

AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION

Resolution: 8  
(I-25)

Introduced by: M. Zuhdi Jasser, MD

Subject: Establishing an AMA “First Responder Team” for Real-Time Physician  
Advocacy Against Predatory Insurance Company Actions

Referred to: PPPS Reference Committee  
(xxxx, MD, Chair)

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Whereas, Our American Medical Association has already established comprehensive policies opposing systemic insurance company processes designed to delay or obstruct legitimate billing claims and payment processing essential to patient care and physician practice operations; and

Whereas, despite these existing policies that guide the AMA legislative and public priorities on a macro level, individual physicians and small practices across the nation remain alone on the frontlines at the point of care, the micro-level defending against often punitive, daily increases in insurance payment hurdles against appropriate claim submissions to major insurers including United Healthcare, Cigna, and Aetna to name a few; and

Whereas, small practices have neither the resources, bandwidth, nor national scope to realize the coming storms that a national advocacy organization working in real-time with our practices can realize; and

Whereas, in 2025, our members of the Private Practice Physicians Section have separately reported an exponentially growing number of varied unreasonable and predatory examples of insurance company actions (punitive documentation requirements, “historical alternans” with regard to criteria for authorizations, and much more) which need an advocate in real-time rather than post-mortem; and

Whereas, insurance companies have demonstrated a pattern of mid-treatment coverage interruptions, with documented cases of physicians even being contacted during surgical procedures regarding coverage decisions, forcing providers to make costly decisions to operate out-of-network to avoid financial risk; and

Whereas, our AMA exists to protect and represent its physician membership against the systematic harassment of our practices by insurance company behaviors; and

Whereas, the current system leaves physicians alone with biased insurance company provider representatives, only to rarely adjudicate these complaints months to years later with the patients and the practice often long gone and system-wide changes, whether via the legal, legislative, or public policy routes, are helpful but are too often simply academic postmortems missing the real-time advocacy for which physicians on the frontlines are begging; and

Whereas, one example of many was recently when Optum demanded immediate and full repayment of the loans they provided some practices as a result of the Change Healthcare cybersecurity disaster; an AMA first responder team for physician advocacy against predatory insurance company actions for physicians to engage with would have been ideal here; and

Whereas, a 2024 AMA survey reveals that 93 percent of physicians experienced delays due to prior authorization and 82 percent reported that these processes cause patients to abandon treatment altogether, with physicians warned that, “there’s good evidence that these kinds of delays literally kill people;” and

Whereas, insurance companies made similar reform pledges in 2018 and 2023 that resulted in little meaningful change and current 2024 pledges lack specific timelines and enforcement mechanisms, demonstrating that voluntary industry self-regulation is ineffective; and

Whereas, when physicians and their practices experience these systematic unpredictable storms of obstructions, their current recourse through state medical societies and insurance company provider representatives proves inadequate, with little to no influence, acknowledgement, response, or expediency in addressing urgent practice-threatening situations; and

Whereas, in countless other professional and activist contexts of American citizenry outside medicine, individuals facing harassment or punishment by larger predatory systems, be it from the government or corporations, members of advocacy organizations took to their representative organizations to provide immediate liaising, defense, and services, to protect their members from predatory intimidation; and

Whereas, small practices facing insurance company harassment have no current mechanism or avenues, let alone ones as capable as the AMA, for real-time advocacy and representation, leaving them vulnerable to financial insolvency while waiting for traditional bureaucratic channels; and

Whereas, the absence of immediate advocacy support against these predators contributes to physician dissatisfaction with our representative organizations as practicing physicians struggle to identify tangible, real-time benefits that address their most pressing daily operational challenges; therefore be it

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).

Fiscal Note: (Assigned by HOD)

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**RELEVANT AMA POLICY**

N/A