Whereas, governmental regulatory bodies and commercial payors audit and survey the clinical practice of medicine routinely and regularly to authorize payments made for medical care and services provided to patients in all care settings, including verifying and validating the accuracy of medical diagnoses made and used in determining medical necessity of such care and services, under the nomenclature of Utilization Management (UM), Medicare/Medicaid audits and regulatory surveys; and

Whereas, the survey and audit teams determining the accuracy of medical diagnoses and medical necessity are often clinicians who are not licensed, trained or qualified in making such diagnoses or determining medical necessity - which are the prerogative and privilege of trained and licensed Physicians, Nurse Practitioners, Physician Assistants and Clinical Psychologists; and

Whereas, the use of clinicians who are not trained, licensed and qualified to diagnose medical conditions or determine medical necessity in UM, audit and survey processes creates unnecessary hurdles to safe, timely, and equitable practice of clinical medicine and can create unnecessary additional physician work and contribute to burnout of healthcare professionals; therefore be it

RESOLVED, that our American Medical Association advocate for a change to existing public and private processes including Utilization Management, Prior Authorization, Medicare and Medicaid audits, Medicare and State Public Health surveys of clinical care settings, to only allow clinicians with adequate and commensurate training, scope of practice, and licensure to determine accuracy of medical diagnoses and assess medical necessity. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000

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