



ama-assn.org
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PRIVATE PRACTICE PHYSICIANS SECTION

Governing Council Report A

Annual 2024 Meeting

Access full text of resolutions/reports in the [HOD meeting handbook](#).

Recommendations key

Instructions for the delegate and alternate delegate are designated as follows:

- *Strongly support* – the delegate/alternate delegate shall support the resolution as written and actively speak in favor of the resolution
- *Support* – the delegate/alternate delegate shall support the resolution as written
- *Listen* – the delegate/alternate delegate is not instructed to take any action, however, may if they believe it is in the best interest of the Section
- *Refer* – the delegate/alternate delegate shall move to refer (the item goes to a Council) or refer for decision (item goes to the Board)
- *Amend* – the delegate/alternate delegate shall move to amend the resolution in the manner prescribed in Report A
- *Oppose* – the delegate/alternate delegate shall oppose the resolution as written
- *Strongly oppose* – the delegate/alternate delegate shall oppose the resolution as written and actively speak in opposition of the resolution

Some items may contain specific instructions not included among those listed above. In such cases, instructions to the delegate/alternate delegate are described in detail alongside the item of business.

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendation
1	.CON	CCB 03 – AMA Bylaws—Removal of Officers, Council Members, Committee Members and Section Governing Council Members (D-610.997)	<p>The Council on Constitution and Bylaws recommends that the following recommendations be adopted, that Policy D-610.997 be rescinded, and that the remainder of this report be filed.</p> <p>1) That our AMA Bylaws be amended by insertion to add the following provisions. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting:</p> <p>3. Officers</p> <p>3.6 Vacancies.</p> <p>3.6.4 Absences. If an officer misses 6 consecutive regular meetings of the Board, this matter shall be reported to the House of Delegates by the Board of Trustees and the</p>	Delegate instructed to listen.

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			<p>office shall be considered vacant. The vacancy shall be filled as provided in Bylaw 3.6.1 or Bylaw 3.6.3.</p> <p>3.6.5 Removal for Cause. Any officer may be removed for cause in accordance with procedures established by the House of Delegates.</p> <p>6. Councils</p> <p>6.0.1.4 Removal. A Council member may be removed for cause in accordance with procedures approved by the House of Delegates.</p> <p>7. Sections</p> <p>7.0.3.4 Removal. A Governing Council member may be removed for cause in accordance with procedures approved by the House of Delegates. (Modify Bylaws)</p> <p>2) That the Councils on Constitution and Bylaws, Long Range Planning and Development and the Ethical and Judicial Affairs and the House develop the procedures to remove a trustee, council member or governing council member for cause. (Directive to Take Action)</p> <p>3) That the Election Committee address the need for policy to remove candidates who are found to violate AMA policy G-610.090, AMA Election Rules and Guiding Principles. (Directive to Take Action)</p>	
2	.CON	CEJA 03 – Establishing Ethical Principles for Physicians	In view of these deliberations, the Council on Ethical and Judicial Affairs recommends that Opinion 11.2.3, “Contracts to Deliver Health Care Services,” be amended by addition and deletion as follows and the remainder of this report be filed:	Delegate instructed to support.

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		Involved in Private Equity	<p>Physicians have a fundamental ethical obligation to put the welfare of patients ahead of other considerations, including personal financial interests. This obligation requires them to that before entering into contracts to deliver health care services, physicians consider carefully the proposed contract to assure themselves that its terms and conditions of contracts to deliver health care services before entering into such contracts to ensure that those contracts do not create untenable conflicts of interest or compromise their ability to fulfill their ethical and professional obligations to patients.</p> <p>Ongoing evolution in the health care system continues to bring changes to medicine, including changes in reimbursement mechanisms, models for health care delivery, restrictions on referral and use of services, clinical practice guidelines, and limitations on benefits packages. While these changes are intended to enhance quality, efficiency, and safety in health care, they can also put at risk physicians’ ability to uphold professional ethical standards of informed consent and fidelity to patients and can impede physicians’ freedom to exercise independent professional judgment and tailor care to meet the needs of individual patients.</p> <p>As physicians seek capital to support their practices or enter into various differently structured contracts to deliver health care services—with group practices, hospitals, health plans, investment firms, or other entities—they should be mindful that while many some arrangements have the potential to promote desired improvements in care, some other arrangements also have the potential to impede put patients’ interests at risk and to interfere with physician autonomy.</p> <p>When contracting partnering with entities, or having a representative do so on their behalf, to provide health care services, physicians should:</p> <p style="padding-left: 40px;">(a) Carefully review the terms of proposed contracts, preferably with the advice of legal and ethics counsel, or have a representative do so on their behalf to assure themselves that the arrangement:</p> <p style="padding-left: 80px;">(i) minimizes conflict of interest with respect to proposed reimbursement mechanisms, financial or performance incentives, restrictions on care, or other mechanisms</p>	

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			<p>intended to influence physicians’ treatment recommendations or direct what care patients receive, in keeping with ethics guidance;</p> <p style="padding-left: 40px;">(ii) does not compromise the physician’s own financial well-being or ability to provide high-quality care through unrealistic expectations regarding utilization of services or terms that expose the physician to excessive financial risk;</p> <p style="padding-left: 40px;">(iii) allows ensures the physician can to appropriately exercise professional judgment;</p> <p style="padding-left: 40px;">(iv) includes a mechanism to address grievances and supports advocacy on behalf of individual patients;</p> <p style="padding-left: 40px;">(v) is transparent and permits disclosure to patients.</p> <p style="padding-left: 40px;">(vi) enables physicians to have significant influence on, or preferably outright control of, decisions that impact practice staffing.</p> <p>(b) Negotiate modification or removal of any terms that unduly compromise physicians’ ability to uphold ethical or professional standards.</p> <p>When entering into contracts as employees, preferably with the advice of legal and ethics counsel, physicians must:</p> <p style="padding-left: 40px;">(c) Advocate for contract provisions to specifically address and uphold physician ethics and professionalism.</p> <p style="padding-left: 40px;">(d) Advocate that contract provisions affecting practice align with the professional and ethical obligations of physicians and negotiate to ensure that alignment.</p>	

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			<p>(e) Advocate that contracts do not require the physician to practice beyond their professional capacity and provide contractual avenues for addressing concerns related to good practice, including burnout or related issues.</p> <p>(Modify HOD/CEJA Policy)</p>	
3	A	<p><u>CMS 08</u> – Sustainable Payment for Community Practices</p>	<p>The Council on Medical Service recommends that the following be adopted in lieu of Resolution 108-A-23, and the remainder of the report be filed:</p> <p>1. That our American Medical Association (AMA) support making bonuses for population-based programs accessible to small community practices, taking into consideration the size of the populations they manage and with a specific focus on improving care and payment for children, pregnant people, and people with mental health conditions, as these groups are often disproportionately covered by Medicaid. (New HOD Policy)</p> <p>2. That our AMA amend Policy D-400.990 by addition and deletion, and modify the title by addition and deletion, as follows: Uncoupling Commercial Fee Schedules from <u>the Medicare Physician Payment Schedule Conversion Factors</u> D-400.990 Our AMA: (1) shall use every means available to convince health insurance companies and managed care organizations to immediately uncouple fee schedules from <u>the Medicare Physician Payment Schedule conversion factors</u> and to maintain a <u>fair and appropriate level of payment reimbursement that is sustainable, reflects the full cost of practice, the value of the care provided, and includes an inflation-based update;</u> and (2) will seek legislation and/or regulation to prevent managed care companies from utilizing a physician payment schedule below the updated Medicare <u>Physician Payment professional fee s</u>Schedule. (Modify Current HOD Policy)</p> <p>3. That our AMA amend Policy H-290.976 by addition and deletion, and modify the title by addition and deletion, as follows: Enhanced SCHIP Enrollment, Outreach, and <u>Payment Reimbursement</u> H-290.976 1. It is the policy of our AMA that prior to or concomitant with states' expansion of <u>State</u></p>	<p>Delegate instructed to strongly support.</p>

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			<p>Children’s Health Insurance Programs (SCHIP) to adult coverage, our AMA urge all states to maximize their efforts at outreach and enrollment of SCHIP eligible children, using all available state and federal funds.</p> <p>2. Our AMA affirms its commitment to advocating for reasonable SCHIP and Medicaid <u>payment that is sustainable, reflects the full cost of practice, the value of the care provided, and includes inflation-based updates, reimbursement for its medical providers, defined as at minimum and is no less than</u> 100 percent of RBRVS Medicare allowable. (Modify Current HOD Policy)</p> <p>4. That our AMA amend Policy H-385.921 by addition and deletion as follows: Health Care Access for Medicaid Patients H-385.921 It is AMA policy that to increase and maintain access to health care for all, payment for physician providers for Medicaid, TRICARE, and any other publicly funded insurance plan must be <u>sustainable, reflect the full cost of practice, the value of the care provided, and include inflation-based updates, and is no less than at minimum</u> 100 percent of the RBRVS Medicare allowable. (Modify Current HOD Policy)</p> <p>5. That our AMA reaffirm Policy D-405.988, which calls for advocacy in Congress to ensure adequate payment for services rendered by private practicing physicians, creating and maintaining a reference document establishing principles for entering into and sustaining a private practice, and issuing a report in collaboration with the Private Practice Physicians Section at least every two years to communicate efforts to support independent medical practices. (Reaffirm HOD Policy)</p> <p>6. That our AMA reaffirm Policy H-200.949, which supports development of administrative mechanisms to assist primary care physicians in the logistics of their practices to help ensure professional satisfaction and practice sustainability, support increased financial incentives for physicians practicing primary care, especially those in rural and urban underserved areas, and advocate for public and private payers to develop physician payment systems to promote primary care and specialty practices in progressive, community-based models of integrated care focused on quality and outcomes. (Reaffirm HOD Policy)</p>	

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			<p>7. That our AMA reaffirm Policy H-285.904, which supports fair out-of-network payment rules coupled with strong network adequacy requirements for all physicians. (Reaffirm HOD Policy)</p> <p>8. That our AMA reaffirm Policy H-385.986, which opposes any type of national mandatory fee schedule. (Reaffirm HOD Policy)</p>	
4	B	BOT 13 – Prohibiting Covenants Not-To-Compete	<p>The Board of Trustees recommends that the following policy be adopted, and the remainder of the report be filed:</p> <p>1. That the American Medical Association (AMA) continue to assist interested state medical associations in developing fair and reasonable strategies regarding restrictive covenants between physician employers and physician employees including regularly updating the AMA’s state restrictive covenant legislative template. (New HOD Policy)</p>	Delegate instructed to support.
5	B	Res. 202 – Use of Artificial Intelligence and Advanced Technology by Third Party Payors to Deny Health Insurance Claims (American Association of Clinical Urologists)	<p>RESOLVED, that our American Medical Association adopt as policy that Commercial third-party payors, Medicare, Medicaid, Workers Compensation, Medicare Advantage and other health plans ensure they are making medical necessity determinations based on the circumstances of the specific patient rather than by using an algorithm, software, or Artificial Intelligence (AI) that does not account for an individual’s circumstances (New HOD Policy)</p> <p>RESOLVED, that our AMA adopt as policy that coverage denials based on a medical necessity determination must be reviewed by a physician in the same specialty or by another appropriate health care professional for non-physician health care providers. (New HOD Policy)</p>	Delegate instructed to strongly support.
6	B	Res. 213 – Access to Covered Benefits with an Out of Network Ordering Physician	RESOLVED, that our American Medical Association develop model legislation to protect patients in direct primary care plans and non-network plans thus furthering the ability of direct primary care physicians and other out-of-network physicians to provide covered services, including imaging, laboratory testing, referrals, medications, and other medically-necessary services for patients under their commercial insurance, even if it is an HMO or point of service plan (Directive to Take Action)	Delegate instructed to support

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Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendation
		(Private Practice Physicians Section)	RESOLVED, that our AMA develop resources, tool kits, education, and internal experts to support direct primary care and other out-of-network models. (Directive to Take Action)	
7	B	Res. 235 – Establish a Cyber-Security Relief Fund (New Jersey)	RESOLVED, that our American Medical Association, through appropriate channels, advocate for a ‘Cyber Security Relief Fund’ to be established by Congress (Directive to Take Action) RESOLVED, that the “Cyber Security Relief Fund” be funded through contributions from health insurance companies and all payers - as a mandated requirement by each of the payer (Directive to Take Action) RESOLVED, that the “Cyber Security Relief Fund” only be utilized for ‘uninterrupted’ payments to all providers- in a structured way, in the event of future cyber-attacks affecting payments. (Directive to Take Action)	Delegate instructed to amend, seek clarity on what is meant by “uninterrupted payments.”
8	B	Res. 241 – Healthcare Cybersecurity Breaches (New York)	RESOLVED, that our American Medical Association advocate for the development of an adequately funded multidisciplinary task-force including representation of AMA, health insurers, the FBI and other pertinent stakeholders to prevent future healthcare cyberattacks throughout the country and to increase the apprehension of cybercriminals who prey on patients and healthcare entities, and to recommend appropriate penalties for their crimes. (Directive to Take Action)	Delegate instructed to support.
9	B	Res. 245 – Patient Access to Covered Benefits Ordered by Out-Of-Network Physicians (Texas)	RESOLVED, that our American Medical Association develop model legislation to protect patients managed by out-of-network physicians by prohibiting insurance plans from denying payment for covered services, based solely on the network participation of the ordering physician (Directive to Take Action); and be it further RESOLVED, that our AMA develop resources, toolkits, and education to support out-of-network care models (Directive to Take Action).	Delegate instructed to support.
10	C	Res. 302 – The Role of	RESOLVED, that our American Medical Association adopt a policy that states that maintenance of certification requirements should not be duplicative of continuing	Delegate instructed to support.

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		Maintenance of Certification (Private Practice Physicians Section)	<p>medical education requirements and not be used to determine or dictate hospital privileges, insurance network credentialing, or hiring practices (New HOD Policy)</p> <p>RESOLVED, that our AMA recognizes the importance of fostering competition in the market for board certification, allowing physicians to have the autonomy to choose the most suitable pathway for their individual learning and professional development needs (New HOD Policy)</p> <p>RESOLVED, that our AMA undertake a comprehensive review of the available evidence concerning the impact of maintenance of certification on the quality and safety of patient care and report the findings of this investigation to its members and stakeholders, including policymakers and legislators, to inform future healthcare policy with a report back to the House of Delegates by Annual 2025 (Directive to Take Action)</p>	
11	F	CLRPD 01 – Establishment of a LGBTQ+ Section	<p>The Council on Long Range Planning and Development recommends that the following recommendations be adopted and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association transition the Advisory Committee on Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) Issues to the LGBTQ+ Section as a delineated section. (Directive to Take Action) 2. That our AMA develop bylaw language to recognize the LGBTQ+ Section. (Directive to Take Action) 	Delegate instructed to support.
12	F	Speakers' 01 – Report of the Resolution Modernization Task Force Update	<p>The Resolution Modification Task Force recommends that the following be adopted to be implemented for Interim 2024 and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. The bylaws be amended so that the resolution submission deadline be 45 days prior to the opening session of the House of Delegates. (Directive to take Action) 2. The bylaws be amended so that the definition of a late resolution shall be all resolutions submitted after the resolution submission deadline and prior to the beginning of the Opening Session of the House of Delegates. (Directive to take Action) 3. The bylaws be amended so that the definition of an emergency resolution shall be all resolutions submitted after the beginning of the Opening Session of the House of Delegates. (Directive to take Action) 	Delegate instructed to listen.

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			<p>4. The bylaws be amended so that the term of committees of the House of Delegates shall commence upon their formation and shall conclude at the end of the meeting for which they were appointed, unless otherwise directed by the House of Delegates. (Directive to take Action)</p> <p>5. That our AMA will convene Online Reference Committee Hearings prior to each House of Delegates meeting. These hearings shall open 10 days following the resolution submission deadline and remain open for 21 days. This shall be accomplished in lieu of Policy G-600.045. (New HOD Policy)</p> <p>6. Prior to House of Delegates meetings, reference committees will convene after the close of the Online Reference Committee Hearings to develop a Preliminary Reference Committee Report. These reports shall include preliminary recommendations and will serve as the agenda for the in-person reference committee hearing. This shall be accomplished in lieu of Policy G-600.060(8). (New HOD Policy)</p> <p>7. That Policy D-600.956 be rescinded. (Rescind HOD Policy)</p>	
13	G	BOT 30 – Proper Use of Overseas Virtual Assistants in Medical Practice	<p>The Board of Trustees recommends that the following be adopted, and the remainder of the report be filed:</p> <p>1. That our American Medical Association (AMA) reaffirm the following policies: a. H-385.951- Remuneration for Physician Services b. H-180.944 - Plan for Continued Progress Toward Health Equity c. H-135.932 - Light Pollution: Adverse Health Effects of Nighttime Lighting; (Reaffirm HOD Policy) and</p> <p>2. That Policy H-200.947 be amended to read as follows: “Our AMA: (1) supports the concept that properly trained overseas virtual assistants, <u>in the U.S. or overseas</u>, are an acceptable way to staff administrative roles in medical practices; and (2) will study and offer formal guidance for physicians on how best to utilize overseas virtual assistants to ensure protection of patients, physicians, practices, and equitable employment in communities served, in a manner consistent with appropriate compliance standards create and publish educational materials for medical practices that offer formal guidance on how best to utilize virtual assistants to ensure protection of patients, physicians, virtual assistants and practices.” (Modify Current HOD Policy).</p>	Delegate instructed to strongly support.

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14	G	<p>Res. 703 – Upholding Physician Autonomy in Evidence-Based Off-Label Prescribing and Condemning Pharmaceutical Price Manipulation</p> <p>(Resident and Fellow Section)</p>	<p>RESOLVED, that our American Medical Association advocates for transparency, accountability, and fair pricing practices in pharmaceutical pricing, opposing differential pricing of medications manufactured by the same company with the same active ingredient, without clear clinical necessity (Directive to Take Action)</p> <p>RESOLVED, that our AMA condemns interference with a physician's ability to prescribe one medication over another with the same active ingredient, without risk of harassment, prosecution, or loss of their medical license, and calls on regulatory authorities to investigate and take appropriate action against such practices. (New HOD Policy)</p>	Delegate instructed to strongly support.
15	G	<p>Res. 711 – Insurer Accountability When Prior Authorization Harms Patients</p> <p>(Ohio)</p>	RESOLVED, that our American Medical Association advocate for increased legal accountability of insurers and other payers when delay or denial of prior authorization leads to patient harm, including but not limited to the prohibition of mandatory pre-dispute arbitration and limitation on class action clauses in beneficiary contracts. (Directive to Take Action)	Delegate instructed to strongly support.
16	Info	<p>BOT 27 – AMA Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and Alternates</p>	<p>Additional discussions with tax counsel have resulted in another potential alternative, i.e., providing travel grants to societies in the HOD to cover or partially cover direct out-of-pocket expenses for delegates and alternate delegates based on financial need. Under this alternative, counsel recommended the following criteria: 1) the travel grants be limited to societies that demonstrate financial need; 2) the travel grants should be specifically identified as grants to cover travel reimbursement only for voting delegates and alternate delegates who participate in the HOD meetings, enabling delegates to participate in discussions regarding important issues affecting AMA and the medical profession; 3) the grant agreement between AMA and the society should require that the funds are for reimbursement of incurred travel expenses in a manner that is consistent with 501(c)(6) purposes; and 4) that AMA should establish a cap on the amount that any</p>	Delegate instructed to listen.

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			<p>one society can receive for reimbursement of travel expenses.</p> <p>...</p> <p>The AMA realizes the importance of representation and participation in the policy-making process and the strength of organized medicine, are the organizations who send representatives to our HOD meetings to participate in the policy making process. Your Board of Trustees presents this report as informational as we continue to study options for strengthening the participation of the Federation in House of Delegates meetings. Your Board will submit a report at the 2025 Annual Meeting.</p>	

END