

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-24)

Report of Reference Committee G

Yasser Zeid, MD, URPS, FACOG, Chair

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

### 36 **Amendments**

37 **If you wish to propose an amendment to an item of business, click here: [Submit](#)**  
38 **[New Amendment](#)**  
39

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

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

28 Your Reference Committee heard supportive testimony on Board of Trustees Report  
29 30. Testimony was unanimously supportive of the report as written, including from the  
30 authors of the original resolution on which the report was based. Specifically, testimony  
31 cited the improvement of the engagement of their staff and the overall benefit it  
32 provided to her clinic. Therefore, your Reference Committee recommends that the  
33 Recommendations in Board of Trustees Report 30 be adopted and the remainder of  
34 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 The Council on Medical Service recommends that the House of Delegates policies that  
12 are listed in the appendix to this report be acted upon in the manner indicated and the  
13 remainder of this report be filed.

14  
15 Your Reference Committee heard limited supportive testimony on Council on Medical  
16 Service Report 1. The Council accepted the editorial change to remove gendered  
17 language in the reviewed policies. Your Reference Committee recommends that the  
18 recommendations in Council on Medical Service Report 1 be adopted, and the  
19 remainder of the report be filed.

20  
21 (3) CMS REPORT 6 – ECONOMICS OF PRESCRIPTION  
22 MEDICATION PRIOR AUTHORIZATION  
23

24 **RECOMMENDATION:**

25  
26 **Madam Speaker, your Reference Committee**  
27 **recommends that Recommendations in Council on**  
28 **Medical Service Report 6 be adopted and the**  
29 **remainder of the report be filed.**

30  
31 The Council on Medical Service recommends that the following be adopted in lieu of  
32 Resolution 725-A-23, and the remainder of the report be filed:

- 33  
34 1. That our American Medical Association (AMA) support working with payers and  
35 interested parties to ensure that prior authorization denial letters include at a  
36 minimum (1) a detailed explanation of the denial reasoning, (2) a copy of or  
37 publicly accessible link to any plan policy or coverage rules cited or used as part  
38 of the denial, and (3) what rationale or additional documentation would need to  
39 be provided to approve the original prescription and alternative options to the  
40 denied medication. (New HOD Policy)
- 41 2. That our AMA amend Policy H-120.919 to read as follows:  
42 That our AMA will: (1) continue to support efforts to publish implement a ~~Real-~~  
43 ~~Time Prescription Benefit (RTPB)~~ Real-Time Benefit Tool (RTBT) standard that  
44 meets the needs of all physicians and other prescribers, utilizing any electronic  
45 health record (EHR), and prescribing on behalf of any insured patient; (2) support  
46 efforts to ensure that provider-facing and patient facing RTBT systems align; and  
47 (3) advocate that all payers (i.e., public and private prescription drug plans) be  
48 required to implement and keep up to date an ~~RTPB~~ RTBT standard tool that  
49 integrates with all EHR vendors, and that any changes that must be made to  
50 accomplish ~~RTPB~~ RTBT tool integration be accomplished with minimal disruption

1 to EHR usability and cost to physicians and hospitals; (4) advocate that RTBT  
2 systems provide a justification for why prior authorization is required and include  
3 approved/covered alternative prescription medications; and- (35) develop and  
4 disseminate educational materials that will empower physicians to be prepared to  
5 optimally utilize RTPB tools RTBT and other health information technology tools  
6 that can be used to enhance communications between physicians and  
7 pharmacists to reduce the incidence of prescription abandonment; (6) advocate  
8 that payers honor coverage information that is based on a RTBT at the time of  
9 prescription and that prior authorization approvals should be valid for the duration  
10 of the prescribed/ordered treatment; and (7) continue to advocate for the  
11 accuracy and reliability of data provided by RTBTs and for vendor neutrality to  
12 ensure that it is supportive to physician efforts. (Modify Current HOD Policy)  
13

- 14 3. That our AMA Policy H-110.963, which addresses the regulation and monitoring  
15 of third-party Pharmacy Benefit Managers (PBMs) in an effort to control  
16 prescription drug pricing. (Reaffirm HOD Policy)  
17
- 18 4. That our AMA reaffirm Policy H-125.979, which outlines advocacy efforts to  
19 ensure that physicians have access to real-time formulary data when prescribing.  
20 (Reaffirm HOD Policy)  
21
- 22 5. That our AMA reaffirm Policy H-320.945, which details opposition to the abuse of  
23 prior authorization and the requirement for payers to accurately report denials  
24 and approvals. (Reaffirm HOD Policy)  
25
- 26 6. That our AMA reaffirm Policy H-125.986, which outlines the AMA's position that  
27 certain actions from PBMs interfere with physician practice and may impact the  
28 patient-physician relationship. (Reaffirm HOD Policy)  
29
- 30 7. That our AMA reaffirm Policy D-120.933, which encourages the gathering of data  
31 to better understand the impact that PBM actions may lead to an erosion of the  
32 patient-physician relationship. (Reaffirm HOD Policy)  
33

34 Your Reference Committee heard supportive testimony on Council on Medical  
35 Service Report 6. Testimony indicated the importance of ensuring that information on  
36 prior authorization denials is available to patients and physicians, particularly to  
37 prevent delays in care. A delegation indicated support for the report but  
38 recommended clarification that the Real-Time Benefit Tool systems should be  
39 uniform. Based on testimony your Reference Committee believes that the inclusion  
40 of "standard" adequately addresses this concern, and the addition of additional  
41 language would be redundant. Based on the supportive testimony heard for this  
42 report, your Reference Committee recommends that the recommendations in  
43 Council on Medical Service Report 6 be adopted, and the remainder of the report be  
44 filed.

1 (4) RESOLUTION 701 – OPPOSITION TO THE HOSPITAL  
2 READMISSIONS REDUCTION PROGRAM  
3

4 **RECOMMENDATION:**

5  
6 **Madam Speaker, your Reference Committee**  
7 **recommends that Resolution 701 be adopted.**  
8

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

11  
12 Your Reference Committee heard supportive testimony on Resolution 701. Delegations  
13 explained that the Hospital Readmissions Reduction Program (HRRP) is not supported  
14 by research and that the program has been linked with worse patient outcomes and  
15 increased readmissions. The Council on Medical Service testified that the removing of  
16 this program would require Congressional action and that this may not be the best use of  
17 AMA advocacy capital. However, compelling testimony was provided regarding the harm  
18 that the HRRP causes and therefore your Reference Committee recommends the  
19 adoption of Resolution 701.  
20

21 (5) RESOLUTION 706 – AUTOMATIC PHARMACY-  
22 GENERATED PRESCRIPTION REQUESTS  
23

24 **RECOMMENDATION:**

25  
26 **Madam Speaker, your Reference Committee**  
27 **recommends that Resolution 706 be adopted.**  
28

29 RESOLVED, that our American Medical Association advocates that pharmacy-  
30 generated requests for changes to a prescription (quantity dispensed, refills, or  
31 substitutions) clarify whether these requests are generated by the patient or patient's  
32 surrogates, or automatically by the pharmacy. (Directive to Take Action)  
33

34 Your Reference Committee heard exclusively supportive testimony of Resolution 706.  
35 Multiple delegations testified to the importance of ensuring that physicians and patients  
36 have accurate information about prescriptions, including automatically generated refill  
37 requests. Testimony reflected that these automatic refills have the potential to cause  
38 patient harm should a patient unintentionally take too much of a medication or for a  
39 duration longer than intended by the physician. Therefore, your Reference Committee  
40 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 RESOLVED, that our American Medical Association will educate employers, benefits  
10 administrators, and patients on alternative funding programs (AFPs) and their negative  
11 impacts on patient access to treatment and will advocate for legislative and regulatory  
12 policies that would address negative impacts of AFPs. (Directive to Take Action)  
13

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

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

32 **RECOMMENDATION:**  
33

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

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

42 Your Reference Committee heard testimony that was supportive of Resolution 709 and  
43 outlined that delayed patient flow throughout the U.S. health care system adversely affects  
44 patient care and can threaten optimal outcomes. Testimony for the referral of this item  
45 was heard from a few delegations, however, a number of delegations indicated that this  
46 issue is one of significant relevance and importance. Specifically, testimony indicated that  
47 efforts in this area are already underway and that the AMA has the opportunity to join a  
48 wide variety of stakeholders to improve patient flow in the health care system. Due to the  
49 supportive testimony, your Reference Committee recommends Resolution 709 be  
50 adopted.

1 (8) RESOLUTION 718 – TRANSPARENCY AT THE  
2 PHARMACY COUNTER  
3

4 **RECOMMENDATION:**  
5

6 **Madam Speaker, your Reference Committee**  
7 **recommends that Resolution 718 be adopted.**  
8

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

- 12 a) The dosage and schedule of treatments as written by the prescriber  
13 b) Any restriction or alteration of the prescriber's intent due to third party or  
14 pharmacy intervention, with the stated justification  
15 c) Details of other avenues to obtain the original prescription, including out of  
16 pocket options, with comparative costs (Directive to Take Action).  
17

18 Your Reference Committee heard supportive testimony on Resolution 718. Testimony  
19 explained the importance of ensuring that patients can access full information about their  
20 prescriptions when picking them up at the pharmacy. Additionally, testimony explained  
21 that patients are often not notified of prescription changes until they are at the pharmacy.  
22 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  
5

### RECOMMENDATION A:

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 The Board of Trustees recommends:

- 45  
46 1. The following policies be reaffirmed:  
47 a. Policy H-405.950, “Preserving the Practice of Medicine”  
48 b. Policy H-225.950, “Principles for Physician Employment”



- 1 c. Policy H-225.952, "The Physician's Right to Exercise Independent
- 2 Judgement in All Organized Medical Staff Affairs"
- 3 d. Policy H-230.965, "Immunity from Retaliation Against Medical Staff
- 4 Representatives by Hospital Administrators"
- 5 e. Policy H-435.942, "Fair Process for Employed Physicians"
- 6 f. Policy H-375.962, "Legal Protections for Peer Review
- 7 g. Policy D-375.987, "Effective Peer Review"
- 8 h. Policy H-375.960, "Protection Against External Peer Review Abuses"
- 9 (Reaffirm HOD policy); and
- 10 2. That the following policy statement be adopted to supersede Policy H-200.971,
- 11 "Transparency and Accountability of Hospitals and Hospital Systems,":
- 12 a. The AMA supports transparent reporting of final determinations of physician
- 13 complaints against hospitals and health systems through publicly accessible
- 14 channels such as the Joint Commission Quality Check reports (New HOD
- 15 Policy).
- 16 b. The AMA will develop educational materials on the peer review process,
- 17 including information about what constitutes a bad-faith peer review and what
- 18 options physicians may have in navigating the peer review process (Directive to
- 19 Take Action).
- 20 3. That the title of Policy H-200.971, "Transparency and Accountability of Hospitals and
- 21 Hospital Systems," be changed to:
- 22 a. "Transparent Reporting of Physician Complaints Against Hospitals and Health
- 23 Systems"
- 24 4. That the remainder of this report be filed.
- 25

26 Your Reference Committee heard supportive testimony on Board of Trustees Report 29.  
27 Testimony outlined the importance of this issue and the need to ensure that  
28 transparency in hospital complaint systems is improved. Additionally, testimony indicated  
29 that this is a method that could help to dissuade gender bias in hospital settings.  
30 Testimony indicated a desire to have the AMA provide legal defense for impacted  
31 physicians, however while the AMA is able to advocate on behalf of physicians, but is  
32 not able to provide legal defense to a physician. Finally, testimony indicated that AMA  
33 efforts should not only support but also facilitate efforts, and that physicians should be  
34 defended if they are subjected to bad-faith peer reviews. Therefore, your Reference  
35 Committee recommends that the recommendation in Board of Trustees Report 29 be  
36 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 The Council on Medical Service recommends that the following recommendations be  
25 adopted in lieu of Resolution 710-A-23 and Resolution 712-A-23, and the remainder of  
26 the report be filed:

- 27  
28 1) That our American Medical Association (AMA) encourage health care  
29 organizations to manage medical debt with patients directly, considering several  
30 options including but not limited to discounts, payment plans with flexibility and  
31 extensions as needed, or forgiveness of debt altogether, before resorting to third-  
32 party debt collectors or any punitive actions. (New HOD Policy)
- 33  
34 2) That our AMA supports innovative efforts to address medical debt for patients,  
35 including public and private efforts to eliminate medical debt. (New HOD Policy)
- 36  
37 3) That our AMA support amending the Fair Debt Collection Practices Act to include  
38 hospitals and strengthen standards within the Act to provide clarity to patients  
39 about whether their insurance has been or will be billed, which would require  
40 itemized debt statements to be provided to patients, thereby increasing  
41 transparency, and prohibiting misleading representation in connection with debt  
42 collection. (New HOD Policy)
- 43  
44 4) That our AMA opposes wage garnishments and property liens being placed on  
45 low-wage patients due to outstanding medical debt at levels that would preclude  
46 payments for essential food and housing. (New HOD Policy)
- 47  
48 5) That our AMA support patient education on medical debt that addresses  
49 dimensions such as:

- 1 a. Patient financing programs that may be offered by hospitals, physicians
- 2 offices, and other non-physician provider offices;
- 3 b. The ramifications of high interest rates associated with financing programs
- 4 that may be offered by a hospital, physician's office, or other non-physician
- 5 provider's office;
- 6 c. Potential financial aid available from a patient's hospital and/or physician's
- 7 office; and
- 8 d. Methods to reduce high deductibles and cost-sharing. (New HOD Policy)
- 9

10 Your Reference Committee heard testimony in support of Council on Medical Service  
11 Report 5. The authors of the resolutions that spurred the creation of this report supported  
12 Council on Medical Service Report 5 as written. There were a handful of amendments  
13 proposed and the Council defended their report recommendations as written. A delegation  
14 proffered an amendment to ensure that medical debt is not included in credit reports and  
15 the removal of the requirement that the debt level precludes payments for essential food  
16 or housing. However, the Council provided compelling testimony to defend these positions  
17 and explained that these qualifiers ensure that patients who can pay medical bills are held  
18 accountable while ensuring that no patient is denied basic necessities. Your Reference  
19 Committee found the following amendment compelling and recommends that it be  
20 incorporated into the report; "requirements to offer sliding-scale, interest-free payment  
21 plans before collection or litigation activities and", as well as "such as purchasing debt with  
22 the intent of cancellation." The Council was amendable to this amendment. Your  
23 Reference Committee recommends that the recommendations in Council on Medical  
24 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 RESOLVED, that our American Medical Association revisit the concept of restrictions on  
31 the corporate practice of medicine, including private equities, hedge funds and similar  
32 entities, review existing state laws and study needed revisions and qualifications of such  
33 restrictions and/or allowances, in a new report to our House of Delegates by Annual  
34 2025 that will inform advocacy to protect the autonomy of physician-directed care,  
35 patient protections, medical staff employment and contract conflicts, and access of the  
36 public to quality healthcare, while containing healthcare costs. (Directive to Take Action)  
37

38 Your Reference Committee heard supportive testimony of Resolution 702. One delegation  
39 highlighted a situation in which the number of physicians at a hospital was decreased due  
40 to the ownership by a private equity entity. The physicians went on strike and the private  
41 equity firm removed their ownership stake in the hospital as a result. One delegation  
42 proffered two amendments to expand the scope of the study requested by the resolution  
43 authors to include physician autonomy and increased transparency. Therefore, your  
44 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 **RESOLVED, that our American Medical Association advocates for transparency,**  
49 **accountability, and fair pricing practices in pharmaceutical pricing, opposing differential**

1 pricing of medications manufactured by the same company with the same active  
2 ingredient, without clear clinical necessity (Directive to Take Action); and be it further  
3

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

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

1 (13) RESOLUTION 704 – PEDIATRIC READINESS IN  
2 EMERGENCY DEPARTMENTS  
3

4 **RECOMMENDATION A:**  
5

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

10  
11 **RESOLVED, that our American Medical**  
12 **Association (AMA) work with appropriate state**  
13 **and national organizations to advocate for the**  
14 **development and implementation of regional**  
15 **and/or state pediatric-ready facility recognition**  
16 **programs.**  
17

18 **RECOMMENDATION B:**  
19

20 **Madam Speaker, your Reference Committee**  
21 **recommends that Resolution 704 be adopted**  
22 **as amended.**  
23

24 RESOLVED, that our American Medical Association reaffirm H-130.939 acknowledging  
25 the importance of pediatric readiness in all emergency departments with awareness of  
26 the guidelines for Pediatric Readiness in the Emergency Department and stand ready to  
27 care for children of all ages (Reaffirm HOD Policy); and be it further  
28

29 RESOLVED, that our AMA work with appropriate state and national organizations to  
30 advocate for the development and implementation of regional and/or state pediatric-  
31 ready facility recognition programs. (Directive to Take Action)  
32

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

1 (14) RESOLUTION 705 – 20 MINUTE PRIMARY CARE VISITS

2  
3 **RECOMMENDATION A:**

4  
5 **Madam Speaker, your Reference**  
6 **Committee recommends that**  
7 **Resolution 705 be adopted.**  
8

9 **RECOMMENDATION B:**

10  
11 **The Title of Resolution 705 be changed:**

12  
13 **TIME-LIMITED DIRECT PATIENT CARE**

14  
15 **RESOLVED**, that our American Medical Association ask that the appropriate AMA  
16 Council conduct a study of the adverse effects of direct patient care time limitations on  
17 the quality of care provided, as well as on patient and physician dissatisfaction, with a  
18 report back at the next AMA Annual Meeting. (Directive to Take Action)

19  
20 Your Reference Committee heard supportive testimony on Resolution 705. Several  
21 delegations provided testimony in support of the resolution and that this issue spans  
22 beyond impacting only primary care. The Council on Medical Service requested the  
23 authors of the original resolution provide more background information on what they would  
24 like to see in the requested study, as there was only one whereas clause included in the  
25 resolution, and the language in the resolved clause is vague. To ensure that the title of  
26 this resolution accurately reflects the broad scope of the resolution, a title change was  
27 proffered. Your Reference Committee recommends that Resolution 705 be adopted with  
28 a title change.

29  
30 (15) RESOLUTION 708 – MEDICOLEGAL DEATH  
31 INVESTIGATIONS

32  
33 **RECOMMENDATION A:**

34  
35 **Your Reference Committee recommends that the**  
36 **first Resolved clause of Resolution 708 be amended**  
37 **by deletion to read as follows:**  
38

39 **RESOLVED**, that our American Medical Association  
40 supports the independent authority of physicians  
41 ~~practicing forensic pathology to provide accurate~~  
42 ~~and transparent postmortem assessments and death~~  
43 ~~investigation reporting in a manner free from undue~~  
44 ~~influence (New HOD Policy); and be it further~~  
45

46 **RECOMMENDATION B:**

47  
48 **Your Reference Committee recommends Resolution**  
49 **708 be adopted as amended.**



1  
2 RESOLVED, that our American Medical Association supports the independent authority  
3 of physicians practicing forensic pathology to provide accurate and transparent  
4 postmortem assessments and death investigation reporting in a manner free from undue  
5 influence (New HOD Policy); and be it further

6  
7 RESOLVED, that our AMA advocate with state and federal governments to ensure laws  
8 and regulations do not compromise a physician's ability to use their medical judgement  
9 in the reporting of postmortem assessments and medicolegal death investigations.  
10 (Directive to Take Action)

11  
12 Your Reference Committee heard overwhelmingly supportive testimony of Resolution  
13 708. Testimony explained the importance of ensuring that physicians are not unduly  
14 influenced by external factors when participating in a postmortem assessment. A  
15 number of delegations testified that this concept is important not only for physicians  
16 practicing forensic pathology but also in other situations like pediatric and obstetric death  
17 investigations. Testimony from the original authors indicated support for broadening the  
18 resolution beyond only those practicing forensic pathology. Specifically, testimony  
19 indicated that influence may come in the form of politics or administration and that all  
20 physicians should be able to participate in postmortem assessment in a manner they  
21 feel is accurate and appropriate for the situation. Therefore, your Reference Committee  
22 recommends the adoption of Resolution 708 as amended.

23  
24 (16) RESOLUTION 710 – THE REGULATION OF PRIVATE  
25 EQUITY IN THE HEALTHCARE SECTOR

26  
27 **RECOMMENDATION A:**

28  
29 **Madam Speaker, your Reference Committee**  
30 **recommends that the first Resolved clause of**  
31 **Resolution 710 be amended by addition to read as**  
32 **follows:**

33  
34 **RESOLVED, That our American Medical Association**  
35 **propose appropriate guidelines for the use of private**  
36 **equity in healthcare, ensuring that physician autonomy**  
37 **and operational authority in clinical care is preserved**  
38 **and protected (Directive to Take Action); and be it**  
39 **further**

1           **RECOMMENDATION B:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that the second Resolved clause of**  
5           **Resolution 710 be amended by addition and deletion to**  
6           **read as follows:**

7  
8           **4. Our AMA will work with the state and federal**  
9           **government and other interested parties to develop and**  
10           **advocate for regulations pertaining to corporate control**  
11           **of practices private equity in the healthcare sector such**  
12           **that physician autonomy in clinical care is preserved**  
13           **and protected. (Modify Current HOD Policy)**

14  
15           **RECOMMENDATION C:**

16  
17           **Madam Speaker, your Reference Committee**  
18           **recommends that Resolution 710 be adopted as**  
19           **amended.**

20  
21           RESOLVED, that our American Medical Association propose appropriate guidelines for  
22           the use of private equity in healthcare, ensuring that physician autonomy in clinical care  
23           is preserved and protected (Directive to Take Action); and be it further

24  
25           RESOLVED, that our AMA modify policy H-215.981, Corporate Practice of Medicine, by  
26           addition:

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

31  
32           Your Reference Committee heard supportive testimony on Resolution 710 and highlighted  
33           that private equity contracts with physicians often do not protect physician autonomy to  
34           make decisions regarding care for patients. There were three friendly amendments  
35           proposed to broaden the language and expand the resolution to cover all corporate  
36           practice of medicine entities, not just private equity firms. Therefore, your Reference  
37           Committee recommends that Resolution 710 be adopted as amended.

1 (17) RESOLUTION 712 – FULL TRANSPARENCY –  
2 EXPLANATION OF BENEFITS  
3

4 **RECOMMENDATION A:**

5  
6 **Madam Speaker, your reference committee**  
7 **recommends that Resolution 712 be amended by**  
8 **addition and deletion to read as follows:**  
9

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

28 **RECOMMENDATION B:**

29  
30 **Madam Speaker, your Reference Committee**  
31 **recommends that Resolution 712 be adopted as**  
32 **amended.**  
33

34 RESOLVED, that our American Medical Association will advocate legislation and  
35 regulations that mandate that explanation of benefits, whether sent to the patient or the  
36 physician practice, including the actual CPT codes billed, DRG-codes, CPT descriptions,  
37 and optional consumer-friendly descriptions; and EOB must list the actual allowed  
38 amount, patient responsibilities (copay, deductible, coinsurance), non-covered and  
39 denied amounts with specific X12 reason codes in consumer-friendly explanations, what  
40 criteria is used for coverage and non-coverage, and includes detailed explanation on  
41 how to appeal, including contact information for plan administrator, applicable laws  
42 governing the plan benefits, and contact information to submit external complaints.  
43 (Directive to Take Action)  
44

45 Your Reference Committee heard supportive testimony on Resolution 712. The author  
46 testified that the resolution serves to modify the electronic standard for the Explanation  
47 of Benefits (EOB) and that paper EOBs should be subject to the same requirements as  
48 the electronic version. An individual testified that this information is critical in the fight  
49 against denials and underpayments, especially given how heavily billing is outsourced.  
50 The Council on Medical Service proffered an amendment to increase the actionability of

1 this resolution. Testimony was supportive of the Council's amendment. Testimony was  
2 heard outlining potential concerns around patient privacy and ensuring that sensitive  
3 information was not shared on the EOB without patient consent. Accordingly, your  
4 Reference Committee recommends that Resolution 712 be adopted as amended.  
5

6 (18) RESOLUTION 714 – AUTOMATIC DOWNCODING OF  
7 CLAIMS  
8

9 **RECOMMENDATION A:**

10  
11 **Madam Speaker, your Reference Committee recommends**  
12 **that the first Resolved of Resolution 714 be amended by**  
13 **addition and deletion to read as follows:**  
14

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

27 **RECOMMENDATION B:**

28  
29 **Madam Speaker, your Reference Committee recommends**  
30 **that the fourth Resolved of Resolution 714 be amended by**  
31 **addition and deletion to read as follows:**  
32

33 **RESOLVED, That our AMA further evaluate what**  
34 **legislative and/or legal action is needed to prevent ~~bar~~**  
35 **insurers from automatic downcoding and to provide**  
36 **transparency on all methodology of processing claims.**  
37

38 **RECOMMENDATION C:**

39  
40 **Madam Speaker, your Reference Committee recommends**  
41 **that Resolution 714 be adopted as amended.**  
42

43 **RESOLVED, that our American Medical Association vigorously oppose health plans**  
44 **exclusively relying on software, algorithms, or other methodologies excluding review of**  
45 **the patient's medical record to deny or downcode evaluation and management services,**  
46 **other than correct coding protocol denials, based solely on the Current Procedural**  
47 **Terminology/Healthcare Common Procedure Coding System codes, International**  
48 **Classification of Diseases, 10th Revision, codes, and/or modifiers submitted on the claim**  
49 **(New HOD Policy); and be it further**  
50

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

7  
8 RESOLVED, that our AMA advocate for legislation to provide transparency and prohibit  
9 automated denials, other than National Correct Coding Initiative denials, or downcoding  
10 of evaluation and management services based solely on the Current Procedural  
11 Terminology/Healthcare Common Procedure Coding System codes, International  
12 Classification of Diseases, 10th Revision, codes, or modifiers submitted on the claim  
13 (Directive to Take Action); and be it further

14  
15 RESOLVED, that our AMA further evaluate what legislative and/or legal action is needed  
16 to prevent insurers from automatic downcoding and to provide transparency on all  
17 methodology of processing claims. (Directive to Take Action)

18  
19 Your Reference Committee heard testimony in support of Resolution 714. The authors  
20 testified that in recent years technology has been leveraged to automatically downcode  
21 simply based on a diagnosis code without viewing the patient record. One delegation  
22 testified that downcoding is tantamount to the illegal practice of medicine. Additionally,  
23 several members testified with examples of how insurers' downcoding practices are  
24 arbitrary and capricious. Testimony stressed that insurers should be held accountable  
25 for downcoding practices. Your Reference Committee amended the resolved clause to  
26 accurately reflect all testimony heard. Testimony was received to amend the resolution  
27 to indicate a stronger stance against downcoding and to ensure that payers are not able  
28 to utilize a loophole of non-exclusive use of software and algorithms. Therefore, your  
29 Reference Committee recommends Resolution 714 be adopted as amended.

30  
31 (19) RESOLUTION 716 – IMPACT OF PATIENT NON-  
32 ADHERENCE ON QUALITY SCORES

33  
34 **RECOMMENDATION A:**

35  
36 **Madam Speaker, your Reference Committee**  
37 **recommends that Resolution 716 be amended**  
38 **by deletion to read as follows:**

39  
40 **RESOLVED, that our American Medical**  
41 **Association study the issue of patients and**  
42 **parents not adhering to ~~primary care~~**  
43 **physicians' recommendations such as**  
44 **preventive screenings and vaccinations**  
45 **resulting in a deficiency of quality metrics by**  
46 **~~primary care~~ physicians for which the**  
47 **physicians are penalized, identify equitable and**  
48 **actionable solutions, and report back at Annual**  
49 **2025. (Directive to Take Action)**  
50

1           **RECOMMENDATION B:**

2  
3           **Madam Speaker, your Reference Committee**  
4           **recommends that Resolution 716 be adopted as**  
5           **amended.**

6  
7           **RESOLVED**, that our American Medical Association study the issue of patients and  
8           parents not adhering to primary care physicians' recommendations such as preventive  
9           screenings and vaccinations resulting in a deficiency of quality metrics by primary care  
10          physicians for which the physicians are penalized, identify equitable and actionable  
11          solutions, and report back at Annual 2025. (Directive to Take Action)

12  
13          Your Reference Committee heard supportive testimony of Resolution 716. Testimony  
14          from delegations and individuals indicated the importance of ensuring physicians are not  
15          penalized for patient decisions. However, a significant amount of testimony explained  
16          that this is an issue beyond primary care and amendments were proffered to expand the  
17          resolution to indicate that this problem persists in more than just primary care settings.  
18          Testimony explained that physicians should be allowed to present medical advice and  
19          then respect their patient's choices. Additionally, testimony outlined the importance of  
20          ensuring that reporting metrics are contextualized and do not unduly or inequitably  
21          impact physicians who are practicing medically appropriate care. Therefore, your  
22          Reference Committee recommends the adoption of Resolution 716 as amended.

23  
24          (20)   **RESOLUTION 719 – SUPPORT BEFORE, DURING, AND**  
25               **AFTER HOSPITAL CLOSURE OR REDUCTION IN**  
26               **SERVICES**

27  
28           **RECOMMENDATION A:**

29  
30           **Madam Speaker, your Reference Committee**  
31           **recommends that the first resolved clause of**  
32           **Resolution 719 be amended by addition to read as**  
33           **follows:**

34  
35           **RESOLVED**, that our American Medical Association  
36           will work with appropriate federal and state bodies to  
37           assure that whenever there is a threatened, or actual,  
38           hospital closure a process be instituted to safeguard  
39           the continuity of patient care and preserve the  
40           physician-patient relationship. Such a process should:  
41           **a) Assure adequate capacity exists in the immediate**  
42           **service area surrounding the hospital closure,**  
43           **including independent health resources, physicians,**  
44           **and support personnel to provide for the citizens of**  
45           **that area;**

1           **b) Allow that in said circumstances, restrictive**  
2           **covenants, records access, and financial barriers**  
3           **which prevent the movement of physicians and their**  
4           **patients to surrounding hospitals should be waived for**  
5           **an appropriate period of time; ~~(Directive to Take~~**  
6           **Action); and be it further**

7           **c) Ensure financial reserves exist, and are sufficient to**  
8           **cover any previous contractual obligations to**  
9           **physicians, e.g., medical liability tail coverage**  
10           **(Directive to Take Action); and be it further**

11  
12           **RECOMMENDATION B:**

13  
14           **Madam Speaker, your Reference Committee**  
15           **recommends that the second resolved clause of**  
16           **Resolution 719 be amended by addition to read as**  
17           **follows:**

18  
19           **RESOLVED, that our AMA will proactively offer**  
20           **support to physicians, residents and fellows, patients,**  
21           **and civic leaders affected by threatened or actual**  
22           **healthcare facility closures, change in ownership, or**  
23           **significant reductions in services via provision of**  
24           **information, resources, and effective, actionable**  
25           **advocacy. (Directive to Take Action)**

26  
27           **RECOMMENDATION C:**

28  
29           **Madam Speaker, your Reference Committee**  
30           **recommends that Resolution 719 be adopted as**  
31           **amended.**

32  
33           **RESOLVED, that our American Medical Association will work with appropriate federal**  
34           **and state bodies to assure that whenever there is a threatened, or actual, hospital**  
35           **closure a process be instituted to safeguard the continuity of patient care and preserve**  
36           **the physician-patient relationship. Such a process should:**

37           **a) Assure adequate capacity exists in the immediate service area surrounding**  
38           **the hospital closure, including independent health resources, physicians, and**  
39           **support personnel to provide for the citizens of that area;**

40           **b) Allow that in said circumstances, restrictive covenants, records access, and**  
41           **financial barriers which prevent the movement of physicians and their patients to**  
42           **surrounding hospitals should be waived for an appropriate period of time**  
43           **(Directive to Take Action); and be it further**

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

1 Your Reference Committee heard supportive testimony on Resolution 719. Specifically,  
2 delegations testified that this kind of support has been offered in certain states with  
3 success for both patients and physicians. Specifically, delegations offered examples of  
4 state support allowing physicians to negotiate for essential items such as medical liability  
5 tail coverage after a hospital closure or reduction in services. Testimony from  
6 delegations and individuals indicated support for amendments to outline assurances that  
7 employers have the resources necessary to meet contractual obligations with physicians  
8 and that the support be expanded to hospitals that are experiencing a change in  
9 ownership. Testimony explained that a hospital change in ownership can have many of  
10 the same negative impacts on physicians as a closure. To ensure that contractual  
11 obligations to physicians are met and that support is extended to hospitals experiencing  
12 ownership changes, your Reference Committee recommends the adoption of Resolution  
13 719 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 RESOLVED, that our American Medical Association advocate for increased legal  
28 accountability of insurers and other payers when delay or denial of prior authorization  
29 leads to patient harm, including but not limited to the prohibition of mandatory pre-  
30 dispute arbitration and limitation on class action clauses in beneficiary contracts.  
31 (Directive to Take Action)

32  
33 RESOLVED, that our American Medical Association advocates that low-cost  
34 noninvasive procedures that meet existing standard Medicare guidelines should not  
35 require prior authorization (Directive to Take Action); and be it further

36  
37 RESOLVED, that our AMA support that physicians be allowed to bill insurance  
38 companies for all full time employee hours required to obtain prior authorization (New  
39 HOD Policy); and be it further

40  
41 RESOLVED, that our AMA support that patients be allowed to sue insurance carriers  
42 which preclude any and all clauses in signed contracts should there be an adverse  
43 outcome as a result of an inordinate delay in care. (New HOD Policy)

44  
45 Your Reference Committee heard testimony in favor of holding insurers accountable for  
46 patient harm caused by prior authorization. Several delegations testified to prior  
47 authorization causing care delays, adverse events, bottlenecks to access, costs to

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

1 (22) RESOLUTION 721 – DEVELOPING PHYSICIAN  
2 RESOURCES TO OPTIMIZE PRACTICE  
3 SUSTAINABILITY  
4 RESOLUTION 717 – MENTORSHIP TO COMBAT PRIOR  
5 AUTHORIZATION  
6

7 **RECOMMENDATION:**

8  
9 **Madam Speaker, your Reference Committee**  
10 **recommends that Resolution 721 be adopted**  
11 **in lieu of Resolution 717.**  
12

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

17  
18 RESOLVED, Resolved, that our American Medical Association study the development of  
19 a template for a mentorship program for early career physicians as a means to reduce  
20 excessive healthcare costs, with a report back by Annual 2025 (Directive to Take  
21 Action); and be it further

22  
23 RESOLVED, that our AMA develop modules of education centered on the economics of  
24 utilization of testing, pharmaceuticals, and procedures in various categories of common  
25 and exceptional medical care (Directive to Take Action); and be it further

26  
27 RESOLVED, that our AMA work with affected stakeholders, including government  
28 legislators and regulators, pharmaceutical and business interests, healthcare systems,  
29 and patient representatives as well as physicians on substitution of mentorship for  
30 frequent prior authorization requests. (Directive to Take Action)

31  
32 Your Reference Committee heard testimony outlining support for the development of  
33 resources for physicians to reduce healthcare costs and improve sustainability and  
34 wellbeing. While testimony was supportive of the concept of both Resolution 721 and  
35 717, concern was expressed that the language of 717 was inappropriately focused only  
36 on early career physicians and that the focus should be broader. Additional concerns  
37 were expressed that the specificity of Resolution 717 could have adverse  
38 consequences. Specifically, a number of individuals testified to the potential that  
39 adopting Resolution 717 could indicate the AMA's approval or acknowledgement of the  
40 necessity of prior authorization. Your Reference Committee believes that Resolution 721  
41 did not indicate support for prior authorization nor place the burden of excessive health  
42 care costs on physicians. In order to avoid these potential consequences, testimony  
43 overwhelmingly indicated support for the adoption of 721 instead of 717. Therefore, your  
44 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.

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

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

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Janine Fogarty, MD (Alternate)  
New York

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Brian Privett, MD  
Iowa

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Peter Hollmann, MD, AGSF  
Rhode Island

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Kim Yu, MD, FAAFP  
American Academy of Family  
Physicians

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Yasser Zeid, MD, URPS, FACOG  
Texas  
Chair