DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its November 2021 Special Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (N-21)

Report of Reference Committee F

David J. Bensema, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report of the House of Delegates Committee on the Compensation of the Officers

2. Board of Trustees Report 18 – Financial Protections for Doctors in Training

3. Council on Long Range Planning and Development Report 1 – Minority Affairs Section Five-Year Review

4. Council on Long Range Planning and Development Report 2 – Integrated Physician Practice Section Five-Year Review

RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE

5. Resolution 601 – "Virtual Water Cooler" for our AMA

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

6. Board of Trustees Report 19 – Advocacy for Physicians with Disabilities

7. Resolution 606 – Increasing the Effectiveness of Online Reference Committee Testimony

8. Resolution 614 – Insurance Industry Behaviors

RECOMMENDED FOR REFERRAL

9. Resolution 605 – Formalization of the Resolution Committee as a Standing Committee of the American Medical Association House of Delegates

10. Resolution 615 – Employed Physicians

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RECOMMENDED FOR ADOPTION

(1) REPORT OF THE HOUSE OF DELEGATES COMMITTEE ON THE COMPENSATION OF THE OFFICERS

RECOMMENDATIONS:

Recommendations in the Report of the House of Delegates Committee on the Compensation of the Officers be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in the Report of the House of Delegates Committee on the Compensation of the Officers adopted and the remainder of the Report filed.

1. That there be no changes to the Officers' compensation for the period beginning July 1, 2021 through June 30, 2022. (Directive to Take Action)

2. That the travel policy and the Board travel and expense standing rules be amended by addition, shown with underscores as follows:

Transportation

a. Air: AMA policy on reimbursement for domestic air travel for members of the Board is that the AMA will reimburse for coach fare only. The Presidents (President, Immediate Past President and President Elect) will each have access to an individual $5,000 term allowance (July 1 to June 30) and during the pilot, all other Officers will each have access to $1,250 (pilot extends from November 15, 2021 to April 15, 2022) to use for upgrades as each deems appropriate, typically when traveling on an airline with non-preferred status. The unused portion of the allowance is not subject to carry forward or use by any other Officer and remains the property of the AMA. In rare instances it is recognized that short notice assignments may require up to first class travel because of the lack of availability of coach seating, and this will be authorized when necessary by the Board Chair, prior to travel. Business Class airfare is authorized for foreign travel on AMA business. (Also see Rule IV--Invitations, B—Foreign, for policy on foreign travel). (Directive to Take Action)

3. That the remainder of the report be filed.

Your Reference Committee received limited testimony online seeking clarity regarding an increased travel upgrade allowance for our AMA President, President-Elect, and Immediate Past-President through June 30, 2022, and all other AMA Officers through April 15, 2022.

The Committee on Compensation testified that providing our AMA Officers the means with which to maintain separation on an airline is a reasonable consideration as we emerge from the pandemic and business travel resumes. Additionally, the concern that this benefit is not being extended to Councils, Governing Councils, and AMA staff was addressed as being beyond the purview of the Committee on Compensation.

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Regarding Councils, Governing Councils, and AMA staff, your Reference Committee notes that our AMA continues to convene virtually all Councils and Governing Councils, and our AMA staff continue to work remotely at this time.

Your Reference Committee extends its appreciation to the Committee on Compensation for its thorough work on behalf of our House of Delegates and for providing added clarification by way of online testimony. Your Reference Committee favors adoption of the report.

(2) BOARD OF TRUSTEES REPORT 18 - FINANCIAL PROTECTIONS FOR DOCTORS IN TRAINING

RECOMMENDATIONS:

Recommendations in Board of Trustees Report 18 be <u>adopted</u> and the remainder of the Report be <u>filed</u>.

HOD ACTION: Recommendations in Board of Trustees Report 18 <u>adopted</u> and the remainder of the Report <u>filed.</u>

1. That our American Medical Association (AMA) support the availability of retirement plans for residents and fellows at all teaching institutions that are no less favorable than those offered to other institution employees. (New HOD Policy)

2. That AMA Policy H-310.912, "Residents and Fellows' Bill of Rights," be amended by addition and deletion to read as follows:

    1. Our AMA continues to advocate for improvements in the ACGME Institutional and Common Program Requirements that support AMA policies as follows: a) adequate financial support for and guaranteed leave to attend professional meetings; b) submission of training verification information to requesting agencies within 30 days of the request; c) adequate compensation with consideration to local cost-of-living factors and years of training, and to include the orientation period; d) health insurance benefits to include dental and vision services; e) paid leave for all purposes (family, educational, vacation, sick) to be no less than six weeks per year; and f) stronger due process guidelines.

    2. Our AMA encourages the ACGME to ensure access to educational programs and curricula as necessary to facilitate a deeper understanding by resident physicians of the US health care system and to increase their communication skills.

    3. Our AMA regularly communicates to residency and fellowship programs and other GME stakeholders this Resident/Fellows Physicians' Bill of Rights.

    4. Our AMA: a) will promote residency and fellowship training programs to evaluate their own institution's process for repayment and develop a leaner approach. This includes disbursement of funds by direct deposit as opposed to a paper check and an online system of applying for funds; b) encourages a system of expedited repayment for purchases of $200 or less (or an equivalent institutional

threshold), for example through payment directly from their residency and fellowship programs (in contrast to following traditional workflow for reimbursement); and c) encourages training programs to develop a budget and strategy for planned expenses versus unplanned expenses, where planned expenses should be estimated using historical data, and should include trainee reimbursements for items such as educational materials, attendance at conferences, and entertaining applicants. Payment in advance or within one month of document submission is strongly recommended.

5. Our AMA will partner with ACGME and other relevant stakeholders to encourage training programs to reduce financial burdens on residents and fellows by providing employee benefits including, but not limited to, on-call meal allowances, transportation support, relocation stipends, and childcare services.

6. Our AMA will work with the Accreditation Council for Graduate Medical Education (ACGME) and other relevant stakeholders to amend the ACGME Common Program Requirements to allow flexibility in the specialty-specific ACGME program requirements enabling specialties to require salary reimbursement or "protected time" for resident and fellow education by "core faculty," program directors, and assistant/associate program directors.

7. Our AMA encourages teaching institutions to offer retirement plan options, retirement plan matching, financial advising and personal finance education.

8. ~~7~~ Our AMA adopts the following "Residents and Fellows' Bill of Rights" as applicable to all resident and fellow physicians in ACGME-accredited training programs:

RESIDENT/FELLOW PHYSICIANS' BILL OF RIGHTS
Residents and fellows have a right to:

[…]

E. Adequate compensation and benefits that provide for resident well-being and health.

[…]

(3) With Regard to Benefits, Residents and Fellows Must Be Fully Informed of and Should Receive: a. Quality and affordable comprehensive medical, mental health, dental, and vision care for residents and their families, as well as retirement plan options, professional liability insurance and disability insurance to all residents for disabilities resulting from activities that are part of the educational program; b. An institutional written policy on and education in the signs of excessive fatigue, clinical depression, substance abuse and dependence, and other physician impairment issues; c. Confidential access to mental health and substance abuse services; d. A guaranteed, predetermined amount of paid vacation leave, sick leave, family and medical leave and educational/professional leave during each year in their training program, the total amount of which should not be less than six weeks; e. Leave in compliance with the Family and Medical Leave Act; and f. The

conditions under which sleeping quarters, meals and laundry or their equivalent are to be provided. (Modify Current HOD Policy)

Your Reference Committee heard testimony acknowledging the significance of medical student debt and the need for robust financial counseling. Testimony also conveyed support of retirement plans and contribution matching for residents and fellows, noting concern about the restricted amount of GME funding available to institutions. Generally, testimony favored assisting residents and fellows with financial planning.

(3) COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT REPORT 1 - MINORITY AFFAIRS SECTION FIVE-YEAR REVIEW

RECOMMENDATION:

Recommendation in Council on Long Range Planning and Development Report 1 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendation in Council on Long Range Planning and Development Report 1 adopted and the remainder of the Report filed.

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Minority Affairs Section through 2026 with the next review no later than the 2026 Interim Meeting and that the remainder of this report be filed. (Directive to Take Action)

On behalf of our AMA House of Delegates, your Reference Committee wishes to extend its appreciation to the Council on Long Range Planning and Development and the Minority Affairs Section for their cooperative and collaborative efforts, which provided for the thorough review summarized in this report. Having received no opposition to renewing delineated section status for the Minority Affairs Section, your Reference Committee supports the Council's recommendation.

During testimony, a recommendation to amend the process for delineated section review was shared. A member of the Council on Long Range Planning and Development highlighted that the process was established by the House of Delegates. Your Reference Committee wishes to highlight changes to the process are not within the scope of this report.

(4) COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT REPORT 2 - INTEGRATED PHYSICIAN PRACTICE SECTION FIVE-YEAR REVIEW

RECOMMENDATION:

Recommendation in Council on Long Range Planning and Development Report 2 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendation in Council on Long Range Planning and Development Report 2 adopted and the remainder of the Report filed

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Integrated Physician Practice Section through 2026 with the next review no later than the 2026 Interim Meeting and that the remainder of this report be filed. (Directive to Take Action)

As was stated in the previous item of business, your Reference Committee is appreciative of the collaboration that has occurred between the Council on Long Range Planning and Development and the Integrated Physician Practice Section, which resulted in a comprehensive review of the Section. Testimony favored the recommendation of the Council.

RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE

(5) RESOLUTION 601 - "VIRTUAL WATER COOLER" FOR OUR AMA

RECOMMENDATION A:

Resolution 601 be adopted.

RECOMMENDATION B:

The title of Resolution 601 be changed to read as follows:

INFORMAL INTER-MEMBER MENTORING

HOD ACTION: Resolution 601 adopted with a change in title to read:

INFORMAL INTER-MEMBER MENTORING

RESOLVED, That our American Medical Association explore options facilitating the ability of members to identify and directly contact other members who are interested in participating in informal inter-member mentoring, in order that self-selected members may readily enter into collegial communications with one another; and shall report back such options to the HOD within 12 months. (Directive to Take Action)

Your Reference Committee received only supportive testimony in response to our AMA facilitating the creation of a mentoring program for AMA members. It is your Reference Committee's opinion that as we emerge from the pandemic, the desire to reconnect and network with our colleagues will drive participation in this program.

Your Reference Committee recommends a change in title to better convey the intent of this initiative.

RECOMMENDED FOR ADOPTION AS AMENDED

(6) BOARD OF TRUSTEES REPORT 19 - ADVOCACY FOR PHYSICIANS WITH DISABILITIES

RECOMMENDATION A:

Recommendations in Board of Trustees Report 19 be amended by addition and deletion to read as follows:

1. **That our American Medical Association (AMA) establish an advisory group composed of AMA members who themselves have a disability to ~~work toward~~ ensure additional opportunities for including ~~inclusion for~~ physicians and medical students with disabilities in all AMA activities. (Directive to Take Action)**

2. **That our AMA promote and foster educational and training opportunities for AMA members and the medical community at large to better understand the role disabilities can play in the healthcare work environment, including cultivating a rich understanding of so-called invisible disabilities for which accommodations may not be immediately apparent. (Directive to Take Action)**

3. **That our AMA develop and promote tools for physicians with disabilities to advocate for themselves in their own workplaces, including a deeper understanding of the legal options available to physicians and medical students to manage their own disability-related needs in the workplace. (Directive to Take Action)**

4. **That our AMA communicate to employers and medical staff leaders the importance of including within personnel policies and medical staff bylaws protections and reasonable accommodations for physicians and medical students with visible and invisible disabilities. (Directive to Take Action)**

RECOMMENDATION B:

Recommendations in Board of Trustees Report 19 be adopted as amended and the remainder of the Report be filed.

RECOMMENDATION C:

The title of Board of Trustees Report 19 be amended to read as follows:

ADVOCACY FOR PHYSICIANS AND MEDICAL STUDENTS WITH DISABILITIES

HOD ACTION: Recommendations in Board of Trustees Report 19 adopted as amended with a change in title to read:

ADVOCACY FOR PHYSICIANS AND MEDICAL STUDENTS WITH DISABILITIES

1. That our American Medical Association (AMA) establish an advisory group composed of AMA members who themselves have a disability to work toward inclusion for physicians with disabilities in all AMA activities. (Directive to Take Action)

2. That our AMA promote and foster educational and training opportunities for AMA members and the medical community at large to better understand the role disabilities can play in the healthcare work environment, including cultivating a rich understanding of so-called invisible disabilities for which accommodations may not be immediately apparent. (Directive to Take Action)

3. That our AMA develop and promote tools for physicians with disabilities to advocate for themselves in their own workplaces, including a deeper understanding of the legal options available to physicians to manage their own disability-related needs in the workplace. (Directive to Take Action)

4. That our AMA communicate to employers and medical staff leaders the importance of including within personnel policies and medical staff bylaws protections and reasonable accommodations for physicians with visible and invisible disabilities. (Directive to Take Action)

5. That part 1 of Policy D-90.991, Advocacy for Physicians with Disabilities, be rescinded as having been accomplished by this report. (Modify Current HOD Policy)

Your Reference Committee heard enthusiastic support for Board of Trustees Report 19. During testimony, an edit was proffered to the first recommendation contained in the report that significantly strengthens our AMA's commitment to including physicians with disabilities in all AMA activities. Additional testimony requested the inclusion of medical students in the first, third and fourth recommendations. Your Reference Committee wholeheartedly agrees with these changes.

(7) RESOLUTION 606 - INCREASING THE EFFECTIVENESS OF ONLINE REFERENCE COMMITTEE TESTIMONY

RECOMMENDATION A:

Resolution 606 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association conduct a trial of ~~no less than~~ two-years during which all reference committees, prior to the in-person reference committee hearing, produce a preliminary reference committee ~~report~~ document based on the written online testimony (Directive to Take Action); and be it further

RESOLVED, That the preliminary reference committee document will be used to ~~become the agenda for~~ inform the discussion at the in-person reference committee (Directive to Take Action); and be it further

RESOLVED, That ~~after the trial period~~ there be an evaluation to determine if this procedure should continue (Directive to Take Action); and be it further

RESOLVED, That AMA pursue any bylaw changes that might be necessary to allow this trial (Modify Bylaws); and be it further

RESOLVED, That the period for online testimony be no longer than ~~10~~ 14 days. (Directive to Take Action)

RECOMMENDATION B:

Resolution 606 be adopted as amended.

HOD ACTION: Resolution 606 adopted as amended.

RESOLVED, That our American Medical Association conduct a trial of no less than two-years during which all reference committees, prior to the in-person reference committee hearing, produce a preliminary reference committee report based on the written online testimony (Directive to Take Action); and be it further

RESOLVED, That the preliminary reference committee document become the agenda for discussion at the in-person reference committee (Directive to Take Action); and be it further

RESOLVED, That after the trial period there be an evaluation to determine if this procedure should continue (Directive to Take Action); and be it further

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RESOLVED, That AMA pursue any bylaw changes that might be necessary to allow this trial (Modify Bylaws); and be it further

RESOLVED, That the period for online testimony be no longer than 10 days.) (Directive to Take Action)

Your Reference Committee heard considerable support for formally incorporating online reference committee testimony into AMA policy deliberations. It was noted that an official process for online testimony could lead to better integration of diverse perspectives and encourage more robust discussions.

Your Reference Committee also heard opposing testimony in addition to requests for referral due to potential unintended consequences such as anchoring bias and increased administrative burden. Your Reference Committee believes that the two-year trial and subsequent evaluation could identify concerns and develop possible solutions to implement an effective, streamlined process.

(8) RESOLUTION 614 - INSURANCE INDUSTRY BEHAVIORS

RECOMMENDATION A:

Resolution 614 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association step up its ongoing review of the proper use of the AMA CPT Codes ~~and Vignettes~~ in medical billing claims payments and its misuse by the US Health Insurance Industry (Directive to Take Action); and be it further

RESOLVED, That our AMA undertake as soon as practical a formal, legal review of ongoing grievous behaviors of the health insurance industry, including: ~~(1)~~ a search for potential litigation partners across the medical federation~~; and (2) dissemination of the findings to the appropriate internal AMA divisions and Councils for review and preparation for potential civil, regulatory and/or legislative action by/in the US Court System, the US Federal or State regulatory agencies and/or the US Congress.~~ (Directive to Take Action); and be it further

RESOLVED, That our AMA communicate with AMA members outcomes in litigating egregious behaviors of the health insurance industry. (Directive to Take Action)

RECOMMENDATION B:

Resolution 614 be adopted as amended.

HOD ACTION: Resolution 614 adopted as amended.

RESOLVED, That our American Medical Association step up its ongoing review of the proper use of the AMA CPT Code and Vignettes in medical billing claims payments and its misuse by the US Health Insurance Industry (Directive to Take Action); and be it further

RESOLVED, That our AMA undertake as soon as practical a formal, legal review of ongoing grievous behaviors of the health insurance industry including: (1) a search for potential litigation partners across the medical federation; and (2) dissemination of the findings to the appropriate internal AMA divisions and Councils for review and preparation for potential civil, regulatory and/or legislative action by/in the US Court System, the US Federal or State regulatory agencies and/or the US Congress. (Directive to Take Action)

Many who testified in support of Resolution 614 detailed how they believe the health insurance industry is using its growing market share, resulting from insurer consolidations, to unfairly leverage against physicians and medical practices, including new payment policies that unfairly deny or unreasonably reduce payment to providers.

Your Reference Committee also heard testimony from our Board of Trustees who indicated that the work requested by this resolution is already underway within our AMA, including our AMA Litigation Center. Our Board of Trustees further indicated that to ensure the best potential for success, it is prudent to safeguard litigation and advocacy efforts from wide dissemination at this time.

Testimony, however, overwhelmingly favored adoption of Resolution 614. Your Reference Committee proffered the amendments reflected here to acknowledge the need for confidentiality as expressed by our Board of Trustees while keeping our AMA members aware of activities occurring on behalf of physicians.

RECOMMENDED FOR REFERRAL

(9) RESOLUTION 605 - FORMALIZATION OF THE RESOLUTION COMMITTEE AS A STANDING COMMITTEE OF THE AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

RECOMMENDATION:

Resolution 605 be referred.

HOD ACTION: Resolution 605 referred.

RESOLVED, That the Bylaws of the American Medical Association be amended to provide that the Resolution Committee be responsible for reviewing resolutions submitted for consideration at all meetings of the American Medical Association House of Delegates and determining compliance of the resolutions with the purpose of any such meeting (Modify Bylaws); and be it further

RESOLVED, That the membership of the Resolution Committee reflect the diversity of the House of Delegates (New HOD Policy); and be it further

RESOLVED, That the Resolution Committee rules be written to produce impartial results and appropriate changes be made to the AMA Bylaws as necessary to empower the committee. (Modify Bylaws)

Your Reference Committee heard robust, yet widely divided testimony on formalizing the Resolution Review Committee as a standing House of Delegates committee. Testimony reflected that the Resolution Review Committee was implemented as a temporary solution to address an unprecedented situation.

Opposition to formalizing the Resolution Review Committee entailed concerns, such as inconsistencies with evaluating resolutions, limiting discussion on ideas and emergent issues, ineffective extraction process, lack of inclusivity in policy deliberations, and exclusion of the minority voice in the parliamentary process.

Testimony favoring formalization of the resolution review process cited issues regarding members of our AMA House of Delegates not having sufficient time to review a growing volume of business and the need to triage priority items of business.

Your Reference Committee believes addressing the complexities of having a streamlined process while not marginalizing the perspectives of various groups merits further study to ensure that all aspects of this issue are properly addressed.

(10) RESOLUTION 615 - EMPLOYED PHYSICIANS

RECOMMENDATION:

Resolution 615 be referred.

HOD ACTION: Resolution 615 referred.

RESOLVED, That our American Medical Association dedicate full-time staff to the Employed Physician to aggressively address relevant AMA Policy pertaining to the Employed Physician (Directive to Take Action); and be it further

RESOLVED, That our AMA study amending Policy G-615.105 to read as follows:

Employed Physicians and the AMA G-615.105

1. Our AMA will ~~strive to~~ become the lead association for physicians who maintain employment or contractual relationships with hospitals, health systems, and other entities.

2. As a benefit of membership our AMA will provide~~, through the Sections and Special Groups,~~ assistance, such as information~~, and~~ advice~~, but not~~ and legal opinions ~~or representation~~, as appropriate, to employed physicians, physicians in independent practice, and independent physician contractors in matters pertaining to their relationships with hospitals, health systems, and other entities, including, but not limited to, breach of contracts, contract negotiations and contract renewals, ~~including~~ medical staff bylaws, sham peer review, economic credentialing, and the denial of due process.

3. Our AMA will work through the Organized Medical Staff Section and other sections and special groups as appropriate to represent and address the unique needs of physicians who maintain employment or contractual relationships with hospitals, health systems, and other entities. (Directive to Take Action); and be it further

RESOLVED, That the representation of the Organized Medical Staff Section (OMSS) in the AMA House of Delegates be increased from the current one Delegate to many Delegates based on AMA membership numbers of employed physicians using the mathematical model(s), to calculate the numbers of the New OMSS Delegates, currently being used at AMA for the Medical Student and Resident and Fellows Sections to calculate the numbers of Regional Medical Students and the numbers of Regional Resident/Fellows in the AMA House of Delegates. The AMA would develop a practical meaning of the phrase “Employed Physician” for the purposes of AMA membership counting, but as an editorial comment, the SED suggests starting with employed Non-Resident/Non-Fellow physicians who have no ownership interest (or, say, less than 1% ownership each) in their employer organization (New HOD Policy); and be it further

RESOLVED, That the Organized Medical Staff Section have one designated member who is a defined employed physician on all AMA Boards and Committees and Councils to match the MSS, the RFS and the YPS. (New HOD Policy)

Your Reference Committee received testimony reflecting concerns regarding unaddressed variables identified within Resolution 615, including a need to: (a) define clearly who is an employed physician; (b) delineate the impact of providing the Organized Medical Staff Section (OMSS) with proportional representation in our AMA House of Delegates; and (c) describe the effect of providing OMSS with slotted seats on all our AMA boards, committees, and councils. It should be noted that this last concern regarding slotted seats generated opposing testimony.

For the reasons stated here, your Reference Committee recommends referral of Resolution 615 for a report outlining a workable plan for supporting employed physicians.

Doctor Speaker, this concludes the report of Reference Committee F. I would like to thank Veronica K. Dowling, MD, Cheryl Gibson Fountain, MD, Stuart J. Glassman, MD, MBA, Rebecca L. Johnson, MD, Shilpen A. Patel, MD, William C. Reha, MD, MBA, and all those who testified before the Committee.

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