

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-26)

Report of the Private Practice Physicians Section Reference Committee

Ronnie Dowling, MD, Chair

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

3 **RECOMMENDED FOR ADOPTION**
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- 5 1. Governing Council Report C – Conflicts of Interest and Transparency at the
6 PPPS—Let the Members Decide
7 2. Governing Council Report D – Universal Out of Network Benefits
8 3. Resolution 1 – Artificial Intelligence Scope of Practice
9 4. Resolution 7 – Vaccinations in Physician Offices
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11 **RECOMMENDED FOR ADOPTION AS AMENDED**
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- 13 5. Governing Council Report B – Equal Opportunity for Payment for “On Call” Duty
14 6. Governing Council Report E – State Regulation of Non-Preempted “Non-Central
15 Matters” of ERISA Plans—Rutledge v. PCMA
16 7. Resolution 2 – Oppose the Legal Position that Virtual Credit Cards are a Legal
17 Method of Payment Under HIPAA
18 8. Resolution 3 – Advocacy for a Failure-Proof National Centralized Electronic
19 Transaction Clearinghouse
20 9. Resolution 4 – Eliminate Administrative Barriers to Appeal Wrongful Denials
21

22 **RECOMMENDED FOR NOT ADOPTION**
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- 24 10. Resolution 5 – Non-Compliance with the AMA CPT Code by Health Plans and
25 Vendors
26 11. Resolution 6 – Root Cause Analysis of the Problems with AMA Advocacy
27 Related to AMA HIPAA Administrative Simplification Policies

RECOMMENDED FOR ADOPTION

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3 (1) GOVERNING COUNCIL REPORT C – CONFLICTS OF
4 INTEREST AND TRANSPARENCY AT THE PPPS—LET
5 THE MEMBERS DECIDE
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7 **RECOMMENDATION A:**
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9 **Governing Council Report C be adopted.**
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11 The PPPS Governing Council recommends that the following be adopted in lieu of
12 Resolution 9-A-25, and that the remainder of this report be filed:
13

14 1. Our Private Practice Physician Section finds the following provisions are either currently
15 incorporated into the section's conflict-of-interest disclosure documents or would be
16 inappropriate under industry standard practices of disclosure and thus these provisions
17 have been addressed and no further work is necessary:

- 18 a. Physicians attest to the number of physicians in their practices when they apply
19 for membership in the PPPS.
20 b. Candidates running for Governing Council positions are required to disclose any
21 real or perceived conflicts of interest in their disclosures, which are posted online
22 and made available to other PPPS members.
23 c. Candidates for Governing Council positions are required to disclose any
24 potential conflict of interest as they relate to any other candidate or current member
25 of the Governing Council up to "extended family members." Candidates/members
26 are not expected to attest to any conflicts of interest inherent to any other
27 physician.
28

29 2. Our Private Practice Physician Section Assembly has already considered whether
30 eligibility to serve on the PPPS Governing Council should include a requirement that the
31 member must be an owner-operator of a private practice who personally provides care for
32 at least 5,000 wRVUs per year and has rejected this requirement by two-thirds majority
33 vote at the 2025 Annual Meeting, thus the question has been fully resolved.
34

35 3. Our Private Practice Physician Section will encourage candidates for Governing Council
36 to include in their biographies and other documents when running for office the number of
37 physicians employed in their practice as well as the number of non-physician practitioners.
38

39 4. Pending approval from AMA's Office of the General Council, Our Private Practice
40 Physician Section will require that candidates for seats on the PPPS Governing Council
41 as well as members of the PPPS Governing Council include in their conflict-of-interest
42 disclosures to the Section any affiliation with management services organizations or
43 similar entity to manage administrative or operational support and, if such affiliation(s)
44 exist, a list of all affiliations to include the name of the entity, description of the entity, year
45 the relationship began, role within the entity, and any other pertinent information.
46

47 Your Reference Committee considered Governing Council Report C and found the
48 report to be well reasoned and sensible in its approach. The Committee agrees with the
49 Governing Council's finding that many of the original resolution's calls for action have

1 been addressed and either adopted or considered by the PPS Assembly and rejected.
2 The Committee thus recommends that Governing Council Report C be adopted and
3 filed.

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7 (2) GOVERNING COUNCIL REPORT D – UNIVERSAL OUT
8 OF NETWORK BENEFITS

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10 **RECOMMENDATION A:**

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12 **Governing Council Report D be adopted.**

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14 **RECOMMENDATION B:**

15
16 **The recommendation of Governing Council Report D be**
17 **immediately forwarded for consideration at the 2026**
18 **Annual Meeting of the AMA House of Delegates.**

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20 The PPS Governing Council recommends that the following be adopted in lieu of
21 Resolution 1-A-25, and that the remainder of this report be filed:

- 22
23 1. Our American Medical Association will advocate for state and federal laws and
24 regulations that require insurers to offer plans that include out-of-network benefits.

25
26 Your Reference Committee finds the Governing Council’s recommendation in Report D
27 to be realistic and appropriate given the nature of the original resolution. The
28 Committee’s interpretation of the initial resolution was that it asks for the AMA to
29 advocate that all health plans offer out-of-network benefits. While the Committee was
30 skeptical that such an ask could realistically be achieved, it believed that the Governing
31 Council’s shift in language improves the likelihood of success. Your Reference
32 Committee recommends Governing Council Report D be adopted and the recommended
33 language be immediately forwarded to the House of Delegates for consideration at the
34 2026 Annual Meeting.

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38 (3) RESOLUTION 1 – ARTIFICIAL INTELLIGENCE SCOPE
39 OF PRACTICE

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41 **RECOMMENDATION A:**

42
43 **Resolution 1 be adopted.**

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45 **RECOMMENDATION B:**

46
47 **Resolution 1 be immediately forwarded for**
48 **consideration at the 2026 Annual Meeting of the AMA**
49 **House of Delegates.**

1 RESOLVED, that our American Medical Association will develop model legislation
2 declaring that artificial intelligence will not be used as a prescriptive or care management
3 substitute for a physician (Directive to Take Action); and be it further

4
5 RESOLVED, that our AMA will develop model legislation prohibiting the Federation of
6 State Medical Boards from enabling independent licensure be granted to artificial
7 intelligence “providers.” (New HOD Policy).

8
9 Your Reference Committee heard testimony reflecting the content of Resolution 1,
10 particularly in relation to Doctronic and other AI firms as they move into the prescription
11 drug space, and was supportive of the asks that Resolution 1 is making. While the
12 Committee was able to confirm that the AMA already has established policy in this area,
13 it still found that Resolution 1 was novel enough to be considered and that such
14 considerations are necessary as the field of artificial/augmented intelligence grows. The
15 Committee also noted that there was some concern that drafting model legislation may
16 be too premature as the AI market is growing rapidly and that care should be taken to
17 ensure that definitions of “practitioner” and other similar descriptors for healthcare
18 professionals should specifically limit AI and other machine-learning technologies as well
19 as processes that engage in autonomous clinical decision-making. Your Reference
20 Committee thus recommends Resolution 1 be adopted and immediately forwarded to the
21 House of Delegates for consideration at the 2026 Annual Meeting.

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25 (4) RESOLUTION 7 – VACCINATIONS IN PHYSICIAN
26 OFFICES

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28 **RECOMMENDATION A:**

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30 **Resolution 7 be adopted.**

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32 **RECOMMENDATION B:**

33
34 **Resolution 7 be immediately forwarded for**
35 **consideration at the 2026 Annual Meeting of the AMA**
36 **House of Delegates.**

37
38 RESOLVED, that our American Medical Association advocate for all Advisory Committee
39 on Immunization Practices (ACIP)-recommended vaccines to be covered by Medicare
40 Part B (Directive to Take Action).

41
42 Your Reference Committee considered Resolution 7 carefully and paid particular
43 attention to the wisdom of advocating use of the ACIP as a touchstone given the
44 demonstrated ability of politicians to use the ACIP to promote actions that may not meet
45 acknowledged clinical standards. The Reference Committee nevertheless agreed that
46 promoting vaccinations in a format that allows for them to be more accessible and/or
47 affordable outweighs the concern of potential political manipulation. Your Reference
48 Committee thus recommends that Resolution 7 be adopted and immediately forwarded
49 to the House of Delegates for consideration at the 2026 Annual Meeting.

RECOMMENDED FOR ADOPTION AS AMENDED

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3 (5) GOVERNING COUNCIL REPORT B – EQUAL
4 OPPORTUNITY FOR PAYMENT FOR “ON CALL” DUTY
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6 **RECOMMENDATION A:**
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8 **The recommendation be amended by addition and**
9 **deletion to read as follows:**

10
11 The PPPS Governing Council recommends that the
12 following be adopted in lieu of Resolution 3-I-24 be not
13 adopted and that this report be filed.:-

- 14
15 1. Our American Medical Association will work with
16 relevant stakeholders to advocate that all physicians,
17 whether employed or independent, should be paid for
18 “on call” responsibilities, whether or not patient care is
19 separately billed.
20

21 **RECOMMENDATION B:**
22

23 **Governing Council Report B be adopted as amended.**
24

25 **RECOMMENDATION C:**
26

27 **The recommendation of Governing Council Report B be**
28 **immediately forwarded for consideration at the 2026**
29 **Annual Meeting of the AMA House of Delegates.**
30

31 The PPPS Governing Council recommends that Resolution 3-I-24 be not adopted and
32 that this report be filed.

33
34 Your Reference Committee found itself disagreeing with the Governing Council that the
35 issue of on-call payment was outside the scope of the PPPS and that the original
36 resolution was thus worth considering again. After a closer read of the Governing
37 Council’s discussion and recommendations, the Reference Committee wondered if the
38 original language which promoted a nation-wide solution might be what concerned the
39 Council and the Committee agreed that, were that the case, a national standard for on-
40 call payment would be difficult given all the points the Governing Council raised in its
41 report. The Committee believes that removing the concept of a national standard from
42 the original resolution’s language should return it to the scope of the PPPS and that,
43 within that framework, advocating that physicians be paid for their time regardless of
44 services rendered is a concept worthy of PPPS support. The Committee thus
45 recommends Governing Council Report B be adopted as amended and the new
46 recommended language be forwarded to the House of Delegates for immediate
47 consideration at the 2026 Annual Meeting.
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2 (6) GOVERNING COUNCIL REPORT E – STATE
3 REGULATION OF NON-PREEMPTED “NON-CENTRAL
4 MATTERS” OF ERISA PLANS—RUTLEDGE V. PCMA
5

6 **RECOMMENDATION A:**
7

8 **The recommendation be amended by addition to read**
9 **as follows:**

10
11 3. Our American Medical Association, with appropriate
12 stakeholders, will explore the possibilities of amending the
13 Employment Retirement Income Security Act (ERISA).
14

15 **RECOMMENDATION B:**
16

17 **Governing Council Report E be adopted as amended.**
18

19 **RECOMMENDATION C:**
20

21 **The recommendation of Governing Council Report E be**
22 **immediately forwarded for consideration at the 2026**
23 **Annual Meeting of the AMA House of Delegates.**
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26 The PPPS Governing Council recommends that the following be adopted in lieu of
27 Resolution 12-A-25, and that the remainder of this report be filed:
28

29 1. Our American Medical Association will examine the strategic and operational
30 opportunities physicians should consider under the U.S. Supreme Court holding in
31 *Rutledge v. PCMA* as they pertain to the Employment Retirement Income Security Act
32 (ERISA) with a report back at the Annual 2027 meeting with recommendations for
33 operational best practices.
34

35 2. Our American Medical Association will explore and, as appropriate, provide related
36 educational programming at Interim and/or Annual Meetings and through other
37 appropriate venues, including potential educational modules, regarding ERISA and its
38 practical implications for private practice physicians.
39

40 Your Reference Committee heard testimony agreeing in concept with the idea that
41 ERISA is a problematic statute that contains unintended consequences for physician
42 practices and that there is perhaps a significant body of support for re-examining the law
43 and revising it in ways that can alleviate problems some independent physicians
44 experience. The Committee also heard testimony reflecting that this is not a new
45 consideration and that previous attempts have been made to amend or revise ERISA,
46 including by the AMA, that were unsuccessful. The Committee is also sensitive to the
47 information presented by the Governing Council that the AMA has conducted significant
48 work around the issues raised in *Rutledge v. PCMA* and that the organization could
49 better disseminate that information, particularly as it pertains to the opportunities the
50 Supreme Court holding has for independent practice. Given all this discussion, the

1 Committee believes the Governing Council's recommendations are appropriate, though
2 they could be bolstered by asking the AMA to explore how conditions may have changed
3 regarding ERISA since its previous attempts to address the law legislatively and
4 regulatorily. Your Reference Committee thus recommends that Governing Council
5 Report E be adopted as amended and its recommendations be immediately forwarded
6 to the House of Delegates for consideration at the 2026 Annual Meeting.

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10 (7) RESOLUTION 2 – OPPOSE THE LEGAL POSITION
11 THAT VIRTUAL CREDIT CARDS ARE A LEGAL
12 METHOD OF PAYMENT UNDER HIPAA

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14 **RECOMMENDATION A:**

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16 **The first, second, and third resolves of Resolution 2 be**
17 **referred to the PPPS Governing Council.**

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19 **RECOMMENDATION B:**

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21 **The fourth resolve of Resolution 2 be amended by**
22 **addition and deletion to read as follows:**

23
24 RESOLVED, that our ~~AMA American Medical Association~~
25 will advocate that a vendor or clearinghouse that offers a
26 ~~multiplayer~~ multi-payer platform may not create separate
27 payer-specific enrollment mechanisms into standard
28 adopted HIPAA transactions, ~~as that is contrary to the spirit~~
29 ~~of the law that specifically aims to lower administrative~~
30 ~~costs in healthcare and creating multiple enrollment~~
31 ~~processes to accomplish the same task with the primary~~
32 ~~goal of forcing physicians to pay for multi-payer platforms~~
33 ~~is contrary to the law as authorized by Congress (Directive~~
34 ~~to Take Action); and be it further~~

35
36 **RECOMMENDATION C:**

37
38 **The fourth and fifth resolves of Resolution 2 be adopted**
39 **as amended.**

40
41 **RECOMMENDATION D:**

42
43 **Resolution 2 be immediately forwarded for**
44 **consideration at the 2026 Annual Meeting of the AMA**
45 **House of Delegates.**

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47
48 RESOLVED, that our American Medical Association takes a resolute legal position that
49 virtual credit cards have not been adopted as an electronic payment method from health
50 plans to healthcare providers under HIPAA and that they are not a legal method for

1 electronic payment from health plans to healthcare providers under HIPAA, and that
2 under HIPAA physicians must be able to designate a preference that the first payment
3 from a health plan is made in a HIPAA-compliant manner using a HIPAA-adopted
4 standard (Directive to Take Action); and be it further
5

6 RESOLVED, that our AMA will advocate, publicly announce, and communicate to the
7 Centers for Medicaid and Medicaid Services that it has adopted a legal position that
8 physicians are entitled to receive the very first payment from health plans in compliance
9 with the adopted HIPAA electronic transactions regulations and must be allowed to elect
10 no-cost electronic funds transfers (EFTs) within 72 hours of submission of the first claim
11 and as such the health plan must enroll the provider in electronic standard ACH no-cost
12 EFT within 72 hours of claim submission and issue the first payment via a standard
13 HIPAA-compliant transaction (Directive to Take Action); and be it further
14

15 RESOLVED, that our AMA will advocate and take a legal position that a preference to
16 enroll and get paid via a standard ACH EFT be communicated within the electronic claim
17 transaction ACS X12 837 and advocate for X12 rules to be modified urgently to mandate
18 such a change (Directive to Take Action); and be it further
19

20 RESOLVED, that our AMA will advocate that a vendor or clearinghouse that offers a
21 multiplayer platform may not create separate payer-specific enrollment mechanisms into
22 standard adopted HIPAA transactions, as that is contrary to the spirit of the law that
23 specifically aims to lower administrative costs in healthcare and creating multiple
24 enrollment processes to accomplish the same task with the primary goal of forcing
25 physicians to pay for multi-payer platforms is contrary to the law as authorized by
26 Congress (Directive to Take Action); and be it further
27

28 RESOLVED, that our AMA advocate that a health plan may not use a vendor for
29 electronic transactions that unnecessarily creates duplicate administrative work for
30 physician practices by creating separate mechanism of enrollment in the same standard
31 transaction for different health plans (Directive to Take Action).
32

33 Your Reference Committee found itself divided on Resolution 2 in that it felt some
34 resolve clauses were much more straightforward than others, particularly because some
35 clauses relied heavily on legal interpretation and Committee members did not believe
36 they had the expertise to evaluate them with that lens. The Committee generally agreed
37 that the practice of taking certain credit cards was potentially problematic for some
38 practices, however it was concerned that the resolves needed a more nuanced
39 approach to be successful. As such, the Committee believes the first three resolves
40 should be divided from the rest of the resolution and referred to the Governing Council,
41 which can take the time to work with AMA legal teams to develop clear, actionable
42 directives that could then be advanced to the House of Delegates.
43

44 The Committee found the fourth and fifth resolves to be more concrete and agreed they
45 should be adopted and advanced, however the Committee found the fourth resolve
46 drifted too far into expository language that ought to have been included in the whereas
47 clauses and are not strictly actionable in a resolve clause. Accordingly, the Committee
48 recommends that such expository language can be deleted without limiting the aim of
49 the fourth resolve.
50

1 Your Reference Committee thus recommends that the fourth and fifth resolves of
2 Resolution 2 be adopted as amended and immediately forwarded for consideration at
3 the 2026 Annual Meeting while the first three resolves be referred to the Governing
4 Council for more considered action.

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8 (8) RESOLUTION 3 – ADVOCACY FOR A FAILURE-PROOF
9 NATIONAL CENTRALIZED ELECTRONIC
10 TRANSACTION CLEARINGHOUSE

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12 **RECOMMENDATION A:**

13
14 **The first resolve be amended by deletion to read as**
15 **follows:**

16
17 RESOLVED, ~~that our American Medical Association~~
18 ~~advocate and adopt a policy supporting a rational~~
19 ~~implementation of the standard national health plan~~
20 ~~identifier (HPID) to facilitate true interoperability at scale,~~
21 ~~with overriding principle that all transactions must be~~
22 ~~communicated directly with the health plan which must be~~
23 ~~a simple contact for all health plan communications and~~
24 ~~transactions and it should be the health plan's~~
25 ~~responsibility to build and maintain real-time API~~
26 ~~connections to all its business associates and vendors,~~
27 ~~returning all information through a single two-way~~
28 ~~connection to the physician practice and that the AMA ask~~
29 ~~the Centers for Medicare and Medicaid Services to~~
30 ~~implement it properly (Directive to Take Action); and be it~~
31 ~~further~~

32
33 **RECOMMENDATION B:**

34
35 **The second resolve be amended by deletion to read as**
36 **follows:**

37
38 RESOLVED, that our AMA advocates for the
39 implementation of a national centralized electronic
40 healthcare transaction clearinghouse that would allow
41 physician practices, other providers, health plans,
42 clearinghouses, health IT vendors, state and federal
43 regulators, digital health products, and consumer apps to
44 maintain only one standard direct connection through
45 which all electronic transactions can flow seamlessly,
46 securely, and at low cost to any other participant guided by
47 a transaction ID and a standard identifier such as a health
48 plan identifier (HPID) and/or national provider identifier
49 (NPI); ~~such real-time application programming interface~~
50 ~~(API)-based national electronic transaction clearinghouse~~

1 should be built with redundancy to avoid single-point
2 failure and be modeled after the well-functioning
3 automated clearing house (ACH) network in the banking
4 industry, specifically (1) the electronic transaction
5 clearinghouse should be created and maintained by the
6 federal government with the option for a single,
7 interconnected, competing member-owned private entity
8 similar to the National Automated Clearing House
9 Association-governed “The Clearing House” and 2) that
10 such API-based transactions have embedded functionality
11 to file complaints to governing bodies about health plan or
12 vendor non-compliance that is seamless and easy to use
13 (Directive to Take Action); and be it further
14

15 **RECOMMENDATION C:**

16
17 **The third resolve be deleted.**

18
19 ~~RESOLVED, that our AMA reports at the 2027 Annual~~
20 ~~Meeting on the status of implementation of the national~~
21 ~~centralized electronic healthcare transaction clearinghouse~~
22 ~~and health plan ID (Directive to Take Action).~~
23

24 **RECOMMENDATION D:**

25
26 **Resolution 3 be adopted as amended.**

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28 **RECOMMENDATION G:**

29
30 **Resolution 3 be immediately forwarded for**
31 **consideration at the 2026 Annual Meeting of the AMA**
32 **House of Delegates.**
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35 RESOLVED, that our American Medical Association advocate and adopt a policy
36 supporting a rational implementation of the standard national health plan identifier
37 (HPID) to facilitate true interoperability at scale, with overriding principle that all
38 transactions must be communicated directly with the health plan which must be a simple
39 contact for all health plan communications and transactions and it should be the health
40 plan’s responsibility to build and maintain real-time API connections to all its business
41 associates and vendors, returning all information through a single two-way connection to
42 the physician practice and that the AMA ask the Centers for Medicare and Medicaid
43 Services to implement it properly (Directive to Take Action); and be it further
44

45 RESOLVED, that our AMA advocates for the implementation of a national centralized
46 electronic healthcare transaction clearinghouse that would allow physician practices,
47 other providers, health plans, clearinghouses, health IT vendors, state and federal
48 regulators, digital health products, and consumer apps to maintain only one standard
49 direct connection through which all electronic transactions can flow seamlessly,
50 securely, and at low cost to any other participant guided by a transaction ID and a

1 standard identifier such as a health plan identifier (HPID) and/or national provider
 2 identifier (NPI); such real-time application programming interface (API)-based national
 3 electronic transaction clearinghouse should be built with redundancy to avoid single-
 4 point failure and be modeled after the well-functioning automated clearing house (ACH)
 5 network in the banking industry, specifically (1) the electronic transaction clearinghouse
 6 should be created and maintained by the federal government with the option for a single,
 7 interconnected, competing member-owned private entity similar to the National
 8 Automated Clearing House Association-governed “The Clearing House” and 2) that such
 9 API-based transactions have embedded functionality to file complaints to governing
 10 bodies about health plan or vendor non-compliance that is seamless and easy to use
 11 (Directive to Take Action); and be it further

12
 13 RESOLVED, that our AMA reports at the 2027 Annual Meeting on the status of
 14 implementation of the national centralized electronic healthcare transaction
 15 clearinghouse and health plan ID (Directive to Take Action).

16
 17 Your Reference Committee was generally supportive of the provisions in Resolution 3,
 18 though it did find that the resolve clauses could likely be pared down. The Committee
 19 believes doing so will help to reposition some of the expository language that would be
 20 better suited in a whereas clause. The Committee believes doing so will keep the asks
 21 focused and concise without weakening the goals of the overall resolution; this should
 22 improve Resolution 3’s likelihood of success at the House of Delegates. The Committee
 23 recommends eliminating the third resolve out of redundancy—resolutions that pass the
 24 House of Delegates automatically are given a report back a year after their
 25 implementation, so no additional clause is necessary in this case. Your Reference
 26 Committee thus recommends that Resolution 3 be adopted as amended and
 27 immediately forwarded to the House of Delegates for consideration at the 2026 Annual
 28 Meeting.

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 31
 32 (9) RESOLUTION 4 – ELIMINATE ADMINISTRATIVE
 33 BARRIERS TO APPEAL WRONGFUL DENIALS

34
 35 **RECOMMENDATION A:**

36
 37 **The resolve be amended by addition and deletion to**
 38 **read as follows:**

39
 40 RESOLVED, that our American Medical Association
 41 advocates ~~that~~ to the United States Department of Labor to
 42 issue regulations to require that health plans honor
 43 ~~previously~~ signed patients’ designations to submit and
 44 appeal plans without requiring plan-specific ~~redundant~~
 45 forms (Directive to Take Action).

46
 47 **RECOMMENDATION B:**

48
 49 **Resolution 4 be adopted as amended.**
 50

1 **RECOMMENDATION C:**

2
3 **Resolution 4 be immediately forwarded for**
4 **consideration at the 2026 Annual Meeting of the AMA**
5 **House of Delegates.**
6

7
8 RESOLVED, that our American Medical Association advocates that the United States
9 Department of Labor issue regulations to require that health plans honor previously
10 signed patients' designations to submit and appeal plans without requiring plan-specific
11 redundant forms (Directive to Take Action).

12
13 Your Reference Committee was supportive of Resolution 4 and recommends mostly
14 only minor technical changes to the resolve clause. The Committee recommends
15 eliminating the word "previously" to make the resolution stronger; the Committee argues
16 regulations should require health plans to honor all signed designations, not just ones
17 completed in the past. Likewise, the Committee recommends removing the word
18 "redundant" to broaden the scope of the resolution's primary goal. Your Reference
19 Committee thus recommends that Resolution 4 be adopted as amended and
20 immediately forwarded to the House of Delegates for consideration at the 2026 Annual
21 Meeting.

RECOMMENDED FOR NOT ADOPTION

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2
3 (10) RESOLUTION 5 – NON-COMPLIANCE WITH THE AMA
4 CPT CODE BY HEALTH PLANS AND VENDORS

5
6 **RECOMMENDATION:**

7
8 **Resolution 5 be not adopted.**

9
10 RESOLVED, that our American Medical Association advocates that the Centers for
11 Medicare and Medicaid Services vigorously enforce any non-compliance with AMA CPT
12 Codes, including failure to recognize appropriately modifiers -58 and -25 (Directive to Take
13 Action).

14
15 Your Reference Committee carefully considered Resolution 5, but was concerned that
16 the content of the resolution, namely addressing issues surrounding CPT use, was
17 inappropriate for the House of Delegates to engage in. The House has maintained a
18 staunch distance from any items that involve CPT coding or the use of CPT codes and
19 ultimately the Committee believes that Resolution 5 would not be accepted by the House
20 for that reason. The Committee was sensitive to the author's argument that the issue of
21 nonpayment for certain coding is a very real problem, however it believed any viable
22 solution to that problem will likely have to come through another means. Your Reference
23 Committee thus recommends that Resolution 5 be not adopted at this time.

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26
27 (11) RESOLUTION 6 – ROOT-CAUSE ANALYSIS OF THE
28 PROBLEMS WITH AMA ADVOCACY RELATED TO AMA
29 HIPAA ADMINISTRATIVE SIMPLIFICATION POLICIES

30
31 **RECOMMENDATION:**

32
33 **Resolution 6 be not adopted.**

34
35 RESOLVED, that our American Medical Association performs a root-cause analysis of the
36 internal AMA process that led to mismanagement of the AMA HIPAA Administrative
37 Simplification advocacy that costs physicians \$10 billion annually and produces a report
38 by the 2026 Interim AMA Meeting (Directive to Take Action).

39
40 After review, your Reference Committee was concerned that Resolution 6 would not
41 pass muster, both legally and practically. To better understand the implications, the
42 Committee consulted with the AMA's Office of the General Counsel, who did not find any
43 legal objection to Resolution 6, but did note that it was likely to raise concerns in multiple
44 areas of the AMA. The Committee also consulted with the AMA's Advocacy teams, who
45 noted that some of the content addressed in the whereas clauses, particularly those
46 related to payment issues from various financial institutions, are already being
47 addressed in BOT Report 27-A-26 "Update the Status of Virtual Credit Card Policy, EFT
48 Fees, and Lack of Enforcement of Administrative Simplification Requirements by CMS"

1 which is currently before the AMA Board of Trustees for review and due for
2 consideration by the House of Delegates at the 2026 Annual Meeting.

3

4 Given that Resolution 6 presupposes errors were made by the AMA but does not
5 provide specific evidence of these errors and that a Board of Trustees report is due to
6 address the same issues that Resolution 6 raises, the Committee did not believe it would
7 be advantageous for the PPS to advance the resolution to the House of Delegates at
8 this time, as key information about AMA actions are pending and due to be reported on
9 at the same time.

10

11 Your Reference Committee thus recommends that Resolution 7 be not adopted,
12 however the Committee would support further review if the forthcoming Board of
13 Trustees report fails to provide adequate information.

1 Doctor Chair, this concludes the report of the Private Practice Physicians Section
2 Reference Committee. I would like to thank Dr. Connie DiMari, Dr. Christopher Garofalo,
3 Dr. Matthew Gold, Dr. Hillary Johnson-Jahangir, and Dr. Shalini Shah, as well as all those
4 who testified before the Committee.

Ronnie Dowling, MD
Chair, PPPS Reference Committee

Connie DiMari, MD

Christopher Garofalo, MD

Matthew Gold, MD

Hillary Johnson-Jahangir, MD, PhD, MS

Shalini Shah, MD, MPH