

AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION (A-22)

Report of the Committee on Late Resolutions

Carolynn Francavilla, MD, Chair

1 Mister Chair, Members of the Assembly:

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3 The Committee on Late Resolutions met Wednesday, June 8, to discuss Late Resolution
4 1, which was submitted late. A two-thirds vote of the Assembly is required for
5 acceptance of any late resolutions as official business of the Assembly.

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7 Your Late Resolution Committee voiced unanimous support for the intention behind Late
8 Resolution 1, agreeing that use of the term “provider,” coupled with inadequate
9 identification is likely to continue to create confusion for patients. The Committee also
10 agrees that steps are needed to promote proper identification of physicians in their
11 workplaces as distinct from non-physicians who may also interact with patients and other
12 people in the healthcare workplace. Committee members noted that components of Late
13 Resolution 1 are included in other resolutions that will be before the House of Delegates
14 during the June 2022 meeting.

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16 The Committee was not able to ascertain that Late Resolution meets the threshold
17 established for late resolutions, namely that they address an issue that is emergent and
18 urgent. The Committee strongly agreed that Late Resolution 1 addresses an important
19 issue, however it determined that the issue is a continuous one, and thus not emergent,
20 and one that is being addressed through other resolutions as well as existing AMA
21 policy, and thus not an urgent one.

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23 Your Late Resolution Committee would welcome additional statements or background
24 from the resolution’s author or any other PPPS member in good standing to provide
25 deeper context for the resolution’s urgent and emergent status. In the absence of such,
26 the Committee recommends to the Assembly that Late Resolution 1 not be accepted for
27 consideration at the 2022 OMSS Annual Meeting.