

**POLICY PROCEEDINGS¹ OF THE 2024 INTERIM MEETING OF THE
AMA ORGANIZED MEDICAL STAFF SECTION**

RESOLUTIONS

**1. Billings and Collections Transparency
Introduced by Vicki Norton, MD**

OMSS Action: Resolution 1 adopted as amended and held back to be forwarded for consideration at the 2025 Annual Meeting of the AMA House of Delegates:

RESOLVED, that our American Medical Association amend policy H-225.950, Principles for Physician Employment to include a new section to read as follows:

6. Payment Agreements

a. Although they typically assign their billing privileges to their employers, employed physicians or their chosen representatives should be prospectively involved if the employer negotiates agreements for them for professional fees, capitation or global billing, or shared savings. Additionally, employed physicians should be informed about the actual payment amount allocated to the professional fee component of the total payment received by the contractual arrangement.

b. Employed physicians have a responsibility to assure that bills issued for services they provide are accurate and should therefore retain the right to review billing claims as may be necessary to verify that such bills are correct. Employers should indemnify and defend, and save harmless, employed physicians with respect to any violation of law or regulation or breach of contract in connection with the employer's billing for physician services, which violation is not the fault of the employee.

c. The AMA will petition the appropriate legislative and/or regulatory bodies to establish the requirement that revenue cycle management entities, regardless of their ownership structure, and/or employers will directly provide each physician it bills or collects for with a detailed, itemized statement of billing and remittances for medical services they provide biannually and at any time upon request. Upon review of billing and remittance statements, physicians should reserve the right to override the initial decisions by revenue cycle management entities and submit billing that they believe to be best aligned and most reflective of the medical services that they have provided. Additionally, the physician shall not be asked to waive access to this information. Our AMA will seek federal legislation requiring this, if necessary. (New HOD Policy); and be it further

RESOLVED, that our AMA will educate physicians as to the importance of billing transparency and advocate for employed physicians to have full access to itemized statements of billing and remittances for medical services they provide (Directive to Take Action).

¹ Proceedings determined from Annotated Reference Committee Reports and are subject to change until such time as the House of Delegates Proceedings are finalized.

2. Improving Institutional Memory/Revising AMA OMSS Internal Operating Procedures Introduced by Ohio State Medical Association Organized Medical Staff Section

OMSS Action: Resolution 2 referred back to the OMSS Governing Council for decision:

RESOLVED, that our American Medical Association Organized Medical Staff Section Internal Operating Procedures be amended to read as follows:

Membership. Membership in the AMA OMSS shall be open to all active physician members of the AMA who are members of a medical staff of a hospital, or a medical staff of a group of practicing physicians organized to provide healthcare, and any current or past member of the OMSS Governing Council. Active resident and fellow members of the AMA who are certified by their medical staffs as representatives to the business meeting also shall be considered members of the section.

Representatives to the meeting. Each medical staff of a hospital and each medical staff of a group of practicing physicians organized to provide healthcare may select up to two active physician AMA member representatives to the Business Meeting. The president or chief of staff of a medical staff may also attend the Business Meeting as a representative if they are an active physician member of the AMA. The representatives must be physician members of the medical staff of a hospital or group of practicing physicians organized to provide health care or residents/fellows affiliated with the medical staff of a hospital or group of practicing physicians organized to provide healthcare (or current and/or past OMSS Governing Council member) All representatives to the Business Meeting shall be properly certified in accordance with procedures established by the Governing Council and the Board of Trustees.

Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements or ceases to be credentialed as a representative consistent with the bylaws prior to the expiration of the term for which elected, the term of such officer or member shall terminate (at the end of their term)

Member Rights and Privileges. An OMSS member who is certified as a representative in accordance with the bylaws has the right to speak and debate and has the right to introduce business, make motions and vote (But Not run again for an office to the OMSS).
(Directive to Take Action).

3. Aiding Members of Medical Staffs Introduced by Matthew Gold, MD

OMSS Action: Resolution 3 adopted as amended and held back to be forwarded for consideration at the 2025 Annual Meeting of the AMA House of Delegates:

RESOLVED, that our American Medical Association establish and promote a well-defined procedure with access to resources to guide physicians on how to challenge adverse institutional actions or policies to practice medicine (Directive to Take Action).

**4. Retaining the In-Person Reference Committee and Resolution Submission
Introduced by Matthew Gold, MD**

OMSS Action: Resolution 4 adopted as amended:

RESOLVED, that our Organized Medical Staff Section retain in-person meeting deliberations and decision-making processes in relation to policy and resolution development (Directive to Take Action).

**5. Development of Resources for Medical Staffs to Engage in Collective Negotiation with Hospital
and Health Systems
Introduced by Thomas Madejski, MD**

OMSS Action: Resolution 5 adopted as amended:

RESOLVED, that our American Medical Association develop and distribute comprehensive materials to enable medical staffs to become effective agents for collective negotiation with hospitals and health systems (Directive to Take Action); and be it further

RESOLVED, that our AMA allocate appropriate resources and support to assist medical staffs in understanding their rights, the negotiation process, and strategies for successful collective action (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for policies at the state and federal levels that support the rights of medical staffs to engage in collective negotiation with hospital systems (Directive to Take Action).

OMSS Action: Resolution 010 adopted:

RESOLVED, that our American Medical Association develop and distribute comprehensive materials to enable medical staffs to become effective agents for collective negotiation with hospitals and health systems (Directive to Take Action); and be it further

RESOLVED, that our AMA allocate appropriate resources and support to assist medical staffs in understanding their rights, the negotiation process, and strategies for successful collective action (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for policies at the state and federal levels that support the rights of medical staffs to engage in collective negotiation with hospital systems (Directive to Take Action).

**6. Transparency of Facility Fees for Hospital Outpatient Department Visits
Introduced by Daniel Gold, MD and Matthew Gold, MD**

OMSS Action: Resolution 6 adopted:

RESOLVED, that our American Medical Association advocate for legislation or regulation that mandates the proactive transparency of the added costs to the consumer for health care services rendered at hospital outpatient department designated clinics (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate the additional costs of facility fees over professional services be stated upon scheduling of such services, noting the two are separate and additive charges, as well as prominently displayed at the point of service (Directive to Take Action).

HOD Action: Resolution 825 adopted:

RESOLVED, that our American Medical Association advocate for legislation or regulation that mandates the proactive transparency of the added costs to the consumer for health care services rendered at hospital outpatient department designated clinics (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate the additional costs of facility fees over professional services be stated upon scheduling of such services, noting the two are separate and additive charges, as well as prominently displayed at the point of service (Directive to Take Action).

**7. American Kidney Donation Legislation
Introduced by David Welsh, MD and Thomas G. Peters, MD**

OMSS Action: Resolution 7 adopted as amended:

RESOLVED, that our American Medical Association support federal legislation for pilot studies of non-monetary or monetary incentives, including delayed tax credits, to increase living kidney donations (Directive to Take Action).

HOD Action: Resolution 011 not adopted.

**8. Addressing and Reducing Patient Boarding in Emergency Departments
Introduced by Nita Shumaker, MD**

OMSS Action: Resolution 8 adopted as amended:

RESOLVED, that our American Medical Association strongly advocate that hospitals and health systems prioritize strategies to reduce emergency department boarding (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for increased state and federal funding to address the underlying causes of emergency department boarding (Directive to Take Action); and be it further

RESOLVED, that our AMA collaborate with other medical societies, hospital associations, accrediting organizations, and patient advocacy groups to raise awareness about the negative impacts of emergency department boarding and propose solutions (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage the inclusion of emergency department boarding metrics in hospital quality measures and accreditation standards (New HOD Policy); and be it further

RESOLVED, that our AMA will report back to the House of Delegates at the 2025 Annual Meeting on progress addressing and reducing patient boarding in emergency departments (Directive to Take Action).

HOD Action: Alternate Resolution 201 adopted in lieu of Resolutions 201 and 230.

RESOLVED, that our American Medical Association (AMA) collaborate with interested parties, such as hospitals, insurance companies, the Centers for Medicare & Medicaid Services (CMS), and accrediting bodies such as the Joint Commission, to address and reduce emergency department boarding and overcrowding (Directive to Take Action); and be it further

RESOLVED, that our AMA support appropriate staffing and standards of care for all patients admitted to the hospital or awaiting transfer, including emergency department patients and admitted patients physically located in the emergency department, to mitigate patient harm and physician burnout (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for increased state and federal assistance to address the systemic factors contributing to emergency department boarding (Directive to Take Action); and be it further

RESOLVED, that our AMA support other medical societies, hospital associations, accrediting organizations, and patient advocacy groups to raise awareness of the impacts of emergency department boarding and to identify and propose solutions (Directive to Take Action); and be it further

RESOLVED, that our AMA will continue to monitor the development of CMS quality measures related to patient boarding and work in collaboration with relevant medical specialty associations to support improvements in quality standards related to emergency department care (Directive to Take Action).

RESOLVED, that our AMA will report back to the House of Delegates at the 2025 Interim Meeting on progress addressing and reducing patient boarding in emergency departments (Directive to Take Action).

**9. The Need for Long-Term Study of Potential Side Effects of GIP & GLP-1 Medications
Introduced by Matthew Vo, MD**

**OMSS Action: Resolution 9 adopted as amended and held back to be forwarded for consideration
at the 2025 Annual Meeting of the AMA House of Delegates:**

RESOLVED, that our AMA support and call for a registry of GIP and GLP-1 receptor agonists' side effects, as well as potential impacts on pregnancy (Directive to Take Action).

REPORTS

1. Managing Conflict of Interest Inherent in New Payment Models—Patient Disclosure

OMSS Action: OMSS GC Report B adopted as amended and held back to be forwarded for consideration at the 2025 Annual Meeting of the AMA House of Delegates:

The OMSS Governing Council recommends that the following be adopted in lieu of Resolution 10-A-23, and that the remainder of this report be filed:

1. That the AMA advocate for legislation at the state and federal level requiring complete disclosure of financial arrangements with physicians that are potentially against patients' best interests, including financial incentives and disincentives, by insurers, facilities that employ physicians, and pharmacy benefit managers.
2. That the AMA produce a report with the aim of updating our Code of Medical Ethics to include guidance on disclosure of financial arrangements between physicians and healthcare facilities, employers, or payors that are potentially against patients' best interests

2. Acquisition and Consolidation by Private Equity/Hedge Funds into the Practice of Medicine

OMSS Action: OMSS GC Report C adopted.

The OMSS Governing Council recommends that the following be adopted in lieu of Resolution 3-I-23, and that the remainder of this report be filed:

1. That the goals of Resolution 3-I-23 have been or soon will have been met through a variety of AMA initiatives, including formal reports scheduled for release in 2025, continued outreach and education of physician members, and routine and continued action on the part of the AMA's federal regulatory and advocacy apparatus.

3. Inclusion of Patient Safety and Environmental Stewardship in CSAPH Report *Improving Research Standards, Approval Processes Post-Market and Surveillance Standards for Medical Devices*

OMSS Action: OMSS GC Report D adopted as amended and held back to be forwarded for consideration at the 2025 Annual Meeting of the AMA House of Delegates:

The OMSS Governing Council recommends that the following be adopted in lieu of Resolution 2-I-23, and that the remainder of this report be filed:

1. That the AMA work with interested stakeholders to develop and/or confirm a comprehensive cradle-to-grave life-cycle assessment for single-use versus reusable medical devices factoring safety relative to cost effectiveness and environmental impact.
2. That the AMA advocate for federal regulation on medical devices that addresses patient safety as it intersects with fiscal and environmental considerations and

promotes the use of a "gold standard" life-cycle assessment for single-use and reusable medical devices.

ACTIONS ON OMSS GOVERNING COUNCIL REPORT

The following report was presented by Nancy Church, MD, Chair.

Report A: OMSS Handbook Review – House of Delegates Resolutions & Reports

Refer to [annotated House of Delegates reference committee reports](#) for final adopted language.

1. CCB Report 01 – Resolution Deadline Clarification

OMSS Action: OMSS Delegate instructed to strongly support CCB Report 01.

HOD Action: CCB Report 01 adopted.

2. CEJA Report 02 – Protecting Physicians Who Engage in Contracts to Deliver Health Care Services

OMSS Action: OMSS Delegate instructed to oppose and refer back CEJA Report 02.

HOD Action: CEJA Report 02 adopted.

3. Resolution 002 – Anti-Doxxing Data Privacy Protection

OMSS Action: OMSS Delegate instructed to support Resolution 002.

HOD Action: Resolution 002 adopted as amended.

4. Resolution 004 – Improving Usability of Electronic Health Records for Transgender and Gender Diverse Patients

OMSS Action: OMSS Delegate instructed to listen on Resolution 004.

HOD Action: Resolution 004 referred.

5. Resolution 009 – Opposition to Creation or Enforcement of Civil Litigation, Commonly Referred to as Civil Causes of Action

OMSS Action: OMSS Delegate instructed to support Resolution 009.

HOD Action: Resolution 009 referred for decision.

6. BOT Report 01 – Augmented Intelligence Development, Deployment, and Use in Health Care

OMSS Action: OMSS Delegate instructed to listen on BOT Report 01.

HOD Action: BOT Report 01 referred for decision.

7. BOT Report 02 – On-Site Physician Requirements for Emergency Departments

OMSS Action: OMSS Delegate instructed to strongly support BOT Report 02.

HOD Action: BOT Report 02 adopted.

8. BOT Report 03 – Stark Law Self-Referral Ban

OMSS Action: OMSS Delegate instructed to strongly support Resolution 002.

HOD Action: BOT Report 03 referred.

9. BOT Report 04 – Addressing Work Requirements for J-1 Visa Waiver Physicians

OMSS Action: OMSS Delegate instructed to strongly support Resolution 008.

HOD Action: BOT Report 04 adopted as amended.

10. BOT Report 09 – Corporate Practice of Medicine Prohibition

OMSS Action: OMSS Delegate instructed to listen on BOT Report 09.

HOD Action: BOT Report 09 adopted.

11. Resolution 201 – Boarding Patients in the Emergency Room

OMSS Action: OMSS Delegate instructed to support Resolution 201.

HOD Action: Alternate Resolution 201 adopted in lieu of Resolutions 201 and 230.

12. Resolution 204 – Support for Physician-Supervised Community Paramedicine Programs

OMSS Action: OMSS Delegate instructed to listen on Resolution 204.

HOD Action: Resolution 204 adopted as amended.

13. Resolution 208 – Medicare Part B Enrollment and Penalty Awareness

OMSS Action: OMSS Delegate instructed to support Resolution 208.

HOD Action: Resolution 208 adopted as amended.

14. Resolution 214 – Advocating for Evidence-Based Strategies to Improve Rural Obstetric Health Care and Access

OMSS Action: OMSS Delegate instructed to amend Resolution 214.

HOD Action: Resolution 214 adopted as amended.

15. Resolution 215 – Advocating for Federal and State Incentives for Recruitment and Retention of Physicians to Practice in Rural Areas

OMSS Action: OMSS Delegate instructed to support Resolution 215.

HOD Action: AMA Policies H-465.988, H-305.925, and D-305.958 reaffirmed in lieu of Resolution 215

16. Resolution 218 – Time Sensitive Credentialing of New Providers with an Insurance Carrier

OMSS Action: OMSS Delegate instructed to support Resolution 218.

HOD Action: Resolution 218 adopted.

17. Resolution 219 – Advocate to Continue Reimbursement for Telehealth/Telemedicine Visits Permanently

OMSS Action: OMSS Delegate instructed to support Resolution 219.

HOD Action: AMA Policies D-480.965 and D-480.963 reaffirmed in lieu of Resolution 219.

18. Resolution 225 – Elimination of Medicare 14-Day Rule

OMSS Action: OMSS Delegate instructed to support Resolution 225.

HOD Action: Resolution 225 adopted.

19. Resolution 226 – Information Blocking Rule

OMSS Action: OMSS Delegate instructed to support Resolution 226.

HOD Action: Resolution 226 referred.

20. Resolution 227 – Medicare Payment Parity for Telemedicine Services

OMSS Action: OMSS Delegate instructed to support Resolution 227.

HOD Action: AMA Policies D-480.969 and D-480.965 reaffirmed in lieu of Resolution 227.

21. Resolution 302 – Strengthening Parental Leave Policies for Medical Trainees and Recent Graduates

OMSS Action: OMSS Delegate instructed to support Resolution 302.

HOD Action: Resolution 302 adopted.

22. Resolution 303 – Transparency and Access to Medical Training Program Unionization Status, Including Creation of a FREIDA Unionization Filter

OMSS Action: OMSS Delegate instructed to support Resolution 303.

HOD Action: Resolution 303 not considered.

23. CLRPD Report 01 – Academic Physicians Section Five-Year Review

OMSS Action: OMSS Delegate instructed to support CLRPD Report 01.

HOD Action: CLRPD Report 01 adopted.

24. BOT Report 15 – Public Metrics for Hospitals and Hospital Systems

OMSS Action: OMSS Delegate instructed to support BOT Report 15.

HOD Action: BOT Report 15 adopted as amended.

25. BOT Report 16 – AMA Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and Alternates

OMSS Action: OMSS Delegate instructed to listen on BOT Report 16.

HOD Action: BOT Report 16 adopted as amended in lieu of Resolutions 605 and 609.

26. Resolution 601 – Expanding AMA Meeting Venue Options

OMSS Action: OMSS Delegate instructed to listen on Resolution 601.

HOD Action: Resolution 601 not adopted.

27. Resolution 607 – AMA House of Delegates Venues

OMSS Action: OMSS Delegate instructed to listen on Resolution 607.

HOD Action: Resolution 607 not adopted.

28. CMS Report 01 – Nonprofit Hospital Charity Care Policies

OMSS Action: OMSS Delegate instructed to support CMS Report 01.

HOD Action: CMS Report 01 adopted as amended.

29. CMS Report 02 – Unified Financing Health Care System

OMSS Action: OMSS Delegate instructed to support CMS Report 02.

HOD Action: CMS Report 02 adopted.

30. CMS Report 03 – Time-Limited Patient Care

OMSS Action: OMSS Delegate instructed to support CMS Report 03.

HOD Action: CMS Report 03 adopted.

31. CMS Report 04 – Biosimilar Coverage Structures

OMSS Action: OMSS Delegate instructed to support CMS Report 04.

HOD Action: CMS Report 04 adopted as amended.

32. Resolution 801 – Reimbursement for Managing Portal Messages

OMSS Action: OMSS Delegate instructed to support Resolution 801.

HOD Action: AMA Policies H-385.919, H-385.951, and H-270.962 reaffirmed in lieu of Resolution 801.

33. Resolution 802 – Address Physician Burnout with Inbox Management Resource and Increased Payment

OMSS Action: OMSS Delegate instructed to support Resolution 802.

HOD Action: Policies H-270.968, H-400.972, H-400.991, D-405.972, D-450.980, D-478.976, and D-478.995 reaffirmed in lieu of Resolution 802.

34. Resolution 810 – Immediate Digital Access to Updated Medication Formulary for Patients and Their Physicians

OMSS Action: OMSS Delegate instructed to listen on Resolution 810.

HOD Action: Resolution 810 adopted as amended.

35. Resolution 814 – Legislation for Physician Payment for Prior Authorization

OMSS Action: OMSS Delegate instructed to listen on Resolution 814.

HOD Action: Resolution 814 referred for decision.

36. Resolution 815 – Addressing the Crisis of Pediatric Hospital Closures and Impact on Care

OMSS Action: OMSS Delegate instructed to strongly support Resolution 815.

HOD Action: Resolution 815 adopted as amended.

37. Resolution 818 – Payment for Pre-Certified/Preauthorized Procedures

OMSS Action: OMSS Delegate instructed to support Resolution 818.

HOD Action: Resolution 818 adopted as amended.

38. Resolution 819 – Establishing a New Office-Based Facility Setting to Pay Separately from the Medicare Physician Fee Schedule for the Technical Reimbursement of Physician Service Using High-Cost Supplies

OMSS Action: OMSS Delegate instructed to listen on Resolution 819.

HOD Action: AMA Policy H-400.957 reaffirmed in lieu of Resolution 819.

39. Resolution 824 – Ophthalmologists Required to be Available for Level I & II Trauma Centers

OMSS Action: OMSS Delegate instructed to support Resolution 824.

HOD Action: AMA policy H-130.948 reaffirmed in lieu of Resolution 824.

40. CSAPH Report 02 – Drug Shortages: 2024 Update

OMSS Action: OMSS Delegate instructed to support CSAPH Report 02.

HOD Action: CSAPH Report 02 adopted as amended in lieu of Resolution 930.

41. Resolution 904 – Regulation of Ionized Radiation Exposure for Healthcare Workers

OMSS Action: OMSS Delegate instructed to support Resolution 904.

HOD Action: Resolution 904 adopted as amended with a title change.

42. Resolution 907 – Call For Study: The Need for Hospital Interior Temperatures to be Thermally Neutral to Humans Within Those Hospitals

OMSS Action: OMSS Delegate instructed to amend Resolution 907.

HOD Action: Alternate Resolution 907 adopted in lieu of Resolution 907.

43. Resolution 911 – Adequate Masking and HPV Education for Health Care Workers (Including Those Over Age 45)

OMSS Action: OMSS Delegate instructed to support Resolution 911.

HOD Action: Alternate Resolution 911 adopted in lieu of Resolution 911.

44. Resolution 914 – Protecting the Healthcare Supply Chain from the Impacts of Climate Change

OMSS Action: OMSS Delegate instructed to listen on Resolution 914.

HOD Action: Resolution 914 not considered.

45. Resolution 919 – Improving Rural Access to Comprehensive Cancer Care

OMSS Action: OMSS Delegate instructed to support Resolution 919.

HOD Action: Resolution 919 adopted as amended with a title change.