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PRIVATE PRACTICE PHYSICIANS SECTION
Governing Council Report A
Interim 2024 Meeting

Access full text of resolutions/reports in the HOD meeting handbook.

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

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

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

Item #	Ref Com	Title and sponsor(s)	Proposed policy	Governing Council recommendation
1	CCB	CCB Report 01 – Resolution Deadline Clarification	RECOMMENDATIONS The Council on Constitution and Bylaws recommends that the following recommendation be adopted, and that the balance of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover. 1) That our AMA Bylaws be amended by insertion and deletion as follows: **2.11.3 Introduction of Business.** **2.11.3.1 Resolutions.** **<u>2.11.3.1.1 On-Time Resolutions</u>**. To be considered as regular business, each resolution must be introduced by a delegate or organization represented in the House of Delegates and must have been submitted to the AMA not later than 45 days prior to the	Delegate instructed to support.

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			commencement of the meeting at which it is to be considered, with the following exception~~s~~. **2.11.3.1.1.1 AMA Sections.** Resolutions presented from ~~the business~~ meetings of the AMA Sections convened prior to the coinciding House of Delegates meeting but after the 45 day on-time deadline may be presented for consideration by the House of Delegates upon adoption by the Section and no later than the commencement ~~recess~~ of the House of Delegates opening session to be accepted as regular business. Section ~~R~~resolutions presented after the commencement ~~recess~~ of the opening session of the House of Delegates will be accepted in accordance with Bylaw 2.11.3.1.3. **2.11.3.1.2 Late Resolutions**. Late resolutions may be presented by a delegate or organization represented in the House of Delegates any time after the 45-day resolution deadline until the commencement of the opening session of the House of Delegates, and will be accepted as business of the House of Delegates only upon two-thirds vote of delegates present and voting. **2.11.3.1.3 Emergency Resolutions**. Resolutions of an emergency nature may be presented by a delegate any time after the commencement of the opening session of the House of Delegates. Emergency resolutions will be accepted as business only upon a three-fourths vote of delegates present and voting, and if accepted shall be ~~presented to~~ considered by the House of Delegates without ~~consideration~~ deliberation by a reference committee. ~~A simple majority vote of the delegates present and voting shall be required for adoption~~.	
2	CCB	CEJA Report 02 – Protecting Physicians Who Engage in Contracts to Delivery Health Care Services	RECOMMENDATION In view of these deliberations, the Council on Ethical and Judicial Affairs recommends that Opinion 11.2.3, “Contracts to Deliver Health Care Services,” be amended by addition and deletion as follows and the remainder of this report be filed: While profitmaking is not inherently unethical, no part of the health care system that supports or delivers patient care should place profits over such care. Physicians have a	Delegate instructed to support.

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

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			financial or performance incentives, restrictions on care, or other mechanisms intended to influence physicians’ treatment recommendations or direct what care patients receive, in keeping with ethics guidance; (ii) does not compromise the physician’s own financial well-being or ability to provide high-quality care through unrealistic expectations regarding utilization of services or terms that expose the physician to excessive financial risk; (iii) ~~allows~~ ensures the physician can ~~to~~ appropriately exercise professional judgment; (iv) includes a mechanism to address grievances and supports advocacy on behalf of individual patients; (v) is transparent and permits disclosure to patients; (vi) enables physicians to have significant influence on, or preferably outright control of, decisions that impact practice staffing. (b) Negotiate modification or removal of any terms that unduly compromise physicians’ ability to uphold ethical or professional standards. When entering into contracts as employees, preferably with the advice of legal and ethics counsel, physicians should: (c) Advocate for contract provisions to specifically address and uphold physician ethics and professionalism. (d) Advocate that contract provisions affecting practice align with the professional and ethical obligations of physicians and negotiate to ensure that alignment. (e) Advocate that contracts do not require the physician to practice beyond their professional capacity and provide contractual avenues for addressing concerns related to good practice, including burnout or related issues.	

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3	B	BOT Report 03 – Stark Law Self-Referral Ban	RECOMMENDATION The Board of Trustees recommends that the following policy be adopted in lieu of Resolution 227-I-23, and the remainder of the report be filed. 1. That our American Medical Association reaffirm AMA Policies H-140.861, "Physicians Self-Referral," D-270.995, "Physician Ownership and Referral for Imaging Services," and H-385.914, "Stark Law and Physician Compensation," be reaffirmed. (Reaffirm HOD Policy) 2. That our American Medical Association supports initiatives to expand Stark law waivers to allow independent physicians, in addition to employed or affiliated physicians, to work with hospitals or health entities on quality improvement initiatives to address issues including care coordination and efficiency. (New HOD Policy)	Delegate instructed to support.
4	B	BOT Report 09 – Corporate Practice of Medicine Prohibition	RECOMMENDATIONS: The Board of Trustees recommends that in lieu of Resolution 233-I-23, existing AMA Policy H-215.981 entitled, "Corporate Practice of Medicine," be amended by addition and the remainder of the report be filed: 1. Our American Medical Association vigorously opposes any effort to pass federal legislation or regulation preempting state laws prohibiting the corporate practice of medicine. (Reaffirm HOD Policy) 2. <u>Our AMA vigorously opposes any effort to pass legislation or regulation that removes or weakens state laws prohibiting the corporate practice of medicine. (New HOD Policy)</u> 3. <u>Our AMA opposes the corporate practice of medicine and supports the restriction of ownership and operational authority of physician medical practices to physicians or physician-owned groups. (New HOD Policy)</u> 4. At the request of state medical associations, our AMA will provide guidance, consultation, and model legislation regarding the corporate practice of medicine, to ensure the autonomy of hospital medical staffs, employed physicians in non-hospital settings, and physicians contracting with corporately owned management service	Delegate instructed to support.

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			organizations. (Reaffirm HOD Policy) 5. Our AMA will continue to monitor the evolving corporate practice of medicine with respect to its effect on the patient-physician relationship, financial conflicts of interest, patient centered care and other relevant issues. (Directive to take action) 6. Our AMA will work with interested state medical associations, the federal government, and other interested parties to develop and advocate for regulations and appropriate legislation pertaining to corporate control of practices in the healthcare sector such that physician clinical autonomy ~~in clinical care~~ and operational authority ~~is~~ are preserved and protected. (Modify Current HOD Policy) 7. Our AMA will create a state corporate practice of medicine template to assist state medical associations and national medical specialty societies as they navigate the intricacies of corporate investment in physician practices and health care generally at the state level and develop the most effective means of prohibiting the corporate practice of medicine in ways that are not detrimental to the sustainability of physician practices. (New HOD Policy)	
5	B	Res. 208 – Medicare Part B Enrollment and Penalty Awareness (Senior Physicians Section)	RESOLVED, that our American Medical Association review the current penalties for declining Medicare Part B coverage with the Centers for Medicare and Medicaid Services (CMS), and advocate for changes to improve awareness of the risk and financial burdens associated with discontinuing coverage before reaching age 65 (Directive to Take Action) RESOLVED, that our AMA advocate to CMS for the creation of a comprehensive checklist for seniors approaching age 65 to facilitate Medicare enrollment and avoid gaps in insurance coverage or permanent increases in Part B premiums (Directive to Take Action) RESOLVED, that our AMA advocate for enhanced public awareness regarding the risks of not enrolling in Medicare Part B, and support making information about these risks more accessible and widely available to prevent lifetime penalties (Directive to Take Action) RESOLVED, that our AMA explore with AARP and other interested organizations a	Delegate instructed to strongly support.

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			mechanism for auto enrollment in Medicare Part B for those who take Social Security benefits before age 65 that would include additional premium support for those making less than $1,000 in monthly Social Security benefits. (Directive to Take Action)	
6	B	Res. 219 – Advocate to Continue Reimbursement for Telehealth/Telemedicine Visits Permanently (New York)	RESOLVED, that our American Medical Association advocate for making telehealth reimbursement permanent for Medicare and for all health insurance providers. (Directive to Take Action)	Delegate instructed to strongly support.
7	B	Res. 220 – MIPS Reform (New York)	RESOLVED, that our American Medical Association advocate for the repeal of the Medicare Merit-Based Incentive Payment System (MIPS) and replacement with 1) a practicing physician-designed program that has far less administrative burdens and 2) only adopts measures that have been shown to measurably improve patient outcomes. (Directive to Take Action)	Delegate instructed to strongly support.
8	B	Res. 221 – Medicare Coverage for Non-PAR Physicians (New York)	RESOLVED, that our American Medical Association support federal legislation that would provide Medicare enrollees with the ability to receive partial reimbursement towards the cost of receiving treatment from the physician of their choice, regardless of whether that physician participates in Medicare. (New HOD Policy)	Delegate instructed to listen.
9	B	Res. 222 – Rollback on Physician Performance Measures (New York)	RESOLVED, that our American Medical Association will make public statements calling for a removal of any/all unproven outcomes measures and associated mandates placed on physicians, practices, licensed clinics, nursing homes, hospitals and other places of healthcare (Directive to Take Action) RESOLVED, that our AMA will seek legislation or regulation removing any/all unproven outcomes measures and associated mandates placed on physicians, practices, licensed	Delegate instructed to listen.

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			clinics, nursing homes, hospitals and other places of healthcare (Directive to Take Action) RESOLVED, that our AMA will include the following action on a national level, including but not limited to: -AMA statements calling for a removal of any/all unproven outcomes measures and associated mandates placed on physicians, practices, licensed clinics, nursing homes, hospitals and other places of healthcare; and legislation and regulation seeking the same, and -AMA seeking legislation or regulation mandating the removal of any/all unproven outcomes measures and associated mandates placed on physicians, practices, licensed clinics, nursing homes, hospitals and other places of healthcare. (Directive to Take Action)	
10	B	Res. 223 – Mandated Economic Escalators in Insurance Contracts (New York)	RESOLVED, that our American Medical Association advocates through legislation or regulation for the mandatory insertion of an economic escalator provision in all commercial insurance contracts to account for economic inflation or a decline in Medicare Physician Fee Schedule (PFS). (Directive to Take Action)	Delegate instructed to listen.
11	B	Res. 227 – Medicare Payment Parity for Telemedicine Services (American College of Rheumatology)	RESOLVED, that our American Medical Association advocate for Medicare to reimburse providers for telemedicine-provided services at an equal rate as if the services were provided in-person. (Directive to Take Action)	Delegate instructed to strongly support.

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12	F	CLRPD Report 01 – Academic Physicians Section Five-Year Review	RECOMMENDATIONS The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Academic Physicians Section through 2029 with the next review no later than the 2029 Interim Meeting.	Delegate instructed to strongly support.
13	J	Res. 810 – Immediate Digital Access to Updated Medication Formulary for Patients and Their Physicians (Mississippi)	RESOLVED, that our American Medical Association advocate for the Centers for Medicare & Medicaid Services to provide (or cause their associated carriers to provide) a hyperlink (such as a QR code) to a digital, well-organized, and searchable formulary located on the insured's insurance card to all Medicare patients in such a manner that the patient can easily share and discuss covered medications with their prescribing physician during office appointments or other encounters. (Directive To Take Action)	Delegate instructed to support.
14	J	Res. 814 – Legislation for Physician Payment for Prior Authorization (American Association of Clinical Urologists)	RESOLVED, that our American Medical Association initiates prior authorization legislation aimed at Medicare Advantage plans, state Medicaid programs as well as commercial payers, via model legislation, that allows for fair reimbursement for physician's time and that of their office staff when dealing with prior authorization. (Directive to Take Action)	Delegate instructed to support.
15	J	Res. 818 – Payment for Pre-Certified/Preauthorized Procedures (New York)	RESOLVED, that our American Medical Association support the position that the practice of retrospective denial of payment for care which has been pre-certified by an insurer should be banned, except when false or fraudulent information has knowingly been given to the insurer by the physician, hospital or ancillary service provider to obtain pre-certification (New HOD Policy) RESOLVED, that our AMA continue to advocate for legislation, regulation, or other appropriate means to ensure that all health plans including those regulated by ERISA,	Delegate instructed to listen.

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			pay for services that are pre-authorized, or pre-certified by such health plan, including services that are deemed pre-authorized or pre-certified because the physician participates in a “Gold Card” program operated by that health plan. (Directive to Take Action)	

END