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Title: The Rising Cost of Medical Care
Introduced by: Jaime Aragonés, MD
Original Authors: Jaime Aragonés, MD, and Theodore Roumell, MD
Referred To: Re-affirmation Calendar
House Action: **REAFFIRMED MSMS POLICES “DETERMINATION OF MEDICAL NECESSITY OF MEDICAL CASE MANAGEMENT” AND “PHYSICIAN’S RIGHTS IN TREATMENT DECISIONS”**

Whereas, the rising cost of medical care has affected our lives, and

Whereas, preauthorization requirements and unnecessary temporizing protocols raises costs of the above, and

Whereas, appropriate decisions for the customized care to patients are invariably not taken into consideration; therefore be it

RESOLVED: That medical decisions be made by licensed medical practitioners.

WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

Relevant MSMS Policy:

Determination of Medical Necessity of Medical Case Management

The treating physician shall be the sole determinant of medical case management and medical necessity. MSMS believes that an insurer, a health care corporation or a government agency may not interfere with the patient/physician relationship by determining medical necessity or medical case management without a fair and reasonable appeals process and independent binding arbitration in a timely fashion.

Physician’s Rights in Treatment Decisions

Neither physicians, hospitals nor hospital personnel shall be required to perform any act that violates good medical judgment or is contrary to moral principles of the individual. In such circumstances, the physician or other professional may withdraw from the case as long as the withdrawal is consistent with good medical practice.

Accountability of Utilization Review Firms

Utilization review firms employed by insurance companies should be held accountable for medical decisions based on their review.

Relevant AMA Policy:

Physician and Non physician Licensure and Scope D-160.995

1. Our AMA will: (a) continue to support the activities of the Advocacy Resource Center in providing advice and assistance to specialty and state medical societies concerning scope of practice issues to include the

collection, summarization and wide dissemination of data on the training and the scope of practice of physicians (MDs and DOs) and nonphysician groups and that our AMA make these issues a legislative/advocacy priority; (b) endorse current and future funding of research to identify the most cost effective, high-quality methods to deliver care to patients, including methods of multidisciplinary care; and (c) review and report to the House of Delegates on a periodic basis on such data that may become available in the future on the quality of care provided by physician and nonphysician groups.

2. Our AMA will: (a) continue to work with relevant stakeholders to recognize physician training and education and patient safety concerns, and produce advocacy tools and materials for state level advocates to use in scope of practice discussions with legislatures, including but not limited to infographics, interactive maps, scientific overviews, geographic comparisons, and educational experience; (b) advocate for the inclusion of non-physician scope of practice characteristics in various analyses of practice location attributes and desirability; (c) advocate for the inclusion of scope of practice expansion into measurements of physician well-being; and (d) study the impact of scope of practice expansion on medical student choice of specialty.

3. Our AMA will consider all available legal, regulatory, and legislative options to oppose state board decisions that increase non-physician health care provider scope of practice beyond legislative statute or regulation.