

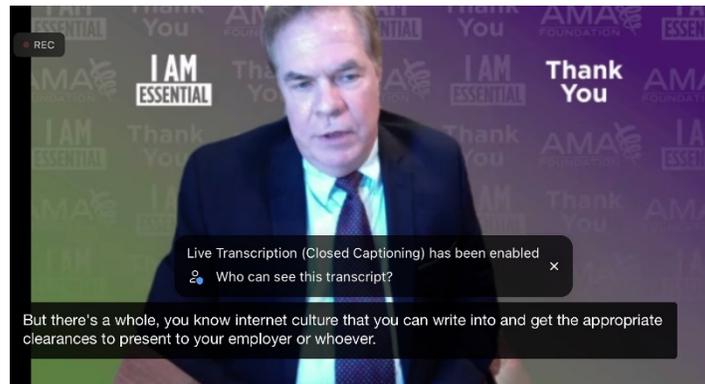


**HMA Live at AMA!**  
Special Meeting N21  
**Day 2**  
November 13, 2021

Aloha, HMA Members!

Well, it's Day 2 of N21, the November 2021 Special Meeting of the AMA House of Delegates (AMA HOD). Bernie Robinson and I are your HMA Delegates to the HOD.

We started at 5:00 AM HST because the House's virtual business started today at 9:00 AM CST. Well, that's what we get for running for election to this position... At least we didn't have to fly to Orlando, where this year's November Interim Meeting was supposed to be held.



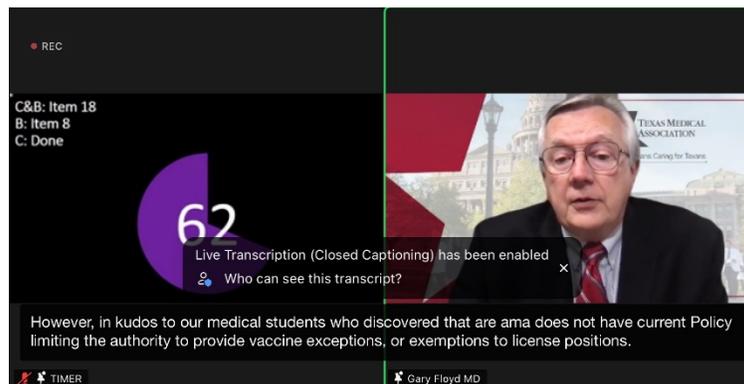
Today's the beginning of Reference Committee sessions. The HOD organizes its business into eight Reference Committees, each of which is responsible for specific subject areas for policy review, debate, and decision-making. The eight RefComs are:

1. Committee on Constitution and Bylaws (CCB).
2. RefCom A, Medical Service.
3. RefCom B, Legislation.
4. RefCom C, Medical Education.
5. RefCom D, Public Health.
6. RefCom E, Science & Technology.
7. RefCom F, Finance.
8. RefCom G, Medical Practice.

Every PacWest member is assigns or chooses a RefCom to review and discuss within the PacWest prior to HOD meetings in order to decide on PWC positions. RefComs may have to deal with dozens of items and hundred+ pages. Sometimes you have to look up established AMA Policy to do a good job. It can be effective treatment for insomnia. Bernie did RefCom E and I was on RefCom G.

There were 36 reports and 152 resolutions submitted to N21. Like I said, the House was instructed to submit resolutions addressing only “urgent” issues. The usual number of resolutions easily doubles this meeting’s total. The Annual Meeting next June might be brutal.

So, why do we do this, then? As EVP James Madara stated yesterday, our AMA is one of the most trusted “brands” in American healthcare. Congress and Federal agencies work with the AMA on a broad range of healthcare issues, more so than any other physician advocacy group. If any of you have great ideas that make sense and are workable, drop the HMA a note. You can contact me by email at [drkimura@gmail.com](mailto:drkimura@gmail.com). Just include “AMA” in your subject line so that I don’t send it to Spam. Send your idea by March or August so that you and I have enough time to work on it in time for one of the meetings.



As examples of what our AMA’s working on, here are some of the things that were debated today.

More than 300 individuals attending the RefCom A (Medical Service) meeting.

There was a resolution seeking administrative simplification for place of service billing codes for telehealth visits. This is an effort to decrease the administrative burden of practice.

There was a resolution to strengthen AMA policy supporting drug price negotiating for the Medicare Part D program. AMA already has supportive policies, but the resolution calls for more aggressive action and provides more detailed processes for how to accomplish this goal.

In RefCom B (Legislation), there was a resolution dealing with direct-to-consumer genetic testing (“NNandMe,” etc.). It calls for supporting patient privacy rights and control of data collection and sharing.

There were four separate resolutions concerning sequestration (The pending 9.75% decrease in the Medicare Physician Fee Schedule), the sustainability of Medicare payments to physicians, improving Medicare payments to physicians, and ending the budget neutrality requirement that limits improvement in physician reimbursement by Medicare. Needless to say, this was a lively and long discussion, even though there wasn’t a lot of opposition. Can’t wait to see the RefCom’s report and recommendations.

By the way, CMS recently (last week) announced that it's implementing its Automatic Extreme and Uncontrollable Circumstance (EUC) policy so that individuals "eligible" (OK, required) to report to MIPS for the 2021 performance year are exempt from reporting and won't even have to apply for the exemption. Individuals may still choose to report to MIPS. You might be wondering, who would want to report if we don't have to? Remember that there is a performance incentive of up to 9% for meeting performance thresholds. The actual reward is budget-neutral so that if fewer eligible clinicians participate, the regular incentive will be <9% because the amount available for the regular bonus is determined by the total amount of penalties. I recall that one year the regular bonus was about 1%.

There is a \$500M bonus pot to be shared by those who achieve exceptional performance for PY2021, in addition to the 9% regular performance incentive. But, the threshold score for exceptional performance increases to 85 out of 100 points so the target is higher for this year. Next year the threshold for exceptional performance is 89 points and it's the final year for that extra \$500M pot.

Sorry for going off on a tangent and possibly confusing anyone. The take home message is that individual docs don't have to report to MIPS for this year. Groups (>15 docs) and Alternate Payment Models (APMs like Shared Savings Program ACOs and CPC+) must still report performance or apply for exemptions. Questions? Send me an email and I'll try to explain it better.

RefCom C (Medical Education) discussed an interesting report about Guiding Principles and Appropriate Criteria for Assessing the Competency of Late Career Physicians. At least it was interesting to me as I'm "maturing." It turns out that our AMA is recommending a set of "Guiding Principles" but is not proposing a definition or specific guidance of what a late career physician is.

RefCom F (Finance) generated a lot of debate among the HOD to the point where this RefCom session lasted longer than any other RefCom did. But it was all about internal processes of the House so I won't bore you with details since only HOD members would be interested. It was interesting, though, in that it mirrored discussion around the United States about elections and voter registration. Positions taken seem to reflect geopolitical divisions around the country.

OK, and Day 2 of HMA at AMA Live! is a wrap, people. More tomorrow.

Aloha,  
Roger  
Roger Kimura, MD  
AMA Delegate  
Your HMA  
[drkimura@gmail.com](mailto:drkimura@gmail.com)