

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES
DERMATOLOGY SECTION COUNCIL
INFORMATIONAL REPORT
June 10-15, 2022

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On June 10-15, 2022, your AMA Dermatology Section Council (DSC) participated in the **AMA A-22**, the Annual Meeting of the American Medical Association (AMA) House of Delegates (HOD). The following report reflects all items pertinent to that meeting.

This was a very exciting meeting for our DSC and our specialty as Jack Resneck, MD, became the 177th President of the AMA! He is only the second dermatologist to achieve this honor. To watch his speech, click on the following link: <https://www.ama-assn.org/press-center/speeches/president-jack-resneck-jr-md-inauguration-address-2022-annual-meeting>

DERMATOLOGY SECTION COUNCIL

Dermatology is well represented in the AMA HOD by the AMA Dermatology Section Council (DSC), which includes dermatologists representing the following organizations:

- American Academy of Dermatology Association (AADA)
- American Contact Dermatitis Society (ACDS)
- American Society for Dermatologic Surgery Association (ASDSA)
- Society for Investigative Dermatology (SID)
- American College of Mohs Surgery (ACMS)
- American Society of Dermatopathology (ASDP)

The DSC also includes dermatologists who represent their state medical societies, the armed services, and the AMA Young Physicians Section (YPS), as well as dermatology residents representing the AMA Resident and Fellows Section (RFS).

The DSC is the collective voice of dermatology; members deliberate issues brought before the HOD, determine a position, collaborate with other organizations to garner support for our positions, attempt to mitigate opposition prior to debate on the floor of the HOD, provide testimony when appropriate, and vote collaboratively to increase the specialty's influence.

DSC Members are as follows:

Jack Resneck, Jr., MD	AMA President
Cyndi Yag-Howard, MD	AAD Delegate, Chair
Hillary Johnson-Jahangir, MD, PhD	AAD Delegate, Vice Chair
Andrew Lazar, MD	AAD Delegate
Marta Van Beek, MD	AAD Delegate
Sabra Sullivan, MD, PhD	AAD Alt. Delegate
Adam Rubin, MD	AAD Alt. Delegate
Lindsay Ackerman, MD	AAD Alt. Delegate
Seemal R. Desai, MD	AAD Alt. Delegate
Jon ("Klint") Peebles, MD	AAD YPS Delegate
Mariam Totonchy, MD	AAD YPS Delegate
Aderonke Obayomi, MD, MPH	AAD RFS Delegate
Bruce Brod, MD, MHCI	ACDS Delegate
Rania Agha, MD	ACDS Alt. Delegate
Jessica Krant, MD, MPH	ASDSA Delegate
Anthony Rossi, MD	ASDSA Delegate
M. Laurin Council, MD	ASDSA Alt. Delegate
Rachel Kyllo, MD	ASDSA YPS Delegate

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Erica Dommasch, MD	SID Delegate
Daniel Bennett, MD	SID Alt. Delegate
Michel McDonald, MD	ACMS Delegate
Divya Srivastava, MD	ACMS Alt. Delegate
Melissa Piliang, MD	ASDP Delegate
Karl Napekoski, MD	ASDP Alt. Delegate
Billie Jackson, MD	State Society Delegate (GA)
Cindy Smith, MD	State Society Delegate (MN)
Lawrence Cheung, MD	State Society Alt. Delegate (CA)
Todd Schlesinger, MD	State Society Alt. Delegate (SC)
George Hruza, MD, MBA	State Society Alt. Delegate (MO) / ASLMS Delegate (SSS)
Brett Coldiron, MD	State Society Delegate (OH)
Elizabeth Muennich, MD	State Society Alt. Delegate (OH)
Shannon Trotter, DO	State Society Alt. Delegate (OH)
CDR Josephine Nguyen, MD	State Society Alt. Delegate (VA)
Eric Millican, MD	State Society YPS Delegate (UT)
Donald Posner, MD	State Society Delegate (LA)
Vineet Mishra, MD	American Vein and Lymphatic Society Alt. Delegate
Ricardo Mejia, MD	Intl Society of Hair Restoration Surgery Alt. Delegate
Christopher Shea, MD	Assoc. of Professors of Dermatology Delegate (SSS)

Dermatologists Involved in AMA HOD Leadership Roles

- Jack Resneck, Jr., MD, is President of the AMA
- Marta Van Beek, MD, PhD, is a member of the AMA Council of Legislation (COL) Executive Committee
- Adam Rubin, MD, is a member of the Specialty and Service Society (SSS) Governing Council Executive Committee
- Jessica Krant, MD, is Treasurer of the Surgical Caucus Executive Committee
- George Hruza, MD, is a member of the AMA Election Committee and the SSS Nominating Committee
- Hillary Johnson-Jahangir, MD, PhD, is an appointee to the Women's Equity and Leadership (WEL) project
- Karl Napekoski, MD, served on Reference Committee E: Science and Technology
- Rachel Kyllo, MD, authored resolution 223, which passed, on the national shortage of lidocaine and saline

AMA RECOVERY PLAN FOR AMERICA'S PHYSICIANS

While at AMA A-22, the AMA revealed a new initiative, unveiling of the [AMA Recovery Plan for America's Physicians](#), which is rebuilding critical components of the profession by:

- [Fixing prior authorization](#).
- [Leading the charge to reform Medicare pay](#).
- [Fighting scope creep](#).
- [Supporting telehealth](#).
- [Reducing physician burnout](#).

Please click on links to learn more about this important new initiative.

AMA HOD REPORTS OF IMPORTANCE TO DERMATOLOGY

Board of Trustees Report 2—New Specialty Organizations Representation in the House of Delegates

The Board of Trustees recommended that the American Contact Dermatitis Society, American Society of Regional Anesthesia and Pain Medicine, Americas Hernia Society, and the Outpatient Endovascular and Interventional Society be granted representation in the AMA House of Delegates. (Directive to Take Action)

Board of Trustees Report 15—Addressing Public Health Disinformation

This report discusses the impact of health-related disinformation disseminated by health professional and the ways that disinformation is spread including through social media platform and traditional media. The report also provides an overview of the authority of health professional licensing and credentialing boards in addressing disinformation.

Council on Medical Service Report 2—Prospective Payment Model Best Practices for Independent Private Practice (Recommendations adopted as amended and remainder of report filed)

The AMA and other medical associations can do their part to guide physicians, including independent private practice physicians, in participating in prospective payment models. New policy offers guidance on collaborating with other physician practices while maintaining autonomy, reducing administrative burdens, and improving quality metrics. Interest in value-based or alternative payment models has gained traction over the last 10 years among public and private payers concerned about rising health care costs and quality outcomes. In 2020, some primary care practices using prospective payment models such as a per-member-per-month model appeared to weather pandemic-related financial hardships more effectively than those in fee-for-service models. Appropriately funded prospective payment models offer one solution to provide potential stability and predictability of payment for some practices when demand for services decreases

Read more about how the AMA will [help private practices take part in new payment models](#).

AMA HOD RESOLUTIONS OF IMPORTANCE TO DERMATOLOGY

Resolutions Related to Scope of Practice

Resolution 222—To Study the Economic Impact of Non-Physician Provider Employment in the United States of America

Building on [a study by Hattiesburg Clinic physicians](#) published in the Journal of the Mississippi State Medical Association, delegates took action to better support physician-led team-based care and more effectively push back against the inappropriate unsupervised practice of nonphysician health providers.

The Hattiesburg physician leaders examined Centers for Medicare & Medicaid Services 2017–2019 cost data on the operation of their organization's Accountable Care Organization. The data revealed care provided by nonphysician health professionals working on their own patient panels was more expensive than care delivered by doctors. Fueled by this data, Hattiesburg Clinic redesigned its care model to eliminate unsupervised practice by physician assistants and nurse practitioners—and also successfully opposed state legislation that would have allowed independent practice by these nonphysician clinicians.

Following this example, delegates directed the AMA to:

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- Encourage and support studies to determine the cost and quality impact of nonphysician unsupervised practice on all patients.
- Develop model state legislation that opposes enactment of legislation and supports reversal of such legislation, if present, that would authorize the independent practice of medicine by any individual who is not a physician.

Resolution 248—Promoting Proper Oversight of Non-Physician Practitioners

To address the issue of oversight of non-physician practitioners, a resolution proposing AMA support of state medical board oversight of non-physician practitioners who are practicing without physician supervision, collaboration, or direction was referred to the AMA Board of Trustees (BOT).

Resolutions Related to Practice and Financial Issues

Resolution 108—Payment for Physician-Purchased Medications and Diagnostic Imaging Agents

To address concerns over the high cost of in-office purchased medications, like Ameluz®, for which reimbursement is often insufficient to cover the cost of the medication, the following resolution passed:

RESOLVED, That our AMA advocate that health plan payments for drugs fully cover the physician's acquisition, inventory and carrying cost, and that payments for drug administration and related services are adequate to ensure continued patient access to needed services and treatments.

Resolution 223—National Drug Shortages of Lidocaine, Saline Preparation, and Iodinated Contrast Media

This resolution was authored by the DSC (thanks to Dr. Rachel Kyllo, who wrote the resolution) to address recurring lidocaine and saline preparation shortages in our nation. The resolution asks our AMA to work with national specialty societies and other relevant stakeholders to advocate that the FDA take direct and prompt actions to alleviate current national shortages of lidocaine and normal saline preparations, as well as iodinated contrast media.

RESOLVED, That our American Medical Association work with national specialty societies and other relevant stakeholders to draft a letter to the FDA calling for direct and prompt actions to alleviate current national shortages of lidocaine and normal saline preparations (Directive to Take Action); and be it further

RESOLVED, That our AMA amend existing HOD policy H-100.956 on National Drug Shortages by addition and deletion to read as follows:

“8. Our AMA supports the view that wholesalers should routinely institute a transparent allocation-based system for distribution of drugs in short supply that does not discriminate against small, independent or new medical practices or those with less purchasing power (Modify Current HOD Policy)

Resolution 238—COVID-19 Economic Injury Disaster Loan (EIDL) Forgiveness for Physician Groups of Five or Fewer Physicians

This resolution, which asks the AMA to advocate at the federal level for debt relief or loan forgiveness for independent physician practices facing COVID-related financial jeopardy, is important to a specialty like dermatology, which has a relatively high proportion of members who work in small independent practice settings.

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RESOLVED, That our American Medical Association advocate for Economic Injury Disaster Loan (EIDL) forgiveness for physician groups of five or fewer physicians for loans of less than \$150,000 granted by the Small Business Administration by whatever mechanism is available, with no stipulations based on productivity or profit/loss reports to receive this forgiveness. (Directive to Take Action)

Resolution 602—Report on the Preservation of Independent Medical Practice

To help preserve physicians' abilities to maintain and operate independent medical practices, this resolution asks the AMA to work in collaboration with the AMA Private Practice Physicians Section to issue a report every two years, and in that report, communicate their efforts to support independent medical practices.

RESOLVED, That our American Medical Association issue a report every two years communicating their efforts to support independent medical practices. (Directive to Take Action)

Resolutions 701/710—Fair Reimbursement for Administrative Burdens

To advocate for fair reimbursement for the direct and indirect costs associated with administrative burdens, especially the burdens of obtaining prior authorization approval, the following resolution was passed:

RESOLVED, That our AMA will continue its strong state and federal legislative advocacy efforts to promote legislation that streamlines the prior authorization process and reduces the overall volume of prior authorizations for physician practices; and be it further

RESOLVED, That our AMA will continue partnering with patient advocacy groups in prior authorization reform efforts to reduce patient harms, including care delays, treatment abandonment, and negative clinical outcomes; and be it further

RESOLVED, That our AMA will oppose inappropriate payer policies and procedures that deny or delay medically necessary drugs and medical services; and be it further

RESOLVED, That our AMA advocate for fair reimbursement of established and future CPT codes for administrative burdens related to (a) the prior authorization process or (b) appeals or denials of services (visits, tests, procedures, medications, devices, and claims), whether pre- or post-service denials.

Resolution 727—Utilization Review, Medical Necessity Determination, Prior Authorization Decisions

This resolution asks the AMA to advocate for the implementation of a federal version of a prior authorization "gold card," such as the gold card that exists in the state of Texas, which curbs the onerous prior authorization imposed by many health insurers and health maintenance organizations.

Resolution 731—Prior Authorization-Patient Autonomy

This resolution asks AMA to advocate, through model legislation, for prior authorization reform that offers physicians and patients access to an electronic prior authorization system that has the ability to monitor the electronic prior authorization process.

Other Resolutions of Interest

Resolution 025—Social Media Product Promotion and Compensation

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Your DSC effectively subverted the passage of a resolution that would have asked the AMA to study the ethical issues of medical students, residents, fellows, and physicians endorsing non-health related products through social and mainstream media for personal or financial gain. Your DSC was concerned about the AMA potentially policing medical professionals for their engagement with social media while non-medical influencers are under no ethical or official scrutiny. Your DSC was also concerned about any impediments to freedom of speech. After testifying on the issue and expressing our concerns, the resolution did not pass and was instead referred to the AMA Board of Trustees (BOT).

Resolution 123—Advocating for All-Payer Coverage for Reconstructive Treatment for Survivors of Intimate Partner Violence

This resolution requests that our AMA work with interested national medical specialty societies and state medical associations, payers, and other relevant stakeholders to encourage insurance coverage of, and payment for, reconstructive services for the treatment of physical injury sustained from intimate partner violence. Your DSC and the HOD felt it was important to ensure that treatment in such circumstances be considered reconstructive rather than aesthetic.

RESOLVED, That our American Medical Association urge all payers to consider aesthetic treatments for physical lesions sustained from injuries of domestic and intimate partner violence as restorative treatments (Directive to Take Action); and be it further

RESOLVED, That our AMA work with relevant stakeholders such as medical specialty societies, third party payers, the Centers for Medicare and Medicaid Service, and other national stakeholders as deemed appropriate to require third party payers to include reimbursement for necessary aesthetic service for the treatment of physical injury sustained along with medically necessary restorative care for victims of domestic abuse. (Directive to Take Action)

Resolution 226—Coverage for Clinical Trial Ancillary Costs

This resolution modifies existing AMA policy on clinical research coverage and reimbursement to permit sponsors to add non-ancillary costs to the items covered in nationally approved clinical trials. It also asks the AMA to actively advocate for federal and state legislation that would allow coverage of non-clinical ancillary costs by sponsors of clinical trials.

RESOLVED, that our AMA amend Policy H-460.965, Viability of Clinical Research Coverages 20 and Reimbursement, as follows "...(11) legislation and regulatory reform should be supported that establish program integrity/fraud and abuse safe harbors that permit sponsors to cover co-22 pays/coinsurance/ deductibles, otherwise not covered clinical care, and non-clinical ancillary costs in the context of nationally approved clinical trials (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA actively advocate for federal and state legislation that would allow coverage of non-clinical ancillary costs by sponsors of clinical trials. (Directive to Take Action)

Resolution 246—Further Action to Respond to the Gun Violence Public Health Crisis

The AMA acknowledges that gun violence is a public health crisis and has strong and myriad policy regarding gun violence. Given the immediacy of the need to address solutions to this crisis, the AMA has committed to having the AMA BOT study solutions to the crisis and produce a report by the time of the next AMA HOD meeting in November 2022.

Resolution 254—Stakeholder Engagement in Medicare Administrative Contractor Policy Processes

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The resolution was initially introduced by the American College of Rheumatology at the November 2021 meeting, however, was not considered as priority business due to lack of urgency. Recent reforms to Local Coverage Determination (LCD) processes used by Medicare Administrative Contractors (MACs) have increased transparency, clarity, and responsiveness to local clinical and coverage policy concerns. However, MACs are still able to utilize Local Coverage Articles (LCAs) to unilaterally issue policy changes that may have the effect of restricting coverage or access, arguing they are only providing billing instructions when instead the changes could reasonably be expected to have the effect of restricting coverage or access. Unlike with LCDs, by relying on LCAs the MACs can make significant changes without any requirement that they provide data, scientific justification, or evidentiary review related to the decisions, any notice-and-comment period for stakeholder input, nor any opportunity for reconsideration. These changes have significant repercussions for practices' ability to provide treatment access to patients.

The Private Practice Physicians Section repurposed and resubmitted the attached resolution, without notifying the ACR, AAD, or the other cosponsors. The revised resolution was adopted as amended:

RESOLVED, That our American Medical Association opposes Medicare Administrative Contractors (MACs) using Local Coverage Articles (LCAs) that could have the effect of restricting coverage or access without providing data and evidentiary review or without issuing associated Local Coverage Determinations (LCDs) and following required stakeholder processes (New HOD Policy); and be it further

RESOLVED, That our AMA advocate and work with the Centers for Medicare and Medicaid Services (CMS) to ensure no LCAs that could have the effect of restricting coverage or access are issued by MACs without the MAC providing public data, decision criteria, and evidentiary review and allowing comment, or without an associated LCD and the required LCD stakeholder review and input process, through the modernization requirement of the 21st Century Cures Act (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate to CMS that the agency immediately invalidate any LCAs that are identified as potentially restricting coverage or access and that were issued without the MACs providing public data, decision criteria, and evidentiary review, or that were issued without an associated LCD and the required stakeholder processes, and that CMS require MACs to restart those processes taking any such proposed changes through CLDs and associated requirements for stakeholder engagement, public data, and evidentiary review (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that Congress and the Department of Health and Human Services consider clarifying language that reinstates a role for local Carrier Advisory Committees in review processes going forward, addressing unintended outcomes of changes in the 21st Century Cures Act that allowed local CACs to be left without a voice or purpose (Directive to Take Action).

Resolution 327—Leadership Training Must Become an Integral Part of Medical Education

In keeping with AAD's strategic initiatives that foster leadership training for dermatologists, this resolution asks the AMA to expand efforts to promote the tenets of health systems science to prepare trainees for leadership roles and address prevalent challenges in the practice of medicine.

Resolution 421— Screening for HPV-Related Anal Cancer

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This resolution calls for the AMA to support anal cancer screenings via anal Pap tests and/or human papillomavirus (HPV) and guidelines for screening results.

RESOLVED, That our American Medical Association support advocacy efforts to implement screening for anal cancer for high-risk populations (New HOD Policy); and be it further

RESOLVED, That our AMA support national medical specialty organizations and other stakeholders in developing guidelines for interpretation, follow up, and management of anal cancer screening results. (New HOD Policy)

Resolution 514—Opposing Scheduling of Gabapentin (adopted as amended with a change in title)

RESOLVED, our American Medical Association actively oppose the placement of (a) gabapentin (2-[1-(aminomethyl) cyclohexyl] acetic acid), including its salts, and all products containing gabapentin (including the brand name products Gralise and Neurontin) and (b) gabapentin enacarbil (1-{{(1RS)-1-[(2- methylpropanoyl)oxy]ethoxy} carbonyl}amino]methyl) cyclohexyl) acetic acid), including its salts, (including the brand name product Horizant) into schedule V of the Controlled Substances Act; and be it further

RESOLVED, our American Medical Association submit a timely letter to the Commissioner of Food and Drug for the proceedings assigned docket number FDA-2022-P-0149 in opposition to placement of gabapentin and gabapentin enacarbil into the schedule V of the Controlled Substance Act.

Resolutions 728/730—Maintaining an Open and Equitable Hospital Work Environment

This resolution asks the AMA to advocate that credentialed and privileged community/independent specialty physicians be able to provide hospital consultative services, have access to promotion on par with hospital-employed specialty physicians, and be able to negotiate payment terms and service agreements.

ONLINE RESOURCES FROM THE MEETING

The Proceedings from the June 2022 Annual Meeting of the House of Delegates have been posted on the AMA website at <https://www.ama-assn.org/house-delegates/annual-meeting>. Proceedings for previous HOD meetings are also available online and can be accessed by visiting [Archive of the House of Delegates Meetings | American Medical Association \(ama-assn.org\)](https://www.ama-assn.org/section/house-delegates-meetings). Updated policies can be found at <https://policysearch.ama-assn.org/policyfinder>.

Highlights

Additional highlights from the June 2022 AMA Special Meeting can be found here: <https://www.ama-assn.org/house-delegates/annual-meeting/highlights-2022-ama-annual-meeting>