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The following is a preliminary report of actions taken by the House of Delegates at its 2024 Annual 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 (A-24)

Report of Reference Committee A

Debra Perina, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. CMS Report 2 -- Improving Affordability of Employment-Based Health Coverage
2. CMS Report 7 -- Ensuring Privacy in Retail Health Care Settings
3. Resolution 110 – Coverage for Shoes and Shoe Modifications for Pediatric Patients Who Require Lower Extremity Orthoses
4. Resolution 112 – Private and Public Insurance Coverage for Adaptive Sports Equipment Including Prostheses and Orthoses
5. Resolution 116 – Increase Insurance Coverage for Follow-Up Testing After Abnormal Screening Mammography

RECOMMENDED FOR ADOPTION AS AMENDED

6. CMS Report 3 -- Review of Payment Options for Traditional Healing Services
7. CMS Report 8 -- Sustainable Payment for Traditional Healing Services
8. Resolution 101 -- Infertility Coverage
9. Resolution 103 – Medicare Advantage Plans
10. Resolution 106 – Incorporating Surveillance Colonoscopy into the Colorectal Cancer Screening Continuum
    Resolution 118 – Public and Private Payer Coverage of Diagnostic Interventions Associated with Colorectal Cancer Screening and Diagnosis
11. Resolution 109 – Coverage for Dental Services Medically Necessary for Cancer Care
12. Resolution 115 – Payments by Medicare Secondary or Supplemental Plans

RECOMMENDED FOR ADOPTION IN LIEU OF

13. Resolution 105 – Medigap Patient Protections
    Resolution 111 – Protections for “Guaranteed Issue” of Medigap Insurance and Traditional Medicare

RECOMMENDED FOR REFERRAL

14. Resolution 102 – Medicaid & CHIP Benefit Improvements
15. Resolution 104 – Medicaid Estate Recovery Reform

1 16. Resolution 113 – Support Prescription Medication Price Negotiation
2
3 **RECOMMENDED FOR REFERRAL FOR DECISION**
4
5 17. Resolution 117 – Insurance Coverage for Gynecologic Oncology Care
6
7 **RECOMMENDED FOR NOT ADOPTION**
8 18. Resolution 107 – Requiring Government Agencies to Contract Only with Not-For-
9 Profit Insurance Companies
10 19. Resolution 108 – Requiring Payment for Physician Signatures
11 20. Resolution 114 – Breast Cancer Screening/Clinical Breast Exam Coverage
12
13 **Amendments**
14 **If you wish to propose an amendment to an item of business, click here: Submit**
15 **New Amendment**

RECOMMENDED FOR ADOPTION

(1) CMS REPORT 2 -- IMPROVING AFFORDABILITY OF EMPLOYMENT-BASED HEALTH COVERAGE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Recommendations in Council on Medical Service Report 2 be adopted and the remainder of the report be filed.

HOD ACTION: Council on Medical Service Report 2 referred.

The Council on Medical Service recommends that the following recommendations be adopted in lieu of Resolution 103-A-23, and that the remainder of the report be filed:

1. That our American Medical Association (AMA) amend Policy H-165.828[1] by addition and deletion to read:

Our AMA supports modifying the eligibility criteria for premium credits and cost-sharing subsidies for those offered employer-sponsored coverage by lowering the threshold that determines whether an employee's premium contribution is affordable to the ~~level at which premiums are capped for individuals with the highest incomes eligible for subsidized coverage~~ maximum percentage of income they would be required to pay towards premiums after accounting for subsidies ~~in~~ for an Affordable Care Act (ACA) marketplace~~s~~ benchmark plan. (Modify HOD Policy)

2. That our AMA amend Policy H-165.843 by addition and deletion to read:

Our AMA encourages employers to:
a) promote greater individual choice and ownership of plans;
b) implement plans to improve affordability of premiums and/or cost-sharing, especially expenses for employees with lower incomes and those who may qualify for Affordable Care Act marketplace plans based on affordability criteria;
c) ~~help employees determine if their employer coverage offer makes them ineligible or eligible for federal marketplace subsidies~~ provide employees with user-friendly information regarding their eligibility for subsidized ACA marketplace plans based on their offer of employer-sponsored insurance;
~~b~~d) ~~enhance employee education regarding available health plan options and how to choose health plans that meet their needs~~ provide employees with information regarding available health plan options, including the plan's cost, network breadth, and prior authorization requirements, which will help them choose a plan that meets their needs;
~~c~~e) offer information and decision-making tools to assist employees in developing and managing their individual health care choices;
~~d~~f) support increased fairness and uniformity in the health insurance market; and
~~e~~g) promote mechanisms that encourage their employees to pre-fund future costs related to retiree health care and long-term care. (Modify HOD Policy)

3. That our AMA support efforts to strengthen employer coverage offerings, such as by requiring a higher minimum actuarial value or more robust benefit standards, like those required of nongroup marketplace plans. (New HOD Policy)

4. That our AMA reaffirm Policy H-165.881, which directs the AMA to pursue strategies for expanding patient choice in the private sector by advocating for greater choice of health plans by consumers, equal-dollar contributions by employers irrespective of an employee's health plan choice and expanded individual selection and ownership of health insurance. (Reaffirm HOD Policy)

5. That our AMA reaffirm Policy H-165.920, which supports individually purchased and owned health insurance coverage as the preferred option, although employer-provided coverage is still available to the extent the market demands it, and other principles related to health insurance. (Reaffirm HOD Policy)

Your Reference Committee heard mixed testimony on Council on Medical Service Report 2. A member of the Council on Medical Service introduced the report by noting that although employer-sponsored insurance (ESI) remains the dominant source of health coverage in this country, and most people seem satisfied with it, some workers are paying more for an employer plan than they would pay for subsidized ACA marketplace coverage. The Council member added that Recommendation 1 of Council on Medical Service Report 2 is intended to help these employees, most of whom earn lower incomes, by reducing the threshold that determines whether their ESI offer is deemed affordable, thereby making workers most in need eligible for subsidized marketplace plans.

Referral was suggested by speakers expressing concerns about potential long-term consequences of lowering the affordability threshold, including reductions in revenue for independent physician practices. An amendment to add an additional recommendation, to support completely lifting the affordability firewall, received limited supportive testimony. A member of the Council on Medical Service spoke in opposition to this amendment and defended the report’s incremental approach, stating that eliminating the firewall abruptly and in full could harm ESI stability and significantly increase federal spending. The Council member acknowledged that some speakers want to fully eliminate the affordability threshold while others do not want the threshold lowered at all and opposed referral of this report since the recommendations represent an appropriate middle ground. Your Reference Committee supports the Council’s incremental approach and recommends that Council on Medical Service Report 2 be adopted as amended.

(2) CMS REPORT 7 -- ENSURING PRIVACY IN RETAIL HEALTH CARE SETTINGS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Recommendations in Council on Medical Service Report 7 be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Service 7 adopted and the remainder of the Report filed.

The Council on Medical Service recommends that the following be adopted, and the remainder of the report be filed:

1. That our American Medical Association (AMA) will:

(a) support regulatory guidance to establish a privacy wall between the health business and non-health business of retail health care companies to eliminate sharing of protected health information, re-identifiable patient data, or data that could be reasonably be used to re-identify a patient when combined with other data for uses not directly related to patients' medical care;
(b) support the prohibition of Terms of Use that require data sharing for uses not directly related to patients' medical care in order to receive care, while still allowing data sharing where required by law (e.g., infectious disease reporting);
(c) support the separation of consents required to receive care from any consents to share data for non-medical care reasons, with clear indication that patients do not need to sign the data-sharing agreements in order to receive care;
(d) support the prohibition of "clickwrap" contracts for use of a health care service without affirmative patient consent to data sharing;
(e) support the requirement that retail health care companies must use an active opt-in selection for obtaining meaningful consent for data use and disclosure, otherwise the default should be that the patient does not consent to disclosure;
(f) support the requirement that retail health care companies clearly indicate how patients can withdraw consent and request deletion of data retained by the non-health care providing units, which should be by a means no more onerous than providing the initial consent. (New HOD Policy)

2. That our AMA reaffirm Policy D-315.968, which advocates for legislation that aligns mobile health apps and other digital health tools with the AMA Privacy Principles. (Reaffirm HOD Policy)

3. That our AMA reaffirm Policy H-315.962, which supports efforts to promote transparency in the use of de-identified patient data and to protect patient privacy by developing methods of, and technologies for, de-identification of patient information that reduce the risk of re-identification of such data. (Reaffirm HOD Policy)

4. That our AMA reaffirm Policy H-480.940, which promotes development of thoughtfully designed, high-quality, clinically validated health care AI that safeguards patients'

1 privacy interests and preserves the security and integrity of personal information.
2 (Reaffirm HOD Policy)
3 5. Rescind Policy H-315.960, as having been completed with this report. (Rescind HOD
4 Policy)
5
6 Testimony on Council on Medical Service Report 7 was strongly supportive. A member of
7 the Council on Medical Service introduced the report by noting that there is confusion
8 surrounding retail health care companies' HIPAA status, as they require patients to read
9 and comprehend several documents together in order to understand their rights. The
10 Council member noted that while online testimony indicated that a large retail health
11 care company recently revised its online terms of use, nothing prevents it from reverting
12 to its previous privacy practices and, therefore, the report recommendations should be
13 adopted to allow consideration across a variety of companies and situations. Therefore,
14 your Reference Committee recommends that the recommendations in the Council on
15 Medical Service Report 7 be adopted, and the remainder of the report be filed.
16
17 (3) RESOLUTION 110 -- COVERAGE FOR SHOES AND
18 SHOE MODIFICATIONS FOR PEDIATRIC PATIENTS
19 WHO REQUIRE LOWER EXTREMITY ORTHOSES
20
21 **RECOMMENDATION:**
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23 **Madam Speaker, your Reference Committee**
24 **recommends that Resolution 110 be adopted.**
25
26 **HOD ACTION: Resolution 110 adopted.**
27
28 RESOLVED, that our American Medical Association support coverage by all private and
29 government insurance companies for pediatric footwear suitable for use with lower
30 extremity orthoses and medically necessary shoe modifications. (New HOD Policy)
31
32 Your Reference Committee heard testimony in strong support of Resolution 110. The
33 testimony emphasized the importance of having appropriate coverage for orthoses and
34 modified shoes to prevent future orthopedic complications. Moreover, for orthoses to work
35 properly and correctly stabilize the lower limbs, the appropriate shoe and/or modified shoe
36 is necessary. Your Reference Committee agreed that modified shoes should not be an
37 out-of-pocket cost since it is directly related to the diagnoses and recommended treatment
38 plan. Therefore, your Reference Committee recommends that Resolution 110 be adopted.
39
40 (4) RESOLUTION 112 -- PRIVATE AND PUBLIC INSURANCE
41 COVERAGE FOR ADAPTIVE SPORTS EQUIPMENT
42 INCLUDING PROSTHESES AND ORTHOSES
43
44 **RECOMMENDATION:**
45
46 **Madam Speaker, your Reference Committee**
47 **recommends that Resolution 112 be adopted.**
48
49 **HOD ACTION: Resolution 112 adopted.**

RESOLVED, that our American Medical Association recognizes activity-specific adaptive sports and exercise equipment as assistive devices that are integral to the health maintenance of persons with disabilities in accordance with national exercise guidelines (New HOD Policy); and be it further
RESOLVED, that our AMA recognizes activity-specific adaptive sports and exercise equipment, such as activity-specific prostheses and orthoses, as medical devices that facilitate independence and community participation (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for coverage by all private and public insurance plans for activity-specific adaptive sports and exercise equipment for eligible beneficiaries with disabilities in order to promote health maintenance and chronic disease prevention. (Directive to Take Action)

Your Reference Committee heard exclusively supportive testimony on Resolution 112 and the importance of activity-specific adaptive equipment to the health of people with disabilities. Speakers emphasized that sports activities provide community and social interaction and that coverage of equipment enabling participation by people with disabilities aligns with AMA equity goals. Accordingly, your Reference Committee recommends that Resolution 112 be adopted.

(5) RESOLUTION 116 -- INCREASE INSURANCE COVERAGE FOR FOLLOW-UP TESTING AFTER ABNORMAL SCREENING MAMMOGRAPHY

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 116 be adopted.

HOD ACTION: Resolution 116 adopted.

RESOLVED, that our American Medical Association support public and private payer coverage for screening mammography and follow-up testing after an abnormal screening mammography; and be it further

RESOLVED, that our AMA advocate for legislation that ensures adequate funding for mammography services and follow-up testing after an abnormal screening mammography; and be it further

RESOLVED, that our AMA promote health care community education and public awareness of services provided for women of low income.

Testimony was unanimously supportive of Resolution 116. Speakers pointed out that many people cannot afford appropriate follow-up testing when abnormalities are identified by screening mammography, and that such testing should be covered by insurers. Your Reference Committee recommends that Resolution 116 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(6) CMS REPORT 3 -- REVIEW OF PAYMENT OPTIONS FOR TRADITIONAL HEALING SERVICES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Recommendation of Council on Medical Service Report 3 be amended by deletion to read as follows:

1. That our American Medical Association (AMA) amend Policy H-350.976 by addition and deletion, and modify the title by addition, as follows:

Improving Health Care of American Indians and Alaska Natives H-350.976 50

(1) Our AMA recommends that: (1) All individuals, special interest groups, and levels of government recognize the American Indian and Alaska Native people as full citizens of the US, entitled to the same equal rights and privileges as other US citizens.
(2) The federal government provide sufficient funds to support needed health services for American Indians and Alaska Natives.
(3) State and local governments give special attention to the health and health-related needs of nonreservation American Indians and Alaska Natives in an effort to improve their quality of life.
(4) American Indian and Alaska Native religious and cultural beliefs be recognized and respected by those responsible for planning and providing services in Indian health programs.
(5) Our AMA recognize practitioners of Indigenous medicine as an integral and culturally necessary individual in delivering health care to American Indians and Alaska Natives.
(6) Our AMA ~~support~~ monitor~~ing of~~ Medicaid Section 1115 waivers that recognize the value of traditional American Indian and Alaska Native healing services as a mechanism for improving patient-centered care and health equity among American Indian and Alaska Native populations when coordinated with physician-led care.

(7) Our AMA support consultation with Tribes to facilitate the development of best practices, including but not limited to culturally sensitive data collection, safety monitoring, the development of payment methodologies, healer credentialing, and tracking of traditional healing services utilization at Indian Health Service, Tribal, and Urban Indian Health Programs.

(~~6~~8) Strong emphasis be given to mental health programs for American Indians and Alaska Natives in an effort to reduce the high incidence of alcoholism, homicide, suicide, and accidents.

(~~7~~9) A team approach drawing from traditional health providers supplemented by psychiatric social workers, health aides, visiting nurses, and health educators be utilized in solving these problems.

(~~8~~10) Our AMA continue its liaison with the Indian Health Service and the National Indian Health Board and establish a liaison with the Association of American Indian Physicians.

(~~9~~11) State and county medical associations establish liaisons with intertribal health councils in those states where American Indians and Alaska Natives reside.

(~~10~~12) Our AMA supports and encourages further development and use of innovative delivery systems and staffing configurations to meet American Indian and Alaska Native health needs but opposes overemphasis on research for the sake of research, particularly if needed federal funds are diverted from direct services for American Indians and Alaska Natives.

(~~11~~13) Our AMA strongly supports those bills before Congressional committees that aim to improve the health of and health-related services provided to American Indians and Alaska Natives and further recommends that members of appropriate AMA councils and committees provide testimony in favor of effective legislation and proposed regulations. (Modify HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Recommendations in Council on Medical Service Report 3 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Service Report 3 adopted as amended and the remainder of the report filed.

The Council on Medical Service recommends that the following be adopted in lieu of Resolution 106-A-23, and the remainder of the report be filed:

1. That our American Medical Association (AMA) amend Policy H-350.976 by addition and deletion, and modify the title by addition, as follows:

Improving Health Care of American Indians and Alaska Natives H-350.976 50
(1) Our AMA recommends that: (1) All individuals, special interest groups, and levels of government recognize the American Indian and Alaska Native people as full citizens of the US, entitled to the same equal rights and privileges as other US citizens.
(2) The federal government provide sufficient funds to support needed health services for American Indians and Alaska Natives.
(3) State and local governments give special attention to the health and health-related needs of nonreservation American Indians and Alaska Natives in an effort to improve their quality of life.
(4) American Indian and Alaska Native religious and cultural beliefs be recognized and respected by those responsible for planning and providing services in Indian health programs.
(5) Our AMA recognize practitioners of Indigenous medicine as an integral and culturally necessary individual in delivering health care to American Indians and Alaska Natives.
(6) Our AMA support monitoring of Medicaid Section 1115 waivers that recognize the value of traditional American Indian and Alaska Native healing services as a mechanism for improving patient-centered care and health equity among American Indian and Alaska Native populations when coordinated with physician-led care.
(7) Our AMA support consultation with Tribes to facilitate the development of best practices, including but not limited to culturally sensitive data collection, safety monitoring, the development of payment methodologies, healer credentialing, and tracking of traditional healing services utilization at Indian Health Service, Tribal, and Urban Indian Health Programs.
(~~6~~8) Strong emphasis be given to mental health programs for American Indians and Alaska Natives in an effort to reduce the high incidence of alcoholism, homicide, suicide, and accidents.
(~~7~~9) A team approach drawing from traditional health providers supplemented by psychiatric social workers, health aides, visiting nurses, and health educators be utilized in solving these problems.
(~~8~~10) Our AMA continue its liaison with the Indian Health Service and the National Indian Health Board and establish a liaison with the Association of American Indian Physicians.
(~~9~~11) State and county medical associations establish liaisons with intertribal health councils in those states where American Indians and Alaska Natives reside.
(~~10~~12) Our AMA supports and encourages further development and use of innovative delivery systems and staffing configurations to meet American Indian and Alaska Native health needs but opposes overemphasis on research for the sake of research, particularly if needed federal funds are diverted from direct services for American Indians and Alaska Natives.
(~~11~~13) Our AMA strongly supports those bills before Congressional committees that aim to improve the health of and health-related services provided to American Indians and

Alaska Natives and further recommends that members of appropriate AMA councils and committees provide testimony in favor of effective legislation and proposed regulations. (Modify HOD Policy)

2. That our AMA reaffirm Policy D-350.996, which states that the AMA will continue to identify and incorporate strategies specific to the elimination of minority health care disparities in its ongoing advocacy and public health efforts. (Reaffirm HOD Policy)

3. That our AMA reaffirm Policy H-200.954, which supports efforts to quantify the geographic maldistribution of physicians and encourages medical schools and residency programs to consider developing admissions policies and practices and targeted educational efforts aimed at attracting physicians to practice in underserved areas and to provide care to underserved populations. (Reaffirm HOD Policy)

4. That our AMA reaffirm Policy H-350.949, which encourages state Medicaid agencies to follow the Centers for Medicare & Medicaid Services Tribal Technical Advisory Group's recommendations to improve care coordination and payment agreements between Medicaid managed care organizations and Indian health care providers. (Reaffirm HOD Policy)

5. That our AMA reaffirm Policy H-350.977, which supports expanding the American Indian role in their own health care and increased involvement of private practitioners and facilities in American Indian health care through such mechanisms as agreements with Tribal leaders or Indian Health Service contracts, as well as normal private practice relationships. (Reaffirm HOD Policy)

Testimony on Council on Medical Service Report 3 was supportive. A member of the Council on Medical Service introduced the report by noting that since spirituality is now considered a social determinant of health, traditional healing services play a significant role in identifying, evaluating, and working to close health care disparities among American Indian and Alaska Native populations. The Council member added that Section 1115 waivers are the appropriate vehicle for traditional healing services, as they are heavily vetted and also time-limited, which allows for evaluation and course correction. One delegation proffered an amendment to allow the AMA to monitor the Medicaid Section 1115 waivers, rather than just support the monitoring of the waivers. Based on testimony, your Reference Committee recommends that the recommendations in the Council on Medical Service Report 3 be adopted as amended, and the remainder of the report be filed.

(7) CMS REPORT 8 -- SUSTAINABLE PAYMENT FOR COMMUNITY PRACTICES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Recommendation of Council on Medical Service Report 8 be amended by addition to read as follows:

1. That our American Medical Association (AMA) support making bonuses for population-based programs accessible to small community practices, without untenable exposure to administrative burden or downside risk, 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)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Recommendation of Council on Medical Service Report 8 be amended by addition and deletion to read as follows:

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 the Medicare Physician Payment Schedule ~~Conversion Factors~~ 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 the Medicare Physician Payment Schedule ~~conversion factors~~ and to maintain a ~~fair and appropriate~~ level of payment ~~reimbursement~~ that is sustainable, reflects the full cost of practice, and the value of the care provided, and includes ~~an~~ inflation-based updates; and (2) will seek legislation and/or regulation to prevent managed care companies from utilizing a physician payment schedule below the updated Medicare Physician Payment ~~professional fee~~ sSchedule. (Modify Current HOD Policy)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third Recommendation of Council on Medical Service Report 8 be amended by addition and deletion to read as follows:

3. That our AMA amend Policy H-290.976 by addition and deletion, and modify the title by addition and deletion, as follows:

Enhanced ~~S~~CHIP Enrollment, Outreach, and Payment ~~Reimbursement~~ H-290.976
1. It is the policy of our AMA that prior to or concomitant with states' expansion of ~~State~~ Children's Health Insurance Programs (~~S~~CHIP) to adult coverage, our AMA urge all states to maximize their efforts at outreach and enrollment of ~~S~~CHIP eligible children, using all available state and federal funds.
2. Our AMA affirms its commitment to advocating for ~~reasonable~~ ~~S~~CHIP and Medicaid payment that is sustainable, reflects the full cost of practice~~,~~ and the value of the care provided, ~~and~~ includes inflation-based updates, ~~reimbursement for its medical providers, defined as at minimum~~ and ~~is~~ pays no less than 100 percent of RBRVS Medicare allowable. (Modify Current HOD Policy)

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the fourth Recommendation of Council on Medical Service Report 8 be amended by addition and deletion to read as follows:

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 physicians ~~providers~~ under ~~for~~ Medicaid, TRICARE, and any other publicly funded insurance plan must be sustainable, reflect the full cost of practice~~,~~ and the value of the care provided, ~~and~~ include inflation-based updates, and ~~is~~ pays no less than ~~at minimum~~ 100 percent of ~~the~~ RBRVS Medicare allowable. (Modify Current HOD Policy)

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that Recommendations in Council on Medical Service Report 8 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Service Report 8 adopted as amended and the remainder of the report filed.

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:

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)

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 the Medicare Physician Payment Schedule ~~Conversion Factors~~ 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 the Medicare Physician Payment Schedule ~~conversion factors~~ and to maintain a ~~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; and (2) will seek legislation and/or regulation to prevent managed care companies from utilizing a physician payment schedule below the updated Medicare Physician Payment ~~professional fee s~~Schedule. (Modify Current HOD Policy)

3. That our AMA amend Policy H-290.976 by addition and deletion, and modify the title by addition and deletion, as follows:

Enhanced ~~S~~CHIP Enrollment, Outreach, and Payment ~~Reimbursement~~ H-290.976
1. It is the policy of our AMA that prior to or concomitant with states' expansion of ~~State~~ Children's Health Insurance Programs (~~S~~CHIP) to adult coverage, our AMA urge all states to maximize their efforts at outreach and enrollment of ~~S~~CHIP eligible children, using all available state and federal funds.
2. Our AMA affirms its commitment to advocating for ~~reasonable~~ ~~S~~CHIP and Medicaid 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 100 percent of RBRVS Medicare allowable. (Modify Current HOD Policy)

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 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~~ 100 percent of ~~the~~ RBRVS Medicare allowable. (Modify Current HOD Policy)

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)

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)

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)

8. That our AMA reaffirm Policy H-385.986, which opposes any type of national mandatory fee schedule. (Reaffirm HOD Policy)

Testimony on Council on Medical Service Report 8 was strongly supportive. A member of the Council on Medical Service introduced the report by noting that an ideal payment benchmark will reflect the cost of providing care in both the short term and long term while acknowledging risk, variable expenses, an appropriate allocation of fixed costs, and physician work. The Council member confirmed that the Council accepts the addition to Recommendation 1 and the grammatical revisions to Recommendations 2, 3, and 4 as friendly amendments. Therefore, your Reference Committee recommends that the recommendations in Council on Medical Service Report 8 be adopted as amended, and the remainder of the report be filed.

(8) RESOLUTION 101 -- INFERTILITY COVERAGE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 101 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association amend Policy H-185.990, "Infertility and Fertility Preservation Insurance Coverage" by addition and deletion to read as follows; and be it further
1. Our AMA advocates for third-party payer health insurance carriers, as well as state and federal initiatives to make available insurance benefits ~~supports federal protections that ensure insurance coverage by all payers~~ for the diagnosis and treatment of recognized ~~male and female~~ infertility and for reproductive and family planning purposes.
2. Our AMA supports payment for fertility preservation therapy services by all payers including when ~~iatrogenic~~ infertility may be caused directly or indirectly by necessary medical treatments ~~as determined by a licensed physician, and will lobby for appropriate federal legislation requiring payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician~~.
3. Our AMA will work with interested organizations to encourage the Indian Health Service to cover infertility diagnostics and treatment for patients seen by or referred through an Indian Health Service, Tribal, or Urban Indian Health Program. (Modify Current HOD Policy); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 101 be deleted.

~~RESOLVED, that our AMA study the feasibility of insurance coverage for fertility preservation for reasons other than iatrogenic infertility (Directive to Take Action); and be it further~~

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 101 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA support the review of services defined to be experimental or excluded for payment by the Indian Health Service and for the appropriate bodies to ~~make~~ explore and propose evidence-based recommendations for ~~updated~~ health services coverage. (New HOD Policy)

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 101 be adopted as amended.

HOD ACTION: Resolution 101 adopted as amended.

RESOLVED, that our American Medical Association amend Policy H-185.990, "Infertility and Fertility Preservation Insurance Coverage" by addition and deletion to read as follows; and be it further

1. Our AMA ~~advocates for third party payer health insurance carriers to make available insurance benefits~~ supports federal protections that ensure insurance coverage by all payers for the diagnosis and treatment of recognized ~~male and female~~ infertility.
2. Our AMA supports payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician, and will lobby for appropriate federal legislation requiring payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician.
3. Our AMA will work with interested organizations to encourage the Indian Health Service to cover infertility diagnostics and treatment for patients seen by or referred through an Indian Health Service, Tribal, or Urban Indian Health Program. (Modify Current HOD Policy); and be it further

RESOLVED, that our AMA study the feasibility of insurance coverage for fertility preservation for reasons other than iatrogenic infertility (Directive to Take Action); and be it further

RESOLVED, that our AMA support the review of services defined to be experimental or excluded for payment by the Indian Health Service and for the appropriate bodies to make evidence-based recommendations for updated health services coverage. (New HOD Policy)

Testimony on Resolution 101 was mixed, with most indicating strong support but one delegation recommending deletion of Resolve 2 as it asks for a study that would be

1 expensive and without clear focus. The same delegation recommended deletion of
2 Resolve 3 as it goes beyond the scope of the remainder of the resolution. Several
3 amendments were proffered by those supporting the resolution to promote an “all-of-the-
4 above” approach to expanding insurance coverage, include reproductive and family
5 planning services, provide educational resources for physicians interested in advocating
6 for expanded coverage, and explore evidence-based recommendations for IHS
7 coverage of fertility services. Therefore, your Reference Committee recommends that
8 Resolution 101 be adopted as amended.

(9) RESOLUTION 103 -- MEDICARE ADVANTAGE PLANS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 103 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association encourage that ~~urge~~ the ~~United States Congress and Centers for Medicare and Medicaid Services to take steps to end the upcoding for~~ Medicare Advantage risk adjustment formulas be revised so that claims data is based on the actual cost of providing care ~~plans that results in high subsidies which are unfair to traditional Medicare and burdensome to the public treasury and many beneficiaries~~. (New HOD Policy); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 103 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA ~~encourages Centers for Medicare and Medicaid Services to~~ provide or create educational materials such as an infographic to compare Traditional Medicare and Medicare Advantage plans ~~improve the attractiveness of Traditional Medicare~~ so that patients are able to make informed choices that best meet their health care needs ~~the option remains robust and available giving beneficiaries greater traditional choices for this option and to seek better care for themselves~~. (New HOD Policy)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 103 be adopted as amended.

HOD ACTION: Resolution 103 adopted as amended.

RESOLVED, that our American Medical Association urge the United States Congress and Center for Medicare and Medicaid Services to take steps to end the upcoding for Medicare Advantage plans that results in high subsidies which are unfair to traditional Medicare and burdensome to the public treasury and many beneficiaries (New HOD Policy); and be it further

RESOLVED, that our AMA encourages Center for Medicare and Medicaid Services to improve the attractiveness of traditional Medicare so that the option remains robust and available giving beneficiaries greater traditional choices for this option and to seek better care for themselves. (New HOD Policy)

Your Reference Committee heard robust testimony in strong support of Resolution 103. Multiple amendments were proffered by individuals and delegations. The testimony and proffered amendments largely emphasized the need for resources such as educational materials that compare Traditional Medicare and Medicare Advantage so that patients are able to make informed decisions regarding their care. Further, amendments and testimony stated that physicians alone are not responsible for inflating payment via upcoding and that risk adjustment formulas, such as the hierarchical condition category formula, need to reflect the actual cost of providing care.

A member of the Council on Legislation testified in support of the intent of the second Resolve clause to support informed patient choice. Further, a member of the Council on Legislation testified to the amendment to the first Resolve clause which enables the AMA to advocate for policy solutions that reflect the actual costs of providing health care. Testimony was provided in opposition to one of the proffered Resolve clauses requesting a broad report on Medicare Advantage, which was thought to be beyond the purview of the initial issues raised by Resolution 103. Additionally, your Reference Committee agreed that the AMA already has extensive policy on Medicare Advantage payment, prior authorization, marketing, and other practices; therefore, a broad study is not warranted. Further, improving physician payment and ensuring appropriate funding for Medicare is already a centerpiece of AMA federal advocacy efforts. Therefore, your Reference Committee recommends that Resolution 103 be adopted as amended.

(10) RESOLUTION 106 -- INCORPORATING SURVEILLANCE COLONOSCOPY INTO THE COLORECTAL CANCER SCREENING CONTINUUM
RESOLUTION 118 -- PUBLIC AND PRIVATE PAYER COVERAGE OF DIAGNOSTIC INTERVENTIONS ASSOCIATED WITH COLORECTAL CANCER SCREENING AND DIAGNOSIS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 106 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association Policy H-185.960, "Support for the Inclusion of the Benefit for Screening for Colorectal Cancer in All Health Plans" be amended by addition to read as follows:
1. Our AMA supports health plan coverage for the full range of colorectal cancer screening tests.
2. Our AMA will advocate through legislation and/or regulation, as appropriate for adequate payment and the elimination of ~~seek to eliminate~~ cost-sharing in all health plans for the full range of colorectal cancer screening and all associated costs, including colonoscopy that includes a "diagnostic" intervention (i.e. the removal of a polyp or biopsy of a mass), as defined by Medicare. To further this goal, the AMA will develop a coding guide to promote common understanding among health care providers, payers, health care information technology vendors, and patients.
3. Our AMA will seek to eliminate cost-sharing in all health plans for "follow-on" colonoscopies performed for colorectal cancer screening and all associated costs, defined as when other alternative screening tests (i.e., stool- or blood-based tests) are found to be positive.
4. Our AMA will seek to classify follow-up, follow-on, or surveillance colonoscopy after an original screening colonoscopy that required polyp removal as a screening service under the Affordable Care Act preventive services benefit and will seek to eliminate patient cost sharing in all health plans under such circumstances. (Modify Current HOD Policy)

1 **RECOMMENDATION B:**
2
3 **Madam Speaker, your Reference Committee**
4 **recommends that Resolution 106 be adopted as**
5 **amended in lieu of Resolution 118.**
6
7 **HOD ACTION: Resolution 106 adopted as amended in lieu**
8 **of Resolution 118.**
9
10 Resolution 106
11 RESOLVED, that our American Medical Association Policy H-185.960, “Support for the
12 Inclusion of the Benefit for Screening for Colorectal Cancer in All Health Plans” be
13 amended by addition to read as follows:
14
15 1. Our AMA supports health plan coverage for the full range of colorectal cancer
16 screening tests.
17
18 2. Our AMA will seek to eliminate cost-sharing in all health plans for the full range of
19 colorectal cancer screening and all associated costs, including colonoscopy that
20 includes a “diagnostic” intervention (i.e. the removal of a polyp or biopsy of a mass), as
21 defined by Medicare. To further this goal, the AMA will develop a coding guide to
22 promote common understanding among health care providers, payers, health care
23 information technology vendors, and patients.
24
25 3. Our AMA will seek to eliminate cost-sharing in all health plans for “follow-on”
26 colonoscopies performed for colorectal cancer screening and all associated costs,
27 defined as when other alternative screening tests are found to be positive.
28
29 4. Our AMA will seek to classify follow-up, follow-on, or surveillance, colonoscopy after
30 an original screening colonoscopy that required polyp removal as a screening service
31 under the Affordable Care Act preventive services benefit and will seek to eliminate
32 patient cost sharing in all health plans under such circumstances. (Modify Current HOD
33 Policy)
34
35 Resolution 118
36 RESOLVED, that our American Medical Association advocate (through legislation and/or
37 regulation, as appropriate) for adequate payment and the elimination of cost sharing in
38 all health plans for the full range of colorectal cancer screening and all associated costs,
39 including colonoscopy with a “diagnostic” intervention (i.e., the removal of a polyp or
40 biopsy of a mass) and follow-up colonoscopy after a positive stool-based test.
41
42 Testimony strongly supported amendments jointly submitted by the authors of Resolutions
43 106 and 118 that combined the intent of these resolutions into amended Resolution 106.
44 Speakers emphasized the importance of eliminating cost-sharing for “follow-on”
45 colonoscopies, polyp removal and biopsy, and surveillance colonoscopies since these
46 procedures are critical preventive services that save lives. Your Reference Committee
47 recommends adoption of Resolution 106 as amended in lieu of Resolution 118.

(11) RESOLUTION 109 -- COVERAGE FOR DENTAL SERVICES MEDICALLY NECESSARY FOR CANCER CARE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 109 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association supports that oral examination and dental services prior to and following the administration of radiation, chemotherapy, ~~chimeric antigen receptor (CAR) T-cell therapy~~ immunotherapy, stem cell transplantation, cell and gene therapies, and high-dose bone-modifying agents for the treatment of hematologic and oncologic disorders ~~cancer~~ are part of medically necessary care (New HOD Policy); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 109 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA will advocate that ~~all insurers~~ public and private payers cover medically necessary oral examination and dental services prior to the administration of and resulting as a complication of radiation, chemotherapy, chimeric antigen receptor (CAR) T-cell therapy and high-dose bone-modifying agents, and/or surgery for all cancer ~~of the head and neck region~~. (Directive to Take Action)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 109 be adopted as amended.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the title of Resolution 109 be changed to read as follows:

COVERAGE FOR DENTAL SERVICES MEDICALLY NECESSARY FOR HEMATOLOGY AND ONCOLOGY ~~CANCER~~ CARE

HOD ACTION: Resolution 109 adopted as further amended by addition and deletion with a change in title.

RESOLVED, that our American Medical Association supports that oral examination and dental services prior to and following the administration of radiation, chemotherapy, ~~chimeric antigen receptor (CAR) T-cell therapy~~ immunotherapy, stem cell transplantation, cell and gene therapies, surgery, and high-dose bone-modifying agents for the treatment of hematologic and oncologic disorders ~~cancer~~ are part of medically necessary care (New HOD Policy); and be it further

RESOLVED, that our AMA will advocate that ~~all insurers~~ all public and private payers cover medically necessary oral examination and dental services prior to the administration of and resulting as a complication of radiation, chemotherapy, ~~chimeric antigen receptor (CAR) T-cell therapy~~ immunotherapy, stem cell transplantation, cell and gene therapies, surgery, and high-dose bone-modifying agents, ~~and/or surgery~~ for all ~~cancer of the head and neck region~~ hematologic and oncologic disorders. (Directive to Take Action)

RESOLVED, that our American Medical Association supports that oral examination and dental services prior to and following the administration of radiation, chemotherapy, chimeric antigen receptor (CAR) T-cell therapy and high-dose bone-modifying agents for the treatment of cancer are part of medically necessary care (New HOD Policy); and be it further

RESOLVED, that our AMA will advocate that all insurers cover medically necessary oral examination and dental services prior to the administration of and resulting as a complication of radiation, chemotherapy and/or surgery for all cancer of the head and neck region. (Directive to Take Action)

Testimony on Resolution 109 was strongly supportive, stressing the importance of this issue as poor dental care can be a contraindication for surgery. One individual supported the resolution based on the fact that it will not contribute to scope creep. Two delegations proffered amendments to allow consideration of hematologic and oncologic disorders beyond head and neck cancers and therapies such as chimeric antigen receptor (CAR) T-cell therapy and high-dose bone-modifying agents. One individual offered a suggested amendment to address coverage by payers such as Indian Health Service. These were all considered friendly amendments by the authors. Therefore, your Reference Committee recommends that Resolution 109 be adopted as amended.

(12) RESOLUTION 115 -- PAYMENTS BY MEDICARE SECONDARY OR SUPPLEMENTAL PLANS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 115 be deleted.

~~RESOLVED, that our AMA will report on the status of this resolution and Policies H-390.839 and D-390.984 at the 2025 Annual Meeting. (Directive to Take Action)~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends Resolution 115 be adopted as amended.

HOD ACTION: Resolution 115 adopted as amended.

RESOLVED, our American Medical Association will advocate for legislation that would mandate that all health plans cover Medicare secondary claims regardless of the provider participating in the secondary health plan (Directive to Take Action); and be it further
RESOLVED, that our AMA will report on the status of this resolution and Policies H-390.839 and D-390.984 at the 2025 Annual Meeting. (Directive to Take Action)

Testimony was largely supportive of the first Resolve of Resolution 115. Four individuals and three delegations indicated that this is a significant problem that may create undue financial burden and access issues for patients, as it amounts to another take on surprise billing. A member of the Council on Medical Service recommended the deletion of the second Resolve since proceedings of past HOD meetings and follow-up from HOD actions are available on the HOD archives website. Therefore, your Reference Committee recommends that Resolution 115 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(13) RESOLUTION 105 -- MEDIGAP PATIENT PROTECTIONS
RESOLUTION 111 -- PROTECTIONS FOR "GUARANTEE ISSUE" OF MEDIGAP INSURANCE AND TRADITIONAL MEDICARE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Alternate Resolution 105 be adopted in lieu of Resolution 105 and Resolution 111.

RESOLVED, that our American Medical Association support annual open enrollment periods and guaranteed lifetime enrollment eligibility for Medigap plans (New HOD Policy); and be it further

RESOLVED, that our AMA extend advocacy efforts to ensure federal “guaranteed issue” protections are enacted, allowing beneficiaries the freedom to switch from Medicare Advantage to Traditional Medicare plans without facing prohibitive barriers (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for extending modified community rating regulations to Medigap supplemental insurance plans, similar to those enacted under the Affordable Care Act for commercial insurance plans (Directive to Take Action); and be it further

RESOLVED, that our AMA support efforts to expand access to Medigap plans to all individuals who qualify for Medicare benefits (New HOD Policy); and be it further

RESOLVED, that our AMA support efforts to improve the affordability of Medigap supplemental insurance for lower income Medicare beneficiaries. (New HOD Policy)

HOD ACTION: Alternate Resolution 105 adopted in lieu of Resolution 105 and Resolution 111.

Resolution 105
RESOLVED, that our American Medical Association support annual open enrollment periods and guaranteed lifetime enrollment eligibility for Medigap plans (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for extending modified community rating regulations to Medigap supplemental insurance plans, similar to those enacted under the Affordable Care Act for commercial insurance plans (Directive to Take Action); and be it further
RESOLVED, that our AMA support efforts to expand access to Medigap policies to all individuals who qualify for Medicare benefits (New HOD Policy); and be it further

RESOLVED, that our AMA support efforts to improve the affordability of Medigap supplemental insurance for lower income Medicare beneficiaries. (New HOD Policy)

Resolution 111
RESOLVED, that our American Medical Association pursue all necessary legislative and administrative measures to ensure that Medicare beneficiaries have the freedom to switch back to Traditional Medicare and obtain Medigap insurance under federal "guaranteed issue" protections. (Directive to Take Action)

Your Reference Committee heard overwhelming testimony in support of Resolutions 105 and 111. Two delegations recommended referral to allow study of the potential adverse selection hazard introduced by individuals with high risk diseases migrating to Medigap. The authors of 105 indicated that adverse selection is only a risk if cost-sharing varies considerably between Medicare Advantage and Traditional Medicare – and that is not the case. A member of the Council on Medical Service stressed the importance of strengthening Medigap as an alternative option to facilitate patients' ability to transition from Medicare Advantage to Traditional Medicare. The Council member then proffered an amendment to combine Resolutions 105 and 111 and align Medigap policy with existing policy supporting ACA discrimination prohibitions, which was supported by the Council on Legislation plus six delegations, including the authors of each resolution. For these reasons, your Reference Committee recommends Alternate Resolution 105 be adopted in lieu of Resolution 105 and Resolution 111.

RECOMMENDED FOR REFERRAL

(14) RESOLUTION 102 -- MEDICAID & CHIP BENEFIT IMPROVEMENTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 102 be referred.

HOD ACTION: Resolution 102 adopted as amended by addition and deletion.

RESOLVED, that our American Medical Association amend H-185.929 Hearing Aid Coverage by addition as follows; and be it further
Hearing Aid Coverage H-185.929[10]
10) Our AMA ~~advocates that~~ works with interested state medical associations to support coverage of hearing exams, hearing aids, cochlear implants, and aural rehabilitative services by appropriate physician-led teams, ~~be covered~~ in ~~all~~ Medicaid and CHIP programs and any new public payers. (Modify Current HOD Policy)

RESOLVED, that our AMA ~~advocate that~~ work with interested state medical associations to support coverage of routine comprehensive vision exams and visual aids (including eyeglasses and contact lenses) be covered in all Medicaid and CHIP programs and by any new public payers (Directive to Take Action); and be it further

RESOLVED, that our AMA amend H-330.872, "Medicare Coverage for Dental Services" by addition and deletion as follows.

Medicare Coverage for Dental Services H-330.872
Our AMA supports: (1) continued opportunities to work with the American Dental Association and other interested national organizations to improve access to dental care for Medicare, and Medicaid, CHIP, and other public payer beneficiaries; and (2) initiatives to expand health services research on the effectiveness of expanded dental coverage in improving health and preventing disease among in the Medicare, Medicaid, CHIP, and other public payer beneficiaries population, the optimal dental benefit plan designs to cost-effectively improve health and prevent disease in the among Medicare, Medicaid, CHIP, and other public payer beneficiaries population, and the impact of expanded dental coverage on health care costs and utilization. (Modify Current HOD Policy)

RESOLVED, that our American Medical Association amend H-185.929 Hearing Aid Coverage by addition as follows; and be it further

Hearing Aid Coverage H-185.929

1) Our American Medical Association supports public and private health insurance coverage that provides all hearing-impaired infants and children access to appropriate physician-led teams and hearing services and devices, including digital hearing aids.
2) Our AMA supports hearing aid coverage for children that, at minimum, recognizes the need for replacement of hearing aids due to maturation, change in hearing ability and normal wear and tear.
3) Our AMA encourages private health plans to offer optional riders that allow their members to add hearing benefits to existing policies to offset the costs of hearing aid purchases, hearing-related exams and related services.
4) Our AMA supports coverage of hearing tests administered by a physician or physician-led team as part of Medicare's Benefit.
5) Our AMA supports policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly.
6) Our AMA encourages increased transparency and access for hearing aid technologies through itemization of audiologic service costs for hearing aids.
7) Our AMA supports the availability of over-the-counter hearing aids for the treatment of mild-to-moderate hearing loss.
8) Our AMA supports physician and patient education on the proper role of over the counter hearing aids, including the value of physician-led assessment of hearing loss, and when they are appropriate for patients and when there are possible cost-savings.
9) Our AMA encourages the United States Preventive Services Task Force to re-evaluate its determination not to recommend preventive hearing services and screenings in asymptomatic adults over age 65 in consideration of new evidence connecting hearing loss to dementia.

10) Our AMA advocates that hearing exams, hearing aids, cochlear implants, and aural rehabilitative services be covered in all Medicaid and CHIP programs and any new public payers. (Modify Current HOD Policy)

RESOLVED, that our AMA advocate that routine comprehensive vision exams and visual aids (including eyeglasses and contact lenses) be covered in all Medicaid and CHIP programs and by any new public payers (Directive to Take Action); and be it further

RESOLVED, that our AMA amend H-330.872, "Medicare Coverage for Dental Services" by addition and deletion as follows.

Medicare Coverage for Dental Services H-330.872
Our AMA supports: (1) continued opportunities to work with the American Dental Association and other interested national organizations to improve access to dental care for Medicare, ~~and~~ Medicaid, CHIP, and other public payer beneficiaries; and (2) initiatives to expand health services research on the effectiveness of expanded dental coverage in improving health and preventing disease among ~~in the~~ Medicare, Medicaid, CHIP, and other public payer beneficiaries ~~population~~, the optimal dental benefit plan designs to cost-effectively improve health and prevent disease ~~in the~~ among Medicare, Medicaid, CHIP, and other public payer beneficiaries ~~population~~, and the impact of expanded dental coverage on health care costs and utilization. (Modify Current HOD Policy)

Testimony on Resolution 102 was mixed. Although most speakers recognized the importance of providing hearing, dental, and vision services to Medicaid and CHIP enrollees, there was conflicting testimony about how the AMA should advocate for such coverage and whether it would be more effective for the AMA to work with state medical associations to increase Medicaid coverage. Potential unintentional consequences of covering and paying for hearing, vision, and dental services in all Medicaid and CHIP programs were also raised, including the Medicaid physician payment reductions and cuts to other important Medicaid services.

Your Reference Committee considered several proffered amendments but believes that additional study is needed to reconcile these amendments and address the complex issues raised in testimony. Accordingly, your Reference Committee recommends that Resolution 102 be referred.

(15) RESOLUTION 104 -- MEDICAID ESTATE RECOVERY REFORM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 104 be referred.

HOD ACTION: Resolution 104 referred.

RESOLVED, that our American Medical Association oppose federal or state efforts to impose liens on or seek adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid. (New HOD Policy)

Your Reference Committee heard mixed testimony on Resolution 104, including several calls for referral. Supportive testimony emphasized that few funds are recovered by Medicaid estate recovery efforts and that people with lower incomes are disproportionately affected. Your Reference committee did not hear significant support for alternate language that was proffered to support federal and state efforts to limit inequities in Medicaid estate recovery, including restriction of efforts to protect assets from recovery. Testimony in favor of referral highlighted the complexity of estate recovery efforts, the fact that states implement these programs differently, and the related issue of Medicaid spenddown rules. Your Reference Committee agrees and recommends that Resolution 104 be referred.

(16) RESOLUTION 113 -- SUPPORT PRESCRIPTION MEDICATION PRICE NEGOTIATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 113 be referred.

HOD ACTION: Resolution 113 referred.

RESOLVED, that our American Medical Association support pharmaceutical price negotiation for all prescription medications, both Medicare and private insurance (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for any medication price that is raised by a pharmaceutical company more than the rate of inflation be immediately subject to price negotiation in the following year’s negotiation schedule (Directive to Take Action); and be it further

RESOLVED, that our AMA support extending the cap on annual out of pocket prescription drug spending in Medicare Part D plans to all insurance plans. (New HOD Policy)

Testimony on Resolution 113 was mixed. Supportive comments highlighted the need to rein in the high cost of prescription drugs while speakers opposing adoption raised concerns about unintended consequences of the Resolve clauses as written, including medications being removed from formularies and health plan premium increases. Testimony pointed out that private health plans already negotiate with manufacturers. Members of the Council on Medical Service and the Council on Legislation suggested reaffirmation of AMA policies addressing the high cost of prescription drugs, price negotiation for Medicare-provided medications, the use of arbitration in determining drug prices, and improved transparency including by pharmacy benefit managers (PBMs). Your Reference Committee heard several calls for referral and agrees that there are multiple levels of complexity related to drug pricing across Medicare, Medicaid, and private plans. Your Reference Committee recommends that Resolution 113 be referred.

RECOMMENDED FOR REFERRAL FOR DECISION

(17) RESOLUTION 117 -- INSURANCE COVERAGE FOR GYNECOLOGIC ONCOLOGY CARE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 117 be referred for decision.

HOD ACTION: Resolution 117 referred for decision.

RESOLVED, that our American Medical Association support efforts to include gynecologic oncologists alongside other types of oncologists in network adequacy standards and requirements for public and private plans, including the Centers for Medicare & Medicaid Services standards.

Testimony on Resolution 117 was mixed. Some speakers wanted to promote gynecologic oncologists in network adequacy while others asked to broaden the scope of the resolution to include additional subspecialties. Testimony also focused on concerns about workforce shortages and highlighted that some counties, and even entire states, have no gynecologic oncologists to participate in a health plan network. Referral was suggested to address these concerns as well as the appropriateness of singling out a single specialty when other specialties may also want to be included in the AMA's network adequacy advocacy. Your Reference Committee agrees that additional work would be beneficial before new AMA policy is adopted but does not believe that a comprehensive study is needed. Accordingly, your Reference Committee recommends that Resolution 117 be referred for decision.

RECOMMENDED FOR NOT ADOPTION

(18) RESOLUTION 107 -- REQUIRING GOVERNMENT AGENCIES TO CONTRACT ONLY WITH NOT-FOR-PROFIT INSURANCE COMPANIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 107 be not adopted.

HOD ACTION: Resolution 107 not adopted.

RESOLVED, that our American Medical Association advocate that government-owned health agencies such as Medicare and Medicaid be required to contract only with not-for-profit insurance companies or cooperatives (Directive to Take Action); and be it further

RESOLVED, that our AMA support that those not-for-profit insurance companies or cooperatives receiving public revenues must allocate profits to reserves, investments in improving the quality of care in the system, or returned in the form of lower premiums for patients or the health agency. (New HOD Policy)

A preponderance of the testimony opposed adoption of Resolution 107. Speakers emphasized the lack of data on quality differences between nonprofit and for-profit insurers as well as uncertainties about how the Resolve clauses would impact the millions of people enrolled in for-profit health plans. Additional testimony highlighted complaints about nonprofit insurers and concerns that the resolution favors nonprofit insurers too much and could lead them to increase their market share and power. Although several speakers called for referral, your Reference Committee does not believe a study comparing for-profit and nonprofit insurers would lead to the development of impactful AMA policy and therefore recommends that Resolution 107 be not adopted.

(19) RESOLUTION 108 -- REQUIRING PAYMENT FOR PHYSICIAN SIGNATURES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 108 be not adopted.

HOD ACTION: Resolution 108 referred.

RESOLVED, that our American Medical Association advocate that insurance companies be required to pay a physician for any required physician signature and/or peer to peer review which is requested or required outside of a patient visit. (Directive to Take Action)

Testimony on Resolution 108 was mixed. Those who supported it introduced several amendments, including education related to new and existing CPT codes. The testimony

1 opposing Resolution 108 supported the goal of fairly remunerating physicians for work
2 performed but questioned the feasibility of the resolution's ask, noting that the amount
3 physicians might get paid for providing signatures will most likely not be enough to
4 compensate them for the time it takes to advocate for such payment. As it may also
5 increase patient burden for those with high deductible plans, the focus needs to be shifted
6 to reducing the unreasonable demand for physician signatures. Testimony reiterated
7 existing policy that prohibits the House of Delegates from directing the AMA to create new
8 CPT codes. Additionally, the CPT nomenclature already includes codes to describe
9 administrative tasks as well as medical consultative discussion and review. Therefore,
10 your Reference Committee recommends that Resolution 108 be not adopted.
11
12 (20) RESOLUTION 114 -- BREAST CANCER
13 SCREENING/CLINICAL BREAST EXAM COVERAGE
14
15 **RECOMMENDATION:**
16
17 **Madam Speaker, your Reference Committee**
18 **recommends that Resolution 114 be <u>not adopted</u>.**
19
20 **HOD ACTION: Resolution 114 <u>not adopted</u>.**
21
22 RESOLVED, that our AMA advocate for Medicare coverage of clinical breast exams for
23 all female and at-risk male patients during the Medicare Annual Wellness Visit (AWV)
24 and Subsequent Annual Wellness Visit (SAWV) appointments. (Directive to Take Action)
25
26 Your Reference Committee heard mixed testimony on Resolution 114. The testimony
27 raised significant concerns suggesting that the benefit of clinical breast examinations is
28 inconclusive. Several individuals and delegations cited an ACOG bulletin that references
29 the U.S. Preventive Services Task Force (USPSTF) recommendation that there is
30 insufficient evidence to recommend for or against clinical breast examination.
31
32 An individual and a delegation proffered language to the Resolve clause to amend the
33 language to either "at-risk patients" or deleting "female and at-risk male" respectively, to
34 make the resolution language more equitable. Another individual cited the need for access
35 to clinical breast examinations. However, several other individuals and delegations
36 reiterated that the information available from ACOG and USPSTF states that clinical
37 breast exams are not recommended for average risk patients and that the AMA should not
38 recommend policy related to Medicare coverage that is not evidence-based. Given the
39 overwhelming testimony in opposition to the resolution, your Reference Committee
40 recommends that Resolution 114 be not adopted.

1 Madam Speaker, this concludes the report of Reference Committee A . I would like to
2 thank Rebekah Bernard, MD, Jared Buteau, Amish J. Dave, MD, MPH, Robert H. Emmick,
3 Jr, MD, Richard A. Geline, MD, Adam I. Rubin, MD, and all those who testified before the
4 Committee.
5
6

____
Rebekah Bernard, MD
Florida

____
Robert H. Emmick, Jr, MD (Alternate)
Texas

____
Jared Buteau
South Carolina

____
Richard A. Geline, MD (Alternate)
Illinois

____
Amish J. Dave, MD, MPH (Alternate)
Washington

____
Adam I. Rubin, MD
American Academy of Dermatology
Association

____
Debra Perina, MD
American College of Emergency
Physicians
Chair