

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (J-22)

Report of the Organized Medical Staff Section Reference Committee

Chris Bush, MD, Chair

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1 Your Reference Committee recommends the following consent calendar for acceptance:  
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### 4 **RECOMMENDED FOR ADOPTION**

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6 1. Resolution 6 – Opposition to Criminalization of Physicians' Medical Practice  
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### 8 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 9  
10 2. Resolution 1 – Maintaining an Open and Equitable Hospital Work Environment  
11 for Specialists  
12 3. Resolution 2 – Promoting Proper Oversight and Reimbursement for Specialty  
13 Physician Extenders and Non-Physician Providers  
14 4. Resolution 3 – Protecting Physician Wellbeing on Board Certification Applications  
15 5. Resolution 4 – Clarification of Healthcare Provider Identification: Consumer Truth  
16 & Transparency  
17 6. Resolution 7 – Virtual Attendance at AMA Meetings  
18 7. Resolution 8 – Physician Medical License Use in Clinical Supervision  
19

### 20 **RECOMMENDED FOR NOT ADOPTION**

- 21  
22 8. Resolution 5 – Creation of United Nations Dr. Saul Hertz Theranostic Nuclear  
23 Medicine International Day  
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### 25 **RECOMMENDED FOR FILING**

- 26  
27 9. Resolution 0 – William B. Monnig, M.D. Memorial Resolution

**RECOMMENDED FOR ADOPTION**

(1) RESOLUTION 6 – OPPOSITION TO CRIMINALIZATION  
OF PHYSICIANS' MEDICAL PRACTICE

**RECOMMENDATION:**

**Resolution 6 be adopted.**

RESOLVED, That our American Medical Association affirms that government and other third-party interference in evidence-based medical care compromises the physician-patient relationship and may undermine the provision of quality healthcare (New HOD Policy); and be it further

RESOLVED, That our AMA opposes any government regulation or legislative action which would criminalize physicians for providing evidence-based medical care within the accepted standard of care according to the scope of a physician's training and professional judgement (New HOD Policy).

Your Reference Committee heard strong support for Resolution 6 from the OMSS Online Forum, including from members who report state legislators attempting to pass legislation that would criminalize certain medical procedures in cases with specific diagnosis, such as ectopic pregnancy. Others acknowledged that while physicians are not immune to committing criminal behavior, evidence-based medical care is not a criminal issue and that expanding laws and regulations to criminalize such care will likely only result in expended liability for physicians and a worsening of patient access to care. The Reference Committee questioned if the phrase "other third-party interference" might be made less ambiguous, but ultimately believed that the resolution remains strong on its own as is.

**RECOMMENDED FOR ADOPTION AS AMENDED**

- (2) RESOLUTION 1 – MAINTAINING AN OPEN AND  
EQUITABLE HOSPITAL WORK ENVIRONMENT FOR  
SPECIALISTS

**RECOMMENDATION A:**

**The first resolve in Resolution 1 be amended by addition and deletion to read as follows:**

RESOLVED, That our American Medical Association takes the position that there should be equal ~~promotion of, and~~ access to inpatient consults for credentialed and privileged community /independent specialty physicians as well as for hospital-employed specialty physicians (New HOD Policy); and be it further

**RECOMMENDATION B:**

**Resolution 1 be adopted as amended.**

RESOLVED, That our American Medical Association takes the position that there should be equal promotion of, and access to inpatient consults for credentialed and privileged community/independent specialty physicians as for hospital-employed specialty physicians (New HOD Policy); and be it further

RESOLVED, That our AMA advocate that hospitals engage community/independent specialty physicians available on the medical staff for observation, inpatient, and emergency department coverage and that the parties negotiate mutually satisfactory payment terms and service agreements for such service (Directive to Take Action).

Your Reference Committee heard testimony in support of Resolution 1 and agreed that the content places it squarely within the purview of the OMSS. Some Reference Committee members recounted experiencing situations Resolution 1 would seek to prevent either themselves or from colleagues; these experiences were also born out in online testimony. Testimony in the Online Forum also reflected the nature of referrals and other interactions between physicians and hospitals or other healthcare facilities growing more complex as hospital consolidation becomes more common and healthcare facilities experience more mergers with the understanding that independent physicians stand to fare uniquely worse in such situations compared to their employed counterparts.

Your Reference Committee did question how logistically some facilities might be made to share in their business with independent physicians. It also considered that requiring “equal promotion” could be interpreted to mandate that facilities take on marketing and other business promotion activities for independent physicians, a task which would be difficult to enforce. Your Committee believes these points can both be remedied with the changes recommended above.

(3) RESOLUTION 2 – PROMOTING PROPER OVERSIGHT  
AND REIMBURSEMENT FOR SPECIALTY PHYSICIAN  
EXTENDERS AND NON-PHYSICIAN PROVIDERS

**RECOMMENDATION A:**

**The first resolve in Resolution 2 be deleted:**

~~RESOLVED, That our American Medical Association urge the Centers for Medicare and Medicaid Services to reduce reimbursement rates for physician extenders and non-physician providers to 50 percent of the physician rate, billing independently under their NPI number, unless a supervising physician has a direct role in the care of the patient visit or procedure, in which case reimbursement would be set at 100 percent of the physician rate in recognition of the differential in training and experience (Directive to Take Action); and be it further~~

**RECOMMENDATION B:**

**The third resolve in Resolution 2 be amended by addition to read as follows:**

RESOLVED, That our AMA adopt the position that Boards of Medical Examiners or its equivalent in each state should have oversight of cases involving specialty care as boards with oversight over physician extenders and non-physician providers do not have the training to oversee specialty care (New HOD Policy); and be it further

**RECOMMENDATION C:**

**The fourth resolve in Resolution 2 be amended by addition to read as follows:**

RESOLVED, That our AMA adopt the position that in each state the Board of Medical Examiners or its equivalent should have oversight over physician extenders and non-physician providers if billing independently or in independent practice as their respective oversight boards do not have experience providing accurate oversight for specialty care (New HOD Policy).

**RECOMMENDATION D:**

**Resolution 2 be adopted as amended.**

RESOLVED, That our American Medical Association urge the Centers for Medicare and Medicaid Services to reduce reimbursement rates for physician extenders and non-physician providers to 50 percent of the physician rate, billing independently under their NPI number, unless a supervising physician has a direct role in the care of the patient visit or procedure, in which case reimbursement would be set at 100 percent of the physician rate in recognition of the differential in training and experience (Directive to Take Action); and be it further

1  
2 RESOLVED, That our AMA work with state medical boards to improve oversight and  
3 coordination of the work done with physician extenders and non-physician providers  
4 (Directive to Take Action); and be it further  
5

6 RESOLVED, That our AMA adopt the position that Boards of Medical Examiners in each  
7 state should have oversight of cases involving specialty care as boards with oversight  
8 over physician extenders and non-physician providers do not have the training to  
9 oversee specialty care (New HOD Policy); and be it further  
10

11 RESOLVED, That our AMA adopt the position that in each state the Board of Medical  
12 Examiners should have oversight over physician extenders and non-physician providers  
13 if billing independently or in independent practice as their respective oversight boards  
14 do not have experience providing accurate oversight for specialty care (New HOD  
15 Policy).  
16

17 Your Reference Committee heard testimony generally in support of the intent of  
18 Resolution 2, however there was considerable concern that as written the resolution is  
19 impractical. In addition, testimony reflected that our AMA already has a significant body  
20 of policy on the type of scope creep Resolution 2 addresses and has made confronting  
21 that creep a central tenet of its activities.  
22

23 Online testimony led the Committee questioned the utility of the first resolve in  
24 Resolution 2. In addition to being skeptical that the exact rates outlined could realistically  
25 be advocated for or achieved, the Committee also believed that advocating for a  
26 reduction in reimbursement for extenders from a federal agency could have the potential  
27 to visit reductions on physicians as well. While the Committee agreed with the first  
28 resolve in concept, it was unable to agree on any amendment for it, and would instead  
29 invite the author or any other OMSS member to propose alternative language for the  
30 Section's approval.  
31

32 The Committee also believed Resolution 2 could be strengthened by language  
33 acknowledging that Boards of Medical Examiners do not carry the same regulatory  
34 authority in all states, and so instead recommends expanding the third and fourth  
35 resolves to better address this.  
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39 (4) RESOLUTION 3 – PROTECTING PHYSICIAN  
40 WELLBEING ON BOARD CERTIFICATION  
41 APPLICATIONS  
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43 **RECOMMENDATION A:**  
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45 **The first resolve in Resolution 3 be amended by**  
46 **addition and deletion to read as follows:**  
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48 RESOLVED, That our American Medical Association will work with the American  
49 Board of Medical Specialties (ABMS), the American Osteopathic Association  
50 (AOA), and the National Board of Physicians and Surgeons (NBPS) and its their

1 constituent boards to assure that physicians wellbeing is a primary concern  
2 (Directive to Take Action); and be it further  
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4 **RECOMMENDATION B:**

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6 **The second resolve in Resolution 3 be amended by**  
7 **addition to read as follows:**  
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9 RESOLVED, That our AMA advocate that the ABMS, AOA, NBPS, and  
10 constituent boards' focus on physician wellbeing be demonstrated by the removal  
11 of intrusive questions regarding physician physical or mental health (including  
12 substance misuse) or related treatments on board certification applications  
13 (Directive to Take Action); and be it further  
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15 **RECOMMENDATION C:**

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17 **The third resolve in Resolution 3 be amended by**  
18 **addition to read as follows:**  
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20 RESOLVED, That our AMA advocate that any questions on ABMS, AOA, and  
21 NBPS constituent board certification applications related to physician health be  
22 limited to only inquiries about current impairment (Directive to Take Action).  
23

24 **RECOMMENDATION D:**

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26 **Resolution 3 be adopted as amended.**  
27

28 RESOLVED, That our American Medical Association will work with the American Board  
29 of Medical Specialties (ABMS) and its constituent board to assure that physicians  
30 wellbeing is a primary concern (Directive to Take Action); and be it further  
31

32 RESOLVED, That our AMA advocate that the ABMS and constituent boards' focus on  
33 physician wellbeing be demonstrated by the removal of intrusive questions regarding  
34 physician physical or mental health (including substance misuse) or related treatments  
35 on board certification applications (Directive to Take Action); and be it further  
36

37 RESOLVED, That our AMA advocate that any questions on ABMS constituent board  
38 certification applications related to physician health be limited to only inquiries about  
39 current impairment (Directive to Take Action).  
40

41 Your Reference Committee heard uniformly supportive testimony of Resolution 3,  
42 though testimony also acknowledged the breadth of AMA policy that already exists  
43 surrounding these issues. The Committee proposes broadening the scope of Resolution  
44 3 slightly to include directives for the AMA to link directly to two additional boards as a  
45 possible additive to existing AMA policy.  
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(5) RESOLUTION 4 – CLARIFICATION OF HEALTHCARE  
PROVIDER IDENTIFICATION: CONSUMER TRUTH &  
TRANSPARENCY

**RECOMMENDATION A:**

**The first resolve in Resolution 4 be amended by addition and deletion to read as follows:**

RESOLVED, That our American Medical Association will advocate for legislation that would establish clear legal definitions for use of words or terms “physician,” “surgeon,” “medical doctor,” “doctor of osteopathy,” “M.D.” or “D.O.,” ~~“anesthesiologist,” “cardiologist,” “dermatologist” or any similar title or description alone or in combination with any other title of services with the expectation that such individuals are licensed to practice a medical or surgical specialty, or other medical discipline, and that these definitions be consistently applied within laws, regulations, rules, and public statements issues by all authoritative bodies within the country or any other allopathic or osteopathic medical specialist~~ (Directive to Take Action); and be it further

**RECOMMENDATION B:**

**Resolution 4 be adopted as amended.**

RESOLVED, That our American Medical Association will advocate for legislation that would establish clear legal definitions for use of words or terms “physician,” “surgeon,” “medical doctor,” “doctor of osteopathy,” “M.D.” or “D.O.,” “anesthesiologist,” “cardiologist,” “dermatologist” or any similar title or description alone or in combination with any other title of services with the expectation that such individuals are licensed to practice a medical or surgical specialty, or other medical discipline, and that these definitions be consistently applied within laws, regulations, rules, and public statements issues by all authoritative bodies within the country (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate “Truth & Transparency” legislation that would combat medical title misappropriation; that such legislation would require non-physician healthcare practitioners to clearly and accurately state their level of training, credentials, licensing board, and practice qualifications in all professional interactions with patients including hospital and other health care facility identifications, as well as in advertising and marketing materials; and that such legislation would prohibit non-physician healthcare practitioners from using any identifying terms (i.e. doctor, -ologist) that can mislead the public (Directive to Take Action).

Your Reference Committee heard testimony in support of Resolution 4, reflecting the sense not only of those providing testimony but also of Reference Committee members that legal clarity for professional terms like “doctor” are vital for physician practice and for patient information. The Committee proposes simplifying the first resolve not to diminish the need for workable legal definitions of any of the terms provided, but to recognize the breadth and scope of what is needed while at the same time acknowledging that a complete list of appropriate terms would be impractical in this format.

1 The Committee also appreciated that the first resolve may present a significant financial  
2 and logistical challenge, a concern that was echoed in online testimony which asked  
3 what a workable plan would be that would address the vast number of incidents where  
4 terms like “provider” are used indiscriminately across professional non-medical  
5 conventions and in legal documents.

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7 The Committee did raise some concern that Resolution 4 touches on topics for which  
8 ample AMA policy exists and considered recommending reaffirmation, however  
9 ultimately decided to make the proposed amendments for the Section to consider.

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13 (6) RESOLUTION 7 – VIRTUAL ATTENDANCE AT AMA  
14 MEETINGS

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16 **RECOMMENDATION A:**

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18 **The first resolve in Resolution 7 be amended by**  
19 **addition and deletion to read as follows:**

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21 RESOLVED, That our American Medical Association ~~expand~~ study the feasibility  
22 of a hybrid format of Section meetings to include official participation via virtual,  
23 as well as in-person, attendance at Section Meetings, with procedures to include  
24 voting as well as testimony and educational presentations, and ensure equity and  
25 full access to meaningful interaction of those accredited but not physically  
26 present, ~~starting at~~ with a report back by the Interim 2022 Meeting (Directive to  
27 Take Action); and be it further

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29 **RECOMMENDATION B:**

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31 **The second resolve in Resolution 7 be deleted:**

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33 ~~RESOLVED, That our AMA study the experience of Sections that include virtual~~  
34 ~~participation in business meetings with voting privileges, with the goal of~~  
35 ~~expanding House of Delegates meetings to include virtual participation with those~~  
36 ~~privileges as an option to in-person attendance at its meeting and reference~~  
37 ~~committees, and report back to the HOD by Interim 2023 (Directive to Take~~  
38 ~~Action); and be it further~~

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40 **RECOMMENDATION B:**

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42 **Resolution 7 be adopted as amended.**

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44 RESOLVED, That our American Medical Association expand the format of Section  
45 meetings to include official participation via virtual, as well as in-person, attendance at  
46 Section Meetings, with procedures to include voting as well as testimony and educational  
47 presentations, and ensure equity and full access to meaningful interaction of those  
48 accredited but not physically present, starting at the Interim 2022 Meeting (Directive to  
49 Take Action); and be it further



1 RESOLVED, That our AMA study the experience of Sections that include virtual  
2 participation in business meetings with voting privileges, with the goal of expanding House  
3 of Delegates meetings to include virtual participation with those privileges as an option to  
4 in-person attendance at its meeting and reference committees, and report back to the  
5 HOD by Interim 2023 (Directive to Take Action); and be it further  
6

7 RESOLVED, That this resolution be forwarded to the AMA House of Delegates for  
8 consideration at its Annual 2022 Meeting (Directive to Take Action).  
9

10 Your Reference Committee heard mixed testimony in response to Resolution 7. While  
11 most who testified supported the intent of the resolution and welcomed its goal of  
12 improving access and attendance for a wider variety of AMA members and guests,  
13 several voiced concerns about how hybrid section Business Meetings could be  
14 conducted logistically and financially. Some members reported their state medical  
15 societies making this attempt and experiencing operational hardships and financial drain,  
16 as it requires a meeting to exist both in a physical space and using virtual  
17 communication tools. Maintaining both required additional staff, operational costs, and  
18 technology costs, per reports.  
19

20 The Committee was particularly concerned that the directive to begin a hybrid meeting  
21 system in six months and conduct a simultaneous study only after the hybrid  
22 configuration is established would prove to be difficult. After deliberation, the Committee  
23 believes that beginning with a feasibility study, rather than a directive to begin  
24 transitioning to a hybrid format, is the more prudent move.  
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28 (7) RESOLUTION 8 – PHYSICIAN MEDICAL LICENSE USE  
29 IN CLINICAL SUPERVISION  
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31 **RECOMMENDATION A:**  
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33 **The first resolve in Resolution 8 be deleted:**  
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35 ~~RESOLVED, That our American Medical Association work with relevant~~  
36 ~~regulatory agencies to ensure physicians receive written notification when their~~  
37 ~~license is being used to document “supervision” of non-physician practitioners~~  
38 ~~(Directive to Take Action); and be it further~~  
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40 **RECOMMENDATION B:**  
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42 **Resolution 8 be adopted as amended.**  
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44 RESOLVED, That our American Medical Association work with relevant regulatory  
45 agencies to ensure physicians receive written notification when their license is being used  
46 to document “supervision” of non-physician practitioners (Directive to Take Action); and be  
47 it further  
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49 RESOLVED, That our AMA oppose mandatory physician supervision of non-physician  
50 practitioners as a condition for physician employment (New HOD Policy); and be it further

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2 RESOLVED, That our AMA advocate for the right of physicians to deny participation in  
3 "supervision" of any non-physician practitioner with whom they have concerns for patient  
4 safety and/or clinical care (Directive to Take Action); and be it further  
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6 RESOLVED, That our AMA advocate that physicians be able to report unsafe care  
7 provided by non-physician practitioners to the appropriate regulatory board with  
8 whistleblower protections for the physician and their employment (Directive to Take  
9 Action).

10  
11 Your Reference Committee heard testimony reflecting that Resolution 8 is focused on  
12 areas where ample AMA policy already exists, so the risk of reaffirmation in the House of  
13 Delegates may be high, but that the resolution in general seeks to correct a problem that  
14 needs addressing. The Committee concluded that the second, third, and fourth resolves  
15 of Resolution 8 were the strongest and had what the Committee believes to be the  
16 greatest likelihood of being heard before the House of Delegates. It was the sense of the  
17 Committee that the first resolve clause could be improved; while the Committee as a  
18 whole agreed that the use of a physician's license without that physician's awareness  
19 was problematic, for therapeutic as well as liability reasons, there was no consensus  
20 from the Committee about how to strengthen it so that it would make a directive that the  
21 AMA could reasonably pursue. To that end, the Committee would welcome further  
22 comment or exploration of the resolve by the author or other OMSS members during the  
23 Section Meeting.  
24

**RECOMMENDED FOR NOT ADOPTION**

- (8) RESOLUTION 5 – CREATION OF UNITED NATIONS DR.  
SAUL HERTZ THERANOSTIC NUCLEAR MEDICINE  
INTERNATIONAL DAY

**RECOMMENDATION:**

**Resolution 5 be not adopted.**

RESOLVED, That our American Medical Association advocate and participate with the United States Mission to the United Nations, through the office of Ambassador Linda Thomas-Greenfield, to create and introduce a United Nations General Assembly Resolution for the creation of a new United Nations International Day of recognition, marking March 31 as: "Dr. Saul Hertz Theranostic Nuclear Medicine Day," commemorating the day the first patient was treated with therapeutic radionuclide therapy on that day in 1941, marking the beginning of theranostic treatment of medical diseases, thus creating an international day when healthcare workers and patients around the world celebrate scientific discovery and the future promises of the science of medicine" (Directive to Take Action).

Your Reference Committee appreciates the intent of Resolution 5, however upon review does not believe the resolution is appropriate for submission under the Organized Medical Staff Section. This determination is based solely on the Section's remit to promote policy that is directly related to organized medical staffs and how those staffs interact with the healthcare facilities and systems in which they work or are affiliated.

The Committee wishes to make it clear that in recommending against adoption it is in no way making a judgment about Dr. Hertz's contributions to the practice of medicine, nor is it seeking to downplay the importance of establishing markers of public health, such as the creation of these celebration days by the United Nations. Indeed, the Committee recognized that the AMA has a history of engaging with bodies like the United Nations to promote similar recognitions in the past. The Committee simply believes the resolution would be best submitted through an arm of the AMA policymaking apparatus that is not, by mandate, required to limit its actions to those that are specifically relevant to organized medical staffs.

**RECOMMENDED FOR FILING**

(9) RESOLUTION 0 – WILLIAM B. MONNIG MEMORIAL  
RESOLUTION

**RECOMMENDATION:**

**Resolution 0 be filed.**

RESOLVED, That our American Medical Association Organized Medical Staff Section recognize the outstanding contributions made by William B. Monnig, M.D. to the medical profession; and be it further

RESOLVED, That our American Medical Association Organized Medical Staff Section, individually and collectively, hereby extend their most profound sympathy upon the passing of William B. Monnig, M.D, March 27, 2022 and extend heartfelt condolences to his family and his esteemed colleagues; and be it further

RESOLVED, That a copy of this resolution be recorded in the proceedings of this Section and be forwarded to Dr. Monnig's family.

Your Reference Committee strongly supports acknowledging the achievements and celebrating the life of Dr. Bill Monnig, recognizing him as a valued and faithful member of the AMA Organized Medical Staff Section, a renowned colleague, and a dear friend. The Committee echoes the testimony online reflecting Dr. Monnig's status as a "giant whose shoulders I have stood on" and expresses the deepest sympathy of the Organized Medical Staff Section to Dr. Monnig's family and friends.

- 1 Doctor Speaker, this concludes the report of the Organized Medical Staff Section
- 2 Reference Committee. I would like to thank Drs. Anjalee Galion, Jay Gregory, Christopher
- 3 Gribbin, and Marilyn Laughead and all those who testified before the Committee.

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Chris Bush, MD  
Society

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Anjalee Galion, MD  
Society

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Jay Gregory, MD  
Society

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Christopher Gribbin, MD  
Society

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Marilyn Laughead, MD  
Society