

**POLICY PROCEEDINGS¹ OF THE 2025 ANNUAL MEETING OF THE
AMA PRIVATE PRACTICE PHYSICIANS SECTION**

RESOLUTIONS

**1. Universal Out of Network Benefits
Introduced by Michael Brisman, MD**

PPPS Action: Resolution 1 referred to the PPPS Governing Council:

RESOLVED, that our American Medical Association will advocate for a federal law that requires all private insurers that operate in the United States to only offer health insurance plans with out-of-network benefits (Directive to Take Action).

**2. Reduction of AMA Dues
Introduced by Michael Brisman, MD**

PPPS Action: Resolution 2 not adopted:

RESOLVED, that our American Medical Association will reduce its annual dues to \$15 for all medical students and physicians, both MDs and DOs (Directive to Take Action).

**3. Root Cause Analysis of the Causes of the Decline of Private Medical Practice
Introduced by Michael Brisman, MD**

PPPS Action: Resolution 3 adopted as amended and immediately forwarded for consideration at the 2025 Annual Meeting of the AMA House of Delegates:

RESOLVED, that our American Medical Association will conduct a root cause analysis of the decline of private medical practice that will include consideration of at least the following factors:

1. The declining inflation-adjusted Medicare rates
2. Stark laws, which allow hospitals, but not private physicians, to self-refer
3. The development of insurance plans that have no out-of-network benefits
4. The permitted consolidation of insurers and hospitals
5. Hospital-insurer collusion to set minimal in-network fees for hospital physicians in return for high hospital technical fees
6. Increased government influence by insurers and hospitals and decreased influence by doctors;

(Directive to Take Action).

HOD Action: Resolution 714 adopted as amended:

RESOLVED, that our American Medical Association will conduct a root cause analysis of the decline of private medical practice that will include consideration of at least the following factors:

- 1. The declining inflation-adjusted Medicare rates**

¹ Proceedings determined from Annotated Reference Committee Reports and are subject to change until such time as the House of Delegates Proceedings are finalized.

2. Stark laws, which allow hospitals, but not private physicians, to self-refer
 3. The development of insurance plans that have no out-of-network benefits
 4. The permitted consolidation of insurers and hospitals
 5. Hospital-insurer collusion to set minimal in-network fees for hospital physicians in return for high hospital technical fees
 6. Increased government influence by insurers and hospitals and decreased influence by doctors
 7. Inadequate formal education on the business of medicine
 8. Educational debt of early career physicians
 9. Evolving lifestyle preference of early career physicians
 10. Overhead expenditures such as Electronic Health Records, personnel, and administrative costs
 11. Provider based facility fees charged by hospital employees but not by private practitioners;
- (Directive to Take Action).
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4. AMA Advocacy Efforts Will Include Priority Items for Private Practice Physicians Introduced by Michael Brisman, MD

PPPS Action: Resolution 4 not adopted:

RESOLVED, that our American Medical Association's advocacy efforts will consider including priority items for private practice physicians (Directive to Take Action).

5. Grace Period for Timely Filing Due to Change Healthcare Cyber-Event Introduced by Roxanne Tyroch, MD

PPPS Action: Resolution 5 adopted as amended with a change in title and immediately forwarded for consideration at the 2025 Annual Meeting of the AMA House of Delegates:

Grace Period for Timely Filing Due to Technology Failures Regardless of Cause

RESOLVED, that our American Medical Association advocate for a two-year grace period from the date of a claims processing failure, allowing payers to resolve claims before denying them based on a "timely filing limit" (Directive to Take Action).

HOD Action: Resolution 715 adopted as amended:

RESOLVED, that our American Medical Association advocate for a two-year grace period from the date of a claims processing failure due to technology failure, allowing payers to resolve claims before denying them based on a "timely filing limit" (Directive to Take Action).

6. Minimum Payer Communication Quality Standards
Introduced by Roxanne Tyroch, MD

PPPS Action: Resolution 6 adopted as amended and immediately forwarded for consideration at the 2025 Annual Meeting of the AMA House of Delegates:

RESOLVED, that our American Medical Association advocate for payer minimum quality standards to include immediate access to a live representative during business hours (Directive to Take Action).

HOD Action: Resolution 716 adopted as amended:

RESOLVED, that our American Medical Association advocate for payer minimum quality standards to include immediate access to a live representative during business hours (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for the adoption of physician/provider satisfaction quality metrics for Medicare Advantage plan star ratings to measure the efficiency of health plan customer service, addressing provider questions and concerns, payment efficiency, and resolution of appeals (Directive to Take Action).

7. EFT Fees, Virtual Credit Card Fees, and Administrative Burdens
Introduced by Alex Shetyynshlyuger, MD

PPPS Action: Resolution 8 not adopted:

RESOLVED, that our American Medical Association report at the 2026 Annual Meeting and annually thereafter on the progress of implementation of policies D-190.968, "Amend Virtual Credit Card and Electronic Funds Transfer Fee Policy" and D-190.970, "CMS Administrative Requirements" until the goals of these policies are fully achieved (Directive to Take Action).

8. Conflicts of Interest and Transparency at the PPPS—Let Members Decide
Introduced by Alex Shetyynshlyuger, MD

PPPS Action: Resolution 9 referred back to the PPPS Governing Council:

RESOLVED, that our Private Practice Physicians Section (PPPS) will amend its internal operating procedures to adopt requirements that PPPS members who are eligible to vote and to serve on the Governing Council disclose:

1. Whether they are employed in or own/co-own a private practice from which they derive the majority of their income or personally generate fewer than or equal to 3,000 or more than 3,000 wRVU per year;
 2. Disclose (co-) ownership of the practice or management company (management service organization or equivalent) by non-physician entity(ies) or whether the practice or management company is a subsidiary of another entity or entities;
 3. Disclose the number of physicians and non-physician healthcare providers (nurse practitioners, physician assistants, etc.) the practice employs;
- (Directive to Take Action).

RESOLVED, that our PPPS amend its internal operating procedures to adopt requirements that the Chair of the PPPS Governing Council or an appointed designee must inform the full voting-eligible membership of the PPPS by email or another electronic method about self-reported as well as any perceived or actual conflicts of interest on the governing council that may result from the election or re-election of the candidates nominated for election 1) at least 10 days before the Business Meeting; 2) prior to the start of every business session as to inform members; and 3) prior to every election session, including floor nominations (Directive to Take Action); and be it further

RESOLVED, that the nominees and present members of the PPPS Governing Council who are eligible to vote and serve on the Governing Council disclose:

1. Any perceived conflicts of interest to other members of the Governing Council, including any familial relations up to second degree relative (grandparent, second cousin, aunt, uncle, niece, nephew, etc.) whether by blood, marriage, or adoption;
2. Any perceived conflict of interest to other members of the Governing Council, including any association with organizations in common with other members from which income is derived, whether as employee, owner, or investor, except for publicly traded non-healthcare companies or contractors that may share owners or management;

(Directive to Take Action); and be it further

RESOLVED, that our American Medical Association amend the criteria for all AMA elective offices, including Board of Directors, to require disclosure of information relevant to members' understanding of potential conflicts of interest:

1. Whether they are employed in an organization that is hospital-owned, government-run, insurance-owned, non-physician investor-owned, or whether they own/co-own a private practice from which they derive the majority of their income;
2. Whether they personally generate fewer than or equal to 3,000 or more than 3,000 wRVU per year, excluding billing for supervision of residents, physician assistants, nurse practitioners, etc. Optionally, they may also report total wRVUs as well during supervision of residents, physician assistants, nurse practitioners, etc.;
3. Disclose (co-) ownership of the practice or management company (management service organization or equivalent) by non-physician entity(ies) or whether the practice or management company is a subsidiary of another entity or entities;
4. Disclose the number of physicians and non-physician healthcare providers (nurse practitioners, physician assistants, etc.) the practice employs;

(Directive to Take Action).

9. Payment Recoupment—Let Sanity Prevail Introduced by Alex Shteynshlyuger, MD

PPPS Action: Resolution 10 adopted as amended and immediately forwarded for consideration at the 2025 Annual Meeting of the AMA House of Delegates:

RESOLVED, that our American Medical Association advocates for legislation and regulations compliant with the Supreme Court holding in *Rutledge v. PCMA* (Directive to Take Action); and be it further

RESOLVED, that our American Medical Association advocates for legislation and regulations that stipulate that if payment recovery or recoupment is due to coordination of benefit failure, the payer seeks recovery from the patient and/or the correct insurance company or primary payer responsible for the claim (Directive to Take Action); and be it further

RESOLVED, that our AMA advocates for legislation and regulations that whenever a health plan seeks recoupment or payment recovery for overpayment or wrong payment from a physician, a detailed and comprehensive explanation for the payment recoupment/recovery must be provided (Directive to Take Action); and be it further

RESOLVED, that our AMA advocates for legislation and regulation that if the reason for claim recovery or recoupment is not due to physician error, the health plan may not seek recovery from the physician and that health plans must seek resolution from the patient on whose behalf the insurance company paid the claim and who has a contract with the insurance company or the third party responsible for the payment involved in claim recovery or recoupment (Directive to Take Action); and be it further

RESOLVED, that our AMA report back at the 2026 Annual Meeting on the progress of the implementation of this resolution (Directive to Take Action).

HOD Action: AMA Policies H-70.926, H-335.981, H-385.900, D-385.944, D-385.965, D-320.991, H-335.963, H-190.969, and H-185.999 reaffirmed in lieu of Resolution 227.

10. State Regulation of Non-Preempted “Non-Central Matters” of ERISA Plans—*Rutledge v. PCMA* Introduced by Alex Shteynshlyuger, MD

PPPS Action: Resolution 12 referred back to the PPPS Governing Council:

RESOLVED, that our American Medical Association will study whether and how the following issues not currently addressed under the Employment Retirement Income Security Act (ERISA) and that do not relate to a “particular scheme of substantive coverage” may be reasonably regulated by states for self-insured ERISA plans pursuant to the U.S. Supreme Court holding in *Rutledge v. PCMA* with a report back at the Interim 2025 meeting on the feasibility and barriers of implementing state-based regulation for these priority issues and an action plan, including sample legislative language, to support state based implementation of these priorities:

1. Interest payments on overdue “clean” health insurance claims not otherwise addressed by ERISA’s statutory mandate;
2. Administrative issues surrounding prior authorization, including but not limited to timeliness of responses and duty to obtain data records available from sources other than the physician so as not to waste physician resources;
3. Payment for Medicare co-insurance and deductibles when Medicare is primary and another plan is secondary and the physician is a Medicare-participating physician but non-participating with the secondary plan;
4. Payment for the administrative burden of prior authorization and successful denial appeals;
5. Parity for telehealth-delivered services;
6. Timely payment of “clean claims” when the insurer’s obligation to pay the claim is reasonably distinct from timely determination of claims;

7. Enforcement of evaluation & management modifier code 25 use/payments as articulated under AMA policies D-385.956 and D-70.971 as well as analogous state medical society policies;
 8. Requiring that when health plan payment recovery or recoupment is due to coordination of benefit failure, the health plan shall seek recovery from the patient and/or the correct payor;
(Directive to Take Action).
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GOVERNING COUNCIL REPORTS

1. Update to the Private Practice Physicians Section Internal Operating Procedures

PPPS Action: PPPS Governing Council Report B adopted as amended:

The PPPS Governing Council recommends the following:

1. Our Private Practice Physician Section should not adopt proposal 1 to eliminate the position of Secretary on the Governing Council.
 2. Our Private Practice Physician Section should adopt proposal 2 to change the practice size for the Member at-Large positions on the Governing Council.
 3. Our Private Practice Physician Section should adopt proposal 3 to remove the one-year section membership requirement for service on the Governing Council.
 4. Our Private Practice Physician Section should not adopt proposal 4 to create a new, non-voting Associate Members of the Governing Council.
 5. Our Private Practice Physician Section should adopt proposal 5 to change the timeline and procedures for appointing vacancies to the Governing Council.
 6. Our Private Practice Physician Section should adopt proposal 6 to better articulate the deadlines and procedures for PPPS resolutions.
 7. Our Private Practice Physician Section should adopt proposal 7 to create a new standing Committee on Late Resolutions.
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RESOLUTIONS HELD BACK FROM I-24 AND SUBMITTED AT A-25

1. An Assessment of Physician Support for Value-Based Payment Models and its Impact on Healthcare to Inform AMA Advocacy Efforts—A Survey Introduced by Connie DiMari, MD

PPPS Action: Resolution 1-I-24 adopted as amended at the 2024 Interim Meeting and forwarded for consideration at the 2025 Annual Meeting of the AMA House of Delegates:

RESOLVED, that our American Medical Association conducts a physician survey of adequate size and scope to ascertain the impact of value-based payment models on a wide spectrum of both employed and independent physician practices, exploring its specific effects on the quality of care physicians provide (i.e., help or harm quality), patient access to care (i.e., limit Medicare patients), physician professionalism (i.e., honoring patient preferences, managing conflict of interest), and adequacy of the physician workforce (i.e., availability of primary care, burnout, early retirement) to provide legislators a better understanding and inform future AMA advocacy efforts (Directive to Take Action).

HOD Action: Resolution 114 referred for decision.

ACTIONS ON PPPS GOVERNING COUNCIL REPORT A

The following report was presented by Carolynn Francavilla, MD, Chair.

Report A: PPPS Handbook Review – House of Delegates Resolutions & Reports

Refer to [annotated House of Delegates reference committee reports](#) for final adopted language.

1. CEJA Report 05 – Protecting Physicians Who Engage in Contracts to Deliver Healthcare Services

PPPS Action: PPPS Delegate instructed to listen on CEJA Report 05.

HOD Action: CEJA Report 05 adopted.

2. CEJA Report 07 – Guidelines on Chaperones for Sensitive Exams

PPPS Action: PPPS Delegate instructed to strongly oppose CEJA Report 07.

HOD Action: CEJA Report 07 referred.

3. Resolution 002 – Physician Disclosures of Relationships in Private Equity Held Organizations

PPPS Action: PPPS Delegate instructed to support Resolution 002.

HOD Action: Resolution 002 not adopted.

4. Resolution 109 – Medicare Advantage Plans Double Standard

PPPS Action: PPPS Delegate instructed to support Resolution 109.

HOD Action: Resolution 109 adopted.

5. Resolution 114 – An Assessment of Physician Support for Value-Based Payment Models and its Impact on Healthcare to Inform AMA Advocacy Efforts—A Survey

PPPS Action: PPPS Delegate instructed to refer Resolution 114 for decision.

HOD Action: Resolution 114 referred for decision.

6. Resolution 208 – Binding Arbitration in Health Insurance Contracts

PPPS Action: PPPS Delegate instructed to support Resolution 208.

HOD Action: Resolution 208 adopted.

7. Resolution 220 – Strengthening AMA Policy on Noncompete Clauses in Ownership Transitions

PPPS Action: PPPS Delegate instructed to support Resolution 220.

HOD Action: Resolution 220 adopted.

8. Resolution 225 – The Private Practice Physicians in the Community

PPPS Action: PPPS Delegate instructed to reaffirm Resolution 225.

HOD Action: Policies H-330.932, D-385.945, H-385.900, and H-390.849 reaffirmed in lieu of Resolution 225.

9. Resolution 227 – Payment Recoupment—Let Sanity Prevail

PPPS Action: PPPS Delegate instructed to strongly support Resolution 227.

HOD Action: Policies H-70.926, H-335.981, H-385.900, D-385.944, D-385.965, D-320.991, H-335.963, H-190.969, and H-185.999 reaffirmed in lieu of Resolution 227.

10. Resolution 230 – Advocating to Expand Private Insurance Coverage of Anti-Obesity Medications

PPPS Action: PPPS Delegate instructed to strongly support Resolution 230.

HOD Action: Subclause H of Resolution 230 adopted; subclauses E and G referred; subclause F adopted as amended.

11. CLRPD Report 01 – International Medical Graduate Section Five-Year Review

PPPS Action: PPPS Delegate instructed to strongly support CLRPD Report 01.

HOD Action: CLRPD Report 01 adopted.

12. CLRPD Report 02 – Organized Medical Staff Section Five-Year Review

PPPS Action: PPPS Delegate instructed to strongly support CLRPD Report 02.

HOD Action: CLRPD Report 02 adopted.

13. CMS Report 04 – Requiring Payment for Physician Signatures

PPPS Action: PPPS Delegate instructed to strongly support CMS Report 04.

HOD Action: CMS Report 04 adopted.

14. CMS Report 07 – Impact of Patient Non-Adherence on Quality Scores

PPPS Action: PPPS Delegate instructed to support CMS Report 07.

HOD Action: CMS Report 07 adopted.

15. Resolution 704 – Mitigating the Impact of Excessive Prior Authorization Processes

PPPS Action: PPPS Delegate instructed to listen on Resolution 704.

HOD Action: First and third clauses adopted and second clause referred.

16. Resolution 706 – Increasing Transparency Surrounding Medicare Advantage Plans

PPPS Action: PPPS Delegate instructed to support Resolution 706.

HOD Action: Resolution 706 adopted as amended.

17. Resolution 708 – Advocating Against Prior Authorization for In-Person Visits With Physicians

PPPS Action: PPPS Delegate instructed to support Resolution 708.

HOD Action: Resolution 708 adopted.

18. Resolution 714 – Root Cause Analysis of the Decline of Private Medical Practice

PPPS Action: PPPS Delegate instructed to strongly support Resolution 714.

HOD Action: Resolution 220 adopted as amended.

19. Resolution 715 – Grace Period for Timely Filing Due to Technology Failures Regardless of Cause

PPPS Action: PPPS Delegate instructed to strongly support Resolution 715.

HOD Action: Resolution 715 adopted as amended.

20. Resolution 716 – Minimum Payer Communication Quality Standards

PPPS Action: PPPS Delegate instructed to strongly support Resolution 716.

HOD Action: Resolution 716 adopted as amended.

21. Resolution 717 – Promoting Medication Continuity and Reducing Prior Authorization Burdens

PPPS Action: PPPS Delegate instructed to strongly support Resolution 717.

HOD Action: Resolution 717 adopted.
