Resolution: 807
(I-23)

Introduced by: Young Physicians Section

Subject: Any Willing Provider

Referred to: Reference Committee J

Whereas, access to quality healthcare is a fundamental right for all Americans; and

Whereas, the ability of physicians to establish and maintain a successful practice is critical to the provision of quality healthcare; and

Whereas, many insurance companies limit access to their networks for new physicians, thereby limiting a physician's ability to establish a practice and provide care to patients; and

Whereas, a few states have adopted "Any Willing Provider" laws, which allow physicians to contract with insurance companies to participate as in-network providers without discrimination; and

Whereas, the American Medical Association believes that access to quality healthcare should not be restricted by insurance company practices that limit the ability of physicians to establish a successful practice; therefore be it

RESOLVED, that our American Medical Association shall develop and advocate for model "Any Willing Provider" legislation nationwide, enabling all physicians to build successful practices and deliver quality patient care (Directive to Take Action); and be it further

RESOLVED, that our AMA shall lobby for federal regulations or legislation mandating insurers to implement "Any Willing Provider" policies as a prerequisite for participating in federally-supported programs (Directive to Take Action); and be it further

RESOLVED, that our AMA will work with state and national organizations, including insurance companies, to promote and support the adoption of "Any Willing Provider" laws, and will monitor the implementation of these laws to ensure that they are having a positive impact on access to quality healthcare. (Directive to Take Action)

Fiscal Note: Moderate - between $5,000 - $10,000

Received: 9/26/23
RELEVANT AMA POLICY

Our AMA: (1) acknowledges that health care plans or networks may develop and use criteria to determine the number, geographic distribution, and specialties of physicians needed;

(2) will advocate strongly that managed care organizations and third party payers be required to disclose to physicians applying to the plan the selection criteria used to select, retain, or exclude a physician from a managed care plan, including the criteria used to determine the number, geographic distribution, and specialties of physicians needed;

(3) will advocate strongly that those health care plans or networks that use criteria to determine the number, geographic distribution, and specialties of physicians needed be required to report to the public, on a regular basis, the impact that the use of such criteria has on the quality, access, cost, and choice of health care services provided to patients enrolled in such plans or networks;

(4) will advocate in those cases in which economic issues may be used for consideration of sanction or dismissal, the physician participating in the plan should have the right to receive profile information and education, in a due process manner, before action of any kind is taken;

(5) opposes any federal effort to preempt state "any willing provider" laws; and