



HMA Live at AMA!
Special Meeting N21
Days 3-4
November 14-15, 2021

Aloha, HMA Members!

It's **Day 4** of the special meeting of the American Medical Association House of Delegates.

Betcha Bernie Robinson and I were awake earlier than most of you, except for Emergency docs and Hospitalists working the night shift.

Our day started with a 4:00 AM Zoom caucus meeting of the Pacific West Conference. We spent almost two hours reviewing the reports from the eight Reference Committees to finalize PacWest positions on the items of business. Even though we agreed on PacWest positions, each individual state is free to vote consistent with the needs of its members. As an actively practicing physician, my voting positions are based on how I perceive you would want me to.

Then the business session of the AMA House of Delegates started at 6:00 AM. At least 485 of the 691 members of the House were present. This is the start of the serious stuff that the AMA HOD deals with. The Reference Committee has taken all the testimony received during the RefCom sessions, along with several weeks of online testimony, and used them to develop recommendations for action by this House.

The RefComs can recommend to pass through the requests contained in the reports and resolutions as recommendations for adoption. They can recommend that the requests not be adopted. They can recommend amending the requests. They can reaffirm existing AMA policies. They can make directives to take action. They can refer requests for further study by the Board of Trustees or relevant Council, with a report to be returned to the HOD or for appropriate actions to be taken. That kind of stuff.

The RefCom reports are reviewed and further debated by the House of Delegates. The House then decides what to do with the business items before it and the recommendations from the RefComs. This is where things get interesting. This is where things become maddening.

The beauty of the AMA HOD is its diversity. Every conceivable field of medicine can request representation in the House and generally is represented as long as specific membership requirements are met. It's a great big tent. Under that tent, within its walls, is the Family of Medicine.

The bane of the AMA HOD is its diversity. Every conceivable field of medicine, from every hilltop and valley in the United States and its territories, at every stage of medical careers, from every possible point of reference, is represented in the House. To state that there are numerous points of view is a major understatement. The Family of Medicine doesn't always see things from the same perspective.

In order to bring order to potential, and actual impending, chaos, the HOD adheres to well defined rules and processes, with clear deadlines and expectations, and follows parliamentary procedure.

The process, of course, doesn't always flow smoothly. It can make you nod your head in admiration and approval. It can make you shake your head or rolls your eyes at how members will obsessively debate a change of one or three words (Today we spent more than a few minutes debating whether or not to change a three-word term from upper case to lower case.). We probably spent half an hour on the HOD's internal process for elections.

It's all in the name of advocacy for the physicians in the state medical societies or specialty societies we represent, for the patients that our colleagues and we care for. For the health of America. There are a lot of passionate physician advocates here.

The resolution about administrative simplification of telehealth billing codes proved to be too complex and nuanced. It was referred, to be reported back to the House next November.

The resolution to support negotiating drug prices by Medicare underwent too many amendments and too much wordsmithing for me to keep track of. Two of its actions were accepted, a third was referred. It won't be complete policy until that third action is completed. This doesn't mean that the AMA isn't already doing something. Allowing drug price negotiation by Medicare requires changing the law. The AMA has already sent a long (14 pages) and detailed letter to the leadership (Both parties) of both houses of Congress on August 30, 2021 discussing important healthcare issues in America with recommendations on how to address them. Two full pages were devoted to drug prices. Your HMA will find a way to make that letter available to you, probably through the HMA website, hawaiimedicalassociation.org, shortly after the HOD meeting concludes.

Our AMA will undertake, as soon as practical, a formal and legal review of ongoing grievous behaviors of the health insurance industry, including a search for potential litigation partners. Stay tuned.

Our AMA adopted new policy to support the development of a standardized definition of maternal mortality and the allocation of resources to states and tribes to collect and analyze maternal mortality data (i.e., Maternal Mortality Review Committees and vital statistics) to enable stakeholders to better understand the underlying causes of maternal deaths and to inform evidence-based policies to improve maternal health outcomes and promote health equity.

Our AMA changed policy to work with relevant stakeholders to support extension of Medicaid and Children's Health Insurance Program (CHIP) coverage to at least 12 months after the end of pregnancy postpartum and work with relevant stakeholders to expand Medicaid and CHIP eligibility for pregnant and postpartum non-citizen immigrants.

And Day 4 of HMA at AMA Live! is a wrap, good people of our HMA. The House will be called back to order at 5:00 AM tomorrow.



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Day 3
November 14, 2021

Aloha, HMA Members!

Sorry, there was a lot of discussion today, but no decisions made. So, I decided to send this out a day late.

It's Day 3 of the Special ("Interim") Meeting of the AMA HOD.

We finished the last two RefCom sessions this morning.

Here are some interesting items of business. I apologize if what I've been posting seems focused on primary care. I am what I am, although I understand that your Delegates are here to represent you at the AMA House.

Keep in mind that what follows are resolutions for proposed AMA activities. It doesn't mean that these are sure to be adopted.

Our AMA will advocate of access to pre-partum and post-partum access to care for non-citizen immigrants.

Our AMA will advocate for improved communication, administrative simplification, and expedient decisions for prior authorizations.

Our AMA will conduct a study of payer deviation from CPT codes submitted by physicians for reimbursement of services. Down-coding decreases physician reimbursement and increases the burden and hassle of having to go through an appeal process.

Our AMA will appeal to CMS to implement an automatic Extreme and Uncontrollable Circumstance (EUC) for MIPS reporting for the 2021 Performance Year. I know I discussed this

in the Day 2 report, but this resolution should also cover group and Alternate Payment Model (APM) reporting.

After a short break, our AMA hosted a health equity forum. It was an invitation-only forum for HOD Delegates and Alternate Delegates that included two experts in health inequities, along with AMA staff (The AMA has a Chief Equity Officer) who are actively involved in addressing this important issue. Hopefully a video recording will be posted on the AMA website in the near future.

And Day 3 of your HMA Live at AMA! Is a wrap. We start at 4:00 AM HST tomorrow. Joy.

Aloha,
Roger
Roger Kimura, MD
AMA Delegate
Your HMA