

1 independently reviewing each of the Refinement Panel decisions in determining which value
2 to actually finalize. Following these changes, the Refinement Panel ceased to function as a
3 general appeals process. For the 10 years preceding 2011, CMS accepted 100 percent of
4 Refinement Panel recommendations. Following the change in 2011, CMS has accepted
5 only 34 percent of Refinement Panel recommendations.

6
7 Testimony strongly supported amending the second Resolve of Resolution 107 to instead
8 ask that our AMA strongly encourage CMS to modify its Refinement Panel process to
9 function as an appeals process, as it previously operated from 1993 through 2010. Your
10 Reference Committee concurs.

11
12 Your Reference Committee applauds the sponsor for raising the concern about the need for
13 an effective appeals process for the relative-value scale update system and physician work
14 values. However, the Reference Committee agrees with the extensive testimony noting the
15 CMS Refinement Panel previously served this function prior to 2011. In addition, your
16 Reference Committee agreed with testimony requesting that the AMA strongly recommend
17 for CMS to take into account both the amount of physician time and level of physician work
18 intensity when determining physician work values. Accordingly, your Reference Committee
19 recommends amending Resolution 107 by addition and deletion as indicated.

20
21 (13) RESOLUTION 110 - OPPOSING LIMITS ON CARE BASED
22 SOLELY ON ICD-10 CODE SPECIFICITY

23
24 RECOMMENDATION A:

25
26 Madam Speaker, your Reference Committee recommends that
27 Resolution 110 be amended by deletion as follows:

28
29 RESOLVED, That our American Medical Association oppose
30 limitations in coverage for medical services based solely on
31 diagnostic code specificity, ~~especially in cases when it would be~~
32 ~~less accurate or spurious to use an alternate diagnosis code.~~
33 (New HOD Policy)

34
35 RECOMMENDATION B:

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37 Madam Speaker, your Reference Committee recommends that
38 Resolution 110 be adopted as amended.

39
40 RECOMMENDATION C:

41
42 Madam Speaker, your Reference Committee recommends that
43 the title of Resolution 110 be changed to read as follows:

44
45 OPPOSING COVERAGE DECISIONS BASED SOLELY ON ICD-
46 10 CODE SPECIFICITY

47
48 **HOD ACTION: Resolution 110 adopted as amended.**

49
50 Resolution 110 asks that our AMA oppose limitations in coverage for medical services
51 based solely on diagnostic code specificity, especially in cases when it would be less
52 accurate or spurious to use an alternate diagnosis code.

1
2 Your Reference Committee heard supportive testimony on Resolution 110. Several
3 speakers noted that payers are now requiring that claims include the added specificity now
4 available in ICD-10. In certain instances, this added level of specificity is either not available
5 or not clinically appropriate to report.

6
7 A speaker recommended the deletion of all text following the word “specificity” on line 30,
8 arguing that the subsequent caveat added little to the resolution and was unnecessary.
9 Several other speakers supported this amendment by deletion. A speaker also noted that
10 the title of Resolution 110 does not fully align with the content of the resolution and
11 recommended for the word “care” to be replaced with “payment” in the title.

12
13 Your Reference Committee believes that the testimony provided speaks to the urgency of
14 this issue. In addition, your Reference Committee concurred that a change in the title of the
15 resolution would be appropriate. Your Reference Committee recommends adoption of
16 Resolution 110 as amended with a change in title.

17
18 (14) RESOLUTION 111 - SINGLE PAYER HEALTH CARE STUDY

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20 RECOMMENDATION A:

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22 Madam Speaker, your Reference Committee recommends that
23 Resolution 111 be amended by addition and deletion as follows:

24
25 RESOLVED, That our American Medical Association research
26 and analyze the benefits and difficulties of a ~~single-payer health~~
27 ~~care system in the United States~~ variety of health care financing
28 models, with consideration of the impact on economic and health
29 outcomes and on health disparities and including information from
30 domestic and international experiences. (Directive to Take Action)

31
32 RECOMMENDATION B:

33
34 Madam Speaker, your Reference Committee recommends that
35 Resolution 111 be adopted as amended.

36
37 RECOMMENDATION C:

38
39 Madam Speaker, your Reference Committee recommends that
40 the title of Resolution 111 be changed to read as follows:

41
42 UPDATED STUDY ON HEALTH CARE PAYMENT MODELS

43
44 **HOD ACTION: Resolution 111 adopted as amended.**

45
46 Resolution 111 asks that our AMA research and analyze the benefits and difficulties of a
47 single-payer health care system in the United States with consideration of the impact on
48 economic and health outcomes and on health disparities.

49
50 Policies H-165.838, H-165.844, and H-165.888 expressly oppose a single payer system.
51 Instead, Policy D-165.950 supports a market-based approach and states that AMA policy on
52 health system reform emphasizes pluralism and individual ownership of health insurance