

AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION

Resolution: 4
(A-26)

Introduced by: Alex Shteynshlyuger, MD

Subject: Eliminate Administrative Barriers to Appeal Wrongful Denials

Referred to: PPS Reference Committee
(, MD, Chair)

1 Whereas, health plans and insurance companies impose unreasonable burdens to appeal claim
2 and services denials by requiring submission of redundant forms and fail to honor consent forms
3 and authorizations signed by a patient; and
4

5 Whereas, for out-of-network providers in particular, many health plans demand that a separate
6 “designation of authorized representative” form be filled out by a patient, long after the patient is
7 gone, to appeal claim denials and when a patient switches a plan, a new form has to be filed
8 even as patients expect, demand, and have previously authorized physicians to appeal on their
9 behalf promptly and without imposing administrative burdens on patients; and
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11 Whereas, health plans fail to honor previously signed generic “designation of authorized
12 representative” forms; and
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14 Whereas, the United States Department of Labor is authorized to regulate the claims procedure
15 under Title 29 of the U.S. Code¹; therefore be it
16

17 RESOLVED, that our American Medical Association advocates that the United States
18 Department of Labor issue regulations to require that health plans honor previously signed
19 patients’ designations to submit and appeal plans without requiring plan-specific redundant
20 forms (Directive to Take Action).
21

Fiscal Note: (Assigned by HOD)

Received: 4/5/2026

REFERENCES

1. 29 CFR § 2560.503-1 - Claims procedure.
<https://www.law.cornell.edu/cfr/text/29/2560.503-1>. Accessed April 8, 2026.

RELEVANT AMA POLICY

Medicare Advantage Plans Double Standard H-330.863

Our AMA will seek legislation to require all payors, including Medicare Advantage plans, to use uniform payment denial appeals processes, which includes external review, for all appeals regardless of whether the physician or provider is contracted with the payor.

Citation: Res. 109, A-25

Elimination of Physician's "Appointment for Representative" Requirement in Medicare Prescription Drug Program Appeals D-120.959

Elimination of Physician's "Appointment for Representative" Requirement in Medicare Prescription Drug Program Appeals D-120.959

Citation: Res. 212, A-08; Reaffirmed: BOT Rep. 04, A-20

Insurance Coverage Appeals D-320.993

Our AMA will:

- (1) continue to support the development of more stringent state laws and regulations that provide compensation to physicians for the administrative burden and costs of the health plan documentation requirements, such as the appeal process;
- (2) continue to advocate to ensure that physicians receive prompt, fair payment from health plans through educational products, seminars and advocacy efforts;
- (3) continue to encourage health plans to implement online appeal processes to reduce the administrative burden and cost to physicians and their patients when claims are denied inappropriately;
- (4) continue to encourage health plans to streamline, provide transparency, and lessen the administrative burdens and costs that are incurred by physicians through the health plans appeals processes;
- (5) remain an active participant in the standards development activities of several standards development organizations and data content committees; and
- (6) continue in its leadership role in the National Uniform Claims Committee and its work with the standards development organizations.

Citation: BOT Rep. 23, A-06; Modified: CMS Rep. 01, A-16; Reaffirmed: I-17