

## **POLICY PROCEEDINGS<sup>1</sup> OF THE 2025 INTERIM MEETING OF THE AMA PRIVATE PRACTICE PHYSICIANS SECTION**

### **RESOLUTIONS**

#### **1. A Task Force to Tackle Administrative Waste—Let Us Be Part of the Solution to Putting Our Health System on a Sustainable Path Introduced by Connie DiMari, MD**

**PPPS Action:** Resolution 1 adopted as amended and immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:

RESOLVED, that our American Medical Association work with all relevant government agencies to identify sources of administrative waste to advocate for elimination of high-cost bureaucratic excesses and revision or replacement of the counterproductive payment strategies of the past two decades (Directive to Take Action).

**HOD Action:** Existing AMA policy D-155.996 reaffirmed in lieu of Resolution 222.

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#### **2. Rethink the Medicare Annual Wellness Visit Introduced by Connie DiMari, MD**

**PPPS Action:** Resolution 2 adopted and immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association advocate for a thoughtful reevaluation of the Medicare annual wellness visit and consider replacing it with an annual comprehensive examination that would integrate preventive care services, a thorough physical exam, and the management of acute or chronic health conditions (Directive to Take Action).

**HOD Action:** Resolution 906 referred.

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#### **3. Halt the Rollout of New Payment Models by the Center for Medicare & Medicaid Innovation (CMMI) – A New Administration Offers an Opportunity Introduced by Connie DiMari, MD**

**PPPS Action:** Resolution 3 adopted as amended and immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:

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<sup>1</sup> Proceedings determined from Annotated Reference Committee Reports and are subject to change until such time as the House of Delegates Proceedings are finalized.

RESOLVED, that our American Medical Association advocate and urge Congress to halt the Center for Medicare & Medicaid Innovation's (CMMI) creation and rollout of new value-based payment models, quickly discontinue programs that have had negative effects on care, while supporting CMMI's evaluation of the models currently being tested (Directive to Take Action).

**HOD Action: Resolution 223 referred with Resolution 220.**

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**4. The Crisis in the Availability of Primary Care: Halt the Required Participation of Small Practices in Value-Based Payment (VBP) Models  
Introduced by Connie DiMari, MD**

**PPPS Action: Resolution 4 adopted as amended and held back for consideration at the 2026 Annual Meeting of the AMA House of Delegates:**

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

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**5. Improving Health Care Access for Medicare Patients  
Introduced by Roxanne Tyroch, MD**

**PPPS Action: Resolution 5 referred to the PPPS Governing Council.**

RESOLVED, that our American Medical Association advocate to the U.S. Department of Health and Human Services that Medicare policy be amended to allow practices to collect a monthly membership fee without needing to distinguish what service other than simply membership is being provided while also billing Medicare Part B (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for changes in applicable laws such that physicians will not be subject to penalties under the False Claims Act for billing Medicare Part B while also collecting monthly membership fees and that patients expressing difficulty paying membership fees should be offered/referred to medical financing opportunities (Directive to Take Action).

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**6. Recoupment by CMS Recovery and Audit Contractors (RAC)—Due Process  
Introduced by Alex Shteynshlyuger, MD**

**PPPS Action: Resolution 6 adopted as amended and immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:**

RESOLVED, that our American Medical Association advocates for legislation and regulation that Medicare contractors must be compelled to appear during administrative or legal proceedings if requested (Directive to Take Action); and be it further

RESOLVED, that our AMA advocates for legislation and regulation that Medicare contractors (recovery and audit contractors and others) must pay the physician for expenses incurred during the appeal process (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that successful appeals be further compensated equal to the amount that the Centers for Medicare & Medicaid Services pays to contractors to recoup successfully (Directive to Take Action).

**HOD Action: Resolution 224 adopted as amended:**

**RESOLVED, that our American Medical Association advocates for legislation and regulation that Medicare contractors must be compelled to appear during administrative or legal proceedings if requested (Directive to Take Action); and be it further**

**RESOLVED, that existing AMA policies D-320.991, H-330.921, and H-335.981 be reaffirmed.**

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**7. Due Process for Recoupment by CMS Recovery and Audit Contractors (RAC)—SEC v. Jarkesy**  
**Introduced by Alex Shteynshlyuger, MD**

**PPPS Action: Resolution 7 not adopted.**

RESOLVED, that our American Medical Association conducts a study and report:

1. Problems with the Centers for Medicare & Medicaid Services (CMS) recoupment and reconsideration/redetermination process and the CMS administrative law judge process, as they affect independent physician practices and physician rights and whether these can be better addressed by federal courts;
2. The implications of *Securities and Exchange Commission v. Jarkesy et al* on the legal legitimacy of CMS existing rules governing reopening, determinations, reconsiderations, decisions and reviews that do not allow a trial by jury;
3. Whether a trial in a federal court would provide physicians a greater due process than the CMS administrative law judge process;

(Directive to Take Action); and be it further

RESOLVED, that our AMA report at the 2026 Annual Meeting and annually after that until the goal of this resolution is fully achieved on the progress of implementation of this resolution (Directive to Take Action).

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**8. Establishing an AMA “First Responder Team” for Real-Time Physician Advocacy  
Against Predatory Insurance Company Actions  
Introduced by Zuhdi Jasser, MD**

**PPPS Action: Resolution 8 adopted as amended and immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:**

RESOLVED, that our American Medical Association establish a “first responder team for physician advocacy against adverse insurance company actions” to provide urgent liaison services and advocacy representation for individual physicians and their practices when they are confronted with what appears to be predatory harassment, systematic obstruction, or punitive changes including, but not limited to:

- sudden increased in claim denials,
- arbitrarily onerous documentation requirements,
- mid-treatment coverage interruptions

(Directive to Take Action); and be it further

RESOLVED, that an AMA “first responder team for physician advocacy against adverse insurance company actions” be a pilot program for the first two years of operation that will develop ongoing protocols to prioritize future cases brought to them, catalog them, and then report back to the House of Delegates annually (Directive to Take Action); and be it further

RESOLVED, that an AMA “first responder team for physician advocacy against adverse insurance company actions” will coordinate relevant information and strategy with other existing AMA programs already engaged in implementing existing AMA policy protecting the rights of physicians and their practices from insurance company behaviors (Directive to Take Action).

**HOD Action: Resolution 820 referred for decision.**

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**9. Opposing Unilateral Downcoding of Physician Services by Insurance Companies  
Introduced by Zuhdi Jasser, MD**

**PPPS Action: Resolution 9 adopted and immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:**

RESOLVED, that our American Medical Association vigorously oppose unilateral downcoding of evaluation and management (E/M) services by insurance companies, including but not limited to Cigna’s “Evaluation and Management Coding Accuracy (R49)” program and Aetna’s “Claim and Code Review Program (CCRP)” (Directive to Take Action); and be it further (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate the insurers adhere to AMA CPT® and E/M guidelines as the nationally recognized standard for coding and reimbursement, without unilateral reinterpretation (Directive to Take Action); and be it further

RESOLVED, that our AMA work with state medical associations, specialty societies, and regulatory authorities to challenge these payer policies through regulatory, legislative, and when appropriate, legal channels (Directive to Take Action); and be it further

RESOLVED, that our AMA report back on payer downcoding practices, their effects on physicians and patients, and strategies for collective advocacy at the 2026 Annual Meeting (Directive to Take Action).

**HOD Action: Resolution 810 adopted as amended:**

**RESOLVED, that our AMA work with state medical associations, specialty societies, and regulatory authorities to challenge payer-initiated downcoding policies through regulatory, legislative, and when appropriate, legal channels (Directive to Take Action); and be it further**

**RESOLVED, that our AMA report back on payer downcoding practices, their effects on physicians and patients, and strategies for collective advocacy at the 2026 Interim Meeting (Directive to Take Action); and be it further**

**RESOLVED, that our AMA will develop and disseminate guidance and educational materials for physicians regarding insurer downcoding and recording practices, including how to document, appeal, and report inappropriate payer conduct to regulators and AMA advocacy channels (Directive to Take Action); and be it further**

**RESOLVED, that Policy D-320.972 be reaffirmed.**

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**10. Restoring Balance Billing and Allowing Copay Forgiveness to Preserve Independent Practice and Improve Access to Care**  
**Introduced by Matthew D. Gold, MD**

**PPPS Action: Resolution 10 adopted and immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates:**

RESOLVED, that our American Medical Association assign high priority to advocacy to support legislation or regulatory reform to restore private physicians' ability to balance bill patients for non-emergency, outpatient medical services, regardless of insurance network participation status (Directive to Take Action); and be it further

RESOLVED, that our AMA oppose artificial caps on private physician balance billing amounts, especially of less than 100 percent above the insurer's allowed

amount, to reflect and offset decades of reimbursement erosion (New HOD Policy); and be it further

RESOLVED, that our AMA support the continuation of protections from balance billing for emergency care, Medicaid beneficiaries, and other vulnerable populations as currently required under state and federal law (New HOD Policy); and be it further

RESOLVED, that our AMA advocate at the federal level for reform of anti-kickback and payer contracting rules that prohibit physicians from waiving co-pays and deductibles for patients experiencing financial hardship (Directive to Take Action).

**HOD Action: Resolution 205 referred.**

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**11. Support for Paid Paternal Leave  
Introduced by Matthew D. Gold, MD**

**PPPS Action: Resolution 11 referred to the PPPS Governing Council.**

RESOLVED, that our American Medical Association supports policies that provide employees, particularly larger organizations and those with the capacity and resources, with paid leave for prenatal care or any medical care related to pregnancy in addition to other existing forms of leave (New HOD Policy); and be it further

RESOLVED, that our AMA support the creation of state-sponsored programs that cover family and medical leave (New HOD Policy).

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**12. Oppose Insurer Penalties for Hospitals Based on Physician Network Participation  
Introduced by Michael Brisman, MD**

**PPPS Action: Late Resolution 1 adopted and PPPS agrees to join as cosponsor to original HOD Resolution**

RESOLVED, that our American Medical Association will oppose and try to reverse all insurance policies that would reward or penalize hospitals based on network participation of their physician and provider staff (Directive to Take Action).

**HOD Action: TBD**

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**13. Redirecting ACA Subsidies to Fund Individual Health Savings Accounts (HSAs)**  
**Introduced by Dan Choi, MD**

**PPPS Action:** Late Resolution 2 not adopted.

RESOLVED, that our American Medical Association advocate for federal legislation allowing eligible individuals to elect to receive ACA premium tax credit and cost-sharing subsidies as direct deposits into qualified Health Savings Accounts (HSAs), empowering patients to control and direct their healthcare dollars; and be it further

RESOLVED, that our AMA support expanding HSA eligibility to include individuals receiving federal premium assistance, regardless of plan type, to ensure equitable access to patient-directed healthcare financing; and be it further

RESOLVED, that our AMA support the exploration of similar patient-directed account models within Medicare and Medicaid, including demonstration projects that redirect a portion of existing subsidies or capitation payments into patient-controlled accounts; and be it further

RESOLVED, that our AMA reaffirm its support for policies that prioritize patient-centered financing, reduce administrative waste, and strengthen the ability of patients and physicians to engage in direct care arrangements free from unnecessary third-party interference.

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**14. Rebuking the AMA Advocacy Center for Mismanagement of the HIPAA Administrative Simplification Advocacy Policy**  
**Introduced by Alex Shteynshlyuger, MD**

**PPPS Action:** Late Resolution 2 not adopted.

RESOLVED, that our Private Practice Physicians Section issues a formal rebuke to the AMA Advocacy Center for severe mismanagement of the AMA HIPAA Administrative Simplification advocacy policy that costs physicians \$10 billion annually and asks for root-cause analysis of the internal AMA process involved in this issue.

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## **ACTIONS ON PPPS GOVERNING COUNCIL REPORT A**

The following report was presented by Carolyn Francavilla, MD, Chair.

### **Report A: PPPS Handbook Review – House of Delegates Resolutions & Reports**

Refer to [annotated House of Delegates reference committee reports](#) for final adopted language.

#### **1. Resolution 005 – Preserving Autonomy in the Patient-Physician Relationship**

PPPS Action: PPPS Delegate instructed to Support Resolution 005.

HOD Action: Resolution 005 adopted.

#### **2. BOT Report 03 – Stark Law Self-Referral Ban**

PPPS Action: PPPS Delegate instructed to strongly support BOT Report 03.

HOD Action: BOT Report 03 adopted.

#### **3. Resolution 205 – Restoring Balance Billing and Allowing Copay Forgiveness to Preserve Independent Practice and Improve Access to Care**

PPPS Action: PPPS Delegate instructed to strongly support Resolution 205.

HOD Action: Resolution 205 referred.

#### **4. Resolution 207 – Support for a Federal Tax Incentive for Volunteer Community Preceptors**

PPPS Action: PPPS Delegate instructed to support Resolution 207.

HOD Action: Resolution 207 adopted as amended.

#### **5. Resolution 209 – Support for Legislative Changes Allowing Partial Medicare Opt-Out for Physicians**

PPPS Action: PPPS Delegate instructed to strongly support Resolution 209.

HOD Action: Resolution 209 referred.

#### **6. Resolution 222 – Tackling Administrative Waste—Let Us Be Part of the Solution to Putting our Health System on a Sustainable Path**

PPPS Action: PPPS Delegate instructed to strongly support Resolution 222.

HOD Action: AMA Policy D-155.996 reaffirmed in lieu of Resolution 222.



**7. Resolution 223 – Halt the Rollout of New Payment Models by the Center for Medicare & Medicaid Innovation (CMMI)—A New Administration Offers an Opportunity**

PPPS Action: PPPS Delegate instructed to strongly support Resolution 223.

HOD Action: Resolution 220 and Resolution 223 referred.

**8. Resolution 224 – Recoupment by CMS Recovery and Audit Contractors (RAC)—Due Process**

PPPS Action: PPPS Delegate instructed to strongly support Resolution 224.

HOD Action: Resolution 224 adopted as amended.

**9. Resolution 225 – Federal Legislation to Prohibit the Corporate Practice of Medicine**

PPPS Action: PPPS Delegate instructed to support Resolution 225.

HOD Action: Resolution 225 referred with report back at A-26.

**10. Resolution 230 – Banning Non-compete Agreements in States**

PPPS Action: PPPS Delegate instructed to support Resolution 230.

HOD Action: Resolution 230 adopted.

**11. Resolution 306 – Support for Prenatal Leave**

PPPS Action: PPPS Delegate instructed to strongly support Resolution 306.

HOD Action: Resolution 306 adopted as amended.

**12. CLRPD Report 01 – Private Practice Physician Section Five-Year Review**

PPPS Action: PPPS Delegate instructed to strongly support CLRPD Report 01.

HOD Action: CLRPD Report 01 adopted.

**13. Resolution 601 – Reimagining and Modernizing the U.S. Healthcare Delivery System**

PPPS Action: PPPS Delegate instructed to support Resolution 601.

HOD Action: Resolution 601 referred for decision.

**14. Resolution 804 – Medicare Advantage Filing Limit**

PPPS Action: PPPS Delegate instructed to strongly support Resolution 804.

HOD Action: Resolution 804 adopted.

**15. Resolution 805 – Shared Medical Appointments**

PPPS Action: PPPS Delegate instructed to listen on Resolution 805.

HOD Action: Resolution 805 adopted as amended.

**16. Resolution 808 – No Prior Authorization for Inexpensive Medications**

PPPS Action: PPPS Delegate instructed to support Resolution 808.

HOD Action: Resolution 808 adopted as amended.

**17. Resolution 816 – Prohibit Arbitrary Time Limits on Preauthorization**

PPPS Action: PPPS Delegate instructed to support Resolution 816.

HOD Action: Resolution 816 adopted as amended.

**18. Resolution 818 – Universal Out-of-Network Benefits**

PPPS Action: PPPS Delegate instructed to listen on Resolution 818.

HOD Action: AMA Policies H-285.904, H-285.907, D-285.958, D-285.963, H-165.838, H-31 180.952, and H-285.908 reaffirmed in lieu of Resolution 818.

**19. Resolution 819 – Update the Status of Virtual Credit Card Policy, EFT Fees, and Lack of Enforcement of Administrative Simplification Requirements by CMS**

PPPS Action: PPPS Delegate instructed to listen on Resolution 819.

HOD Action: Resolution 819 adopted as amended.

**20. Resolution 820 – Establishing an AMA “First Responder Team” for Real-Time Physician Advocacy Against Adverse Insurance Company Actions**

PPPS Action: PPPS Delegate instructed to strongly support Resolution 820.

HOD Action: Resolution 820 referred for decision.

**21. Resolution 906 – Rethink the Medicare Annual Wellness Visit**

PPPS Action: PPPS Delegate instructed to support Resolution 906.

HOD Action: Resolution 906 referred.

**22. Resolution 907 – In-Office Dispensing of Generic Medications**

PPPS Action: PPPS Delegate instructed to support Resolution 907.

HOD Action: Resolution 907 adopted as amended.