AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
(312) 464-5000

PRIVATE PRACTICE PHYSICIANS SECTION
Governing Council Report A
Interim 2025 Meeting

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.

Items highlighted in blue have been recommended for reaffirmation.
Items highlighted in red have been recommended for not consideration.

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendation
1	E&B	Res. 005 – Preserving Autonomy in the Patient-Physician Relationship (Young Physicians Section)	RESOLVED, that our American Medical Association study relevant sections of the Code of Medical Ethics to address outside political and administrative influences on the patient physician relationship and its impact on shared decision making in the clinical setting. (Directive to Take Action)	Delegate instructed to support.
2	B	BOT 03 – Stark Law Self-Referral Ban	The Board of Trustees recommends that the following be adopted in lieu of Resolution 227-I-23 and BOT 03-I-24 and the remainder of the report be filed: 1. That our American Medical Association (AMA) recognizes the substantial impact of	Delegate instructed to strongly support and connect with Dr. Dan Choi to advise.

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			the Stark law's unequal restrictions on independent physicians, contributing to the growing trend of hospital consolidation, which has led to negative consequences of restricted access to care and inflated costs. (New HOD Policy) 2. That our AMA supports comprehensive Stark law reform aimed at rectifying the disparities that disadvantage independent physician practices while preserving the intent of AMA Code of Ethics Policy 9.6.9, "Physician Self-Referral." (New HOD Policy) 3. That our AMA supports equitable and balanced Stark law reform that fosters fair competition, incentivizes innovation, and facilitates the delivery of high-quality, patient-centered care. (New HOD Policy)	
3	B	Res. 205 – Restoring Balance Billing and Allowing Copay Forgiveness to Preserve Independent Practice and Improve Access to Care (Private Practice Physicians Section)	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)	Delegate instructed to strongly support.
4	B	Res. 207 – Support for a Federal Tax Incentive for Volunteer	RESOLVED, that our American Medical Association advocate for the establishment of a national tax credit or tax deduction for physicians who serve as community preceptors for medical students and residents, provided these services are rendered without financial compensation from any educational institution. (Directive to Take Action)	Delegate instructed to support.

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		Community Preceptors (American Academy of Family Physicians)		
5	B	Res. 209 – Support for Legislative Changes Allowing Partial Medicare Opt-Out for Physicians (Florida)	RESOLVED, that our American Medical Association advocate for federal legislation or regulatory changes to allow physicians to opt out of Medicare in one employment setting while maintaining the ability to bill Medicare for services provided in other practice settings (e.g., private practices, hospice, inpatient hospital care, or other defined roles). (Directive to Take Action)	Delegate instructed to strongly support. Dr. Tyroch to testify.
6	B	Res. 222 – Tackling Administrative Waste – Let Us Be Part of the Solution to Putting Our Health System on a Sustainable Path (Private Practice Physicians Section)	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)	Delegate instructed to strongly support, but do not plan to extract from Reaffirmation.
7	B	Res. 223 – Halt the Rollout of New Payment Models by the Center for Medicare &	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~~ support CMMI's evaluation of the models currently being tested. (Directive to Take Action)	Delegate instructed to strongly support proposed amendment from California.

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		Medicaid Innovation (CMMI) – A New Administration Offers an Opportunity (Private Practice Physicians Section)	RESOLVED, that AMA make it a priority to advocate before CMS and CMMI for a greater variety of voluntary physician-led, patient centered alternative payment models to allow additional physicians to lead and participate in value-based care	
8	B	Res. 224 – Recoupment by CMS Recovery and Audit Contractors (RAC) – Due Process (Private Practice Physicians Section)	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)	Delegate instructed to strongly support.
9	B	Res. 225 – Federal Legislation to Prohibit the Corporate Practice of Medicine (American Academy of Emergency Medicine)	RESOLVED, that our American Medical Association advocate for federal legislation that prohibits lay corporations, including insurance companies, private equity firms, and other non-physician-owned entities, from owning or controlling medical practices and healthcare decision-making, and prohibits such entities from participation in federal healthcare payment programs, in order to protect physician autonomy and strengthen the physician-patient relationship (Directive to Take Action); and be it further RESOLVED, that our AMA amend Policy H-215.981 - Corporate Practice of Medicine under items #1 and #2 by addition and deletion as follows: 1. Our American Medical Association ~~vigorously opposes any effort to pass federal~~	Delegate instructed to support.

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			~~legislation or regulation preempting state laws~~ supports the passage of federal legislation prohibiting the corporate practice of medicine. 2. Our AMA vigorously opposes any effort to pass state or federal legislation or regulation that removes or weakens existing state laws prohibiting the corporate practice of medicine. (Modify Current HOD Policy)	
10	B	Res. 230 – Banning Non-compete Agreements in States (American College of Rheumatology)	RESOLVED, that our American Medical Association will work with state medical societies, national specialty societies and/or other interested parties to advocate for legislation or regulation that would prohibit covenants not-to-compete for all physicians in clinical practice who hold employment contracts with for-profit or non-profit hospital, hospital system, or staffing company employers, across all states in which a ban on non-to-compete agreements is not in place. (Directive to Take Action)	Delegate instructed to listen.
11	C	Res. 306 – Support for Prenatal Leave (Women Physicians Section)	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 supports the creation of state sponsored programs that cover family and medical leave. (New HOD Policy)	Delegate instructed to strongly support.
12	F	CLRPD 01 – Private Practice Physicians Section Five-Year Review	The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Private Practice Physicians Section through 2030 with the next review no later than the 2030 Interim Meeting and that the remainder of this report be filed. (Directive to Take Action)	Delegate instructed to strongly support.
13	F	Res. 601 – Reimagining and Modernizing the U.S. Healthcare Delivery System	RESOLVED, that our American Medical Association will convene a multidisciplinary Task Force, under the direction of the Board of Trustees, that may include physicians and trainees, allied health professionals, leaders from hospitals and health systems, public and private payers, health economists, ethicists, patient advocates, and other relevant parties from across the health sector, to develop a legislative roadmap to reform the U.S. healthcare delivery system, drawing from and building upon existing	Delegate instructed to support.

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		(New England)	AMA policy, and positioning our AMA as a convener of a broader national coalition to advance this vision; and that this roadmap will be structured around the following components: 1. Foundational Principles: The roadmap will specifically incorporate the following principles: a. Equitable access to affordable, high-quality healthcare for all as a basic human right; b. Physician autonomy and the primacy of the patient-physician relationship; c. Physician-led care as the foundation of clinical decision-making and healthcare delivery; d. Freedom of patients and physicians to choose care settings and models of practice; e. Physician practice sustainability through fair and predictable payment; f. Science-based innovation that improves healthcare value and efficiency; and g. Prevention, public health, and health equity as central pillars of a sustainable healthcare system; 2. Scope of Review: In developing the roadmap, the task force will consider issues related to healthcare delivery and financing, including, but is not limited to, the following systemic problems and potential solutions: a. Physician payment and workforce sustainability; b. Comprehensive valuation of physician work; c. Incentives that support timely, patient-centered care and uphold clinical judgment; d. Administrative, financial, and clinical interference by intermediaries; e. Uninsurance, underinsurance, and other cost-sharing issues; f. Universal coverage, including preventive services and public health; g. Equity in care delivery; h. Protection of physician-patient shared decision-making; i. Market consolidation, vertical integration, and profiteering; j. Drug pricing and access to evidence-based therapies; and k. Transparency and reporting of the true cost of care;	

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			3. Environmental Scan: To inform the roadmap, the task force will conduct a comprehensive review of existing global and domestic healthcare programs and reform proposals to evaluate their strengths and weaknesses based on how each framework centers patients, upholds clinical judgment, and promotes healthcare system and physician practice sustainability; and 4. Reporting and Engagement: The task force will: a. Report at least annually to the AMA House of Delegates on its findings and progress; b. Provide recommendations to the AMA Board of Trustees on areas requiring further policy development to support this work; c. Regularly convene focus groups within and outside of the AMA House of Delegates to review draft elements of the roadmap as they are being developed; and d. Deliver a final comprehensive legislative roadmap to reform the U.S. healthcare delivery system for consideration by the AMA House of Delegates. (Directive to Take Action)	
14	J	Res. 804 – Medicare Advantage Filing Limit (New England)	RESOLVED, that our American Medical Association and other stakeholders advocate for and support federal efforts to ensure policy uniformity regarding claim filing time limits between Medicare Advantage plans and traditional Medicare, with a uniform time of one calendar year. (Directive to Take Action)	Delegate instructed to strongly support.
15	J	Res. 805 – Shared Medical Appointments (New England)	RESOLVED, that our American Medical Association recognizes Shared Medical Appointments, also known as Group Medical Visits, as an effective model of care delivery (New HOD Policy); and be it further RESOLVED, that our AMA advocate to hospitals and health systems that they support	Delegate instructed to listen and possibly seek amendment as indicated. Dr.

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			physicians and other clinicians who desire to host Shared Medical Appointments~~, also known as Group Medical Visits~~ (Directive to Take Action); and be it further RESOLVED, that our AMA advocate to Medicare, Medicaid, private insurers, and other appropriate indemnity organizations, for payment of in-person or telehealth Shared Medical Appointments~~, also known as Group Medical Visits,~~ commensurate with standard Evaluation and Management billing codes (i.e., 99212-99215) based on Medical Decision Making criteria or the time spent in the delivery of individualized care, with individual assessments occurring either within the group setting or in private. (Directive to Take Action)	Francavilla to provide testimony.
16	J	Res. 808 – No Prior Authorization for Inexpensive Medications (Organized Medical Staff Section)	RESOLVED, that our American Medical Association identify through the Council on Medical Services or other professional content experts a cost threshold below which medical services and medications should not require prior authorization (Directive to Take Action); and be it further RESOLVED, that our American Medical Association advocate that low-cost medications and procedures should not require prior authorization. (Directive to Take Action)	Delegate instructed to support.
17	J	Res. 816 – Prohibit Arbitrary Time Limits on Preauthorization (New York)	RESOLVED, that our American Medical Association advocate for changes in State legislation and Division of Financial Services policy to prohibit health insurers in any State, including Medicaid plans, from establishing time limits on duration of preauthorization for care of less than one year (Directive to Take Action); and be it further RESOLVED, that our AMA seek similar changes in Federal legislation and policies to prohibit Medicare Advantage, Medicaid, and Employee Retirement Income Securement Act of 1974 (ERISA) plans from establishing time limits on preauthorizations for care of less than one year. (Directive to Take Action)	Delegate instructed to support.
18	J	Res. 818 – Universal Out-of-Network Benefits	RESOLVED, that our American Medical Association will advocate for federal and state laws that requires all private insurers to offer health insurance plans with out-of-network benefits. (Directive to Take Action)	Delegate instructed to listen and support reaffirmation.

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		(New York)		
19	J	Res. 819 – Update the Status of Virtual Credit Card Policy, EFT Fees, and Lack of Enforcement of Administrative Simplification Requirements by CMS (New York)	RESOLVED, that our American Medical Association report at the Annual 2027 Meeting on the progress of implementation of AMA Policies D-190.970, H-190.955, and D-190.968. (Directive to Take Action)	Delegate instructed to listen.
20	J	Res. 820 – Establishing an AMA "First Responder Team" for Real-Time Physician Advocacy Against Adverse Insurance Company Actions (Private Practice Physician Section)	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)	Delegate instructed to Extract from DNC list and strongly support.
21	K	Res. 906 – Rethink the Medicare Annual Wellness Visit	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)	Delegate instructed to support and revisit upon release of Preliminary Ref Com Report on Nov 7.

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		(Private Practice Physicians Section)		
22	K	Res. 907 – In-Office Dispensing of Generic Medications (Florida)	RESOLVED, that our American Medical Association consider developing educational material for physicians interested in dispensing generic medications to reduce patient costs, improve access, and decrease unnecessary prior authorization requirements (Directive to Take Action); and be it further RESOLVED, that our AMA encourage medical associations in states with restrictive dispensing laws to advocate for legislation allowing physicians to dispense generic medications to patients. (New HOD Policy)	Delegate instructed to support.

END