responsibility for health care items or services, including, but not limited to: determinations based on medical necessity or other medical judgment, experimental or investigational status, plan terms or benefit classification, network status, coding or other administrative grounds, surprise billing protections, or rescission of coverage; provided that external review need not encompass disputes solely concerning practitioner payment that do not affect the enrollee's coverage, access, or financial responsibility;

(4) ~~Internal grievance procedures should generally be exhausted before requesting external review;~~ Internal grievance procedures should remain available, but an enrollee, the enrollee's authorized representative, or treating physician should be permitted to seek independent external review of an adverse benefit determination without first exhausting internal grievance procedures. A health plan may conduct internal review concurrently, provided that independent external review is not delayed;

(5) An expedited review mechanism should be created for urgent medical conditions;

(6) Independent reviewers practicing in the same state should be used whenever possible;

(7) Patient cost sharing requirements should not preclude the ability of a policyholder to access such external review;

(8) The overall results of external review should be available for public scrutiny with procedures established to safeguard the confidentiality of individual medical information;

(9) External grievance reviewers shall obtain input from physicians involved in the area of practice being reviewed. If the review involves specialty or sub-specialty issues the input shall, whenever possible, be obtained from specialists or sub-specialists in that area of medicine. (Modify Current HOD Policy)

Testimony on Resolution 801 supported strengthening AMA policy on health plans' external appeals since these review processes are often complex, burdensome, and difficult to navigate. Your Reference Committee heard a call for referral to study the potential implications of eliminating the requirement to exhaust internal grievance procedures before seeking an independent external review. However, because most of testimony was widely supportive of Resolution 801, your Reference Committee recommends that it be adopted.

(5) RESOLUTION 807 - CONTINUING CARE RETIREMENT COMMUNITIES (CCRC'S)

RECOMMENDATION:

Your Reference Committee recommends that Resolution 807 be adopted.

HOD ACTION: Resolution 807 is adopted.

RESOLVED, that our American Medical Association study the issue of Continuing Care Retirement Communities (CCRC's), including how they are regulated, disclosures needed, contract terms, and financial safeguards in an effort to advocate for and protect older adults and senior physicians (Directive to Take Action); and be it further

RESOLVED, that there be a report back to the HOD by I-27. (Directive to Take Action) (Directive to Take Action)

Testimony was supportive of Resolution 807 and the proposed study intended to help seniors better understand Continuing Care Retirement Communities and make informed decisions when choosing retirement communities. Although a commenter warned against imposing more regulations on these entities, testimony unanimously supported a study. Accordingly, your Reference Committee recommends that Resolution 807 be adopted.

(6) RESOLUTION 808 - INCREASING PAYMENT FOR PATIENT PORTAL MESSAGES

RECOMMENDATION:

Your Reference Committee recommends that Resolution 808 be adopted.

HOD ACTION: Resolution 808 is adopted.

RESOLVED, that our American Medical Association amend Policy H-385.919, "Payment for Electronic Communication," by addition and deletion to read as follows:

1. Our American Medical Association will advocate that ~~pilot projects of innovative~~ physician payment models be structured to include ~~incentive~~ fair market payment for the use of electronic communications such as Web portals, remote patient monitoring, real-time virtual office visits, patient portal messages, and email and telephone communications.
2. Our AMA will continue to update its guidance on communication and information technology to help physicians meet the needs of their patients and practices.
3. Our AMA will educate physicians on how to effectively and fairly bill for electronic communications between patients and their physicians.
(Update current policy); and be it further

RESOLVED, that our AMA advocate for employers to a.) educate physicians on how to effectively and fairly bill for electronic communications b.) create workflows and templates which make such billing easy to implement, and c.) incorporate protected time