AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-25)

Report of the Private Practice Physicians Section Reference Committee

Connie DiMari, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Resolution 2 - Rethink the Medicare Annual Wellness Visit
2. Resolution 9 - Opposing Unilateral Downcoding of Physician Services by Insurance Companies
3. Resolution 10 - Restoring Balance Billing and Allowing Copay Forgiveness to Preserve Independent Practice and Improve Access to Care
4. Resolution 11 - Support for Paid Prenatal Leave

RECOMMENDED FOR ADOPTION AS AMENDED

5. Resolution 1 - A Task Force to Tackle Administrative Waste—Let Us Be Part of the Solution to Putting Our Health System on a Sustainable Path
6. Resolution 3 - Halt the Rollout of New Payment Models by the Center for Medicare & Medicaid Innovation (CMMI)—A New Administration Offers an Opportunity
7. Resolution 4 - The Crisis in the Availability of Primary Care: Halt the Required Participation of Small Practices in Value-Based Payment (VBP) Models
8. Resolution 6 - Recoupment by CMS Recovery and Audit Contractors (RAC)—Due Process
9. Resolution 8 - Establishing an AMA “First Responder Team” for Real-Time Physician Advocacy Against Predatory Insurance Company Actions

RECOMMENDED FOR NOT ADOPTION

10. Resolution 5 – Improving Health Care Access for Medicare Patients
11. Resolution 7 - Due Process for Recoupment by CMS Recovery and Audit Contractors (RAC)—SEC v. Jarkesy

RECOMMENDED FOR ADOPTION

(1) RESOLUTION 2 – RETHINK THE MEDICARE ANNUAL WELLNESS MEETING

RECOMMENDATION A:

Resolution 2 be <u>adopted.</u>

RECOMMENDATION B:

Resolution 2 be <u>immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates</u>.

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).

Your Reference Committee considered Resolution 2 and generally agreed with the sentiment of the resolution. The Committee did consider if the resolution would be better held back and advanced at the 2026 Annual Meeting instead, however committee members ultimately concluded that the resolution is timely given the state of funding and potential service cuts Medicare is facing as of the time of the Interim Meeting. The Committee thus recommends that Resolution 2 be adopted and immediately advanced to the House of Delegates for consideration at the 2025 Interim Meeting.

(2) RESOLUTION 9 – OPPOSING UNILATERAL DOWNCODING OF PHYSICIAN SERVICES BY INSURANCE COMPANIES

RECOMMENDATION A:

Resolution 9 be <u>adopted.</u>

RECOMMENDATION B:

Resolution 9 be <u>immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates</u>.

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).

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).

Your Reference Committee found itself strongly supportive of the provisions in Resolution 9 and agreed that it would benefit from immediate action. The Committee could see no reason not to advance the resolution as written. Thus your Reference Committee recommends Resolution 9 be adopted and immediately forwarded to the House of Delegates for consideration at the 2025 Interim Meeting.

(3) RESOLUTION 10 – RESTORING BALANCE BILLING AND ALLOWING COPAY FORGIVENESS TO PRESERVE INDEPENDENT PRACTICE AND IMPROVE ACCESS TO CARE

RECOMMENDATION A:

Resolution 10 be <u>adopted.</u>

RECOMMENDATION B:

Resolution 10 be <u>immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates</u>.

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); (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).

Your Reference Committee considered that the AMA already has a robust body of policies related to balance billing, however agreed that Resolution 10 speaks to the need to ensure that physicians are fairly compensated for their work. The Committee also considered that the public debate around balance billing as a protection for patients against unexpected medical costs is a significant reason why restrictions on balance billing have been enacted, even when those restrictions fail to adequately take into consideration the financial impacts on physician practices. It occurred to the Committee that the fact that such a debate exists illustrates the appropriateness of considering Resolution 10 at the House of Delegates, even despite active AMA policy. Your Reference Committee thus recommends Resolution 10 be adopted and immediately forwarded to the House of Delegates for consideration at the 2025 Interim Meeting.

(4) RESOLUTION 11 – SUPPORT FOR PAID PRENATAL LEAVE

RECOMMENDATION A:

Resolution 11 be <u>adopted.</u>

RECOMMENDATION B:

Resolution 11 be <u>immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates</u>.

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).

Your Reference Committee considered Resolution 11 after it was brought to the PPPS on behalf of the Women Physicians Section (WPS) and in the interest of offering a jointly sponsored resolution. The Committee found itself in strong support of the resolve clauses and appreciated that they were drafted collectively between the two sections. The Committee agreed that advancing the resolution as a joint resolution from two sections would improve its likelihood of being adopted by the House of Delegates. Having heard no opposition, your Reference Committee thus recommends that Resolution 11 be adopted and jointly forwarded with the WPS to the House of Delegates for consideration at the 2025 Interim Meeting.

RECOMMENDED FOR ADOPTION AS AMENDED

(5) RESOLUTION 1 – A TASK FORCE TO TACKLE ADMINISTRATIVE WASTE—LET US BE PART OF THE SOLUTION TO PUTTING OUR HEALTH SYSTEM ON A SUSTAINABLE PATH

RECOMMENDATION A:

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

RESOLVED, that our American Medical Association ~~establish a task force to~~ work with all relevant government agencies to identify sources of administrative waste to advocate for elimination of ~~and that such a task force shall specifically focus on~~ high cost bureaucratic excesses and revision or replacement of the ~~failed value-based~~ counterproductive payment strategies of the past ~~dozen years~~ two decades (Directive to Take Action).

RECOMMENDATION B:

Resolution 1 be adopted as amended.

RECOMMENDATION C:

Resolution 1 be immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association establish a task force to work with all relevant government agencies to identify sources of administrative waste and that such a task force shall specifically focus on high-cost bureaucratic excesses and the failed value-based payment strategies of the past dozen years (Directive to Take Action).

Your Reference Committee found itself in support of Resolution 1, agreeing with the importance of tackling issue of waste and developing mechanisms to support common sense reductions based on administrative actions and payor determinations. The Committee was concerned, however, that creation of a task force would be prohibitively expensive and could limit the resolution's effectiveness. Additionally, creating a task force is unlikely to be understood by the HOD Resolution Committee as appropriately oriented toward advocacy, which is the primary purpose of the Interim Meeting. The Committee's amendments are structured to recast the resolution in an advocacy framework and thusly remove the potential financial sticking point without diminishing the goal of the resolution. The Committee thus recommends Resolution 2 be adopted as

amended and forwarded to the House of Delegates for immediate consideration at the 2025 Interim Meeting.

(6) RESOLUTION 3 – HALT THE ROLLOUT OF NEW PAYMENT MODELS BY THE CENTER FOR MEDICARE & MEDICAID INNOVATION (CMMI)—A NEW ADMINISTRATION OFFERS AN OPPORTUNITY

RECOMMENDATION A:

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

RESOLVED, that our American Medical Association ~~will~~ 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).

RECOMMENDATION B:

Resolution 3 be adopted as amended.

RECOMMENDATION C:

Resolution 3 be immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association will 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).

Your Reference Committee found Resolution 3 to be timely and appropriate. The Committee generally was fully in support of it as written, however felt that the wording could be made slightly more advocacy-focused to improve its chances of being heard at the Interim Meeting. The Committee also was aware that other sections, particularly the Integrated Physician Practice Section (IPPS), is likely also working on a similar resolution and would recommend that the Private Practice Physician Section Delegate and Alternate Delegate reach out to the IPPS to explore any advantageous collaboration opportunities. Your Reference Committee thus recommends that Resolution 3 be adopted as amended and immediately forwarded to the House of Delegates for consideration at the 2025 Interim Meeting.

(7) RESOLUTION 4 – THE CRISIS IN THE AVAILABILITY OF PRIMARY CARE: HALT THE REQUIRED PARTICIPATION OF SMALL PRACTICES IN VALUE-BASED PAYMENT (VBP) MODELS

RECOMMENDATION A:

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

RESOLVED, that our American Medical Association ~~will take a stand against the detrimental effects of value-based programs (VBPs) on small practices, primary care in particular, and~~ advocate for the immediate discontinuation of required participation in value-based program (VBP) arrangements for practices with ten or fewer physicians, regardless of practice revenue (Directive to Take Action).

RECOMMENDATION B:

Resolution 4 be adopted as amended.

RECOMMENDATION C:

Resolution 4 be held back for consideration at the 2026 Annual Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association will take a stand against the detrimental effects of value-based programs (VBPs) on small practices, primary care in particular, and advocate for the immediate discontinuation of required participation in VBP arrangements for practices with ten or fewer physicians, regardless of practice revenue (Directive to Take Action).

Your Reference Committee found itself strongly in agreement with Resolution 4's position on value-based programs, finding the resolution timely and appropriate for the current moment, however the committee was concerned that the resolution as written is more a statement of ideology instead of a concrete directive for advocacy. The Committee felt that retaining Resolution 4's perspective was important, however it would be unlikely to be heard under the Interim Meeting's focus on advocacy. Your Reference Committee thus recommends that Resolution 4 be adopted as amended but held back for consideration at the 2026 Annual Meeting instead to improve its likelihood at final adoption.

(8) RESOLUTION 6 – RECOUPMENT BY CMS RECOVERY AND AUDIT CONTRACTORS (RAC)—DUE PROCESS

RECOMMENDATION A:

The first resolve be deleted.

~~RESOLVED, that our American Medical Association conducts a study that may include a survey and other means to determine:~~

1. ~~How prevalent are recoupment demands by self-interested Medicare recovery and audit contractors (RAC) where there is no fraud and abuse but only inconsequential "documentation technicalities" or other clerical issues?~~
2. ~~What is the rate of reversals and appeals of recoupment requests by RAC contractors?~~
3. ~~What are the costs to providers to navigate the highly complex Medicare recoupment appeal process?~~
4. ~~When and for what reasons providers choose not to appeal or are unable to appeal, with a particular focus on economic costs, complexity, the byzantine process of dealing with another third party, the tight deadline on appeals, and the net effect on independent physician practices?~~
5. ~~For high-cost office-administered medications where the provider margin is less than the Medicare RAC fee and a loss to the provider is irrecoverable, how does this affect patient access to in-office administered medications under Medicare Part B, and whether the costs will be shifted to Medicare Part D where patients' out-of-pocket financial obligations are significantly greater?~~

~~(Directive to Take Action); and be it further~~

RECOMMENDATION B:

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

RESOLVED, that our American Medical Association ~~AMA~~ advocates for legislation and regulation that Medicare contractors must be compelled to appear ~~and be cross-examined~~ during administrative ~~law judge hearings~~ legal proceedings if requested ~~by the provider and to reverse one-sided regulation via advocacy or legal action~~ (Directive to Take Action).

RECOMMENDATION C:

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

RESOLVED, that our AMA advocates for legislation and regulation that Medicare contractors (recovery and audit contractors and others) must pay ~~"loser" costs to physicians if the recoupment determination is reversed~~ the physician for expenses incurred during ~~the~~ a successful appeal process ~~equal to the amount that the Centers for Medicare & Medicaid Services pays to contractors to recoup successfully, 15 percent of the total amount alleged to be an improper or fraudulent payment~~ (Directive to Take Action); and be it further

RECOMMENDATION D:

Resolution 6 be amended by the addition of a new resolve to read as follows:

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).

RECOMMENDATION E:

The fourth resolve be deleted.

~~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).~~

RECOMMENDATION F:

Resolution 6 be adopted as amended.

RECOMMENDATION G:

Resolution 6 be immediately forwarded for consideration at the 2025 Interim Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association conducts a study that may include a survey and other means to determine:

1. How prevalent are recoupment demands by self-interested Medicare recovery and audit contractors (RAC) where there is no fraud and abuse but only inconsequential "documentation technicalities" or other clerical issues?
2. What is the rate of reversals and appeals of recoupment requests by RAC contractors?
3.What are the costs to providers to navigate the highly complex Medicare recoupment appeal process?
4. When and for what reasons providers choose not to appeal or are unable to appeal, with a particular focus on economic costs, complexity, the byzantine process of dealing with another third party, the tight deadline on appeals, and the net effect on independent physician practices?
5. For high-cost office-administered medications where the provider margin is less than the Medicare RAC fee and a loss to the provider is irrecoverable, how does this affect patient access to in-office administered medications under Medicare Part B, and whether the costs will be shifted to Medicare Part D where patients' out-of-pocket financial obligations are significantly greater?
(Directive to Take Action); and be it further

RESOLVED, that our AMA advocates for legislation and regulation that Medicare contractors must be compelled to appear and be cross-examined during administrative law judge hearings if requested by the provider and to reverse one-sided regulation via advocacy or legal action (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 "loser" costs to physicians if the recoupment determination is reversed during the appeal process equal to the amount that the Centers for Medicare & Medicaid Services pays to contractors to recoup successfully, 15 percent of the total amount alleged to be an improper or fraudulent payment (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).

Your Reference Committee carefully considered Resolution 6 and found itself in agreement with several provisions, however it felt they could be strengthened. The Committee recommends simplifying the second resolve clause to make it apply more generally to any necessary legal proceeding, thus widening its scope. The Committee believes including a requirement to engage in cross-examination is potentially unhelpful and such actions should be determined by legal professionals on a case-by-case basis.

The Committee recommends breaking up the third resolve clause into two independent clauses based on the assumption that the author is proposing that financial remuneration be given to physicians who have undergone RAC reviews that have determined no fault on the part of the physician and that such remuneration include both lost revenue and additional compensation equal to the compensation offered by the Centers for Medicare & Medicaid Services to the auditors themselves. Because this accounts for two different types of financial compensation, the Committee believes considering them separately allows for one to be adopted should the other be rejected, rather than linking their fates together.

In addition, the Committee believes that the first resolve and the fourth resolve could be eliminated. The first resolve calls for an in-depth study which is sure to be interpreted by the House of Delegates as not sufficiently related to advocacy. Including it would likely result in the HOD Resolution Committee recommending the entire resolution be not considered, thus your Reference Committee recommends eliminating it, though the Committee would likely be open to considering the same resolve at a future Annual Meeting where the advocacy requirement would not be in place. Your Reference Committee recommends eliminating the fourth resolve due to redundancy; the House of Delegate already reports back annually on the status of enacted resolutions so calling for a separate report is unnecessary.

Your Reference Committee thus recommends that Resolution 6 be adopted as amended and immediately forwarded to the House of Delegates for consideration at the 2025 Interim Meeting.

(9) RESOLUTION 8 – ESTABLISHING AN AMA "FIRST RESPONDER TEAM" FOR REAL-TIME PHYSICIAN ADVOCACY AGAINST PREDATORY INSURANCE COMPANY ACTIONS

RECOMMENDATION A:

The first resolve be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, that our American Medical Association establish a "first responder team<u>"</u> for physician advocacy against ~~predatory~~ <u>adverse</u> insurance company actions<u>"</u> 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 ~~sudden~~ punitive changes ~~(~~including, but not limited to<u>:</u>~~,~~

- sudden increased in claim denials,
- arbitrarily onerous documentation requirements~~, or~~
- mid-treatment coverage interruptions~~) from major insurance companies~~

(Directive to Take Action); and be it further

RECOMMENDATION B:

The second resolve be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, that ~~our~~ <u>an</u> AMA<u>'</u>~~s~~ "first responder team<u>"</u> for physician advocacy against <u>adverse</u> ~~predatory~~ 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

RECOMMENDATION C:

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

RESOLVED, that ~~our~~ an AMA~~'s~~ "first responder team~~"~~ for physician advocacy against adverse ~~predatory~~ 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).

RECOMMENDATION D:

Resolution 8 be adopted as amended with a change in title:

ESTABLISHING AN AMA "FIRST RESPONDER TEAM" FOR REAL-TIME PHYSICIAN ADVOCACY AGAINST ADVERSE INSURANCE COMPANY ACTIONS

RECOMMENDATION E:

Resolution 8 be 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 predatory 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 sudden punitive changes (including, but not limited to, sudden increased in claim denials, arbitrarily onerous documentation requirements, or mid-treatment coverage interruptions) from major insurance companies (Directive to Take Action); and be it further

RESOLVED, that our AMA's "first responder team" for physician advocacy against predatory 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 our AMA's "first responder team" for physician advocacy against predatory 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).

Your Reference Committee was generally intrigued by the notion of a real-time response team as described in Resolution 8 and believed the concept to be worth exploring, even if the committee wondered whether or not it could be read by the House of Delegates as being associated with a higher financial cost than perhaps intended. The Committee opted to recommend a few changes made for clarity of editing and additionally believed removing references to "predatory" actions to be replaced with "adverse" ones would help to improve the resolution's likely success. Your Reference Committee thus recommends that Resolution 8 be adopted as amended and immediately forwarded to the House of Delegates for consideration at the 2025 Interim Meeting.

RECOMMENDED FOR NOT ADOPTION

(10) RESOLUTION 5 – IMPROVING HEALTH CARE ACCESS FOR MEDICARE PATIENTS

RECOMMENDATION:

Resolution 5 be <u>not adopted.</u>

RESOLVED, 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).

Your Reference Committee carefully considered Resolution 5 and found itself in conceptual agreement with the resolve clauses. Concerns over how physicians are able to be fully compensated for their work are paramount to the AMA and the Committee believes both resolve clauses are appropriate positions for the organization to adopt. The Committee was unsure of how Resolution 5's resolves could be technically enacted, however, so it sought insight from the AMA's Federal Affairs staff and asked for input. Federal Affairs objected to the first resolve clause, pointing out that the U.S. Department of Health and Human Services does not have the kind of discretion the clause seeks. Current federal law limits the amount that physicians can charge patients above the Medicare allowed limit, regardless of whether the physician participates in Medicare. Federal Affairs likewise found the second resolve clause similarly problematic. The proper remedy for both is federal legislation that could redraft existing law.

While your Reference Committee could have attempted to redraft the resolve clauses to direct action away from federal agencies and toward the U.S. Congress, the committee was concerned that the resolution represented highly technical changes that need to be more specifically spelled out. Because of this, the committee believes Resolution 5 should likely be redrafted, possibly with assistance from the AMA Federal Affairs team, to put it in its proper context. The Committee does this not out of lack of support, but in an effort to make the resolution actionable and effective. Your Reference Committee thus recommends that Resolution 5 be not adopted, but encourages the author to redraft and resubmit it for consideration at a future meeting.

(11) RESOLUTION 7 – DUE PROCESS FOR RECOUPMENT BY CMS RECOVERY AND AUDIT CONTRACTORS (RAC)—SEC V. JARKESY

RECOMMENDATION:

Resolution 7 be <u>not adopted.</u>

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;
(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).

After review, your Reference Committee determined that Resolution 7 does not fall under the topic of advocacy, which is a requirement for all resolutions submitted to the House of Delegates for Interim meetings. While conducting a study to answer the key questions posed in Resolution 7 could lead to direct advocacy action, the Committee strongly believes the resolution as written will rejected and go unheard if submitted now. The Committee considered recommending adoption of the resolution with a transmittal at the 2026 Annual Meeting when the House of Delegates' advocacy requirement would not be in place, however the Committee wonders if the research questions might be refined after consultation with the AMA's Federal Affairs team and other subject matter experts.

Your Reference Committee thus recommends that Resolution 7 be not adopted, however the Committee would likely support the resolution if submitted at an Annual Meeting and urges the author to resubmit at such time.

Doctor Chair, this concludes the report of the Private Practice Physicians Section Reference Committee. I would like to thank Dr. Matthew Gold, Dr. Hillary Johnson-Jahangir, and Dr. Avani Patel, as well as all those who testified before the Committee.

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Chair, PPPS Reference Committee

Matthew Gold, MD

Hillary Johnson-Jahangir, MD, PhD, MS

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