

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 814  
(I-17)

Introduced by: American Academy of Physical Medicine and Rehabilitation

Subject: Appropriate Reimbursement for Evaluation and Management Services for Patients with Severe Mobility-Related Impairments

Referred to: Reference Committee J  
(Peter C. Amadio, MD, Chair)

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1 Whereas, People with severe mobility impairments often face significant challenges to access of  
2 medical care due to problems with cognition, communication, mobility, community access,  
3 insurance, and providers' lack of familiarity with the needs and preferences of people with  
4 disabilities; and  
5  
6 Whereas, Care provided for patients with severely impaired mobility requires greater investment  
7 of time, staff, and office equipment such as adjustable height chairs or tables, patient lift teams  
8 or electric lifts, and adjustable leg supports; and  
9  
10 Whereas, Current reimbursement structures for evaluation and management services (E/M) do  
11 not account for the increased time and investment needed to provide comprehensive patient  
12 centered care for patients with severely impaired mobility, and thus have the potential to  
13 decrease access to appropriate and timely medical care for these patients; therefore be it  
14  
15 RESOLVED, That our American Medical Association support additional reimbursement for  
16 evaluation and management services for patients who require additional time and specialized  
17 equipment during medical visits due to severe mobility-related impairments (New HOD Policy);  
18 and be it further  
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20 RESOLVED, That our AMA support that no additional cost-sharing for the additional  
21 reimbursement will be passed on to patients with mobility disabilities, consistent with Federal  
22 Law (New HOD Policy); and be if further  
23  
24 RESOLVED, That our AMA support that primary and specialty medical providers be educated  
25 regarding the care of patients with severely impaired mobility to improve access to care. (New  
26 HOD Policy)

Fiscal Note: Minimal - less than \$1,000.

Received: 10/05/17

References:

National Healthcare Disparities Report, 2013. Content last reviewed May 2014. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/findings/nhqrd/nhdr13/index.html>

## RELEVANT AMA POLICY

**Federal Legislation on Access to Community-Based Services for People with Disabilities H-290.970** - Our AMA strongly supports reform of the Medicaid program established under title XIX of the Social Security Act (42 U.S.C. 1396) to provide services in the most appropriate settings based upon the individual's needs, and to provide equal access to community-based attendant services and supports. *Citation: Res. 917, I-07; Reaffirmed: BOT Rep. 22, A-17*

### **Medical Care of Persons with Developmental Disabilities H-90.968**

1. Our AMA encourages: (a) clinicians to learn and appreciate variable presentations of complex functioning profiles in all persons with developmental disabilities; (b) medical schools and graduate medical education programs to acknowledge the benefits of education on how aspects in the social model of disability (e.g. ableism) can impact the physical and mental health of persons with Developmental Disabilities; (c) medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental disabilities, to improve quality in clinical care; (d) the education of physicians on how to provide and/or advocate for quality, developmentally appropriate medical, social and living supports for patients with developmental disabilities so as to improve health outcomes; (e) medical schools and residency programs to encourage faculty and trainees to appreciate the opportunities for exploring diagnostic and therapeutic challenges while also accruing significant personal rewards when delivering care with professionalism to persons with profound developmental disabilities and multiple co-morbid medical conditions in any setting; (f) medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for the developmentally disabled; and (g) cooperation among physicians, health & human services professionals, and a wide variety of adults with developmental disabilities to implement priorities and quality improvements for the care of persons with developmental disabilities.
2. Our AMA seeks: (a) legislation to increase the funds available for training physicians in the care of individuals with intellectual disabilities/developmentally disabled individuals, and to increase the reimbursement for the health care of these individuals; and (b) insurance industry and government reimbursement that reflects the true cost of health care of individuals with intellectual disabilities/developmentally disabled individuals.
3. Our AMA entreats health care professionals, parents and others participating in decision-making to be guided by the following principles: (a) All people with developmental disabilities, regardless of the degree of their disability, should have access to appropriate and affordable medical and dental care throughout their lives; and (b) An individual's medical condition and welfare must be the basis of any medical decision. Our AMA advocates for the highest quality medical care for persons with profound developmental disabilities; encourages support for health care facilities whose primary mission is to meet the health care needs of persons with profound developmental disabilities; and informs physicians that when they are presented with an opportunity to care for patients with profound developmental disabilities, that there are resources available to them.
4. Our AMA will continue to work with medical schools and their accrediting/licensing bodies to encourage disability related competencies/objectives in medical school curricula so that medical professionals are able to effectively communicate with patients and colleagues with disabilities, and are able to provide the most clinically competent and compassionate care for patients with disabilities.
5. Our AMA recognizes the importance of managing the health of children and adults with developmental disabilities as a part of overall patient care for the entire community.
6. Our AMA supports efforts to educate physicians on health management of children and adults with developmental disabilities, as well as the consequences of poor health management on mental and physical health for people with developmental disabilities.
7. Our AMA encourages the Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, and allopathic and osteopathic medical schools to develop and implement curriculum on the care and treatment of people with developmental disabilities.
8. Our AMA encourages the Accreditation Council for Graduate Medical Education and graduate medical education programs to develop and implement curriculum on providing appropriate and comprehensive health care to people with developmental disabilities.
9. Our AMA encourages the Accreditation Council for Continuing Medical Education, specialty boards, and other continuing medical education providers to develop and implement continuing education programs that focus on the care and treatment of people with developmental disabilities. *Citation: CCB/CLRPD Rep. 3, A-14; Appended: Res. 306, A-14; Appended: Res. 315, A-17*

**Equal Access for Physically Challenged Physicians H-90.987** - Our AMA supports equal access to all hospital facilities for physically challenged physicians as part of the Americans with Disabilities Act. *Citation: (Res. 816, I-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11*

[See also: Community Mobility Devices H-90.978; Access to Public Buildings for Handicapped Persons H-90.999; Enhancing Accommodations for People with Disabilities H-90.971](#)