

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2026 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-26)

Final Report of Reference Committee G

Robert Dannenhoffer, MD, Chair

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 22 – Comprehensive AMA Policy Publication Regarding Employed Physicians
2. Council on Medical Service Report 1 – Council on Medical Service Sunset Review of 2016 House Policies
3. Council on Medical Service Report 4 – Expanding Medicare Coverage of Medical Nutrition Therapy
4. Council on Medical Service Report 7 – Private Insurance Coverage of Anti-Obesity Medications
5. Resolution 704 – Advocating Against Automatic Refill Requests
6. Resolution 708 – Oppose Imposition of Fees on Physicians for Electronic Payment Transfers
7. Resolution 711 – Oppose Denials Based on Origin of Referral
8. Resolution 712 – Addressing the Commoditization of Medicine Through Recognition of the Full Scope of Physician Work and Contributions
9. Resolution 715 – Oppose the Legal Position that Virtual Credit Cards are a Legal Method of Payment under HIPAA

RECOMMENDED FOR ADOPTION AS AMENDED

10. Board of Trustees Report 20 – Mitigating the Impact of Excessive Prior Authorization Processes
11. Council on Medical Service Report 9 – Nonprofit Status
12. Resolution 701 – The Crisis in the Availability of Primary Care: Halt the Required Participation of Small Practices in Value-Based Payment (VBP) Models
13. Resolution 702 – Physicians Who Do Not Practice in Hospital Setting
14. Resolution 703 – Parity in Pricing for Anti-Obesity Medications
15. Resolution 705 – Recognizing Physicians as Sexual Assault Forensic Examiners
16. Resolution 706 – Discharge Summaries from Skilled Nursing Facilities
17. Resolution 709 – Requiring Transparency and Accountability When Insurers and Third-Party Administrators Require Utilization Review, Thereby Practicing Medicine
18. Resolution 710 – Parity in Access to Evidence-Based Obesity Treatment
19. Resolution 713 – Reducing Prior Authorization Delays to Improve Access to Neuromodulation and Non-Opioid Pain Therapies
20. Resolution 714 – Physician Case Log Portability

1 **RECOMMENDED FOR REFERRAL**

2

3 21. Council on Medical Service Report 6 – Study of Practice Models for Physicians
4 Performing Procedures Across State Lines

5

22. Resolution 707 – Malpractice Insurance for Employed Physicians

6

23. Resolution 717 – Advocacy for a Failure-Proof National Centralized Electronic
7 Transaction Clearinghouse

8

9 **RECOMMENDATION FOR REAFFIRMATION IN LIEU OF**

10

11 24. Resolution 716 – Equal Opportunity for Payment for “On Call” Duty

RECOMMENDED FOR ADOPTION

- 1 (1) BOARD OF TRUSTEES REPORT 22 -
2 COMPREHENSIVE AMA POLICY PUBLICATION
3 REGARDING EMPLOYED PHYSICIANS
4

5 RECOMMENDATION:
6

7 Your Reference Committee recommends that
8 Recommendations in Board of Trustees Report 22 be
9 adopted and the remainder of the report be filed.

10
11 **HOD ACTION: Board of Trustees Report 22 is adopted and remainder of Report filed.**
12

13
14 The Board of Trustees recommends that the first directive of Policy D-225.971,
15 Comprehensive AMA Policy Publication Regarding Employed Physicians, be rescinded
16 as having been accomplished by this report and that the remainder of the report be filed.
17

18 Your Reference Committee heard limited, but supportive, testimony on this report. Thus,
19 your Reference Committee recommends that recommendations in Board of Trustees
20 Report 22 be adopted and the remainder of the report be filed.
21

- 22 (2) COUNCIL ON MEDICAL SERVICE REPORT 1 -
23 COUNCIL ON MEDICAL SERVICE SUNSET REVIEW OF
24 2016 HOUSE POLICIES
25

26 RECOMMENDATION:
27

28 Your Reference Committee recommends that
29 Recommendations in Council on Medical Service Report 1
30 be adopted and the remainder of the report be filed.
31

32 **HOD ACTION: Council on Medical Service Report 1 is adopted and remainder of
33 Report filed.**
34

35
36 The Council on Medical Service recommends that the House of Delegates policies that
37 are listed in the appendix to this report be acted upon in the manner indicated and the
38 remainder of the report be filed.
39

40 Your Reference Committee heard limited, supportive testimony on Council on Medical
41 Service Report 1. Therefore, your Reference Committee recommends that
42 recommendations in Council on Medical Service Report 1 be adopted and the remainder
43 of the report be filed.

1 (3) COUNCIL ON MEDICAL SERVICE REPORT 4 -
2 EXPANDING MEDICARE COVERAGE OF MEDICAL
3 NUTRITION THERAPY
4

5 RECOMMENDATION:
6

7 Your Reference Committee recommends that
8 Recommendations in Council on Medical Service Report 4
9 be adopted and the remainder of the report be filed.
10

11 **HOD ACTION: Council on Medical Service Report 4 is adopted and remainder of**
12 **Report filed.**
13

14
15 The Council on Medical Service recommends that the following be adopted in lieu of
16 Resolution 116-A-25 and the remainder of the report be filed:

- 17 1. That our American Medical Association (AMA) recognize the benefits and support the
18 use of medical nutrition therapy (MNT) – delivered by a Registered Dietitian Nutritionist,
19 as defined in §1861(v)(2) of the Social Security Act and credentialed by the Commission
20 on Dietetic Registration and in ongoing support with the patient’s physician – for the
21 purpose of managing and treating chronic health conditions for which there is evidence of
22 efficacy. (New HOD Policy)
- 23 2. That our AMA support the expansion of Medicare coverage and exemption from budget
24 neutrality for evidence-based intensive behavioral and nutritional interventions, including
25 medical nutrition therapy (MNT). (New HOD Policy)
- 26 3. That our AMA reaffirm Policy H-160.906, which defines the role that physicians should
27 have within team-based health care as well as guidelines and a model in the development
28 of physician-led team-based care. (Reaffirm HOD Policy)
- 29 4. That our AMA reaffirm Policy H-385.905, which supports legislation that ensures
30 Medicare physician payment is sufficient to safeguard beneficiary access to care, replaces
31 or supplements budget neutrality in Merit-based Incentive Payment System with incentive
32 payments, or implements positive annual physician payment updates. (Reaffirm HOD
33 Policy)
- 34 5. That our AMA reaffirm Policy H-400.972, which outlines the AMA policy on and
35 recommended principles guiding Medicare physician payment reform. (Reaffirm HOD
36 Policy)

37
38 Your Reference Committee heard supportive testimony on Council on Medical Service
39 Report 4. Testimony indicated that medical nutrition therapy plays a significant role in the
40 treatment of multiple metabolic diseases and should therefore be appropriately covered
41 by Medicare. While one individual expressed their reservations with the exemption of
42 Medicare coverage for medical nutrition therapy from budget neutrality, there was no other
43 testimony on this issue. One individual proffered an amendment to add two
44 recommendations to support equitable coverage of the treatment of eating disorders,
45 which are classified as “serious mental illnesses.” The Council on Medical Service noted
46 that the amendment was not germane to the report since the issue falls outside the scope
47 of the referred resolution. A preponderance of testimony supported the report as written
48 with no testimony supporting the amendments. Therefore, your Reference Committee

1 recommends that recommendations in Council on Medical Service Report 4 be adopted
2 and remainder of the report be filed.

3
4 (4) COUNCIL ON MEDICAL SERVICE REPORT 7 - PRIVATE
5 INSURANCE COVERAGE OF ANTI-OBESITY
6 MEDICATIONS

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8 RECOMMENDATION:

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10 Your Reference Committee recommends that
11 Recommendations in Council on Medical Service Report 7
12 be adopted and the remainder of the report be filed.

13
14 **HOD ACTION: Council on Medical Service Report 7 is adopted and remainder of
15 Report filed.**

16
17
18 The Council on Medical Service recommends that the following be adopted in lieu of
19 Subclauses 1e and 1g of Resolution 230-A-25, and the remainder of the report be filed:

- 20 1. That our American Medical Association (AMA) support:
- 21 a. Potential innovative payment arrangements to help individuals afford treatment
22 for emerging anti-obesity medications (AOMs);
 - 23 b. Pilot programs which allow for demonstration projects that cover emerging
24 medications which aid in obesity management, such as glucagon-like peptide-
25 1 and glucose-dependent insulinotropic polypeptide-based medications;
 - 26 c. The long-term coverage of AOMs to maintain weight loss through consistent
27 drug pricing, formulary tiering, benefit structures, and coverage criteria in
28 private insurance and employer-sponsored insurance to offset cost variability;
 - 29 d. Equitable access to comprehensive disease management, nutritional
30 therapies, health promotion, and prevention interventions targeting the general
31 population, those who are at elevated risk for obesity, and patients being
32 treated for obesity.
- 33 (New HOD Policy)
- 34 2. That our AMA reaffirm Policy H-110.987, which supports efforts to ensure drug prices
35 are affordable to patients. (Reaffirm HOD Policy)
 - 36 3. That our AMA reaffirm Policy D-110.987, which supports efforts to increase PBM
37 transparency and regulation (Reaffirm HOD Policy)
 - 38 4. That our AMA reaffirm Policy H-110.959, which supports efforts to ensure patients
39 have affordable access to medications and encourages all payers to establish a
40 reasonable and affordable cap on patient out-of-pocket prescription drug spending in
41 a manner that does not increase patient premiums (Reaffirm HOD Policy)
 - 42 5. That our AMA reaffirm Policy H-110.997, which supports programs whose purpose is
43 to contain the rising costs of prescription drugs, that all patients have access to all
44 prescription drugs necessary to treat their illnesses, and physicians have the freedom
45 to prescribe the most appropriate drug and method of delivery. (Reaffirm HOD Policy)
 - 46 6. That our AMA reaffirm Policy D-330.954, which supports the Centers for Medicare &
47 Medicaid Services (CMS) negotiating pharmaceutical pricing for all applicable
48 medications covered by CMS, AMA working toward the elimination Medicare
49 prohibition on drug price negotiation, and indicates the AMA's support for federal

1 legislation giving the Secretary of the Department of Health and Human Services the
2 authority to negotiate contracts with manufacturers of covered Part D drugs. (Reaffirm
3 HOD Policy)

- 4 7. That our AMA reaffirm Policy H-150.953, which recognizes obesity as a complex
5 health disorder, urges all payers to ensure coverage parity for evidence-based
6 treatment of obesity, including FDA-approved medications without exclusions or
7 additional carve-outs, and appropriate federal agencies work with organized medicine
8 to develop coding and payment mechanisms for the evaluation and management of
9 obesity. (Reaffirm HOD Policy)

10
11 Your Reference Committee heard unanimously supportive testimony on Council on
12 Medical Service Report 7. Testimony indicated that the report satisfied the intent of the
13 resolution and approached the complex and dynamic topic of anti-obesity medication
14 coverage with alacrity. Therefore, your Reference Committee recommends that
15 recommendations in Council on Medical Service Report 7 be adopted and the remainder
16 of the report be filed.

17
18 (5) RESOLUTION 704 - ADVOCATING AGAINST
19 AUTOMATIC REFILL REQUESTS

20
21 RECOMMENDATION:

22
23 Your Reference Committee recommends that Resolution
24 704 be adopted.

25
26 **HOD ACTION: Resolution 704 is adopted.**

27
28
29 RESOLVED, that our American Medical Association communicate effectively with large
30 pharmacy chains and conglomerates for the purpose of explaining the unnecessary
31 administrative burden of automatic, non-patient-initiated refill requests and petitioning
32 them to require all medication refill requests use a patient directed “opt-in” approach
33 (Directive to Take Action); and be it further

34
35 RESOLVED, that our AMA petition the Centers for Medicare & Medicaid Services to
36 restrict participating pharmacies from sending medication refill requests to physicians
37 unless the patient “opts-in” to using the refill request. (Directive to Take Action)

38
39 Your Reference Committee heard mostly supportive testimony on Resolution 704, with
40 several delegations emphasizing that automatic pharmacy-generated refill requests
41 create unnecessary administrative burden, disrupt workflow, and often occur without
42 patient involvement. Testimony supported an opt-in approach to ensure patient
43 engagement and improve safety, with one delegation raising concerns about potential
44 impacts on access for contraception and proposed an amendment to address those
45 concerns. There was no other testimony in support of the amendment and concerns were
46 expressed that the proposed language could increase administrative burden further
47 without improving access to contraception. Therefore, your Reference Committee
48 recommends that Resolution 704 be adopted.

1 (6) RESOLUTION 708 - OPPOSE IMPOSITION OF FEES ON
2 PHYSICIANS FOR ELECTRONIC PAYMENT
3 TRANSFERS

4
5 RECOMMENDATION:

6
7 Your Reference Committee recommends that Resolution
8 708 be adopted.

9
10 **HOD ACTION: Resolution 708 is adopted.**

11
12
13 RESOLVED, that our American Medical Association asks Centers for Medicare &
14 Medicaid Services (CMS) to issue a legally-binding rule compliant with the Administrative
15 Procedure Act with a notice and comment period preventing the use of virtual credit cards
16 or imposition of electronic funds transfer (EFT) fees, or any fees on Health Insurance
17 Portability and Accountability Act (HIPAA) standard electronic transactions. (Directive to
18 Take Action)

19
20 Your Reference Committee heard largely supportive testimony on Resolution 708, with
21 multiple delegations emphasizing that fees on electronic payments reduce physician
22 payment and increase administrative burden. Testimony urged adoption to secure
23 enforceable Centers for Medicare & Medicaid Services action, noting that existing policy
24 has been insufficient to address ongoing fee practices and therefore providing testimony
25 against reaffirmation. Your Reference Committee recommends that Resolution 708 be
26 adopted.

27
28 (7) RESOLUTION 711 - OPPOSE DENIALS BASED ON
29 ORIGIN OF REFERRAL

30
31 RECOMMENDATION:

32
33 Your Reference Committee recommends that Resolution
34 711 be adopted.

35
36 **HOD ACTION: Resolution 711 is adopted.**

37
38
39 RESOLVED, that our American Medical Association advocate against prior authorization
40 denials based solely upon the referring physician or appropriately licensed clinician.
41 (Directive to Take Action)

42
43 Your Reference Committee heard largely supportive testimony on Resolution 711, with
44 multiple delegations stating that denials based solely on the referring physician create
45 administrative barriers, delay care, and harm patients. Testimony emphasized the realities
46 of team-based care and the need for decisions based on medical necessity. Several
47 delegations opposed reaffirmation, noting gaps in current policy. Therefore, your
48 Reference Committee recommends that Resolution 711 be adopted.

1 (8) RESOLUTION 712 - ADDRESSING THE
2 COMMODITIZATION OF MEDICINE THROUGH
3 RECOGNITION OF THE FULL SCOPE OF PHYSICIAN
4 WORK AND CONTRIBUTIONS
5

6 RECOMMENDATION:
7

8 Your Reference Committee recommends Resolution 712 be
9 adopted.

11 **HOD ACTION: Resolution 712 is adopted.**

13
14 RESOLVED, that our American Medical Association advocate that health systems,
15 hospitals, other physician employers, and third-party payors recognize that the profession
16 of medicine is not a commoditized entity, is fundamentally anchored in the patient-
17 physician relationship, and should not be reduced solely to productivity measures
18 (Directive to Take Action); and be it further
19

20 RESOLVED, that our AMA encourage employers of physicians to utilize productivity
21 benchmarks, performance expectations, and compensation structures that recognize and
22 integrate the full scope of physician work, including clinical, administrative, educational,
23 and operational responsibilities that may not be fully captured by traditional productivity
24 metrics (New HOD Policy); and be it further
25

26 RESOLVED, that our AMA advocate for regulatory, employer, and practice models that
27 provide both employed and independent physicians with appropriate time, resources,
28 compensation, support, and recognition for non-billable work that is essential to patient
29 care, physician well-being, and health system function. (Directive to Take Action)
30

31 Your Reference Committee heard supportive testimony on Resolution 712. Several
32 delegations provided testimony in favor of the original resolution. There was an
33 amendment offered by an individual; however, there was no further testimony on this
34 amendment. As such, your Reference Committee took this as support for the original
35 language and recommends that Resolution 712 be adopted.

1 (9) RESOLUTION 715 - OPPOSE THE LEGAL POSITION
2 THAT VIRTUAL CREDIT CARDS ARE A LEGAL
3 METHOD OF PAYMENT UNDER HIPAA
4

5 RECOMMENDATION:
6

7 Your Reference Committee recommends that Resolution
8 715 be adopted.
9

10 **HOD ACTION: Resolution 715 is adopted.**
11

12
13 RESOLVED, that our American Medical Association will advocate that a vendor or
14 clearinghouse that offers a multi-payer platform may not create separate payer-specific
15 enrollment mechanisms into standard adopted HIPAA transactions (Directive to Take
16 Action); and be it further
17

18 RESOLVED, that our AMA will advocate that a health plan may not use a vendor for
19 electronic transactions that unnecessarily create duplicate administrative work for
20 physician practices by creating a separate mechanism of enrollment in the same standard
21 transaction for different health plans. (Directive to Take Action)
22

23 Your Reference Committee heard uniformly supportive testimony on Resolution 715. The
24 author and multiple delegations emphasized that virtual credit cards impose unnecessary
25 fees on physicians for receiving payment, reducing already limited payment. Testimony
26 reinforced longstanding AMA policy supporting no-fee electronic funds transfer and
27 opposing excessive payment processing fees, underscoring that physicians should not
28 have to pay to get paid. One individual proposed additional amendments regarding HIPAA
29 compliance, but there was testimony provided against the amendments and all other
30 testimony largely supported the resolution as written. Therefore, your Reference
31 Committee recommends that Resolution 715 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

1 (10) BOARD OF TRUSTEES REPORT 20 – MITIGATING THE
2 IMPACT OF EXCESSIVE PRIOR AUTHORIZATION
3 PROCESSES

4
5 RECOMMENDATION A:

6
7 Your Reference Committee recommends that
8 Recommendation 2 in Board of Trustees Report 20 be
9 amended by addition to read as follows:

10
11 2. That our AMA continue to actively monitor prior
12 authorization legislation and litigation on a state and federal
13 level and, where appropriate, take action to advance
14 legislation and support litigation, respectively, that have a
15 direct impact on reducing the burdens of prior authorization
16 for physicians including, if feasible, a potential class action
17 lawsuit.

18
19 RECOMMENDATION B:

20
21 Your Reference Committee recommends that
22 Recommendations in Board of Trustees Report 20 be
23 adopted as amended and the remainder of the report be
24 filed.

25
26 **HOD ACTION: Board of Trustees Report 20 is adopted as amended and the**
27 **remainder of the Report filed.**

28
29 **ADOPTED LANGUAGE:**

30
31 **The Board of Trustees recommends the following and the remainder of the report**
32 **be filed:**

- 33
34 **1. That the referred resolve clause of Resolution 704-A-25 not be adopted.**
35
36 **2. That our AMA continue to actively monitor prior authorization legislation and**
37 **litigation on a state and federal level and, where appropriate, take action to advance**
38 **legislation and support litigation, respectively, that have a direct impact on**
39 **reducing the burdens of prior authorization for physicians including, if feasible, a**
40 **potential class action lawsuit.**
41
42 **3. That existing AMA policies H-320.939, “Prior Authorization and Utilization**
43 **Management Reform”, D-320.974, “Insurer Accountability When Prior Authorization**
44 **Harms Patients”, and H-320.950, “Eliminating Precertification” be reaffirmed.**
45

46
47 **The Board of Trustees recommends the following and the remainder of the report be filed:**

- 1 1. That the referred resolve clause of Resolution 704-A-25 not be adopted.
- 2 2. That our AMA continue to actively monitor prior authorization legislation and litigation
- 3 on a state and federal level and, where appropriate, take action to advance legislation and
- 4 support litigation, respectively, that have a direct impact on reducing the burdens of prior
- 5 authorization for physicians.
- 6 3. That existing AMA policies H-320.939, "Prior Authorization and Utilization Management
- 7 Reform", D-320.974, "Insurer Accountability When Prior Authorization Harms Patients",
- 8 and H-320.950, "Eliminating Precertification" be reaffirmed.

9
10 Your Reference Committee heard mixed, but mostly supportive testimony on Board of
11 Trustees Report 20. There was confusion regarding which of the original resolve clauses
12 were referred, which was clarified by the Board. In response to testimony asking for a
13 class action lawsuit to be explored, the Board offered an amendment to recommendation
14 2, noting that the report did not conclusively determine that a class action lawsuit was
15 impossible, only that it would be difficult. Subsequent testimony supported this
16 amendment. Therefore, your Reference Committee recommends that recommendations
17 in Board of Trustees Report 20 be adopted as amended and the remainder of the report
18 be filed.

1 (11) COUNCIL ON MEDICAL SERVICE REPORT 9 -
2 NONPROFIT STATUS
3

4 RECOMMENDATION A:
5

6 Your Reference Committee recommends that the
7 Recommendation in Council on Medical Service Report 9
8 be amended by addition to read as follows:
9

10 The Council on Medical Service recommends that the
11 following be adopted in lieu of Resolution 221-I-25 and the
12 remainder of the report be filed.
13

14 That our American Medical Association amend Policy H-
15 155.954 by addition and deletion to read as follows:
16

17 NONPROFIT HOSPITAL ~~CHARITY CARE~~ POLICIES, H-
18 155.954

- 19 1. Our American Medical Association (AMA) advocates
20 that all nonprofit hospitals be required to screen patients
21 for charity care eligibility and other financial assistance
22 program eligibility prior to billing.
- 23 2. Our AMA advocates to encourage debt collectors to
24 ensure a patient has been screened for financial
25 assistance eligibility before pursuing that patient for
26 outstanding debt, provide an appeals process for those
27 patients not screened previously or deemed ineligible,
28 and require the hospital to reassume the debt account if
29 an appeal is successful.
- 30 3. Our AMA advocates for the development on minimum
31 standards for nonprofit hospital financial assistance
32 eligibility programs which are publicly accessible.
- 33 4. Our AMA advocates for a standardized definition of what
34 is considered a "community benefit" that includes
35 addressing social drivers of health and population health
36 when evaluating community health improvement
37 activities and eligibility for nonprofit status.
- 38 5. Our AMA advocates for the development of a
39 transparent, publicly available, standardized data sets
40 and/or reports on nonprofit hospital community benefit
41 spending, including consideration of charity care-to-
42 expense ratios.
- 43 6. Our AMA advocates for transparency and consistency
44 regarding the expansion of governmental oversight of
45 nonprofit hospitals, and enforcement of federal and/or
46 state guidelines, and standards for community benefit
47 requirements and reporting, including the ability to enact
48 penalties and/or loss of tax-exempt status.

- 1 7. Our AMA encourages nonprofit hospitals to publicly
2 share the results from assessments, such as the
3 Community Health Needs Assessment (CHNA),
4 including progress that has been made since the
5 previous assessment, as well as areas where there is
6 room for improvement. (Modify Current HOD Policy)

7
8 RECOMMENDATION B:

9
10 Your Reference Committee recommends that
11 Recommendations in Council on Medical Service Report 9
12 be adopted as amended and the remainder of the report be
13 filed.

14
15 **HOD ACTION: Council on Medical Service Report 9 is adopted as amended and the**
16 **remainder of the Report filed.**

17
18 **ADOPTED LANGUAGE:**

19
20 **The Council on Medical Service recommends that the following be adopted in lieu**
21 **of Resolution 221-I-25 and the remainder of the report be filed.**

22
23 **That our American Medical Association amend Policy H-155.954 by addition and**
24 **deletion to read as follows:**

25
26 **NONPROFIT HOSPITAL POLICIES, H-155.954**

- 27 **1. Our American Medical Association (AMA) advocates that all nonprofit hospitals**
28 **be required to screen patients for charity care eligibility and other financial**
29 **assistance program eligibility prior to billing.**
30 **2. Our AMA advocates to encourage debt collectors to ensure a patient has been**
31 **screened for financial assistance eligibility before pursuing that patient for**
32 **outstanding debt, provide an appeals process for those patients not screened**
33 **previously or deemed ineligible, and require the hospital to reassume the debt**
34 **account if an appeal is successful.**
35 **3. Our AMA advocates for the development on minimum standards for nonprofit**
36 **hospital financial assistance eligibility programs which are publicly accessible.**
37 **4. Our AMA advocates for a standardized definition of what is considered a**
38 **“community benefit” that includes addressing social drivers of health and**
39 **population health when evaluating community health improvement activities**
40 **and eligibility for nonprofit status.**
41 **5. Our AMA advocates for the development of transparent, publicly available,**
42 **standardized data sets and/or reports on nonprofit hospital community benefit**
43 **spending, including consideration of charity care-to-expense ratios.**
44 **6. Our AMA advocates for transparency and consistency regarding governmental**
45 **oversight of nonprofit hospitals, enforcement of federal and/or state guidelines,**
46 **and standards for community benefit requirements and reporting, including the**
47 **ability to enact penalties and/or loss of tax-exempt status.**
48 **7. Our AMA encourages nonprofit hospitals to publicly share the results from**
49 **assessments, such as the Community Health Needs Assessment (CHNA),**

1 **including progress that has been made since the previous assessment, as well**
2 **as areas where there is room for improvement. (Modify Current HOD Policy)**
3

4
5 The Council on Medical Service recommends that the following be adopted in lieu of
6 Resolution 221-I-25 and the remainder of the report be filed.

7 1. That our American Medical Association amend Policy H-155.954 by addition and
8 deletion to read as follows:

9
10 ~~NONPROFIT HOSPITAL CHARITY CARE POLICIES, H-155.954~~

11 8. Our American Medical Association (AMA) advocates that all nonprofit hospitals be
12 required to screen patients for charity care eligibility and other financial assistance
13 program eligibility prior to billing.

14 9. Our AMA advocates to encourage debt collectors to ensure a patient has been
15 screened for financial assistance eligibility before pursuing that patient for outstanding
16 debt, provide an appeals process for those patients not screened previously or
17 deemed ineligible, and require the hospital to reassume the debt account if an appeal
18 is successful.

19 10. Our AMA advocates for the development on minimum standards for nonprofit hospital
20 financial assistance eligibility programs which are publicly accessible.

21 11. Our AMA advocates for a standardized definition of what is considered a “community
22 benefit” when evaluating community health improvement activities and eligibility for
23 nonprofit status.

24 12. Our AMA advocates for the development of a transparent, publicly available,
25 standardized data sets and/or reports on nonprofit hospital community benefit
26 spending, including consideration of charity care-to-expense ratios.

27 13. Our AMA advocates for transparency and consistency regarding the expansion of
28 governmental oversight of nonprofit hospitals, and enforcement of federal and/or state
29 guidelines, and standards for community benefit requirements and reporting, including
30 the ability to enact penalties and/or loss of tax-exempt status.

31 14. Our AMA encourages nonprofit hospitals to publicly share the results from
32 assessments, such as the Community Health Needs Assessment (CHNA), including
33 progress that has been made since the previous assessment, as well as areas where
34 there is room for improvement. (Modify Current HOD Policy)

35
36 Your Reference Committee heard overall supportive testimony on Council on Medical
37 Service Report 9, highlighting its relevance and timeliness. There were amendments
38 offered in testimony to broaden the scope of the report. The Reference Committee agreed
39 with the Council’s response highlighting that several of the topics recommended for
40 addition were addressed in the body of the report and concurred with testimony to include
41 only the amendment regarding consideration of social drivers of health when determining
42 community benefits. Your Reference Committee believes this language broadens the
43 recommendations while remaining in scope of the original report and thus recommends
44 that recommendations in Council on Medical Service Report 9 be adopted as amended
45 and the remainder of the report be filed.
46

1 (12) RESOLUTION 701 - THE CRISIS IN THE AVAILABILITY
2 OF PRIMARY CARE: HALT THE REQUIRED
3 PARTICIPATION OF SMALL PRACTICES IN VALUE-
4 BASED PAYMENT (VBP) MODELS
5

6 RECOMMENDATION A:
7

8 Your Reference Committee recommends that Resolution
9 701 be amended by addition and deletion to read as follows:
10

11 RESOLVED, that our American Medical
12 Association ~~will advocate for the immediate discontinuation~~
13 ~~of required participation to exempt practices from~~
14 mandatory participation in value-based programs
15 (VBP), including associated reporting requirements and
16 penalties, when such practices meet one or more criteria
17 indicating limited capacity to participate. This includes but
18 is not limited to small practice size, lower Medicare fee-for-
19 service revenue, low attributed patient volume, or practice
20 location in rural or Health Professional Shortage Areas,
21 unless the physician or practice voluntarily elects to
22 participate. ~~arrangements for practices with ten or fewer~~
23 ~~physicians, regardless of practice revenue.~~ (Directive to
24 Take Action)
25

26 RECOMMENDATION B:
27

28 Your Reference Committee recommends that Resolution
29 701 be adopted as amended.
30

31 RECOMMENDATION C:
32

33 Your Reference Committee recommends that the title of
34 Resolution 701 be changed to read as follows:
35

36 PARTICIPATION OF SMALL PRACTICES IN VALUE-
37 BASED PAYMENT (VBP) MODELS
38

39 **HOD ACTION: Resolution 701 is adopted as amended.**

40
41 **ADOPTED LANGUAGE:**

42
43 **NEW TITLE: PARTICIPATION OF SMALL PRACTICES IN VALUE-BASED PAYMENT**
44 **(VBP) MODELS**

45
46 **RESOLVED, that our American Medical Association advocate to exempt practices**
47 **from mandatory participation in value-based programs (VBP), including associated**
48 **reporting requirements and penalties, when such practices meet one or more**
49 **criteria indicating limited capacity to participate. This includes but is not limited to**

1 **small practice size, lower Medicare fee-for-service revenue, low attributed patient**
2 **volume, or practice location in rural or Health Professional Shortage Areas, unless**
3 **the physician or practice voluntarily elects to participate. (Directive to Take Action)**
4

5
6 RESOLVED, that our American Medical Association will advocate for the immediate
7 discontinuation of required participation in value-based programs (VBP) arrangements for
8 practices with ten or fewer physicians, regardless of practice revenue. (Directive to Take
9 Action)

10
11 Your Reference Committee heard supportive testimony for Resolution 701. Testimony
12 suggested that the resolution could contribute to small practice viability by ensuring
13 reasonable applications of value-based programs. One delegation proffered an
14 amendment highlighting the complex designations of small practices and that a limited
15 capacity to participate might not be limited to practice size but could include location,
16 Medicare revenue, or professional shortage areas. Additional testimony supported the
17 amended language and suggested a corresponding title change so that the resolution
18 apply to all small practices regardless of specialty. Therefore, your Reference Committee
19 recommends that Resolution 701 be adopted as amended with a title change.
20

21 (13) RESOLUTION 702 - PHYSICIANS WHO DO NOT
22 PRACTICE IN HOSPITAL SETTING

23
24 RECOMMENDATION A:

25
26 Your Reference Committee recommends that Resolution
27 702 be amended by addition to read as follows:

28
29 RESOLVED, that our American Medical Association amend
30 D-230.981 as follows:

31 1. Our American Medical Association advocates for
32 legislation, regulation, or other interventions to prevent
33 health insurers from threatening hospitals with payment
34 cuts, administrative fee imposition, network termination, or
35 other negative financial policies, if an out of network
36 physician is involved in the treatment or care of a patient at
37 that hospital.

38 2. Our AMA will collaborate with specialty societies and
39 state medical societies to oppose unfair and/or coercive
40 business practices which undermine patient access and/or
41 physician practices.

42 3. Our AMA advocate and/or support state medical
43 associations in advocating that hospital privileges not be a
44 requirement for insurance network participation.

45 (Modify Current HOD Policy)
46

1 RECOMMENDATION B:

2
3 Your Reference Committee recommends that Resolution
4 702 be adopted as amended.

5
6 **HOD ACTION: Resolution 702 is adopted as amended.**

7
8 **ADOPTED LANGUAGE:**

9
10 **RESOLVED, that our American Medical Association amend D-230.981 as follows:**

- 11
12 **1. Our American Medical Association advocates for legislation, regulation, or other**
13 **interventions to prevent health insurers from threatening hospitals with**
14 **payment cuts, administrative fee imposition, network termination, or other**
15 **negative financial policies, if an out of network physician is involved in the**
16 **treatment or care of a patient at that hospital.**
17 **2. Our AMA will collaborate with specialty societies and state medical societies to**
18 **oppose unfair and/or coercive business practices which undermine patient**
19 **access and/or physician practices.**
20 **3. Our AMA advocate and/or support state medical associations in advocating that**
21 **hospital privileges not be a requirement for insurance network participation.**
22 **(Modify Current HOD Policy)**
23

24
25 **RESOLVED, that our American Medical Association amend D-230.981 as follows:**

- 26
27 **1. Our American Medical Association advocates for legislation, regulation, or other**
28 **interventions to prevent health insurers from threatening hospitals with payment cuts,**
29 **administrative fee imposition, network termination, or other negative financial policies,**
30 **if an out of network physician is involved in the treatment or care of a patient at that**
31 **hospital.**
32 **2. Our AMA will collaborate with specialty societies and state medical societies to oppose**
33 **unfair and/or coercive business practices which undermine patient access and/or**
34 **physician practices.**
35 **3. Our AMA advocate that hospital privileges not be a requirement for insurance network**
36 **participation.**
37 **(Modify Current HOD Policy)**
38

39 Your Reference Committee heard supportive testimony on Resolution 702, with the
40 suggestion of a clarifying amendment. The proposed amendment broadened the
41 language to include both federal and state advocacy efforts and was supported by the
42 authors of the resolution. Testimony was supportive of the intent of the original resolution
43 as well as the amended language since these requirements can create burdens on
44 physicians and can also reduce access to care for patients; therefore, your Reference
45 Committee recommends that Resolution 702 be adopted as amended.
46

1 (14) RESOLUTION 703 - PARITY IN PRICING FOR ANTI-
2 OBESITY MEDICATIONS
3

4 RECOMMENDATION A:
5

6 Your Reference Committee recommends that Resolution
7 703 be adopted.
8

9 RECOMMENDATION B:
10

11 Your Reference Committee recommends that the title of
12 Resolution 703 be changed to read as follows:
13

14 MEDICATION PRICING PARITY
15

16 **HOD ACTION: Resolution 703 is adopted as amended.**
17

18 **ADOPTED LANGUAGE:**
19

20 **NEW TITLE: MEDICATION PRICING PARITY**
21

22 **RESOLVED, that our American Medical Association actively oppose preferential**
23 **pricing strategies by pharmaceutical manufacturers that offer discounted**
24 **medications exclusively to telehealth or online providers, as such practices**
25 **undermine the established physician-patient relationship and the continuity of care.**
26 **(Directive to Take Action)**
27

28
29 **RESOLVED, that our American Medical Association actively oppose preferential pricing**
30 **strategies by pharmaceutical manufacturers that offer discounted medications exclusively**
31 **to telehealth or online providers, as such practices undermine the established physician-**
32 **patient relationship and the continuity of care. (Directive to Take Action)**
33

34 Your Reference Committee heard universal support for Resolution 703. Testimony
35 indicated that while telehealth is a valuable tool, it should not replace, disincentivize, or
36 fragment in-person care. Furthermore, testimony highlighted that a title change may be
37 warranted so that the resolution can apply to all medications. Therefore, your Reference
38 Committee recommends that Resolution 703 be adopted with a change in title.

1 (15) RESOLUTION 705 - RECOGNIZING PHYSICIANS AS
2 SEXUAL ASSAULT FORENSIC EXAMINERS
3

4 RECOMMENDATION A:
5

6 Your Reference Committee recommends that Resolution
7 705 be amended by addition and deletion to read as follows:
8

9 RESOLVED, that our American Medical Association Policy
10 H-80.999 be amended as follows:
11

- 12 1. Our American Medical Association supports the
13 preparation and dissemination of information and best
14 practices intended to maintain and improve the skills
15 needed by all practicing clinicians involved in providing
16 care to sexual assault survivors.
- 17 2. Our AMA advocates for the legal protection of sexual
18 assault survivors' rights and work with state medical
19 societies to ensure that each state implements these
20 rights, which include but are not limited to, the right to:
 - 21 a. receive a medical forensic examination free of
22 charge, which includes but is not limited to
23 HIV/STD testing and treatment, pregnancy
24 testing, drug testing for drug-facilitated assault,
25 treatment of injuries, and collection of forensic
26 evidence;
 - 27 b. preservation of a sexual assault evidence
28 collection kit for at least the maximum applicable
29 statute of limitation;
 - 30 c. notification of any intended disposal of a sexual
31 assault evidence kit with the opportunity to be
32 granted further preservation;
 - 33 d. be informed of these rights and the policies
34 governing the sexual assault evidence kit; and
 - 35 e. access to emergency contraception information
36 and treatment for pregnancy prevention free of
37 charge.
- 38 3. Our AMA will collaborate with relevant stakeholders to
39 develop recommendations for implementing best
40 practices in the treatment of sexual assault survivors,
41 including through engagement with the joint working
42 group established for this purpose under the Survivor's
43 Bill of Rights Act of 2016.
- 44 4. Our AMA will advocate for increased patient access to
45 Sexual Assault Medical Nurse Forensic Examiners, and
46 other trained and qualified clinicians, in the emergency
47 department for sexual assault medical forensic
48 examinations.
- 49 5. Our AMA will advocate at the state and federal level for;

- 1 a. the timely processing of all sexual examination
- 2 kits upon patient consent;
- 3 b. timely processing of “backlogged” sexual assault
- 4 examination kits with patient consent; and
- 5 c. additional funding to facilitate the timely testing
- 6 of sexual assault evidence kits.
- 7 6. Our AMA supports the implementation of a national
- 8 database of ~~Sexual Assault Nurse Examiner and Sexual~~
- 9 ~~Assault Medical Forensic Examiners~~ providers.
- 10 (Modify Current AMA Policy)

11
12 **RECOMMENDATION B:**

13
14 Your Reference Committee recommends that Resolution
15 705 be adopted as amended.

16
17 **HOD ACTION: Resolution 705 is adopted as amended.**

18
19 **ADOPTED LANGUAGE:**

20
21 **RESOLVED, that our American Medical Association Policy H-80.999 be amended as**
22 **follows:**

23
24 **SEXUAL ASSAULT SURVIVORS, H-80.999**

- 25 1. Our American Medical Association supports the preparation and
- 26 dissemination of information and best practices intended to maintain and
- 27 improve the skills needed by all practicing clinicians involved in providing
- 28 care to sexual assault survivors.
- 29 2. Our AMA advocates for the legal protection of sexual assault survivors’
- 30 rights and work with state medical societies to ensure that each state
- 31 implements these rights, which include but are not limited to, the right to:
 - 32 a. receive a medical forensic examination free of charge, which includes
 - 33 but is not limited to HIV/STD testing and treatment, pregnancy testing,
 - 34 drug testing for drug-facilitated assault, treatment of injuries, and
 - 35 collection of forensic evidence;
 - 36 b. preservation of a sexual assault evidence collection kit for at least the
 - 37 maximum applicable statute of limitation;
 - 38 c. notification of any intended disposal of a sexual assault evidence kit
 - 39 with the opportunity to be granted further preservation;
 - 40 d. be informed of these rights and the policies governing the sexual
 - 41 assault evidence kit; and
 - 42 e. access to emergency contraception information and treatment for
 - 43 pregnancy prevention free of charge.
- 44 3. Our AMA will collaborate with relevant stakeholders to develop
- 45 recommendations for implementing best practices in the treatment of sexual
- 46 assault survivors, including through engagement with the joint working
- 47 group established for this purpose under the Survivor's Bill of Rights Act of
- 48 2016.

- 1 **4. Our AMA will advocate for increased patient access to Sexual Assault**
 - 2 **Medical Forensic Examiners for sexual assault medical forensic**
 - 3 **examinations.**
 - 4 **5. Our AMA will advocate at the state and federal level for;**
 - 5 a. **the timely processing of all sexual examination kits upon patient**
 - 6 b. **consent;**
 - 7 b. **timely processing of “backlogged” sexual assault examination kits**
 - 8 c. **with patient consent; and**
 - 9 c. **additional funding to facilitate the timely testing of sexual assault**
 - 10 **evidence kits.**
 - 11 **6. Our AMA supports the implementation of a national database of Sexual**
 - 12 **Assault Medical Forensic Examiners.**
 - 13 **(Modify Current AMA Policy)**
 - 14
-

15
16 RESOLVED, that our American Medical Association Policy H-80.999 be amended as
17 follows:

18
19 SEXUAL ASSAULT SURVIVORS, H-80.999

- 20 1. Our American Medical Association supports the
- 21 preparation and dissemination of information and best
- 22 practices intended to maintain and improve the skills
- 23 needed by all practicing clinicians involved in providing care
- 24 to sexual assault survivors.
- 25 2. Our AMA advocates for the legal protection of sexual
- 26 assault survivors’ rights and work with state medical
- 27 societies to ensure that each state implements these rights,
- 28 which include but are not limited to, the right to:
 - 29 a. receive a medical forensic examination free of
 - 30 charge, which includes but is not limited to
 - 31 HIV/STD testing and treatment, pregnancy
 - 32 testing, drug testing for drug-facilitated assault,
 - 33 treatment of injuries, and collection of forensic
 - 34 evidence;
 - 35 b. preservation of a sexual assault evidence
 - 36 collection kit for at least the maximum applicable
 - 37 statute of limitation;
 - 38 c. notification of any intended disposal of a sexual
 - 39 assault evidence kit with the opportunity to be
 - 40 granted further preservation;
 - 41 d. be informed of these rights and the policies
 - 42 governing the sexual assault evidence kit; and
 - 43 e. access to emergency contraception information
 - 44 and treatment for pregnancy prevention free of
 - 45 charge.
- 46 3. Our AMA will collaborate with relevant stakeholders to
- 47 develop recommendations for implementing best practices
- 48 in the treatment of sexual assault survivors, including
- 49 through engagement with the joint working group

1 established for this purpose under the Survivor's Bill of
2 Rights Act of 2016.

3 4. Our AMA will advocate for increased patient access to
4 Sexual Assault Nurse Forensic Examiners, ~~and other~~
5 ~~trained and qualified clinicians,~~ in the emergency
6 department for medical forensic examinations.

7 5. Our AMA will advocate at the state and federal level for;
8 a. the timely processing of all sexual examination
9 kits upon patient consent;
10 b. timely processing of "backlogged" sexual assault
11 examination kits with patient consent; and
12 c. additional funding to facilitate the timely testing
13 of sexual assault evidence kits.

14 6. Our AMA supports the implementation of a national
15 database of ~~Sexual Assault Nurse Examiner and Sexual~~
16 ~~Assault~~ Medical Forensic Examiners ~~providers.~~
17 (Modify Current AMA Policy)

18
19 Your Reference Committee heard mostly supportive testimony for Resolution 705.
20 Testimony indicated that the resolution enhances existing policy by ensuring the AMA is
21 aligned with currently accepted terminology. One individual proposed several
22 amendments, suggesting that the updates more accurately capture the limited
23 credentialing of sexual assault nurse examiners (SANEs), trauma informed care may be
24 performed outside of the emergency department, and medical forensic examinations
25 constitute a broader term not solely representative of sexual assault examinations. The
26 author testified in support of the amendment recognizing that trauma informed care may
27 be performed outside the emergency department but clarified that SANE is a form of
28 sexual assault forensic examiner (SAFE) and was correctly categorized. Furthermore, the
29 author agreed that there is a distinction between medical forensic examinations and
30 sexual assault examinations and proposed a compromised amendment utilizing the
31 current Department of Defense terminology "sexual assault medical forensic
32 examinations". Your Reference Committee agrees that the compromised language most
33 effectively updates AMA policy and concurs with the author that SANEs are a form of
34 SAFEs and were correctly identified. Furthermore, your Reference Committee recognizes
35 that sexual assault may occur outside of the emergency department, and, therefore,
36 recommends that Resolution 705 be adopted as amended.

1 (16) RESOLUTION 706 - DISCHARGE SUMMARIES FROM
2 SKILLED NURSING FACILITIES
3

4 RECOMMENDATION A:
5

6 Your Reference Committee recommends that Resolution
7 706 be amended by addition and deletion to read as follows:
8

9 RESOLVED, that our American Medical Association
10 educate physicians ~~their members~~ as to Centers for
11 Medicare & Medicaid Services (CMS) Policy (8) regarding
12 skilled nursing facilities' (SNF) responsibility to create and
13 timely deliver a comprehensive patient discharge summary
14 to a patient's outpatient primary care physician (PCP).
15 (Directive to Take Action)
16

17 RECOMMENDATION B:
18

19 Your Reference Committee recommends that Resolution
20 706 be amended by addition of a new resolve clause to
21 read as follows:
22

23 RESOLVED, that our AMA advocate that CMS enforce its
24 existing regulations on timely and comprehensive discharge
25 summaries.
26

27 RECOMMENDATION C:
28

29 Your Reference Committee recommends that Resolution
30 706 be adopted as amended.
31

32 **HOD ACTION: Resolution 706 is adopted as amended.**
33

34 **ADOPTED LANGUAGE:**
35

36 **RESOLVED, that our American Medical Association educate physicians as to**
37 **Centers for Medicare & Medicaid Services (CMS) Policy (8) regarding skilled nursing**
38 **facilities' (SNF) responsibility to create and timely deliver a comprehensive patient**
39 **discharge summary to a patient's outpatient primary care physician (PCP).**
40 **(Directive to Take Action)**
41

42 **RESOLVED, that our AMA advocate that CMS enforce its existing regulations on**
43 **timely and comprehensive discharge summaries.**
44

45
46 RESOLVED, that our American Medical Association educate their members as to Centers
47 for Medicare & Medicaid Services (CMS) Policy (8) regarding skilled nursing facilities'
48 (SNF) responsibility to create and timely deliver a comprehensive patient discharge
49 summary to a patient's outpatient primary care physician (PCP). (Directive to Take Action)

1
2 Your Reference Committee heard limited testimony in support of the intent of Resolution
3 706, but with two amendments offered. Testimony supported the goal of the resolution to
4 improve continuity of care and communication during transition from skilled nursing
5 facilities to outpatient settings and suggested an amendment to clarify where the proposed
6 education should be targeted. A second amendment was proposed to ask the AMA to
7 advocate that the Centers for Medicare & Medicaid Services enforce existing guidelines.
8 Your Reference Committee did not believe that the second part of the proposed
9 amendment for the new resolve clause, which read “as policies without implementation or
10 accountability mechanisms often fail to improve real-world practice” was necessary to
11 include, as it was mostly narrative and will not significantly impact the potential action the
12 AMA would take. Therefore, your Reference Committee recommends that Resolution 706
13 be adopted as amended.

14 (17) RESOLUTION 709 - REQUIRING TRANSPARENCY AND
15 ACCOUNTABILITY WHEN INSURERS AND THIRD-
16 PARTY ADMINISTRATORS REQUIRE UTILIZATION
17 REVIEW, THEREBY PRACTICING MEDICINE

18
19 RECOMMENDATION A:

20
21 Your Reference Committee recommends that the second
22 resolve of Resolution 709 be amended by addition and
23 deletion to read as follows:

24
25 RESOLVED, that our American Medical Association seek
26 legislation and/or regulation regarding utilization review so
27 that the reviewing physician be licensed in the appropriate
28 state or jurisdiction ~~New York State~~ and therefore,
29 accountable to ~~New York State authorities~~ appropriate state
30 medical boards or regulatory authorities for the
31 consequences of these clinically important decisions
32 (Directive to Take Action); and be it further

33
34 RECOMMENDATION B:

35
36 Your Reference Committee recommends that Resolution
37 709 be adopted as amended.

38
39 **HOD ACTION: Resolution 709 is adopted as amended.**

40
41 **ADOPTED LANGUAGE:**

42
43 **RESOLVED, that our American Medical Association seek legislation and/or**
44 **regulation regarding insurance company utilization reviewers to require the person**
45 **charged with authorization decisions to provide their full name, specialty and**
46 **National Provider Identifier (NPI), in order to maintain transparency, fulfill the**
47 **requirements of the Health Insurance Portability and Accountability Act (HIPAA),**

1 and allow for accountability should the decision be called into question (Directive
2 to Take Action); and be it further

3
4 **RESOLVED**, that our American Medical Association seek legislation and/or
5 regulation regarding utilization review so that the reviewing physician be licensed
6 in the appropriate state or jurisdiction and therefore, accountable to appropriate
7 state medical boards or regulatory authorities for the consequences of these
8 clinically important decisions (Directive to Take Action); and be it further

9
10 **RESOLVED** that our American Medical Association amend their Policy H-285.939 as
11 follows:

12
13 **MANAGED CARE MEDICAL DIRECTOR LIABILITY, H-285.939**

14 Our American Medical Association policy is that utilization review decisions to deny
15 payment for medically necessary care constitute the practice of medicine.

16 1. Our AMA seeks to include in federal and state patient protection
17 legislation a provision subjecting medical directors of managed care
18 organizations to state medical licensing requirements, state medical board
19 review, and disciplinary actions.

20 2. That medical directors of insurance entities be held accountable and liable
21 for medical decisions regarding contractually covered medical services,
22 including prior authorizations.

23 3. That our AMA continue to undertake federal and state legislative and
24 regulatory measures necessary to bring about this accountability.

25 **(Modify Current HOD Policy)**
26

27
28 **RESOLVED**, that our American Medical Association seek legislation and/or regulation
29 regarding insurance company utilization reviewers to require the person charged with
30 authorization decisions to provide their full name, specialty and National Provider Identifier
31 (NPI), in order to maintain transparency, fulfill the requirements of the Health Insurance
32 Portability and Accountability Act (HIPAA), and allow for accountability should the decision
33 be called into question (Directive to Take Action); and be it further

34
35 **RESOLVED**, that our American Medical Association seek legislation and/or regulation
36 regarding utilization review so that the reviewing physician be licensed in New York State
37 and therefore, accountable to New York State authorities for the consequences of these
38 clinically important decisions (Directive to Take Action); and be it further

39
40 **RESOLVED** that our American Medical Association amend their Policy H-285.939 as
41 follows:

42
43 **MANAGED CARE MEDICAL DIRECTOR LIABILITY, H-**
44 **285.939**

45 Our American Medical Association policy is that utilization
46 review decisions to deny payment for medically necessary
47 care constitute the practice of medicine.

48 1. Our AMA seeks to include in federal and state patient
49 protection legislation a provision subjecting medical

1 directors of managed care organizations to state medical
2 licensing requirements, state medical board review, and
3 disciplinary actions.

4 2. That medical directors of insurance entities be held
5 accountable and liable for medical decisions regarding
6 contractually covered medical services, including prior
7 authorizations.

8 3. That our AMA continue to undertake federal and state
9 legislative and regulatory measures necessary to bring
10 about this accountability.

11 (Modify Current HOD Policy)
12

13 Your Reference Committee heard mostly supportive testimony on Resolution 709, with
14 many calling out the inappropriate reference to a specific state in the second resolve
15 clause. There were several amendments proposed to address these concerns. Other
16 testimony emphasized that utilization review decisions reflect medical judgment and
17 should be recognized as the practice of medicine, requiring transparency and
18 accountability. Those providing testimony highlighted the need for disclosure of reviewer
19 identity, licensure, and credentials, and supported amendments to ensure national
20 applicability. Therefore, your Reference Committee recommends that Resolution 709 be
21 adopted as amended.

1 (18) RESOLUTION 710 - PARITY IN ACCESS TO EVIDENCE-
2 BASED OBESITY TREATMENT

3
4 RECOMMENDATION A:

5
6 Your Reference Committee recommends that the second
7 resolve of Resolution 710 be amended by addition and
8 deletion to read as follows:

9
10 RESOLVED, that our AMA advocate for federal legislation
11 to permanently repeal the Medicare Part D statutory
12 exclusion of ~~anti-obesity medications for anti-obesity~~
13 indications (Section 1927(d)(2) of the Social Security Act),
14 ~~and further advocate that all state Medicaid programs be~~
15 ~~required to include FDA-approved anti-obesity medications~~
16 ~~on their formularies as a condition of federal matching funds~~
17 (New HOD Policy); and be it further

18
19 RECOMMENDATION B:

20
21 Your Reference Committee recommends Resolution 710 be
22 amended by addition of a new resolve clause to read as
23 follows:

24
25 RESOLVED, that our AMA affirm that treatment decisions
26 for patients with obesity — including the sequencing and
27 selection of pharmacologic therapy, behavioral intervention,
28 and bariatric or metabolic surgery — should be made
29 through individualized, evidence-based, shared decision-
30 making between the physician and patient, free from payer-
31 imposed treatment hierarchies or mandatory sequencing
32 requirements. (New HOD Policy)

33
34 RECOMMENDATION C:

35
36 Your Reference Committee recommends that Resolution
37 710 be adopted as amended.

38
39 **HOD ACTION: Resolution 710 is adopted as amended.**

40
41 **ADOPTED LANGUAGE:**

42
43 **RESOLVED, that our American Medical Association promote policies and**
44 **recommend to all public and private health insurance plans to provide coverage**
45 **parity for evidence-based obesity treatments, including chronic weight**
46 **management medications, bariatric and metabolic surgery, intensive behavioral**
47 **therapy, dietary counseling and medical nutrition therapy, equivalent to coverage**
48 **provided for other chronic diseases such as type 2 diabetes and cardiovascular**
49 **disease without exclusionary carve-outs, annual or lifetime caps specific to obesity,**

1 or “fail first”/step therapy requirements not applied to comparable chronic
2 conditions (New HOD Policy); and be it further
3

4 **RESOLVED**, that our AMA advocate for federal legislation to permanently repeal the
5 Medicare Part D statutory exclusion of medications for anti-obesity indications
6 (New HOD Policy); and be it further
7

8 **RESOLVED**, that our AMA oppose as discriminatory any insurance practice that
9 terminates, reduces, or restricts coverage to evidence-based obesity treatment or
10 insurer-defined weight loss targets, body mass index (BMI) thresholds, or other
11 arbitrary metrics that are not aligned with individualized, evidence-based clinical
12 decision-making as well as advocate for federal and state regulation prohibiting
13 such practices (New HOD Policy); and be it further
14

15 **RESOLVED**, that our AMA oppose, in the absence of supporting clinical evidence,
16 any mandatory supervised weight loss period as a prerequisite for bariatric or
17 metabolic surgery coverage, and advocate for the elimination of such requirements
18 at the federal and state level. (New HOD Policy)
19

20 **RESOLVED**, that our AMA affirm that treatment decisions for patients with obesity
21 — including the sequencing and selection of pharmacologic therapy, behavioral
22 intervention, and bariatric or metabolic surgery — should be made through
23 individualized, evidence-based, shared decision-making between the physician and
24 patient, free from payer-imposed treatment hierarchies or mandatory sequencing
25 requirements. (New HOD Policy)
26

27
28 **RESOLVED**, that our American Medical Association promote policies and recommend to
29 all public and private health insurance plans to provide coverage parity for evidence-based
30 obesity treatments, including chronic weight management medications, bariatric and
31 metabolic surgery, intensive behavioral therapy, dietary counseling and medical nutrition
32 therapy, equivalent to coverage provided for other chronic diseases such as type 2
33 diabetes and cardiovascular disease without exclusionary carve-outs, annual or lifetime
34 caps specific to obesity, or “fail first”/step therapy requirements not applied to comparable
35 chronic conditions (New HOD Policy); and be it further
36

37 **RESOLVED**, that our AMA advocate for federal legislation to permanently repeal the
38 Medicare Part D statutory exclusion of anti-obesity medications (Section 1927(d)(2) of the
39 Social Security Act), and further advocate that all state Medicaid programs be required to
40 include FDA-approved anti-obesity medications on their formularies as a condition of
41 federal matching funds (Directive to Take Action); and be it further
42

43 **RESOLVED**, that our AMA oppose as discriminatory any insurance practice that
44 terminates, reduces, or restricts coverage to evidence-based obesity treatment or insurer-
45 defined weight loss targets, body mass index (BMI) thresholds, or other arbitrary metrics
46 that are not aligned with individualized, evidence-based clinical decision-making as well
47 as advocate for federal and state regulation prohibiting such practices (New HOD Policy);
48 and be it further
49

1 RESOLVED, that our AMA oppose, in the absence of supporting clinical evidence, any
2 mandatory supervised weight loss period as a prerequisite for bariatric or metabolic
3 surgery coverage, and advocate for the elimination of such requirements at the federal
4 and state level. (New HOD Policy)

5
6 Your Reference Committee heard mostly supportive testimony for Resolution 710.
7 Testimony indicated that obesity continues to be a significant challenge for much of the
8 population and that emerging therapies may help address it. The Council on Medical
9 Service raised concerns about the second resolve clause and proposed revised language,
10 noting that requiring state Medicaid programs to include anti-obesity medications (AOMs)
11 on their formularies as a condition of federal matching funds could create unintended fiscal
12 consequences. Additional testimony agreed with the Council's amendment. Online
13 testimony from an individual proposed an amendment to the fourth resolve clause,
14 suggesting that surgery should not automatically be treated as the preferred next step
15 before adequate trials of modern medical therapy. However, your Reference Committee
16 heard testimony at the in-person hearing offering an alternate amendment that supported
17 the original language of the fourth resolve clause and adding a new fifth resolve clause.
18 There was subsequent testimony in support of these proposed amendments. Therefore,
19 your Reference Committee recommends that Resolution 710 be adopted as amended.

1 (19) RESOLUTION 713 - REDUCING PRIOR
2 AUTHORIZATION DELAYS TO IMPROVE ACCESS TO
3 NEUROMODULATION AND NON-OPIOID PAIN
4 THERAPIES

5
6 RECOMMENDATION A:

7
8 Your Reference Committee recommends that the second
9 resolve of Resolution 713 be deleted:

10
11 ~~RESOLVED, that our AMA advocate for standardized,~~
12 ~~transparent, and expedited prior authorization processes~~
13 ~~across payers, including response timelines that do not~~
14 ~~exceed 72 hours for non-urgent requests and 24 hours for~~
15 ~~urgent requests (Directive to Take Action); and be it further~~

16
17 RECOMMENDATION B:

18
19 Your Reference Committee recommends that Resolution
20 713 be adopted as amended.

21
22

HOD ACTION: Resolution 713 is adopted as amended.

23
24 **ADOPTED LANGUAGE:**

25
26 **RESOLVED, that our American Medical Association advocate for the reduction of**
27 **prior authorization requirements for evidence-based neuromodulation therapies**
28 **and other non-opioid pain treatments when clinically indicated (Directive to Take**
29 **Action); and be it further**

30
31 **RESOLVED, that our AMA work with public and private insurers to ensure that**
32 **coverage policies for neuromodulation therapies and other non-opioid pain**
33 **treatments are evidence-based, consistent across payers, and minimize**
34 **administrative barriers to care (Directive to Take Action); and be it further**

35
36 **RESOLVED, that our AMA support policies and legislation aimed at reducing**
37 **administrative delays that negatively impact patient outcomes and access to non-**
38 **opioid pain care (New HOD Policy); and be it further**

39
40 **RESOLVED, that our AMA encourage further research on the impact of insurance-**
41 **related delays on clinical outcomes, healthcare disparities, and cost-effectiveness**
42 **in neuromodulation and pain management therapies (New HOD Policy); and be it**
43 **further**

44
45 **RESOLVED, that our AMA advocate for appropriate reimbursement and equitable**
46 **access to neuromodulation therapies and other evidence-based, non-opioid pain**
47 **treatments regardless of insurance type or socioeconomic status. (Directive to Take**
48 **Action)**

49

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RESOLVED, that our American Medical Association advocate for the reduction of prior authorization requirements for evidence-based neuromodulation therapies and other non-opioid pain treatments when clinically indicated (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for standardized, transparent, and expedited prior authorization processes across payers, including response timelines that do not exceed 72 hours for non-urgent requests and 24 hours for urgent requests (Directive to Take Action); and be it further

RESOLVED, that our AMA work with public and private insurers to ensure that coverage policies for neuromodulation therapies and other non-opioid pain treatments are evidence-based, consistent across payers, and minimize administrative barriers to care (Directive to Take Action); and be it further

RESOLVED, that our AMA support policies and legislation aimed at reducing administrative delays that negatively impact patient outcomes and access to non-opioid pain care (New HOD Policy); and be it further

RESOLVED, that our AMA encourage further research on the impact of insurance-related delays on clinical outcomes, healthcare disparities, and cost-effectiveness in neuromodulation and pain management therapies (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for appropriate reimbursement and equitable access to neuromodulation therapies and other evidence-based, non-opioid pain treatments regardless of insurance type or socioeconomic status. (Directive to Take Action)

Your Reference Committee heard limited testimony on Resolution 713, with one individual speaking in favor of adoption with amendment. There was no testimony to support reaffirmation. Testimony emphasized that prior authorization delays uniquely affect chronic pain care by limiting access to evidence-based non-opioid therapies and may worsen outcomes or increase reliance on opioids. The testimony supported removing prescriptive timeline language. Therefore, your Reference Committee recommends that Resolution 713 be adopted as amended.

1 (20) RESOLUTION 714 - PHYSICIAN CASE LOG
2 PORTABILITY

3
4 RECOMMENDATION A:

5
6 Your Reference Committee recommends that the second
7 resolve of Resolution 714 be amended by addition and
8 deletion to read as follows:

9
10 RESOLVED, that such policies establish a mandatory and
11 enforceable timeline for production of case logs, that
12 ensures timely access to these files but takes into
13 consideration operational realities, verification processes,
14 and patient privacy safeguards not to exceed five (5)
15 business days (Directive to Take Action); and be it further

16
17 RECOMMENDATION B:

18
19 Your Reference Committee recommends that Resolution
20 714 be adopted as amended.

21
22

HOD ACTION: Resolution 714 is adopted as amended.

23
24 **ADOPTED LANGUAGE:**

25
26 **RESOLVED, that our American Medical Association advocates for federal and state**
27 **policies requiring physician employers, regardless of type of employment, to**
28 **provide physicians, free of charge, with complete and accurate copies of their case**
29 **logs in a deidentified, electronically transferrable, nonproprietary format when**
30 **requested to do so (Directive to Take Action); and be it further**

31
32 **RESOLVED, that such policies establish a mandatory and enforceable timeline for**
33 **production of case logs, that ensures timely access to these files but takes into**
34 **consideration operational realities, verification processes, and patient privacy**
35 **safeguards (Directive to Take Action); and be it further**

36
37 **RESOLVED, that procedures are in place for the immediate transfer of case logs to**
38 **all physicians upon dissolution of the physician employer for any reason. (Directive**
39 **to Take Action)**

40
41
42

RESOLVED, that our American Medical Association advocates for federal and state
43 **policies requiring physician employers, regardless of type of employment, to provide**
44 **physicians, free of charge, with complete and accurate copies of their case logs in a**
45 **deidentified, electronically transferrable, nonproprietary format when requested to do so**
46 **(Directive to Take Action); and be it further**
47

1 RESOLVED, that such policies establish a mandatory and enforceable timeline for
2 production of case logs, not to exceed five (5) business days (Directive to Take Action);
3 and be it further

4
5 RESOLVED, that procedures are in place for the immediate transfer of case logs to all
6 physicians upon dissolution of the physician employer for any reason. (Directive to Take
7 Action)

8
9 Your Reference Committee heard supportive testimony on Resolution 714. One
10 delegation provided testimony in favor of the resolution and proposed an amendment to
11 lengthen the five-business day timeline, but no alternative timeline was suggested. Since
12 no timeline was offered to replace the five-business days cited in the original resolution,
13 your Reference Committee presents language that it believes captures the intent of the
14 need for an extension; however, the Reference Committee would be open to further
15 amendments if a specific timeline would be more appropriate. Your Reference Committee
16 recommends that Resolution 714 be adopted as amended.

RECOMMENDED FOR REFFERAL

- 1 (21) COUNCIL ON MEDICAL SERVICE REPORT 6 - STUDY
2 OF PRACTICE MODELS FOR PHYSICIANS
3 PERFORMING PROCEDURES ACROSS STATE LINES
4

5 RECOMMENDATION:
6

7 Your Reference Committee recommends that
8 Recommendations in Council on Medical Service Report 6
9 be referred.
10

11 **HOD ACTION: Council on Medical Service Report 6 is referred.**
12

13
14 The Council on Medical Service recommends that the following be adopted in lieu of
15 Resolution 711-A-25 and the remainder of the report be filed:

- 16 1. That our American Medical Association (AMA) supports the following principles for
17 physicians employed by ambulatory surgical centers (ASC) or office-based
18 laboratories (OBL) who may travel from their primary practice location to provide
19 patient care:

- 20 a. A transfer agreement with a physician or physician group licensed in the
21 patient's state should be arranged to address in-person care needs that may
22 arise from a patient receiving care from a physician with no admitting privileges
23 to the local hospital.
24 b. A referral system with a local physician, physician practice, or other facility for
25 appropriate treatment should be established if a patient's conditions or
26 symptoms are beyond the scope of services provided by the ASC or OBL.
27 c. Transfer agreements and backup plans should be coordinated between
28 physicians.
29 i. In the event an institution coordinates these arrangements (i.e., a
30 hospital system, an ASC, or an OBL), a physician that would be among
31 those receiving the patient must give explicit consent to the agreement
32 to provide follow-up care.
33 ii. When patient transfer is required, a direct hand off of the patient and
34 patient records should be completed.
35 iii. Transfer and referral agreements should be evidence-based and risk-
36 based to balance access to care and patient safety.
37 d. Protocols for ensuring continuity of care with physicians in the local community
38 should be established.
39 e. Consent from the patient regarding preoperative assessment and
40 postoperative care should be obtained prior to the provision of any procedure,
41 with clarity on which physician will be providing care during each step of the
42 process.
43 f. Physicians entering into these arrangements should ensure that they are in
44 keeping with ethical standards and legal requirements.

45 (New HOD Policy)

- 46 2. That our AMA reaffirm Policy H-475.984, which lists Core Principles for Office-Based
47 Surgery Regulations, with a focus on Core Principle #4 which states that physicians

1 performing office-based surgery with moderate sedation/analgesia, deep
2 sedation/analgesia, or general anesthesia must have admitting privileges at a nearby
3 hospital, or to maintain an emergency transfer agreement with a nearby hospital.
4 (Reaffirm HOD Policy)
5

6 Your Reference Committee heard mixed testimony on Council on Medical Service Report
7 6. Online testimony had limited support, while in-person testimony favored referral.
8 Questions were raised as to whether this report should be referred to specifically include
9 considerations for both rural and reproductive healthcare. The Council on Medical Service
10 offered amendments to address the concerns raised; however, testimony continued to
11 support referral. Your Reference Committee recommends that recommendations in
12 Council on Medical Service Report 6 be referred.
13

14 (22) RESOLUTION 707 - MALPRACTICE INSURANCE FOR
15 EMPLOYED PHYSICIANS

16
17 RECOMMENDATION:

18
19 Your Reference Committee recommends that Resolution
20 707 be referred.
21

22 **HOD ACTION: Resolution 707 is referred.**

23
24
25 RESOLVED, that our American Medical Association support a requirement for employers
26 to purchase only occurrence malpractice insurance policies for their employed physicians,
27 fellows, and residents. (New HOD Policy)
28

29 Your Reference Committee heard mixed testimony that supported the spirit of Resolution
30 707 but recommended that this resolution be referred in order to carefully consider the
31 language. Most testimony agreed that malpractice insurance is an important issue,
32 especially for employed physicians and young physicians. Testimony asked for a future
33 report to consider the impact on private practices, explore potential resolutions for entities
34 that have collapsed, and explore differences in coverage options between states. Hearing
35 the concerns raised, the Reference Committee believes that this topic could benefit from
36 further study and thus recommends referral.
37

38 (23) RESOLUTION 717 - ADVOCACY FOR A FAILURE-
39 PROOF NATIONAL CENTRALIZED ELECTRONIC
40 TRANSACTION CLEARINGHOUSE

41
42 RECOMMENDATION:

43
44 Your Reference Committee recommends that Resolution
45 717 be referred.
46

47 **HOD ACTION: Resolution 717 is referred with report back at A-27.**

1 RESOLVED, that our American Medical Association advocate for implementation of the
2 standard national health plan identifier (HPID) that all transactions must be communicated
3 directly with the health plan (Directive to Take Action); and be it further

4
5 RESOLVED, that our AMA advocates for the implementation of a national centralized
6 electronic healthcare transaction clearinghouse that would allow physician practices, other
7 providers, health plans, clearinghouses, health IT vendors, state and federal regulators,
8 digital health products, and consumer apps to maintain only one standard direct
9 connection through which all electronic transactions can flow seamlessly, securely, and at
10 low cost to any other participant guided by a transaction ID and a standard identifier such
11 as a health plan identifier (HPID) and/or national provider identifier (NPI). (Directive to
12 Take Action)

13
14 Your Reference Committee heard mixed testimony on Resolution 717. There was support
15 for the resolution, emphasizing the need for a standardized national clearinghouse and
16 identifier framework to reduce fragmentation and administrative burden, particularly for
17 small and independent practices. Further testimony supported the intent but
18 recommended study, and the Council on Medical Service testified in opposition to the
19 resolution, noting that the AMA previously supported rescission of the Health Plan
20 Identifier after significant operational and implementation problems emerged and that the
21 Centers for Medicare & Medicaid Services is pursuing more effective modern
22 interoperability approaches. Your Reference Committee believes this topic could benefit
23 from further study and thus recommends that Resolution 717 be referred.

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

1 (24) RESOLUTION 716 - EQUAL OPPORTUNITY FOR
2 PAYMENT FOR "ON CALL" DUTY

3
4 RECOMMENDATION:

5
6 Your Reference Committee recommends that Policies H-
7 130.948, D-130.963, and D-130.965 be reaffirmed in lieu of
8 Resolution 716.
9

10 **HOD ACTION: Resolution 716 is referred.**

11
12
13 **RESOLVED**, that our American Medical Association will work with relevant stakeholders
14 to advocate that all physicians, whether employed or independent, should be paid for “on
15 call” responsibilities, whether or not patient care is separately billed. (Directive to Take
16 Action)

17
18 Your Reference Committee heard testimony on Resolution 716 that mostly supported
19 reaffirmation. One delegation in support of the resolution as written highlighted that
20 inadequate payment and resource support for “on call” inpatient and emergency care has
21 led to a lack of specialists required to treat patients. However, the author agreed that
22 reaffirmation of existing policy is the most prudent approach as there is sufficient AMA
23 policy that addresses this resolution. The author reiterated support for reaffirmation at the
24 in-person hearing in addition to other testimony supporting reaffirmation. Your Reference
25 Committee agrees that there is ample policy that covers the resolution and recommends
26 that Policies H-130.948, D-130.963, and D-130.965 be reaffirmed in lieu of Resolution
27 716.
28

29 **ON-CALL PHYSICIANS H-130.948**

30 Our AMA:

31 (1) strongly encourages physicians and hospitals to work
32 collaboratively to develop solutions based on adequate
33 compensation or other appropriate incentives as the
34 preferred method of ensuring on-call coverage and will
35 monitor and oppose any state legislative or regulatory
36 efforts mandating emergency room on-call coverage as a
37 requirement for medical staff privileges and state licensure
38 that are not supported by the state medical association;

39 (2) advocates that physician on-call coverage for
40 emergency departments be guided by the following
41 principles:

42 (a) The hospital and physicians should jointly share the
43 responsibility for the provision of care of emergency
44 department patients.

45 (b) Every hospital that provides emergency services should
46 maintain policies to ensure appropriate on-call coverage of
47 the emergency department by medical staff specialists that

1 are available for consultation and treatment of patients.

2 (c) The organization and function of on-call services should
3 be determined through hospital policy and medical staff by-
4 laws, and include methods for monitoring and assuring
5 appropriate on-call performance.

6 (d) Physicians should be provided adequate compensation
7 for being available and providing on-call and emergency
8 services.

9 (e) Hospital medical staff by-laws and emergency
10 department policies regarding on-call physicians'
11 responsibilities must be consistent with Emergency Medical
12 Treatment and Active Labor Act (EMTALA) requirements.

13 (f) Medical staffs should determine and adopt protocols for
14 appropriate, fair, and responsible medical staff on-call
15 coverage.

16 (g) Hospitals with specialized emergency care capabilities
17 need to have a means to ensure medical staff responsibility
18 for patient transfer acceptance and care.

19 (h) Hospitals that lack the staff to provide on-call coverage
20 for a particular specialty should have a plan that specifies
21 how such care will be obtained.

22 (i) The decision to operate or close an emergency
23 department should be made jointly by the hospital and
24 medical staff;

25 (3) supports the enforcement of existing laws and
26 regulations that require physicians under contract with
27 health plans to be adequately compensated for emergency
28 services provided to the health plans' enrollees; and

29 (4) supports the enactment of legislation that would require
30 health plans to adequately compensate out-of-plan
31 physicians for emergency services provided to the health
32 plans' enrollees or be subject to significant fines similar to
33 the civil monetary penalties that can be imposed on
34 hospitals and physicians for violation of EMTALA.

35 (CMS Rep. 3, I-99; Reaffirmation A-00; Modified: Sub. Res.
36 217, I-00; Reaffirmation I-01; Reaffirmation A-07; Appended
37 and Reaffirmed: CMS Rep. 1, I-09; Modified: Res. 818, I-17;
38 Reaffirmed: Res. 824, I-24)

39
40 ON-CALL AND EMERGENCY SERVICES PAY D-130.963

41 Our AMA will develop and make available policy guidance
42 for physicians to negotiate with hospital medical staffs to
43 support physician compensation for on call and emergency
44 services.

45 (Res. 818, I-17)

46
47 ON-CALL COVERAGE MODELS D-130.965

48 Our American Medical Association will compile and make
49 available to the physician community various examples of
50 on-call solutions intended to avoid subjecting physicians to

- 1 unrealistic and unduly burdensome on-call demands, and
- 2 educate AMA physician members regarding these options.
- 3 (Res. 722, A-13; Reaffirmed: CMS Rep. 01, A-23)

- 1 This concludes the report of Reference Committee G. I would like to thank Anna Brown,
- 2 MD, MPhil, Bill David, MD, PhD, Rafael Haciski, MD, Debra Lupeika, MD, Man-Kit Leung,
- 3 MD, Brian Privett, MD, and all those who testified before the Committee.

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