

**POLICY PROCEEDINGS¹ OF THE 2024 INTERIM MEETING OF THE
AMA PRIVATE PRACTICE PHYSICIANS SECTION**

RESOLUTIONS

**1. An Assessment of Physician Support for Value-Based Payment Models and its Impact on
Healthcare to Inform AMA Advocacy Efforts—A Survey
Introduced by Connie DiMari, MD**

**PPPS Action: Resolution 1 adopted as amended and held back for transmission to the 2025
Annual Meeting of the House of Delegates:**

RESOLVED, that our American Medical Association conducts a physician survey of adequate size and scope to ascertain the impact of value-based payment models on a wide spectrum of both employed and independent physician practices, exploring its specific effects on the quality of care physicians provide (i.e., help or harm quality), patient access to care (i.e., limit Medicare patients), physician professionalism (i.e., honoring patient preferences, managing conflict of interest), and adequacy of the physician workforce (i.e., availability of primary care, burnout, early retirement) to provide legislators a better understanding and inform future AMA advocacy efforts (Directive to Take Action).

**2. Physician Payments for Inflationary Updates That Were Never Actualized
Introduced by Roxanne Tyroch, MD**

PPPS Action: Resolution 2 withdrawn at the request of the author:

RESOLVED, that our American Medical Association advocate for lump sum payments made directly to physicians for inflationary updates never actualized by public payors going back to the year 2000 (Directive to Take Action).

**3. Equal Opportunity for Payment for “On Call” Duty
Introduced by Matthew Gold, MD**

PPPS Action: Resolution 3 referred to the PPPS Governing Council:

RESOLVED, that our American Medical Association work with relevant stakeholders to advocate nationally that all physicians, whether employed or independent, should be paid for “on call” responsibilities, whether or not patient care is separately billed (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.

**5. Conflicts of Interest and Transparency—Let Members Decide
Introduced by Alex Shteynshlyuger, MD**

PPPS Action: Late Resolution 1 not adopted:

RESOLVED, that our American Medical Association amend the Private Practice Physicians Section (PPPS) internal operating procedures to adopt requirements that PPPS members who are eligible to vote and to serve on the Governing Council disclose:

1. Whether they are employed in or own/co-own a private practice from which they derive the majority of their income or personally generate fewer or 3,000 or more wRVU per year;
2. Ownership or co-ownership of the practice or management company (management service organization or equivalent) by non-physician entity or entities or whether the practice or management company is a subsidiary of another entity or entities;
3. The number of physicians and non-physician health providers the practice employs;

(Directive to Take Action); and be it further

RESOLVED, that our AMA amend the PPPS internal operating procedures to adopt requirements that the Chair of the PPPS Governing Council or an appointed designee must inform the full voting-eligible membership of the PPPS by email or another electronic method about self-reported as well as any perceived or actual conflict of interest on the governing council that may result from the election or re-election of the candidates nominated for election 1) at least 10 days before the Business meeting, 2) prior to the start of every business session as to inform the members, and 3) prior to every election session, including floor nominations (Directive to Take Action); and be it further

RESOLVED, that our AMA require that nominees and present members of the PPPS Governing Council disclose:

1. Any perceived conflicts of interest to other members of the Governing Council, including any familial relations up to second degree relative (grandparents, second cousins, aunts, nieces, nephews whether by blood, marriage, or adoption);
2. Any perceived conflicts of interest to other members of the Governing Council, including any association with organizations in common with other members from which income is derived, whether as an employee, owner, or investor, except for publicly traded non-healthcare companies or contractors that may share owners or management;

(Directive to Take Action); and be it further

RESOLVED, that our AMA amend the criteria for all AMA elective offices, including the Board of Trustees, to require disclosure of information relevant to members' understanding of potential conflicts of interest, including:

1. Whether they are employed in an organization that is hospital-owned, government-run, insurance-owned, non-physician investor-owned, or own/co-own a private practice from which they derive the majority of their income;
2. Whether they personally generate fewer than or equal to 3,000 or more than 3,000 wRVU per year (excluding billing for supervision of residents, physician assistants, nurse practitioners, etc.); optionally, they may also report total wRVUs as well during supervision of residents, physician assistants, nurse practitioners, etc.;
3. Ownership or co-ownership of the practice of management company (management service organization or equivalent) by non-physician entity or

- entities, or whether the practice or management company is a subsidiary of another entity or entities;
4. The number of physicians and non-physician healthcare providers their practice employs;
- (Directive to Take Action)
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5. Supporting Penalties on Insurers Who Fail to Pay Doctors Introduced by Dan Choi, MD

PPPS Action: Late Resolution 2 adopted:

RESOLVED, that our American Medical Association will advocate for passage of legislation that imposes penalties on insurers that fail to pay doctors within 30 days when doctors win for a claim brought to the federal Independent Dispute Resolution (IDR) process (i.e. No Surprises Enforcement Act that has currently been introduced to the U.S. House of Representatives) (Directive to Take Action).

HOD Action: Resolution 229 adopted as amended:

RESOLVED, that our American Medical Association will advocate for passage of legislation that imposes penalties on insurers that fail to pay doctors within 30 days when doctors win for a claim brought to the federal Independent Dispute Resolution (IDR) process (Directive to Take Action).

5. CMS Leadership and Policy Synergies in the New Administration Introduced by Alex Shteynshlyuger, MD

PPPS Action: Late Resolution 3 not adopted:

RESOLVED, that our American Medical Association works with the incoming Trump administration to advance the interests of private practice physicians with a focus on removing burdensome regulations, fixing failures of HIPAA administrative simplification requirements, promoting free markets in healthcare, promoting policies that support the private practice of medicine, transparency, and removing policies that lead to market dislocation and regulatory capture including 340B, differential reimbursement to facilities, and promote incentives for states to remove anticompetitive policies such as certificates of need (Directive to Take Action); and be it further

RESOLVED, that our AMA advocates and instructs the AMA's Advocacy Resource Center (ARC) to advocate that Elon Musk and Vivek Ramaswamy are appointed to reform the CMS (Directive to Take Action).

REPORTS

1. Rebuke and Appeal CMS Interoperability and Prior Authorization Final Rule

PPPS Action: PPPS GC Report B adopted as amended and immediately enacted by the PPPS:

The PPPS Governing Council recommends that the following be adopted in lieu of Resolution 4-A-24, and that the remainder of this report be filed:

1. That the Private Practice Physicians Section does not support a motion that the AMA conduct a cost analysis of the CMS Interoperability and Prior Authorization Final Rule.
 2. That the Private Practice Physicians Section does not support initiating legal action regarding the CMS Interoperability and Prior Authorization Final Rule but shall revisit supporting such legal action at the recommendation of the AMA Office of the General Counsel or any other duly authorized representative of the AMA.
 3. That the Private Practice Physicians Section will host an educational seminar at the Annual 2025 meeting that will utilize experts in Centers for Medicare & Medicaid Services (CMS) rulemaking to examine and explain the CMS Interoperability and Prior Authorization Final Rule with an eye toward helping attendees understand what the rule covers and does not cover as well as any obligations the rule places on independent physician practices.
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2. Getting on with the Times—Expanding PPPS Inclusivity Via Hybrid Meetings and Voting

PPPS Action: PPPS GC Report C adopted as amended and immediately enacted by the PPPS:

The PPPS Governing Council recommends that the following be adopted in lieu of Resolution 5-A-24, and that the remainder of this report be filed:

1. That the Private Practice Physicians Section adjust its policymaking processes and timelines to bring the Section in-line with the AMA House of Delegates resolution submission process to better allow PPPS items of business to receive equal consideration before the House. That process shall be conducted as follows:
 - a. For resolutions intended to be considered at the current meeting: Resolution drafts must be submitted to the Section no later than 90 days before the start of the HOD meeting (approximately March 1 for Annual Meetings and August 1 for Interim Meetings). Section members would have approximately 45 days to review resolutions on the PPPS Online Forum, after which the Section will host a virtual policy meeting at which formal consideration of resolutions will be conducted. At least one week before the virtual policy meeting, the Section will also convene its Reference Committee to consider the resolutions and make formal recommendations to the section at large. Resolutions advanced by section vote will then be forwarded to the House of Delegates ahead of its submission deadline (45 days prior to the start of the HOD Meeting).

- b. For resolutions intended to be considered at a future meeting: Resolution drafts can be submitted to the Section at any time up until one week before the current Business Meeting. Resolutions will be posted to the PPPS Online Forum and available for section consideration until such time as the future meeting becomes current. Resolutions submitted to the section later than 90 days before the start of the current meeting are automatically considered for future meetings unless the author states the resolution should be considered a late resolution or an emergency resolution. In such cases, the late/emergency resolution will follow the procedures outlined in the PPPS IOPs.
 - c. The Section retains the ability to advance late resolutions and emergency resolutions up until the opening of the House of Delegates meeting. Consideration of late and emergency resolutions will occur at the in-person PPPS Business Meeting.
2. That the Private Practice Physicians Section shall determine a mechanism for consideration of regular items of business introduced after the 45-day advance deadline that are not necessarily late or emergent that are to be considered at the concurrent business meeting to be forwarded that meeting's House of Delegates and not required to be advanced at a future meeting.
 3. That the Private Practice Physicians Section should further explore strategies for adopting virtual attendance and virtual engagement, even if in a limited capacity, for future Private Practice Physician Section meetings.
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ACTIONS ON PPPS GOVERNING COUNCIL REPORT A

The following report was presented by Carolynn Francavilla, MD, Chair.

Report A: PPPS 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

PPPS Action: PPPS Delegate instructed to 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

PPPS Action: PPPS Delegate instructed to support CEJA Report 02.

HOD Action: CEJA Report 02 adopted.

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

PPPS Action: PPPS Delegate instructed to support BOT Report 03.

HOD Action: BOT Report 03 referred.

4. BOT Report 09 – Corporate Practice of Medicine Prohibition

PPPS Action: PPPS Delegate instructed to support BOT Report 09.

HOD Action: BOT Report 09 adopted.

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

PPPS Action: PPPS Delegate instructed to support Resolution 208.

HOD Action: Resolution 208 adopted as amended.

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

PPPS Action: PPPS Delegate instructed to strongly support Resolution 219.

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

7. Resolution 220 – MIPS Reform

PPPS Action: PPPS Delegate instructed to strongly support Resolution 220.

HOD Action: AMA Policies D-400.982, H-385.905, and D-395.999 reaffirmed in lieu of Resolution 220.

8. Resolution 221 – Medicare Coverage for Non-PAR Physicians

PPPS Action: PPPS Delegate instructed to listen on Resolution 221.

HOD Action: Resolution 221 not adopted.

9. Resolution 222 – Rollback on Physician Performance Measures

PPPS Action: PPPS Delegate instructed to listen on Resolution 222.

HOD Action: Resolution 222 adopted as amended.

10. Resolution 223 – Mandated Economic Escalators in Insurance Contracts

PPPS Action: PPPS Delegate instructed to listen on Res.223.

HOD Action: AMA Policy D-400.990 reaffirmed in lieu of Resolution 223.

11. Resolution 227 – Medicare Payment Parity for Telemedicine Services

PPPS Action: PPPS Delegate instructed to strongly support Res.227.

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

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

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

HOD Action: CLRPD Report 01 adopted.

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

PPPS Action: PPPS Delegate instructed to support Resolution 810.

HOD Action: Resolution 810 adopted as amended.

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

PPPS Action: PPPS Delegate instructed to support Resolution 814.

HOD Action: Resolution 814 referred for decision.

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

PPPS Action: PPPS Delegate instructed to listen on Resolution 818.

HOD Action: Resolution 818 adopted as amended.