



INTEGRATED PHYSICIAN PRACTICE SECTION

Governing Council Report A

Interim 2023 Meeting

ama-assn.org
(312) 464-5000

Access full text of resolutions/reports in the [HOD meeting handbook](#).

Recommendations Key

Instructions for the delegate and alternate delegate are designated as follows:

- *Strongly support* – the delegate/alternate delegate shall support the resolution as written and actively speak in favor of the resolution
- *Support* – the delegate/alternate delegate shall support the resolution as written
- *Listen* – the delegate/alternate delegate is not instructed to take any action, however, may if they believe it is in the best interest of the Section
- *Refer* – the delegate/alternate delegate shall move to refer (the item goes to a Council) or refer for decision (item goes to the Board)
- *Amend* – the delegate/alternate delegate shall move to amend the resolution in the manner prescribed in Report A
- *Oppose* – the delegate/alternate delegate shall oppose the resolution as written
- *Strongly oppose* – the delegate/alternate delegate shall oppose the resolution as written and actively speak in opposition of the resolution

Some items may contain specific instructions not included among those listed above. In such cases, instructions to the delegate/alternate delegate are described in detail alongside the item of business.

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendations
1	B	Res. 204 – Improving PrEP & PEP Access (Medical Student Section)	RESOLVED, that our American Medical Association support efforts to increase access to HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) through the establishment of collaborative practice agreements with physicians. (New HOD Policy)	Delegate instructed to support and seek possible amendment.
2	B	Res. 210 – Immigration Status in Medicaid and CHIP (Medical Student Section)	RESOLVED, that our American Medical Association advocate for the removal of eligibility criteria based on immigration status from Medicaid and CHIP. (Directive to Take Action)	Delegate instructed to support.
3	B	Res. 216 – Saving Traditional Medicare (Senior Physicians Section)	RESOLVED, That our American Medical Association continue its efforts to fix the flawed Medicare payment system for physicians recognizing that Traditional Medicare is a critical healthcare program while educating the public on the benefits and threats of Medicare Part C expansion (Directive to Take Action)	Delegate instructed to strongly oppose. If opposition is unsuccessful, Delegate instructed to amend by removal of

INTEGRATED PHYSICIAN PRACTICE SECTION
Governing Council Report A
Interim 2023 Meeting

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendations
			<p>RESOLVED, That our AMA continue to address the funding challenges facing Traditional Medicare through legislative reform and policy changes that increase revenue streams, reduce waste and inefficiency, while at the same time advocating for sustainable, inflation-adjusted reimbursement to clinicians (Directive to Take Action)</p> <p>RESOLVED, That our AMA address Medicare plans overpayments by urging the Department of Justice to prosecute those found complicit in fraudulent activity (Directive to Take Action)</p> <p>RESOLVED, That our AMA advocate for change in CMS risk adjustment methods to guarantee a level playing field by using a competitive bidding process to replace the current benchmark system for determining Medicare Advantage bonus payments (Directive to Take Action)</p> <p>RESOLVED, That our AMA support the “Save Medicare ACT” which proposes renaming Medicare “Advantage” plans as “Alternative Private Health Plans”. (New HOD Policy)</p>	fourth and fifth resolve clauses.
4	J	CMS 03 – Sustaining Network Adequacy	<p>RECOMMENDATIONS</p> <p>The Council on Medical Service recommends that the following be adopted and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) support establishment and enforcement of a minimum federal network adequacy standard requiring health plans to contract with sufficient numbers and types of physicians and other providers, including for mental health and substance use disorder, such that both scheduled and unscheduled care may be provided without unreasonable travel or delay. (New HOD Policy) 2. That our AMA encourage the use of multiple criteria to evaluate the sufficiency of health plan provider networks, including but not limited to: 	TBD - to discuss at Assembly Meeting.

INTEGRATED PHYSICIAN PRACTICE SECTION
Governing Council Report A
Interim 2023 Meeting

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendations
			<ul style="list-style-type: none"> a. Minimum physician-to-enrollee ratios across specialties, including mental health and substance use disorder providers who are accepting new patients; b. Minimum percentages of non-emergency providers available on nights and weekends; c. Maximum time and distance standards, including for enrollees who rely on public transportation; d. Clear standard for network appointment wait times across specialties, for both new patients and continuing care, that are appropriate to a patient's urgent and non-urgent health care needs; and e. Sufficient providers to meet the care needs of people experiencing economic or social marginalization, chronic or complex health conditions, disability, or limited English proficiency. (New HOD Policy) <p>3. That our AMA encourage the development and promulgation of network adequacy assessment tools that allow patients and employers to compare insurance plans and make informed decisions when enrolling in a plan. (New HOD Policy)</p> <p>4. That our AMA support requiring health plans to report to regulators annually and prominently display network adequacy information so that it is available to enrollees and consumers shopping for plans, including:</p> <ul style="list-style-type: none"> a. The breadth of a plan's provider network, by county and geographic region; b. Average wait times for primary and behavioral health care appointments as well as common specialty referrals; c. The number of in-network physicians treating substance use disorder who are actively accepting new patients, and the type of opioid use disorder medications offered; d. The number of in-network mental health physicians actively accepting new patients; and e. Instructions for consumers and physicians to easily contact regulators to report complaints about inadequate provider networks and other access problems. (New HOD Policy) 	

INTEGRATED PHYSICIAN PRACTICE SECTION
Governing Council Report A
Interim 2023 Meeting

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendations
			<p>5. That our AMA encourage the use of claims data, audits, secret shopper programs, complaints, and enrollee surveys or interviews to monitor and validate in-network provider availability and wait times, network stability, and provider directory accuracy, and to identify other access or quality problems. (New HOD Policy)</p> <p>6. That our AMA affirm that in-network physicians who provide both in-person and telehealth services may count towards health plan network adequacy requirements on a very limited basis when their physical practice does not meet time and distance standards, based on regulator discretion, such as when there is a shortage of physicians in the needed specialty within the community served by the health plan. The AMA does not support counting physicians who only offer telehealth services towards network adequacy requirements. (New HOD Policy)</p> <p>7. That our AMA support regulation to hold health plans accountable for network inadequacies, including through use of corrective action plans and substantial financial penalties. (New HOD Policy)</p> <p>8. That our AMA reaffirm Policy H-285.908, which supports state regulators as the primary enforcer of network adequacy requirements, sets parameters for out-of-network care and insurer termination of in-network providers, and advocates that plans be required to document to regulators that they have met requisite network adequacy standards including hospital-based physician specialties. (Reaffirm HOD Policy)</p> <p>9. That our AMA reaffirm Policy H-285.904, which supports principles related to unanticipated out-of-network care and advocates that state regulators should enforce network adequacy standards through active regulation of health plans. (Reaffirm HOD Policy)</p> <p>10. That our AMA reaffirm Policy H-285.902, which urges the Centers for Medicare & Medicaid Services to take several steps to ensure network adequacy, enhance provider directory accuracy, measure network stability, and effectively communicate provider network information to patients. (Reaffirm HOD Policy)</p>	

INTEGRATED PHYSICIAN PRACTICE SECTION
Governing Council Report A
Interim 2023 Meeting

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendations
			That our AMA reaffirm Policy H-285.911, which advocates that health insurance provider networks be sufficient to provide meaningful access to subscribers, for all medically necessary and emergency care, at the preferred, in-network benefit level on a timely and geographically accessible basis. (Reaffirm HOD Policy)	
5	J	CMS 06 – Rural Hospital Payment Models	<p>RECOMMENDATIONS</p> <p>The Council on Medical Service recommends that the following be adopted and that the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) support and encourage efforts to develop and implement proposals for improving payment models to rural hospitals. (New HOD Policy) 2. That our AMA reaffirm Policy H-465.978, which recognizes the payment bias toward rural hospitals as a factor in rural health disparities and encourages solutions to help solve this bias. (Reaffirm HOD Policy) 3. That our AMA reaffirm Policy D-465.998, which advocates for improvements to the payment and health care service delivery in rural hospitals. (Reaffirm HOD Policy) <p>That our AMA rescind Policy D-465.996 as having been accomplished with this report. (Rescind HOD Policy)</p>	Delegate instructed to listen.
6	J	CMS 07 – Sustainable Payment for Community Practices	<p>RECOMMENDATIONS</p> <p>The Council on Medical Service recommends that the following be adopted in lieu of Resolution 108-A-23, and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) amend Policy H-290.976[2] by addition and deletion, and modify the title by deletion, as follows: <p>Enhanced SCHIP-Enrollment, Outreach, and Reimbursement-Payment H-290.976</p>	Delegate instructed to support.

INTEGRATED PHYSICIAN PRACTICE SECTION
Governing Council Report A
Interim 2023 Meeting

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendations
			<p>1. It is the policy of our AMA that prior to or concomitant with states' expansion of State Children's Health Insurance Programs (SCHIP) to adult coverage, our AMA urge all states to maximize their efforts at outreach and enrollment of SCHIP eligible children, using all available state and federal funds.</p> <p>2. Our AMA affirms its commitment to advocating for reasonable SCHIP, and Medicaid, and private insurance payment reimbursement for its medical providers, defined as at minimum 100 percent of RBRVS Medicare allowable. (Modify Current HOD Policy)</p> <p>2. That our AMA amend Policy H-385.921 by addition and deletion, and modify the title by deletion, as follows:</p> <p style="padding-left: 40px;">Health Care Access for Medicaid Patients H-385.921 It is AMA policy that to increase and maintain access to health care for all, payment for physician providers for Medicaid, TRICARE, and any other publicly funded insurance plan, <u>and private insurance</u> must be at minimum 100 percent of the RBRVS Medicare allowable. (Modify Current HOD Policy)</p> <p>3. That our AMA reaffirm Policy D-400.990, which seeks legislation and/or regulation to prevent insurance companies from utilizing a physician payment schedule below the updated Medicare professional fee schedule. (Reaffirm HOD Policy)</p> <p>4. That our AMA reaffirm Policy H-385.986, which opposes any type of national mandatory fee schedule. (Reaffirm HOD Policy)</p> <p>5. That our AMA reaffirm Policy H-200.949, which supports development of administrative mechanisms to assist primary care physicians in the logistics of their practices to help ensure professional satisfaction and practice sustainability, support increased financial incentives for physicians practicing primary care, especially those in rural and urban underserved areas, and advocate for public and private payers to develop physician payment systems to promote primary care and specialty practices in progressive, community-</p>	

**INTEGRATED PHYSICIAN PRACTICE SECTION
Governing Council Report A
Interim 2023 Meeting**

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendations
			<p style="text-align: center;">based models of integrated care focused on quality and outcomes. (Reaffirm HOD Policy)</p> <p>6. That our AMA reaffirm Policy D-405.988, which calls for advocacy in Congress to ensure adequate payment for services rendered by private practicing physicians, creating and maintaining a reference document establishing principles for entering into and sustaining a private practice, and issuing a report in collaboration with the Private Practice Physicians Section at least every two years to communicate efforts to support independent medical practices. (Reaffirm HOD Policy)</p>	
7	J	<p>Res. 801 – Improving Pharmaceutical Access and Affordability</p> <p>(Medical Student Section)</p>	<p>RESOLVED, that our American Medical Association supports lowering out-of-pocket maximums in insurance plans including but not limited to ERISA plans, other forms of employer-sponsored insurance, plans offered on the ACA marketplace, TRICARE, and any other public or private payers (New HOD Policy)</p> <p>RESOLVED, that our AMA oppose Direct Member Reimbursement plans, where patients pay the full retail costs of a prescription drug that they may then be reimbursed for, due to their potential to expose patients to significant out-of-pocket costs. (New HOD Policy)</p>	Delegate instructed to oppose. (Delegate will reach out to MSS to discuss further.)
8	J	<p>Res. 802 – Improving Nonprofit Hospital Charity Care Policies</p> <p>(Medical Student Section)</p>	<p>RESOLVED, that our American Medical Association advocate for legislation and regulations that require nonprofit hospitals to notify and screen all patients for financial assistance according to their own eligibility criteria prior to billing (Directive to Take Action)</p> <p>RESOLVED, that our AMA support efforts to establish regulatory standards for nonprofit hospital financial assistance eligibility (New HOD Policy)</p> <p>RESOLVED, that our AMA encourages the Centers for Medicare and Medicaid Services (CMS) to publish the charity-care-to-expense ratio and the charity-care-to-benefit ratio for hospitals listed in Medicare Cost Reports to improve transparency and compliance of charitable care and community benefit activities. (New HOD Policy)</p>	Delegate instructed to strongly oppose.

INTEGRATED PHYSICIAN PRACTICE SECTION
Governing Council Report A
Interim 2023 Meeting

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendations
9	J	Res. 806 – Evidence-Based Anti-Obesity Medication as a Covered Benefit (Michigan)	RESOLVED, that our American Medical Association amend Policy H-150.953, “Obesity as a Major Public Health Problem,” by addition as follows: 9. Urge national payors to ensure coverage parity for FDA-approved anti-obesity medications without exclusions or additional carve-outs if the agent has been shown to have evidence-based, clinically significant beneficial longitudinal outcomes and acceptably safety profile. (Modify Current HOD Policy)	Delegate instructed to amend as indicated.
10	J	Res. 807 – Any Willing Provider (Young Physicians Section)	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) 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) 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)	Delegate instructed to oppose.
11	J	Res. 813 – Strengthening Efforts Against Horizontal & Vertical Consolidation (Medical Student Section)	RESOLVED, that our American Medical Association advocate to adequately resource competition policy authorities such as the Federal Trade Commission (FTC) and Department of Justice Antitrust Division to perform oversight of healthcare markets (Directive to Take Action) RESOLVED, that our AMA oppose not-for-profit firm immunity from FTC competition policy enforcement in the healthcare sector, which represent the majority of U.S. hospitals (New HOD Policy)	TBD – to discuss at Assembly Meeting, specifically with the option to refer, amend as indicated, or oppose. Delegate instructed to reach out to MSS to discuss.

INTEGRATED PHYSICIAN PRACTICE SECTION
Governing Council Report A
Interim 2023 Meeting

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendations
12	J	<p data-bbox="327 367 594 464">Res. 814 – Providing Parity for Medicare Facility Fees</p> <p data-bbox="327 505 573 570">(Senior Physicians Section)</p>	<p data-bbox="615 367 1717 464">RESOLVED, That our American Medical Association promote awareness that the ‘site of service’ payment differential does not reflect quality of care (Directive to Take Action)</p> <p data-bbox="615 505 1707 634">RESOLVED, That our AMA seek legislative action or relief for independent physician practices, including rural and underserved practices, to be paid equally for office-based procedures whether or not they practice in offices, facilities, or hospitals (Directive to Take Action)</p> <p data-bbox="615 675 1717 837">RESOLVED, That our AMA amend policy D-330.902, The Site-of-Service Differential, by addition to read as follows: Our AMA will produce a graphic report <u>yearly</u> illustrating the fiscal losses and inequities that practices without facility fees have endured for decades as a result of the site of service differential factoring in inflation. (Modify Current HOD Policy)</p>	<p data-bbox="1738 367 2032 431">Delegate instructed to listen.</p>
13	J	<p data-bbox="327 854 594 1219">Res. 817 – Expanding AMA Payment Reform Work and Advocacy to Medicaid and Other Non-Medicare Payment Modules for Pediatric Healthcare and Specialty Populations</p> <p data-bbox="327 1260 594 1325">(American Academy of Pediatrics)</p>	<p data-bbox="615 854 1707 984">RESOLVED, That our American Medical Association examine and report back on demonstration projects, carve outs, and adjustments for pediatric patients and services provided to pediatric patients within the payment reform arena (Directive to Take Action)</p> <p data-bbox="615 1024 1717 1154">RESOLVED, That our AMA extend ongoing payment reform research, education, and advocacy to address the needs of specialties and patient populations not served by current CMMI models or other Medicare-focused payment reform efforts (Directive to Take Action)</p> <p data-bbox="615 1195 1717 1260">RESOLVED, That our AMA support and work with medical specialty societies who are developing alternative payment models for pediatric healthcare (New HOD Policy)</p> <p data-bbox="615 1292 1717 1390">RESOLVED, That our AMA consider improved Medicaid payment rates to be a priority given the critical impact these payment rates have on patient care and patient access to care. (New HOD Policy)</p>	<p data-bbox="1738 854 2032 919">Delegate instructed to strongly support.</p>
14	J	<p data-bbox="327 1406 594 1471">Res. 818 – Amendment to AMA</p>	<p data-bbox="615 1406 1717 1471">RESOLVED, that our American Medical Association remove opposition to single-payer healthcare delivery systems from its policy, and instead evaluate all healthcare</p>	<p data-bbox="1738 1406 2032 1471">Delegate instructed to oppose.</p>

**INTEGRATED PHYSICIAN PRACTICE SECTION
Governing Council Report A
Interim 2023 Meeting**

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendations
		Policy on Healthcare System Reform Proposals (New England)	system reform proposals based on our stated principles as in AMA policy (Directive to Take Action) RESOLVED, that our AMA support a national unified financing healthcare system that meets the principles of freedom of choice, freedom and sustainability of practice, and universal access to quality care for patients. (New HOD Policy)	
15	K	Res. 902 – Post Market Research Trials (Integrated Physician Practice Section)	RESOLVED, that our American Medical Association advocate that the Food and Drug Administration use its authority to require and enforce timely completion of post-marketing trials or studies whenever sponsors rely on surrogate endpoints to support approval (Directive to Take Action) RESOLVED, that our AMA advocate that the Food and Drug Administration use its authority to require that pharmaceuticals that received approval using surrogate endpoints demonstrate direct clinical benefit in post-market trials as a condition of continued approval (Directive to Take Action) RESOLVED, that our AMA advocate that the Food and Drug Administration require drug manufacturers to make the findings of their post-market trials publicly available. (Directive to Take Action)	Delegate instructed to strongly support.

END