Harms Patients
22. Resolution 720 – The Hazards of Prior Authorization
23. Resolution 721 – Developing Physician Resources to Optimize Practice Sustainability

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

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

RECOMMENDATION:

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

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

1. That Our American Medical Association (AMA) reaffirm the following policies
   a. H-385.951 – Remuneration for Physician Services
   b. H-180.944 – Plan for Continued Progress Toward Health Equity
   c. H-135.932 – Light Pollution: Adverse Health Effects of Nighttime Lighting
      (Reaffirm HOD Policy)

2. That Policy H-200.947 be amended to read as follows: “Our AMA: (1) supports
   the 15 concept that properly trained overseas virtual assistants, in the U.S. or
   overseas, are an acceptable way to staff administrative roles in medical
   practices; and (2) will study and offer formal guidance for physicians on how best
   to utilize overseas virtual assistants to ensure protection of patients, physicians,
   practices, and equitable employment in communities served, in a manner
   consistent with appropriate compliance standards create and publish educational
   materials for medical practices that offer formal guidance on how best to utilize
   virtual assistants to ensure protection of patients, physicians, virtual assistants
   and practices.” (Modify Current HOD Policy).

Your Reference Committee heard supportive testimony on Board of Trustees Report
30. Testimony was unanimously supportive of the report as written, including from the
authors of the original resolution on which the report was based. Specifically, testimony
cited the improvement of the engagement of their staff and the overall benefit it
provided to her clinic. Therefore, your Reference Committee recommends that the
Recommendations in Board of Trustees Report 30 be adopted and the remainder of
the report filed.
(2) CMS REPORT 1 – SUNSET REVIEW ON 2014 HOUSE POLICIES

RECOMMENDATION A:

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

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

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

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

RECOMMENDATION:

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

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

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

2. That our AMA amend Policy H-120.919 to read as follows:

   That our AMA will: (1) continue to support efforts to publish implement a Real-Time Prescription Benefit (RTPB) Real-Time Benefit Tool (RTBT) standard that meets the needs of all physicians and other prescribers, utilizing any electronic health record (EHR), and prescribing on behalf of any insured patient; (2) support efforts to ensure that provider-facing and patient facing RTBT systems align; and (3) advocate that all payers (i.e., public and private prescription drug plans) be required to implement and keep up to date an RTPB RTBT standard tool that integrates with all EHR vendors, and that any changes that must be made to accomplish RTPB RTBT tool integration be accomplished with minimal disruption.
to EHR usability and cost to physicians and hospitals; (4) advocate that RTBT systems provide a justification for why prior authorization is required and include approved/covered alternative prescription medications; and (35) develop and disseminate educational materials that will empower physicians to be prepared to optimally utilize RTPB tools RTBT and other health information technology tools that can be used to enhance communications between physicians and pharmacists to reduce the incidence of prescription abandonment; (6) advocate that payers honor coverage information that is based on a RTBT at the time of prescription and that prior authorization approvals should be valid for the duration of the prescribed/ordered treatment; and (7) continue to advocate for the accuracy and reliability of data provided by RTBTs and for vendor neutrality to ensure that it is supportive to physician efforts. (Modify Current HOD Policy)

3. That our AMA Policy H-110.963, which addresses the regulation and monitoring of third-party Pharmacy Benefit Managers (PBMs) in an effort to control prescription drug pricing. (Reaffirm HOD Policy)

4. That our AMA reaffirm Policy H-125.979, which outlines advocacy efforts to ensure that physicians have access to real-time formulary data when prescribing. (Reaffirm HOD Policy)

5. That our AMA reaffirm Policy H-320.945, which details opposition to the abuse of prior authorization and the requirement for payers to accurately report denials and approvals. (Reaffirm HOD Policy)

6. That our AMA reaffirm Policy H-125.986, which outlines the AMA’s position that certain actions from PBMs interfere with physician practice and may impact the patient-physician relationship. (Reaffirm HOD Policy)

7. That our AMA reaffirm Policy D-120.933, which encourages the gathering of data to better understand the impact that PBM actions may lead to an erosion of the patient-physician relationship. (Reaffirm HOD Policy)

Your Reference Committee heard supportive testimony on Council on Medical Service Report 6. Testimony indicated the importance of ensuring that information on prior authorization denials is available to patients and physicians, particularly to prevent delays in care. A delegation indicated support for the report but recommended clarification that the Real-Time Benefit Tool systems should be uniform. Based on testimony your Reference Committee believes that the inclusion of “standard” adequately addresses this concern, and the addition of additional language would be redundant. Based on the supportive testimony heard for this report, your Reference Committee recommends that the recommendations in Council on Medical Service Report 6 be adopted, and the remainder of the report be filed.
(4) RESOLUTION 701 – OPPOSITION TO THE HOSPITAL READMISSIONS REDUCTION PROGRAM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 701 be adopted.

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

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

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

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 706 be adopted.

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

Your Reference Committee heard exclusively supportive testimony of Resolution 706. Multiple delegations testified to the importance of ensuring that physicians and patients have accurate information about prescriptions, including automatically generated refill requests. Testimony reflected that these automatic refills have the potential to cause patient harm should a patient unintentionally take too much of a medication or for a duration longer than intended by the physician. Therefore, your Reference Committee recommends Resolution 706 be adopted.
(6) RESOLUTION 707 – ALTERNATIVE FUNDING PROGRAMS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 707 be adopted.

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

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

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

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 709 be adopted.

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

Your Reference Committee heard testimony that was supportive of Resolution 709 and outlined that delayed patient flow throughout the U.S. healthcare system adversely affects patient care and can threaten optimal outcomes. Testimony for the referral of this item was heard from a few delegations, however, a number of delegations indicated that this issue is one of significant relevance and importance. Specifically, testimony indicated that efforts in this area are already underway and that the AMA has the opportunity to join a wide variety of stakeholders to improve patient flow in the health care system. Due to the supportive testimony, your Reference Committee recommends Resolution 709 be adopted.
RESOLUTION 718 – TRANSPARENCY AT THE
PHARMACY COUNTER

RECOMMENDATION:

Madam Speaker, your Reference Committee
recommends that Resolution 718 be adopted.

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:
   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).

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

BOT REPORT 29 – TRANSPARENCY AND ACCOUNTABILITY OF HOSPITALS AND HOSPITAL SYSTEMS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the second Resolved clause of Board of Trustees Report 29 be amended by addition to read as follows:

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

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

b. The AMA will develop educational materials on the peer review process and advocate on behalf of doctors who have been subject to bad-faith peer review, including information about what constitutes a bad-faith peer review and what options physicians may have in navigating the peer review process (Directive to Take Action).

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Board of Trustees Report 29 be adopted as amended and the remainder of the report be filed.

The Board of Trustees recommends:

1. The following policies be reaffirmed:
   a. Policy H-405.950, “Preserving the Practice of Medicine”
   b. Policy H-225.950, “Principles for Physician Employment”
c. Policy H-225.952, “The Physician’s Right to Exercise Independent Judgement in All Organized Medical Staff Affairs”
d. Policy H-230.965, “Immunity from Retaliation Against Medical Staff Representatives by Hospital Administrators”
f. Policy H-375.962, “Legal Protections for Peer Review”
g. Policy D-375.987, “Effective Peer Review”
h. Policy H-375.960, “Protection Against External Peer Review Abuses” (Reaffirm HOD policy); and

2. That the following policy statement be adopted to supersede Policy H-200.971, “Transparency and Accountability of Hospitals and Hospital Systems,”:
   a. The AMA supports transparent reporting of final determinations of physician complaints against hospitals and health systems through publicly accessible channels such as the Joint Commission Quality Check reports (New HOD Policy).
   b. The AMA will develop educational materials on the peer review process, including information about what constitutes a bad-faith peer review and what options physicians may have in navigating the peer review process (Directive to Take Action).

3. That the title of Policy H-200.971, “Transparency and Accountability of Hospitals and Hospital Systems,” be changed to:
   a. “Transparent Reporting of Physician Complaints Against Hospitals and Health Systems”

4. That the remainder of this report be filed.

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

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

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

RECOMMENDATION B:

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

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

1) That our American Medical Association (AMA) encourage health care organizations to manage medical debt with patients directly, considering several options including but not limited to discounts, payment plans with flexibility and extensions as needed, or forgiveness of debt altogether, before resorting to third-party debt collectors or any punitive actions. (New HOD Policy)

2) That our AMA supports innovative efforts to address medical debt for patients, including public and private efforts to eliminate medical debt. (New HOD Policy)

3) That our AMA support amending the Fair Debt Collection Practices Act to include hospitals and strengthen standards within the Act to provide clarity to patients about whether their insurance has been or will be billed, which would require itemized debt statements to be provided to patients, thereby increasing transparency, and prohibiting misleading representation in connection with debt collection. (New HOD Policy)

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

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

Madam Speaker, your Reference Committee recommends that Resolution 702 be amended by addition to read as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 702 be adopted as amended.

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

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

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 703 be adopted as amended.

RECOMMENDATION D:

The Title of Resolution 703 be changed:

UPHOLDING PHYSICIAN AUTONOMY IN EVIDENCE-BASED OFF-LABEL PRESCRIBING

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

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

Your Reference Committee heard testimony in support of Resolution 703. Testimony
was supportive of both resolved clauses, but primarily focused on the second resolved.
The Council on Medical Service testified against opposing differential pricing in the first
resolved clause as this could have negative impacts on patient access to medication in
some situations. An additional delegation indicated support for the Council’s amendment
as it negated potential issues with differential pricing in cases when it may be warranted
due to the patient’s diagnosis. The majority of testimony focused on the importance of
ensuring that physicians have the autonomy to prescribe medications off-label when it is
clinically appropriate and supported by evidence. Testimony indicated concern that only
referring to the active ingredient in a medication may ignore differences in medication
formulation beyond the active ingredient, however, this concern is addressed with the
proffered amendment to refer to clinically appropriate medication. Finally, in order to
ensure that the resolution title is an accurate reflection of the resolution itself, your
Reference Committee recommends the adoption of Resolution 703 as amended with a
title change.
(13) RESOLUTION 704 – PEDIATRIC READINESS IN
EMERGENCY DEPARTMENTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee
recommends that the second Resolve of
Resolution 704 be amended by deletion to read
as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee
recommends that Resolution 704 be adopted
as amended.

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

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

Your Reference Committee heard supportive testimony on Resolution 704 outlining that pediatric needs are nuanced and must be addressed separately from adult needs. Further testimony highlighted that this initiative would be especially beneficial to rural areas as a voluntary recognition program. The Council on Medical Service suggested a friendly amendment to strike “regional and/or state” in order to ensure that standards are predictable for those seeking recognition. The amendment was supported by the original authors of the resolution. Your Reference Committee recommends that Resolution 704 be adopted as amended.
(14) RESOLUTION 705 – 20 MINUTE PRIMARY CARE VISITS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 705 be adopted.

RECOMMENDATION B:

The Title of Resolution 705 be changed:

TIME-LIMITED DIRECT PATIENT CARE

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

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

(15) RESOLUTION 708 – MEDICOLEGAL DEATH INVESTIGATIONS

RECOMMENDATION A:

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

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

RECOMMENDATION B:

Your Reference Committee recommends Resolution 708 be adopted as amended.
RESOLVED, that our American Medical Association supports the independent authority of physicians practicing forensic pathology to provide accurate and transparent postmortem assessments and death investigation reporting in a manner free from undue influence (New HOD Policy); and be it further

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

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

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

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association propose appropriate guidelines for the use of private equity in healthcare, ensuring that physician autonomy and operational authority in clinical care is preserved and protected (Directive to Take Action); and be it further
RECOMMENDATION B:

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

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 710 be adopted as amended.

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

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

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

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

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

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 712 be adopted as amended.

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

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

(18) RESOLUTION 714 – AUTOMATIC DOWNCODING OF CLAIMS

RECOMMENDATION A:

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

RESOLVED, that our American Medical Association vigorously oppose health plans using exclusively relying on software, algorithms, or other methodologies, other than manual excluding review of the patient’s medical record, to deny or downcode evaluation and management services, other than except 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)

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 714 be 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
tested that in recent years technology has been leveraged to automatically downcode
simply based on a diagnosis code without viewing the patient record. One delegation
tested 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.

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

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 716 be amended
by deletion to read as follows:

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

Madam Speaker, your Reference Committee recommends that Resolution 716 be adopted as amended.

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

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

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

RECOMMENDATION A:

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

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

a) Assure adequate capacity exists in the immediate service area surrounding the hospital closure, including independent health resources, physicians, and support personnel to provide for the citizens of that area;
b) Allow that in said circumstances, restrictive
covenants, records access, and financial barriers
which prevent the movement of physicians and their
patients to surrounding hospitals should be waived for
an appropriate period of time (Directive to Take
Action); and be it further
c) Ensure financial reserves exist, and are sufficient to
cover any previous contractual obligations to
physicians, e.g., medical liability tail coverage
(Directive to Take Action); and be it further

RECOMMENDATION B:

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

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee
recommends that Resolution 719 be adopted as
amended.

RESOLVED, that our American Medical Association will work with appropriate federal
and state bodies to assure that whenever there is a threatened, or actual, hospital
closure a process be instituted to safeguard the continuity of patient care and preserve
the physician-patient relationship. Such a process should:
a) Assure adequate capacity exists in the immediate service area surrounding
the hospital closure, including independent health resources, physicians, and
support personnel to provide for the citizens of that area;
b) Allow that in said circumstances, restrictive covenants, records access, and
financial barriers which prevent the movement of physicians and their patients to
surrounding hospitals should be waived for an appropriate period of time
(Directive to Take Action); and be it further

RESOLVED, that our AMA will proactively offer support to physicians, residents and
fellows, patients, and civic leaders affected by threatened or actual healthcare facility
closures or significant reductions in services via provision of information, resources, and
effective, actionable advocacy. (Directive to Take Action)
Your Reference Committee heard supportive testimony on Resolution 719. Specifically, delegations testified that this kind of support has been offered in certain states with success for both patients and physicians. Specifically, delegations offered examples of state support allowing physicians to negotiate for essential items such as medical liability tail coverage after a hospital closure or reduction in services. Testimony from delegations and individuals indicated support for amendments to outline assurances that employers have the resources necessary to meet contractual obligations with physicians and that the support be expanded to hospitals that are experiencing a change in ownership. Testimony explained that a hospital change in ownership can have many of the same negative impacts on physicians as a closure. To ensure that contractual obligations to physicians are met and that support is extended to hospitals experiencing ownership changes, your Reference Committee recommends the adoption of Resolution 719 as amended.
RECOMMENDED FOR ADOPTION IN LIEU OF

(21) RESOLUTION 711 – INSURER ACCOUNTABILITY
WHEN PRIOR AUTHORIZATION HARMs PATIENTS
RESOLUTION 720 – THE HAZARDS OF PRIOR AUTHORIZATION

RECOMMENDATION A:
Madam Speaker, your Reference Committee recommends that Resolution 711 be amended by addition to read as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that amended Resolution 711 be adopted in lieu of Resolution 720.

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

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

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

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

Your Reference Committee heard testimony in favor of holding insurers accountable for patient harm caused by prior authorization. Several delegations testified to prior authorization causing care delays, adverse events, bottlenecks to access, costs to
private practices and physician burnout, all noting that prior authorization is a hurdle to
the practice of medicine and ultimately hurts patients. One individual testified how the
unsustainable levels of prior authorization led them to abandon their sub-specialty. Other
testimony called out the current lack of legislative and regulatory teeth to combat these
insurer practices. Your Reference Committee heard mixed testimony about combining
Resolutions 711 and 720. The Council of Medical Service recommended adopting
Resolution 711 in lieu of Resolution 720. The AMA has existing policies that cover the
first and second resolve clauses of Resolution 720 which are related to prior
authorization payment for and volume reduction. Testimony was received that
Resolution 711 and the final resolved clause in Resolution 720 are exceptionally similar
and sufficient to address the concerns at hand. A substitute resolution was proffered;
however, it did not receive supportive testimony as it was said to be too general and
already covered by AMA policy. Additionally, while supportive of the Resolution as a
whole, there was mixed testimony as to the arbitration clause in Resolution 711 due to
concerns about adverse consequences to physicians. An amendment was proffered to
address this concern by specifying arbitration referenced is specific to prior authorization
determinations. Overall, testimony was supportive of the amended Resolution 711 and
indicated support for the intent of Resolution 720 but had concerns with the specifics.
Therefore, your Reference Committee recommends that Resolution 711 be adopted as
amended and in lieu of Resolution 720.
(22) RESOLUTION 721 – DEVELOPING PHYSICIAN RESOURCES TO OPTIMIZE PRACTICE SUSTAINABILITY
RESOLUTION 717 – MENTORSHIP TO COMBAT PRIOR AUTORIZATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 721 be adopted in lieu of Resolution 717.

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

RESOLVED, 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 testimony outlining support for the development of resources for physicians to reduce healthcare costs and improve sustainability and wellbeing. While testimony was supportive of the concept of both Resolution 721 and 717, concern was expressed that the language of 717 was inappropriately focused only on early career physicians and that the focus should be broader. Additional concerns were expressed that the specificity of Resolution 717 could have adverse consequences. Specifically, a number of individuals testified to the potential that adopting Resolution 717 could indicate the AMA’s approval or acknowledgement of the necessity of prior authorization. Your Reference Committee believes that Resolution 721 did not indicate support for prior authorization nor place the burden of excessive health care costs on physicians. In order to avoid these potential consequences, testimony overwhelmingly indicated support for the adoption of 721 instead of 717. Therefore, your Reference Committee recommends Resolution 721 be adopted in lieu of Resolution 717.
Madam Speaker, this concludes the report of Reference Committee G. I would like to thank Rosalynn Conic, MD, PhD, MPH, Janine Fogarty, MD, Peter Hollman, MD, AGSF, Robert Kramer, MD, FAAOS, Brian Privett, MD, Kim Yu, MD, FAAFP, and all those who testified before the Committee.

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