Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION AS AMENDED

1. Resolution 1 – Health Insurers and Collection of Co-Pays and Deductibles
2. Resolution 3 – Enabling and Enhancing the Delivery of Continuity of Care When Physicians Delivery Care Across Diverse Problem Sets
3. Resolution 4 – Minimal Sustainable Reimbursement for Community Practices
4. Resolution 5 – A Fair Economy

RECOMMENDED FOR REAFFIRMATION

5. Resolution 2 – Physician Reimbursement for Interpreter Services
RECOMMENDED FOR ADOPTION AS AMENDED

(1) RESOLUTION 1 – HEALTH INSURERS AND COLLECTION OF CO-PAYS AND DEDUCTIBLES

RECOMMENDATION A:

The resolve in Resolution 1 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association advocate for legislation and/or regulations to require insurers to collect co-pays and deductibles in fee for service arrangements directly from patients with whom they are contractually engaged, and pay physicians the full contracted rate, not subject to the physician’s collection of co-pay and deductible from the patient unless physicians opt out to collect on their own (Directive to Take Action).

RECOMMENDATION B:

Resolution 1 be adopted as amended.

RESOLVED, That our American Medical Association advocate for legislation and/or regulations to require insurers to collect co-pays and deductibles directly from patients with whom they are contractually engaged, and pay physicians the contracted rate, not subject to the physician’s collection of co-pay and deductible from the patient (Directive to Take Action).

Your Reference Committee heard testimony in strong support of Resolution 1 in the Online Forum. Testimony reflected the sense of Private Practice Physicians Section members that payers of all kinds are placing the onus of collecting fees that they have created on physicians, rather than doing the task themselves. Shifting the responsibility of collecting fees away from physicians and back onto those imposing the fees is not only appropriate, but helps to lessen the administrative burdens placed on physicians, a key AMA goal. Testimony also reflected that in the experience of some, the current system can be disadvantageous to private practice physicians who must negotiate contracts with payers but who lack, by design, insight to key data such as average copays that could help the physician practice negotiate more fairly.

The Committee also acknowledged that exactly how the interplay between physician, patient, and payer is structured could mean that Resolution 1 becomes less effective. To attempt to resolve this, the Committee proposes the amendments above in order to make the effect broader and benefit a wide variety of physicians in different private practice arrangements. As such, the Committee recommends that Resolution 1 be adopted as amended and forwarded immediately to the House of Delegates.
(2) RESOLUTION 3 – ENABLING AND ENHANCING THE DELIVERY OF CONTINUITY OF CARE WHEN PHYSICIANS DELIVERY CARE ACROSS DIVERSE PROBLEM SETS

RECOMMENDATION A:

The resolve in Resolution 3 be amended by deletion to read as follows:

RESOLVED, That our American Medical Association recognize that there is greater value to the patient, improved access to care, greater patient satisfaction, and improved overall patient care by advocating for a billing mechanism that allows appropriate payment for multiple cognitive services (more than two or more) to be performed during a single patient encounter (Directive to Take Action).

RECOMMENDATION B:

Resolution 3 be adopted as amended.

RESOLVED, That our American Medical Association recognize that there is greater value to the patient, improved access to care, greater patient satisfaction, and improved overall patient care by advocating for a billing mechanism that allows for multiple cognitive services (more than two) to be performed during a single patient encounter (Directive to Take Action).

Your Reference Committee heard testimony supportive of Resolution 3, though agreed with some testimony reflecting that the issue is complex and may prove challenging to address across payment types and practice settings. The Committee recognized, however, that the goal of the resolution was more to bring to the AMA’s attention the inequity that some physicians experience in trying to care holistically for their patients and to encourage the AMA to factor these considerations into its goals for its members. The Committee believed that removing the word “cognitive” could help to achieve this goal by making the resolution more generalizable. The Committee ultimately recommends that Resolution 3 be adopted as amended and immediately forwarded to the House of Delegates for consideration.

(3) RESOLUTION 4 – MINIMAL SUSTAINABLE REIMBURSEMENT FOR COMMUNITY PRACTICES

RECOMMENDATION A:

The first resolve in Resolution 4 be amended by deletion to read as follows:

RESOLVED, That our American Medical Association study small primary practices in the country to better understand reimbursement rates from major
insurers and how these practices experience them (Directive to Take Action); and be it further

RECOMMENDATION B:

The second resolve in Resolution 4 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA study and report back on by the Annual 2023 meeting appropriate remedies for reimbursement rates for physician practices that are minimally tied to Medicare rates, such as a reimbursement floor tied to Medicare rates or above, such that insurers would be encouraged to conduct good faith negotiations with small and medium-sized practices along existing AMA policy (Directive to Take Action); and be it further

RECOMMENDATION C:

The third resolve in Resolution 4 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA study the impacts of concepts of population health management, outcome evidence-based care, and value-based purchasing of health care on small and medium-sized physician practices (Directive to Take Action); and be it further

RECOMMENDATION D:

The fourth resolve in Resolution 4 be deleted:

RESOLVED, That our AMA will develop options for model legislation for states and municipalities seeking to correct reimbursement rates for medical practices that are below those required to meet fixed costs by Annual 2023 (Directive to Take Action).

RECOMMENDATION E:

Resolution 4 be adopted as amended.

RESOLVED, That our American Medical Association study small primary practices in the country to better understand reimbursement rates from major insurers and how these practices experience them (Directive to Take Action); and be it further

RESOLVED, That our AMA study and report back on by the Annual 2023 meeting appropriate remedies for reimbursement rates for physician practices that are minimally tied to Medicare rates, such as a reimbursement floor tied to Medicare rates or above, such that insurers would be encouraged to conduct good faith negotiations with small and medium-sized practices along existing AMA policy (Directive to Take Action); and be it further

RESOLVED, That our AMA study the impacts of concepts of population health management, outcome evidence-based care, and value-based purchasing of health care on small and medium-sized physician practices (Directive to Take Action); and be it further
RESOLVED, That our AMA will develop options for model legislation for states and municipalities seeking to correct reimbursement rates for medical practices that are below those required to meet fixed costs by Annual 2023 (Directive to Take Action).

Your Reference Committee heard conditionally supportive testimony from the Online Forum for Resolution 4. The Committee noted that while the AMA’s Office of General Counsel did not raise any specific legal objections to the content of Resolution 4, the Office did note it was skeptical of the AMA’s ability to achieve some of the desired goals due to influence over them being outside of the AMA’s control. The Committee likewise shared the impression of the Office of General Counsel that the study items called for, particularly in the second resolve, may not be appropriate or accessible and wondered if a more focused and considered approach could yield better results. Additionally, the Committee found the proposed timeline for accomplishing these goals to be potentially too quick and believed that granting more time would likely improve any final report back.

The Committee proposed targeted deletions in the first two resolves as methods to give any search for information more room to develop and, it is hoped, to produce stronger conclusions. It struck language in the second resolve clause related to tying reimbursement rates to Medicare in order keep with AMA Policy D-400.990, “Uncoupling Commercial Fee Schedules from Medicare Conversion Factors,” as well as with lived experience on the part of Committee members that Medicare rates are not a preferable benchmark for reimbursement. The Committee was concerned that the fourth resolve would have the unintended consequence of setting a “floor” in reimbursement rates, which could be used to spur a “race the bottom” where reimbursement rates would be far lower than desired. The Committee also believed that the fourth resolved is currently covered under existing AMA policy, H-185.975 and H-390.976 in particular.

The Committee ultimately recognized the overall utility of Resolution 4 and thus recommends that Resolution 4 be adopted as amended and immediately forwarded to the House of Delegates for consideration.

(4) RESOLUTION 5 – A FAIR ECONOMY

RECOMMENDATION A:

The first resolve in Resolution 5 be deleted:

RESOLVED, That our American Medical Association develop a task force that works closely with the Centers for Medicare & Medicaid Services to design solutions that bring justice to the payment system allowing for the longevity and vitality of private practice outpatient physician services (Directive to Take Action); and be it further

RECOMMENDATION B:
The second resolve in Resolution 6 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA produce a graphic report illustrating the fiscal losses and inequities that outpatient physicians practices without facility fees have endured for decades as a result of the site of service differential, factoring in inflation (Directive to Take Action).

RECOMMENDATION C:

The title of Resolution 5 be changed to read as follows:

LEVELING THE PLAYING FIELD

RECOMMENDATION D:

Resolution 5 be adopted as amended.

RESOLVED, That our American Medical Association develop a task force that works closely with the Centers for Medicare & Medicaid Services to design solutions that bring justice to the payment system allowing for the longevity and vitality of private practice outpatient physician services (Directive to Take Action); and be it further

RESOLVED, That our AMA produce a graphic report illustrating the fiscal losses and inequities that outpatient physicians have endured for decades as a result of the site of service differential factoring in inflation (Directive to Take Action).

Your Reference Committee heard supportive testimony in favor of Resolution 5. Testimony in the Online Forum reflected the experiences of several members who were confronted with suboptimal choices in keeping their practices healthy and thriving based on differentials in payment depending on site of service. The Committee was generally in favor of Resolution 5, though it did question if existing AMA policy may be addressing some of the key goals. The Committee also recognized that the creation of a “task force” could place some barriers ahead of the resolution in the House of Delegates due to a skepticism about creating and funding new task forces.

To address this, the Committee proposes eliminating the first resolve all together, which it believes would better position Resolution 5 away from possible reaffirmation while also removing the call for a “task force.” This decision was bolstered by testimony from the resolution’s author who indicated the goal was to assign responsibility and accountability to pulling together reports and perspectives. The Committee felt that such accountability could still be managed without the need for direct language in a resolution. The Committee also believed that amending the second resolve would better position any report in that it would allow a wider range of data to be gathered by placing the focus on practices with facility fees instead of just outpatient practice. The Committee was additionally receptive to a notation from the author of Resolution 5 indicating a desired change in title.
1 Your Committee thus recommends that Resolution 5 be adopted as amended and
2 immediately advanced to the House of Delegates for consideration.
3
RECOMMENDED FOR REAFFIRMATION

(5) RESOLUTION 2 – PHYSICIAN REIMBURSEMENT FOR
INTERPRETER SERVICES

RECOMMENDATION:

AMA Policy D-385.957 be reaffirmed in lieu of
Resolution 2.

RESOLVED, That our American Medical Association prioritize physician reimbursement
for interpreter services and advocate for legislative and/or regulatory changes to federal
health care programs, such as Medicare, Medicare Advantage plans, Tricare, Veterans
Administration, etc. for payment for such services (Directive to Take Action); and be it
further

RESOLVED, That our AMA develop model state legislation for physician reimbursement
for interpreter services for commercial health plans, worker compensation plans,
Medicaid, Medicaid managed care plans, etc. for payment for such services (Directive to
Take Action).

Your Reference Committee heard testimony in support of Resolution 2, often with
additional amendments that PPPS members would like considered. The general
consensus among both members testifying in the Online Forum and the Committee itself
is that payers should pay for the costs of interpreters and that physicians should not be
tasked as intermediaries in those cases. The Committee did, however, find that
Resolution 2 addressed actions already in AMA policy, specifically under policy D-
385.957.

The Committee also noted that Resolution 2 is nearly identical to HOD Resolution 201,
“Physician Reimbursement for Interpreter Services,” which has been placed on the
House of Delegates’ reaffirmation calendar. In the interest of avoiding duplication, the
Committee believes that proposed amendments delivered to Resolution 2 in the PPPS
Online Forum could simply be transferred to Resolution 201 and offered there, should
that resolution be extracted and considered by the House of Delegates.

Ultimately, given that the two resolutions are seeking the same result and that one has
already been slotted for reaffirmation due to existing AMA policy, the Committee
recommends that AMA policy D-385.957 be reaffirmed in lieu of Resolution 2.
Doctor Speaker, this concludes the report of the Private Practice Physicians Section Reference Committee. I would like to thank Dr. Lynn Jeffers and Dr. Carl Knopke, as well as all those who testified before the Committee.

Charles Rainey, MD, JD
Chair, PPPS Reference Committee
Wisconsin Medical Society

Lynn Jeffers, MD, MBA
American Society of Plastic Surgeons

Carl Knopke, MD
Society