

AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIAN SECTION

Resolution: 8  
(JUN-22)

Introduced by: Alex Shteynshlyuger, MD

Subject: AMA Advocacy Philosophy – Speak Softly and Carry a Big Stick

Referred to: PPPS Assembly as a Whole

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1 WHEREAS, For more than 30 years, the AMA has tried to advocate for physicians and patients  
2 by carrying the moral torch and putting the interests of our patients front and center. Yet the  
3 healthcare industrial complex, meeting at hotel bars in Washington DC is more powerful than a  
4 patient's vote at the ballot box; and

5 WHEREAS, the AMA is outgunned and outmanned, with the top 5 health plans in the US having  
6 revenue 2,118 times the AMA revenue and net profits 79 times the AMA revenue; and

7 WHEREAS, Appeasement of the healthcare industrial complex has brought stress and burnout  
8 to physicians, prior authorizations for patients where no other treatment options are available,  
9 and \$350K+ health equity consulting jobs to political leaders of CMS and HHS but no health  
10 equity to patients living on a fixed income or affected by other social determinants of health; and

11 WHEREAS, The AMA's heroic advocacy efforts, for the past 20 years, practiced the philosophy  
12 that "you can catch more flies with honey than with vinegar;" the empiric evidence shows that  
13 that approach has not brought the results to the AMA members; President Theodore  
14 Roosevelt's leadership through the West African proverb "speak softly and carry a big stick; you  
15 will go far" policy has brought success to the US that the AMA members desire; therefore be it

16 RESOLVED, That our American Medical Association will officially adopt, in spirit and practice,  
17 as its guiding approach in all its advocacy efforts the philosophy expressed by the ancient West  
18 African proverb "speak softly and carry a big stick; you will go far." (New HOD Policy); and be it  
19 further

20 RESOLVED, That our American Medical Association AMA will instruct the AMA Litigation  
21 Center to aggressively pursue the AMA members' collective legal rights and to seek remedies  
22 related to violations of physician's rights by state and federal laws and policies; violations of  
23 due process by governmental agencies, and violations of fair business practices by health plans  
24 and other organizations through litigation, including class-action litigation (Directive to Take  
25 Action).

Fiscal Note: Not yet determined

Received: 5/12/2022

## RELEVANT AMA POLICY

### **AMA Advocacy Analysis (D-330.908)**

Our AMA Board of Trustees will provide a report to the House of Delegates at each Interim Meeting highlighting the prior year advocacy activities to include efforts, successes, challenges, and recommendations / actions to further optimize advocacy efforts.

Citation: Res. 615, A-14; Modified: Speakers Rep., I-15

### **CMS Administrative Requirements (D-190.970)**

Our AMA will: (1) forcefully advocate that the Centers for Medicare and Medicaid Services (CMS) investigate all valid allegations of HIPAA Administrative simplification requirements thoroughly and offers transparency in its processes and decisions as required by the Administrative Procedure Act (APA); (2) forcefully advocate that the CMS resolve all complaints related to the non-compliant payment methods including opt-out virtual credit cards, charging processing fees for electronic claims and other illegal electronic funds transfer (EFT) fees; (3) communicate its strong disapproval of the failure by the CMS Office of Burden Reduction to effectively enforce the HIPAA administrative simplification requirements as required by the law and its failure to impose financial penalties for non-compliance by health plans; and (4) through legislation, regulation or other appropriate means, advocate for the prohibition of health insurers charging physicians and other providers to process claims and make payment.

Citation: Res. 229, I-21

### **Administrative Simplification in the Physician Practice (D-190.974)**

1. Our AMA strongly encourages vendors to increase the functionality of their practice management systems to allow physicians to send and receive electronic standard transactions directly to payers and completely automate their claims management revenue cycle and will continue to strongly encourage payers and their vendors to work with the AMA and the Federation to streamline the prior authorization process.
2. Our AMA will continue its strong leadership role in automating, standardizing and simplifying all administrative actions required for transactions between payers and providers.
3. Our AMA will continue its strong leadership role in automating, standardizing, and simplifying the claims revenue cycle for physicians in all specialties and modes of practice with all their trading partners, including, but not limited to, public and private payers, vendors, and clearinghouses.
4. Our AMA will prioritize efforts to automate, standardize and simplify the process for physicians to estimate patient and payer financial responsibility before the service is provided, and determine patient and payer financial responsibility at the point of care, especially for patients in high-deductible health plans.

5. Our AMA will continue to use its strong leadership role to support state and specialty society initiatives to simplify administrative functions.
6. Our AMA will continue its efforts to ensure that physicians are aware of the value of automating their claims cycle.

Citation: CMS Rep. 8, I-11; Appended: Res. 811, I-12; Reaffirmed: A-14; Reaffirmed: A-17; Reaffirmed: BOT Action in response to referred for decision: Res. 805; I-16; Reaffirmed: I-17; Reaffirmed: A-19; Modified: CMS Rep. 09, A-19

## **National Advocacy Conference (G-630.160)**

The National Advocacy Conference will remain separate from the Interim Meeting. Unless special circumstances arise, our American Medical Association National Advocacy Conference shall be scheduled annually in the nation's capital, Washington, DC, in order to maximize the continuity and impact of the voice of medicine in visits with the members of the United States Congress.

Citation: CCB/CLRPD Rep. 3, A-12

## **Litigation Over Hospital Peer Advocacy Review Decisions (H-375.979)**

Our AMA believes that it is important to minimize expensive and time-consuming litigation over hospital peer review decisions if hospital peer review is to be a successful and effective mechanism for assuring the quality and appropriateness of hospital services. The AMA, therefore, recommends that state medical societies pursue one of the following alternatives to help minimize litigation over peer review decisions: (1) seek state legislation to create a forum that would qualify hospital peer review in the state for the state action exemption; (2) create a privately organized forum that would not qualify for the state exemption but would minimize the possibility of litigation by allowing for an objective evaluation of the decision outside of the hospital; and (3) pursue legislation that would create procedural protections designed to ensure fairness in the hospital peer review process that are the equivalent of or more substantial than those set forth in the Health Care Quality Improvement Act of 1986, or encourage hospital medical staffs to adopt bylaws with the requisite protections.

Citation: BOT Rep. DD, A-91; Reaffirmed: A-00; Reaffirmed: CMS Rep. 6, A-10; Reaffirmed: CMS Rep. 1; A-20

## **Litigation Center Cases to Combat Automatic Downcoding and/or Receiving (H-70.924)**

The Litigation Center continues to initiate or support lawsuits that seek redress from insurers who engage in inappropriate or inaccurate downcoding and/or recoding practices.

Citation: BOT Rep. 31, A-02; Reaffirmed: CMS Rep. 4, A-12