

## AMA iHOD 2025

### Meet our new HOD Delegate Alternate



The American Academy of Pain Medicine was again well represented by long-time delegate Bob Wailes, MD, at the American Medical Association 2025 Interim House of Delegates Meeting (AMA iHOD 2025). It is our pleasure to introduce AAPM's Alternate Delegate, Michael Lubrano, MD, MPH.

Dr. Lubrano joined AAPM as a Trainee in 2019 and is currently an Active Member with extensive experience serving on the AMA House of Delegates (HOD). During Dr. Lubrano's training, he directed both the AMA Medical Student Section Delegation as well as the AMA Resident & Fellow Section Delegation as Alternate Delegate and then Delegate of each section's Governing Council, respectively. He was also nationally elected within the AMA to serve on the AMA Council on

Science and Public Health and continues to be an active participant in the Young Physician Section. His nearly 15-year tenure as a volunteer HOD has enabled him to build relationships across many state and subspecialty groups within the AMA. These relationships in the HOD are critical to the successful stewardship of resolutions and influence.

**Dr. Wailes, Dr. Lubrano, and Executive Director Sharon Kneebone attended multiple meetings to follow key resolution activity throughout the HOD deliberative process.** This includes the Pain and Palliative Medicine Specialty Section Council, the Neuroscience Caucus, among others. Dr. Lubrano attended the Mobility Caucus and inquired about the process to ensure AAPM can officially join. We attended the AAPM&R, ACEP (American College of Emergency Physicians), and the State & Specialty Society meetings. Sharon attended the federation CEO meeting.

The AMA educated all attendees about the advocacy efforts made in the past year. The AMA remains the largest voice in Washington, DC, for all physicians. There has been a tremendous push to get the Medicare Fee Schedule tied to a medical inflation index to provide annual increases. While there was an increase in physician payments this year from Medicare, we were unable to lock in any annual inflation adjustments. Work continues in this area.

The AMA has also been diligently pursuing solutions to the challenges of Prior Authorizations. This has been a very difficult task, primarily fought at the state level. Stay tuned for further updates from the AMA.

**The American Academy of Pain Medicine is one of the federated medical specialty societies of the American Medical Association. Our participation provides you with a voice in the AMA House of Delegates, which debates and formulates policy for the AMA.** The policies coming out of the "House of Medicine" guide all legislative, regulatory, and access advocacy activity on your behalf. It is critical for AAPM members to join the American Medical Association for the Academy to maintain its federated status and its voice in organized medicine. If you are already a member of AAPM and the AMA, please

check your accounts to ensure your membership is up to date! <https://member.ama-assn.org/join-renew/member-search>

## HOD Resolutions of Note

### LCD on Peripheral Nerve Blocks

In a major win for patient-centered chronic pain care, the American Medical Association (AMA) House of Delegates has adopted a late resolution co-sponsored by our AAPM AMA Delegation in conjunction with ASRA and several other groups. The American Academy of Pain Medicine signed on as a Co-Author, and we are thankful for Dr. Lubrano's contributions to the editing process and speaking to the resolution in the Reference Committee.

The next step is to collaborate with ASRA & Pain to draft a follow-up letter to the AMA Board of Trustees to expedite its actions, given the urgency of our efforts to ensure patients retain access to therapies that enhance their mobility through effective, evidence-based pain management.

The resolution directs the AMA to oppose Local Coverage Determinations (LCDs) issued by five Medical Administrative Contractors (MACs) that would eliminate coverage for well-established peripheral nerve block (PNB) and denervation procedures. These draft LCDs deem many of these procedures for chronic pain as "not reasonable and necessary." The procedures include genicular, suprascapular, pudendal, occipital, trigeminal stellate ganglion, and thoracic interventions. Under the proposals, Medicare coverage would be pared down to a small subset of procedures, significantly disrupting access to evidence-based, multidisciplinary, and non-opioid pain treatment options.

The AMA resolution was submitted on behalf of the American Academy of Pain Medicine, ASRA Pain Medicine, the American Society of Anesthesiologists, and other members of the Pain Medicine Coalition, including the International Pain & Spine Intervention Society and the American Academy of Physical Medicine and Rehabilitation. Additional coauthors are the American Association of Neurological Surgeons, the Congress of Neurological Surgeons, the American Society of Interventional Pain Physicians, the North American Neuromodulation Society, the North American Spine Society, the California Medical Association, the Washington State Medical Association, and the Montana Medical Society.

The resolution further reaffirms existing AMA policy supporting the full spectrum of multimodal pain care and directs the AMA to advocate with the Centers for Medicare & Medicaid Services (CMS) and MACs to preserve and, where appropriate, expand coverage for peripheral nerve blockade as part of comprehensive, guideline-aligned pain management.

Peripheral nerve blocks play an important therapeutic, diagnostic, and prognostic role in pain management. In addition to providing targeted, localized analgesia that can reduce reliance on systemic opioids, PNBs guide appropriate escalation to radiofrequency ablation, peripheral nerve stimulation, spinal cord stimulation, and surgical interventions. Many of these pathways depend on a valid diagnostic block. For some procedures threatened by the proposed LCDs, such as occipital neuralgia and some forms of complex regional pain syndrome, a correct diagnosis depends on a valid diagnostic block.

Federal guidance, including the CDC Clinical Practice Guideline for Prescribing Opioids for Pain (2022) and the Pain Management Best Practices Inter-Agency Task Force Report (2022), emphasizes prioritizing

non-opioid and multimodal approaches. Removing coverage for these procedures would undermine safer, evidence-based pain care and reverse progress toward national goals for reducing unnecessary opioid exposure.

With the resolution's adoption, AAPM will continue to, together with the AMA, the Multisociety Pain Workgroup, the Pain Medicine Coalition, and its partner societies, to ensure that Medicare coverage policies reflect clinical evidence, patient need, and the principles of comprehensive, patient-centered pain management. We are stronger when we work together to amplify our voices.

More information on proposed LCDs is found on the American Academy of Pain Medicine Advocacy Efforts Page. <https://painmed.org/advocacy-efforts/>

## Multifaceted Approach to the Illicit Fentanyl Crisis

Board of Trustees Report 1: "Calling for a multifaceted approach to the illicit fentanyl crisis" was adopted. It calls for continued AMA support of federal, state and local efforts to mitigate the manufacturing, importation, and distribution of illicit drugs. This includes monitoring trends in polysubstance use as well as new technologies or public health interventions that can reduce or treat overdoses.

## Acknowledging Flexibility on Buprenorphine Mono-product Use for Opioid Use Disorder

Resolution 212: "Acknowledging Flexibility on Buprenorphine Mono-product use for Opioid Use Disorder" was also adopted. It asks the AMA to advocate at the state and federal level to remove "red-flag" or "suspicious order" designations suspecting or distinguishing between buprenorphine mono-product and buprenorphine/naloxone that are approved for OUD treatment. This includes advocating for the coverage of medications that treat opioid use disorders, regardless of formulations, and the elimination of prior authorization, step therapy, fail-first requirement, or any other utilization management efforts that may provide obstacles to providing OUD care via these prescriptions.

## Accountability in the Use of Augmented Intelligence for Prior Authorization

Resolution 822 "Accountability in the use of augmented intelligence for prior authorization" expanded an established list of criteria that the AMA will advocate for in any augmented intelligence programs that automate prior authorization. This includes requiring that physician reviewers are not incentivized to deny care, human examination of patient records prior to care denial, as well as a number of other points encouraging transparency, evidence-based decision making, and a robust appeals process with guardrails.

## AMA Litigation Center Open Meeting Update



<https://www.ama-assn.org/health-care-advocacy/judicial-advocacy/litigation-center>

The AMA Litigation Center of the American Medical Association and the State Medical Societies updated the House of Medicine during its open meeting at the AMA HOD i2025 meeting at National Harbor, MD.

The first update was on **Nitta V. HMSA**. The case is important because the Trial Court ruled that HMSA (Hawaii Medical Service Association) contracts interfered with patient care. The Hawai'i Supreme Court reviewed the arbitration clauses in detail and ruled that contract-based claims are subject to arbitration, while patient claims remain in court. This ruling preserves court access for patient-related disputes.

Another relevant update is the United States District Court Northern District of Illinois Eastern Division in relation to the **Multiplan Health Insurance Provider Litigation Case No. 1:35-cv-06975 mdl No. 3121**. The case concerns how major payers reimburse out-of-network providers, and is especially important because patients do not like balance billing. The AMA is working with the state medical societies on a direct class-action approach, as multiple payers are funneling their approval processes through a single corporation. The Academy encourages our members to visit the Litigation Center to review this important work and to connect with the Litigation Center to determine whether it would be beneficial to sign on to preserve the right to bring suit.

